Linked Fate and Latino Attitudes Regarding Health-Care Reform Policy*

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Objective. Despite the Latino electorate's increased political importance and their prominence among the uninsured population, there has been relatively little research focused on Latinos' political attitudes, particularly in the substantively important area of health policy. We examine the foundations of Latino registered voters support for universal healthcare with a particular focus on the relationship between linked fate (a form of group identity) and support for expansion of health coverage to a wider segment of the population. We theorize that the obstacles to healthcare and health coverage the Latino community faces makes health policy a Latino-salient policy area where group identity becomes relevant. *Methods.* We use the Latino Decisions "100 Days" 2009 survey of Latino registered voters for our analysis, an ideal data set that provides a measure of linked fate, support for universal healthcare, and several key control variables. *Results.* Our findings show that linked fate is a significant predictor of Latino registered voters' support for expansion of health-care coverage, suggesting that healthcare is a salient policy for the Latino community. *Conclusions.* Despite being a tremendously diverse population, our results suggest that Latino policy preferences can be influenced by an underlying sense of group identity when the policy area cues ethnic identity.

Despite the Latino population's increased role in the political system, there has been relatively little research focused on factors that influence the public opinion and policy attitudes of this population. In particular, scholarship focused on the relationship between group identity and policy preferences among Latinos, as well as work focused specifically on Latino attitudes toward health-care policy, have been limited at this point. Relative to whites, research in racial and ethnic politics suggests that group identity provides an alternative political resource for marginalized communities. Group consciousness or linked fate has been particularly important in explaining strong cohesiveness in policy preferences among African Americans (Dawson, 1994; Tate, 1993). However, our understanding of how linked fate may impact policy preferences among Latinos is less clear. Furthermore, despite having the highest levels of uninsured rates (Cohen and Martinez, 2009), and facing other obstacles to access to healthcare (Valdez et al., 1993; Carrillo et al., 2001), there is little work exploring Latino policy preferences toward health-care policy.

We attempt to fill the void in both studies by exploring the relationship between linked fate and health-care policy preferences among the Latino electorate through the use of a unique survey of Latino registered voters, which provides the opportunity to explore this specific question in a comprehensive way. We argue that the severe inequalities Latinos face in both access to care and health outcomes motivates, or cues, a sense of shared identity around health policy. Consequently, we expect that linked fate will have a positive

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relationship with support for expansion of health coverage to a wider segment of the population. Our theory builds on the work by Sanchez (2006b), who finds that group consciousness is correlated with Latino attitudes toward immigration and bilingual education, two policy areas that he suggests are "Latino salient" as a result of being correlated with group identity. Our findings suggest that health-care policy should also be considered salient to the Latino population, as support for expansion of health-care coverage increases with a heightened sense of linked fate among Latinos. Our results should be of interest to both scholars of health politics and policy as well as scholars of group identity.

The Salience of Health-Care Policy to Latinos

There are many reasons to believe that health-care policy is important to the Latino population and, consequently, healthcare could cue a sense of group identity among the Latino population. For example, the Latino population currently maintains the highest levels of uninsured rates in comparison to other racial and ethnic groups in the United States (Cohen and Martinez, 2009). Specifically, analyzing the 2008 National Health Interview Survey, Cohen and Martinez (2009) find that 31.5 percent of Latinos went without insurance for at least part of 2008, compared to 16.2 percent for African Americans, and 10.5 percent for non-Hispanic whites. Furthermore, Latino access to insurance coverage has decreased over time, as the number of Latinos who lack health insurance steadily increased from 32.6 percent in 1999 to 34.1 percent in 2006 (DeNavas-Walt, Proctor, and Smith, 2008).

One of the dominant explanations for low rates of insurance among Latinos is that the Latino workforce is less likely to have employer-provided insurance when compared to whites (James et al., 2007; Carrillo et al., 2001; Sanchez et al., 2010). Finally, Latino children also disproportionately lack health insurance: in 2007, the uninsured rates for Latino children were 20 percent compared to 7.3 percent for non-Hispanic white children and 12.2 percent for African-American children (DeNavas-Walt, Proctor, and Smith, 2008). Fortunately for the Latino community, the passage of federal health-care reform is projected to have a significant impact on Latino access to coverage. Specifically, the White House estimates that approximately 9 million Latinos will be eligible to receive health coverage through the Affordable Care Act.[1] With such low rates of insurance coverage, it is very likely that many Latinos know a family member or close friend who does not have insurance coverage, if they themselves do not personally lack coverage.

Beyond lacking health insurance, there are several other impediments to health-care access for Latinos. Barriers such as lack of Latino medical providers, lack of culturally competent providers, language barriers, and lack of medical-care facilities in their communities contribute to low levels of access for Latinos in the United States (Valdez et al., 1993; Derose and Baker, 2000; Weinack and Kraus, 2000; Carrillo et al., 2001; Fiscell et al., 2002). It is also well documented that Latinos face discrimination due to their ethnicity when dealing with health-care providers (see Shavers et al., 2012 for a good review of this literature). This is important, as discrimination is one of the primary explanations for a sense of racial and ethnic group identity among both African Americans and Latinos.

The various barriers that the Latino population faces regarding access to both insurance coverage and quality care suggest that Latinos should have policy attitudes regarding health-care policy that are distinct from that of non-Latinos. In fact, it appears as though

[1] White House report available at ⟨http://www.whitehouse.gov/files/documents/health_reform_for_latinos.pdf⟩.

similar to the gap between the health-care views of whites and blacks (see Taylor-Clark, Blendon, and Benson, 2003), Latinos may also have health policy preferences that differ from non-Hispanic whites. Pachon, Barreto, and Marquez (2004), find, for example, that Latinos in California have policy preferences that are different than non-Latinos in the state. They specifically found that the policy preference for health-care reform for most non-Latinos in California centered on health maintenance organization (HMO) reform; however, Latino policy preferences for health-care reform centered on access to affordable healthcare. Moreover, Tolbert and Steuernagel (2003) examined the role of race and ethnicity in shaping support for universal healthcare as embodied in California's Proposition 186, a state-level single-payer approach. They found that African Americans and Latinos were more likely than non-Latino whites to support the proposition. Finally, Sanchez et al. (2010) find that Latinos in New Mexico are more likely than non-Latino whites in that state to feel that affordable health-care programs are important.

Although these studies suggest that Latinos may have different policy preferences regarding health policy than the general population, it is unclear what might motivate health-care policy attitudes among Latinos. As we clarify in the next section of this article, we suggest that there is a reason to believe that there is a relationship between linked fate and health-care policy.

The Role of Group Identity in Latino Public Opinion

Scholars of racial and ethnic politics have been interested in the relationship between group identity and minority political behavior for some time (Verba and Nie, 1972; Shingles, 1981; Dawson, 1994; Tate, 1993; Miller et al., 1981; Sanchez, 2006a, 2006b; Stokes, 2003, Kaufmann, 2003; Garcia, 2000; Masuoka, 2006; Manzano and Sanchez, 2010). Group identity is an important concept, as research in political science suggests that group interests provide an alternative political resource for marginalized communities of color. For example, scholars have found that a sense of commonality and collectivity among African Americans can motivate political participation while compensating for low socioeconomic status (SES) levels (Verba and Nie, 1972). Linked fate in particular has proven to be a strong predictor of political behavior among African Americans (Verba and Nie, 1972; Shingles, 1981; Dawson, 1994; Tate, 1993; Miller et al., 1981). Linked fate is a particular form of group identity that has been offered as the key theoretical explanation for both the relative political homogeneity within the African-American community and the persistence of this homogeneity over time. Michael Dawson (1994) provides the most explicit conceptualization of linked fate, positing that linked fate is a heuristic in which group interests are substituted for individual interests as a result of shared history and the continued role of racial discrimination within the black community. More directly tied to this study, Dawson (1994) and others have found that linked fate has a significant impact on African-American views toward redistributive and racial policies (Tate, 1993; White, 2007).

The research focused on group consciousness and linked fate among Latinos is much more limited; however, there is evidence that both forms of group identity are applicable to this population as well. Natalie Masuoka (2006) finds that a strong level of group consciousness among Latinos is motivated by perceptions of discrimination and involvement in Latino politics. There is also work that finds that group consciousness is related to multiple forms of political behavior among Latinos, including both political participation (Sanchez, 2006a) and public opinion (Sanchez, 2006b). More specific to linked fate,

utilizing the Latino National Survey (2006), Sanchez and Masouka (2010) find that perceptions of linked or common fate are high within the Latino population, with this form of group identity being higher among Spanish-dominant and foreign-born Latinos. So, although the theories regarding the various forms of group identity were originally formulated based on the African-American experience in the United States, it appears as though these concepts are meaningful to the Latino population as well.

Although research has yet to be conducted focusing specifically on the relationship between linked fate and policy preferences among Latinos, we believe that the concept will operate similar to what has been found within the African-American community. Given that a large segment of the Latino population lacks health insurance, faces tremendous disparities in regard to health outcomes, and faces discrimination when interacting with the health-care system, we expect to find a relationship between linked fate and preferences for expanding access to health insurance to a wider segment of the population.

Just as racial group identity has been the motivating factor for consistent support for redistributive policies such as unemployment, and support for racial policies such as affirmative action among blacks (Tate, 1993; Dawson, 1994), we anticipate linked fate to be positively correlated with health policy preferences for Latinos. Our theory is largely focused on the work by Sanchez (2006b), who has explored the relationship between group consciousness and Latino policy preferences. This study found that linked fate was only correlated with Latino preferences to the Latino-specific policy areas of immigration and bilingual education, but not more general policies. Given the severe disparities that Latinos face regarding healthcare, as well as the previous literature that suggests Latinos have distinct health policy attitudes, we believe that health-care reform will cue ethnic solidarity among Latinos. Our test of the following hypothesis will therefore provide an assessment of whether, similar to bilingual education and immigration, health-care policy is a Latino-specific policy area.

Linked Fate Hypothesis: Linked fate will have a positive relationship with support for expansion of health coverage to a wider segment of the population.

This is an important test since Latinos are a tremendously heterogeneous community. While aforementioned studies have pointed to the increased salience of healthcare among Latinos, research to this point has yet to explore whether linked fate is connected to Latinos' attitudes toward health policy, including support of health-care reform.

Study Data and Methods

We use the Latino Decisions "100 Days" survey for our analysis. This telephone survey of 600 Latino registered voters across 19 states with the largest Latino voter participation was administered from April 24, 2009 to May 1, 2009.[2] Although our results cannot be considered to represent the entire Latino population, given the nature of survey sampling, the survey is very representative of the Latino voting population, as the states included in the sample account for approximately 93 percent of Latino voters nationwide. We believe that this is an advantage compared to other studies focused on Latinos more generally, as the registered segment of the population has the most direct impact on the policy-making process through the electoral process. The margin of error for the poll is ± 4 percent, and

[2]Registered voters were identified using the complete voter registration databases for each state, and were then merged with a Spanish-surname list from the U.S. Census. Phone calls were then randomly made to the phone list of registered voters. All respondents are verified to be Latino and registered voters.

the response rate is 19 percent.[3] Respondents could choose to conduct the interview in either English or Spanish, with a nearly even split between the two language-preference options—48 percent preferring English, 52 percent preferring Spanish. The survey also provided the opportunity to explore Latino attitudes toward health policy across national origin groups, as the sample contains responses from Latinos from 20 different national origin populations (composed of both U.S.-born and immigrant components). The data used in this analysis were weighted by nativity and gender, so the sample's distribution is reflective of the overall Latino electorate. The Latino Decisions survey is ideally suited for our purposes due to the inclusion of several health policy indicators, including a measure of attitudes toward health-care reform, as well as a host of important health and political control variables.

Although we believe that these data are ideal for analysis of the relationship between linked fate and health policy attitudes, it is important to note that the sample of this survey does not allow for generalization to the entire Latino community. Most notably, our results do not mention the undocumented population, as the sample is restricted to registered voters. Consequently, the distribution of many of our variables differs slightly from the data provided by the U.S. Census for the entire Latino adult population. For example, our sample has a slightly higher percentage of Latinos with access to health insurance than national estimates of Latinos, and a slightly lower percentage of Mexican-origin respondents as well. This is driven by a lack of undocumented Latinos within the sample.

Variable Measurement

To gauge Latinos' attitudes toward health policy, our analysis examines the level of support Latino registered voters have to expand in order to provide access to health coverage to a wider segment of the population. Specifically, the dependent variable used in our regression analysis, "support for universal healthcare," is based on the following survey item: *When it comes to healthcare, do you think the federal government should ensure that all people have health insurance, even if it means raising taxes, or do you think we should continue with the current health-care system*? The two response categories for this variable are (0) continue current system/other plan and (1) universal healthcare. Due to the categorical nature of this variable, we utilize logistic regression to estimate predictors of Latino support for universal healthcare. As outlined in our theory, linked fate has been proven to be an important predictor of African-American partisanship and policy preferences (Tate, 1993; Dawson, 1994; Sanchez and Masouka, 2010), and appears to be an important concept among the Latino community as well (Sanchez and Masouka, 2010). Consequently, linked fate is our primary explanatory variable in this analysis. Our measure of linked fate is based on a survey question that asks respondents how much they feel their personal success is dependent on the success of Latinos in general and ranges from (1) not at all to (4) a lot. Although the question wording on the linked fate measure used here is not identical to wording used by Dawson (1994), it is consistent with the Latino National Survey (2006), the most comprehensive Latino political survey to date, and one of the few with a linked fate measure for Latinos. Utilizing identical question wording, we find that 72 percent of Latinos in our sample of Latino registered voters believe that their "success depends

[3]The response rate was calculated based on the American Association for Public Opinion Research (AAPOR) base response-rate equation. This equation provides a very conservative response rate due to essentially treating all dialed numbers as eligible participants. This is reflected in the high incidence or cooperation rate of 89 percent (based on AAPOR CR1).

on the success of other Latinos/Hispanics." This is very similar to the 68 percent found in the Latino National Survey from 2006, which sampled a wider segment of the Latino population. Again, we anticipate finding a positive relationship between linked fate and support for expansion of health insurance, such that support for universal healthcare will be higher among Latino respondents with a heightened sense of linked fate.

The Latino Decisions survey provides the opportunity to control a host of factors that may impact Latinos' attitudes toward health-care reform policy. A full discussion of variable measurement is included in the Appendix. Among the demographic variables, we include standard measures of income, educational attainment, age, and gender. These measures will allow for an investigation of whether Latino attitudes toward healthcare are driven by sociodemographic factors, as well as whether the relationship between linked fate and universal healthcare holds after accounting for these factors. The previous literature in Latino public opinion has found that there is either no relationship between SES and attitudes toward immigration policy (de la Garza et al., 1992; Sanchez, 2006b), or there is a relationship that is distinct from the general population, with more conservative attitudes toward immigration among Latinos with higher SES levels (Miller, Polinard, and Wrinkle, 1984; Hood, Morris, and Shirkley, 1997). The inclusion of these variables will allow for a discussion of whether similar trends hold for Latinos' attitudes toward health policy. Furthermore, there is a relationship between age and having health insurance, with coverage increasing with age among the general population (Glied and Stabile, 2001). It is therefore possible that age can impact support for universal health coverage, which motivates the inclusion of this variable in our model.

Income is measured through three categories: low, $39,999 or less; middle, $40,000–$99,999; and high, $100,000 or greater. Education is measured through four categories: less than high school graduate, high school graduate, some college/technical school, and college graduate or greater. Age is a continuous variable with a range of 19–89 years at the time of the survey. We also include a measure directly affecting the potential for respondents' self-interest to impact support for universal insurance coverage by including a measure of whether respondents report having health insurance coverage of any type over the past year (0 = went without health insurance, 1 = insured entire year). It is plausible that respondents who currently lack health insurance will be more supportive of expanding access to increase their personal chances of acquiring coverage. The inclusion of this variable will therefore allow us to determine if linked fate is relevant to health-care attitudes even when we control this measure of self-interest. We also incorporate the cultural factors intended to explore internal variation within the Latino population, including acculturation, a factor that has been shown to not only influence Latino public opinion (Binder, Polinard, and Wrinkle, 1997; Uhlaner and Garcia, 2002), but also levels of linked fate among Latinos (Masuoka and Sanchez, 2010). The previous literature has found that linked fate levels are higher among the Spanish dominant and Latinos whose family is more closely connected to the immigration experience, as measured by generational status (see Sanchez and Masuoka, 2010). Furthermore, foreign-born and Spanish-dominant Latinos are more likely to face obstacles in obtaining health coverage (see Marielena et al., 2005), which could influence this segment of the Latino community's attitudes toward expansion of coverage. To account for the potential impact of social integration on support for universal healthcare, we created an acculturation scale[4] with the following categories based on both nativity and language in which the survey was conducted: (0) foreign born Spanish dominant, (1) U.S. born Spanish

[4]We chose to construct an acculturation scale given the collinearity between language and nativity. However, an alternative model with each measure included individually (language and nativity as separate indicators) yielded identical results.

TABLE 1

Latino Attitudes Toward Universal Health-Care Coverage Expansion

Policy Response	Mexican American (%)	Cuban American (%)	Puerto Rican (%)	Overall (%)
Universal health-care coverage	55	38	49	54
Continue current system/something else	45	62	51	46

NOTE: This table is based on the following survey item: "When it comes to health care, do you think the Federal government should ensure that all people have health insurance, even if it means raising taxes, or do you think we should continue with the current health care system?"
SOURCE: Latino Decisions "100 Days" survey.

dominant, (2) foreign born English dominant, (3) U.S. born English dominant. We also include measures for the dominant national origin groups in our analysis—Mexican, Cuban, and Puerto Rican.

Political factors are also included to determine if more general political attitudes will influence the way Latinos perceive health-related policies. Among the political factors, we include measures for party identification (separate dummy variables for Republican, Independent, and Democrat identifiers), and support for the economic stimulus plan (No = 0, Yes = 1). These are critical control variables for our study, as political ideology is the primary determinant of Latino policy attitudes (see Alvarez and Garcia Bedolla, 2003). Furthermore, the support for the stimulus measure provides a more direct control for attitudes toward government intervention in public policy than the more general partisanship measure. Therefore, if linked fate remains correlated with health reform with these political variables included in our model, we can be confident that there is a meaningful relationship between this aspect of group identity and health policy attitudes among Latinos.

Finally, we include a measure for difficulties respondents may have in accessing healthcare. The accessibility scale measures whether respondents have had to skip a medical test or treatment, prescription for a medicine, postponed getting healthcare, or other needed medical care due to the costs of these activities. The difficulty accessing healthcare scale has the following values: 0 = have done none of these events, 1 = have done one event, 2 = have done two or more events. This measure will allow for a test of whether individuals who have had problems with the current health-care system are more inclined to support reform. These independent measures collectively provide a rather comprehensive set of factors that may influence Latino support for "universal healthcare." Please see the Appendix for a presentation of the coding and survey question wording for each independent variable.

Study Results

We begin our analysis with an overview of the descriptive results from our dependent variable, support for universal healthcare. Overall, Latinos support universal healthcare even if it means raising taxes (54 percent) rather than continuing with the current health-care system or another plan (46 percent) (see Table 1). While there is support for expansion of coverage among all Latino national origin groups, Mexican Americans are the most supportive of universal health-care coverage (55 percent), Cuban Americans are the least supportive (38 percent), and Puerto Ricans (49 percent) fall in the middle of these two groups in their support for universal health-care coverage. The apparent differences in

TABLE 2

Linked Fate and Support for Universal Health-Care Coverage Among Latinos (Bivariate Results)

Cross-Tabulation Results				
	Levels of Linked Fate			
Policy response	Not at all	A little	Somewhat	A lot
Universal health-care coverage (%)	42	55	56	60
Continue current system/something else (%)	48	45	44	40
Bivariate Logistic Regression Results				
Explanatory Variable	Coefficient	Standard Error	Odds Ratio	*N*
Linked fate	0.220**	0.075	1.25	532

NOTE: This table is based on the following survey items: Policy Response—"When it comes to health care, do you think the Federal government should ensure that all people have health insurance, even if it means raising taxes, or do you think we should continue with the current health care system?" Linked Fate—"How much do you think your success depends on the success of other Latinos/Hispanics?"
SOURCE: Latino Decisions "100 Days" survey.

support for expansion of coverage based on national origin provide support for our effort to account for national origin in our full model. The passage of the recent Patient Protection and Affordable Care Act is therefore responsive to a large segment of the Latino population, as expansion of coverage is the primary principle associated with this historic legislation. However, it is clear that there are many Latinos who are not as supportive of expansion of coverage, particularly the Cuban-American population.

Table 2 presents a preliminary investigation of the correlation between linked fate and support for universal healthcare. Here we provide both cross-tabulations between the two variables, as well as results from a bivariate logistic regression. The bivariate cross-tabulation statistics provide initial evidence for our Linked Fate Hypothesis, as there is an apparent positive relationship between linked fate and support for universal healthcare. As depicted in Table 2, support for universal healthcare among Latinos who do not believe that their success depends on the success of other Latinos "at all" is only 42 percent, but increases to 60 percent for respondents who believe that their success is tied to other Latinos "a lot," which is the high level on the linked fate measure. Similarly, the bivariate logistic regression indicates that there is a statistically significant ($p < 0.05$) and positive relationship between linked fate and support for universal healthcare, with increases in linked fate yielding greater support for expansion of health coverage. Although the bivariate results provide strong initial support for our theory regarding the ability of health-care policy to cue ethnic identity among Latinos, it is important to explore whether this apparent relationship holds after we account for other factors, including partisanship and SES. We therefore turn out attention to our full model, which is discussed in the following section.

Explaining Support for Universal Health-Care Coverage Among Latinos

Table 3 provides the results from our fully specified logistic regression model, which examines the relationship between linked fate and universal health coverage while controlling several demographic, cultural, and political factors. The purpose of this model is to determine if the relationship between linked fate and expansion of health coverage attitudes identified at the bivariate level holds once we account for other factors perceived

TABLE 3

Determinants of Support for Universal Healthcare Among Latinos

Explanatory Variable	Coefficient	Standard Error	Odds Ratio
Linked fate			
Linked fate	0.219**	0.085	1.24
Demographic/SES factors			
Low income	−0.312	0.213	0.731
High income	−0.163	0.349	0.640
<High school education	−0.738**	0.304	0.477
High school education	−0.352	0.333	0.702
Have health insurance	−0.005	0.014	0.994
Age	−0.014**	0.006	0.985
Female	−0.435**	0.191	0.646
Cultural factors			
Acculturation	−0.119	0.082	0.887
Cuban	−0.371	0.450	0.689
Puerto Rican	−0.261	0.341	0.770
Mexican	−0.122	0.218	0.884
Political factors			
Democratic Party identification	0.879***	0.271	2.40
Independent identification	0.623**	0.316	1.86
Support for stimulus plan	0.915***	0.231	2.49
Health status factors			
Difficulties accessing care	−0.058	0.109	0.943
Constant	−1.13**	0.508	NA

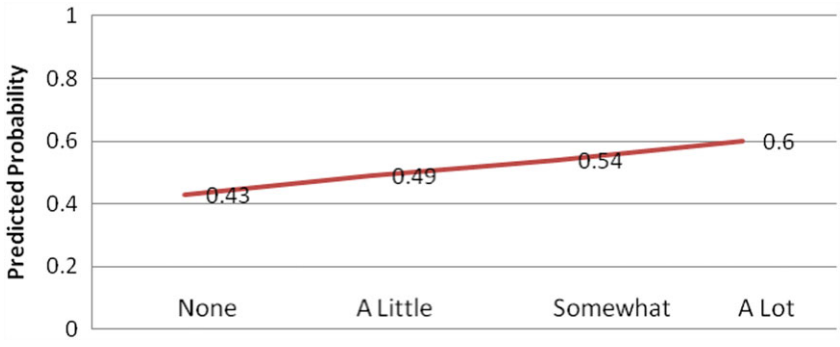
NOTE: $N = 519$; pseudo-$R^2 = 0.10$; *$p < 0.01$; **$p \leq 0.05$; ***$p \leq 0.001$.

to influence Latino health-care policy preferences. As depicted in Table 3, we observe that various factors account for Latinos' support of universal health-care coverage. Most critical to our focus in this article, and in line with our Linked Fate Hypothesis, the linked fate measure is significantly correlated with Latinos' support for universal health-care coverage. Therefore, Latinos with a stronger sense of group identity are more likely to support universal healthcare even when other factors, including partisanship and support for the stimulus plan, are controlled. This finding suggests that similar to immigration and bilingual education, healthcare is a policy area that cues ethnic solidarity among the Latino population. To illustrate the substantive effect of linked fate on support for universal healthcare, we conducted postestimation analysis to isolate the influence of linked fate when other factors in our model are held to their means or modes. As depicted in Figure 1, we observe that support for universal health coverage increases with greater levels of linked fate. More specifically, the probability of a Latino respondent supporting universal health coverage increases from 0.43 for those with low levels of linked fate to 0.60 for those on the high end of the measure. This suggests that there is a both statistically significant and substantively meaningful relationship between linked fate and support for universal health coverage among the Latino electorate.

Several of our control variables are also significant predictors of Latino support for expansion of health coverage. In terms of demographic factors, education, age, and gender are significant predictors of Latinos' support for universal health coverage. Latinos with less than a high school education are less supportive of expansion of health coverage relative to high school graduates and above, the excluded categories. The female and age variables are also negatively correlated with universal health coverage, which indicates that Latinas

FIGURE 1

The Substantive Impact of Linked Fate on Support for Universal Health Coverage



and older Latinos are less likely to support a policy that provides coverage for all when compared to male and younger Latinos. However, consistent with studies of other policy areas (de la Garza et al., 1992; Sanchez, 2006b) additional socioeconomic factors such as income and having health insurance are not significant predictors of Latinos' support for universal health-care coverage. This finding suggests that the notion that Latinos may support universal health-care coverage because they lack insurance or because they cannot afford insurance is an inadequate explanation for Latino's attitudes toward health-care reform. The results in Table 3 indicate quite the contrary, as factors beyond socioeconomic factors, most notably linked fate, account for Latinos' support of expanding access to health insurance to a wider segment of the population. This finding along with the lack of a statistically significant relationship between having health insurance and support for expansion of coverage implies that Latinos may be supportive of health-care reform not due to pure self-interest, but as a result of recognizing the vast disparity Latinos face regarding access to health insurance.

Interestingly, measures tapping into cultural variation among Latinos, such as national origin and acculturation, are not significant predictors of Latinos' support for health-care reform. National origin in particular has been found to influence policy attitudes within the Latino community, for example, impacting support for immigration policy reform (Branton, 2007; DeSipio, 2009). We also found preliminary variation in support for universal health coverage through the presentation of descriptive statistics. However, we find no statistically significant differences among Latinos regarding their support for universal health-care coverage once other factors such as linked fate, income, and ideology are accounted for. This implies that health-care reform may be similar to bilingual education, a policy area that has a high level of consensus among Latinos regardless of national origin (Uhlaner and Garcia, 2002). The lack of relevance for acculturation, a factor that has been found to motivate linked fate, as well as explain internal variation in access to healthcare, suggests that support for universal healthcare is not limited to a specific segment of the Latino population.

Finally, Table 3 also indicates that political factors are highly correlated with Latinos' support of universal health-care coverage. Party identification is a significant predictor of support for health-care reform, with Latinos who identify as Democrats and independents being more likely to favor health-care reform when compared to Latino Republicans. The odds ratio for Democratic affiliation (2.40) is very robust, indicating that support for

universal healthcare is highly dependent on partisanship. While the gap between independents and Republicans is not as robust as the gap between partisans, it is clear that both groups support universal health-care reform to a greater extent than Latino Republicans. Furthermore, Latinos who supported the stimulus plan are more likely to support universal health-care coverage, as indicated by the large odds ratio (2.49) for that variable. Thus, not surprisingly, our findings show that Latinos' support of the expansion of healthcare is largely based on political foundations. It is important to note, however, that the relationship between linked fate and support for universal health coverage holds despite the inclusion of these political factors, which are clearly influential to how Latinos view health-care policy.

Conclusions

The focus of this article was to examine the potential relationship between group identity measured through linked fate and support for expansion of health insurance to a wider segment of the population. With the lowest rate of insurance coverage in the nation, severe disparities regarding both access to care and health outcomes, we theorized that health policy could be a policy area that cues a sense of shared fate among the Latino population. We find support for our theory, as linked fate is not only significantly correlated with support for expansion of coverage at the bivariate level, but this relationship holds once we include a host of other key factors that have been linked with policy preferences and health outcomes for the Latino population. Most notably, postestimation analysis reveals that the probability of Latinos supporting expansion of coverage increases with a heightened sense of linked fate, even when we control for whether respondents currently have health insurance and for partisanship. Consequently, we can conclude that a sense of shared or common identity and not self-interest motivates the way the Latino population views health policy.

As the Latino electorate continues to grow in size and relevance, scholars as well as policymakers will focus more attention on factors that can generate cohesion within this tremendously diverse population. Although previous research indicates that factors such as national origin, nativity, and socioeconomic standing often yield diversity in the political behavior of the Latino population, it is clear that an underlying sense of common identity is present among Latinos. As demonstrated here, this sense of group identity can manifest itself when a policy issue provides the necessary cues to motivate this politicized identity. Like immigration and bilingual education, health policy appears to provide the context for a sense of linked fate to become meaningful to the political behavior of the Latino community.

There has been a significant expansion of research focused on group identity among Latinos within the social sciences in recent years. Driven largely by the increased availability of survey data providing measures of concepts such as linked fate, scholars (Sanchez and Masouka, 2010) have demonstrated that a sense of linked fate is present among Latinos. However, we have little work focused on the more interesting question of whether linked fate influences the political behavior of Latinos. This article advances this line of inquiry by providing evidence that this particular form of group identity can in fact drive the way the Latino population views public policy. We hope that scholars continue to advance this line of inquiry in the future to expand our understanding of how group identity can manifest itself within a pan-ethnic population that is often and will continue to be the focal point of many public policy and electoral discussions.

Appendix: Dependent and Independent Variable Measures

Dependent Variable—Support for Universal Healthcare

When it comes to health care, do you think the Federal government should ensure that all people have health insurance, even if it means raising taxes, or do you think we should continue with the current healthcare system? The values of this variable are: (0) Maintain current system/Other/Undecided, (1) Support for Universal Health Care, which represents 52 percent of the sample.

Independent Variables

Linked Fate: *How much do you think your success depends on the success of other [Latino/Hispanic]s? Does it depend on the success of other [Latino/Hispanic]s?* The categories of this variable are (1) Not at all (23 percent of the sample), (2) A little (19 percent of the sample), (3) Somewhat (26 percent of the sample), and (4) A lot (29 percent of the sample).

Income: *And finally, what was your total combined household income in 2008 before taxes? This question is completely confidential and just used to help classify the responses. Just stop me when I read the correct category.* The original values of this variable are: (1) <$20,000; (2) $20,000–$39,999; (3) $40,000–$59,999; (4) $60,000–$79,999; (5) $80,000–$99,999; (6) $100,000–$150,000; (7) >$150,000. We recoded these categories into (0) Low ($39,999 or less), which comprises approximately 52 percent of the sample, (1) Middle ($40,000–$99,999), 37 percent of the sample, and (2) High ($100,000 or greater), which is 11 percent of the sample. We created separate dummy variables for each category, and the excluded category in the analysis is "Middle" to allow for comparison of lower and higher income levels.

Education: *What is the highest level of education you completed?* The original values of this variable are: (1) Grades 1–8, (2) Some high school, (3) High school graduate, (4) Some college/technical school, (5) College graduate, (6) Postgraduate education. We recoded this variable to create separate variables for the following education categories: (1) Less than high school (13 percent of sample), (0) All other categories, (1) Less than high school graduate (10 percent of sample), (0) All other categories, and used the remaining educational levels as excluded categories. We have tested the impact of education through other modeling approaches, but consistently found that respondents with less than a high school education were the only group with unique attitudes toward providing universal healthcare.

Health Insurance: *During any time in 2008 did you go without health insurance, even for a month, or did you have health insurance throughout the entire year?* The values of this variable are: (0) Went without health insurance, (1) Had insurance the entire year, with 75 percent of the sample having insurance through the entire year.

Age: *In what year were you born?* The years born were converted to age at time of survey, and this variable ranges from 19–89.

Gender: *What is your gender?* The values of this variable are: (0) Male, (1) Female (49 percent of the sample).

Acculturation: Our acculturation scale is based on the following two survey questions that measure nativity and language proficiency: *Were you born in the United States, on the island of Puerto Rico, or in another country? Would you prefer to conduct the survey in English*

or Spanish? Our scale has the following categories: (0) Foreign born Spanish dominant, (1) U.S. born Spanish dominant, (2) Foreign born, English dominant, (3) U.S. born, English dominant. The distribution of the scale indicates that 36 percent of our sample is foreign born and Spanish dominant, compared to 43 percent on the other end of the scale, U.S. born and English dominant.

National Origin: *[Hispanics/Latinos] have their roots in many different countries in Latin America. To what country do you or your family trace your ancestry?* Each national origin variable utilized in the analysis are coded as (0) Other group, (1) Target group (Cuban, Mexican, or Puerto Rican, respectively). Mexican represents the modal national origin, with 55 percent of the sample identified as of Mexican origin, 10 percent Puerto Rican, and 5% Cuban. The survey sample includes respondents from many other national origin groups; however, not in large enough numbers to warrant inclusion as separate variables in the models.

Party Identification: *Generally speaking, do you think of yourself as a Republican, a Democrat, an independent, or something else?* We created three separate dummy variables to assess differences across party identification: *Democrat*: (0) All other partisanship categories (1) Democrat (62 percent of sample). Republican (0) All other partisanship categories, (1) Republican (14 percent of sample). Independent: (0) All other partisanship categories, (1) Independent/nonpartisan (24 percent of sample). Republican is the excluded group in the regression analysis.

Support for Stimulus Plan: *Many people supported the Economic Stimulus Plan, where the government plans to spend an extra 780 billion dollars on things like roads, bridges, school construction, energy reform, and other efforts in hopes of getting the economy growing again. Others opposed it as too expensive and unlikely to work. How about you—do you support the economic stimulus plan passed by Congress and signed by President Obama?* The values of this variable are: (0) No, opposed, and don't know (25 percent of the sample); (1) Yes, supported (75 percent of the sample supported the stimulus package).

Difficulties Accessing Care: *In the past twelve months, have you or another family member living in your household: skipped a recommended medical test or treatment, not filled a prescription for a medicine, cut pills in half or skipped doses of medicine, had problems getting mental health care, put off or postponed getting health care you needed, skipped dental care or checkups, relied on home remedies or over the counter drugs instead of going to see a doctor?* The categories of this scale are: (0) Have done none of these events (47 percent of the sample), (1) Have done one of the events (12 percent of the sample), (2) Have done two or more events (41 percent of the sample).

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