**Title**

Assessing the Relationship between Immigration Policy News Coverage and Distrust in Health Information

**Permalink**

https://escholarship.org/uc/item/86v593k7

**Author**

Tafolla, Sharon

**Publication Date**

2023

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA, MERCED


Assessing the Relationship between Immigration Policy News Coverage and Distrust in Health Information


A thesis submitted in partial satisfaction of the requirements for the degree of Master of Science in


Public Health (MSPH)


by


Sharon Tafolla


The Research Project of Sharon Tafolla is approved, and it is acceptable in quality. Committee members:


Professor Maria-Elena De Trinidad Young, Chair
Professor Alec Chan-Golston
Professor Irene Yen


2023

The Thesis of Sharon Tafolla is approved, and it is acceptable in quality and form for public on microfilm and electronically:

_____
Professor Alec Chan M. Golston


_____
Professor Irene Yen


_____
Professor Maria-Elena De Trinidad Young, Chair



University of California, Merced

# Table of Contents

# List of Figures

## List of Tables

**Acknowledgements**

# Abstract

Assessing the Relationship between Immigration Policy News Coverage and Distrust in Health Information

A thesis submitted by Sharon Tafolla, in partial satisfaction of the requirements for the degree of Master of Science in Public Health (MSPH) at University of California, Merced in 2023.
Committee chair: Dr. Maria-Elena de Trinidad Young

Immigration policies and policy-related factors create distrust among Latinos and immigrants. News coverage of exclusionary immigration policies may be a policy-related factor that also shapes distrust. There is evidence news coverage of immigration policies does not always reflect the policies within a state. In this paper, we used data from a qualitative content analysis of newspapers in 15 U.S. states (2010-2013, 2017-2019) and a state policy-index of immigrant policies to assess the relationship between inclusive and exclusive news coverage of immigration policies and high distrust on health information from a multiethnic sample. We find news coverage of both inclusive and exclusive immigration policies were associated with high distrust in health information. We suggest inclusionary immigration policies are not as protective to Latino and immigrant health as perceived. Immigration as a news topic may also have a role in shaping distrust and health that is independent of immigration policy.

# Introduction

In 2020, 1 in 5 immigrant parents reported that they had avoided public benefits due to fears related to their immigration status (Haley et al., 2021). Immigrants' delay or avoidance of public benefits are associated with immigration policy-related factors. There is evidence that immigration policy-related factors create distrust of government institutions and health care providers among Latinos and immigrants (Cruz Nichols et al., 2018; Mann-Jackson et al., 2022). News coverage of exclusionary immigration policies and anti-immigrant rhetoric may be an immigration policy-related factor that shapes this distrust. There is evidence that news sources cover exclusionary immigration policies at a high frequency (Young et al., 2021). This coverage of exclusionary policies has occurred despite an increase in inclusive immigrant policies across several states in the U.S. (Young et al., 2021). There has been little research on the role of news coverage in shaping how immigration policies are disseminated and understood to then influence distrust and health for immigrants. We seek to understand the relationship between news coverage of immigration policies, such as those that criminalize or extend benefits for noncitizens, and predictors of health care access and utilization, such as levels of distrust in health information from the government. We examine news coverage as a "social constructor" of immigration policy, a mechanism by which policy is understood by a community. An examination of news coverage as a "social constructor" extends understanding of the ways immigration policies shape immigrant health behaviors, such as the avoidance of public benefits. We use measures from a quantitative content analysis of local newspapers and a state-policy index of immigrant policies, to test whether the news coverage of immigration policies in a state are associated with high distrust in health information in a multiethnic sample. We hypothesize that news coverage of exclusionary immigration policies is associated with high distrust in health information. Additionally, we will also look for differences in distrust between Latinos and other racial/ethnic groups. We hypothesize the relationship between news coverage and high distrust differs between Latinos and other racial/ethnic groups.

## Immigration Policies and Climates Shaping Latino and Immigrant Health

Federal and state immigration policies are associated with health care access, health benefit utilization, and physical and mental health outcomes (Castañeda et al., 2015; Dondero & Altman, 2020; Hatzenbuehler et al., 2017). Immigration policies shape the health and well-being of immigrants directly by determining or defining access to health care, safety-net benefits, or employment opportunities that lead to greater socioeconomic mobility (De Trinidad Young et al., 2018; Ortega et al., 2007, 2018; Pourat et al., 2014; Vargas Bustamante et al., 2012). Federal and state immigration policies include or exclude immigrants from society based on their legal status (Menjívar & Abrego, 2012). Evidence of the relationship between immigration policies and Latino and immigrant health outcomes show that these policies create conditions or environments that contribute to health inequities (Castañeda et al., 2015). Therefore, not only are *enacted* policies associated with health outcomes, but *proposed* policies, which

are often introduced to the public through news or media sources, are also associated with health (Rhodes et al., 2015; Toomey et al., 2014; Torche & Sirois, 2019).

Although immigration policy is primarily enacted at the federal level, there are an increasing number of immigrant policies at the state level that shape social climates for immigrants. Inclusive immigrant policies, typically enacted by states, may provide immigrants access to public benefits, such as a driver's license or health care access. Inclusive immigrant policies that expand access to these benefits are also associated with improved health outcomes for immigrants and their children (Koball et al., 2022). On the other hand, exclusionary state immigrant policies shape health by removing or restricting benefit access for immigrants. Targeted enforcement policies or the creation of laws that criminalize immigrants' use of public benefits can prompt fear of deportation (Potochnick et al., 2017; Vargas et al., 2017). These exclusionary policies create climates that hinder local efforts to promote the integration of immigrants into a community. For example, immigrants may avoid contacting law enforcement due to fears of their legal status being disclosed in a state that allows law enforcement to racially profile immigrants (Mann-Jackson et al., 2022). The role that fear of deportation has on immigrant communities when they need to utilize emergency services or contact law enforcement, is a concern for organizations that provide safety-net services to immigrants (Mann-Jackson et al., 2022). Restrictive immigration policy climates are also associated with fewer health care provider visits among immigrant adults (Dondero & Altman, 2020). Similar to inclusive policies, the effects of restrictive policies have also been shown to "spillover" onto the U.S.-born children of immigrants. One study found that the passage of restrictive laws was associated with reduced health care utilization among U.S.-born children enrolled in Medicaid with non-citizen mothers (Twersky, 2022). Overall, restrictive immigration policies that target immigrants create high-risk environments that increase the fear of deportation and can lead to worsened physical and mental health (Haro-Ramos & Rodriguez, 2022).

**Immigration Policies and Anti-immigrant Rhetoric in the News**
News coverage can often reflect the social climates surrounding changes in immigration policy and inflections of anti-immigrant rhetoric. There is an opportunity to further understand immigration policy as a social determinant of health by assessing if news coverage of immigration policies creates similar high-risk environments. For example, the media widely covered federal changes to the Deferred Action for Childhood Arrivals (DACA) program and the public charge rule from 2018 through 2022 (Garrity, 2022; Newport, 2018; Sanchez, 2018). The negative effects of changes to federal immigration policies may have been exacerbated by the previous narratives used by candidates in the 2016 presidential election to criminalize immigrants. These criminalizing narratives were associated with poor mental health among Latino adolescents (Canizales & Vallejo, 2021; Eskenazi et al., 2019). Prior to the 2016 election, the enactment of exclusionary state policies, such as Arizona's Senate Bill 1070 (SB 1070) in 2010, also negatively impacted benefit utilization among immigrant women in Arizona before the policy went into effect (Toomey et al., 2014). Assessing the extent that the media (i.e. newspapers) covers policies offers an approach to measure the policy

contexts that influence health behaviors, such as exclusionary immigration policies and anti-immigrant rhetoric.

**News Coverage as a Social Constructor of Immigration Policy**
  Understanding the relationship between news coverage of immigration policy and distrust in health information provides an analysis of the social mechanisms by which immigration policy is associated with health. In this study, we apply the social construction theory (Schneider & Sidney, 2009) to operationalize news coverage as a "social constructor" of immigration policies and assess the relationship with distrust in health information. The social construction theory was adopted to understand "meaning-making" of policy content and also the social impact of a policy on a target population group. In the past, this theory was used to explain how positive images in policies that provided veterans housing assistance  resulted in ongoing political support and how these policies resulted in increased political engagement among veterans, the target population group (Schneider & Sidney, 2009). There is evidence news coverage of immigration policies can influence local politics (Alvord & Menjívar, 2022) and can stigmatize immigrants (De Trinidad Young & Wallace, 2019; Finley & Esposito, 2020; Morey, 2018).  In a similar way, we can assess the relationship between distrust in health information and news coverage to understand the "meaning-making" and health impacts of immigration topics.
  Immigration policies can have an influence on a population, whether implemented or not, and news coverage is a measure of immigration policy that can capture the social climate surrounding the implementation of policies (Schneider & Sidney, 2009). For example, negative social constructions of immigrants and immigration policies can originate from policymakers and then be reinforced in news coverage; or vice versa. News environments can also portray the target population of a new law or policy, such as Latinos or immigrants, as either threatening or beneficial (FrameWorks, 2014; Harris & Gruenewald, 2020).
  Latinos' perceptions of the trustworthiness of health information may be shaped by the news coverage of immigration policies in a state. Recent evidence indicates that policies on immigrant policing resulted in decreased trust in information from the government among Latinos (Cruz Nichols et al., 2018). The influence of news coverage is of interest to public health, as the portrayal of a policy or its target population can shape how others interact with that population or shape the way the target population interacts with the policymaking group, such as public health agencies (Kalichman et al., 2021). Additionally, Latinos' health is shaped by policymakers' rhetoric on immigration (Chavez et al., 2019).
  Analyzing news coverage of immigration policies can also add to evidence of the role local climates surrounding state policies may have on mitigating or exacerbating the health effects of immigration policies (Allen, 2022). State policy climates can simultaneously reflect a combination of both inclusionary and exclusionary priorities by state policy makers (Young et al., 2021). For example, among states with a high number of inclusive policies, media environments can have low coverage of inclusive policies, while having substantial coverage of exclusive policies (Young et al., 2021). Therefore, the intensity and type of news coverage are important elements of examining news as a

social constructor of immigration policy climates. Additionally, examining these elements at a state level could also inform how Latino and immigrant health are shaped when state or federal immigration policies are out of alignment.

**Immigration Policy News Coverage and Distrust**

Immigrant health researchers cite a growing distrust in the government among Latinos (Allen, 2022). Immigration policy news coverage may influence the perceived trustworthiness of government institutions in the same way that immigration policies and discrimination within health care settings create distrust among immigrants (Alfaro & Bui, 2018; Lauderdale et al., 2006; Woofter & Sudhinaraset, 2022). The relationship of distrust in relation to news coverage is worth investigating as distrust in health information may lead to decreased access or use of the few health benefits accessible to immigrants. This relationship may be similar to how immigrants' distrust of using public benefits were associated with the public charge rule (Miller et al., 2022; Touw et al., 2021). Distrust in health information is also an indicator of health or health care access (Hesse et al., 2005; Pearson & Raeke, 2000). Therefore, in addition to capturing the social constructions of immigration policy through news coverage, we also add evidence on the influence of discriminatory rhetoric that may contextualize individual psychosocial drivers of immigrant distrust within health care and government settings, and health care access, such as interpersonal discrimination.

In this study we examined distrust in health information as a key indicator of how immigration policy news coverage may shape attitudes and behaviors related to health care and how this relationship may differ across Latinos and other racial/ethnic groups. We first sought to identify if Latinos reported high distrust in health information compared to other racial/ethnic groups to establish an understanding of distrust within our sample. We hypothesized that Latinos have similar levels of distrust in health information from the government compared to Black respondents and less distrust compared to White respondents due to the increased discrimination among minority racial/ethnic communities (Gurrola & Ayón, 2018; Morey, 2018). Then we assessed if news coverage of inclusive immigration policies was associated with distrust in health information. We also assessed the relationship between exclusionary immigration policies and distrust, with exclusive news coverage as a social constructor of exclusive immigration policies. We expected inclusive policy news coverage would have a protective effect and would not be associated with high distrust in health information from the government, while exclusive policy news coverage would be associated with higher distrust. And lastly, we looked for differences in the relationship between distrust and news coverage between Latinos compared to other racial/ethnic groups. We anticipated race/ethnicity would modify the association between news coverage and distrust from the government between Latinos and other race/ethnic groups. Figure 1 shows our conceptualization of using inclusive and exclusive immigration policy news coverage as social constructors of immigration policy and distrust in health information as an indicator of health.

4

Figure 1. The Relationship between Mechanisms of Immigration Policy Implementation and Health Care Access

**Figure 1. The Relationship between Mechanisms of Immigration Policy Implementation and Health Care Access**
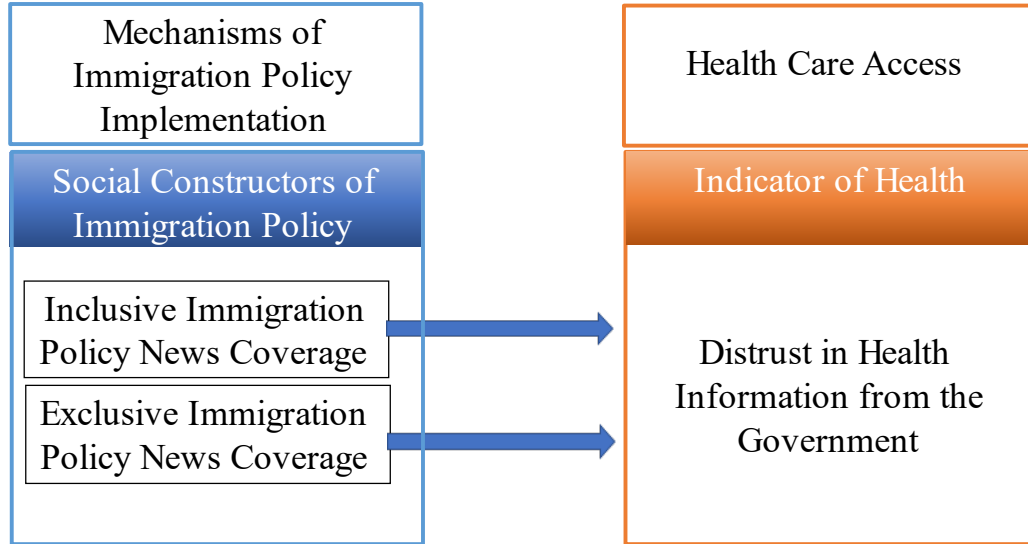


**Methods**

**Sample and Data Collection**

This cross-sectional study combined three sources of data from 2010 through 2019. This included an individual-level population data set from the National Cancer Institute's Health Information National Trends Survey (HINTS) and two state-level datasets, including a news coverage dataset and a state policy index dataset. The timeframe for these datasets was guided by the time periods used in the news coverage dataset to compare immigration policy changes during the Obama administration and the beginning of the Trump administration (Young et al., 2021). We used the federal information processing system (FIPS) state codes in the datasets to match each HINTS respondents' state of residence with the state-level data from the news coverage dataset, the state policy index, and population demographics. The final sample was 7,102 HINTS respondents. Below we describe each dataset.

*HINTS Dataset*

The individual-level data came from four cycles of pooled HINTS data. The pooled data included responses to HINTS 4 Cycle 1 (2011-2012), HINTS 4 Cycle 3 (2013), HINTS 5 Cycle 1 (2017), and HINTS 5 Cycle 3 (2019) (National Cancer Institute, 2012, 2014, 2017, 2021). Each HINTS cycle was a nationally representative survey of the non-institutionalized U.S. population who were 18 years or older. The

surveys were mailed to households for all cycles and in HINTS 5 Cycle 3 households also had the option to respond electronically via web. HINTS obtained addresses from a random sample provided by a marketing group. They then used a two-stage sampling design that selected addresses using an equal-probability sample for each stratum of low minority, high minority, and Central Appalachia population groups for HINTS 4 and low minority and high minority population groups for HINTS 5. In the second stage, researchers used a within-household all adults and next birthday approach to select respondents within each stratum. The full sampling methodology for these cycles is available online (National Cancer Institute, 2012, 2014, 2017, 2021). We pooled four cycles because they used the same survey question to collect trust in health information from the government from survey respondents. HINTS also obtained reported trust in other sources of health information including health providers, friends and family, and charity or religious organizations. For purposes of this study, we used responses to trust in health information from the government because the measure had the closest relation to 1) policy and 2) public health sources of health information. These four cycles also collected the same population characteristics used in our study, including age, sex, rurality, education, and self-reported health status.

*News Coverage Dataset*

The news coverage data set was a quantitative content analysis of newspaper articles from 15 U.S. states from 2010-2013 and 2017-2019 that measured state-level coverage of inclusive immigration policies and exclusive immigration policies (Young et al., 2021). The 15 states in the analysis were Arizona, California, Colorado, Florida, Georgia, Illinois, Maryland, Minnesota, New Jersey, New York, North Carolina, Oregon, Rhode Island, Texas, and Utah. These 15 states were selected because they had at least a 5% foreign-born population and their state capital newspapers that had at least a 100 articles related to immigration policies in each time period (Young et al., 2021). This dataset included two measures for type of immigration policy news coverage. The types of news coverage were created from codes that captured the type of immigrant policies identified in a random selection of newspaper articles. The measure for inclusionary news coverage included newspaper articles covering integrative immigration policies and activities such as the expansion of health care, safety net benefits, and employment. The measure for exclusionary news coverage included newspaper articles covering restrictive immigration policies and activities such as immigration enforcement.

*State Policy Index Dataset*

The state policy index data set was a quantitative dataset of state-level immigration policy contexts (Young et al., 2021). Policy contexts can be defined by the number of immigration policies in a state within a given time period or point in time. This dataset included a continuous measure for the number of inclusive state immigration policies and the number of exclusive state immigration policies related to migration and immigrant rights in a state (Young et al., 2021). Our study used the continuous measure for the number of inclusive policies per state as a control for the political context in which inclusive news coverage shaped immigration policy narratives or perceptions (range from 0-12). We also used the continuous measure for the number of exclusive

policies per state as a control for the political context in which exclusive news coverage shaped immigration policy narratives or perceptions (range 0-7).

*State Population Demographics*

The state level population demographics were obtained from the American Community Survey (ACS) by the U.S. Census Bureau. The measures from this dataset included the percent of Latino population in a state and the percent of foreign-born population in a state.

**Measures**

The dependent variable and individual level covariates were from HINTS. The independent variables are from the news coverage dataset. The state-level covariates were from immigration policy context and state demographic datasets.

*Dependent Variable*

The outcome of interest was whether an individual had high or low distrust in health information from the government. Participants were asked, "In general, how much would you trust information about health or medical topics from each of the following?" Response options included: Not at all, A little, Some, and A lot. We categorized 'Not at all' as a 'high distrust', and 'a little', 'some', and 'a lot' as 'low distrust' to create a dichotomous measure for distrust. The dependent variable was operationalized as 1 = high distrust, and 0 = low distrust.

*Independent Variables*

**Inclusive Immigration Policy News Coverage.** The first independent variable was a continuous measure of the percent of all articles that cover inclusive immigration policies in each state. The average percent of articles would theoretically range from 0% to 100%. The percent of inclusive news coverage across all articles for the states in the sample ranged from 3% to 52%. For ease of interpretation of the regression models, we converted the variable into a measure in which each unit represents a 10% increase in coverage of inclusive policies.

**Exclusive Immigration Policy News Coverage.** The second independent variable was a continuous measure of the percent of all articles that cover exclusive immigration policies in each state. The average percent of articles would also theoretically range from 0% to 100%. The percent of exclusive news coverage across all articles for the states in the sample ranged from 25% to 85%. For ease of interpretation of the regression models, we converted the variable into a measure in which each unit represents a 10% increase in coverage of exclusive policies.

*Covariates*

**Individual-level Covariates**. The individual-level covariates include race/ethnicity (Latino, White, Black) age (continuous), gender (male, female), education level (less than high school, high school or more), rural designation (urban metropolitan, urban non-metropolitan, rural non-metropolitan), self-reported health (excellent, very good, good, or fair/poor), survey year (2011-2012, 2016, 2017, 2019). 'Latino' reflects

all respondents who identified as 'Hispanic' and 'White' and 'Black' reflect all respondents who identified as 'Non-Hispanic.' For rural designation we combined the nine 2003 rural urban designations into three categories of urban and rural. Survey year was identified from the cycle in which the data was collected. These were used to control for individual-level demographics that would have been associated with variations in distrust in health information.

**State-level Covariates**. The state level covariates include the inclusive immigration policy score (range from 2-12), the exclusive immigration policy score (range from 1-5), percent of the state population that is noncitizen, and percent of the state population that is Latino. These were used to control for state-level population demographics that would have influenced social climates on immigration policy.

## Statistical Analysis

We used summary statistics to look at the sample distribution across all characteristics. We then used two mixed-effects unweighted logistic regression models to estimate the relationship between each type of news coverage and distrust. Mixed-effects models allowed us to test the nested relationship between the individual and state-level predictors for each state. First, we tested the relationship between inclusive immigration policy news coverage and high distrust in health information from the government for the total sample while accounting for state differences in news coverage and controlling for all covariates. The relationship is modeled:

$$\text{logit(distrust)} = \beta_0 + \beta_1 X_{ij} + \varepsilon_{ii} + \upsilon_j$$

With $\beta_0$ = intercept of distrust for the sample, $\beta_1$ for inclusive news coverage, X for the covariates in which i for the individual-level covariates, j for the state-level covariates, $\varepsilon_{ii}$ for the individual variance, and $\upsilon_j$ for the state-level variance. The model for the relationship between inclusive news coverage and distrust was:

$\text{logit(distrust)} = \beta_0 + \beta_1 \text{ inclusive news coverage } X_{i \text{ individual level covariates, j state level covariates}} + \varepsilon_{ij} + \upsilon_j$

Then we tested the relationship between exclusive immigration policy news coverage and high distrust in health information from the government for the total sample while accounting for state differences in news coverage and controlling for all covariates. The relationship was modeled similarly with the change of $\beta_1$ to exclusive news coverage:

$\text{logit(distrust)} = \beta_0 + \beta_1 \text{ exclusive news coverage } X_{i \text{ individual level covariates, j state level covariates}} + \varepsilon_{ij} + \upsilon_j$

We used the same mixed effects logistic regression models and considered an interaction with race/ethnicity to determine if the relationship between news coverage and high distrust in health information from the government was different for Latinos than for other race/ethnic groups. The relationship for the interactions were modeled:

Inclusive news coverage and race/ethnicity - $\text{logit(distrust)} = \beta_0 + \beta_1 \text{ inclusive news coverage\_race/ethnicity } X_{i \text{ individual level covariates, j state level covariates}} + \varepsilon_{ij} + \upsilon_j$

Exclusive news coverage and race/ethnicity - $\text{logit(distrust)} = \beta_0 + \beta_1 \text{ exclusive news coverage\_race/ethnicity } X_{i \text{ individual level covariates, j state level covariates}} + \varepsilon_{ij} + \upsilon_j$

We report the odds ratios and 95 percent confidence intervals for all models. All statistical analyses were conducted using STATA 17.0 (StataCorp LP, College Station, TX) and performed at the $\alpha = 0.05$ level.

## Results

Descriptive results showed the sample was predominantly White, identified as female, had more than a high school education, reported very good health, and lived in metropolitan urban areas (Table 1). In the total sample, 75% of respondents reported high distrust in health information from the government. Among those who identified as Latino, 74% reported high distrust compared to 77% of White respondents and 69% of Black respondents (Supplemental Table A).

On average, 20% of the states' immigration policy coverage was of inclusive policies (Supplemental Table B). While 50% of their news coverage was of exclusive immigration policies. On average, states in the sample also had 7 inclusive immigration policies out of a total of 12, and 3 exclusive immigration policies out of a total of 5. The average percent of Latinos for the states in our sample was 25%. The average percent of foreign-born respondents across the states in our sample was 18%.

The first mixed-effects model showed every ten percent increase in inclusive news coverage was associated with a 10% higher odds of high distrust (OR: 1.10, 95% CI: 1.02-1.18), controlling for all covariates (Table 2a). The odds of high distrust were 22% lower for Black respondents compared to Latino respondents (OR: 0.78, CI: 0.65-0.93). Reporting good or fair/poor health was associated with a 37% (OR: 1.37, CI:1.15-1.63) and 41% (OR:1.41, CI:1.14-1.73) higher odds of high distrust compared to reporting excellent health, respectively. Living in a non-metropolitan urban area, compared to a metropolitan urban area, was associated with 44% (OR:1.44, CI:1.15-1.81) higher odds of high distrust.

The second mixed-effects model showed that every ten percent increase in exclusive news coverage was associated with an 8% higher odds of high distrust (OR:1.08, CI:1.03-1.14), controlling for all covariates (Table 2b). Similar to inclusive news coverage, the odds of high distrust were 21% (OR:0.79, CI:0.66-0.95) lower for Black respondents compared to Latino respondents. Good health and fair/poor health were associated with a 38% (OR:1.38, CI:1.16-1.64) and 41% (OR:1.41, CI:1.14-1.73) higher odds compared to reporting excellent health, respectively. Living in a non-metropolitan urban area, compared to a metropolitan urban area, was associated with 45% (OR:1.46, CI:1.16-1.83) higher odds of high distrust in health information from the government. Only in the model which tested the association between exclusive immigration policy news coverage and distrust, was the percent of foreign-born in a state associated with a 2% (OR:0.98, CI:0.96-1.00) lower odds of high distrust in the government for every increase in the percent of foreign-born residents in a state.

When assessing if there were differences in the relationship between news coverage and distrust by race/ethnicity, the interaction terms were not significant, and the

results showed race/ethnicity did not moderate the associations between news coverage and distrust (Supplemental Table C).

Table 1. Individual characteristics of full sample and by levels of distrust in health information from the government

| Table 1. Individual characteristics of full sample and by levels of distrust in health information from the government | | | |
|---|---|---|---|
| | **Full sample** | **Distrust in health information from the government** | |
| | **All (n=7,102)** | **Low (n=1,772)** | **High (n=5,330)** |
| | % or mean (sd) | % or mean (sd) | % or mean (sd) |
| **Total** | 100.0 | 25.0 | 75.1 |
| **Race/Ethnicity** | | | |
| Latino | 22.0 | 23.3 | 21.6 |
| White | 63.5 | 58.6 | 65.1 |
| Black | 14.5 | 18.1 | 13.3 |
| **Age (years)** | 54.30 (16.45) | 51.11 (16.47) | 55.37 (16.30) |
| **Sex** | | | |
| Male | 41.1 | 38.4 | 42.0 |
| Female | 58.9 | 61.6 | 58.0 |
| **Education Level** | | | |
| Less than High School | 7.0 | 6.2 | 7.2 |
| High School or More | 93.0 | 93.8 | 92.8 |
| **Self-Reported Health** | | | |
| Excellent | 12.9 | 15.6 | 12.0 |
| Very Good | 36.8 | 38.5 | 36.2 |
| Good | 35.1 | 32.2 | 36.0 |
| Fair/Poor | 15.3 | 13.7 | 15.8 |
| **Rural Designation** | | | |
| Metropolitan - Urban | 91.1 | 93.4 | 90.3 |
| Non-Metropolitan - Urban | 8.2 | 5.9 | 9.0 |
| Non-Metropolitan - Rural | 0.7 | 0.7 | 0.7 |
| **Survey Year** | | | |
| 2011-2012 | 25.7 | 25.7 | 25.7 |
| 2013 | 19.1 | 20.0 | 18.7 |
| 2017 | 20.6 | 23.7 | 19.6 |
| 2019 | 34.7 | 30.5 | 36.0 |
| **Source:** HINTS Study 2011-2013, 2017, and 2019 **Abbreviations:** sd = standard deviation | | | |

Table 2. Associations between immigration policy news coverage and high distrust in health information from the government

| Table 2. Associations between immigration policy news coverage and high distrust in health information from the government | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Model a** | | | | **Model b** | | |
| | OR | 95% CI | | | OR | 95% CI | |
| **% Inclusive Immigration Policy News Coverage** | **1.10** | **1.02** | **-** | **1.18** | | | |
| **% Exclusive Immigration Policy News Coverage** | | | | | **1.08** | **1.03** | **-** | **1.14** |
| **Race/Ethnicity** | | | | | | | |
| Latino (ref) | | | | | | | |
| White | 1.11 | 0.96 | - | 1.28 | 1.11 | 0.96 | - | 1.28 |
| Black | **0.78** | **0.65** | **-** | **0.93** | **0.79** | **0.66** | **-** | **0.95** |
| **Age (years)** | **1.01** | **1.01** | **-** | **1.02** | **1.01** | **0.66** | **-** | **1.02** |
| **Sex** | | | | | | | |
| Male (ref) | | | | | | | |
| Female | 0.91 | 0.81 | - | 1.01 | 0.91 | 0.81 | - | 1.01 |
| **Education Level** | | | | | | | |
| Less than High School (ref) | | | | | | | |
| High School or More | 0.94 | 0.75 | - | 1.19 | 0.93 | 0.74 | - | 1.18 |
| **Self-Reported Health** | | | | | | | |
| Excellent (ref) | | | | | | | |
| Very Good | 1.18 | 1.00 | - | 1.40 | 1.18 | 1.00 | - | 1.40 |
| Good | **1.37** | **1.15** | **-** | **1.63** | **1.38** | **1.16** | **-** | **1.64** |
| Fair/Poor | **1.41** | **1.14** | **-** | **1.73** | **1.41** | **1.14** | **-** | **1.73** |
| **Rural Designation** | | | | | | | |
| Metropolitan - Urban (ref) | | | | | | | |
| Non-Metropolitan - Urban | **1.44** | **1.15** | **-** | **1.81** | **1.46** | **1.16** | **-** | **1.83** |
| Non-Metropolitan - Rural | 1.00 | 0.52 | - | 1.94 | 1.00 | 0.52 | - | 1.94 |
| **Survey Year** | | | | | | | |
| 2011-2012 (ref) | | | | | | | |
| 2013 | 0.94 | 0.80 | - | 1.11 | 0.94 | 0.80 | - | 1.11 |
| 2017 | **0.80** | **0.69** | **-** | **0.94** | **0.81** | **0.69** | **-** | **0.95** |
| 2019 | 1.15 | 0.99 | - | 1.33 | 1.15 | 0.99 | - | 1.33 |
| **% Latino** | 1.00 | 1.00 | - | 1.01 | 1.00 | 1.00 | - | 1.01 |
| **% Foreign Born** | 0.99 | 0.97 | - | 1.00 | **0.98** | **0.96** | **-** | **1.00** |
| **Inclusive Policy Score** | 1.02 | 0.99 | - | 1.06 | 1.01 | 0.98 | - | 1.05 |
| **Exclusive Policy Score** | 0.99 | 0.95 | - | 1.04 | 0.96 | 0.92 | - | 1.00 |
| **Constant - intercept term** | 1.05 | 0.63 | - | 1.74 | 1.12 | 0.69 | - | 1.80 |

Source: HINTS Study 2011-2013, 2017, and 2019; News coverage dataset 2010-2013 and 2017-2019; State policy index data set; ACS

Abbreviations: OR, Odds ratio. 95% CI, 95% confidence interval.

Bold font indicates statistical significance (95% CI excludes the null).

## Discussion

Our study aimed to analyze news coverage of immigration policy as a mechanism by which immigration policy shapes health. Specifically, we examined the relationship between news coverage, as a "social constructor" of immigration policy, and distrust in health information from the government. We used state-level measures for immigration policy news coverage and individual population data on distrust in health information from the government to conduct a multi-level analysis that controlled for state immigrant policy climates. Our study findings showed that news coverage of inclusionary immigration policies was associated with a greater likelihood of high distrust in health information from the government and that exclusionary immigration policies was associated with a greater likelihood of high distrust in health information from the government. When testing an interaction between race/ethnicity and news coverage, we did not find race/ethnicity significantly modified the relationship between news coverage and distrust. Overall, our findings suggest distrust is associated with *any* news coverage of immigration policy and may have a similar influence across different races/ethnicities.

First, the association between inclusive news coverage and high distrust show inclusive policies may have a similar influence as exclusionary immigration policies or anti-immigrant narratives. This finding is contrary to our hypothesis that inclusive coverage would not be associated with distrust in the same way inclusive policies that promote immigrant inclusion have not been associated with decreased health care access and utilization (De Trinidad Young et al., 2018; Woofter & Sudhinaraset, 2022). These findings could be attributed to the salience of immigration in the news. Immigration is a topic that receives continuous coverage. For example, during the first months of the Biden administration, immigration was one of the top five covered policy topics across all major news sources (Mitchell & Jurkowitz, 2021). Therefore, the salience of immigration in the news as a *topic*, rather than the *type* of coverage itself, may have a role in shaping health. These findings suggest that news coverage of immigration policy may have a role independent of policy in shaping health. By using news coverage as a social constructor of how individuals make meaning of immigration policies and how their behaviors are shaped as targets of immigration policies, our findings broadly capture how inclusive policy content or positive immigration rhetoric are insufficient to mitigate distrust. Through this study we add to growing literature that seeks to identify measures for inclusionary policies and show not all inclusive language or policies may have a protective influence on health (De Trinidad Young et al., 2018; Wallace et al., 2019).

Second, our findings support existing evidence that exclusive immigration policies are associated with distrust in government among non-immigrant groups (Rocha et al., 2015). By using exclusionary news coverage for multiple states and using a population level outcome on distrust, we reflect the possible consequences of local anti-immigrant rhetoric across various U.S. states and racial/ethnic groups. Our study builds on immigrant health research goals to use more localized measures, such as state news coverage, to examine and document the role of the social climates surrounding policies that target immigrants, but that impact population health was a whole. By analyzing distrust and state-level news coverage, we provide an idea of how different immigration

climates potentially shape health due to differences in the type of policies across the federal, state, and local level that can spillover across space and time through news communications (Allen, 2022; Castañeda et al., 2015; Philbin et al., 2018; Wallace et al., 2019).

Third, our findings are important as we seek to further understand the contexts of reception and environments that shape Latino and immigrant health, and ultimately population health. We anticipated Latinos would experience immigration policy news coverage differently than other racial/ethnic groups due to their long legal status exclusion and marginalized racial identity (Viruell-Fuentes et al., 2012). However, the lack of significant findings in our interaction between race/ethnicity and news coverage suggests immigration policy news coverage has similar effects on different racial ethnic groups when it comes to distrust. This aligns with past results showing Latinos, and Black respondents are both affected by discriminatory language, such as anti-immigrant narratives, and exclusionary policies (LeBrón et al., 2020; Sudhinaraset et al., 2021). The relationship between news coverage and high distrust also hint at social and political circumstances surrounding immigration and associated with deteriorating trust in the government (Hanson et al., 2019; Rocha et al., 2015). Additionally, by finding distrust may not vary significantly across racial ethnic groups in relation to immigration policy, we challenge past research that has suggested it primarily impacted trust among White population groups (Hanson et al., 2019; Rocha et al., 2015). Past studies have also highlighted a growing distrust among immigrant and Latino population groups due to waves of anti-immigrant political messaging on immigration (Salas et al., 2013). To confirm the high distrust was not unique to our sample, we looked at data on trust across other national surveys and these showed there were similar levels of high distrust in the government at the time (Bell, 2022). Since we also controlled for survey year, our findings on the association between inclusive policies and distrust, and the lack of significant variation between races/ethnicities, may indicate there could be some legal cynicism around immigration as a topic across all racial/ethnic groups; rather than heightened distrust in the government at the time.

Notably, our study informs how trust in the government is shaped by state immigration policy climates and not just individual level psychosocial factors, such as interpersonal discrimination, that have been previously assessed in research using HINTS. There is limited research understanding distrust in the government in relation to immigration policy and social climates (Kirk et al., 2012; Mann-Jackson et al., 2022). Most of the literature analyzing data on trust in sources of health information from HINTS has primarily evaluated cancer or tobacco outcomes by individual level factors, such as where people seek health information, race/ethnicity, or other socioeconomic characteristics, such as education or income (Jackson et al., 2019; Owusu et al., 2019; Wheldon et al., 2020). The limited evaluations of distrust with individual level factors are primarily attributed to the focus of the survey to optimize health information delivery. However, by expanding the use of national survey data for trust in health information as an outcome and analyzing the relationship with measures for immigration policy climates, we can obtain a more comprehensive picture of the social factors that shape and contextualize population health.

**Limitations**

Our study comes with some limitations. First, we use cross-sectional data and are not able to establish a causal relationship between news coverage and high distrust. However, by looking at the association between news coverage and distrust, while accounting for state level variation, we do elucidate how the social contexts surrounding an immigration policy shape distrust.

Second, the timing of the outcome and the independent measures cannot be disentangled. The analysis does not represent trust data that was directly paired across time. However, as news coverage and discussions can often linger even after the moment in which they occurred we show a cumulative effect of inclusive and exclusive news coverage over the time period of our data.

Third, our news coverage measure used newspaper articles. We anticipate the articles used to construct these measures captured the full scope of immigration news covered during the study time period. However, with the growing use of electronic media, our measures may have missed some articles or reporting on immigration policies that did not make it to newspaper articles and that would have strengthened or weakened the percentage for either type of coverage in each state. Future analyses could include measures that capture additional sources of news coverage, such as online or television.

Lastly, the HINTS data does not include immigration status or documentation status information. HINTS collects information on whether participants are born in the US, which is often used by immigration scholars to identify those who previously migrated. However, this data on nationality was not complete for all the pooled survey cycles. Our analysis did not include Asian groups or Asian sub-ethnic groups due to small sample size in our pooled data sets. Future analyses should include Asian population groups, as they are the fastest growing immigrant racial group in the US (Budiman, 2020) and have a long history of legal exclusion and experience ongoing discrimination in the U.S. (Ro, 2014; Sudhinaraset et al., 2017; Yellow Horse & Vargas, 2021).

**Future research**

Despite these limitations, the strengths of our study create opportunities for future research related to further assessing local measures, rhetoric and messaging in news coverage of immigration policies, and assessing the relationship between type of news coverage and trust in other sources of health information.

Our state level analysis offers a robust assessment of the varied immigration policy climates across the U.S. However, previous research has shown variation in perceptions of immigration across localized spaces such as border counties (Dunaway et al., 2010). Future analyses can continue to look at the nested effects of state level news coverage by assessing the relationship of news coverage and distrust by counties. A county level nested analysis can account for differences in distrust by counties with high anti-immigrant attitudes compared to those with more inclusive attitudes, such as sanctuary policies, and assess changes to the association between distrust and news coverage.

Additionally, our goal was to primarily operationalize inclusive and exclusive news coverage of immigration policies as a social constructor of inclusive and exclusive

immigration policy. We controlled for the state policy climates which allowed us to infer the observed patterns of distrust in relation to news coverage were from social construction of the policy content or rhetoric used. The specific messages or patterns by which inclusive immigration policy messages in the news are associated with high distrust are worthy of further inquiry as inclusive messages intended to promote policies of immigrant inclusion may instead further erode perceptions of the government due to the topic of immigration alone. This could include using measures that capture the intensity of the coverage at a granular level across time of an important inclusive policy or event, or by different types of inclusive messages.

By assessing the relationship between immigration policy news coverage and distrust in health information from the government as a predictor of health we recognize the role of the government has as the authors of immigration policy and health policy. We also acknowledge governmental entities, such as public health agencies, are a source of health-related information for Latinos and immigrants enrolled in government safety net programs. However, local community-based or community health organizations, are often the trusted messengers among non-white racial/ethnic groups (Fareed et al., 2020). We help inform the contexts in which trusted community-based organizations operate as they are often cited as a solution to communicating information in anti-immigrant policy climates (Crosnoe et al., 2012). Future analyses can look at distrust across additional health information sources who are more trustworthy for immigrant population groups to assess if the organization type mitigates distrust despite the political climate.

**Conclusion**


Assessing immigration policy news coverage as a policy-related factor that influences distrust provides an approach to understand one way in which immigration policy may shape immigrant health. By finding inclusive and exclusive immigration policy news coverage are both associated with high distrust in health information from the government, we expand our understanding of the mechanisms by which social climates surrounding immigration policy and immigration rhetoric shape immigrant health. Our findings suggest the framing, attitudes, and narratives used in news coverage around immigration as a news topic alone may have a similar role in influencing health as do different types of immigration policies. Ultimately, this study adds further evidence to the role social climates and attitudes towards immigrants have on their health in the absence of immigration reform.

## Supplemental Tables

Supplemental Table A. Bivariate statistics for individual demographics by levels distrust
in health information from the government, 2011-13, 2017, and 2019

| Supplemental Table A. Bivariate statistics for individual demographics by levels distrust in health information from the government, 2011-13, 2017, and 2019 | | |
|---|---|---|
| | **Low distrust** | **High distrust** |
| | % or mean (sd) | % or mean (sd) |
| **% of sample** | 25.0 | 75.1 |
| **Race/Ethnicity** | | |
| Latino | **26.3** | **73.7** |
| White | **23.1** | **76.9** |
| Black | **31.1** | **68.9** |
| **Age (years)** | **51.11 (16.47)** | **55.37 (16.30)** |
| **Sex** | | |
| Male | **23.3** | **76.7** |
| Female | **26.1** | **73.9** |
| **Education Level** | | |
| Less than High School | 22.3 | 77.7 |
| High School or More | 25.2 | 74.9 |
| **Self-Reported Health** | | |
| Excellent | **30.2** | **69.8** |
| Very Good | **26.1** | **73.9** |
| Good | **22.9** | **77.1** |
| Fair/Poor | **22.4** | **77.6** |
| **Rural Designation** | | |
| Metropolitan - Urban | **25.6** | **74.4** |
| Non-Metropolitan - Urban | **18.0** | **82.0** |
| Non-Metropolitan - Rural | **23.5** | **76.5** |
| **Survey Year** | | |
| 2011-2012 | **25.0** | **75.0** |
| 2013 | **26.2** | **73.8** |
| 2017 | **28.7** | **71.3** |
| 2019 | **22.0** | **78.0** |
| Total (n) | **1,772** | **5,330** |
| Source: HINTS Study 2011-2013, 2017, and 2019 | | |
| Abbreviations: sd = standard deviation | | |
| Bold font indicates statistical significance (95% CI excludes the null) for categorical differences. | | |

Supplemental Table B. State Characteristics and % with high distrust in health information from the government across all 15 sample states, 2010-2013, 2017-2019

| Supplemental Table B. State Characteristics and % with high distrust in health information from the government across all 15 sample states, 2010-2013, 2017-2019 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| State | n = 7,102 | % of sample | % of sample with high distrust* | % with high distrust in state | % Inclusive Immigration Policy News Coverage* | % Exclusive Immigration Policy News Coverage* | % Latino* | % Foreign Born* | Inclusive Immigration Policy Score* | Exclusive Immigration Policy Score* |
| Arizona | 285 | 4 | 4 | 80 | 52 | 85 | 31 | 14 | 5 | 5 |
| California | 1444 | 20 | 21 | 76 | 28 | 57 | 39 | 27 | 11 | 1 |
| Colorado | 222 | 3 | 3 | 78 | 15 | 44 | 21 | 10 | 7 | 2 |
| Florida | 878 | 12 | 12 | 75 | 14 | 58 | 24 | 20 | 6 | 5 |
| Georgia | 444 | 6 | 6 | 76 | 32 | 50 | 9 | 10 | 2 | 4 |
| Illinois | 466 | 7 | 6 | 74 | 11 | 25 | 17 | 14 | 7 | 1 |
| Maryland | 269 | 4 | 4 | 70 | 14 | 44 | 9 | 15 | 6 | 3 |
| Minnesota | 202 | 3 | 3 | 82 | 22 | 63 | 5 | 8 | 8 | 4 |
| New Jersey | 306 | 4 | 4 | 71 | 14 | 41 | 19 | 22 | 5 | 4 |
| New York | 669 | 9 | 9 | 72 | 3 | 39 | 19 | 23 | 12 | 4 |
| North Carolina | 390 | 5 | 5 | 74 | 21 | 38 | 9 | 8 | 3 | 5 |
| Oregon | 116 | 2 | 2 | 78 | 17 | 32 | 13 | 10 | 8 | 3 |
| Rhode Island | 27 | 0 | 0 | 81 | 30 | 56 | 14 | 13 | 6 | 3 |
| Texas | 1296 | 18 | 18 | 75 | 18 | 45 | 39 | 17 | 7 | 5 |
| Utah | 88 | 1 | 1 | 73 | 16 | 34 | 14 | 8 | 4 | 3 |
| HINTS Sample Average | 7102 | 100 | 75 | - | 20 | 49 | 25 | 18 | 7.43 (2.92) | 3.46 (1.65) |
| **Source:** HINTS 2011-2013, 2017, and 2019; Immigration news coverage dataset, 2010-2013, 2017-2019; State Policy Index dataset; ACS | | | | | | | | | | |
| * indicates statistical significance (95% CI excludes the null) for state-level group differences. | | | | | | | | | | |

Supplemental Table C. Associations between (1) types of immigration policy news coverage and (2) the interaction with race/ethnicity

| | Inclusive news coverage | | | | | | Exclusive news coverage | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Model 1a | | | Model 2a | | | Model 1b | | | Model 2b | | |
| | OR | 95% CI | | OR | 95% CI | | OR | 95% CI | | OR | 95% CI | |
| **% Inclusive Immigration Policy News Coverage** | **1.10** | **1.02** - | **1.18** | 1.07 | 0.95 - | 1.21 | - | - - | - | - | - - | - |
| **% Exclusive Immigration Policy News Coverage** | - | - - | - | - | - - | - | 1.08 | 1.03 - | 1.14 | 1.14 | 1.02 - | 1.27 |
| **Race/Ethnicity** | | | | | | | | | | | | |
| Latino (ref) | | | | | | | | | | | | |
| White | 1.11 | 0.96 - | 1.28 | 1.01 | 0.74 - | 1.37 | 1.11 | 0.96 - | 1.28 | 1.47 | 0.79 - | 2.74 |
| Black | **0.78** | **0.65** - | **0.93** | 0.86 | 0.58 - | 1.29 | **0.79** | **0.66** - | **0.95** | 1.16 | 0.50 - | 2.67 |
| **Age (years)** | **1.01** | **1.01** - | **1.02** | **1.01** | **1.01** - | **1.02** | **1.01** | 0.66 - | **1.02** | **1.01** | **1.01** - | **1.02** |
| **Sex** | | | | | | | | | | | | |
| Male (ref) | | | | | | | | | | | | |
| Female | 0.91 | 0.81 - | 1.01 | 0.91 | 0.81 - | 1.01 | 0.91 | 0.81 - | 1.01 | 0.91 | 0.81 - | 1.02 |
| **Education Level** | | | | | | | | | | | | |
| Less than High School (ref) | | | | | | | | | | | | |
| High School or More | 0.94 | 0.75 - | 1.19 | 0.94 | 0.74 - | 1.18 | 0.93 | 0.74 - | 1.18 | 0.93 | 0.74 - | 1.17 |
| **Self-Reported Health** | | | | | | | | | | | | |
| Excellent (ref) | | | | | | | | | | | | |
| Very Good | 1.18 | 1.00 - | 1.40 | 1.18 | 1.00 - | 1.40 | 1.18 | 1.00 - | 1.40 | 1.19 | 1.00 - | 1.40 |
| Good | **1.37** | **1.15** - | **1.63** | **1.38** | **1.16** - | **1.64** | **1.38** | **1.16** - | **1.64** | **1.38** | **1.16** - | **1.64** |
| Fair/Poor | **1.41** | **1.14** - | **1.73** | **1.41** | **1.15** - | **1.74** | **1.41** | **1.14** - | **1.73** | **1.41** | **1.15** - | **1.74** |
| **Rural Designation** | | | | | | | | | | | | |
| Metropolitan - Urban (ref) | | | | | | | | | | | | |
| Non-Metropolitan - Urban | **1.44** | **1.15** - | **1.81** | **1.46** | **1.16** - | **1.83** | **1.46** | **1.16** - | **1.83** | **1.46** | **1.16** - | **1.83** |
| Non-Metropolitan - Rural | 1.00 | 0.52 - | 1.94 | 1.00 | 0.51 - | 1.93 | 1.00 | 0.52 - | 1.94 | 1.00 | 0.52 - | 1.94 |
| **Survey Year** | | | | | | | | | | | | |
| 2011-2012 (ref) | | | | | | | | | | | | |
| 2013 | 0.94 | 0.80 - | 1.11 | 0.94 | 0.80 - | 1.11 | 0.94 | 0.80 - | 1.11 | 0.94 | 0.80 - | 1.11 |
| 2017 | **0.80** | **0.69** - | **0.94** | **0.81** | **0.69** - | **0.94** | **0.81** | **0.69** - | **0.95** | **0.81** | **0.69** - | **0.94** |
| 2019 | 1.15 | 0.99 - | 1.33 | 1.15 | 0.99 - | 1.33 | 1.15 | 0.99 - | 1.33 | 1.15 | 0.99 - | 1.33 |
| **% Latino** | 1.00 | 1.00 - | 1.01 | 1.00 | 1.00 - | 1.01 | 1.00 | 1.00 - | 1.01 | 1.00 | 1.00 - | 1.01 |
| **% Foreign Born** | 0.99 | 0.97 - | 1.00 | 0.99 | 0.97 - | 1.00 | **0.98** | **0.96** - | **1.00** | **0.98** | **0.96** - | **1.00** |
| **Inclusive Policy Score** | 1.02 | 0.99 - | 1.06 | 1.02 | 0.96 - | 1.06 | 1.01 | 0.98 - | 1.05 | 1.01 | 0.98 - | 1.05 |
| **Exclusive Policy Score** | 0.99 | 0.95 - | 1.04 | 0.99 | 0.95 - | 1.04 | 0.96 | 0.92 - | 1.00 | 0.96 | 0.93 - | 1.00 |
| **Constant - intercept term** | 1.05 | 0.63 - | 1.74 | 1.12 | 0.65 - | 1.94 | 1.12 | 0.69 - | 1.80 | 0.87 | 0.44 - | 1.73 |
| **Interaction with Race/Ethnicity** | | | | | | | | | | | | |
| Latino (ref) | | | | | | | | | | | | |
| White | - | - - | - | 1.61 | 0.41 - | 6.29 | - | - - | - | 0.57 | 0.17 - | 1.91 |
| Black | - | - - | - | 0.55 | 0.08 - | 3.65 | - | - - | - | 0.45 | 0.08 - | 2.54 |

Source: HINTS Study 2011-2013, 2017, and 2019; News coverage dataset 2010-2013 and 2017-2019; State policy index data set; ACS
Abbreviations: standard deviation, sd. Odds ratio, OR.
Bold font indicates statistical significance (95% CI excludes the null).

# References

Alfaro, M. A., & Bui, N. H. (2018). Mental Health Professionals' Attitudes, Perceptions, and Stereotypes Toward Latino Undocumented Immigrants. *Ethics & Behavior*, *28*(5), 374–388. https://doi.org/10.1080/10508422.2017.1300773

Allen, C. D. (2022). The Cruel Public Health Consequences of Anti-Immigrant Rhetoric. *American Journal of Public Health*, *112*(12), 1726–1728. https://doi.org/10.2105/AJPH.2022.307132

Bell, P. (2022, June 6). Public Trust in Government: 1958-2022. *Pew Research Center - U.S. Politics & Policy*. https://www.pewresearch.org/politics/2022/06/06/public-trust-in-government-1958-2022/

Budiman, A. (2020, August 20). Key findings about U.S. immigrants. *Pew Research Center*. https://www.pewresearch.org/fact-tank/2020/08/20/key-findings-about-u-s-immigrants/

Canizales, S. L., & Vallejo, J. A. (2021). Latinos & Racism in the Trump Era. *Daedalus*, *150*(2), 150–164. https://doi.org/10.1162/daed_a_01852

Castañeda, H., Holmes, S. M., Madrigal, D. S., Young, M.-E. D., Beyeler, N., & Quesada, J. (2015). Immigration as a social determinant of health. *Annual Review of Public Health*, *36*, 375–392. https://doi.org/10.1146/annurev-publhealth-032013-182419

Chavez, L. R., Campos, B., Corona, K., Sanchez, D., & Ruiz, C. B. (2019). Words hurt: Political rhetoric, emotions/affect, and psychological well-being among Mexican-origin youth. *Social Science & Medicine*, *228*, 240–251. https://doi.org/10.1016/j.socscimed.2019.03.008

Crosnoe, R., Pedroza, J., Purtell, K., Perreira, K., & Fortuny, K. (2012, May). *Promising Practices for Increasing Immigrants' Access to Health and Human Services*. ASPE. https://aspe.hhs.gov/reports/promising-practices-increasing-immigrants-access-health-human-services-0

Cruz Nichols, V., LeBrón, A. M. W., & Pedraza, F. I. (2018). Spillover Effects: Immigrant Policing and Government Skepticism in Matters of Health for Latinos. *Public Administration Review*, *78*(3), 432–443. https://doi.org/10.1111/puar.12916

De Trinidad Young, M.-E., León-Pérez, G., Wells, C. R., & Wallace, S. P. (2018). More Inclusive States, Less Poverty Among Immigrants? An Examination of Poverty, Citizenship Stratification, and State Immigrant Policies. *Population Research and Policy Review*, *37*(2), 205–228. https://doi.org/10.1007/s11113-018-9459-3

Dondero, M., & Altman, C. E. (2020). Immigrant policies as health policies: State immigrant policy climates and health provider visits among U.S. immigrants. *SSM - Population Health*, *10*, 100559. https://doi.org/10.1016/j.ssmph.2020.100559

Dunaway, J., Branton, R. P., & Abrajano, M. A. (2010). Agenda Setting, Public Opinion, and the Issue of Immigration Reform*. *Social Science Quarterly*, *91*(2), 359–378. https://doi.org/10.1111/j.1540-6237.2010.00697.x

Eskenazi, B., Fahey, C. A., Kogut, K., Gunier, R., Torres, J., Gonzales, N. A., Holland, N., & Deardorff, J. (2019). Association of Perceived Immigration Policy Vulnerability With Mental and Physical Health Among US-Born Latino Adolescents in California. *JAMA Pediatrics*, *173*(8), 744–753. https://doi.org/10.1001/jamapediatrics.2019.1475

Fareed, N., Swoboda, C. M., Jonnalagadda, P., Walker, D. M., & Huerta, T. (2020). Differences Between Races in Health Information Seeking and Trust Over Time: Evidence From a Cross-Sectional, Pooled Analyses of HINTS Data—Naleef Fareed, Christine M. Swoboda, Pallavi Jonnalagadda, Daniel M. Walker, Timothy R. Huerta, 2021. *American Journal of Health Promotion*, *35*(1). https://doi.org/10.1177%2F0890117120934609

FrameWorks. (2014, March 13). *Stories Matter: Field Frame Analysis on Immigration Reform*. https://www.frameworksinstitute.org/publication/stories-matter-field-frame-analysis-on-immigration-reform/

Garrity, K. (2022, September 8). *DHS unwinds Trump-era "public charge" rule for immigrants—POLITICO*. https://www.politico.com/news/2022/09/08/trump-public-charge-rule-immigrants-biden-00055505

Gurrola, M. A., & Ayón, C. (2018). Immigration Policies and Social Determinants of Health: Is Immigrants' Health at Risk? *Race and Social Problems*, *10*(3), 209–220. http://dx.doi.org/10.1007/s12552-018-9239-z

Haley, J. M., Kenney, G. M., Gonzalez, D., & Bernstein, H. (2021). Many Immigrant Families with Children Continued to Avoid Public Benefits in 2020, Despite Facing Hardships. *Urban Institute*, 26.

Hanson, B. R., Ringenberg, T. A., & Urbano, J. L. (2019). Immigration, Threat, and Trust in Government in Changing Rural Communities. *Great Plains Research*, *29*(2), 83–106. https://doi.org/10.1353/gpr.2019.0036

Haro-Ramos, A. Y., & Rodriguez, H. P. (2022). Immigration Policy Vulnerability Linked to Adverse Mental Health Among Latino Day Laborers. *Journal of Immigrant and Minority Health*, *24*(4), 842–852. https://doi.org/10.1007/s10903-021-01254-z

Harris, C. T., & Gruenewald, J. (2020). News Media Trends in the Framing of Immigration and Crime, 1990–2013. *Social Problems*, *67*(3), 452–470. https://doi.org/10.1093/socpro/spz024

Hatzenbuehler, M. L., Prins, S. J., Flake, M., Philbin, M., Frazer, M. S., Hagen, D., & Hirsch, J. (2017). Immigration policies and mental health morbidity among Latinos: A state-level analysis. *Social Science & Medicine (1982)*, *174*, 169–178. https://doi.org/10.1016/j.socscimed.2016.11.040

Hesse, B. W., Nelson, D. E., Kreps, G. L., Croyle, R. T., Arora, N. K., Rimer, B. K., & Viswanath, K. (2005). Trust and Sources of Health Information: The Impact of the Internet and Its Implications for Health Care Providers: Findings From the First Health Information National Trends Survey. *Archives of Internal Medicine*, *165*(22), 2618–2624. https://doi.org/10.1001/archinte.165.22.2618

Jackson, D. N., Peterson, E. B., Blake, K. D., Coa, K., & Chou, W.-Y. S. (2019). Americans' Trust in Health Information Sources: Trends and Sociodemographic Predictors. *American Journal of Health Promotion*, *33*(8), 1187–1193. https://doi.org/10.1177/0890117119861280

Kalichman, S. C., Shkembi, B., Kalichman, M. O., & Eaton, L. A. (2021). Trust in health information sources and its associations with COVID-19 disruptions to social relationships and health services among people living with HIV. *BMC Public Health*, *21*(1), 817. https://doi.org/10.1186/s12889-021-10856-z

Kirk, D. S., Papachristos, A. V., Fagan, J., & Tyler, T. R. (2012). The Paradox of Law Enforcement in Immigrant Communities: Does Tough Immigration Enforcement Undermine Public Safety? *The ANNALS of the American Academy of Political and Social Science*, *641*(1), 79–98. https://doi.org/10.1177/0002716211431818

Koball, H., Kirby, J., & Hartig, S. (2022). The Relationship Between States' Immigrant-Related Policies and Access to Health Care Among Children of Immigrants. *Journal of Immigrant and Minority Health*, *24*(4), 834–841. https://doi.org/10.1007/s10903-021-01282-9

Lauderdale, D. S., Wen, M., Jacobs, E. A., & Kandula, N. R. (2006). Immigrant perceptions of discrimination in health care: The California Health Interview Survey 2003. *Medical Care*, *44*(10), 914–920. https://doi.org/10.1097/01.mlr.0000220829.87073.f7

LeBrón, A. M. W., Schulz, A. J., Mentz, G., Reyes, A. G., Gamboa, C., Israel, B. A., Viruell-Fuentes, E. A., & House, J. S. (2020). Impact of change over time in self-reported discrimination on blood pressure: Implications for inequities in cardiovascular risk for a multi-racial urban community. *Ethnicity & Health*, *25*(3), 323–341. https://doi.org/10.1080/13557858.2018.1425378

Mann-Jackson, L., Simán, F. M., Hall, M. A., Alonzo, J., Linton, J. M., & Rhodes, S. D. (2022). State Preemption of Municipal Laws and Policies that Protect Immigrant Communities: Impact on Latine Health and Well-Being in North Carolina. *Inquiry: A Journal of Medical Care Organization, Provision and Financing*, *59*, 00469580221087884. https://doi.org/10.1177/00469580221087884

Menjívar, C., & Abrego, L. (2012). Legal Violence: Immigration Law and the Lives of Central American Immigrants. *American Journal of Sociology*, *117*(5), 1380–1421. https://doi.org/10.1086/663575

Miller, D. P., John, R. S., Yao, M., & Morris, M. (2022). The 2016 Presidential Election, the Public Charge Rule, and Food and Nutrition Assistance Among Immigrant Households. *American Journal of Public Health*, *112*(12), 1738–1746. https://doi.org/10.2105/AJPH.2022.307011

Mitchell, A., & Jurkowitz, M. (2021, May 12). Immigration was a top focus of early Biden coverage, especially among outlets with right-leaning audiences. *Pew Research Center*. https://www.pewresearch.org/short-reads/2021/05/12/immigration-was-a-top-focus-of-early-biden-coverage-especially-among-outlets-with-right-leaning-audiences/

Morey, B. N. (2018). Mechanisms by Which Anti-Immigrant Stigma Exacerbates Racial/Ethnic Health Disparities. *American Journal of Public Health*, *108*(4), 460–463. https://doi.org/10.2105/AJPH.2017.304266

National Cancer Institute. (2012). *HINTS 4 Cycle 1 Methodology Report*.

National Cancer Institute. (2014). *Health Information National Trends Survey 4 (HINTS 4) Cycle 3 Methodology Report*.

National Cancer Institute. (2017). *Health Information National Trends Survey 5 (HINTS 5) Cycle 1 Methodology Report*.

National Cancer Institute. (2021). *Health Information National Trends Survey 5 (HINTS 5) Cycle 3 Methodology Report*.

Newport, F. (2018, July 18). *Immigration Surges to Top of Most Important Problem List*. Gallup.Com. https://news.gallup.com/poll/237389/immigration-surges-top-important-problem-list.aspx

Ortega, A. N., Fang, H., Perez, V. H., Rizzo, J. A., Carter-Pokras, O., Wallace, S. P., & Gelberg, L. (2007). Health Care Access, Use of Services, and Experiences Among Undocumented Mexicans and Other Latinos. *Archives of Internal Medicine*, *167*(21), 2354–2360. https://doi.org/10.1001/archinte.167.21.2354

Ortega, A. N., McKenna, R. M., Kemmick Pintor, J., Langellier, B. A., Roby, D. H., Pourat, N., Vargas Bustamante, A., & Wallace, S. P. (2018). Health Care Access and Physical and Behavioral Health Among Undocumented Latinos in California. *Medical Care*, *56*(11), 919–926. https://doi.org/10.1097/MLR.0000000000000985

Owusu, D., Weaver, S. R., Yang, B., Ashley, D. L., & Popova, L. (2019). Trends in Trust in the Sources of Health Information on E-Cigarettes Among US Adults, 2015-2017. *American Journal of Public Health*, *109*(1), 145–147. https://doi.org/10.2105/AJPH.2018.304754

Pearson, S. D., & Raeke, L. H. (2000). Patients' Trust in Physicians: Many Theories, Few Measures, and Little Data. *Journal of General Internal Medicine*, *15*(7), 509–513. https://doi.org/10.1046/j.1525-1497.2000.11002.x

Philbin, M. M., Flake, M., Hatzenbuehler, M. L., & Hirsch, J. S. (2018). State-level immigration and immigrant-focused policies as drivers of Latino health disparities in the United States. *Social Science & Medicine (1982)*, *199*, 29–38. https://doi.org/10.1016/j.socscimed.2017.04.007

Potochnick, S., Chen, J.-H., & Perreira, K. (2017). Local-Level Immigration Enforcement and Food Insecurity Risk among Hispanic Immigrant Families with Children: National-Level Evidence. *Journal of Immigrant and Minority Health*, *19*(5), 1042–1049. https://doi.org/10.1007/s10903-016-0464-5

Pourat, N., Wallace, S. P., Hadler, M. W., & Ponce, N. (2014). Assessing Health Care Services Used By California's Undocumented Immigrant Population In 2010. *Health Affairs*, *33*(5), 840–847. https://doi.org/10.1377/hlthaff.2013.0615

Rhodes, S. D., Mann, L., Simán, F. M., Song, E., Alonzo, J., Downs, M., Lawlor, E., Martinez, O., Sun, C. J., O'Brien, M. C., Reboussin, B. A., & Hall, M. A. (2015). The Impact of Local Immigration Enforcement Policies on the Health of Immigrant Hispanics/Latinos in the United States. *American Journal of Public Health*, *105*(2), 329–337. https://doi.org/10.2105/AJPH.2014.302218

Ro, A. (2014). The Longer You Stay, the Worse Your Health? A Critical Review of the Negative Acculturation Theory among Asian Immigrants. *International Journal of Environmental Research and Public Health*, *11*(8), Article 8. https://doi.org/10.3390/ijerph110808038

Rocha, R. R., Knoll, B. R., & Wrinkle, R. D. (2015). Immigration Enforcement and the Redistribution of Political Trust. *The Journal of Politics*, *77*(4), 901–913. https://doi.org/10.1086/681810

Salas, L. M., Ayón, C., & Gurrola, M. (2013). Estamos Traumados: The Effect of Anti-Immigrant Sentiment and Policies on the Mental Health of Mexican Immigrant Families. *Journal of Community Psychology*, *41*(8), 1005–1020. https://doi.org/10.1002/jcop.21589

Sanchez, T. (2018, January 10). *DACA ruling gives hope, but no resolution to Dreamers – East Bay Times*. East Bay Times. https://www.eastbaytimes.com/2018/01/10/daca-ruling-gives-hope-but-no-resolution-to-dreamers/

Schneider, A., & Sidney, M. (2009). What Is Next for Policy Design and Social Construction Theory?1. *Policy Studies Journal*, *37*(1), 103–119. https://doi.org/10.1111/j.1541-0072.2008.00298.x

Sudhinaraset, M., To, T. M., Ling, I., Melo, J., & Chavarin, J. (2017). The influence of Deferred Action for Childhood Arrivals on undocumented Asian and pacific islander young adults: Through a social determinants of health lens. *Journal of Adolescent Health*, *60*(6), 741–746. https://doi.org/10.1016/j.jadohealth.2017.01.008

Sudhinaraset, M., Woofter, R., Young, M.-E. D. T., Landrian, A., Vilda, D., & Wallace, S. P. (2021). Analysis of State-Level Immigrant Policies and Preterm Births by Race/Ethnicity Among Women Born in the US and Women Born Outside the US. *JAMA Network Open*, *4*(4), e214482. https://doi.org/10.1001/jamanetworkopen.2021.4482

Toomey, R. B., Umaña-Taylor, A. J., Williams, D. R., Harvey-Mendoza, E., Jahromi, L. B., & Updegraff, K. A. (2014). Impact of Arizona's SB 1070 Immigration Law on Utilization of Health Care and Public Assistance Among Mexican-Origin Adolescent Mothers and Their Mother Figures. *American Journal of Public Health*, *104*(Suppl 1), S28–S34. https://doi.org/10.2105/AJPH.2013.301655

Torche, F., & Sirois, C. (2019). Restrictive immigration law and birth outcomes of immigrant women. *American Journal of Epidemiology*, *188*(1), 24–33. https://doi.org/10.1093/aje/kwy218

Touw, S., McCormack, G., Himmelstein, D. U., Woolhandler, S., & Zallman, L. (2021). Immigrant Essential Workers Likely Avoided Medicaid And SNAP Because Of A Change To The Public Charge Rule. *Health Affairs*, *40*(7), 1090–1098. https://doi.org/10.1377/hlthaff.2021.00059

Twersky, S. E. (2022). Do state laws reduce uptake of Medicaid/CHIP by U.S. citizen children in immigrant families: Evaluating evidence for a chilling effect. *International Journal for Equity in Health*, *21*(1), 50. https://doi.org/10.1186/s12939-022-01651-2

Vargas Bustamante, A., Fang, H., Garza, J., Carter-Pokras, O., Wallace, S. P., Rizzo, J. A., & Ortega, A. N. (2012). Variations in Healthcare Access and Utilization Among Mexican Immigrants: The Role of Documentation Status. *Journal of Immigrant and Minority Health*, *14*(1), 146–155. https://doi.org/10.1007/s10903-010-9406-9

Vargas, E. D., Sanchez, G. R., & Juaárez, M. (2017). Fear by Association: Perceptions of Anti-Immigrant Policy and Health Outcomes. *Journal of Health Politics, Policy and Law*, *42*(3), 459–483. https://doi.org/10.1215/03616878-3802940

Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science & Medicine*, *75*(12), 2099–2106. https://doi.org/10.1016/j.socscimed.2011.12.037

Wallace, S. P., Young, M.-E. D. T., Rodríguez, M. A., & Brindis, C. D. (2019). A social determinants framework identifying state-level immigrant policies and their influence on health. *SSM - Population Health*, *7*, 016–016. https://doi.org/10.1016/j.ssmph.2018.10.016

Wheldon, C. W., Carroll, K. T., & Moser, R. P. (2020). Trust in Health Information Sources among Underserved and Vulnerable Populations in the U.S. *Journal of Health Care for the Poor and Underserved*, *31*(3), 1471–1487. https://doi.org/10.1353/hpu.2020.0106

Woofter, R., & Sudhinaraset, M. (2022). Differences in Barriers to Healthcare and Discrimination in Healthcare Settings Among Undocumented Immigrants by Deferred Action for Childhood Arrivals (DACA) Status. *Journal of Immigrant and Minority Health*, *24*(4), 937–944. https://doi.org/10.1007/s10903-022-01346-4

Yellow Horse, A. J., & Vargas, E. D. (2021). Legal Status, Worries About Deportation, and Depression Among Asian Immigrants. *Journal of Immigrant and Minority Health*. https://doi.org/10.1007/s10903-021-01252-1

Young, M.-E. D. T., Sarnoff, H., Lang, D., & Ramírez, A. S. (2021). Coverage and Framing of Immigration Policy in US Newspapers. *The Milbank Quarterly*, *1*. https://doi.org/10.1111/1468-0009.12547