

# “Simply un-American”: Nativism and Support for Health Care Reform

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**Abstract** This study investigates the relationship between individual-level support for the 2010 Affordable Care Act and nativism, the perception that a traditional American culture and way of life needs to be protected against foreign influence. The results of an analysis of a 2011 public opinion survey demonstrate that nativism was an independent and significant predictor of opposition to health care reform and that this effect held for both Republicans as well as Democrats, although the relationship is stronger for Republicans. This is substantively important for two reasons. First, it demonstrates that certain sub-groups of the American public evaluate public policy proposals on the basis of their perceived “foreignness.” Second, it demonstrates that while nativism is traditionally associated with immigration and other race/ethnic-based policy preferences, it also affects attitudes toward other seemingly race-neutral policies in the United States.

**Keywords** Nativism · Cultural threat · Health care reform · Affordable Care Act · Elite framing

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## Introduction

On June 28, 2012 the United States Supreme Court handed down a landmark ruling upholding the constitutionality of the majority of President Barack Obama's Affordable Care Act (ACA), including the individual mandate which was a particularly controversial provision in the legislation. The Court upheld the mandate under the taxing clause in Article 1, Section 8 of the U.S. Constitution. Even so, this ruling did not immediately seem to sway public opinion on the health care reform law, as those who opposed and supported the law before the ruling generally maintained their existing opinions after the ruling was made.

Indeed, one of the defining patterns in public opinion of ACA from the time it was passed in 2010 to when the Supreme Court issued its ruling in 2012 was that attitudes remained fairly constant in the aggregate. The Kaiser Family Foundation has tracked public opinion on the health care law since its inception and found that, on average, ~45 % of the population view the law unfavorably, 40 % have a favorable view, and 15 % have no opinion (Kaiser Family Foundation 2012c). These same surveys also revealed a remarkable level of partisan polarization. By the time the Supreme Court ruling was handed down in June 2012, only 7 % of Republicans but 71 % of Democrats reported a favorable view of the law. Clearly, public opinion toward the ACA was largely associated with partisan identification.

This extreme partisan association may be partially attributable to the fact that the ACA has been a political focal point of the Obama Administration since his inauguration. Messaging and elite political discourse may have played a key role in shaping public opinion of the bill, partly due to a great lack of knowledge about the bill's provisions. According to the Kaiser Family Foundation, 59 % of Americans in 2012 reported that they did not have enough information about the ACA to know how it affects them personally. Furthermore, with the exception of the individual mandate, all individual components of the law were evaluated favorably by the public (Kaiser Family Foundation 2012b).

At the elite level, Republicans have raised (and at the time of this writing, continue to raise) concerns about costs, expansion of government, and have even called the bill “un-American” and used other terms like “foreign” and “socialism” to describe the ACA in their messaging. Former RNC Chair Michael Steele, former vice-presidential nominee Sarah Palin, and Representatives Louie Gohmert and Steve King are among a long list of Republicans who have described the ACA as “un-American” or “socialist” in some form or another (CBS News 2009; Jaffe 2010; McAuliff and Kenigsberg 2012).

This deliberate messaging from political elites may have resonated with pre-existing nativist attitudes in the mass public. For the purposes of this study, nativism is defined as the individual-level attitude that a uniquely American culture and way of life needs to be protected against foreign influence (Bennett 1988; Fry 2006; Higham 1955; Knoll 2013; Perea 1997; Schrag 2011; Tatalovich 1995). Other scholars have identified this attitude as “cultural threat” (e.g. Citrin and Sides 2008; Citrin et al. 2009; Fry 2006; Paxton and Mughan 2006) and although related, nativism is conceptually distinct from other attitudes such as patriotism, nationalism, or racial prejudice (see Knoll 2013, 1588–1589, e.g.). Those who were already

inclined to perceive nativist threats to America's core identity and culture may have more readily accepted a link, being made explicit by some political elites, between the concept of "un-American" foreign-ness, and the ACA law.

Health care reform is not the first political issue that has been framed through the lens of nativism. Immigration and immigrant-related policies are the most obvious, and most common, laws that are framed in terms of their effect on a traditional American culture and way of life (Alvarez and Butterfield 2000; Citrin and Sides 2008; Citrin et al. 2009; Fry 2006; Schildkraut 2003; Schrag 2011; Tatalovich 1995). Nativist framing is surprisingly common, however, in areas that extend far beyond immigration policy. The adjective "un-American," for instance, has been used by political elites to describe a host of other policies and ideas, such as tax rates on income (Dateline: USA 2011; Lillpop 2010), opposition toward government subsidies for various businesses (Jones 2012; Madrak 2011), financial regulations (CNNMoney.com 2012), reduction in military funding proposals (Horowitz 2012), divisive campaign tactics (Crowley and Bash 2012), social policies like gay marriage (FoxNews.com 2009b), and positions on civil liberties of speech and press (Gehrke 2012; ABC News 2010). Even former President Bill Clinton used "un-American" to describe those who deny the reality of man-made global warming (Newby 2011).

Given the frequency of strategic nativist framing of public policies by political elites, understanding how nativism affects attitudes towards these various policies is of utmost importance, as it will also provide insight into how such messaging might affect future policy debates. Our objective, then, is to investigate the extent to which nativism played a role in shaping attitudes toward what is arguably the most important accomplishment of Obama's first term in office, the ACA, during the intervening period between its passage and the Supreme Court ruling that declared it (mostly) constitutional.

## Attitudes Toward Health Care Reform

At this point there are only a handful of existing scholarly analyses of public opinion toward the 2010 health care reform law. Thus, despite the myriad of public opinion surveys that reveal univariate and bivariate trends in attitudes, there are few that have sought to analyze attitudes with a more sophisticated multivariate analysis. These include Brady and Kessler (2010), Gelman et al. (2010), and Lynch and Gollust (2010) that have collectively revealed that health care reform attitudes were largely associated with three key individual-level characteristics: partisanship, age, and income.

In terms of age and income, both Brady and Kessler (2010) and Gelman et al. (2010) provide statistical evidence that those who are wealthier and older tended to be reliably predictable opponents of health reform efforts. Gelman et al. (2010) explain that opposition from high-income individuals may be attributable to the fact that most already have access to health insurance and may have assumed that they would be responsible for the bulk of the tax dollars needed to support the program. Gelman et al. (2010) also postulate that elderly individuals already have access to

social programs such as medicare to assist with health care costs and likely worry about any potential interference with these programs that might come from reform proposals (7–9). In fact, they report that support for health care reform declines sharply each year after age 60. The obvious corollary is that individuals who would likely stand to benefit from the health care reform law (younger and poorer people, who often do not have access to health insurance) tended to support the legislation. Ultimately, Gelman et al. (2010) conclude that self-interest is therefore a key predictor of attitudes on health care reform.

As indicated in the introduction, previous research has also identified partisan identification as the other key factor in explaining attitudes toward health reform, as it is with most political policy attitudes (Campbell et al. 1960; Lewis-Beck et al. 2008; Miller and Shanks 1996). Numerous public opinion surveys showed that throughout 2010–2012, approximately four in five Republicans opposed the ACA while a similar proportion of Democrats supported it (Kaiser Family Foundation 2012a). Studies disagree, however, on the magnitude to which age, income, and partisanship all independently contributed to health care reform attitudes. Whereas Brady and Kessler (2010) report that income was the defining determinant in ACA opinions, Lynch and Gollust (2010) find that the effect of self-interest, defined by income, personal insurance status, and personal health status, all wash out in a multivariate model that includes partisanship and ideology. Unfortunately, Gelman et al. (2010) do not include partisanship in their analysis, leaving it an open question as to whether personal demographic characteristics (age and income) or political opinions (partisanship and ideology) were the more powerful drivers of health care attitudes.

## Nativism and Health Care Reform

As discussed above, health care reform attitudes seem largely to be a function of partisanship, age, and income. We also know, though, that elite-level rhetoric surrounding the ACA law did not focus solely on implications related to partisanship or self-interest. Many elected officials and news media personalities freely used words like “un-American” and drew comparisons to European social democracy-type systems, presumably in an effort to imply that the health care reform law did not fall within the traditional ideological boundaries of American political policy.

Existing evidence demonstrates that group-based identities played a role in shaping health care reform attitudes. In a 2009 New York Times article, for instance, Kate Phillips described the war of words sparked by former President Jimmy Carter’s assessment that opposition to health care reform had racist undertones. President Carter suggested that racism was a driving force of opposition to Obama’s proposals, particularly health care reform (Phillips 2009). As can be expected, these comments sparked a great deal of controversy and even President Obama was quick to distance himself from this explanation (Zeleny and Rutenberg 2009).

Despite presidential disapproval of such explanations, Knowles et al. (2010) provide empirical evidence that racial prejudice is indeed associated with health care reform attitudes. They find that levels of both explicit and implicit anti-black prejudice are independent and significant predictors of opposition to the ACA. In an experimental setting, they also find that this relationship exists in respondents only when they are explicitly told that Obama (who is black), but not Bill Clinton (who is white), is the chief advocate of the plan. Banks (2013) adds additional support to this conclusion, demonstrating that racial resentment (see Kinder and Sanders 1996; Kinder and Sears 1981) interacts with emotion, specifically anger, in affecting attitudes toward health care reform. Using an experimental procedure he finds that when subjects are induced with an anger response, those with higher levels of racial resentment are more likely to respond with higher levels of opposition to the ACA whereas it produces the opposite effect among those with lower levels of racial resentment.

These findings are further supported by Tesler (2012) who analyzed public opinion surveys and provided strong evidence that explicit racial resentment attitudes are a statistically significant predictor of opposition to the ACA law. Tesler further compared polling data from the time of the Clinton Administration to polling during the Obama Administration and found that racial resentment played a much larger role in public opinion during Obama's tenure than in the Clinton years, even though the reform proposals of both administrations were similar. Tesler thus concludes that attitudes toward health care reform, even controlling for other known determinants like partisanship, age, and ideology, were at least partially attributable to individual-level racial animus (see also Hetherington et al. 2009).

Given that group-based attitudes like racial prejudice are responsible for at least a portion of opposition to health care reform, it is fair to assume that other group-based attitudes, like nativism, might also play a determining role. Whereas racial prejudice defines group boundaries on the basis of racial status, though, nativism's boundaries concern cultural groups and nationalistic traditions and symbols.

### Elite Framing and Source Cues

When elite frames that link two distinct concepts become sufficiently ubiquitous in the information environment, it is possible that these will be internalized by individuals in the mass public. In his analysis of racial prejudice and health care reform attitudes, Tesler (2012) attributes this linkage to a process called public policy "racialization." He cites Hurwitz and Peffley (2005) who explain: "when messages are framed in such a way to reinforce the relationship between a particular policy and a particular group, it becomes far more likely that individuals will evaluate the policy on the basis of their evaluations of the group" (109). In this case, this theory postulates that health care reform attitudes become associated with opinions toward African-Americans because of the widespread public stereotypes linking blacks to low socioeconomic levels which make them likely beneficiaries of the ACA law (see also Chong and Druckman 2007a, b; Druckman 2001, 2004 for more on elite framing and public policy opinions).

Tesler (2012) further argued that health care reform became “racialized” because of “source cues provided by the background characteristics of elite issue advocates [that] may foster connections between governmental policies and social groups.” In other words, many people linked the ACA to pre-existing attitudes toward African-Americans as a group because President Obama, the chief “elite issue advocate” of the ACA, identifies himself as African-American.

We argue that these same processes may very well have produced a parallel effect in terms of linking health care reform not only to race-based group attitudes, but also culture/nationalistic-based nativist attitudes, through the same framing and source cue mechanisms as described above. *In other words, when elite opponents of the ACA consistently framed the law as somehow outside the ideological boundaries of what is traditionally considered “American” public policy, those in the mass public with existing nativist attitudes would accordingly become more likely to oppose the ACA.*

There is substantial record of such nativist elite framing by opponents of the health care reform law. Former Alaska Governor and vice presidential candidate Sarah Palin is one of the most well-known politicians to explicitly employ nativist rhetoric when describing the health care reform law. At a Tea Party rally held on March 27, 2010 near Searchlight, Nevada (Democratic Senate Majority Leader Harry Reid’s hometown), Palin linked health care reform to Cuban socialism: “Something’s not quite right when Fidel Castro comes out and says he likes Obamacare.” One participant at the rally was more explicit: “I think it’s totally un-American, really” (Jaffe 2010). Two years later Palin referred to the ACA’s mandate that employers (including religious institutions) provide contraception coverage for employees as “an un-American act of our president. Anything that would violate an amendment within the United States Constitution is un-American” (Schwartz 2012).<sup>1</sup>

Of course, Governor Palin is not the only one to employ nativist rhetoric in referring to the health care reform law. While not specifically using the “un-American” frame, several health care reform opponents employed the “socialism” label in an attempt to draw a link to “foreign” economic systems. These have included Congressional Representatives Louie Gohmert (R-TX) and Steve King (R-IA), as well as Michele Bachmann (R-MN), former Republican National Committee chair Michael Steele (cited previously). This “socialism” language has also been employed by several conservative elite media commentators and bloggers (Boehlert 2012; Mediamatters.org 2009). Further, much of the nativist framing of the health care legislation occurred in the various public Tea Party protest rallies held through 2009 and 2010. There is scholarly evidence that out-group anxieties (including nativism) are the distinguishing characteristic separating Tea Party Republicans

<sup>1</sup> It should be noted that framing an issue as “un-American” does not necessarily imply in every case a nativist judgment on the part of the message’s framer. A quick internet search of the phrase “un-American” quickly reveals how commonly and diversely this phrase has come to be used in modern political rhetoric. At the same time (and importantly for our study), the phrase “un-American” can certainly cue nativist responses on the part of the message’s recipients regardless of the intention of the message’s sender/framer.

from mainstream Republicans (Barreto et al. 2011; Skocpol and Williamson 2012, Chap. 2).

The ACA was not only framed as “foreign” itself, but also potentially benefitting foreigners within the United States. Perhaps the most famous example of this is when Rep. Joe Wilson (R-SC) shouted “You lie!” to President Obama during a 2009 address to a joint session of Congress when the president claimed that the ACA would not apply to undocumented immigrants. This was based on a widespread misperception that undocumented immigrants would be permitted to purchase health insurance through the exchange insurance markets that the ACA would set up (Preston 2009).

Obviously, there was a substantial amount of elite nativist framing in opposition to health care reform, and thus it follows that opinions toward the ACA law may have become linked to attitudes about the effect of “foreign” influence on American culture and way of life. In addition to the effect of this messaging linking nativism to the ACA, there is also a potential parallel effect of source cues. As stated previously, Tesler (2012) theorized that through the process of “racialization,” President Obama’s status as an African-American led to opinions toward the ACA to become linked to opinions toward African-Americans in general. While it is common knowledge that President Obama is African-American, a substantial portion of the American population also perceives him to be a non-American foreigner. Surveys have consistently shown that about 15–20 % of the population explicitly reports that they believe that the President was not born in the United States, while another 20–30 % reports that they’re “not sure.” This did not significantly change even after the President released his official birth certificate to the national media (Berinsky 2012).

There are also many Americans who perceive President Obama as simply different and foreign to how they understand their own American identities. Arbour and Teigen (2011) summarize many of these perceptions, including that Obama is perceived as “worldly, sophisticated, and urbane,” as well as “his foreign roots, as epitomized by his name. Obama’s father was Kenyan, and Obama’s immediate connection to immigrant roots and a foreign country contrasts strongly with those who believe that their ancestors came from America” (568). In the same vein, Wall Street Journal editorialist James Taranto surveyed these same themes and summarized the perception shared by many Americans: “Is Obama ‘American enough’?” (Taranto 2010). Finally, it is worth mentioning that as late as summer 2012 a full 17 % of the American public reported belief that Obama is a Muslim. Another 31 % said “don’t know” while only 49 % correctly identified Obama’s religion as Christian (Pew Forum 2012).

If President Obama is perceived by many as not only black, but also *foreign*, then the source cues mechanism would predict that attitudes toward the health care reform law would become linked to attitudes toward foreigners and the influence of foreign culture. In particular, we would expect that one’s approval or disapproval of the ACA would be directly affected by the extent to which one perceives a traditional American culture and way of life being threatened by foreign influence. This leads to our first formal hypothesis:

**H1** Higher levels of individual-level nativism are associated with lower levels of favorability toward the ACA health care reform proposal.

It is also possible that this hypothesized relationship exists only among certain sub-groups of the population. After all, the elite framing mechanisms depend on messaging from political elites, and this messaging was not communicated consistently across partisan lines. Elites from the Republican Party were responsible for nearly 100 % of the framing linking nativism to the ACA law. (Although to be fair, then-Democratic Speaker of the House Nancy Pelosi in 2009 called those who criticized the reform bill at a town hall meeting “un-American.” See FoxNews.com 2009a). Previous research has shown that pre-existing attitudes and dispositions, such as political partisanship, can affect the extent to which frames are internalized across groups (Brewer 2001; Knoll et al. 2011; Peffley and Hurwitz 2007). As such, it is possible that Republican partisans would be more likely to internalize these frames and source cues than their Democratic counterparts. This leads to our second formal hypothesis:

**H2** The relationship between higher levels of individual-level nativism and lower levels of ACA favorability is stronger for Republican partisans than for Democratic partisans.

## Data and Methods

Our hypothesis that lower levels of favorability for health care reform are associated with higher levels of individual-nativism is tested using data collected by the nationally-representative March 2011 Political Typology Survey conducted by the Pew Research Center of the People and the Press. The portion of the survey that was analyzed for this study was in the field from February 22–March 1, 2011 and had a final N of 1,504 (although not all survey respondents were asked the same questions). All figures and statistics reported below are weighted with a standard sample weighting to correct under-samplings of relevant demographic groups.

The dependent variable, support for health care reform, is a three-level ordinal variable constructed from responses to the following question: “How do you think the health care law passed by Barack Obama and Congress last year will affect health care in the U.S.? Will it have a mostly good effect, a mostly bad effect, or a mix of good and bad?” (Presumably, those who think the law will have a good effect have more favorable views of the law, and vice versa.) Responses are coded “0” for “mostly bad,” “1” for “mix of good and bad,” and “2” for mostly good.” In this sample, about 18 % indicated “mostly good,” 29 % indicated “mostly bad,” and the remaining 53 % went with “mix of good and bad” (excluding “don’t know” or “refused”).

The key independent variable, individual-level nativism, is a four-level ordinal variable constructed from responses to the following question. Respondents were presented two contrasting statements and asked to report which came closer to their views: “The growing number of newcomers from other countries threatens traditional American customs and values OR the growing number of newcomers



from other countries strengthens American society.” They were also asked to indicate whether they agreed with the statement “strongly” or “not strongly.” Responses to this question were recoded so that higher values correspond to stronger levels of agreement with the first statement. In this sample, ~44 % of respondents indicated that they either somewhat or strongly agree that newcomers threaten traditional American customs and values.

We begin the analysis with a look at the bivariate relationship between support for health care reform and nativist attitudes. Table 1 displays a cross-tabulation of these two variables, with the weighted N and relevant percentage in each cell. The relationship displayed in Table 1 is statistically significant, with the Pearson  $\chi^2$  statistic is 118.2,  $p < 0.0001$ . We can see that there is a strong relationship between these attitudes, with nearly 45 % of strong nativists but only 17 % of strong non-nativists reporting that they think that the ACA will have a negative effect. Conversely, nearly 25 % but only 10 % of non-nativists and nativists, respectively, think that the law will have a positive effect. These two variables are also correlated at  $r = -0.296$ ,  $p < 0.0001$ .

Of course, given that nativism is likely to be correlated with other possible explanatory variables, it is necessary to analyze the relationship from a multivariate perspective. Public opinion polls consistently indicated that attitudes toward the 2010 health care reform measure were motivated predominately by partisanship and political ideology. Generally speaking, Democrats support and Republicans oppose. Control variables representing both partisanship and ideology are included, partisanship a seven-point ordinal measure and ideology a five-point ordinal measure with higher values corresponding to strong Republican partisanship and very conservative ideology, respectively.

We also know, as described in the previous sections, that income and age are key predictors of health care reform attitudes (Brady and Kessler 2010; Gelman et al. 2010). Variables representing these two characteristics are thus included. Income is a nine-point ordinal variable ranging from incomes less than \$10 K/year to more than \$150 K/year. Also, we include standard socio-demographic control measures for gender, education, race, Hispanic ethnicity, and frequency of religious attendance.

Finally, because previous research has shown that racial antipathy toward African-Americans to be related to health care reform attitudes (Knowles et al. 2010; Tesler 2012), we include a measure of anti-black racial resentment (Henry and Sears 2002; Kinder and Sears 1981; Sears and Henry 2003; Sears et al. 2000; Tarman and Sears 2005). This is constructed from responses to the following question; again a two-sentence contrast between: “Racial discrimination is the main reason why many black people can’t get ahead these days OR blacks who can’t get ahead in this country are mostly responsible for their own condition.” For this variable, higher values correspond with stronger levels of agreement with the second statement.

Because the dependent variable is ordinal, a standard ordinal logit model is estimated, with standard errors clustered by state of residence to account for any possible unobserved effects that might create correlation between those who live in the same geographical location. Hypothesis 1 (higher levels of nativism are

**Table 1** Cross-tabulation of nativist sentiment and ACA favorability

Effect of ACA on health care	The growing number of newcomers from other countries threatens traditional American customs and values				Total
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	
Mostly bad	88.3 16.8 %	53.7 23.0 %	29.9 31.2 %	186.5 44.7 %	368.4 28.3 %
Mix of good and bad	307.8 58.7 %	127.9 54.8 %	74.2 57.9 %	189.3 45.3 %	699.2 53.6 %
Mostly good	128.6 24.5 %	51.8 22.2 %	14.0 11.0 %	42.0 10.1 %	236.4 18.1 %
Total	524.6 100 %	233.4 100 %	128.1 100 %	417.8 100 %	1,304 100 %

Source: March 2011 Political Typology Survey conducted by the Pew Research Center of the People and the Press, figures sample-weighted

**Table 2** Descriptive statistics of survey respondents

	Mean	Standard deviation	Min	Max
Health care favorability	0.867	0.687	0	2
Nativism	1.399	1.307	0	3
Seven-point partisanship (GOP +)	2.821	2.127	0	6
Five-point ideology (conservative +)	3.244	0.993	1	5
Racial resentment	2.020	1.190	0	3
Income	5.035	2.384	1	9
Age	51.701	17.548	18	97
Education	4.752	1.648	1	7
Hispanic	0.084	0.278	0	1
Black	0.099	0.299	0	1
Other non-white race	0.078	0.268	0	1

Source: March 2011 Political Typology Survey conducted by the Pew Research Center of the People and the Press, figures sample-weighted

associated with stronger opposition to health care reform) can be tested with a basic additive model. Hypothesis 2 predicted that this effect is stronger for certain constituencies, specifically Republican partisans. This hypothesis is tested by including an interaction term between the partisanship and nativism variables. Table 2 presents summary descriptive statistics of the variables.

Unfortunately, a diagnostic test revealed that the ordinal logit model violated the proportional odds (or parallel regression) assumption required of a proper ordinal logistic estimate. Therefore, the model was re-estimated using a generalized ordered logistic model (“gologit”) which accomplishes much the same goal as a standard ordinal logit model. The only practical difference is that it collapses the ordinal dependent variable into a series of binominal variables and estimates a separate logistic regression model for each dependent variable. Given that the dependent variable is a three-point ordinal variable, however, it required only two separate logit model estimations, both reported in Table 3. Thus, Model 1 estimates the model with a dependent variable of “1” if the respondent indicated either a favorable (“mostly good”) or ambivalent (“good and bad”) view of health care reform, and “0” if the respondent indicated an unfavorable (“mostly bad”) view. Model 2 estimates the same model with a dependent variable of “1” if the respondent indicated only a favorable (“mostly good”) evaluation, but “0” for an ambivalent (“good and bad”) or unfavorable (“mostly bad”) opinion.<sup>2</sup>

We see in both models in Table 3 that Hypothesis 1 is confirmed in a multivariate analysis. Controlling for partisanship, ideology, racial resentment, and other relevant demographic factors, individual-level nativism exerts a statistically significant and negative effect on favorability toward health care reform. This supports the argument that opposition to health care reform is at least partially

<sup>2</sup> We also estimated these models using a multinomial logit estimator as well as the original ordinal logit estimator. Both estimations produced the same substantive results for the key independent variables as presented here in Table 3.

**Table 3** Generalized ordinal logistic regression predicting ACA favorability

Independent variable	Model 1		Model 2	
	R reports “mostly good/good and bad” over “mostly bad”		R reports “mostly good” over “good and bad/mostly bad”	
	B (SE)	Predicted probability Min → Max	B (SE)	Predicted probability Min → Max
Nativism	−0.685 (0.236)**	−0.353	−0.367 (0.151)*	−0.118
PID (GOP +)	−0.619 (0.110)***	−0.590	−0.426 (0.118)***	−0.293
Nativism × partisanship	0.113 (0.049)*	0.251	0.074 (0.055)	0.177
Ideology (cons +)	−0.213 (0.109)*	−0.168	−0.536 (0.176)**	−0.241
Racial resentment	−0.201 (0.099)*	−0.090	−0.289 (0.075)***	−0.096
Income	−0.125 (0.058)*	−0.170	0.017 (0.047)	0.015
Age	−0.014 (0.005)**	−0.230	0.020 (0.007)**	0.202
Education	0.088 (0.070)	0.073	−0.027 (0.078)	−0.003
Hispanic	−0.256 (0.339)	−0.021	0.610 (0.298)*	0.086
Black	0.581 (0.688)	0.098	0.607 (0.405)	0.084
Other non-white race	0.402 (0.238)	0.073	−0.844 (0.508)	−0.066
Female	−0.074 (0.196)	−0.010	−0.399 (0.315)	−0.048
Church attendance	−0.065 (0.057)	−0.048	0.031 (0.078)	0.026
Constant	5.743 (0.802)		0.827 (0.807)	
N	946			
Pseudo-R <sup>2</sup>	0.2061			

Dependent variable: the generalized ordinal logistic estimation procedure estimated two separate binomial logistic outcome models. The dependent variable for Model 1 is coded “1” if the respondent indicates either that they think the ACA will have a “mostly good” or “good and bad” effect on health care, and “0” for “mostly bad.” The dependent variable for Model 2 is coded “1” if the respondent indicates only “mostly good” and “0” if “good and bad” or “mostly bad.” In both models, positive coefficients are associated with more favorable views of the ACA. Source: March 2011 Political Typology Survey conducted by the Pew Research Center of the People and the Press

\*  $p \leq 0.05$ , \*\*  $p \leq 0.01$ , \*\*\*  $p \leq 0.001$

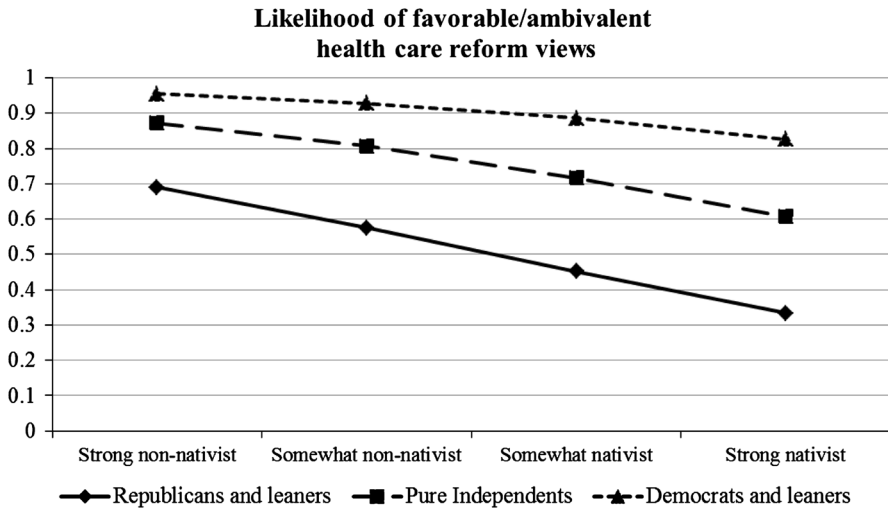
attributable to the perception that it is somehow “foreign” and outside the boundaries of American political culture.

We further see that nativism exerts a substantively significant effect on health care reform attitudes. Table 3 also reports the predicted probability change in the likelihood that a respondent would indicate more favorable opinions of the ACA in each model as the nativism variable changes from its minimum to maximum value, holding all other values constant at their means. These figures for Model 1 indicate that a strong nativist is 35.5 % less likely than a strong non-nativist to have a favorable or ambivalent view of health care reform, while those for Model 2 indicate that a strong nativist is 11.8 % less likely to have only a favorable view of the ACA, controlling for all other factors in the model. As we would expect, partisanship and ideology are both very strong predictors of ACA favorability, exerting about a 59 and 16.8 % effect, respectively, in Model 1 and 29.3 and 24.1 % effect, respectively, in Model 2.

It is also important to note that the other two key variables identified in previous literature, income and age, achieve statistical significance in this analysis when the effect of other relevant group-based attitudes and political identifications are accounted for. The effect of age is observed in both models, and at a comparatively high level (about 20 % predicted probability change in each as respondents move from youngest to oldest), while income seems to predict ACA favorability when positive and ambivalent views are combined in Model 1. We also see in Model 2 that Hispanics are slightly more likely to have very favorable views of the ACA controlling for all other factors. Finally, it is also noteworthy that the findings of Knowles et al. (2010) and Tesler (2012) are confirmed in that racial resentment also exerts an independent and significant effect on opposition to health care reform, even controlling for nativism, partisanship, and a host of other factors.

Moving on, we can observe the results of Hypothesis 2 in the results displayed in Table 3. Recall that Hypothesis 2 predicted that the relationship between nativism and unfavorable health care reform opinions is stronger among Republican partisans than others because the vast majority of nativist framing of the ACA came from Republican elites. To test this, we included an interaction term between nativism and the partisan identification variable in the second model. Table 3 shows that the interaction term, as well as its two constituent terms, achieves statistical significance, but only in Model 1 where the dependent variable includes ambivalent views on health care reform. Hypothesis 2 is thus partially confirmed. Substantively, this indicates that the relationship between nativism and health care reform opinions is conditional to some extent upon one’s partisan identification. The interaction term, while significant, is *positive* however, while the two constituent terms are *negative*. This suggests that there may be some non-linear relationships in play, which we assess by plotting the substantive effect of the constituent variables.

Figure 1 displays the predicted change in health care reform views from Model 1 (specifically, the likelihood of a respondent reporting either a favorable or ambivalent position on the ACA) at increasing levels of nativism among both partisans and pure Independents, holding all other variables constant at their mean. For the purposes of this graph, the interaction model was re-estimated substituting a three-point ordinal partisan identification variable, with Independents with partisan



**Fig. 1** Substantive effect of nativism on ACA favorability (Model 1), by partisan identification. Source: March 2011 Political Typology Survey conducted by the Pew Research Center of the People and the Press

leanings included with the partisans (model coefficients nearly identical in magnitude, direction, and significance; results not presented).

As hypothesized, Fig. 1 indicates that the relationship between nativism and health care reform attitudes is nearly three times stronger among Republicans than it is among Democrats. The substantive effect of nativism makes Republicans approximately 35 % more likely to report more unfavorable/ambivalent views of the ACA, where the effect, while present, is only about 12 % more likely among Democrats.

We can supplement this analysis with an additional check of one of the primary theoretical mechanisms discussed earlier. We hypothesized that because President Obama is perceived as “foreign” by many in the American population, his vigorous public support of the ACA would activate a source cue mechanism and influence those in the public with higher levels of nativist sentiment to be less likely to support the ACA. If this is the case, we should expect that evaluations of President Obama would mediate the effect of nativism on ACA attitudes. In other words, we would expect that the substantive effect of nativism on ACA attitudes should decrease if evaluations of President Obama were accounted for in the multivariate analysis.<sup>3</sup>

To assess this possibility, we estimated a simplified version of Model 1 in Table 3 and included an additional control variable measuring evaluations of Obama, specifically a binomial variable measuring the respondent’s approval or disapproval of the way that Obama is handling his job as president. Results are

<sup>3</sup> This is a similar approach to that employed by Kam and Kinder (2012) in their analysis of the mediating effects of racial resentment and religious intolerance on the relationship between ethnocentrism and evaluations of President Obama.

**Table 4** ACA favorability accounting for Obama evaluations

Independent variable	Model 3		Model 4	
	B (SE)	Predicted probability Min → Max	B (SE)	Predicted probability Min → Max
Nativism	−0.275 (0.089)**	−0.150	−215 (.092)*	−0.110
Obama job approval			−1.811 (0.280)***	−0.316
PID (GOP +)	−0.405 (0.063)***	−0.432	−263 (.073)***	−0.269
Ideology (cons +)	−0.272 (0.110)*	−0.189	−192 (.093)*	−0.126
Racial resentment	−0.196 (0.108)†	−0.010	−168 (.110)	−0.080
N	946		884	
Pseudo-R2	0.233		0.318	

Dependent variable: logistic estimation procedure estimating binomial measure of ACA attitudes, coded “1” if the respondent indicates either that they think the ACA will have a “mostly good” or “good and bad” effect on health care, and “0” for “mostly bad,” identical to Model 1 in Table 3. Models control for income, age, education, Hispanic, black, other non-white race, female, and church attendance (results not presented). *Source:* March 2011 Political Typology Survey conducted by the Pew Research Center of the People and the Press

†  $p \leq 0.10$ , \*  $p \leq 0.05$ , \*\*  $p \leq 0.01$ , \*\*\*  $p \leq 0.001$

**Table 5** Ordinal logistic regression predicting health care preferences, 2007 Pew Values Update Survey

Independent variable	Model 5		Model 6	
	B (SE)	Predicted probability Min → Max	B (SE)	Predicted probability Min → Max
<b>Nativism</b>				
PID (GOP +)	<b>-0.148 (0.124)</b>	<b>-0.043</b>	<b>-0.057 (0.193)</b>	<b>0.016</b>
	-0.167 (0.052)***	-0.098	-0.105 (0.085)	0.061
<b>Nativism × partisanship</b>			<b>-0.024 (0.035)</b>	<b>0.065</b>
Ideology (cons +)	-0.210 (0.111)†	-0.080	-0.211 (0.110)†	0.080
Racial resentment	-0.504 (0.136)***	-0.143	-0.506 (0.137)***	0.143
Income	0.062 (0.048)	0.048	0.064 (0.048)	0.050
Age	0.001 (0.005)	0.008	0.001 (0.005)	0.008
Education	-0.019 (0.055)	-0.011	-0.019 (0.054)	0.011
Hispanic	-0.344 (0.292)	-0.036	-0.344 (0.291)	0.036
Black	-0.005 (0.270)	-0.000	-0.018 (0.271)	0.002
Other non-white race	-0.773 (0.408)†	-0.085	-0.791 (0.417)†	0.087
Female	-0.200 (0.151)	-0.020	-0.203 (0.150)	0.020
Church attendance	0.038 (0.063)	0.019	0.037 (0.063)	0.018
N	591		591	
Pseudo-R <sup>2</sup>	0.065		0.065	

Cut-points not presented. Key variables presented in bold. Dependent variable: four-point ordinal measure (strong favor, favor, oppose, or strongly oppose) of responses to the following prompt: "The U.S. government guaranteeing health insurance for all citizens, even if it means raising taxes." Higher values associated with increasing favor for such a policy. Source: 2007 Values Update Survey by the Pew Research Center for the People and the Press. Source: March 2011 Political Typology Survey conducted by the Pew Research Center of the People and the Press

†  $p \leq 0.10$ , \*  $p \leq 0.05$ , \*\*  $p \leq 0.01$ , \*\*\*  $p \leq 0.001$



presented in Table 4. As can be observed, the key variables in the model remain significant predictors of ACA attitudes and, as expected, the substantive effect of nativism on the dependent variable (min to max) decreases from 15 % in Model 3 to 11 % in Model 4. While this is not an overwhelming magnitude in an *absolute* sense (4 %), it does represent a *relative* decrease of the effect of nativism by about 27 % once measures of Obama evaluations are included. This lends additional modest support to the nativist “source cue” mechanism as described herein, in that at least a portion of nativism’s effect on ACA attitudes were activated as a response to Obama’s active promotion on its behalf.

### Nativism and Health Care Attitudes Before Obama

While these results suggest support for our hypotheses, one final check is warranted. Recall that we originally theorized that nativist elite framing and “source cues” from President Obama were responsible for linking individual-level nativism with health care reform attitudes. This implies, however, that nativism and health care preferences should *not* be strongly associated with one another prior to 2009 or so when President Obama was inaugurated and the health care debate began in earnest. To assess this possibility, we replicated the model presented in Table 3 using data collected from the 2007 Pew Values Update Survey, fielded from December 12, 2006 through January 9, 2007.

For the most part, the questions for the control variables were worded similarly in the 2007 Pew survey as in the 2011 Pew survey analyzed previously, and thus the variables are coded identically. In the 2007 survey, the survey question used to operationalize nativism is nearly identical, asking respondents whether they “completely agree, mostly agree, mostly disagree, or completely disagree” that “the growing number of newcomers from other countries threaten traditional American customs and values.” As the ACA was not yet officially proposed as legislation in 2007, health care reform opinions are measured using answers as to whether respondents “strongly favor, favor, oppose, or strongly oppose” the following proposal: “the U.S. government guaranteeing health insurance for all citizens, even if it means raising taxes.” The dependent variable is thus a four-point ordinal variable, with higher values corresponding with increased favorability toward universal health insurance. Also, the racial resentment question is not exactly the same in the 2007 survey as the 2011 survey, although it captures the same concept (the 2007 question wording reads: “In the past few years there hasn’t been much real improvement in the position of black people in this country”; completely/mostly agree/disagree). As before, the replication is estimated with a standard ordinal logit procedure, with responses weighted with the survey sample weighting and with standard errors clustered by state of residence.

The results of the replication are presented in Table 5. We estimated two models: one with the nativism-partisanship interaction variable (Model 6) and one without (Model 5). The key finding is that nativism *fails* to achieve statistical significance in both models and the nativism/partisanship interaction variable *fails* to achieve significance as well in Model 6. This lends additional support to our original

theoretical mechanisms and hypotheses. While nativism and health care reform opinions were not associated with one another in 2007, they were clearly associated 4 years later in 2011, strongly suggesting that the elite framing of health care reform as “un-American” and President Obama’s strong support for the measure created a connection between nativism and health care reform in the American public.

## Discussion and Conclusion

The objective of this study has been to determine the extent to which individual-level nativism came to be associated with opposition to health care reform in the mass public during Obama’s first term in office. It was theorized that nativism came to be linked with health care reform through two primary mechanisms: nativist elite framing of the ACA as “un-American,” “socialist,” “European,” or otherwise “foreign,” and the presence of “source cues” associating President Obama with perceptions of foreign identity. Statistical analysis of a nationally representative public opinion survey provided empirical support for this theoretical argument. Nativism came to be associated with lower levels of health care reform favorability, even after controlling for other important factors like partisanship, ideology, and racial resentment, all of which also exert an independent and significant effect on health care reform opinions. Indeed, nativism generally exerts an effect second only in magnitude to partisanship and ideology, and stronger than racial resentment or economic self-interest.

There is also some support for the conclusion that this association is stronger for Republicans than for Democrats, suggesting that while elite framing and source cues were internalized by all partisan groups in the mass public, this process occurred at a much higher rate among Republicans than Democrats. Finally, we provided evidence that nativism and health care reform attitudes were *not* linked together in the minds of the American public in 2007, but they were by 2011 after President Obama’s inauguration and the public health care reform debate took place.

It is important to note, however, that while the results presented herein certainly suggest support for the nativist elite framing/source cues mechanism that theoretically linked nativism to health care opinions, our approach does not provide a *direct* test of this mechanism. This is because we do not at this time have a direct measure of the extent to which the public was actively internalizing nativist cues during the health care debate. We *have* demonstrated, however, that individual-level nativism was not linked to health care opinions in 2007 but that they were linked in 2011. We have also demonstrated that ACA opinions are at least partially mediated by opinions toward Obama which lends further support to the source cues mechanism. We argue that these various findings provide plausible support for our theoretical argument which is grounded in previous theorizing and political science research on elite framing and source cues. Given these realities, however, investigating a more direct link between nativism and health care attitudes may indeed be a fruitful avenue for future scholarship.

In any case, these findings have important implications for the academic study of nativism and immigration attitudes, broadly-speaking. Up until this point, it has been empirically demonstrated only that that individual-level nativism (cultural

threat) is linked to immigrant group attitudes and immigration-related policy preferences. Specifically, it has previously been clearly established that a perceived threat to America's culture and way of life is associated with more restrictive immigration and social welfare policies that benefit immigrants, increased preferences for Official English laws, and less favorable attitudes toward immigrant groups (Alvarez and Butterfield 2000; Citrin and Sides 2008; Citrin et al. 2009; Citrin 1990; Schildkraut 2003; Tatalovich 1995).

This study contributes to our understanding of nativism by demonstrating that it exerts a sizable effect on policy attitudes affecting things *other* than immigration. In this case, it was shown that nativism plays an important role in driving opposition to the 2010 health care reform law. Given that the nativist “un-American” and frame has been employed by political elites in opposition to a myriad of public policies ranging from income tax policies to gay marriage, further research could verify whether nativism does indeed drive attitudes in other non-immigration policy domains—e.g. taxation, education, civil rights, foreign policy, etc. It is possible that nativism has a much more pervasive influence on the public policy attitudes of the American public than previously recognized.

Another important contribution of these results is to our understanding of the public debate over the passage and implementation of health care reform and the effectiveness of framing by political elites. These results suggest that efforts by some Republican politicians to characterize health care reform as “un-American” or somehow linked to foreigners or foreign policies/institutions/ideologies may have been somewhat successful. Further, even though Republican partisans may have been more likely to internalize these frames than Democratic partisans, it is still the case that “un-American” or “foreign” frames may have had a demonstrable, if smaller, effect on Democrats in the mass public with strong nativist sentiments. This suggests that at least some partisans were actively internalizing rhetoric from elites outside of their political “tribes” (Bishop 2009; Haidt 2012; Shea 2013).

Finally, the results of this analysis imply that the twentieth century New Deal model of the expansion of the welfare state is increasingly becoming associated with “foreign” political values and practices in the minds of many Americans, particularly Republican partisans. In a June 2012 editorial, *New York Times* columnist David Brooks opined that one of the central motivating viewpoints of many in the modern Republican Party is that “the welfare-state model is in its death throes ... the government model is obsolete [and] needs replacing” (Brooks 2012). Perhaps the most important implication of the results of this study is the possibility that these same individuals not only see welfare state and its expansion as obsolete, but antithetical to American identity as well.

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