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The impact of ethnicity on attitudes toward health care reform in New Mexico

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Abstract

Latinos tend to have significantly lower levels of access to general and top quality medical care than do non-Latino whites, and although disparities in access to health care have diminished for all other minority groups over time, they have widened for Latinos. Given these trends, current attempts to provide universal health care at both the national and state levels across the United States have large implications for the health status of Latinos. The objective of this analysis is to determine whether Latinos have different attitudes regarding health reform than non-Latino whites. Our data are from a statewide random digit dialing telephone survey of New Mexico residents, age 18 and older, conducted in the Fall of 2007. With a Latino population of 44% and ongoing health care reform efforts by the state legislature, New Mexico is an ideal location for this analysis. After controlling for a host of individual level factors, our findings suggest that while Latinos are less likely to identify health care as a salient state issue relative to the economy and crime, they are more likely than non-Latino whites to believe affordable health care programs are important. Finally, Latinos view employers, more than government or individuals, to be responsible for expanding health care coverage.

1. Introduction

In the past decade, the Latino population has become the largest minority group in the United States.[1] As the Latino population continues to grow, however, there has been concern among scholars and policy makers alike for the health care disparities facing this community.

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Latinos tend to have much less access to both general and top quality medical care than do non-Latino whites; moreover, disparities in access to care have widened for Latinos over time. Specifically, researchers at the U.S. Department of Health and Human Services note widening disparities between Latinos and whites in the following areas: diabetes care quality, higher rates of HIV/AIDS cases for Latinos, longer and more frequent delays in illness/injury care for Latino patients, and less access to mental health treatment for Latinos (National Alliance for Hispanic Health, 2006). Further, Latinos receive fewer mammograms, Papanicolaou tests, and influenza vaccinations; less prenatal care, fewer cardiovascular procedures, and less analgesics for metastatic cancer, trauma, and childbirth (Carlisle, Leake, & Shapiro, 1995; Cleeland, Gonin, Baez, Loehrer, & Pandya, 1997; Collins, Hall & Neuhaus, 1999; Hueston, McClaflin, Mansfield, & Rudy, 1994; Todd, Samaroo, & Hoffman, 1993).

Much of the disparity is the result of lower rates of coverage for Latinos. In fact, Latinos currently maintain the highest levels of uninsured rates in comparison to non-Latino whites, African Americans, Asian/Pacific Islanders, and American Indian/Alaska Natives (James, Thomas, Lillie-Blanton, & Garfield, 2007). Latino access to employment-based health insurance (EBHI) is also lower than among other ethnic groups and has been in a state of decline in the past decade (Cooper & Schone, 1997). Approximately 34% of non-elderly Latinos are without health coverage, 23% rely on Medicaid or other public provisions, and 3% rely on individual coverage (James et al., 2007). To explain disparities in health coverage, Greenwald, O'Keefe, and DiCamillo (2005) find that the most prominent factors contributing to working Latinos' lack of health insurance are the combination of low income and high costs of health insurance, absence of (or ineligibility for) a health plan at work, birth outside the United States, and recent immigration (see also Eberhardt, Ingram, Makuc, Pamuck, & Fried, 2001; Short et al., 1989).[2]

The health problems that Latinos face are heightened by ethnic disparities in health insurance. Consequently, the rapidly growing Latino population has been exposed to a wide variety of serious health problems since the 1980s (see Klitsch, 1991). The leading cause of death among Latinos is cardiovascular disease (Alcalay, Alvarado, Balcazar, Newman, & Huerta, 1999). Cardiovascular disease is highly correlated with many other illnesses associated with Latinos, especially diabetes. For example, the American Diabetes Association has documented that the prevalence of Type 2 diabetes is 1.5 times higher in Latinos than non-Latino whites and that two million or 8.2% of all Latino Americans aged 20 or older have diabetes. Further, the Latino age-adjusted death rate of 18.8 per 100,000 population due to diabetes is nearly 64% higher than the non-Hispanic white rate of 11.5. In addition to diabetes, the Latino death rate due to HIV/AIDS is 16.3 per 100,000 population, more than twice the non-Hispanic white rate of 6 (Hayes-Bautista, 2002).

Given the significant health issues Latinos face it would be reasonable to assume that health plays a major role in Latino political behavior. However, this question has been virtually ignored by scholars to this point. We intend to shed some light on this topic by examining whether ethnicity affects the attitudes of New Mexicans regarding health care across several dimensions. Specifically, we test the relationship between ethnicity and health policy salience by analyzing the extent to which Latinos indicate that health care is an important issue relative to other policy areas, and the extent to which Latinos believe providing affordable health care is important relative to non-Latinos. We explore health policy attitudes further by assessing the potential impact of ethnicity on perceptions of who is responsible for ensuring everyone

in New Mexico has access to health coverage. We test these questions with a statewide survey of New Mexico residents focused specifically on health care and policy attitudes.

Given the major disparities in health care within the state of New Mexico and the current health care reform efforts of the state legislature there, New Mexico is an ideal locale for our investigation of the role of ethnicity in health care attitudes. A majority–minority state in which the Hispanic population is roughly equal to the non-Hispanic white population demographically, New Mexico provides a unique setting for this analysis. While our primary focus is to explore the relationship between ethnicity and health policy attitudes, we control for a number of other demographic and political factors that provide interesting results as well. We feel that this study provides a critical first step toward understanding the relationship between Latinos and health care in the United States by allowing for a direct comparison between the attitudes of Latinos and non-Latino whites regarding health policy.

2. The salience of health in New Mexico

Health care reform is currently a salient policy issue nationally and particularly so within New Mexico. As early as 2006, Governor Bill Richardson (D-NM), an early presidential candidate, proposed a plan that would insure 59,000 low-income adults in New Mexico (Heil, 2006). Health coverage reform is of particular importance to New Mexico, as this state has the second highest rate of uninsured adults and children (22%) in the nation (James et al., 2007). Other studies suggest that the uninsured represent an even greater portion of New Mexico residents when partial coverage is considered. For example, a Mathematica policy report indicates that 185,000 (11%) New Mexicans are uninsured throughout the year, with approximately 46% of New Mexicans only having partial coverage, going without insurance coverage for part of the year (Chollet et al., 2007). The report also indicates that approximately 70% of children in the state were estimated to have lost insurance coverage for at least part of the year in 2006.

This uninsured trend has contributed to other negative health outcomes in the state of New Mexico. Diabetes is particularly pervasive in New Mexico where the state's death rate due to diabetes is higher than the national average. Approximately 1 of every 11 New Mexicans has diabetes, with diabetes treatment and prevention costing the state over US$ 1 billion annually (NM Department of Health). The impact of diabetes is particularly harsh for minority communities, with American Indians three times more likely than whites to have the disease, and Latinos and African Americans twice as likely. Racial and ethnic disparity within the state of New Mexico is unfortunately not confined to diabetes. A report completed by the New Mexico Department of Health entitled "Racial and Ethnic Health Disparities Report Card" (1997) also found large disparities in obesity, prenatal care, motor vehicle death rates, and alcohol related deaths—where disparity rates for Latinos led to a C grade.

As a result of these pervasive health issues within the state, Governor Richardson made health care reform the primary initiative of his ambitious 2008 legislative agenda. The largest substantive changes to the state's current health care system included in Richardson's plan are to require New Mexicans to have health insurance and to require employers to contribute to a fund to help pay for it (Baker, 2008).

3. Latino public opinion toward health policy

Relative to Americans generally, we know very little about the political opinions of the Latino community in the United States. This is a result of a general disinterest in the attitudes and opinions of Latinos prior to the late 1980s (de la Garza, 1987). Although recent acquisition of survey data with significant samples of Latinos have greatly improved our knowledge of Latino public opinion, Latinos' attitudes toward health policy remain understudied. This analysis is an effort to contribute to the growing knowledge of Latino public opinion by investigating whether the attitudes of Latinos regarding health care differ in meaningful ways from non-Latino whites.

The first survey focused on the political attitudes of Latinos was not conducted until 1979, and that data only included Latinos of Mexican origin (Arce, 1979). Since then, scholars of Latino politics have generated some important insights in the area of Latino public opinion. For example, research has indicated that Latinos generally support an activist government that protects minority civil rights and provides opportunities for individual citizens and minority groups (Martinez, 2000). There is also evidence that Latinos are willing to pay higher taxes in order to provide for policies that they support. For example, the Latino National Political Survey (de la Garza, Falcon, Garcia, & Garcia, 1990) indicated that 80% of Mexican Americans, 87% of Puerto Ricans, and 89% of Cuban Americans support bilingual education, with majorities in each subgroup reporting that they would be willing to pay more taxes to support the program (de la Garza et al., 1990). These data suggest possible Latino support for the provision of health care to a wider segment of the population.

While less studied than other policy areas such as immigration, there has been some investigation of Latino attitudes toward health care and health policy. Utilizing national-level Pew Hispanic Center data from 2004, Sanchez and Morin (2007) found that a wide majority of Latinos rated a variety of health care related issues to be important to their vote choice during the 2004 Presidential election, particularly the cost of health care in the United States. Furthermore, they found a majority (58%) of Latinos would be willing to support universal health insurance, even if that required higher taxes or insurance premiums, with support greatest among lower income Latinos. Finally, scholars have found health policy attitudes to motivate greater support for the Democratic Party among Latinos (Alvarez & Garcia Bedolla, 2003; Sanchez & Morin, 2007). While it appears as though health care is a salient policy area for Latinos, we take this research a step further by investigating if these trends hold when comparing Latino attitudes in this area with non-Latino whites. Further, we are able to analyze the propensity of Latinos to assign individual responsibility to health reform and support health coverage to undocumented immigrants—two specific aspects of health policy that have not been explored to this point.

4. Theory and hypotheses

Previous scholarship has established the dominant role of policy evaluations in the formation of Latino party identification (Alvarez & Garcia Bedolla, 2003; Uhlaner & Garcia, 2002; Uhlaner, Gray, & García, 2000), and in particular that health policy impacts party identification and vote choice for Latinos (Alvarez & Garcia Bedolla, 2003; Sanchez & Morin, 2007). Further, Latinos face severe disparities in health access, care, and status (Anderson, Zelman Lewis,

Giachello, Aday, & Grace, 1981; Richardson, Babcock Irvin, & Tamayo-Sarver, 2003). These two trends lead us to anticipate that health policy should be of greater importance to Latinos than non-Latino whites. Therefore, we anticipate that Latinos will be more likely than non-Latino whites to identify health care as an important issue and to be more likely to believe that providing affordable health care is important.

5. Data and analysis

During the Fall of 2007 we collaborated with the University of New Mexico Institute for Public Policy (IPP) to conduct a statewide household telephone survey of New Mexicans to assess attitudes regarding health care coverage, access, and reform issues. The survey method employed relied on a random-digit dialing (RDD) sampling frame that gave equal probability of inclusion for all households in New Mexico with working telephones. The random sampling process was extended to selection of respondents within households by selecting from among adult residents (i.e., those 18 years of age and older) the individual who had the most recent birthday.

The survey was conducted using the IPP Survey Research Center's computer-assisted telephone interviewing (CATI) system and nineteen-station survey laboratory. Trained interviewers conducted the survey under full-time supervision using a protocol that includes 10 call attempts per RDD number, respondent appointment tracking and follow-up, and reluctant respondent persuasion where necessary.[3] Overall, 1076 full interviews were completed between October 12 and December 13, 2007. The overall survey response rate was 53% and the cooperation rate was 63%. The margin of survey error was about ±3%. Although we did not over-sample Hispanic households, our survey captured a rather large sample of Latino respondents (266 completed responses). While this is very close to the actual percentage of Hispanic adults in the state, we have weighted our data to ensure that the influence of Hispanic respondents in our models is equivalent to their relative demographic influence within the state.[4]

Although the survey's focus on health attitudes is ideal for this investigation, it is important to note that there are limitations associated with this data source as well. Most notably, the survey was not designed with a specific focus on capturing internal variation among the Hispanic population. Therefore, important measures such as nativity, citizenship status, and language preference were not included in the survey. Although we contend that this does not impact our primary focus here (i.e., identifying differences between Latinos and non-Latinos across various dimensions of health care policy), it does not allow for a more in-depth discussion of differences in attitudes among Latinos.

We utilize a host of dependent variables in this analysis, each capturing attitudes on a different aspect of health care. The first measure, *policy salience*, is based on the following survey question: *Which of the following would you say is the single, biggest problem facing New Mexico today?* Respondents were provided with nine separate policy areas from which to choose. Given that it is possible that the role of all other policy areas are not identically related to health care salience, we utilize multinomial logistic regression to explore the salience of health care policy *relative* to several other policy areas that were identified as the biggest problem facing New Mexico by a large segment of the population (the Economy, Crime, and

Education). The next measure, *Importance of Affordable Health Care*, is based on the following survey item: *On a scale from zero to ten, where zero means not at all important and ten means extremely important, how important do you think it is to assure that affordable programs be provided to cover unmet needs for health care in New Mexico?* The range for this variable is 0–10, with a mean of 7.8, which indicates that support for affordable health care is rather pervasive throughout the state. Given the ordered and categorical nature of this variable, ordered logistic regression is used to estimate this model.

The next dependent variable measures the perceptions of who New Mexicans hold responsible for ensuring greater access to health care coverage. This variable, *Access Responsibility*, is based on the following survey item: *Who do you think should be responsible for ensuring that everyone has access to health care coverage?* Respondents were given four options to choose from that represent the major sources of funding for health care reform: individuals, state government, federal government, and employers. Multinomial logistic regression is utilized to determine the impact of explanatory variables on the likelihood of choosing the federal government, state government, or individuals as the entity responsible for ensuring access to coverage relative to employers, who are the comparison group.

With measures for general salience, the importance of affordability of health care, and perceptions of who is responsible for ensuring greater health care access, we believe our analysis will provide a reasonably comprehensive discussion of the role of ethnicity in attitudes toward health care reform in New Mexico. For our multivariate analysis we control for several social, economic, and political factors that may influence the way individuals think about health care in New Mexico. Specifically, our models account for several demographic factors, including ethnicity, employment status, income, education, gender, and age. We also include several political factors that may impact health care attitudes: party identification, health care information level, and whether respondents are registered voters or not. Finally, we include measures for both self-reported health status and health coverage among respondents.[5]

6. Overview of health care attitudes—descriptive statistics

We begin our discussion by analyzing the frequencies of our dependent variables and investigating the relationship between ethnicity and those variables through descriptive statistics. As Table 1 indicates, Latinos are not unique when it comes to identifying health care as a major national or state problem. Specifically, approximately 14% of all New Mexicans regardless of ethnicity select health care from several policy areas when asked which is the biggest problem facing New Mexico, and 12% identify health care among national level policy issues. There is not a statistically significant difference between Latinos and non-Latinos in either context. These trends suggest that although health care is clearly salient to Latinos, this issue does not have a heightened level of importance when compared to non-Latino whites. Ethnicity does appear to influence more specific health care attitudes, however. For example, as Fig. 1 displays, and in line with our theory, when asked to rate the importance of health care affordability, Latinos are more likely than non-Latino whites to place a priority on this aspect of health care policy. In fact, just over half of all Latino respondents believe that it is "extremely important" for the state to ensure that affordable programs be provided in New Mexico compared with

Table 1
National and state-level issue salience among Latinos and non-Latino whites.

Level	Issue	Rank		Percent		*p*-Value
		Latinos	Non-Latinos	Latinos	Non-Latinos	
National	War in Iraq	1	1	27.1	19.9	.016
	Health care	2	2	11.9	12.1	.927
	Economy	3	3	11.2	8.4	.189
New Mexico	Public education	1	1	20.0	23.6	.239
	Crime	2	4	16.6	10.2	.007
	Health care	3	2	14.3	15.2	.750
	Illegal Immigration	6	3	9.4	13.7	.078

Differences between Latino and non-Latino white New Mexicans attitudes regarding health care: bivariate results.

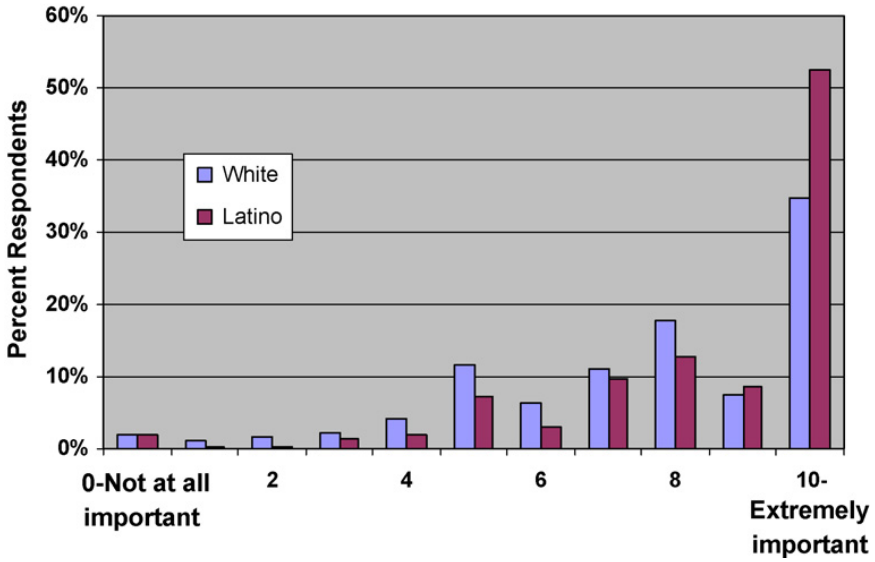

Fig. 1. Perceived importance of affordable health care.

approximately 35% of non-Latino whites. Thus far it is clear that New Mexicans regardless of ethnicity believe that health care is a critical policy area, with affordability being particularly important to the Latino community. The next two tables depict who New Mexicans believe should be the most responsible for this effort.

As depicted in Table 2, both Latinos and non-Latino whites view the federal and state governments as the entities most responsible for ensuring access to health care coverage. However, Latinos are more likely (.10 level of significance) to assign responsibility to both forms

Table 2
Preferences about responsibility for ensuring access to health care coverage among Latino and non-Latino whites in New Mexico.

Responsible entity	Latino* ($n = 270$)	White, Non-Latino ($n = 685$)	*p*-Value
Federal government	42.6%	36.6%	.089
State government	28.5%	22.9%	.070
Employers	10.0%	8.3%	.409
Individuals	14.1%	28.6%	.000

Table 3
Preferences about *Who Should Pay* for extending health care coverage among Latino and non-Latino whites in New Mexico.

Responsible entity	Latino* ($n = 270$)	White, Non-Latino ($n = 685$)	p-Value
Federal government	36.3%	27.6%	.008
State government	17.8%	11.2%	.007
Employers	21.9%	10.9%	.000
Individuals	17.8%	35.2%	.000

of government than non-Latino whites. Furthermore, although there is not a significant gap between Latinos and non-Latino whites regarding the role of employers (the entity perceived to be least responsible by both groups), ethnicity is significantly correlated with assignment of responsibility to individuals (.001 level). In fact, approximately half as many Latinos believe individuals should be responsible when compared to non-Latino whites. Table 3 reveals that the same trends persist when exploring who should pay for health care coverage. Latinos are more likely to believe that the federal government, state government, and employers should pay to extend health coverage, and less likely to believe individuals should be responsible for payment. In all cases the difference between Latinos and non-Latino whites is statistically significant at conventional levels. These stark differences in attitudes regarding responsibility for health care reform based on ethnicity provide useful information for policy makers interested in creating payment options that are politically feasible.

Our overview of how attitudes toward health care reform vary by ethnicity suggests that ethnicity contributes to health care attitudes in some contexts, such as perceptions of the salience of affordability, but not in others, such as general issue salience. We now turn to the multivariate analysis to determine if ethnicity affects health care attitudes after we control for social, economic, and political factors that may impact the way individuals think about health care in New Mexico.

7. Results—multivariate analysis

The next step in the analysis is to determine if ethnicity affects attitudes toward health care reform in New Mexico after accounting for a number of other important factors. We begin with perceptions of health policy salience by exploring the impact of explanatory variables on the propensity of respondents to choose health care policy as the most important issue facing New Mexico relative to other policy areas.

As shown in Table 4, when compared to the base category of health policy – once other factors such as income and education were controlled for – Latinos are approximately 4% more likely to identify the economy and crime as the biggest issues facing the state than the base category of health policy.[6] This finding is surprising given that the economy was not in the top five policies identified as critical to the state of New Mexico for Latinos in the descriptive table. During the initiation of the survey the state of the economy was the most salient policy issue nationally, with many national polls indicating that the economy was the issue motivating the majority of voters, and particularly Latinos' decision-making process leading up to the 2008

Table 4
The role of ethnicity in policy salience.

Variable	Economy		Crime		Illegal immigration	
	COEF (SE)	Marginal effect	COEF (SE)	Marginal effect	COEF (SE)	Marginal effect
Ethnicity (Latino)	.764** (.361)	.047	.528* (.316)	.042	.489 (.339)	.026
Employment status (Unemployed)	.646 (.990)	.009	−.939 (.136)	−.114	.077 (.137)	.038
Party identification (Democrat)	−.214 (.349)	−.004	−2.12 (.302)	−.007	−.982*** (.320)	−.076
Income (50K–1000K)	−.1.24** (.437)	−.086	−2.92 (.344)	−.030	−.269 (.373)	−.019
Income (>100K)	−.087 (.482)	−.017	−.132 (.471)	−.034	.215 (.470)	.008
Income unspecified	−1.13 (.946)	−.058	.183 (.606)	.041	−.090 (.650)	−.001
Education	−.038 (.123)	−.001	−.311** (.105)	−.035	−.191* (.113)	−.013
Age	−.002 (.012)	−.000	.008 (.010)	.001	.033** (.011)	.003
Gender (Male)	.190 (.335)	.003	−.167 (.299)	−.044	.294 (.311)	.014
Perception of state of NM health care	.117 (.119)	.007	−.002 (.149)	−.003	.042 (.162)	.001
Health status	−.519** (.225)	−.009	−.478** (.194)	−.009	−.782*** (.199)	−.038
Health coverage (Covered)	.233 (.507)	.019	.838* (.506)	.091	−.332 (.496)	−.034
Efficacy (NM specific)	.120 (.220)	.016	.047 (.189)	.017	−.588** (.197)	−.052
Information level	−.463 (.339)	−.012	−.661** (.291)	−.051	−.423 (.306)	−.013
Voter registration	.209 (.510)	.024	.379 (.472)	.015	2.09** (.889)	.090
Constant	.539 (1.35)	NA	1.28 (1.20)	NA	.969 (1.40)	NA
R^2	.10					
N	797					

*$p < .1$, **$p < .05$, ***$p < .01$; two-tailed.

presidential election (Kaplan, 2009). It is therefore somewhat logical to see Latinos perceive the economy as being a more important issue than health care. Crime, however, was not a particularly hot topic in New Mexico at the time interviews were conducted, which makes the greater perception of importance for Latinos somewhat surprising. Therefore, despite the tremendous disparities that Latinos face regarding access to health care, and inconsistent with our hypothesis, Latinos are less likely to place a higher priority on this policy area when compared to other issue areas such as the economy and crime, and are no more or less likely to see health care as critical to New Mexico than illegal immigration.

In addition to ethnicity, several other interesting trends emerge from the results depicted in Table 4. When compared with the economy, middle-income (those making between US$ 50 and US$ 100K) New Mexicans and those with lower levels of self-defined health status are more likely to perceive that health care was the biggest issue facing New Mexico. In the model comparing health care to crime, once again New Mexicans in poorer health are more likely to see health care as more critical to the state than other policy areas. The impact of health status was reinforced in this model by health coverage, as respondents who are covered are 9% more likely to view crime as an important issue facing New Mexico relative to crime. Finally, both education and information level are significant and negative. This indicates that New Mexicans who have lower levels of educational attainment and who are less informed about the health care policy debates are more likely to see health care as a critical issue relative to crime.

The final model in Table 4 provides results regarding the comparison between health care policy and illegal immigration. Health status is once again a strong predictor of policy salience, as New Mexicans in poorer health are nearly 4% more likely to rate health care as the most important issue facing New Mexico than illegal immigration. It is therefore clear that for those who are having health problems, the discussions surrounding health care reform in the state is of particular importance, regardless of what other policy area is on the table for discussion. We also find that Republicans are nearly 8% more likely to perceive that illegal immigration is a critical issue for the state relative to health care. Furthermore, older New Mexicans, those with higher levels of education, and those who are registered to vote are all more likely to believe that illegal immigration is an important policy issue when compared with health care. Finally, New Mexicans who have a greater belief that government officials care about what they think are more likely to see illegal immigration as salient compared with health care.

In addition to general perceptions of health care salience, we are also interested in whether a specific element of the health care reform debate, affordability, is important to specific segments of the New Mexico population. We begin with our variable of interest: ethnicity. As reflected in Table 5, the Latino variable is significant and positive, with the marginal effect statistic indicating that Latinos are approximately 9% more likely to rate affordable health care as extremely important compared to non-Latino whites. Therefore, the trends established at the bivariate level regarding affordability hold in this context, even after controlling for a host of other factors related to health care attitudes. This is consistent with Sanchez and Morin (2007) who found the cost of health care and insurance to be the most salient aspect of health policy to Latinos. So although ethnicity is negatively correlated with general issue salience when compared with the economy and crime, Latinos are more likely to believe that affordable health care is important. This suggests that policies at either the federal or state level will need to focus on the costs associated with care in order to meet the needs and interests of the Latino population.

Table 5
Affordable program importance.

Variable	COEF (SE)	Marginal effect
Ethnicity (Latino)	.319** (.152)	.089
Employment status (Unemployed)	.406 (.452)	.147
Party identification (Democrat)	.608*** (.141)	.120
Income (50K–1000K)	−.022 (.163)	−.024
Income (>100K)	−.404** (.204)	−.080
Income unspecified	−.559* (.294)	−.126
Education	.049 (.050)	.015
Age	−.015*** (.004)	−.003
Gender (Male)	−.363** (.135)	−.093
Perception of state of NM health care	−.140* (.075)	−.030
Health status	.641*** (.092)	.154
Health coverage (Covered)	−.640** (.234)	−.174
Efficacy (NM specific)	.251*** (.087)	.042
Information level	.041 (.137)	.006
Voter registration	.012 (.236)	.001
R^2	.06	
N	788	

*$p < .1$, **$p < .05$, ***$p < .01$; two-tailed.

In addition to ethnicity, several other factors are significantly correlated with attitudes regarding affordable health care programs. Party identification, for example, plays a major role here, as Democrats are 12% more likely to believe that providing affordable health care is extremely important. This is in line with the policy stance of the Democratic Party (2008 presidential candidates Barack Obama and Hillary Clinton were strong proponents of universal health care coverage) and with the fact that the Democratic Governor of New Mexico (Bill Richardson) has been leading discussions of health care reform in the state. Income also has a marked negative impact on this aspect of public opinion toward health. Relative to those in the lowest income category, New Mexicans who make greater than US$ 100,000 and who did not specify their incomes are significantly less likely to indicate that affordable healthcare is extremely important. Age has a similar impact, with perceptions of affordable health care importance decreasing with age. The final demographic variable with a meaningful relationship here is gender, as men are approximately 9% less likely to rate affordable health care as extremely important.

There is a clear relationship between respondents' personal health situations and their attitudes regarding the importance of the affordability of health care. Specifically, New Mexicans who lack health insurance are approximately 17% more concerned with the affordability of health coverage. This suggests that this segment of the population will be particularly concerned with costs associated with any reforms made to the health care system. Interestingly, respondents who indicate that they are in good health are also more likely to rate affordable health care as extremely important—there is a 15% gap between those in good and poor health. This implies that the financial costs of the current health care system are not only salient to those without health insurance or in poor health, but to a wide segment of the New Mexico population, including those who report that they are currently in

Table 6
Perceptions of who should be responsible for ensuring access to coverage.

Variable	Federal government		State government		Individuals	
	COEF (SE)	Marginal effect	COEF (SE)	Marginal effect	COEF (SE)	Marginal effect
Ethnicity (Latino)	−.560* (.322)	−.058	−.285 (.336)	−.034	−.476 (.341)	−.015
Employment status (Unemployed)	−.481 (.738)	−.078	−.468 (.772)	−.058	−2.77** (1.31)	−.222
Party identification (Democrat)	.317 (.308)	.064	.218 (.321)	.017	−.124 (.326)	−.067
Income (50K–1000K)	−.756** (.357)	−.020	−.935** (.219)	−.060	−.676* (.376)	−.006
Income (>100K)	−.325 (.468)	−.020	.466** (.488)	.049	−.108 (.487)	−.041
Income unspecified	−.103 (.784)	−.002	.020 (.792)	.033	−.282 (.859)	−.040
Education	−.029 (.106)	−.003	−.013 (.111)	−.006	−.094 (.112)	−.013
Age	−.019* (.010)	−.001	−.015** (.011)	−.000	−.019* (.011)	−.000
Gender (Male)	−.067 (.290)	−.021	−.260 (.304)	−.037	−.107 (.307)	−.003
Perception of state of NM health care	.188 (.156)	.022	.145 (.162)	.004	.070 (.164)	.014
Health status	.000 (.190)	.013	−.015 (.198)	−.004	−.123 (.199)	−.021
Health coverage (Covered)	−.480 (.524)	−.038	−.172 (.549)	−.053	−.567 (.548)	−.046
Efficacy (NM specific)	−.051 (.185)	−.016	−.058 (.194)	−.009	.237 (.198)	.034
Information level	−.221 (.297)	−.026	−.223 (.310)	−.018	−.025 (.312)	−.030
Voter registration	.667 (.507)	.065	.433 (.527)	.015	.518 (.542)	.007
Constant	2.18* (1.23)	NA	1.76 (1.28)	NA	2.61** (1.29)	NA
R^2	.22					
N	703					

*$p < .1$, **$p < .05$, ***$p < .01$; two-tailed.

good health. Finally, perceptions of the current health care system are both important here, as those who believe that the state system needs major reform or needs to be completely rebuilt are most likely to indicate that affordable health care is extremely important. The more general measure of New Mexicans' attitudes toward their state government is also significant, with higher levels of efficacy yielding greater importance ratings for affordable health care.

The final dimension of health care policy that we explore is perceptions of individual responsibility for expanding health coverage access. Table 6 provides the results for the multinomial regression model specified here, where assignment of responsibility to individuals and the state and federal governments are evaluated relative to employers, who are the excluded group in this model. This information can inform policy decisions attempting to determine who should take primary responsibility for extending health coverage to wider segments of the population. Our descriptive statistics indicated that Latinos are less likely to assign responsibility to individuals; thus, here we explore whether that trend holds after accounting for other factors.[7] There does not appear to be major ethnic differences once other relevant factors are taken into consideration, as the Latino variable is not significant in the state government or individuals models. Latinos are, however, nearly 6% less likely than non-Latinos to see the federal government as responsible for ensuring that everyone has access to coverage compared with employers being responsible for coverage. This trend may be due to the Latino population being less likely to be covered by their employers than other racial and ethnic groups in the United States (Cooper & Schone, 1997).

In addition to ethnicity, demographic factors appear to have the biggest impact on perceptions of responsibility for extending health coverage, as age and the middle-income category are significant across all three contexts. Younger respondents and those making between US$ 50 and US$ 100K are more likely to view employers as the entity responsible for extending coverage relative to individuals, as well as both the federal and state governments. New Mexicans making more than US$ 100K annually perceive the state government to have a greater responsibility to extend coverage than employers. Finally, the unemployed variable is only significant in the individuals model. The marginal impact of employment status is rather large here, however, as the unemployed are 22% more likely to see employers as the entity responsible for extending coverage relative to individual New Mexicans.

8. Discussion and conclusions

The focus of this investigation is to determine the role of ethnicity in health policy attitudes among New Mexico residents, a majority–minority state in which health care is particularly salient. We utilize a public opinion survey of New Mexico adults focused specifically on health attitudes. This investigation is only possible through the use of data focused specifically on capturing health care attitudes with samples of both Latinos and non-Latino whites, an advantage of our research design. Given the tremendous disparities in health care coverage and health status at the state and national levels based on race and ethnicity, we hypothesized that ethnicity would have a major impact on the views of the population related to health care. Our results are mixed. While we find that Latinos do have distinct attitudes toward specific aspects

of health care and health policy, their attitudes are not unique when compared to non-Latino whites in many aspects of this policy area.

When asked to rank various policy areas in order of importance, Latinos are less likely to identify health care as being important than non-Latino whites. This is arguably the most surprising finding from our analysis. Given the disproportionate uninsured rate among Latinos and their lower level of access to quality health care, we anticipated that this population would find health care to be more important than non-Latino whites. However, it is important to note that 14% of New Mexicans – regardless of ethnicity – identified health care to be the most important issue facing the state. This was second only to education among several policy areas. Therefore, while our data suggest that health care is less likely to be viewed by Latinos as the most important issue facing the state when compared with the economy and crime in a multivariate context, it is important to note the high value New Mexicans of all backgrounds place on health care.

Despite a lack of divergence in this general indicator of health care salience, Latinos are more likely to believe that health care affordability is important than non-Latino whites. These trends hold even after controlling for factors such as income and education, suggesting that the financial costs of health care are particularly relevant to the Latino community in New Mexico. Thus, reform efforts should pay particular attention to the individual costs applied to residents in order to be responsive to the Hispanic community. This is reinforced by the perception among Latino respondents that government and employers are more responsible for ensuring everyone in the state has access to health coverage than individuals. This trend, along with the overall results, suggests that the relationship between ethnicity and health care attitudes is complex. Depending on the context of the policy situation, Latinos have attitudes that differ from non-Latino whites, but this is not consistent across all facets of the policy debate.

Our data allow for a rather comprehensive discussion of the role of ethnicity in the public opinion of the New Mexico population regarding health policy. With the ability to directly compare Latinos' attitudes to non-Latino whites across a wide variety of health care indictors, our analysis adds considerably to the working knowledge of scholars and policy makers regarding the impact of ethnicity on health policy views. This information should be beneficial not only to policy makers in New Mexico, but to all interested in finding solutions to the ethnic disparities associated with health care in the United States. Future research should improve on our work here by exploring potential differences within the Latino community based on generational status and language preferences. Given that Latinos are the population who can arguably benefit most from health care reform efforts, additional analysis of the attitudes of this community toward health care policy is timely and important.

Notes

1. We use Latino and Hispanic interchangeably throughout the analysis.
2. Two of the most traditional explanations of health care disparities in the United States are lack of health insurance and low socioeconomic status—both critical for Latinos. For example, researchers find that insurance coverage is the key to understanding access to the use of primary care (Waidman & Rajan, 2000; Weinack, Zuvekas, & Cohen, 2000).

Others find that lower levels of education and occupational status are associated with having less access to health care (Zuvekas & Taliaferro, 2003). Finally, studies have also demonstrated a significant causal association between language and disparities in health care access (Derose & Baker, 2000; Fiscell et al., 2002; Scheffler & Miller, 1989; Wienack & Kraus, 2000).

3. The typical commercial standard is three call attempts.
4. Hispanics comprise 44% of the New Mexico population, and more importantly for our purposes here, approximately 38% of the adult population in the state. Although we chose to utilize weighted data in the analysis that makes Hispanics equal to their ratio of the greater than aged 18 New Mexico population, the findings presented here are not distinct from findings generated with unweighted data in any significant ways.
5. See Appendix A for a discussion of the measurement strategy for each explanatory variable.
6. Marginal effects depict the impact of each independent variable on the high value of each dependent variable when all other factors are held to their means or modes. These values were generated using Stata's mfx and predict commands.
7. Although page limitations motivated a decision to exclude the multivariate results regarding perceptions of who is responsible for paying for expansion of coverage, our analysis utilizing that dependent variable provided trends similar to those for the more general assessment of responsibility depicted in Table 6. Most relevant to this study, and consistent with Table 3, Latinos are more likely to view employers as the entity responsible for paying for extension of coverage relative to individuals.

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Appendix A. Presentation of survey items and independent variable measures

Ethnicity—*From the following options, do you consider yourself to be*? The values of the ethnicity variable are (0) Non-Latino, (1) Hispanic/Latino.

Employment status—*Are you currently employed?* The values of this variable are (0) Employed, (1) Unemployed.

Party identification—*With which political party do you most identify?* The values of this variable are (0) Non-Democrat (including independents, (1) Democrat.

Income—*I'm going to read you some broad income categories. Please STOP me when I get to the one that includes the estimated annual income for your household for 2006*. There are four dummy variables utilized to measure income: Income 1 (<50K, which is the excluded group), Income 2 (50K–1000K), Income 3 (>100K), and Income Unspecified.

Education—*I would like to ask you a couple of background questions. First, what is the highest level of education you have completed?* The values of this variable are 1, Elementary

school or some high school; 2, HS grad or GED; 3, Trade or vocational certification; 4, Some college/associate degree; 5, College graduate; 6, Post-grad degree.

Gender—*As part of the survey, I am required to ask: are you male or female?* The values of this variable are: 1, Female; 2, Male.

Age—*How old are you?* Continuous variable, range from 19 to 90.

Perception of State of NM Health Care—*Please tell me which one most closely reflects your view about the current state of the health care system in New Mexico*. The values of this variable are 1, Our health care system works just fine the way it is; 2, Our health care system requires MINOR changes to make it work better; 3, Our health care system requires MAJOR changes to make it work better; 4, Our health care system has so many problems that it needs to be completely rebuilt.

Health status—*Concerning your overall health over the past 12 months, would you say that it was?* The values of this variable are (1) Poor, (2) Fair, (3) Good, (4) Excellent.

Health coverage—*Do you currently have health care coverage?* The values of this variable are (0) Not Covered, (1) Covered.

Information level—*Do you recall recently hearing or seeing anything in the news about the health care proposal Governor Richardson is going to present to the legislature during the next legislative session?* The values of this variable are (0) No, (1) Yes.

Voter registration—*Are you currently registered to vote?* The values of this variable are (0) Not-registered, (1) Registered.

Efficacy—New Mexico Specific—*I don't think New Mexico government officials care much about what people like me think.* The values of this variable are (1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree.

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