

Online Appendix for: *American Dream versus
American Reality: How Information about Structural
Racism Can Prompt Support for Race-Based Policies*

February 12, 2024

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A Design

The full text and images of the treatments is reported below:

A.1 Control Condition

COVID-19 Reduced Life Expectancy in 2020 Vaccines Aim to Help

By: Mike Larson

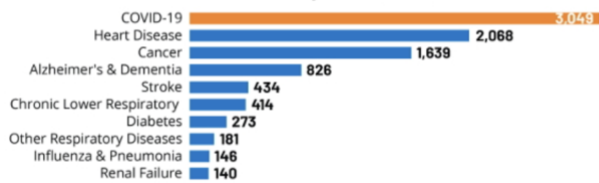
June 10, 2021

Since the coronavirus pandemic began, approximately 30 million Americans have contracted the virus. More than half a million have died.

The virus has impacted the health and longevity of many Americans. As the virus spread across the country in 2020, overall life expectancy declined by about a year as compared to 2019. And in early 2021, COVID-19 was the leading cause of death in the United States.

COVID-19 is the Number One Cause of Death in the U.S. in Early 2021

Average daily deaths in the U.S. from COVID-19 (Jan. 2021)
and other leading causes (2020)



NOTES: The COVID-19 mortality rate is the daily average for January 2021 through January 26, 2021 using the KFF COVID-19 Tracker data. Mortality rates for causes other than COVID-19 are the average of Morbidity and Mortality Weekly Report (MMWR) weeks 1-52 in 2020 reported by CDC. Heart disease refers to all circulatory diseases except stroke. Accidents are not included in the data source, but typically rank as the 3rd leading cause of death.

PHOTO: KFF
Health System Tracker

The vaccine effort aims to reduce the impact of the virus. Approved COVID-19 vaccines are safe and effective, but accessing the vaccine initially proved challenging for some.



Photo: A school where a community vaccine clinic has been established

At first, vaccination appointments could sometimes be hard to come by. But more recently, vaccine supply has been keeping up with demand, and a majority of eligible American adults have now received a COVID shot.

Right now, people across the country are focused on distributing the shots as quickly as possible because the vaccines have the potential to prevent infection, save lives, and eventually bring the pandemic to an end.



Photo: COVID-19 vaccine distribution aims to bring the pandemic to an end

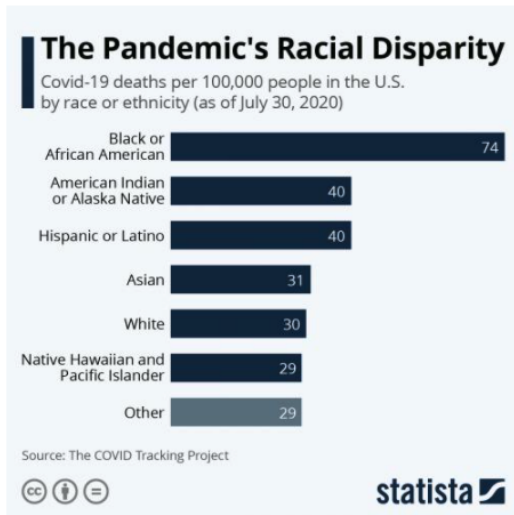
A.2 T1: Inequality Condition

COVID-19 Reduced Life Expectancy in 2020 – Especially for Blacks Vaccine Inequities Don't Help

By: Mike Larson
June 10, 2021

Since the coronavirus pandemic began, approximately 30 million Americans have contracted the virus. More than half a million have died.

The virus has hit black people especially hard. Black Americans comprise 13% of the U.S. population, but they represent 25% of COVID-19 deaths. In every age category, blacks have died at rates higher than whites who are ten years older.



The vaccine effort aims to reduce the impact of the virus. Approved COVID-19 vaccines are safe and effective, but accessing the vaccine has proven especially challenging for black Americans.



Photo: People line up outside the only vaccine clinic in a predominantly black community

Vaccination appointments were initially hard to come by. And while vaccine supply is now keeping up with overall demand, several factors continue to make access difficult for some, especially for black Americans.

Although studies show that black Americans are just as willing to get the vaccine as whites, a recent report found that due to difficulty obtaining access, "the vaccination rate among white people has been... twice as high as the rate among black people." Challenges for black Americans that limit vaccine access include difficulty getting time off work, finding transportation to distant clinic sites, and barriers to using online scheduling portals.

These experiences of racial gaps in health outcomes are not unique to the coronavirus pandemic. Instead, they are the result of longstanding inequalities in American society. Blacks are far less likely to have access to health care than whites, and they tend to receive worse care and die earlier from the same diseases.

These kinds of inequalities put black Americans at increased risk of illness and contribute to their disproportionate deaths from COVID-19.



Photo: Family and friends mourn a loved one lost to COVID-19; high death rates and lagging vaccine access for black Americans continue to put them at higher risk despite increases in supply.

A.3 T2: Equity Condition

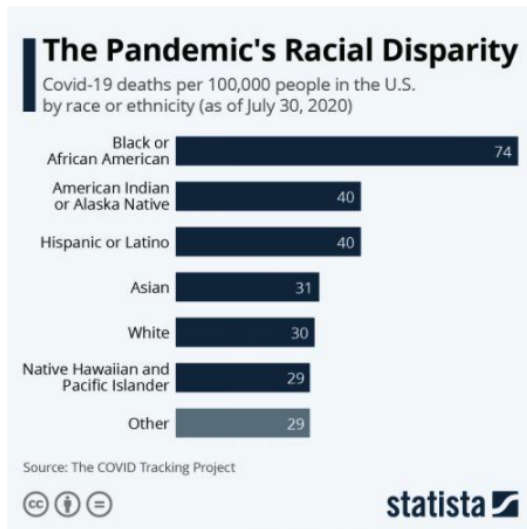
COVID-19 Reduced Life Expectancy in 2020 – Especially for Blacks Government Response Increases Equity in Vaccine Distribution

By: Mike Larson

June 10, 2021

Since the coronavirus pandemic began, approximately 30 million Americans have contracted the virus. More than half a million have died.

The virus has hit black people especially hard. Black Americans comprise 13% of the U.S. population, but they represent 25% of COVID-19 deaths. In every age category, blacks have died at rates higher than whites who are ten years older.



The vaccine effort aims to reduce the impact of the virus. Approved COVID-19 vaccines are safe and effective, but accessing the vaccine has proven especially challenging for black Americans.

In response, recent government policy emphasizes more equitable distribution of vaccines to support access for those most affected by the pandemic, including blacks.



Photo: People line up outside the only vaccine clinic in a predominantly black community

The government aims to make sure everyone has equal access to the vaccine by locating vaccination sites in places where citizens have struggled to get appointments and offering extended hours.

Not only has the virus been particularly devastating for blacks, they have also found it especially hard to get access to the vaccine. Although studies show that black Americans are just as willing to get the vaccine as whites, a recent report found that due to access issues “the vaccination rate among white people has been...twice as high as the rate among black people.”

By addressing some of the challenges that limit vaccine access, like difficulty getting time off work or finding transportation to distant clinic sites, the government effort aims to reduce this racial gap.



Photo: Vaccine distribution: Recent policy aims to promote access for hard-hit groups, like blacks

The government effort to promote vaccine equity takes account of broader experiences of racial gaps in health outcomes, which are not unique to the coronavirus pandemic. These racial gaps are the result of longstanding inequalities in American society. Blacks are far less likely to have access to health care than whites, and they tend to receive worse care and die earlier from the same diseases. These kinds of inequalities put blacks at increased risk of illness and contribute to their disproportionate deaths from COVID-19.

Recent policy should help offset some of the underlying problems that make black people especially vulnerable to COVID-19.



Photo: Family and friends mourn a loved one lost to COVID-19; high death rates and lagging vaccine access for black Americans spur government effort to promote more equal vaccine distribution.

A.4 T3: Reproducing Condition

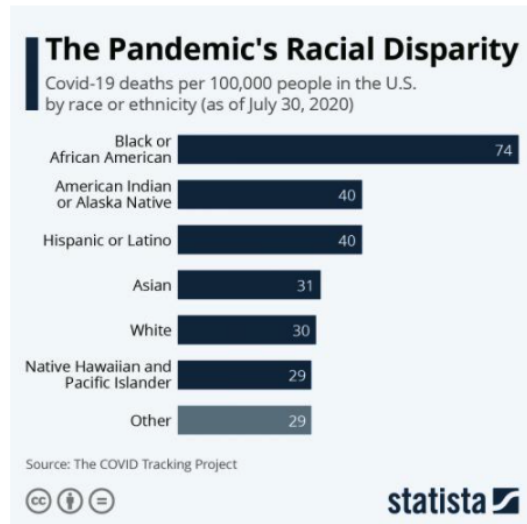
COVID-19 Reduced Life Expectancy in 2020 – Especially for Blacks Government Response Ignores Inequity in Vaccine Distribution

By: Mike Larson

June 10, 2021

Since the coronavirus pandemic began, approximately 30 million Americans have contracted the virus. More than half a million have died.

The virus has hit black people especially hard. Black Americans comprise just 13% of the U.S. population, but they represent 25% of COVID-19 deaths. In every age category, blacks have died at rates higher than whites who are ten years older.



The vaccine effort aims to reduce the impact of the virus. Approved COVID-19 vaccines are safe and effective, but accessing the vaccine has proven especially challenging for black Americans.

Recent government policy has increased the number of available vaccines, but it does not support access for those groups most affected by the pandemic, such as blacks.



Photo: People line up outside the only vaccine clinic in a predominantly black community

The government aims to facilitate vaccine distribution, but has done little to help citizens who tend to live and work in places where vaccine clinics are scarce or hours are limited. Ignoring these kinds of access issues will likely make racial gaps worse, not better.

Not only has the virus been particularly devastating for blacks, they have also found it especially hard to access the vaccine. Although studies show that black Americans are just as willing to get the vaccine as whites, a recent report found that due to access issues "the vaccination rate among white people has been...twice as high as the rate among black people."

In failing to address some of the challenges that limit vaccine access, like difficulty getting time off work or finding transportation to distant clinic sites, the government effort is likely to widen this racial gap.



Photo: Vaccine distribution: Recent policy expands vaccine access, but will likely widen racial gaps

The government effort does not take account of broader experiences of racial gaps in health outcomes, which are not unique to the coronavirus pandemic. These racial gaps are the result of longstanding inequalities in American society. Blacks are far less likely to have access to health care than whites, and they tend to receive worse care and die earlier from the same diseases. These kinds of inequalities put blacks at increased risk of illness and contribute to their disproportionate deaths from COVID-19.

Recent policy would not offset the underlying problems that make black people especially vulnerable to COVID-19, and will likely deepen inequity in vaccine access.



Photo: Family and friends mourn a loved one lost to COVID-19; high death rates and lagging vaccine access for black Americans continue to be overlooked by vaccine policy

A.5 Question wording

The wording of the dependent variables is reported below.

- **Health disparities DV:** “Please indicate your level of agreement with the following statement: The government should implement policies that reduce racial inequalities in healthcare and in our country.”
 - Strongly agree, agree, somewhat agree, somewhat disagree, disagree, strongly disagree.
- **Vaccine access DV:** “Some have suggested that the government should make more efforts to guarantee vaccine access for black people. Do you approve or disapprove of this policy proposal?”
 - Strongly approve, somewhat approve, somewhat disapprove, strongly disapprove.
- The following dependent variables correspond to those included on the Cooperative Election Study (CES; formerly CCES).
 - “Here are several things that the government in Washington might do to deal with the problems of poverty and unemployment among black Americans. Please indicate whether you favor or oppose each:”
 - * **Tax breaks DV:** “Government giving business and industry special tax breaks for location in black neighborhoods.”
 - Strongly favor, somewhat favor, somewhat oppose, strongly oppose.
 - * **Fund schools DV:** “Spending more money on black schools.”
 - Strongly favor, somewhat favor, somewhat oppose, strongly oppose.
 - * **Scholarships DV:** “Providing scholarships for black students who maintain good grades.”
 - Strongly favor, somewhat favor, somewhat oppose, strongly oppose.

B Descriptive Statistics

Table 1: Descriptive statistics of white respondents in the sample — for continuous variables

	N	Mean	SD	Min	Max
Party Identification	3722.00	3.98	2.41	1.00	7.00
Ideology	4108.00	4.11	1.78	1.00	7.00
Education	4086.00	6.34	2.31	1.00	11.00
Age	4113.00	48.97	17.57	18.00	99.00
Income	4113.00	11.39	7.97	1.00	27.00

Table 2: Descriptive statistics of white respondents in the sample — for categorical variables

	N
Female	2125
Male	1988

Table 3: Descriptive statistics for key dependent variables

	N	Mean	SD	Min	Max
Health Disparities	4106.00	4.52	1.49	1.00	6.00
Vaccine Access	4103.00	3.07	0.95	1.00	4.00
Tax Breaks	4101.00	2.71	0.97	1.00	4.00
Fund Schools	4099.00	2.75	1.01	1.00	4.00
Scholarships	4093.00	2.98	0.98	1.00	4.00

Table 4: Comparison between white population in U.S. at time of fielding the survey and sample population

		% of white population (rounded)	% of white sample (rounded)
Age	18-24 yrs	10	10
	25-34 yrs	16	16
	35-44 yrs	15	15
	45-54 yrs	17	17
	55-64 yrs	18	18
	Over 65 yrs	24	24
	Total percent (18+)	100	100
Gender	Male	49	48
	Female	51	52
	Total percent	100	100
Education	Less than HS	7	7
	HS & Equivalent	27	26
	Some college or Associate's degree	30	30
	Bachelor's degree or higher	36	36
	Total percent	100	99
Region	Northeast	18	18
	Midwest	26	26
	South	36	37
	West	20	20
	Total percent	100	101

B.1 Balance tests and manipulation checks

Balance tests and manipulation checks are reported in the tables below for the full sample. Results are robust to within-race analyses as well.

Table 5 reports results from a series of OLS regression which predict continuous demographic variables (education, income, age, 7-point party identification, and 7-point ideology with the treatment conditions. None of these produce statistically significant coefficients, confirming that there are no imbalances by treatment group. Table 6 conducts a series of chi-squared tests for categorical variables (gender, whether the individual voted, and the region where the individual resides). Again, no p-value is small enough to indicate statistically significant differences at any conventional level of confidence, indicating that the treatment groups do not contain imbalances on these traits.

Table 5: Balance tests for continuous variables (OLS regression results)

	Education	Income	Age	Party ID	Ideology
Intercept	6.40*** (0.07)	10.59*** (0.24)	48.47*** (0.55)	3.91*** (0.08)	4.10*** (0.06)
T1: Inequality	-0.13 (0.10)	-0.12 (0.33)	0.65 (0.78)	0.05 (0.11)	-0.00 (0.08)
T2: Equity	-0.03 (0.10)	0.49 (0.33)	0.37 (0.77)	0.05 (0.11)	0.05 (0.08)
T3: Reproducing	-0.12 (0.10)	0.02 (0.33)	1.00 (0.78)	0.15 (0.11)	-0.02 (0.08)
R ²	0.00	0.00	0.00	0.00	0.00
Adj. R ²	-0.00	0.00	-0.00	-0.00	-0.00
Num. obs.	4086	3937	4113	3722	4108

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Table 6: Balance tests for categorical variables (chi-squared test results)

Variable	X-squared	DF	P-value
Gender	5.89	3	0.12
Voted	3.04	3	0.39
Region	5.98	9	0.74

Finally, Table 7 presents a series of logistic regressions, in which respondents' answers to the manipulation checks are predicted with their treatment condition. There were two items that measured whether respondents understood the article that they read. They were:

1. Which of the following statements is consistent with the news story you read earlier?
 - (a) All Americans have found it equally challenging to obtain vaccination appointments
 - (b) Black people have found it particularly challenging to obtain vaccination appointments

2. Which of the following statements is consistent with the news story you read earlier?
 - (a) Recent policy promotes more equity in vaccine access, especially for black people
 - (b) Recent policy expands vaccine distribution but ignores issues of unequal vaccine access
 - (c) I did not read about recent government policy

Each manipulation check variable (the dependent variables) have been coded such that a 1 indicates a correct response to that specific treatment condition. So, those in the control condition who answer the manipulation check in a way that indicates that they read the control article results in a value of 1. The same is true for each subsequent dependent variable. Results indicate the respondents read and understood the content of their particular articles.

Table 7: Manipulation tests

	Control	Inequality	Equity	Reproducing
Intercept	0.74*** (0.07)	-0.74*** (0.07)	-0.60*** (0.07)	-0.79*** (0.07)
T1: Inequality	-1.33*** (0.09)	1.33*** (0.09)	-0.14 (0.09)	0.47*** (0.09)
T2: Equity	-1.25*** (0.09)	1.25*** (0.09)	0.87*** (0.09)	-0.21* (0.10)
T3: Reproducing	-1.24*** (0.09)	1.24*** (0.09)	-0.14 (0.09)	0.81*** (0.09)
AIC	5348.13	5348.13	5322.07	5291.15
BIC	5373.41	5373.41	5347.35	5316.43
Log Likelihood	-2670.07	-2670.07	-2657.04	-2641.58
Deviance	5340.13	5340.13	5314.07	5283.15
Num. obs.	4100	4100	4100	4100

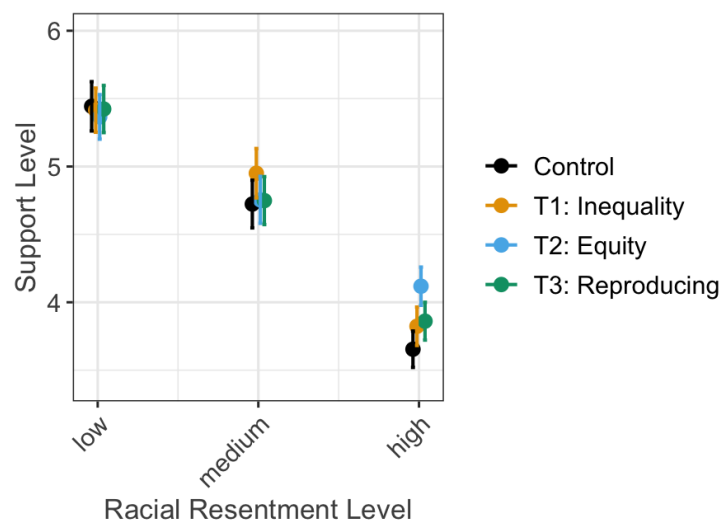
*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

C Additional Model Specifications

D Additional plot

Below is a plot that corresponds to the second analysis in the paper, where the treatment condition is interacted with racial resentment. The only condition that had any statistically significant effects was the second treatment condition, the equity condition. This condition reported on the existence of structural inequality *and* on a government policy designed to address this inequality (that would likely succeed). Here, people with higher levels of racial resentment became more supportive of government efforts to reduce racial inequalities in healthcare, prioritizing Black people for vaccine access, and providing tax breaks to businesses in Black neighborhoods. To visualize this better, the predicted values for the first dependent variable (agreement that the government should work to reduce racial disparities in health outcomes) is plotted below. As with the other evidence in the paper, this pattern does not align with the racialization hypothesis. As opposed to having a stronger negative effect among those with high racial resentment as the racialization hypothesis would expect, this evidence suggests that information about structural inequality has the strongest *positive* effect among people with high racial resentment. Note that this plot demonstrates as well that there are likely ceiling effects here for white people with lower levels of racial resentment — across all conditions, they are supportive of this kind of an effort (and the highest value possible is a 6 on this variable).

Figure 1: Support for government efforts to reduce racial inequalities in healthcare, by racial resentment



Note: These predicted values correspond to the first model in Table ?? that predicts white respondents' agreement that the government should implement policies that reduce racial inequalities in health care.

D.1 Models without attention checks

Table 8: Full models without subsetting on passing the attention check

	Health Disparities	Vaccine Access	Tax Breaks	Fund Schools	Scholarships
Intercept	4.40*** (0.05)	3.00*** (0.03)	2.62*** (0.03)	2.70*** (0.03)	2.95*** (0.03)
T1: Inequality	0.22** (0.07)	0.12** (0.04)	0.14*** (0.04)	0.07 (0.04)	0.06 (0.04)
T2: Equity	0.27*** (0.07)	0.12** (0.04)	0.11** (0.04)	0.08 (0.04)	0.05 (0.04)
T3: Reproducing	0.14 (0.07)	0.05 (0.04)	0.10* (0.04)	0.03 (0.04)	0.03 (0.04)
R ²	0.00	0.00	0.00	0.00	0.00
Adj. R ²	0.00	0.00	0.00	0.00	-0.00
Num. obs.	3176	4103	4101	4099	4093

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$ White respondents only.

Table 9: Models by racial resentment, without subsetting on passing the attention check

	Health Disparities	Vaccine Access	Tax Breaks	Fund Schools	Scholarships
Intercept	5.92*** (0.09)	3.85*** (0.06)	3.50*** (0.06)	3.78*** (0.06)	3.76*** (0.06)
T1: Inequality	0.00 (0.13)	0.05 (0.08)	0.11 (0.09)	0.02 (0.08)	0.07 (0.09)
T2: Equity	-0.26* (0.13)	0.01 (0.08)	-0.02 (0.09)	-0.06 (0.08)	-0.02 (0.09)
T3: Reproducing	-0.04 (0.13)	0.04 (0.08)	0.06 (0.09)	0.02 (0.08)	0.07 (0.09)
RR	-2.65*** (0.15)	-1.49*** (0.09)	-1.56*** (0.10)	-1.91*** (0.09)	-1.44*** (0.10)
T1 * RR	0.20 (0.20)	0.08 (0.13)	0.03 (0.14)	0.05 (0.13)	-0.05 (0.14)
T2 * RR	0.66** (0.21)	0.15 (0.13)	0.20 (0.14)	0.20 (0.13)	0.09 (0.14)
T3 * RR	0.19 (0.20)	0.02 (0.13)	0.07 (0.14)	0.02 (0.13)	-0.06 (0.14)
R ²	0.21	0.19	0.19	0.27	0.18
Adj. R ²	0.21	0.19	0.19	0.27	0.18
Num. obs.	4105	4102	4100	4098	4092

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$. White respondents only.

Table 10: Models by partisanship, without subsetting on passing the attention check

	Health Disparities	Vaccine Access	Tax Breaks	Fund Schools	Scholarships
Intercept	5.23*** (0.07)	3.46*** (0.04)	3.03*** (0.04)	3.21*** (0.04)	3.30*** (0.05)
T1: Inequality	0.02 (0.09)	0.04 (0.06)	0.08 (0.06)	-0.04 (0.06)	0.05 (0.06)
T2: Equity	-0.06 (0.09)	0.01 (0.06)	0.03 (0.06)	-0.06 (0.06)	0.01 (0.06)
T3: Reproducing	-0.02 (0.09)	0.06 (0.06)	0.13* (0.06)	0.01 (0.07)	0.06 (0.07)
Independent	-1.07*** (0.15)	-0.72*** (0.10)	-0.67*** (0.10)	-0.71*** (0.11)	-0.53*** (0.11)
Republican	-1.56*** (0.09)	-0.84*** (0.06)	-0.74*** (0.06)	-0.98*** (0.06)	-0.68*** (0.06)
T1 * Independent	0.01 (0.22)	0.09 (0.14)	0.09 (0.15)	0.13 (0.15)	-0.03 (0.15)
T2 * Independent	0.43* (0.22)	0.36* (0.14)	0.26 (0.15)	0.23 (0.15)	0.14 (0.15)
T3 * Independent	0.10 (0.21)	0.04 (0.14)	0.18 (0.14)	0.04 (0.14)	0.08 (0.15)
T1 * Republican	0.32* (0.13)	0.15 (0.09)	0.08 (0.09)	0.21* (0.09)	0.04 (0.09)
T2 * Republican	0.43** (0.13)	0.20* (0.09)	0.12 (0.09)	0.30*** (0.09)	0.09 (0.09)
T3 * Republican	0.27* (0.13)	0.02 (0.09)	-0.07 (0.09)	0.08 (0.09)	-0.05 (0.09)
R ²	0.18	0.15	0.12	0.16	0.10
Adj. R ²	0.18	0.15	0.12	0.16	0.10
Num. obs.	3716	3715	3715	3712	3705

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$. White respondents only.

D.2 Models with control variables

Table 11: Main models with control variables included

	Health Disparities	Vaccine Access	Tax Breaks	Fund Schools	Scholarships
Intercept	6.20*** (0.11)	3.78*** (0.07)	3.44*** (0.08)	3.79*** (0.08)	3.73*** (0.08)
T1: Inequality	0.21** (0.06)	0.14** (0.04)	0.15*** (0.04)	0.10* (0.04)	0.09* (0.05)
T2: Equity	0.22*** (0.06)	0.13** (0.04)	0.09* (0.04)	0.05 (0.04)	0.04 (0.04)
T3: Reproducing	0.16* (0.06)	0.06 (0.04)	0.10* (0.04)	0.05 (0.04)	0.05 (0.04)
Male	-0.16*** (0.05)	-0.03 (0.03)	0.09** (0.03)	0.04 (0.03)	0.06 (0.03)
Education	0.00 (0.01)	0.00 (0.01)	0.02** (0.01)	0.02* (0.01)	0.02 (0.01)
Income	0.00 (0.00)	0.01* (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)
Age	-0.00 (0.00)	0.00*** (0.00)	-0.00 (0.00)	-0.00* (0.00)	0.00 (0.00)
RR	-1.92*** (0.09)	-1.16*** (0.06)	-1.20*** (0.06)	-1.55*** (0.06)	-1.30*** (0.06)
PID	-0.16*** (0.01)	-0.08*** (0.01)	-0.07*** (0.01)	-0.07*** (0.01)	-0.06*** (0.01)
R ²	0.33	0.27	0.26	0.34	0.25
Adj. R ²	0.33	0.27	0.26	0.34	0.24
Num. obs.	2882	2880	2881	2879	2878

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$