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Research Article

Spillover Effects: Immigrant Policing and Government Skepticism in Matters of Health for Latinos

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Abstract: *To what extent do people become less trusting of the government under threatening policy contexts? The authors find evidence that Secure Communities, a bureaucratic program that enhances immigrant policing through collaboration between local law and immigration enforcement agencies, spurs mistrust among Latinos but not non-Latinos. This article focuses on the politics of immigration and health, two issue areas marked by large-scale bureaucratic developments over the last 50 years. The authors argue that a major consequence of expanding immigrant policing is its trickle-down effect on how individuals view public institutions charged with the provision of public goods, such as health information. The results indicate that Latinos in locales where immigrant policing is most intense express lower levels of trust in government as a source of health information. Through a policy feedback lens, the findings suggest that the state's deployment of immigrant policing conveys more widespread lessons about the trustworthiness of government.*

Evidence for Practice

- Policy feedback theory suggests that public policy in one domain can impact policy and implementation in another domain; this has implications for the costs and quality of service and delivery for various facets of democratic governance.
- Racialized immigrant policing under the Secure Communities program implicates a broader social group than undocumented Latino immigrants (the policy targets), spilling over to affect U.S.-born and immigrant Latinos' perceptions of trust in health information from the government.
- Just as racialized immigrant policing undermines the efficiency of community policing—by corroding trust in police and deterring the community from reporting information that is critical for solving crimes—so, too, does the spillover to health issues introduce inefficiencies in health communication by the government.
- If some immigration enforcement practices convey messages that enhance mistrust of the government and governmental authorities, then we should consider ways for policy makers and health care professionals to craft countermessages and practices to ensure that government agencies and health care providers are not seen as collaborating with immigration enforcement authorities (e.g., deploy public service announcements tailored for successful outreach by race/ethnicity and nativity, work with actors such as community health workers who are more trusted by communities to deliver health information and provide assurances regarding information gathered through intake protocols, application forms, and website information).
- Immigration enforcement policies, and policing practices more broadly, need to be developed and implemented in ways that do not violate community trust (e.g., through authentic discussion with community stakeholders, implemented in a fashion that does not go beyond the written policy, and allowing room for due process) so that social, political, civic, and health care resources remain accessible and approachable in a democratic society.
- Immigration enforcement deployed in the interior of the country (as with Secure Communities) introduces uncertainty into the day-to-day lives of Latinos. Currently, news accounts indicate immigrant policing occurs at places of employment, outside of court buildings, at public schools, in airports, on highway checkpoints, and at personal homes, practices that undermine the credibility of government as a service provider. Working more closely with community stakeholders would better inform more humane and cost-efficient implementations of immigration enforcement.

Research in public administration is increasingly complemented by studies that connect the concepts of governance to citizen perceptions of government (Cooper, Knotts, and Brennan 2008; Grimmelikhuijsen et al. 2013; Wichowsky and Moynihan 2008). For example, studies trace citizen support for local zoning to trust in local government (Cooper, Knotts, and Brennan 2008), and, conversely, government openness about decision-making processes cultivates citizen trust in government (Grimmelikhuijsen et al. 2013). Situating such studies within a broader theoretical framework of policy feedback, public administration scholars argue that performance measurements can be further grounded in democratic theory by including their policy impact on individual-level outcomes (Moynihan and Soss 2014; Wichowsky and Moynihan 2008). Collectively, the underlying theoretical framework guiding this literature is that bureaucratic performance matters for how citizens view government and how they practice citizenship.

This investigation expands this burgeoning research on the influence of public policy on citizen trust in government. Following Wichowsky and Moynihan (2008), this article is guided by the policy feedback framework, which posits that attitudes toward government are a function of individual predispositions and individuals' interactions with government bureaucracy (Cruz Nichols, LeBrón, and Pedraza 2018b; Mettler and Soss 2004; Moynihan and Soss 2014; Pierson 1993). Building on Cooper, Knotts, and Brennan (2008), this study distinguishes its analysis from previous scholarship by evaluating whether public policy implementation in a coercive domain impacts the contemporary citizen judgments of government in a welfare policy arena. To the extent that such spillover occurs, routine governance and outreach to citizens may be undermined. The identification of such spillover would position public administrators to intervene.

In the sections that follow, the concept and framework of policy feedback are used to explain how public policy is more than an outcome of politics, but also a force in politics. The authors turn to the case of immigration enforcement—specifically, immigrant policing, or the policing and surveillance of immigrant communities in public spaces by local law enforcement in collaboration with federal immigration authorities (Coleman and Stuesse 2014)—to evaluate the policy feedback implications for attitudes toward government. After providing background on the Secure Communities program (SComm), the core initiative of U.S Immigration and Customs Enforcement (ICE) to identify, detain, and deport undocumented immigrants in the United States, the investigators contend that the state's deployment of expulsionary power conveys lessons about the trustworthiness of government. Because such lessons vary by where and for whom the deployment of threat is concentrated, distinct views about state trustworthiness should vary across different groups and locations.

The authors then present results from an analysis of 2011 Health Information National Trends Survey (HINTS) data, comparing individual-level trust in government health information among Latinos, Blacks, Asians, and whites. The findings suggest that Latinos living in locales with greater immigrant policing report less trust in health information from the government compared with Latinos living in counties with lower levels of immigrant policing. However, immigrant policing is unrelated to judgments of non-Latinos. The authors discuss the implications for immigration and health care policy, as well as for political engagement, political equality, and efficiency in governance.

Immigration Enforcement and Health Care Policy Changes in the Twenty-First Century

Why immigration and health? In the early twenty-first century, the United States has deployed two major bureaucratic expansions. Efforts to repeal notwithstanding, the largest health care policy initiative since 1965, the Patient Protection and Affordable Care Act of 2010 (ACA), was designed to enhance access to quality preventive care for populations that experience contested or variable access to health care (Kocher, Emanuel, and DeParle 2010; Shaw et al. 2014). Also expanding, the American carceral system is increasingly central in immigration enforcement strategies to identify, detain, and "remove all removable aliens" living in the United States (DHS 2003). Spending on immigration enforcement reached $17.9 billion in 2012 (in 2012 dollars), surpassing total combined expenditures for all other federal law enforcement operations (Meissner et al. 2013). Such bureaucratic expansions may translate into bureaucratic encounters that scholars of policy feedback, such as Moynihan and Soss (2014, 324), posit can "'spillover' to affect citizens' broader political lives."

Part of the answer to how immigration enforcement spills over to health-related matters is that new initiatives based on federal-local cooperation structure *where* implementation of immigration enforcement operations is most restrictive. Spillover from immigrant policing to issues of health also varies in terms of *who* experiences immigrant policing. Operations such as the SComm program cast a nationwide enforcement net by relying on close collaborations between local police and federal immigration enforcement agencies.

Initiated in 2008 and implemented in all U.S. counties by 2013, SComm expanded an earlier model of collaboration between local law enforcement officials and federal immigration enforcement agencies authorized by section 287(g) of the 1996 Immigration and Nationality Act (Koulish 2010). In addition to deputizing local law enforcement officials to enforce immigration policies, SComm allows local law enforcement officials to cross-reference and upload fingerprints of individuals booked in their jails to the nationwide immigrant database managed by the U.S. Department of Homeland Security (Koulish 2010; Weissman et al. 2009). If the fingerprints belong to an undocumented immigrant, local authorities are expected to detain the individual until ICE agents arrive to transfer the individual to an immigration detention center and initiate deportation proceedings (Pedroza 2013).

Although the program was intended to prioritize the removal of those who have been convicted of committing serious crimes (e.g., homicide, kidnapping), some of the controversies surrounding SComm involve racial profiling, the detention and removal of those who have not committed serious crimes (i.e., traffic-related citations), and a deterioration of trust in local authorities among Latino and immigrant communities (Rocha, Knoll, and Wrinkle 2015). These studies suggest that individual-level encounters with SComm may vary by race and depend on how cooperative local law enforcement officials are with federal authorities.

A common denominator of immigration enforcement and health care bureaucratic expansions is the growing U.S. Latino population. The ACA was introduced in 2010, when 18 percent of Americans were uninsured (Kaiser Family Foundation 2013). Making up one in three of the non-elderly uninsured, Latinos represent a disproportionate share of the premium-lowering population (Kaiser Family Foundation 2013). At the same time, Latinos represent 96 percent of deportations from the United States since 2010 (TRAC 2014). Accordingly, Latinos are policy targets deeply implicated in, and simultaneously valued and marginalized by, the implementation of major immigration policy and U.S. health care innovations of the twenty-first century.

A major concern among Latino community leaders is that personal information necessary to enroll in public programs could be shared with immigration officials, thereby exposing the unauthorized status of individuals or their undocumented household members. As part of the outreach to Latinos to enroll in health insurance under the ACA, President Barack Obama reassured Latinos that immigration officials could not use the personal information that consumers provide when signing up for health insurance through the online marketplace (Easley 2014). He cited executive policy issued through ICE (2013), which de jure divorced these two bureaucratic expansions. Specifically, this policy states that "ICE does not use information . . . that is obtained for the purposes of determining eligibility for [health insurance] coverage as the basis for pursuing civil immigration enforcement actions against such individuals or members of their household." However, as one observer remarked, "[Latino families] hear [the President's] assurance, but because of the level of deportations that have happened, there's a lot of families that don't know whether they can trust that assurance" (Easley 2014). This example suggests that Latinos draw lessons from immigrant policing experiences that, in turn, inform their trust in government-sponsored efforts to court potential health insurance enrollees (Condon, Filindra, and Wichowsky 2015; Cruz Nichols, LeBrón, and Pedraza 2018a, 2018b; Fix and Passel 1999; Pedraza, Cruz Nichols, and LeBrón 2017; Watson 2014).

Corroborating this anecdote, literature on the "chilling effect" of immigrant policing shows that concerns among Latinos about immigrant policing are sufficiently acute to deter enrollment in health insurance (Fix and Passel 1999; Watson 2014), including Medicaid (Condon, Filindra, and Wichowsky 2015; Watson 2014) and, in some cases, to avoid health care providers (Beniflah et al. 2013; Rhodes et al. 2015; Toomey et al. 2014). These studies note that concerns about immigrant policing extend beyond formal policy targets (i.e., undocumented immigrants) to broader publics (i.e., Latinos who are U.S. citizens). For Latinos, chilling effects may be widespread: 61 percent of Latinos report personally knowing someone who is undocumented, and 36 percent of Latinos report knowing someone who has experienced immigration-related detention or deportation (Sanchez, Pedraza, and Vargas 2015). These personal connections suggest that, regardless of citizenship status, the threat of immigrant policing for oneself and/or one's kin networks teaches people that they are better off not sharing personal information that is required to use public services.

Left unanswered in the existing scholarship is whether immigrant policing impedes the transfer of information in the reverse, that is, going from government to the public. The following section defines trust and elaborates how the literature on the chilling effect documents what policy feedback theory refers to as "interpretive" effects of public policy.

Policy Feedback and Domain-Specific Trust in Government

This study engages a three-part definition of trust that stipulates that trust is relational: trust involves at least two parties, with one party taking a risk about how the other party will behave on a matter of interest to the first (Hardin 1998). As Hardin (1998, 16) explains, "If I have a long history of relatively benign and even beneficial dealings with certain organizations, I can plausibly suppose they are trustworthy with respect to relevant matters. Alternatively, if my dealings have been bad, I can meaningfully say those organizations are not trustworthy." This definition of trust emphasizes that assessing whether a person or an institution is worthy of one's trust can be based on experience. A theoretical framework that accounts for different public policy experiences may inform our understanding of how experiences with government shape individual-level trust in government.

According to policy feedback theory, as policy reconfigures who gets what, it impacts the political system and future outputs from the system (Mettler and Soss 2004; Pierson 1993). Public investments in some citizens, but not others, redistributes money and reconfigures how people spend their time, thus changing the constituent pressures that influence politicians as they craft future policy (Campbell 2002; Mettler 2007). Public policy also influences future politics by redefining how citizens view government and how they see themselves (Mettler 2007; Pierson 1993; Schneider and Ingram 1993).

A crucial point in the policy feedback approach is that policy lessons are internalized by members of the target population (Campbell 2003; Rocha, Knoll, and Wrinkle 2015; Schneider and Ingram 1993). These policy lessons have been shown to have lasting effects on the target group's "identity, political participation, and beliefs" (Schneider and Ingram 1993, 195). For instance, senior citizens benefit from greater levels of efficacy through policy programs designed to protect their interests—including Social Security and Medicare—and, in turn, senior citizens are actively engaged in politics (voting at higher rates than any other age group) (Campbell 2003). On the other hand, welfare recipients experience undermined levels of efficacy with respect to the welfare system and the government in general, especially given the regular level of bureaucracy they navigate and personal information they have to share with caseworkers (Campbell 2003). The lack of positive policy feedback, and experience with the bureaucracy involved in obtaining access to benefits, reduces rates of political participation among welfare recipients (Campbell 2003). Thus, negative or positive cognitive associations about the government facilitate aversion or attraction to government. Cognitive associations crafted in the process of forming judgments are called to mind in forming subsequent evaluations, generating a cumulative assessment about the person or institution in question. In this way, knowledge and experience required for assessing government trustworthiness (Cruz Nichols, LeBrón, and Pedraza 2018b; Hardin 1998; Levi and Stoker 2000) are accommodated in the policy feedback framework.

The logic of policy feedback processes has inspired research on the consequences of contact with law enforcement arms of the state. For instance, the severity of encounters with the criminal justice system reduces trust in government (Weaver and Lerman 2010). Further, deportations are linked to lower levels of trust in government, particularly among Latinos (Rocha, Knoll, and Wrinkle 2015). These studies on trust in government, along with other policy feedback research, offer two key insights: (1) a person's experiences with a particular policy or agency of the state can "trickle down" to define their views of government engagement in different domains; and (2) negative experience with the state lowers political participation among economic-resource-poor citizens, which reinforces inequalities by removing some voices from the public chorus that guides policy making and holds elected officials accountable (Schattschneider 1960; Schlozman, Verba, and Brady 2012).

For mass publics, the consequence of public policy is that it constructs and positions social groups in distinct relations to the state in terms of their political power and whether they are viewed favorably or unfavorably in society (Campbell 2003; Schneider and Ingram 1993). Immigration policy can be perceived to be either a marginalizing or an integrating force (Condon, Filindra, and Wichowsky 2015). Condon, Filindra, and Wichowsky (2015) demonstrate the ways in which exclusionary immigration policies, particularly those that create more restrictive eligibility requirements for welfare programs (i.e., Temporary Assistance for Needy Family [TANF], Supplemental Security Income, and food stamps), have deleterious spillover effects on the levels of upward mobility and educational attainment of children from racial and ethnic groups most targeted by the changes in immigrant eligibility.

For whom, specifically, are policy lessons about immigrant policing likely to spill over to domain-specific trust in government health-related outreach? While whites and Blacks are not widely perceived as immigrants, Asians and Latinos are stereotyped as foreign born. These stereotypes are rooted in post-1965 immigration policies and economic shifts that have contributed to growth in Latino and Asian populations (Massey 2009; Pedraza 2000). For example, the 1965 amendment to the Immigration and Nationality Act lifted previous bans on immigration from Asian countries and imposed numerical limits on immigration from the Western Hemisphere, profoundly affecting opportunities for authorized migration from Latin American countries while demand for immigrant labor continued (Massey 2009; Pedraza 2000). Since 1965, as a share of the total U.S. population, Asian and Latino populations have experienced a five- and fourfold increase, respectively (Pew Research Center 2015). In contrast, there has been limited proportional growth of the Black population and a decline in the white population as a share of the total population (Pew Research Center 2015). Accordingly, over this period, Asian and Latino populations have experienced population growth through both immigration and births, whereas population growth for whites and Blacks is largely attributable to births (Pew Research Center 2015).

Although Asians and Latinos share stereotypes as immigrants (Masuoka and Junn 2013), unlike the former, the latter are also stereotyped as criminals (Chavez 2013). Despite similar racial profiling experience and portrayal as criminals in the media, Blacks are less likely than Latinos to be stertyped as immigrants (Chavez 2013; Gilliam and Iyengar 2000). While Latinos share, to a lesser degree, the stereotypes associated with welfare use that are pronounced for Blacks (Gilens 2000), Latinos are nevertheless invoked in welfare policy debates as undeserving (Fox 2012; Jacobson 2008). What distinguishes the social construction of Latinos from Blacks in criminal justice and welfare state policy is that Latino exclusion hinges on race and nativity rather than exclusively race.

Endogenous to the social construction of immigrant and criminal stereotypes are welfare stereotypes that are rooted in social insurance programs with citizenship-based restrictions (i.e., TANF, Children's Health Insurance Program, and ACA-subsidized health insurance) (LeBrón et al. 2017). Welfare program restrictions mirror exclusionary designs found in policies such as E-Verify that require verifying employees' work authorization, and they are reinforced by immigrant policing programs such as SComm that aim to identify and detain undocumented immigrants who are in local jails. Because undocumented status cannot be identified by race or other ascriptive trait, the charge for bureaucrats to be vigilant of undocumented immigrants raises the specter of racial profiling, a strategy in which bureaucrats use racial and ethnic stereotypes as heuristics to orient their scrutiny (Golash-Boza 2012). From the perspective of those who are most likely to be profiled, such policies and bureaucratic practices compromise the trustworthiness of the state and create aversive mental associations that are more accessible for forming judgments about other points of contact with the state.

The authors consider the uncertainty that immigration enforcement, which is increasingly deployed in the interior of the country (Rocha, Knoll, and Wrinkle 2015), introduces into the day-to-day lives of Latinos. News accounts indicate that immigrant policing occurs at places of employment, outside court buildings, at public schools, in airports, on highway checkpoints, and at homes. If trust is about A believing that B will do x, then uncertainty about whether a service-providing organization of government is an extension of the coercive arm of the state that enforces immigration policy will undermine the credibility of government as a service provider. Fear comes from the kind of uncertainty of suffering the potential outcomes of detention and deportation, such as no due process, detention center abuse, and family separation.

As 96 percent of U.S. deportations involve immigrants from Latin American countries (TRAC 2014), and a majority of Latinos believe their group absorbs the brunt of restrictive immigration policies (Manzano 2011; Merolla et al. 2012), the investigators anticipate that government as an attitude object is aversive in the minds of Latinos, particularly Latino immigrants. What bridges this aversion specifically to health-related policy is public policy stipulating immigration-based exclusion from various welfare state programs.[1] By contrast, and serving as comparison groups, the authors expect that the cognitive bridges that non-Latinos hold between the state as an immigration law enforcer and as a provider of health information are not aversive.

What about differences within a group? Scholars are increasingly attentive to the importance of nativity as a cleavage that defines who is deserving of public investments and who is not (Condon, Filindra, and Wichowsky 2015; Fox 2012). From the perspective of the policy inclusion effects (PIE) framework developed by Condon, Filindra, and Wichowsky (2015), the *direct* target population for

immigrant policing would be immigrants without authorized U.S. presence. The PIE framework also stipulates *spillover* effects to individuals who are connected to direct policy targets, including those with shared familial and social networks as well as co-ethnics (i.e., the Latino community) who may experience racial profiling associated with immigrant policing.

One argument about the analytical distinction between direct and spillover policy effects informs the theoretical expectation that immigrants should be more sensitive to variation in immigration enforcement. There are at least two reasons why within-group differences in the relationship between immigration enforcement and trust in government might emerge on the basis of nativity. One logic is that only immigrants can be in violation of immigration law, and therefore they are the only ones who can be direct policy targets. By contrast, the lack of de jure vulnerability among the U.S. born defines them as beyond the scope of the direct target classification, and therefore, on average, U.S.-born individuals should be less sensitive to immigration enforcement. This argument assumes that direct effects of policy are stronger than spillover effects.

A second line of reasoning suggests that some immigrants, such as those who have authorized presence in the United States, would be subject to spillover effects for the same reasons that the "symbolic" burdens of immigration enforcement are experienced by their U.S.-born counterparts (Pedraza, Cruz Nichols, and LeBrón 2017). Building on this literature, in subsequent analyses of whether citizenship status buffers concerns about restrictive immigration enforcement environments, Pedraza and Osorio (2017) find distinct patterns of avoidance behaviors among U.S.-born citizens and immigrant subgroups based on citizenship status. Because of the absence of a measure of citizenship status in the 2011 HINTS, the current study cannot disentangle the effects of varying degrees of citizenship status for immigrant respondents in this sample. However, the authors would expect that those who are undocumented or have close connections (family or friend based) to someone who may lack documented status would be more skeptical when navigating several civic domains, including clinics, police, and schools, spaces that increase the risk of exposing their kin to questions about their personal identifying information and citizenship status (Cruz Nichols, LeBrón, and Pedraza 2018a).

The investigators hypothesize that judgments about the enforcement arms of government condition judgments about government as a welfare state. Specifically, they hypothesize that local levels of immigrant policing will be (1) associated with reduced trust in government as a source of health information for Latinos and (2) unrelated to trust in government as a source of health information for whites, Blacks, and Asians. Additionally, the authors evaluate whether immigrants are more sensitive to the spillover effects of immigrant policing compared with their U.S.-born counterparts.

Data, Design, and Methods

The authors evaluate the hypotheses outlined here using the 2011 Health Information National Trends Survey, which is administered by the National Cancer Institute and provides individual-level data on health status, health behaviors, and health communication among a nationally representative sample of U.S. adults. This article analyzes data from cycle 1 of the HINTS 4 data collection process, which included queries about trust in different sources of health information. Cycle 1 ($n = 3{,}959$) was conducted from October 2011 through February 2012 (National Cancer Institute 2011a, 2011b). The stratified sample of households in the HINTS 4, cycle 1 data set was selected without cluster sampling. Following the guidelines set forth in the HINTS methodology, this article uses individual-level weights for the full sample and the jackknife method to reflect the features of the sample design.

Surveys with sizeable subsamples of racial and ethnic minority groups are rare; HINTS allows us to extend research by Rocha, Knoll, and Wrinkle (2015) and Weaver and Lerman (2010) with analyses that include 461 Latino respondents, 2,431 white respondents, 576 Black respondents, 168 Asian respondents, and 323 individuals from other racial and ethnic groups (the sample size used in the final analyses is reduced by about 20 percent for each group because of invalid responses to the outcome of interest and other key covariates). HINTS administers the survey in English and Spanish, a feature that is critical to inferences to the broader Latino population.

The premise of the research design and analysis is that Latinos, Blacks, whites, and Asians occupy structurally distinct locations in the U.S. racial hierarchy (Masuoka and Junn 2013). If disparate relations exist between the state and social groups, then different judgments about the state should form across groups. Specifically, if trust as a relational experience with the state is structured by different experiences with coercive arms of the state, then the internalization of policy lessons as depicted in models of policy feedback should produce different relationships between immigrant policing and trust in government as a source of health information. Thus, the authors do not expect distrust in health information from the government to decline with greater immigrant policing among Black, Asian, or white respondents.

The investigators gauge domain-specific trust in government with the following measure: "In general, how much do you trust information about health or medical topics from governmental health agencies?" Although the four available responses range from "a lot" to "not at all," modeling the responses as an ordinal outcome—specifically, the Brant test of parallel regression assumption—shows that a single equation does not adequately capture the association between immigrant policing and trust in government as a source of health information. In the following analyses, the investigators use logistic regression to model an indicator that collapses the responses into a dichotomous outcome, coded 1 if the respondent trusts government health information "a lot" or "some" and 0 otherwise. This strategy also addresses micro-numerosity challenges, as the number of racial and ethnic minorities in the data set limit the power of statistical analysis to detect relationships discernable from the null.

The mean values of the variables in the specified model are summarized in table 1. The HINTS includes measures of demographic characteristics relevant to perceptions of trustworthy sources of information, including gender, nativity, socioeconomic status, marital status, and language proficiency (Clayman et al. 2010). Age is a continuous variable (range: 18 to 99 years). Gender (female = 1), nativity (U.S.-born = 1), and marital status (married = 1)

Table 1 Summary Statistics Including Means and Proportions across Racial/Ethnic Groups (Unweighted)

	Latinos	Whites	Blacks	Asians
Trust in health information from government agencies	0.73	0.72	0.76	0.82
Immigrant policing	0.18	0.15	0.04	0.18
U.S.-born	0.55	0.96	0.90	0.18
Female	0.60	0.58	0.67	0.55
Self-rated worry	0.21	0.17	0.24	0.18
Education	0.51	0.66	0.56	0.73
Low comfort speaking English	0.21	0.01	0.04	0.24
Age (years)	48.27	55.16	52.85	47.37
Married	0.54	0.58	0.30	0.69
Health insurance categorical measure (five categories ranging 0–1)	0.56	0.71	0.58	0.77
5 Types of Insurance Categories:				
Uninsured	.19	.07	.13	.09
Medicaid	.24	.09	.25	.10
Medicare, Medicare w/Medicaid	.11	.27	.19	.12
VA/Tricare/IHS	.04	.04	.05	.01
Private/employer/other/multiple	.41	.52	.38	.68

Data source: Immigration policing metrics from 2008 to 2011, available from the U.S. Department of Homeland Security, Immigration and Customs Enforcement, Secure Communities interoperability reports, http://www.ice.gov. The authors also rely on the Health Information National Trends Survey 4 (cycle 1), 2011 ($n = 3{,}959$).

are dichotomous indicators. English-language proficiency is based on a five-category measure, reverse-coded to reflect individuals who are most uncomfortable speaking English, with 0 representing feeling "completely comfortable," 0.5 representing "somewhat comfortable," and 1 representing feeling "not at all" comfortable speaking English. Level of education was recoded from 0 to 1, with 1 representing postgraduate education and 0 representing less than eight years of schooling, assigning equidistant values in between to five more intermediate education levels.

A strength of the HINTS is that it facilitates an examination of health insurance status beyond simply assessing whether individuals have health insurance by including self-reported sources of health insurance coverage. This five-level categorical variable includes uninsured (0); only Medicaid (0.25); Medicare (including those with both Medicaid and Medicare) (0.5); U.S. Department of Veterans Affairs (VA), Tricare, or Indian Health Service (IHS) (0.75); and employer-based insurance, private insurance, or another source of health insurance (1).

Accounting for health insurance status and source allows us to control for the level of bureaucratic interaction (or red tape) the respondent has learned to navigate when accessing health care and health care information. Previous scholars have found that navigating through the bureaucratic process of Medicaid eligibility, which involves routinely proving income and citizenship-related eligibility requirements, is associated with greater burdens and a dampened effect on one's civic participation and orientation toward politics (Campbell 2003; LeBrón et al. 2017; Mettler and Soss 2004; Moynihan and Herd 2010; Moynihan and Soss 2014).

Measuring Immigrant Policing

To measure immigrant policing corresponding to the county in which an individual lives, the authors turn to three metrics drawn from archival data. These archival data were collected between 2008 and 2011 by ICE regarding SComm program enforcement practices and include the count of fingerprint submissions that local law enforcement officials send to ICE, the number of individuals whose fingerprints matched federal lists of persons subject to further scrutiny, and the number of individuals removed or deported. The "immigrant policing" measure in this article is based on a combination of these indicators:

$$1+\left[\frac{\text{"Low Priority" Removals}}{\text{Total Removals}} * \log\left(\frac{\frac{\text{Matches}}{\text{Submits}}}{\text{Percent Foreign Born}}\right)\right] \quad (1)$$

where submissions, matches, and removals are cumulative counts tallied since the date of SComm activation in a county. The county-level distribution of this measure across the United States is shown in figure 1.

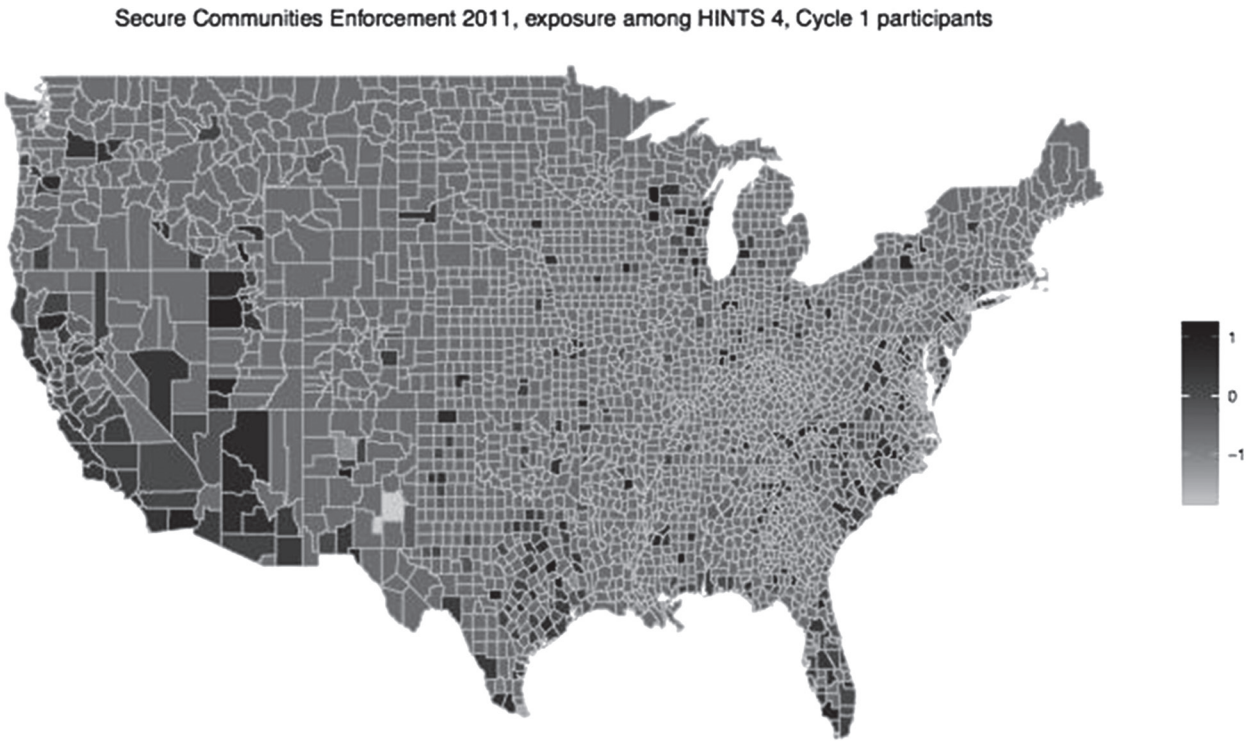
The first component of this measure addresses the proportion of ICE-designated "low-priority" removals (e.g., persons charged for minor crimes) to total removals, an indicator proposed by Pedroza (2013) to capture the discretion in deportation powers exercised by federal authorities. Sorting counties along a range from universal enforcement to focused enforcement on "high-priority" removals (e.g., persons alleged or convicted of a federal offense), the current article taps the intensity with which an aversive policy lesson is conveyed to a broader public. Elsewhere, Rocha, Knoll, and Wrinkle (2015) argue and find that deporting people who are classified as "low-priority," in particular, reduces general trust in government.

The second component of the immigrant policing measure taps the degree of local police contribution to SComm, operationalized here with a formula that the DHS uses to monitor and "detect anomalous jurisdictions" (DHS 2011, 2). The DHS uses the "foreign-born arrestee comparison" to identify "jurisdictions where aliens appear to constitute a significantly greater fraction of the arrested population than they do of the general population" (DHS 2011, 2). This comparison is used to weight the scope of implementation of the first component of the immigrant policing formula. The composite measure accounts for whether enforcement is applied in a targeted or a universal fashion, as well as the degree to which an individual is more or less likely to be ensnared by local police in the first place. A higher ratio indicates greater cause to perceive that trust in government is breached, which the investigators anticipate will be the understanding for Latinos but not for other racial or ethnic groups.

Figure 2 shows how the distribution of exposure to SComm immigrant policing varies among HINTS respondents by race and ethnicity. While the overall exposure to SComm immigrant policing ranges from –1.94 to +1.40 (mean = 0.14, SD = 0.40), that variation differs slightly by group, with Latinos and Asians being more likely to live in areas where immigrant policing is more intense. However, variation in immigrant policing by racial group is sufficient for to the research questions. For Latinos, the average exposure is 0.18 (SD = 0.36), higher than that for whites (mean = 0.15, SD = 0.42) and Blacks (mean = 0.04, SD = 0.40) and similar to that for Asians (mean = 0.18, SD = 0.38).

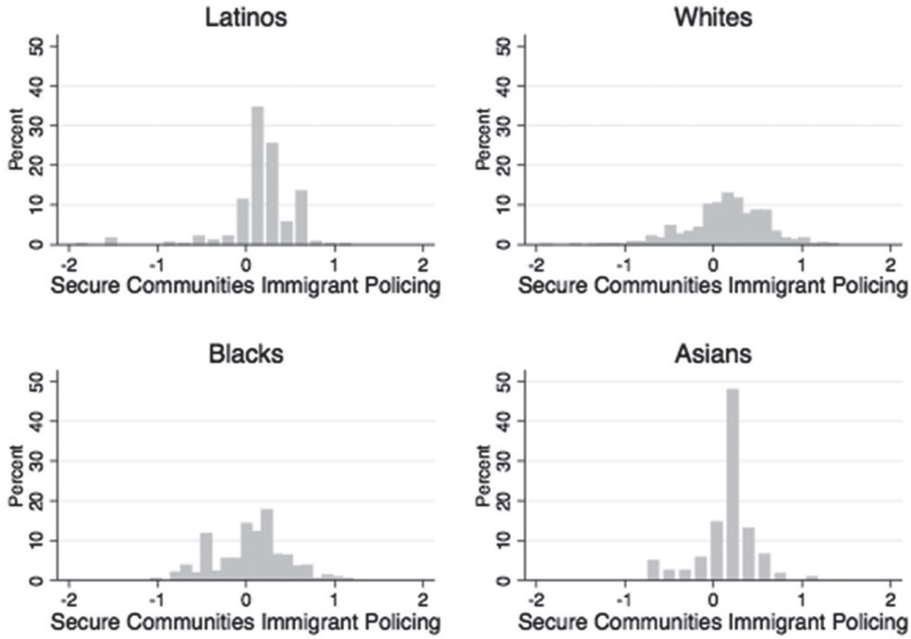
Statistical Model

In order to approximate the relational and contingent aspects of trust in government, the authors invoke comparative relational analyses to test the proposed hypotheses using logistic regression. Thus, they conduct split-sample analyses. The premise of the approach, explicated



Source: Authors' constructed measure using Secure Communities metrics, available at http://www.ice.gov, and a DHS formula to detect "anomalous jurisdictions."
Notes: The map illustrates county-level variation of immigrant policing, 2008–11. Darker shades indicate greater interior immigrant policing, adjusted for the foreign-born arrestee comparison in a county.

Figure 1 Secure Communities Enforcement 2011, Exposure among HINTS 4, Cycle 1 Participants



Notes: Figures represent the distribution of exposure to immigrant policing measure among individuals in the 2011 HINTS data ($n = 2{,}565$ counties) by race and ethnicity. Higher scores correspond to living in a county with greater levels of interior immigrant policing. Overall exposure to SComm immigrant policing ranges −1.94 to +1.40, with mean = 0.14 and SD = 0.40.

Figure 2 Distribution of Exposure to Secure Communities Immigrant Policing

by Masuoka and Junn (2013), is that Latinos, Blacks, Asians, and whites occupy structurally distinct locations in the U.S. racial hierarchy. If disparate relations exist between the state and social groups, then judgments formed by members within each group are more appropriately analyzed separately from one another. The comparative relational analyses comport with the conceptual definition of trust as relational, as well as the policy feedback notion that policy lessons are internalized by policy targets. To this end, the authors would know

Table 2 Logistic Regression Estimates of Trust in Government as a Source of Health Information

	Latinos	Whites	Blacks	Asians
Immigrant policing	–1.64**	–0.00	–0.24	1.01
	(0.76)	(0.20)	(0.83)	(1.00)
U.S.-born	–0.12	0.72	1.52	2.12
	(0.49)	(0.60)	(1.56)	(1.49)
Female	–0.58	0.15	0.64	0.22
	(0.45)	(0.18)	(0.53)	(0.88)
Self-rated worry	0.72	–0.02	0.09	–0.70
	(0.77)	(0.35)	(0.79)	(1.88)
Education	1.00	1.04***	–0.92	0.73
	(0.73)	(0.37)	(1.05)	(2.04)
Low comfort speaking English	0.18	0.73	–0.78	1.90
	(0.90)	(1.74)	(2.13)	(2.89)
Age (years)	–0.01	–0.01*	–0.02	–0.04
	(0.01)	(0.01)	(0.02)	(0.04)
Married	–0.45	–0.03	1.24**	1.51
	(0.45)	(0.21)	(0.62)	(1.15)
Health insurance (base = uninsured)				
Medicaid	–0.18	0.24	–0.50	–4.19
	(0.57)	(0.48)	(1.19)	(2.70)
Medicare	0.23	0.48	–0.71	—
	(0.75)	(0.35)	(1.28)	—
VA/Tricare/HIS	1.45	0.45	–1.47	—
	(1.61)	(0.73)	(1.66)	—
Private/employer/other/multiple	0.09	0.47	–1.09	–1.90
	(0.58)	(0.38)	(1.52)	(2.47)
Constant	2.09*	–0.20	1.38	3.32
	(1.08)	(0.97)	(2.79)	(3.69)
Observations	312	1,322	356	103

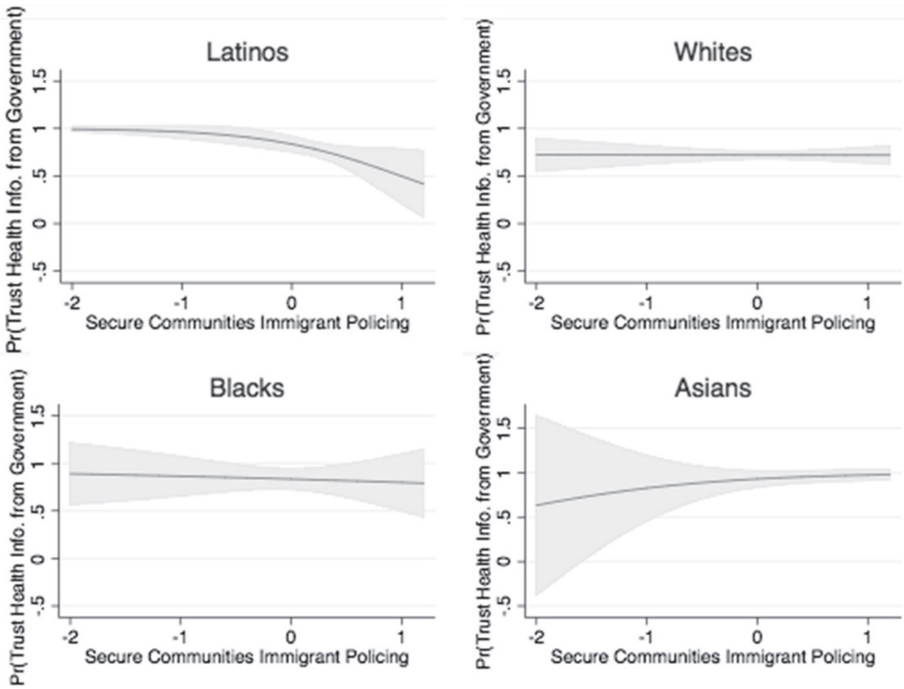
Notes: Entries are logit coefficients. Standard errors are in parentheses. All data are weighted. All variables are coded 0–1. Estimates are based on the following *p*-values using a two-tailed test: *** $p<.01$; ** $p<.05$; * $p<.10$.
Data source: Immigration policing metrics from 2008 to 2011, available from the U.S. Department of Homeland Security, Immigration and Customs Enforcement, Secure Communities interoperability reports, http://www.ice.gov. The authors also rely on the Health Information National Trends Survey 4 (cycle 1), 2011.

that their theoretical expectations are wrong if they find that distrust in the government as a source of health information is also patterned by immigrant policing for Blacks, Asians, or whites. To address the question of whether these patterns vary by nativity, the investigators interact immigrant policing with nativity in separate models.

Results

To what extent does local exposure to immigrant policing pattern trust in government health-related information outreach? As seen in table 2, results of the logit estimation indicate that immigration enforcement is significantly associated with distrust in health-related information from the government, but only among Latinos, as predicted. The immigrant policing logit coefficient (–1.64) for Latinos has a *p*-value of .04 (two-tailed test). By contrast, model estimates for non-Latinos are not distinguishable from zero, suggesting no statistically discernable relationship between immigrant policing and trust in government as a source of health information among Blacks, Asians, and whites. If the investigators had observed meaningful or uniform differences across these racial groups, this would undermine their interpretation that immigrant policing is associated with judgments of government trustworthiness in health-related domains among members of the enforcement targeted group. Of note, while patterns did not reach statistical significance, trends suggest that Medicaid insurance is associated with lower trust in government as a source of health information for Latino, Black, and Asian adults but not for white adults (for whom the effect is positive). The directionality of these effects also suggest a draining experience, as well as a racialized experience, with welfare institutions and bureaucratic systems more generally.

The substantive impact of immigrant policing intensity on trust in government health-related information is illustrated in figure 3,



Source: 2011 HINTS and 2008–11 ICE Secure Communities program.
Note: Based on logit estimates in table 2.

Figure 3 Predicted Probability of Immigrant Policing on Trust in Government as a Source of Health Information, by Race and Ethnicity

Table 3 Logistic Regression Estimates of Trust in Government as a Source of Health Information, Test of Differences by Nativity

	Latinos	Whites	Blacks	Asians
Immigrant policing	–3.68**	–0.79	1.57	–0.04
	(1.60)	(2.63)	(2.12)	(1.06)
U.S.-born	–0.89	0.56	1.63	3.97*
	(0.63)	(0.95)	(1.57)	(2.06)
Immigrant policing * U.S.-born	2.61	0.82	–1.90	8.24**
	(1.82)	(2.63)	(2.22)	(3.59)
Female	–0.58	0.15	0.62	0.42
	(0.44)	(0.18)	(0.55)	(0.95)
Self-rated worry	0.77	–0.02	0.08	–0.90
	(0.76)	(0.36)	(0.79)	(2.07)
Education	0.86	1.02***	–0.94	0.15
	(0.73)	(0.37)	(1.05)	(2.27)
Low comfort speaking English	0.13	0.48	–0.61	1.68
	(0.89)	(1.76)	(2.13)	(2.79)
Age (years)	–0.02	–0.01*	–0.02	–0.03
	(0.01)	(0.01)	(0.02)	(0.04)
Married	–0.39	–0.05	1.23**	1.78
	(0.45)	(0.21)	(0.61)	(1.24)
Health insurance (base = uninsured)				
Medicaid	–0.22	0.22	–0.50	–3.99
	(0.59)	(0.48)	(1.20)	(3.33)
Medicare	0.34	0.48	–0.74	—
	(0.70)	(0.35)	(1.29)	—
VA/Tricare/IHS	1.37	0.45	–1.51	—
	(1.63)	(0.73)	(1.62)	—
Private/employer/other/multiple	0.11	0.46	–1.13	–2.33
	(1.10)	(1.17)	(2.82)	(3.39)
Constant	2.79	–0.02	1.28	3.72
	(1.11)	(1.17)	(2.78)	(4.20)
Observations	312	1,322	356	103

Notes: Entries are logit coefficients. Standard errors are in parentheses. All data are weighted. All variables are coded 0–1. Estimates are based on the following *p*-values using a two-tailed test: *** $p<.01$; ** $p<.05$; * $p<.10$.
Data source: Immigration policing metrics from 2008 to 2011, available from the U.S. Department of Homeland Security, Immigration and Customs Enforcement, Secure Communities interoperability reports, http://www.ice.gov. The authors also rely on the Health Information National Trends Survey 4 (cycle 1), 2011.

which traces a series of predicted probabilities with 95 percent confidence intervals based on the results of table 2. For Latinos, across the full range of the immigrant policing measure, from lower to higher levels, the predicted probability of trusting health information from government decreases. The magnitude of the reduction in trust in government health agencies is 60 percent as one moves from low levels of immigrant policing to higher levels. By contrast, the effect appears quite flat for whites and Blacks. As for Asians, the lower starting point of trust in government appears to be indistinguishable from zero. This suggests that policy lessons rooted in immigrant policing are not internalized uniformly across members of different racial and ethnic communities.

Presented in table 3 are tests of the interactive effect of immigrant policing and nativity by racial and ethnic group. Although immigrant Latinos are the most common profile of persons who have been deported (TRAC 2014), the lack of differences based on nativity suggest that the lessons associated with immigrant policing are internalized by Latinos similarly. Thus, these split-sample models suggest that the effect of immigrant policing on trust does not vary by nativity among Latinos. Similarly, these patterns do not vary by nativity among Blacks or whites. However, this study finds that among U.S.-born Asians, greater levels of immigrant policing predict higher levels of trust in government agencies relative to immigrant Asians. As the smallest racial/ethnic group in this sample, findings from the conditional effect of nativity for Asians should be interpreted with caution and warrant further examination in samples that include larger numbers of Asian participants. In fact, the HINTS data set does not provide data on country of origin among immigrant participants, making it equally difficult to assess whether one particular national group was oversampled and impossible to control for the transnational political socialization immigrants bring with them and pass on to their U.S.-born family members (especially regarding their attitudes and associations with government bureaucrats).

Discussion

There is growing interest in the public administration literature to connect policy to citizenship outcomes (Wichowsky and Moynihan 2008), particularly as policy shapes the attitudes that individual citizens hold about government (Cooper, Knotts, and Brennan 2008; Wichowsky and Moynihan 2008). The authors extend this research by comparing associations between immigrant policing and trust in government-provided health information across racial and ethnic groups. The findings reported here suggest that immigrant policing is cross-sectionally associated with trust, with important variations by race and ethnicity. Specifically, U.S.-born and immigrant Latinos who live in counties where immigrant policing under the SComm program is the most intense are less likely to trust health information from government agencies than their Latino counterparts living in counties with lower levels of immigrant policing. By contrast, in general immigrant policing does not appear to be associated with the judgments of Blacks, Asians, and whites toward health information from the government. Importantly, this study shows that for Latinos, immigrant policing is associated with trust in government beyond the policy's target population or targeted policy scope.

Why does this matter for public managers and administrators? What mattered to Latinos in the opening anecdote was whether they could trust the specific assurances that President Obama was giving about immigration policy not being connected to health insurance programs. Concerns among Latinos about immigrant policing are sufficiently salient to forgo enrollment in health insurance (Fix and Passel 1999; Watson 2014) and at times, medical attention (Beniflah et al. 2013; Pedraza, Cruz Nichols, and LeBrón 2017; Rhodes et al. 2015; Toomey et al. 2014). The Obama administration's concern was sufficiently acute to stress on the HealthCare.gov website, as well as through a formal statement of "agency policy" for ICE (2013), that "[y]our information will never be used for enforcement purposes when you apply to HealthCare.Gov or a state Marketplace."

The results here suggest that the Obama administration was wise to respond to this concern, although concerns may not be fully alleviated by a public statement on federal practices. Given increased restrictive immigration rhetoric and enhanced immigrant policing under the current presidential administration, these findings suggest that Latinos' trust in the government may now be more pronounced. Although this article did not examine ACA enrollment patterns, the analysis comports with what the anecdote in the introduction suggests is a challenge facing administrators to implement the ACA. The success of the ACA in increasing

coverage and reducing health care costs depended on increased enrollment among younger, premium-lowering populations and enhanced utilization of preventive health care services. To the extent that immigrant policing breached trust in government in provisioning health information, the level of ACA enrollment would be lower than expected among Latinos, reducing expected cost-savings anticipated from enrolling a relatively youthful demographic.

The Latino-targeted ACA outreach effort was initially anemic. Only after criticisms about a poorly translated Spanish-language version of the HealthCare.gov website and low sign-up rates among Latinos in the first open enrollment periods did a focused and better-financed Latino outreach effort appear. Nevertheless, available evidence indicates that the ACA has reduced the number of uninsured Americans (Levitt 2014; Sanger-Katz 2014). However, next steps for future research should test the ACA enrollment rates, particularly among Latinos, as they relate to immigrant policing. One way to understand the slow start by the Obama administration is that officials were completely unaware or underestimated the link between immigrant policing and health care in the minds of Latinos.[2] If some immigration enforcement practices convey messages that enhance mistrust of the government and governmental authorities, then future policy discourses need to consider ways for policy makers and health care professionals to craft counter messages and design practices to ensure that governmental agencies and health care providers are not seen as collaborating with immigration enforcement authorities (e.g., deploy public service announcements tailored for successful outreach by race/ethnicity and nativity, work with actors who are more trusted by communities to deliver health information, such as community health workers, and provide assurances regarding information gathered through in-take protocols, application forms and website information).

Furthermore, immigration enforcement policies, and policing practices more broadly, need to be developed and implemented in ways that do not violate community trust (e.g., through authentic discussion with community stakeholders, implemented in a fashion that does not go beyond the written policy) so that social, political, civic, and health care resources remain accessible and approachable in a democratic society.

Limitations and Strengths

This analysis should be understood within the context of some limitations. First, the Secure Communities program represents an important component of the immigrant policing system that has expanded in the early twenty-first century from 2008 to the present. However, this study only addresses the association between trust and the early implementation of Secure Communities between 2008 and 2011. Second, sample size limitations preclude the analysis from fully accounting for intersections of race, ethnicity, and nativity with other important social characteristics, such as gender, citizenship status, and country of origin. Along these lines, the sample of Asians was too small to generate reliable estimates. Equally important, the authors acknowledge that citizenship in the United States is complex; there are legal divisions in citizenship status (i.e., U.S.-born citizen, naturalized citizen, legal permanent resident, etc.) as well as citizenship status that is defined in terms of familial connections, residence, civic engagement, and contributions to the economy as workers and consumers. However, the HINTS data did not allow the authors to leverage these rich features of the concept of citizenship in this effort to study the consequences of immigration enforcement for attitudes toward government. (For more on expected levels of deterrence among those who are personally more vulnerable to or are connected to those who are more at risk of immigrant policing and deportation outcomes, refer to Cruz Nichols, LeBrón, and Pedraza 2018a; Pedraza, Cruz Nichols, and LeBrón 2017; Pedraza and Osorio 2017). Despite these limitations, this study has several strengths, including consideration of policy feedback between immigrant policing and trust in the government as a source of health information. Additionally, the investigators use empirical data with a national multi-ethnic sample.

There are several opportunities for future research that builds on these findings. Future studies are warranted to examine whether the associations reported here extend to more specific domains of health information (e.g., immunizations, communicable diseases, chronic conditions, health care access). Additionally, studies involving larger samples of Asians and large enough samples of Arab Americans are warranted to consider implications of immigrant policing for trust in the government as a source of health information. Finally, since early 2017, there have been several de jure and de facto changes to immigrant policing practices. These shifts in immigrant policing have heightened mistrust toward public institutions for Latino and immigrant communities, with implications for trusting the government across a range of domains. Future studies, involving more recently collected data are warranted to evaluate whether mistrust correlated with immigrant policing is heightened and whether this mistrust continues to be specific to the government or now expands to other sources of information.

Conclusion

If the question about who gets what is the quintessential definition of politics, then public forms of the health communication are subject to political dynamics. Policy-driven attitudes about trust in health information from the government tap into some of the less obvious political dynamics that are catalyzed by immigrant policing. The authority and power of policies are not always contained to the substantive domains that legislators intended to target.

What it means to be an equal citizen in America is not simply a matter of whether you have citizenship or not. Some rules render citizenship less than equal (e.g., felony, age restrictions). This matters to Latinos in their day-to-day lives for at least two reasons. First, while immigrant policing efforts were once concentrated at the border, particularly that between the United States and Mexico, in the early twenty-first century, enforcement-oriented immigration policies are equally preoccupied with interior regions of the United States. Second, a key strategy of the new immigrant policing era is cross-jurisdiction coordination. To the extent that immigrant policing implicates a broader social group than was the original focus of policy designers, this investigation documents the way public policies can shape politics beyond the problems they are designed to address. In this case, administration of the welfare arm of the state can become entangled with the administration of the law enforcement arm of the state.

Notes

1. Historical and contemporary accounts of immigrant policing policy trace negative stereotypes of Latinos to immigration and welfare state policy (Chavez 2013; Jacobson 2008; Ngai 2004). Most notably, the concept of "illegal alien" defines immigrants as criminals and is conflated with Latino identity (Ngai 2004).
2. Policy analysts and immigrant communities found that the implementation of the Secure Communities program deviated from the prioritization and outlined by the Department of Homeland Security (Rocha, Knoll, and Wrinkle 2015). The policy articulated by the DHS placed a focus on deporting immigrants with unauthorized U.S. presence who had been charged with a felony offense, which Secure Communities classified as "high priority." Instead, under the Secure Communities program, immigration officials were detaining and deporting undocumented immigrants who were classified as "low priority" (Rocha, Knoll, and Wrinkle 2015). To address these policy implementation consequences, the Obama administration rebranded the program as the Priority Enforcement Program in December 2014. At present, under the Donald Trump administration, the program has reverted back to being known as Secure Communities, arguably deploying operating procedures observed in more widespread immigration enforcement practices.

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