POLITICAL AWARENESS AND PUBLIC OPINION ON HEALTH CARE REFORM

A Dissertation

Presented to

The Faculty of the Department

of Political Science

University of Houston

In Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Philosophy

By

Anjali Kanojia

August, 2013

POLITICAL AWARENESS AND PUBLIC OPINION ON HEALTH CARE REFORM

An Abstract of a Dissertation

Presented to

The Faculty of the Department

of Political Science

University of Houston

In Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Philosophy

By

Anjali Kanojia

August, 2013

Abstract

Political Science literature shows that the two major political parties have continued to polarize over time in the United States. Parties and elites continue to shape, frame and even manipulate public opinion, especially on contentious policy issues such as health care reform. Political information from elite discourse is often partisan in nature, which shapes citizens' attitudes toward policy issues. Citizens who are politically aware process political information differently compared to those who are not politically aware. Political ideology, political partisanship and political awareness all affect mass public opinion on health care policy and the role of government versus the private sector provision of health care services. This dissertation examines the characteristics of those who are most affected by the partisan discourse on health care reform, especially provision of health care insurance. It is expected that citizens who are self-identified Republicans and politically conservative individuals will express greater opposition towards the government health insurance plan, and self-identified Democrats and politically liberal individuals will express greater opposition to a private health insurance plan and support for a government health care plan.

Acknowledgements

I am eternally grateful to my dissertation committee for expertise and guidance which has helped shape and improve my work. I am particularly appreciative to my advisor and co-chair Dr. Jennifer Clark for her guidance, expertise and mentorship, which extend beyond the dissertation process. I am thankful to Dr. Jim Granato for stepping into the role of co-chair, and for the valuable input towards my dissertation research. Some of the models and analyses included in the research would not have been possible if it weren't for his guidance. I would also like to thank Drs. Elizabeth Simas and Jim Schafer for being willing to serve on the committee, and for the knowledge and expertise on electoral behavior and history of American medicine and health care.

In addition to the committee, I would like to sincere thankfulness towards my gurus, including my parents, other family members and dear friends who have never refused to brainstorm or double-check and triple-check my work. I am particularly grateful to my mom, Avani Kanojia, Purvi and Corey Baron for encouraging me to constantly keep my eye on the goal, and to my dad for putting things in perspective by reminding me that material rewards don't mean much in the long run. Thank you to everyone for keeping things real.

Last, but not the least, I am grateful to the Department of Comparative Cultural Studies and the India Studies Program for allowing me the time and resources needed to finish the dissertation process.

Table of Contents

Abstract……...iv

Acknowledgements……..v

LIST OF TABLES……...viii

LIST OF FIGURES……ix

CHAPTER

I. INTRODUCTION……1
Health Care Policy Reform in the United States…….....6
History of Health Care Policy Debate……..……10
The Health Care Policy Issues and Public Opinion……...20
The Plan of the Dissertation……...25

II. THEORY AND LITERATURE REVIEW…….25
Theory……....30
American Public Opinion……..…31
Issue Evolution and Polarization ……..……35

Literature Review……..……38
Polarization in the American Political System……..…38
Role of Political Parties and Elites in Shaping Public Opinion……..…41
Political Awareness in American Public Opinion…….46
Attitudes on Social Issues and Government's Role in Health Care Reform……..…….52
Polarization in Policy Attitudes among Partisan Identifiers…….52
Attitudes, Core Beliefs, and Public Opinion……..55
Citizens' Political Knowledge and Democracy…….60
Measure of Political Awareness in the Political Science Literature……..63
Hypotheses…….70

III. RESEARCH DESIGN AND DATA……...71
Measurement of Variables……72

IV. ANALYSIS ……..…82
Statistical Model……82

V. DISCUSSION AND CONCLUSION…….……..119
Discussion……...…119
Conclusion……...128

Public Opinion in Early 1900s and Late 2000s – A Comparison…...…128
Role of Public Opinion in Policy-Making……...133
Consequences of Polarization on Public Policy……...136
Polarization and Elite Influence-Implications for Democracy……142

REFERENCES……144

List of Tables

Table

2.1 Trends in Partisan Polarization on Issues, 1972-2004……..……50

3.1 Health Insurance Variable Summary…….……74

3.2 Descriptive Statistics for All Variables……..…81

4.1 Description of Political Sophistication.……..……....82

4.2 Description of Political Interest.…….83

4.3 Description of Political Awareness…….……...……83

4.4 Factor Analysis of Political Sophistication and Political Interest……..84

4.5 Cronbach's Alpha Test……...…85

4.6 OLS Estimates at 95% Confidence Interval……..85

4.7 Ordinary Least Square EBA Estimates at 95% Confidence Interval…….92

4.8 Maximum and Minimum Estimates at 95% Confidence Intervals……93

4.9 Ordered Logit Estimates at 95% Confidence Interval……...94

4.10 Description of Standardized Political Sophistication.……96

4.11 Description of Standardized Political Interest……...96

4.12 Cross Tabulation of Standardized Political Sophistication and Political Interest..96

4.13 Cronbach's Alpha Test…….…….97

4.14 Description of Awareness using Standardized Sophistication and Interest……..97

4.15 Models testing Hypothesis 1…….…98

4.16 Models testing Hypotheses 1 and 2…….…104

4.17 Models testing Hypothesis 2…….…..107

4.18 Robustness Check: Models excluding Interactions……108

4.19 Estimates of Trichotomous Political Awareness……113

4.20 Estimates for Significant Years……..116

List of Figures

Figure

1.1 Public Opinion on Health Care Reform Need-2008……..…23

1.2 Partisan Gap on Health Care Reform.…….24

2.1 Support for Guaranteed Health Insurance, 2008……....27

4.1 Interaction Effect between Political Awareness and Political Ideology.……..103

4.2 Interaction Effect between Political Awareness and trichotomous Political…...104 Ideology

Chapter 1: Introduction

Why does the United States, alone among its democratic, capitalist peers not have a national health insurance system? How do Americans feel about the public provision of health care services in the U.S.? The answers can be explained by historic path dependence, cultural and economic factors, role of institutions in the American social policy, etc. The debate over health care policy is centered on the question of individual rights and government intervention, and access and fairness in the provision of health care versus maximizing the quality of health care and minimizing costs. The health care policy debate also highlights the confrontation between labor and capital, the influence of various stakeholders and interests in the health industry, ideological stances, and partisan debates.

On March 23, 2010, President Obama along with congressional Democrats passed the most comprehensive reform of the American health care system since the Johnson Administration. Still three years after its passage, the *Patient Protection and Affordable Care Act* (ACA) remains a contentious issue not only among elites but also the mass public. Public opinion concerning the ACA remains mixed and is largely responsive to individuals' party affiliation. A March 2013 Kaiser Family Foundation (KFF) poll reveals that while 37% of Americans have a favorable view of the ACA, there are considerable party differences with 68% of Republicans opposed to "Obamacare," 45% of Independents, and 58% of Democrats approving of the ACA (Kaiser Family Foundation, 2013). Although the partisan differences in opinion on health care reform are striking, what is even more interesting is the fact that a majority of respondents (58%) also revealed that they lacked basic information or awareness about "Obamacare" and

therefore were unable to predict how it might alter their own health care (2013). This is striking since a non-trivial percentage of respondents (53%) admitted to a lack of knowledge about the ACA yet also held strong views in support or opposition of the policy (Kaiser Family Foundation, 2013).

What factors have shaped individuals' attitudes on the issue of health care reform? Recent research has underscored the role of public opinion in impacting the development of the welfare state development generally and health care policy more specifically (Brooks & Manza, 2006, 2007; Mettler, 2007). The public approval of public policies has always been a central concern of democratic theorists (Dahl, 1956; Arrow, 1963; Sen, 1970). Page and Shapiro (1983) examine public opinion and policy data for domestic and foreign policies, at the federal, state and local, and find congruence between changes in preferences and in policies, for large, salient issues. The authors argue that public opinion is often a proximate cause of policy, affecting policy more than policy influencing public opinion (Page & Shapiro, 1983). Fishkin (2009) argues that deliberative democracy, and including the public under conditions where they are effectively motivated to think about policy issues is not an easy task in this age. He argues that elites and interest groups attempt to mold public opinion by using focus group-tested messages in order to invoke the same opinions as a democratic mandate, and such practices are considered business as usual; however, Fishkin argues that for some issues, some of the time, there should be ways to represent the views of the people equally under conditions where they can think and come to a considered judgment (Fishkin, 2009). Social scientists have explained "rational ignorance" (Downs, 1957) to

explain the why the levels of information about most political or policy issues are routinely low in the mass public.

An important question arises from the study of democratic polities, and that is: to what extent does elite opinion about public policy shape and potentially manipulate public opinion on those policies (Sheve, 2007)? In an ideal, democratic system, due to political equality, all people should have a voice in the deliberation process. However, it is difficult to effectively motivate citizens to become informed, and citizens often rely on cues and heuristics to form opinions when presented with contrasting points of views related to policy issues (Zaller, 1990, 1992). In American politics, political parties play a key role in focusing issues and competing for shaping public opinion. Research has shown that citizens are more informed on political matters in areas with heavier media coverage (Chaffee & Wilson, 1977). Parties and candidates craft issues and framing strategies to the strategic opportunities offered by political conditions of their time (Druckman et al., 2004). To frame is to select some aspects of a perceived reality and make them more salient in a communicating texts, in such a way as to promote a particular problem definition, casual interpretation, moral evaluation, and/or treatment recommendation for the item described (Entman, 1993). Frames are used to diagnose, evaluate and prescribe a remedy (Gamson, 1992). The process of framing is complex and public opinion depends on which frames elites choose to use, and the credibility of the source matters. Scholars study framing effects by examining how different frames cause individuals to base their opinions on different considerations with little attention to overall opinions and by examining how different frames alter overall opinions with less explicit attention to the underlying considerations (Druckman, 2001). Framing effects

usually work by passively altering the accessibility of different considerations (Chong, 1993). According to the framing theory of public opinion, citizens are not capable of political judgment They are instead puppets, voting thumbs up or down depending on how issues are framed, their strings being pulled by elites who frame issues to guarantee political outcomes (Sniderman & Theriault, 1999).

Vocal and well-organized promoters appear on both sides of the debate, especially on salient issues. One group's frame will almost certainly be 'countered' by another and therefore no theme emerges without a counter theme, whenever one is evoked, the other is always present in latent form, ready to be activated with the proper cue (Gamson, 1992). Dearing and Rogers (1996) argue that for most issues the majority of people are inattentive rather than attentive, and more passive than active in seeking information. When people do seek information the recipient of the information practices selectivity in the type of information sought or the channels through which information is sought and processed (Gavin & Sanders, 2003). Political scientists have shown that citizen opinions about a group such as the Ku Klux Klan may depend on whether elites frame their activities as free speech or a public safety issue (Druckman, 2001). Framing effects are not always successful, as recipients take into account credibility, trust, knowledge, and expertise of the elite into account when forming opinions on issues. Druckman's work on the limits of framing effects highlights the importance of credibility – both personal credibility and issue credibility. If the source is an elite who is deemed credible by the recipient, framing has an effect on opinion formation. People look up to elites for guidance; especially elites that they trust, and make use of heuristics as short-cuts to form opinions on various issues. Frames that shape opinions when attributed to a credible

source have little effects when attributed to a non-credible source (Druckman, 2001). Negative persuasion effects may occur when recipients do the opposite of what is suggested by an untrustworthy source (Lupia, 2000; Lupia & McCubbins, 1998).

Zaller (1992) states that the political information carried in the partisan, elite discourse is never pure, or just plain information, because it is unavoidably selective and enmeshed in stereotypical frames of references that highlight portions of what actually goes on, and as a consequence, policy issues such as racial inequality, poverty, gay marriage, etc., are susceptible to widely different understandings, depending on how facts about these issues are framed or stereotyped, and on which partisan elites are associated with which positions. According to Zaller's (1992) theory, information carried in elite discourses refers to the stereotypes, frames of reference, and elite leadership cues that lead to enabling citizens to form conceptions and opinions about political events. Using this framework, this dissertation attempts to examine the characteristics of those in the electorate is most affected by these partisan cues, on one policy issue – health care reform.

Health care policy first emerged on the political agenda in the United States in the 1900s, where the debate focused on sickness insurance versus health insurance, and since this was the era before medical technology breakthroughs, people had very low medical expenditures (Thomasson, 2010). The main costs associated with illness were not the costs of medical care, but rather related to the fact that sick people could not work and therefore, they could not get paid (2010). Over time, the rising costs of medical care, growth in demand for health insurance, rise in unemployment coupled with the rise in the uninsured population, aging of the baby boomer population, burden on the Medicare and

Medicaid systems, etc., have contributed to the major debate over government versus private provision of health and medical services. Interest group influence, ideological differences, elite framing of the debate, fragmentation of public support, and association of public programs with charity, and dependence have continued to shape the debate on health care policy in the United Sates (Palmer, 1999). The section below examines the history and public opinion related to health care policy reform in the United States.

1.1 Health Care Policy Reform in the United States

There are three broad problems that characterize the American health care policy debate – high and rapidly growing costs, increase in numbers of elderly as well as non-elderly people without insurance, and enormous projected Medicare deficits and continued Medicaid cost growth (Harrington, 2010). Unlike most industrialized countries, the United States does not have a history of single, unified, government sponsored Health Care System, and instead, the country has relied on the combined efforts of individuals, private businesses, nonprofit organizations and various levels of government to provide health care services to its citizens (Boben, 1998). Due to the decentralized nature of the system and the resulting gaps on coverage, a significant minority of Americans suffer from a lack of needed care (1998). Various explanations for health care reform have been offered, including lowering the overall cost of health care in the U.S. (Anderson, 2006; Guterman, 2005), and the highly divisive debate over who should pay for health care (Champlin & Knoedler, 2008). Tied up within this broader debate over the ever-escalating health care costs is the issue of the rising uninsured population and inequalities in access to basic healthcare in the U.S.

Given these vastly different perspectives of what health care reform should look like, political parties, elected officials, and interest groups in the United States have incentives to frame public opinion on health care reform in a way that will elicit more public support for their particular "brand" of health care reform. Many citizens are politically inattentive, and use "shortcuts" or "heuristics" from political elites in order to form coherent political views (Prior & Lupia, 2008). This inattentiveness may be seized upon by political elites who attempt to sway opinion through favorably framing the issue to gain partisan advantage (Zaller, 1992).

Although there is considerable research demonstrating congressional polarization (McCarty, Poole, and Rosenthal, 2001), has this increased polarization taken hold among the mass public (Classen & Highton, 2009)? Parties have had longstanding differences and continued to diverge on health reform and other social issues (2009), so is this divergence reflected in the general public, and if so, where is the most amount of change observed? Political parties and party elites in the United States are active in framing and defining social policy issues such as health care policy in order to educate and influence public opinion. Does the increased clarity in the party-policy linkages diffuse into the lower strata of the mass public (Classen & Highton, 2009)? An analysis of national opinion surveys and exit polls shows that Republican and Democratic voters express dramatically different views on key health care policy issues (Blendon, et al., 2005). The specific issue of health care reform provides context for examining political awareness, and its influence on public attitudes toward health care policy, especially provision of health care services. Are the less informed more receptive to seeking information on policy issues? Do those who are politically aware more likely to take an extremely

partisan stance on a policy issue? Republicans, for example, argue that health care is a privilege and support privatization and market regulation in terms of provision of health services. On the other hand, Democrats frame the provision of health care as a matter of justice and equality, arguing for greater government intervention and access to quality health care for all. When issues are highly salient and divisive, such as health care policy issues which encompass the debates over individual responsibility versus government responsibility, preference for private care and market mechanisms for delivery of health care, what are the demographic characteristics of individuals who are most divided over the contentious health care policy issues? In this dissertation, I investigate factors such as political awareness, ideology, party affiliation, etc., which help shape individuals' opinion about public vs. private provision of health care insurance in the United States.

There are different angles from which one can examine health care policy in the United States. Some of these include costs and economics, efficiency of care, health coverage, implementation, regulation and oversight, etc. In this dissertation, I will investigate public opinion on health care insurance provision. I seek to examine what factors explain individuals' opinions towards government insurance plans versus private insurance plans in an environment where there are concerns about rapid rises in medical care and hospital costs. Specifically, ***this research examines how political partisanship, political ideology, political sophistication, and political interest affect mass public opinion on health care policy, particularly, health care reform and the role of government in providing health care services. It is expected that citizens who are self-identified Republicans and politically conservative individuals will express greater opposition towards the government health insurance plan, and self-identified***

Democrats and politically liberal individuals will express greater opposition to a private health insurance plan and support for a government health care plan.

Individuals may not be equally affected by partisan and elite cues, however. Individuals must be aware of their party leader's positions on issues in order to use this information as a heuristic to inform their own opinions.

Delli-Carpini and Keeter (1996, p.19) argue that:

> Better informed citizens are significantly more likely to participate in politics, are better able to discern their self-interest properly understood, are better able to connect their enlightened self-interest to specific opinions about the political world, are more likely to hold opinions that are internally consistent and stable over time, and are more likely to connect their opinions to their political participation in meaningful, rational ways. More informed citizens are also more likely to demonstrate other requisites of good citizenship, such as political tolerance. In short, informed citizens are better citizens in a number of ways consistent with normative and pragmatic notions of what constitutes good citizenship.

To what extent does political awareness and political sophistication influence how and whether individuals process information and their attitudes about policies? The answer to these two broad questions will inform our understanding public opinion towards specific part of a policy issues, as well as answer how these factors are important to democratic governance. Political scientists have examined "policy congruence" (Miller & Stokes, 1963) where public opinion and preferences are examined in conjunction with the political behavior of representatives. However, this only partially explains congruence, as the question of who is responding to whom is not directly addressed. In other words, studies of policy congruence often assume that representatives

are responding to the public; however, there may be reverse causality whereby the representatives are actively shaping the opinions of the masses. Are political parties and elites manipulating public opinion, or are parties and elites simply responding to the pre-formed opinions of the public? Taking partisan and elite influence as a given in American politics, this research advances our understanding of how the public's awareness of political issues shapes their opinion on policy; specifically, provision of health care services. This research utilizes the theory developed by John Zaller (1990, 1992) to examine individuals' attitudes towards health care policy reform. By utilizing the concept and measure of political sophistication, this research helps clarify as well as synthesize the various ways in which other researchers (Delli-Carpini & Keeter, 1996; Zaller, 1992; Classen and Highton, 2009) have used political awareness, sophistication, interest, knowledge and factual measures to examine variation in public opinion.

1.2 History of Health Care Policy Debate

Jacob Hacker, in *The Road to Somewhere: Why Health Reform Happened,* suggests that we should understand the central puzzles raised by the health reform debate within American politics, and the students of American politics should give public policy--what government does to shape people's lives-- a more central place within their investigations (Hacker, 2010). Health care reform in the United States is complicated, personal, economic and political in nature. The issue of health care policy has always been partisan and polarizing. The brief policy history in this section describes how the United States, arrived to the current state of ideological, and contentious political debate on health insurance policy. Over the past 200 years, the role of government in organization, financing and delivery of health care services has evolved from that of a

highly constricted provider of services and protector of public health to that of a major financial underwriter of an essentially private enterprise whose policies and procedures have increasingly encroached on the autonomy and prerogatives of health care providers (Litman & Robins, 1984). The pluralist, or liberal view of health care exceptionalism is that the welfare state is a response to the demographic, economic, and political demands of industrialization, which reflects not just the demands of labor or capital, but a brokered consensus (Gordon, 2005).

The American life insurance system was established in the mid-1700s, but the earliest forms of health insurance did not emerge till 1850 or so, when a private company in Massachusetts began providing accident insurance to cover injuries related to railroad and steamboat travel (Zhou, 2009). The country has been on the verge of national health care reform many times since the early 1900s and health reform seems to rise and fall on the political agenda during election cycles since the 1900s (Kaiser Family Foundation, 2009). Public opinion polls as far back as the 1930s have generally been supportive of the goals of guaranteed access to health care and health insurance for all (Blendon, et al., 2011). Why then was medical insurance established so late in the United States' history? Popular support for legislation during this time period was low due to the low demand for health insurance in general (Faulkner, 1960). Also, physicians and pharmacists as well as commercial insurance companies were strong opponents of nationalized health insurance efforts as they feared that government intervention would limit their fees and undermine their business (1960). According to Zhou, the main reason was the poor quality of health care, which deterred people from using hospitals, and until the early twentieth century, medical technology was not advanced, and hospitals were seen as unreliable institutions

(2009). It should be noted that countries other than the United States also suffered from the poor quality of health, all of which slowly began to improve due to advances in technology. The wave of innovation in the medical field, especially microbiology and development of new technologies such as X-ray radiography and blood pressure meters, establishment of medical regulations, etc., in early 1900s, coupled with increased demand for services and limited supply of physicians and hospitals led to an increase in medical costs, which then led to the development of the modern-day health insurance (Zhou, 2009).

During the Great Depression, and in the mid-1930s, there was in increase in unemployment, and income disparities resulted in uneven access to health care as medical costs were on the rise, sickness ended up being the leading cause of poverty (Patel & Rushefsky, 2006). During this time, many hospitals followed the Baylor plan, which took stride in 1929, and medical insurance became much more widespread as pre-paid health plans enabled consumers to be insured, and this benefitted hospitals by giving them steady income despite hard, economic times (Zhou, 2009). The idea of National Health Insurance (NHI) was on the political agenda during the 1934-35 debate over Social Security (Gordon, 2005), but there was strong opposition from the powerful American Medical Association, the emerging private health industry as well as business groups (Altmeyer, 1935). During this time, several life insurance companies began to offer health insurance, and serious medical coverage, which was originally designed as a supplement to basic health insurance started becoming an integrated aspect of most health insurance plans (Zhou, 2009). The second push for NHI in 1938 also resulted in failure, and World War II pushed the debate over health insurance in different directions, where

reformers pushed for broader Social Security coverage, disability benefits and health insurance (Ehrlich & Davis, 1945). The federal government instead focused attention and resources on the 1946 Hill-Burton Act, which established both hospital construction and health insurance coverage for war veterans (Gordon, 2005).

According to Kronenfeld and Kronenfeld (2004), during the 1940s and into World War II, private insurance companies discovered that hospital care and surgery were insurable and their costs could be predicted, based on the experience of the Blue Cross and Blue Shield plans. The 1940s and 1950s saw the proliferation of employee benefit plans, and the health insurance packages became more comprehensive as unions negotiated for additional benefits (Zhou, 2009). During World War II, the national war labor board ruled that fringe benefits were not subject to general wage freeze, allowing employers to attract workers with higher compensation (Quadagno, 2005). Jacob Hacker traces the origins of employment based health insurance to the defensive maneuvers of cooperation's designed to block the adoption of national health insurance during the new deal (Hacker, 2006). Truman's plan was different from Roosevelt's plan, as it proposed a single insurance system that would cover all Americans with public subsidies to pay for the poor, and he emphasized that this plan was not "socialized medicine" (Palmer, 1999). The American Medical Association (AMA) and other medical interests vigorously opposed the Truman plan, framing the message of fear of "socialized medicine," and as a result of the AMA campaign, paired with a rise in anticommunist sentiments, public support for NHI dropped and the battle for national health insurance was out maneuvered by the emergence of private insurance alternatives (AMA 1999).

Opponents were effective in eroding public support for NHI using the fear of government control and socialism, and by early 1950s, Southern Democrats in key leadership positions blocked Truman's initiatives, partly in fear that federal involvement in health care might lead to federal action against segregation at a time when hospitals were still separating patients by race (Patel & Rushefsky, 2006). While the Democrats held the majority in Congress in early 1950s, Republicans made enough gains to prevent progress on National Health Insurance (2006). In the late 1950s and in early 1960, President Kennedy supported legislation (Medicare) for hospital coverage for seniors under Social Security, but opposing Southern Democrats in the House blocked it (Patel & Rushefsky, 2006). After President Johnson's landslide election in 1964, and a large liberal Democratic majority elected to both houses of Congress, President Johnson made Medicare his highest legislative priority and acted quickly (2006). During this time period, the existence of successful health insurance plans prevented any government intervention until the mid-1950s, and in 1954, Social Security coverage included disability benefits for the first time, and in 1965, Medicare and Medicaid programs were introduced in part due to the Democratic majority in Congress (Zhou, 2009).

Congressional turnover of 1960 did not seem to be a critical election, and was much less dramatic as previously expected, and this is when a watered down version of health care reform (King-Anderson bill) was proposed, offering coverage for hospital and nursing home costs financed by a small increase in Social Security taxes (Kaiser Family Foundation, 2009). Labor unions recognized the high cost of insuring retirees and along with civil rights organizations, endorsed Medicare insurance coverage for the elderly (Gordon, 2005). The AMA proposed "Eldercare," a more expansive yet means-tested

alternative, again characterizing Medicare as "socialized medicine," and created a political action arm to increase lobbying efforts (Kaiser Family Foundation, 2009; Patel and Rushefsky, 2006). During this time period, coverage for private hospitalization insurance grew from 49 percent of the workforce in 1950 to about 70 percent in 1965, surgical insurance grew from 35 percent to 65 percent, and basic medical coverage grew from 18 percent to over 60 percent (Kaiser Family Foundation, 2009). This growth in private health insurance coverage occurred through employment-based group insurance pioneered by Blue Cross and Blue Shield, which was adopted by other commercial insurers (Klem, 1951; Gordon, 2005). While Medicare addressed the financial consequence of ill health of those over age 65, it did little for access to medical services, and in 1965, reforms accelerated an inflationary crisis, and third party payments and service benefits increased health care costs, as well as pressure for more expansive insurance to cover such increase in costs (Kaiser Family Foundation, 2009; Gordon, 2005). Medicare became plagued by rising costs; in addition, many Medicaid programs suffered because they were seen as charitable assistance, and further undermined by rising costs and recalcitrance of many health care providers (Sheps & Drosness, 1961).

In the early 1970s, public support in favor of national health insurance was two to one, the economy was growing but inflation was becoming a serious problem and rising health care costs were also becoming a growing concern, and during this time, implementation of Medicare and Medicaid, health care costs had grown rapidly from 4 percent of the federal budget in 1965 to 11 percent by 1973, while millions of those under age 65 had no health coverage (Kaiser Family Foundation, 2009). The Health Security Act sponsored by Senator Edward Kennedy and Representative Martha Griffiths

proposed universal coverage of physicians' services and hospitalization alongside limited mental health, dental, and prescription drug benefits financed by payroll taxes and general revenues (2009). Senator Kennedy's original idea – the Health Security Act - was a universal single-payer plan, with a national health budget, no consumer cost-sharing, was to be financed through payroll taxes, but President Nixon countered this with his own plan in 1971 (Kaiser Family Foundation, 2009; Patel and Rushefsky, 2006). In 1974, Nixon expanded upon his own proposal to replace Medicaid; the Comprehensive Health Insurance Plan (CHIP) called for universal coverage, voluntary employer participation and a separate program for the working poor and the unemployed (Kaiser Family Foundation, 2009). During this time, efforts to expand insurance coverage collapsed, while efforts to control costs made progress, and the Health Maintenance Organizations (HMOs) emerged as a private sector surrogate for health care reform (Kaiser Family Foundation, 2009; Patel & Rushefsky, 2006).

By the spring of 1974 there was evidence of bipartisan support for health care reform, and no politician wanted to be seen blocking reform efforts (Patel & Rushefsky, 2006). Those supporting NHI in 1974 were more bipartisan and willing to compromise than in any other NHI effort (Kaiser Family Foundation, 2009). However, the Watergate hearings overshadowed any action on NHI, and despite President Ford's support for NHI legislation in 1974, two bills (Representative Mills' compromise bill incorporating principles from CHIP, and Senators Kennedy's and Long's plan) never reached the House floor due to lack of committee consensus (Kaiser Family Foundation, 2009; Patel and Rushefsky, 2006). In the 1970s and 1980s, expensive medical technology, and flaws in the health care system led to higher costs for health insurance companies, and

responding to higher costs, employee benefit plans changed into managed care plans, resulting in the emergence of Health Maintenance Organizations (HMOs) (Zhou 2009). In 1985, The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) amended the Employee Retirement Income Security Act of 1974 (ERISA) to give some employees the ability to continue their employment-based health insurance coverage after leaving employment, but health care costs continued to escalate rapidly up to and through this period (Patel & Rushefsky, 2006). Health care inflation became an economic issue as between 1966 and 1990, as per capita health spending (in 1990 dollars) went from $700 to $2,500, and the national health spending nearly doubled its share of net national product (Kaiser Family Foundation, 2009). By the early 1990s, about 30 percent of those with incomes below 150 percent of the federal poverty level went without basic coverage and both private and public insurance coverage began to decline (2009).

Managed care plans were originally primarily non-profit, but were replaced by commercial interests, and managed care only succeeded in temporarily slowing the growth of health care costs (Zhou, 2009). Around the period of the 1992 election, the "managed competition" approach gained traction and was favored by President Clinton. Clinton's plan, the Health Security Act, called for universal coverage, employer and individual mandates, competition between private insurers and governmental regulation to keep costs down (Patel & Rushefsky, 2006). Under "managed competition," private insurers and providers would compete for the business of groups of companies and individuals in what was called "health-purchasing alliances" (Kaiser Family Foundation, 2009). Support for the complex Clinton plan from key stakeholders was often conditional, with many groups supporting pieces of the plan, but holding back their

overall support in hopes of modifying the parts they were opposed to (Kaiser Family Foundation, 2009). Health care politics at this point collapsed into a pattern of piecemeal reform and efforts to increase health care coverage were lukewarm at best (Patel & Rushefsky, 2006). As a response to the increasing troubles in the American health care system, President Bill Clinton proposed a universal health care system in 1993, but this proposal was rejected by Congress (Zhou, 2009). Nonetheless, incremental reform was not dead – with a Republican Congress and bipartisan support, the Children's Health Insurance Program was enacted in 1997, building on the Medicaid program to provide health coverage to more low-income children (Kaiser Family Foundation, 2009; New York Times, 2010), and the Mental Health Parity Act and the Health Insurance Portability and Accountability Act, both passed in 1996 (Zhou, 2009).

In 2003, President Bush signed the Medicare Modernization Act which expanded Medicare to include prescription drug coverage Part D. The Medicare Part D program created controversy because the prescription drug benefits were offered exclusively by private insurance companies and included a significant financial gap in prescription drug coverage known as "the doughnut hole" (Kaiser Family Foundation, 2009). Health care spending at this point in time topped $2 trillion or $7,421 per person and 16.2 percent of the economy (2009). In 2007, according to the U.S. Census Bureau, 45.7 million Americans, or approximately 15.3% of the population were uninsured, and it was clear that the health insurance system needed a major overhaul (Zhou, 2009). By 2008, 46 million Americans continued to lack health insurance coverage (New York Times, 2010) and a study conducted in 2008 estimated that the uninsured paid about a third of the cost of their medical care and produced an estimated 56 billion in uncompensated care, with

government funding covering about 75 percent of the cost of uncompensated care and approximately 14 billion being shifted to private health insurance (Hadley, et al., 2008; Harrington, 2010).

In 2010, the Patient Protection and Affordable Care Act (PPACA), often referred to as ObamaCare was signed into law by President Obama. The PPACA was a remarkable policy breakthrough; its price tag, roughly $1 trillion in federal spending over ten years funded through tax increases and spending reductions (Hacker, 2010). Congress' approval of ObamaCare was a bitter, partisan battle over health care reform, but Congress gave final approval to the budget reconciliation measure including the final changes to the PPACA which was approved (in a highly partisan vote) by the Senate and then by the Democratic majority in the House (New York Times, 2010). Since then, various organizations, private citizens and twenty-eight states filed lawsuits in the federal courts challenging the constitutionality of the PPACA (2010). However, on June 29, 2012, in the case of *National Federation of Independent Business v. Sebelius*, the Supreme Court of the United States upheld the majority of the law (New York Times, 2010), although litigation continues.

The collapse of America's patchwork public-private politics has been predicted over time, and each time the issue has limped along, hemorrhaging dollars, enrollees, and good will, yet still maintaining crucial reservoirs of support (Hacker, 2010). The issue of health care reform has plagued American politics for a long time, but the solution(s) to this recognized problem do not come easy, even though the problem affects a growing share of the middle class. The composition of the Democratic majority in Congress with which the Democratic presidents were able to work is a consequential factor studying

why how the PPACA represents a decisive departure from the past politics and policy of American health care. During the early 1990s, the fight over the Clinton health plan, the Democratic caucus featured a substantial southern conservative bloc that posed serious hurdles to intra-party agreement on health care reform (Hacker, 2010). However, in the late 2000s, the loss of more seats in conservative Southern regions and the strengthening of the Democratic position in the more liberal regions, a more homogenous, although not unified caucus is what President Obama faced when taking office (2010), which may have contributed to the passage of PPACA, while health care reform efforts in 1993 were seen as a failure by almost everyone except for those whose attention focused on various forms of incremental reform during the Clinton years.

1.3 The Health Care Policy Issues and Public Opinion

Efforts to reform the American health care system have been proposed throughout the 20th and 21st Centuries. These reform efforts have come to a halt in 1920, 1935, 1950, 1965, 1980, and even crashing due to the failure of the Clinton health plan in 1994. Health care policy, like many other social policy issues, is a personal topic, and all of us have had health issues at one time or another. If one is fortunate to have insurance, one can consult with a doctor, take prescription drugs, and deal with insurance companies.

What is the public opinion on health care policy? Overall, Americans' views about their personal health care are much more positive than their views about health care policy more broadly. Over the past fifteen years, the Kaiser Family Foundation polls (2012) have shown that Americans are consistently less than enthusiastic about the health care system as a whole. A majority of the people have consistently said that the U.S.

health care system has major problems; however, the Kaiser Family Foundation found that nine in ten of the insured polled rated their coverage as "excellent" or "good" and that nearly as many are satisfied with the quality of medical care they receive and their ability to get the latest treatments (Kaiser Family Foundation, 2012). It is important to note that according to the Kaiser polls, public opinion on health care reform has been consistent over two decades.

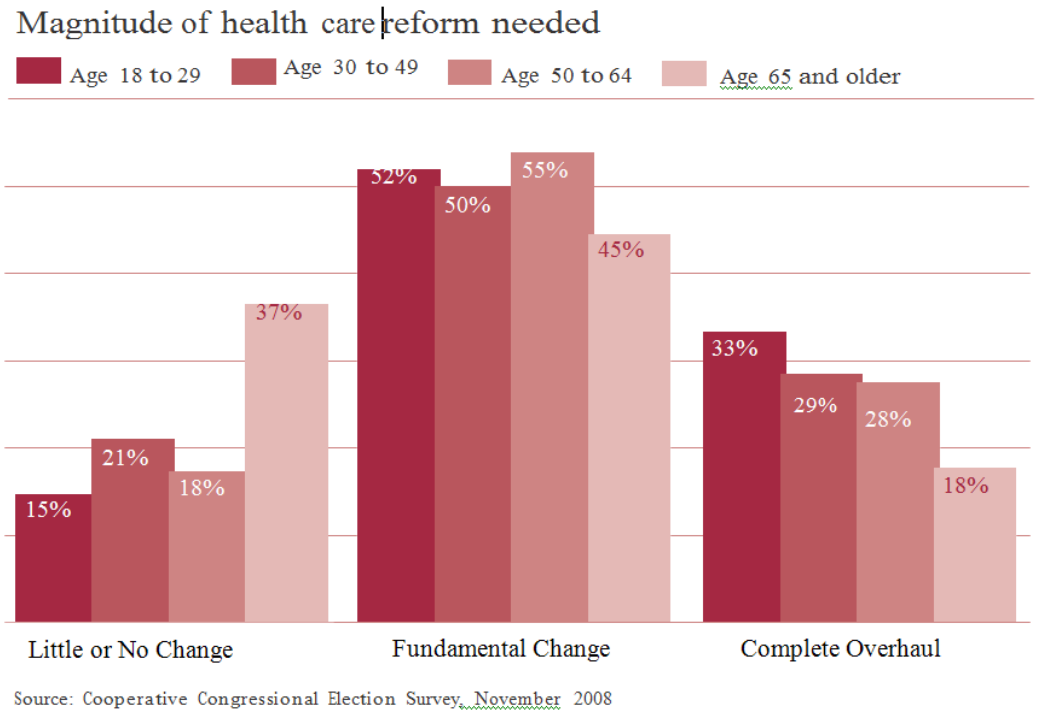
In late 1993, a public opinion poll showed that 56 percent of the public said they approved President Clinton's plan, but by mid-1994, 53 percent were opposed, and it was obvious that the Clinton administration had a serious problem on their hands (Brodie & Blendon, 1995). The public seemed to want relief from rising health care costs incurred by individuals but the public was not thinking in global terms, and when the public began to believe that their own costs might be increased by the reform, the initial enthusiasm appeared to wane (1995). A poll in June 1994 indicated that 75 percent of the public favored a guarantee of universal coverage, as time passed, folks with coverage began thinking that it would mean higher costs, rationing of care, and the possibility of losing their physician would be the negative impacts of the reform (Brodie & Blendon, 1995). In the late 2000s, especially in 2007, the U.S. health expenditure was 53 percent larger than that of the second highest country - Norway (Organization for Economic and Co-operative Development, 2010). The U.S. health expenditure as a percentage of gross domestic product and annual growth rates in per capita health spending during 1962-2007 grew from under 6 percent to over 16 percent during the time frame (Harrington, 2010).

Switzerland, an affluent democracy closest to us in terms of structure and history of health insurance has featured subsidized universal insurance since the early-1990s, and its per-capita spending is roughly 60 percent of the United States according to Organization of Economic Cooperation and Development (OECD) data (Hacker, 2010). While Americans, especially those who are insured may be satisfied with their health insurance coverage, recent decades have seen real concerns about the cost of health care, and the public wants policy-makers to address the price for health care services (Blendon, 2011). Most Americans have reported worrying about the rising cost of health care and health insurance coverage, and half of those who reported have had to put off some sort of health care or treatment in the past year because they could not afford paying the out-of-pocket costs (Kaiser Family Foundation, 2012). One can surmise that the public's view of the federal government is related to personal beliefs; political ideology, and political party identification. Following their national political party's ideology, rank-and-file Republicans tend to be more skeptical of the federal government's involvement in health care policy, while Democrats tend to want the federal government to play a larger role, and independents come out somewhere in the middle (2012).

According to the Cooperative Congressional Election Study (CCES), a snapshot of the public opinion related to the quality and affordability of the current health care system, the need for reform, and support of universal health care options are assessed for late 2008, and while more than eight out of ten Americans felt sure that they would receive the most effective drugs, best medical technology, and safe and quality care, a much smaller proportion; 54 percent seemed confident in their ability to pay for the care (Utz, et al., 2010).

According to the Figure 1.1, depicting public opinion on magnitude of health care policy reform, an overwhelming number of Americans believe that the U.S. health care system is in need of reform; 27 percent thought a complete overhaul or rebuilding of the system was necessary. Another 51 percent thought that fundamental changes were the key to fix the system, and 22 percent thought that little or no changes were required (2010). Figure 1.1 shows that more than 70 percent of the population supported a government sponsored health program for children and about 60 percent supported a universal health care program which would cover all Americans (Utz, et al., 2010).

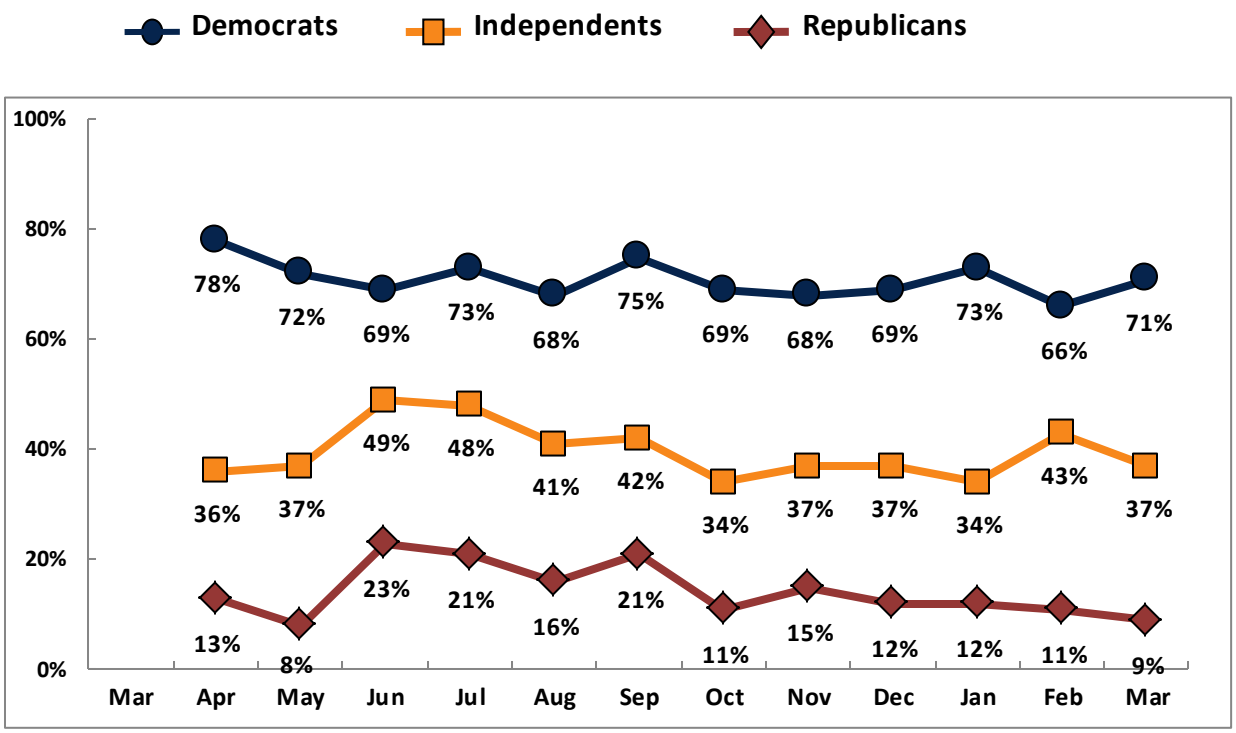
[Figure 1.1 - Public Opinion on Health Care Reform Need – 2008]



According to the Kaiser Family Foundation (2012), political differences play a significant role in public opinion on health care policy. Using the PPACA (ObamaCare) as an example, the most consistent and dramatic divisions of public opinion found in the

Kaiser polling both before and after the passage of the PPACA have been partisan divisions (Kaiser Family Foundation, 2012). Figure 1.2 shows the partisan gap from the time the PPACA became law in March 2010 through March 2011, and roughly seven in ten Democrats report having a favorable view of the law; only one in ten Republicans reports having a favorable view of health reform; Independents seem divided, although tilting to the negative side (2012).

[Figure 1.2 – Percentage of Support and Partisan Gap on Health Care Reform]



Source: Kaiser Family Foundation *Health Tracking Polls* 2012.

The Plan of the Dissertation

This dissertation is organized as follows. Chapter 2 sets the context for the research question of this dissertation, focusing on the scholarly literature on elite and mass polarization in American politics. The chapter also lays out theoretical foundations, addresses changes in American public opinion since the 1950s, outlines elite and party polarization over time, and addresses the role and effect of parties and elites in shaping public opinion. Political parties and elites are important factors in influencing the public, as the public takes 'cues' from the partisan messages, but what type of voter is influenced by these cues? Chapter 2 finally addresses political awareness, political sophistication, and political interest in regards to citizens' political ideology, and partisanship, and the role of these components in reviewing characteristics of individuals who are persuaded by ideologically, partisan messages. The discussion then focuses narrowly on public attitudes towards social issues, as well as health care reform efforts in the United States.

Chapter 3 outlines hypotheses, addresses data and research methods utilized in the dissertation. This chapter contains a list and explanation of the dependent variable, independent variables, and the use of American National Election Survey data from years 1988-2008, using 1984 as the base, comparison year. The chapter discusses missing data, outlines the variables, their codings, and summary statistics of all variables used in this research.

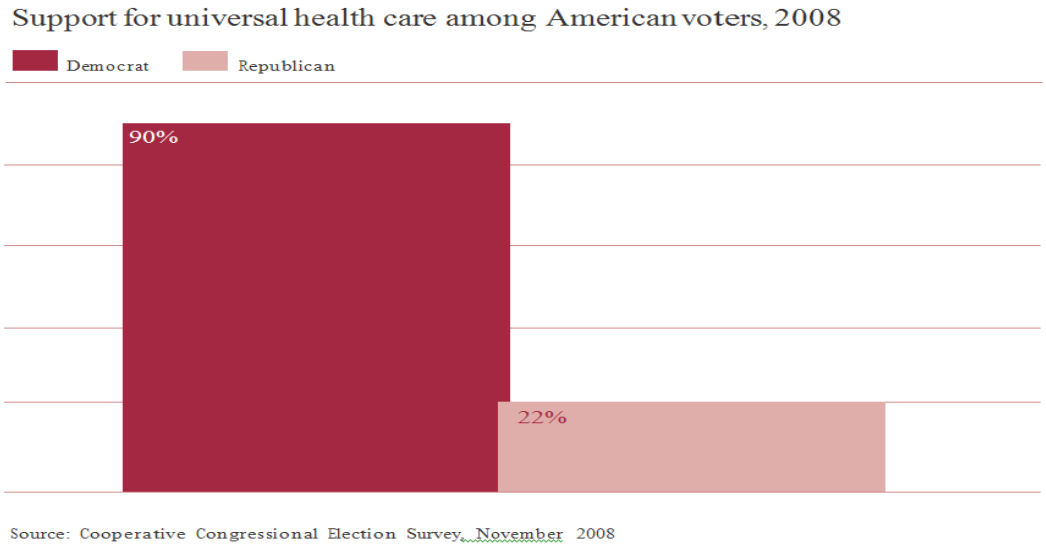
Chapter 4 provides results and discussion based on the statistical models that are employed to test the hypotheses. Chapter 5 provides discussion and conclusion based on the results outlined in the previous chapter, and also provides a comparison of similarities

and differences in public opinion and the political context of early 1990s health care policy reform efforts with the late 2000s Obama-era health care policy reforms. The conclusion section in this chapter puts the dissertation research in context of public policy and polarization research, and addresses the use of public opinion in democratic politics.

Chapter 2: Theory and Literature Review

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA or ObamaCare), which represents the most comprehensive reforms in the American health care system since the 1960's. Passage of this legislation occurred with intense opposition from the minority political party as this landmark law was passed without a single vote from Republicans.[1] Beyond the roll call votes, Republican members of Congress complained that throughout the process, they were "shut out, shut out, shut out!" (Strauss, 2010). This polarization on the issue of health care reform is also reflected in citizens' opinions about health care reform. Figure 2.1 depicts the variance in Republican and Democratic public opinion for support of universal health care among American voters for the year 2008.

[Figure 2.1 – Support for Guaranteed Health Insurance, 2008]



[1] Representative Cao of Louisiana did vote yea on the first bill introduced on the House floor; however, he voted nay on the final legislation.

The study provides a snapshot of public opinion related to the quality and affordability of the current health care system, the need for reform, and the support for universal health care options, where nearly all Democrats express support for guaranteed health insurance in the United States, while less than a quarter of Republicans who express support for it (Utz, Hollingshaus & Dien, 2010). Perhaps it seems obvious that Democrats would support greater government involvement in health care policy while Republicans would oppose government involvement; and this seems to be the case in year 2008. The window of opportunity for passage of the health care policy reform is a contribution of several factors, including the policy issue being a priority on the on the public as well as the political agenda, as observed by the Cooperative Congressional Election (CSCE) Study opinion data (CSCE, 2008).

The concept of the welfare state lies at the heart of the health care reform debate and Americans' attitudes towards health care policy. Health care policy reform revolves around which entity, - the government (may it be federal or state, and in some cases local) or the private sector should be responsible for providing medical care and services. This dissertation asks the question: What explains the American public's attitudes towards health care policy reform? Over time, how supportive have Americans been of government involvement in health care in the United States? What types of cleavages emerge regarding support for government involvement in health care versus preference for a greater role by the private sector? Whereas previous studies have focused on public attitudes toward government involvement in health care in terms of issues of spending and performance (Blendon, Kim & Benson, 2001; Blendon, et al., 1990; Donelan, et al., 1999; Mossialos, 1997; Pescosolido, et al., 1985), or socioeconomic and demographic

factors that shape individuals' support for governmental involvement in health care (Gelman, Lee & Ghitza, 2010; Olafsdottir & Pescosolido, 2010), this research seeks to argue that public opinion preferences on government involvement versus private sector involvement is largely a function of political ideology, partisanship, and political awareness.

National health care systems are embedded within the larger social organization of the welfare state, and all industrialized and advanced societies have undergone major challenges regarding social organization of health care; such challenges have led policy makers and citizens to debate the appropriate role of government involvement in health care (Olafsdottir & Pescosolido, 2010; Quadagno, 2004). Spending and performance measures provide important information on issues relevant to policy-making, but are not as theoretically useful for determining public attitudes towards government's role and responsibility to pay for health care services (Olafsdottir & Pescosolido, 2010). Attitudes toward responsibility are important across context (as compared to other indicators) as attitudes about responsibility reflect deeper, ideological commitments to a specific organizational structure of health care policy that is present at different points in time (Andreß & Heien, 2001). Andreß and Heien argue that what the public views as being an appropriate government function (responsibility for health care) is fundamental, as it captures whether citizens view a specific policy domain (health care) of the welfare state as legitimate (2001). The responsibility attitude also captures more profound, ideological commitment, as it is important to consider attitudes towards government spending money and putting resources towards the cost of health care (Mechanic & Rochefort, 1996). Research on health care often takes a macro-level approach (Frenk, 1994; Gonzalez-

Block, 1997; Mechanic, 1975; Mechanic & Rochefort, 1996; Ruggie, 1996; Stevens, 2001), and public attitudes towards government involvement in health care is important as it reflects cultural expectations that citizens have about the appropriate relationship between market, the state, and the medical profession in the organization of health care (Olafsdottir & Pescosolido, 2010).

This dissertation contributes to the health care policy and public opinion literature by providing an approach for examining public opinion on health care reform using political awareness, ideology and partisanship as key, independent variables. This research takes elite influence of public opinion as an existent and continuous phenomenon in the American political system since the 1950s, in order to examine the public opinion on health care policy, especially in the early-1990s and late 2000s. The research uses American National Election Survey Data, taking 1984 as a base year to examine how political awareness among citizens plays a role in shaping public opinion on the provision of health care services in the United States.

2.1 Theory

The American political system has ideologically polarized over time, especially from the early 1950s onwards. Critical elections, also known as political realignments, have brought sharp changes in issues, party leaders, regional and demographic bases of power in the two major political parties in the United States. These changes have resulted in new political power structures, that last for decades until a punctuation disrupts the status quo in the general political system. From a policy perspective, the punctuations, or disruptions caused by political realignments bring certain policy issues

to the forefront, bury other issues that are not on the public and political agenda. The rise of certain policy issues on the agenda highlights public and political elite sentiments towards these policy issues. The theoretical section below addresses polarization and public opinion in the American political party system.

2.1a American Public Opinion

The current American electorate is different from the 1950s era of ideologically innocent party voting and period of partisan dealignment, and over time, partisanship has returned in a form more ideological and more issue based along liberal-conservative cleavages than it has been in more than thirty years (Bafumi & Shapiro, 2009). As several studies have demonstrated, social issues began both to divide Democratic from Republican identifiers and become a significant predictor of individual vote choice (Miller & Shanks, 1996; Abramowitz, 1995). The emerging partisan divide over contentious social policy issues had not reduced or eliminated the electoral salience of the political parties' traditional disagreements on economic policy, but both economic and social views have become more associated with individual party identification and vote choice since the 1970s, in a phenomenon which is referred to as 'conflict extension' by Layman and Carsey (2002).

What has caused this polarization in the American electorate? Is it a result of a culture war? Is it due to polarization at the elite level? Both? Morris Fiorina and his co-authors (2011) argue that finding an increasing polarization among self-classified partisans is consistent with previous academic research and is clearly a significant development. However, Fiorina, et al., contend that it is crucial to recognize that partisan

polarization is a different phenomenon from popular polarization (2011). Increasing partisan polarization in the absence of popular polarization indicates that "sorting" has occurred, where "sorting" means that those who affiliate with a party today are more likely to affiliate with the ideologically "correct" party than they were in earlier periods (Abramowitz and Saunders 1998; Fiorina, et al., 2011). Fiorina and co-authors contend that liberal Republicans and conservative Democrats have declined in number, and that Blue and Red notions now line up more closely with Republican and Democrat (2011). The realignment of the South has a role in this development, as people who were once conservative southern Democrats are now more likely to be conservative southern Republicans, contributing to the increasing conservatism of the Republican Party and resulting in the remaining southern Democrats as being more liberal, on average (Fiorina, et al., 2011).

Other political scientists argue that at the congressional level, many party elites are polarized, with party members clustering towards the ideological conservative-liberal poles, with the middle being a vast wasteland (Rhode, 1991). Bafumi and Shapiro (2009) argue the evidence that partisan and ideological polarization has increased in the United States since the 1970s can be found in measures of interparty divergence and intraparty convergence in legislative behavior, which have reached levels unseen in sixty years (Aldrich, 1996; McCarty, Poole & Rosenthal, 2006; Rohde, 1991). Bafumi and Shapiro contend the relationship between elites and mass public opinion is a dynamic one, in which one would conjecture that elite level polarization might lead to, or result from, changes among the mass public; either way, the expectation is to see evidence of public opinion polarizing along partisan and ideological lines (2009).

Fiorina, et al. (2011) argue that voters appear polarized because the political arena offers mainly polarized choices, but that voter preferences remain moderate, having generally not moved further apart over time, not even on hot button social issues . As stated earlier, in spite of the possibility of a bi-directional relationship between public opinion and public policy, this research does not look at the direct influence of public opinion on public policy; however, observations of the mass behavior are important indeed, because mass behavior reflects elite behavior; which clarifies the role of public opinion within the policy-making process.

If mass party strength has increased over time, it must be a result of greater partisanship and divergence at the elite level (Hetherington, 2001). Stoker and Jennings (2008) find that given party and elite polarization on social issues (aid to minorities, government job assistant, school integration, women's movement, prayer in school, etc.), new entrants into the electorate from years 1970-2004 demonstrate an increasing degree of consistency between their party identification and social views. Fiorina, et al. (2011) argues that research indicates that to some extent, young voters are entering the party consistent with their social views and, to a different extent; people are changing their views to make them consistent with their party affiliation (Hetherington, 2011). It is clear that social issues are both increasingly reinforcing voters' partisan loyalties and becoming more consequential to vote choice over time (Bartels, 2000).

In contrast to polarization, some researchers argue that the American mass party system is transforming, with the past three decades showing a rise of elite-based governing that has sidelined or distracted the broad public influence of the median voter

(Shapiro & Jacobs, 2010). During the 1960s and 1970s, there were significant changes in public opinion – mostly in the liberal direction - which has been developing since the 1950s, and the government has responded accordingly (Erikson, Stimson & MacKuen, 2002; Page & Shapiro, 1983). The relative size of the two major political parties in the electorate have changed over the past decades; both in the South, and in other regions of the U.S. There is an idea of "cultural" concerns over issues of religion and morality which define cleavages in the American political discourse, and therefore resulting in changes in the electoral bases of the two parties (Layman & Green, 2006).

There are many indications that American politics is now marked by sharper divisions and more intense conflicts than has typically been the case in prior decades. The Supreme Court decided Bush v. Gore on a 5-4 vote in favor of a conservative candidate who lost the popular vote. Miller and Shanks (1996) emphasize the continued and increasingly important role of partisanship, along with election-specific concerns such as policy preferences, candidate evaluations, perceptions of current conditions, and retrospective evaluations. Class based voting has become more pronounced than it had been in the last fifty years (Bartels, 2006). New policy disputes about issues which have the potential to evoke strong feelings such as the legality of gay marriage, abortion rights, and other social policy issues occupy more space on the issue agenda (Rhode, 1991). Religion has also become a potent political force, creating deep new partisan cleavages between the faithful and the secular among the American public (Wilcox & Larson, 2006). The wars in Iraq and Afghanistan caused the political left to accuse President Bush of lying and the political right to accuse the left of undermining the wars (Hetherington, 2009).

2.1b Issue Evolution and Polarization

The theory of issue evolution explains new issue alignment, and provides a general framework from which researchers can study the relationship between changes in elite behavior and mass response. Carmines and Stimson posit that occasionally, issues rise from partisan obscurity and become so contentious, so partisan and so long lasting that they come to define the party system in which they arise, and proceed to transform the grounds of the debate in which they originated (1986). The joint transformation of issues and party systems is what Carmines and Stimson refer to as 'issue evolution' or political realignment (1986). According to Schattschneider (1960), Sundquist (1983) and Riker (1982), mass party realignments may be interpreted as the redistribution of party support associated with displacement of one political conflict by another. Carmines and Stimson argue that from this perspective, realignments are precipitated by the emergence of new issues for which the electorate has intense feelings that cut across, rather than reinforce, the existing line of cleavage between the parties (1980). A redistribution of partisan support occurs when the mass electorate responds to the new line of conflict represented in the party system (Carmines & Stimson, 1986).

According to Zaller (1992), mass reaction to elite, partisan behavior is dependent upon changes in the salience and clarity of polarizing policy positions. The degree to which an issue becomes important to mass party conflict depends on mass awareness of changes in elite party positions on the particular issue (Zaller, 1992). The important concept to consider is the phenomenon that both the elites and masses exist in long-term equilibrium, to which they tend to return each time after a disruption to the policy system

takes place. In the state of equilibrium, the structure of issue conflict and the strength of ideological distance between the two major parties at the mass level should mirror the elite level. In other words, the public adapts to the messages sent by party elites and structures their own attitudes accordingly. As a result of elite party divergence, the changes in elite discourse, combined with increased clarity of party cues make it easier for citizens to understand how their own attitudes on the issues fit into the broader scope of party debate (Carmines & Stimson, 1989).

Given the importance of political parties as a psychological attachment, many citizens whose policy preferences and partisanship do not align on the new issue will adjust their attitudes and update either their partisanship or their policy preference to match it with one or more party elites. Carsey and Layman, in their study on public attitudes towards abortion, government spending and provision of services and government help for African Americans find that partisanship and issue attitudes cause changes in each other, and the pattern of influence varies systematically (2006). These scholars find that issue-based changes in party identification occurs among individuals who are aware of party differences on an issue and find such issue to be salient (Carsey & Layman, 2006). Individuals who are aware of party differences but do not attach importance to the issue undergo evidence party-based issue change, and those individuals who lack awareness of party differences on issues show neither effect (Carsey & Layman, 2006). This phenomenon has important implications as the study incorporates micro-level examination of party identification, and looks at the macro-level analysis of partisan change. According to Carmines and Stimson, in the aggregate, changes imply that the mass public, over time, will align themselves in the way consistent with the

alignment of party elites (1989). The disequilibrium in the party system is thus corrected. The authors do take other outcomes into account, and contend that punctuated disruptions that change elite party positions and mass awareness of elite party positions could take a number of different forms (Carmines & Stimson, 1989). Punctuations can occur in times of realignment or new issue alignment, through the efforts of issue activists working to define or redefine the political agenda and divide parties and elites along the new issue dimension (1989).

However, punctuations, or disruptions can also occur as a result of changes in political party positions on the existing policy dimension, such as movements caused by Congressional redistricting (Carson et. al, 2003), replacement of existing Congress members with those who hold different positions on policy issues (Bullock, 2000), or partisan activity endogenous to lawmaking institutions themselves (Jacobsen, 2004). The various types of disruptions with a diverse set of causes should have a uniform effect on the public, as any type of change in the elite positions on partisan issues changes the strength in the clarity and cues disseminated to the public in forms of party and elite messages (Hetherington, 2001). If this uniform effect is taken as a given, any disruption to mass-elite equilibrium – caused by whichever reasons will eventually be resolved in a dynamic process. An equilibrium relationship between elite and mass party polarization on the existing ideological dimension should exist if changes in elite behavior have changed the ways in which citizens perceive elite conflict (Hetherington, 2001). A growing body of research has suggested that parties have moved to the ideological poles, and the rhetoric and ideological conflicts between party elites have also become more combative (Jamieson & Falk, 2000; Sinclair, 2000). As a result, the differences in

polarizing party positions have been linked to the growing awareness of differences between the parties, and resulted in an increased ability among citizens and voters to locate the parties correctly in the ideological spectrum, and also resulted in an increase in the proportion of people who hold preference for one party over another (Hetherington, 2001).

2.2 Literature Review

Party polarization is important because ideology, partisanship, as well as political awareness, political sophistication, and interest in politics are all important factors in the manner in which citizens form opinions on policy issues. Parties and elites have undergone polarization over time in the American political system, and this dissertation, when examining public opinion on health care policy treats party and elite polarization as an existing phenomenon in American Politics since the 1950s era.

2.2a Polarization in the American Political System

Party identification and political ideology play important roles in policy preferences in the American electorate. Parties seem to have polarized over time, and elite behavior, on the 'liberal-conservative' dimension plays a role in understanding the link(s) between parties and policy outcomes (Aldrich, 1996; Stonecash, et al., 2003). A number of researchers have studied the causes and effects of polarization at the elite level, and have observed that elite polarization is not a phenomenon that is ignored by the mass public; and in fact, polarization among the elites has a direct effect on public opinion at the individual level (Hetherington, 2001; Jacobsen, 2004; Jones, 2001; Layman & Carsey, 2002).

Sean M. Theriault, in *Party Polarization in Congress* writes that the parties in Congress have been polarizing for around thirty five years (2008). For about hundred years following the end of the Reconstruction, the parties have slowly converged to the point that George Wallace, in 1968, complained that there was "not a dime's worth of difference between the parties" (Theirault, 2008 pg. 7) However, in years after Wallace's observation, party voting in Congress began to increase. Poole and Rosenthal (1984), Coleman (1997), Fleisher and Bond (2000, 2004), Rohde (1991) and Stonecash, et al. (2003) began working on examining divergence in partisan voting in Congress, and found that most polarization in American politics has occurred since the late 1960s and early 1970s. The Americans for Democratic Action (ADA) scores (Brewer, et al. 2002; Stonecash, et al. 2003) and the American Conservative Union (ACU) scores (Fleisher and Bond, 2000) both show that Democrats have become more liberal and Republicans have become more conservative since the 1970s (Theriault, 2008).

Ideological divisions between the Democrats and Republicans exist since the time of Reconstruction, and the Democratic Party was decimated after the splintering in the 1860 presidential race, secession from the Union, and due to southern defeat in the Civil War (Theirault, 2008). However, within twenty years, Democrats made a comeback, and as Republican carpetbaggers went north, the south again elected Democrats (2008). As the Democrats reasserted their dominance in the South, the parties continued to polarize. The 58th Congress looked like its modern-day Counterpart (Theriault, 2008). The 58th Congress (years 1903-1905) was even more polarized as there was no ideological overlap in either chamber, and according to the DW-Nominate scores, the first decade of the twentieth century was the most polarized in post-Reconstruction American politics (Poole

& Rosenthal, 1997). The overall trend from 1877 until the mid-1930s was of party convergence, and this convergence continued through the Roaring Twenties, the Great Depression, and World War II, and reached its zenith in both the House and the Senate with President Dwight Eisenhower's election in 1952 (Theriault, 2008). The parties stayed converged throughout the middle third of the twentieth century and the Senate was less polarized than the House (2008). However, it is important to note that in this era, the political party leadership was relatively weak (Fenno, 1966) as this period pre-dated the era of candidate-centered politics.

By the end of the forty year period of stability, the two parties were still not completely polarized (Theriault, 2008). In 1968, ninety-five percent of the Republicans were more liberal than the most conservative Democrat, and thirty six percent of Democrats were more conservative than the most liberal Republican (Theriault, 2008). Political observers declared "the end of ideology" and Anthony Downs (1957) predicted that as electoral coalitions raced toward the political middle in hopes of capturing the median voter, political parties, under certain conditions would converge. The American Political Science Association, in 1950 released a report titled *Toward a More Responsible Two-Party System*, in which it warned that it "is dangerous to drift without a party system that helps the nation to set a general course of policy for the government as a whole" (APSA, 1950 pg. 176). Many political scientists called for a return to more ideologically based parties (Burns, 1963, Sundquist, 1988). The trend toward convergence continued another twenty or so years, and then, "responsible" parties returned onto the political stage with a vengeance (Theirault, 2008).

The "party decline" theory is no longer the unchallenged conventional wisdom in political science. The role of political parties in elections and development of public policy is substantial, and has been steadily growing over time. Poole and Rosenthal's work on DW-NOMINATE scores which estimate ideological positions of Congress members and roll-call votes is one of the common measures of elite polarization (Poole and Rosenthal, 1997). Both interparty distance and intraparty homogeneity seem to have increased steadily since the 1970s (Aldrich & Rhode, 2001). Elite level party polarization has occurred due to party divergence on the existing 'liberal-conservative' ideological dimension (2001). Elites have polarized on social and cultural contexts as well; elites have also polarized on issues of government spending and economic redistribution (Erickson, et al. 2002; Lindaman & Haider-Markel, 2002).

2.2b Role of Political Parties and Elites in Shaping Public Opinion

The two major political parties in the United States play a role in educating the public about policy issues, recruit and nominate candidates for office, and organize to help their candidates win elections and maintain power in government. Parties diverge on contentious issues such as Immigration, Education, Health Care, Foreign Policy, etc., and often use the media to get their political message out to the voting public. Some political scientists contend that even though the parties historically have been the essential elements of the coalitions necessary for making policies, the American political parties are now in decline (Wattenberg, 1996). Others believe that parties can adapt to the new political conditions and become stronger through the imaginative use of modern-day techniques available to them (Aldrich, 1996) and some believe that parties have morphed into and adapted to helping the party nominees in advancing partisan agenda

(Cohen, et al. 2001). Voters have to make large numbers of choices often based on little information and "parties serve as efficient guides" (Hershey, 2009). Hershey contends that parties' distinctive character has sustained them longer than any other tool of democratic politics and that party organizations have adapted to new conditions by taking on a new form; that of the service party, where the party provides cues that permit voters to make decisions on candidates and issues with relatively little effort (2009).

In *The Responsible Electorate*, V.O. Key, Jr. argues that "the voice of the people is but an echo. The output of an echo chamber bears an inevitable and invariable relation to the input… the people's verdict can be no more than a selective reflection from the alternatives and outlooks presented to them" (Key,1966, pg. 2). Partisan political elites have strong incentives to advance the party's agenda and present the public with messages in order to influence their positions or attitudes toward certain policies. How do then citizens become aware of elite differences on policy issues? One of the most common and widely used means of partisan elite attempts to influence public opinion is issue framing along partisan lines. Empirical studies by Iyengar (1991) and Nelson and Kinder (1996) examine the way public opinion systematically depends on the way issues are framed by party elites. Citizens are exposed to several different frames on a specific issue and this occurs through elite deliberation of differing positions on the issue covered by the mass media (Graber 2006). E.E. Schattschneider (1960), William Riker (1982) and Murray Edelman (1985) contend that the manner in which policy issues are portrayed encourages specific opinions or actions on the issue. American politics is elite driven, and elites have been long identified as the source of cues and heuristics through which citizens make sense of public policies. Carmines and Stimson (1989) and Gerber and

Jackson (1993) suggest that partisanship is fundamental in how one interprets elite signals. Lee and Schlesinger (2001), like John Zaller (1992) consider partisanship not just as a key determinant of whether one accepts a particular message as a relevant consideration, but they see partisanship as a tool that defines a way to receive and process various political messages. Stronger partisans are more likely to be politically engaged, attentive, and hold more fully developed views of the political world (Converse, 1964; Rosenstone & Hansen, 1993).

One of the leading advisers to President Reagan once said "I've always believed that 80 percent of any legislative or political matter is how you frame the debate" quotes Edwards (2003)[2]. Petrocik (1996) contends that political parties are highly visual groups in politics with policy reputations and political parties often elicit emotional reactions (Lodge & Taber, 2005). Thus, knowing that an issue frame is sponsored by a particular party can provide motivated citizens with valuable clues on interpreting and processing frame content, and in turn, judging its applicability to the issue at hand (Slothuus, 2007). Policy issues are usually complex and subject to alternative interpretations, and each of the major parties emphasize different values in the debate in an attempt to frame the issue to their advantage. Edwards argues that the sheer complexity of most issues combined with the competing values that are relevant to evaluating them create substantial cognitive burdens for people (Edwards, 2003). How do people, especially those who have limited interest in politics and or limited intellectual and information resources deal with understanding challenges? The great bulk of the people usually cope by acting as cognitive misers and use shortcuts to simplify the decisional process

[2] Quoted in Gerald M. Boyd, "'General Contractor' of the White House Staff," *New York Times*, March 4, 1986, sec. A, p.22.

(2003). People use cues from elites as to the ideological or partisan implications of messages (Converse, 1964). When people evaluate an issue they do not search their memories for all the considerations that might be relevant. They do not incorporate all the dimensions of a policy proposal into formulating their preferences, and often give responses from 'the top of their heads' (Zaller, 1993). According to some political scientists, the intellectual burdens are too great for some people to evaluate a policy on their own, and instead of performing exhaustive searches, citizens minimize their cognitive burdens by selecting the dimensions they deem to be most important for their evaluations (Higgins & King, 1981; Zaller, 1993). In such a decisional process, people are likely to weigh most heavily the information and values that are most easily accessible (Higgins & King, 1981). According to Zaller, political parties and elites in general may not have much effect on the values that people hold since people develop these values over many years, starting in early childhood (socialization theory), however, people do make use of partisan cues where the source of a message is an important cue itself (Zaller, 1992).

American politics has changed dramatically since Philip Converse (1964) conducted his path-breaking research on belief systems in mass publics. The ideological conflict among political parties has greatly intensified, and this has had a profound consequence for electoral competition in the United States (Abramowitz, 2010). Electoral competition is now structured by ideology, and voters with relatively coherent ideological preferences choose between parties with distinct and clear ideological positions (Abramowitz, 2010). The role of political parties in shaping the public's policy preferences is an enduring quest in political science, and the manner in which citizens

make sense of policy debates and polarizing cues leads to important implications for how we evaluate legitimacy, accountability and stability of democratic decision-making (Lee & Schlesinger, 2001).

Problem definition and framing play an important role in how an issue is defined on the public agenda. Schattschneider (1960) observed that the definition of alternatives is the supreme instrument of power. The way a problem is defined can determine whether it rises to the top of policy makers' agenda, and/or the public agenda, or, suffers from inattention and neglect (Kingdon, 1995; Stone, 1997). In American politics, political parties play a key role in focusing issues and competing for shaping public opinion. Research has shown that citizens are more informed on political matters in areas with heavier media coverage (Chaffee & Wilson, 1977). Parties and candidates tailor issues and framing strategies to the strategic opportunities offered by political conditions of their time (Druckman, et al. 2004). Scholars have looked at candidates and campaign strategies to determine framing and priming effects for using strategies to influence the public, and found that candidates attempt to prime advantageous issues so as to induce voters to focus on those issues and as a result, offer more positive overall candidate evaluations (2004).

According to the framing theory of public opinion, citizens are not capable of political judgment , but instead, they are puppets, voting thumbs up or down depending on how issues are framed, their strings being pulled by elites who frame issues to guarantee political outcomes (Sniderman & Theriault, 1999). Hershey writes that the two major parties have drawn father apart from one another on important issues over the

years and this lends even more meaning to the party labels for politically engaged citizens (Hershey, 2009). Added to the heightened party completion in the early 2000s and the resulting intensity of campaign advertising, changes in the political environment can make an individuals' partisanship even more meaningful to him or her (2009). John Zaller contends that people's attitudes on major issues do change in relation to the intensity of competing political communication (Zaller, 1992). He writes that divisive political discourse allows people to respond to the issue based to their predispositions and core partisan and ideological views (1992).

2.2c Political Awareness in American Public Opinion

Political parties play an important role in focusing on contentious issues and competing with each other to shape the debate in order to influence public opinion in American Politics. Petrocik contends that given the distinctive reputations of the two major parties in the United States, political actors on opposing sides of a debate tend to be advantaged by different considerations (Petrocick, 1996). Individuals who do not engage in the public discourse surrounding political issues will not be aware of, or persuaded by the packaging of political issues (Zaller, 1992). Popular discussion of an issue can cause the public to assess priority to certain considerations over others, and Chong (1996) and Ansolabehere and Iyengar (1994) take this a bit further and argue that a strategy of engagement acknowledges that some considerations may end up being more important than others. Jacobs and Shapiro argue that the ability of elites to define the way an issue will be presented to the public is a powerful tool, and that neither side in a political debate has complete control in determining influence (Jacobs & Shapiro, 2000). Zaller argues that the politically sophisticated are the most likely to be attentive to public

discourse and thus most susceptible to the effects of elite framing (Zaller, 1992). The ideological leanings of the politically sophisticated make them more likely to be armed with defenses against the framing of political issues (1992). More informed individuals are more likely to have strong political predispositions as well as broad information from which they draw upon for their decision-making processes (Zaller, 1992). The efforts of elected officials to reframe issues and change attitudes are most likely to be resisted by the most politically sophisticated or strongly ideological members of the mass public (Jacoby, 2000). The less ideological but attentive voters seem to be the primary targets of parties in framing of political issues, and partisans are wise to use their efforts on this subset of the population. On the partisan issue of government spending, researchers have found that the manner in how one frames the issue influences the overall distribution of public opinion and thus generates individual-level attitude change (Jacoby, 2000). For non-ideological and attentive voters, the manner in which government spending issues are framed has an influence on peoples' decision on whether or not to support spending initiatives (2000).

Journalists and the media also play a role in issue definition and information dissemination. Jerit's work examines the extent, and consequences of independence of the press in the realm of problem definition in terms of the social security reform debate (Jerit, 2006). The media also plays a role in using misleading rhetoric than actually covering statements of government elites and officials (2006). Political sophistication is mostly attributed to individual-level factors, but Jerit and Barabas (2006) look at the quality of the information environment. They look at the role of the information environment using surveys conducted during the social security debate (Jerit & Barabas,

2006). The authors examine the impact of not only individual level variables, but environmental level variables as well, especially the effects of political knowledge about the social security debate (2006). The research finds that misleading statements about the social security debate causes some citizens to get important facts about the Social Security program wrong (Jerit & Barabas, 2006). Low and uneven levels of political knowledge are often attributed to individual factors such as unwillingness of citizens to front the cost of acquiring information (Downs, 1957), or to particular social and demographic characteristics (Delli-Carpini & Keeter, 1996).

Democrats and Republicans tend to talk about the issue of governmental spending in fundamentally different ways and thus each party seeks to build party support among their critical subset of voting supporters (Jacoby, 2000). The terms political sophistication, political awareness, and political knowledge refer to the long-term and stable characteristics of individuals pertaining to the degree to which citizens pay attention to, and know about, the political world (Luskin, 1987; Zaller, 1992). John Zaller posits that the greater a citizen's level of political awareness, the greater the likelihood of reception of persuasive messages on the policy issue (Zaller, 1992). The greater a person's level of political awareness, the greater the number of mainstream messages the person would internalize in the form of considerations and hence, all else equal, the greater the person's level of expressed support for the policy (1992).

In *The American Voter*, Campbell, et al. (1960) predict that as the clarity of party-policy linkages increases among party elites, the strength of the connections between partisanship and policy preferences – "constraint" (Converse, 1964) increases in the mass

public (Classen & Highton, 2009). In other words, citizens' political engagement defines the relationship between partisanship and policy preferences. In *Public Opinion and American Democracy* (1961), V.O. Key, Jr., writes that a person's level of formal education may be an indicator of the extent to which the person has been influenced by society's traditional or "official" values. Key finds that education is associated with greater support for racial equality, private health insurance, and tolerance of nonconformists (1961). Gamson and Modigliani (1966), and Sigelman and Conover (1981) find a substantial correlation between political information and support for the government's foreign policies. Political information in their study is measured as one's attachment to the mainstream and resultant exposure to influences such as the mass media (Gamson and Modigliani, 1966). Carmines and Stimson discuss the differences between hard and easy issues, and contend that easy-issue voting occurs when a particular issue becomes ingrained over a long period, and it structures voters' gut responses to candidates and political parties (Carmines & Stimson, 1980). Hard issue voting has its roots in the Downs-ian tradition (Downs 1957), and presumes that issue voting is the final result of a sophisticated decision calculus, and this type of voting represents a reasoned, thoughtful attempt by citizens to use policy preferences to guide their electoral decisions (Carmines & Stimson, 1980). Carmines and Stimson find that the easy-issue voters are no more sophisticated than non-issue voters, and they highlight the prominent role of easy issues in the electoral realignments in American politics (1980).

In *The Disappearing Center*, Alan Abramowitz contends that there has been significant ideological polarization among the mass public over the past few decades

(Abramowitz, 2010). He finds a growing polarization across a wide range of political and social issues (2010). Table 2.1 depicts the correlations between party identification and attitudes on six policy items – aid to Blacks, abortion, jobs and living standards, health insurance, liberal-conservative identification and presidential approval (2010). On each issue, partisanship appears to play a more critical role in shaping individuals' attitudes over time. The weakest correlation is consistently the wedge issue of abortion. However, presidential approval, ideological self-placement and attitudes towards health care seem to experience much more partisan polarization over time. This raises the question of *who* is shifting and contributing to this increased polarization.

Abramowitz argues that the polarization occurring within the public is not uniform across all individuals; rather most of the polarization is occurring among the most politically engaged members of society (2010). The politically engaged are most likely to participate in politics, and therefore, reelection-seeking politicians have incentives to cultivate their support. This raises an important question: when polarization on political issues occurs, is the polarization uniform or are certain entities *driving* the polarization?

Table 2.1 - Trends in partisan polarization on issues, 1972-2004

Policy Issue	1972-1980	1984-1992	1996-2004
Aid to blacks	.20	.27	.35
Abortion	-.03	.08	.18
Jobs/living standards	.28	.34	.40
Health insurance	.25	.31	.39
Liberal-Conservative self-ID	.42	.49	.62
Presidential approval	.42	.56	.61
Average	.26	.34	.43

Note: Entries are average correlations between issues and party identification (strong, weak and independent Democrats versus strong, weak and independent Republicans). The larger the correlated coefficient, the greater the degree of partisan polarization on the particular policy item.
Source: Abramowitz (2010), American National Election Studies

Each political party may sponsor cueing messages indicating why the given policy is or is not consistent with liberal or conservative values, and the messages may be equally intense in that a person at a given level of political awareness would be equally likely to encounter and take in any one of them (Zaller, 1992). If the uninformed take advantage of informational shortcuts, or cues, then their opinions might resemble those they would have if they were more knowledgeable (Lupia & McCubbins, 1998; Popkin, 1991; Sniderman, Brody & Tetlock, 1991). According to Zaller's predictions, for cases in which there is a roughly even flow of opposing partisan messages, the ratio of ideologically consistent considerations to ideologically inconsistent ones should increase along with increase in political awareness (Zaller, 1992). Some political scientists argue that the collective opinion of a population with low and unequal distributed levels of political information will be identical to what it would be if people were fully informed, and if the 'mistakes' made by people were random in nature (Erikson, MacKuen, & Stimson, 2002; Page & Shapiro, 1992). Even if the effects are smaller than expected, significant information effects at both the individual and collective levels seem to remain (Bartels, 1996; Delli-Carpini & Keeter, 1996; Gilens, 2001).

Jerit, Barabas and Bolsen distinguish the short-term, aggregate-level influences on political knowledge from the largely static individual-level predictors and demonstrate the importance of the information environment (Jerit, Barabas & Bolsen, 2006). These

political scientists contend that the differences in the quantity of media coverage alters the relationship between individual-level predictors such as education and political knowledge, and while higher levels of information in the environment elevate knowledge for everyone, the educated learn disproportionately more from newspaper coverage (2006). Other scholars have demonstrated similar correlations; Price and Zaller (1993) state that those who are most likely to possess knowledge to begin with (individuals with high socioeconomic status) are best equipped to add to their storage of political knowledge. Therefore, the informationally rich get richer, and according to Converse (1990), the bottom dwellers of the knowledge distribution remain information poor. Compared to the less educated, individuals with more years of formal schooling are better able to digest the information in news stories (Jerit, Barabas & Bolsen, 2006). These groups of people demonstrate better reading abilities, and are also better at sorting as well as storing key points of information (Robinson & Levy, 1986; Price & Zaller, 1993).

2.2d Attitudes on Social Issues and Government's role in Health Care Reform

A number of political scientists have examined public opinion about social issues and health care, and the various perspectives are discussed below.

Polarization in Policy Attitudes among Partisan Identifiers

Some argue that increased levels of polarization across social welfare, cultural and racial issues have produced polarization in policy attitudes among partisan identifiers in the public (Layman & Carsey, 2002a). Certain political scientists contend that the partisan change literature, which generally assumes that political elites engage in partisan

conflict only on one policy dimension at a time (Carmines & Stimson, 1989; Riker, 1982; Sundquist, 1983) does not hold true for recent decades (2002a). The parties' convention delegates, candidates, and members of Congress have grown increasingly polarized on social welfare, racial and cultural issues (Bond & Fleisher, 2000; Carmines & Stimson 1989; Layman and Carsey, 2000; Poole & Rosenthal, 1997; Rohde, 1991; Stone, Rapoport & Abramowitz, 1990). Layman and Carsey contend that 'conflict extension' is the phenomenon that is more prevalent in the recent decades, as an increase in party conflict on one issue does not directly lead to a decline in party conflict on another issue (the concept of 'conflict displacement'), but that the parties in the electorate have grown more polarized on all major domestic policy agendas: social welfare, racial policies as well as cultural issues (Layman & Carsey, 2002a).

Racial, social welfare and health care issues pose a common philosophical question – should the government take a more active role (intervene) in furthering social and economic equality among its citizens? Layman and Carsey contend that only party identifiers who are aware of party elite polarization on each of the issue dimensions bring their social welfare, racial and cultural issue attitudes toward the consistently liberal or consistently conservative stands of Democratic and Republican elites (Layman & Carsey, 2002b). Awareness of issue differences between the parties depends not just on the attentiveness and cognitive abilities of individual citizens, but also on the degree of polarization between party elites (Hetherington, 2001). The authors Layman and Carsey, using American National Election Studies survey data demonstrate that government guarantee of jobs and good standard of living, government services and spending, and government provision of health insurance show such a trend, and even though the mass

parties have grown more polarized on multiple issue agendas, mass ideology has remained multidimensional (Layman & Carsey, 2002b).

Lee and Schlesinger discuss the role of partisanship in the health care debate in the early-1990s, and suggest that the growing support for federal intervention in health care, relative to other social policies is in part an inadvertent by-product of ideological positions popularized during the Reagan and Bush [Sr.] administrations (Lee & Schlesinger, 2001). Layman and Carsey find that party polarization was greater in 1996 on social, racial and cultural issues than at any point in the previous twenty five years in American politics (Layman & Carsey, 2002b). In the early stages of the health care debate during the Clinton years, the health care policy issue was almost exclusively framed in bipartisan terms, and party elites such as Bob Dole (Senate Minority Leader) and other Republican leaders agreed that "blow[ing] up the bridges and watch[ing] the trains wreck" (Jacobs & Shapiro 2000) would paint the Republican party as obstructionist with centrist Americans, and cost it dearly in the 1994 and 1996 elections (Lee & Schlesinger, 2001). However, as time progressed, the debate over health care reform took an increasingly partisan tone, and the health care policy issue which had been portrayed to the public as a bi-partisan mandate was increasingly cast in terms of partisan competition by the year 1994 (2001). Lee and Schlesinger also contend that according to their findings, strong partisans are responsive to partisan deliberation on health care reform, while weak and non-partisans are not (Lee & Schlesinger, 2001).

Attitudes, Core Beliefs, and Public Opinion

Scholars have argued that individuals' attitudes are rooted in fundamental considerations such as self-interest, core values, or ideology, suggesting less susceptibility to partisan cues (Lane, 1973; Kinder, 1983; Krosnick, 1990). Political beliefs and personality are intimately entwined (Brown, 1965; Kirscht & Dillehay, 1967; Wilson, 1973), and personality, even though it's an elusive concept, plays a part in reinforcing behavioral codes and individual choice (Kinder, 1983). There may be a link between self-interest and emotionally powerful predispositions, and according to 'symbolic politics, people acquire predispositions early in life, which shape their political views in adulthood (1983). Along with personality, self-interest also plays a role in the manner in which people make political choices, but some scholars believe that the effects are highly circumscribed (Denney, Hendricks & Kinder, 1980; Kinder & Kiewiet, 1981; Lowery & Sigelman, 1981; Schlozman & Verba, 1979; Sears & Citrin, 1982; Sears, Lau, Tyler & Allen, 1980). For example, when the unemployed, more than the employed believe that the national government should provide jobs, they do not support unconventional or drastic solutions to unemployment, nor do they favor schemes to redistribute income (Schlozman & Verba, 1979).

Group identification and personal values play a role in political reasoning. Political opinions are like "badges of social membership" argue Smith, Burner and White and the badges serve as declarations, to others and to ourselves of our social identities (Smith, Burner & White, 1956). Social class and racial identity play a role in the political meaning people find in shaping their beliefs. The power of racial group identification is

most pronounced on questions that bear directly and unambiguously on the fortunes of racial groups; more blacks than whites support an activist federal government in the realms of employment, medical care, and housing, but the differences are much less dramatic than on policies directly dealing with race (Kinder, 1983). American citizens vary a great deal in terms of the personal importance they attach to their attitudes on public policy issues (Krosnick, 1990). Important, ego-based, and salient attitudes are those that individuals are especially interested in, and are passionately concerned about (Converse, 1970; Smith, Burner & White ,1956). Also, important, ego-involved and salient attitudes are those that are closely linked to individuals' basic values, needs and goals (Converse, 1970; Katz, 1960). Policy attitudes that citizens consider important are highly accessible in memory, and are highly resistant to change, are highly stable over time, and are extensively linked to and consistent with individuals' basic values (Krosnick, 1990).

Values, according to Allport depend on the pre-existing social attitudes (Allport, 1961). Values, according to Rokeach lead us to take particular positions on social issues, and predispose us to favor one particular religious or political ideology over another (Rokeach, 1973). Values, such as economic individualism shape opinions on politics, social welfare and racial policy in particular (Kinder, 1983). Political beliefs also seem to reflect the values citizens embrace, as underneath citizens' continuing ambivalence towards race, welfare, affirmative action, income redistribution, etc., lies a fundamental struggle between egalitarianism and individualism (1983). However, opinions on policy questions might also influence the priorities people assign to values; embracing the caricature of America as the land of opportunity appears to dull enthusiasm for

government subsidized health care and employment (Feldman & Conover, 1983). Individualism has often competed against egalitarianism in American political history (Lipset, 1963), and the idea of equality, the language of the underdog, has dominated American debates on major questions of policy (Pole, 1978). Political beliefs have deep, personal roots, and in this sense, Americans' beliefs are ideological in nature, and public opinion consists of many, diverse pieces, a mosaic of partisan attachments, social relations, values, and personality (Kinder, 1983).

Health care policy is an issue that Americans experience, think, talk, and have opinions about, and public opinion polls seek to capture these views (Blendon, et al. 2011). The role of public attitudes is an important factor in shaping the type of policies that would be feasible to craft and implement within a given context (Brooks & Manza, 2006, 2007). Robert Blendon and his co-authors in *American Public Opinion and Health Care* argue that what American people think about health policy is relevant because this area of decision making directly affects people in their day-to-day lives, and unlike other areas of public policy opinions on health policy draw on the life experiences of the people in general (Blendon et al. 2001). The President, as well as interest groups plays significant roles in disseminating cues and messages about specific policy issues. Hundreds, if not thousands of interest groups crowd Washington D.C. and states' capitals to try to shape government policymaking in ways that reflect their own views and opinion polls give the public an independent and personal voice in the process and provides a counter weight to those who are represented by powerful and influential interest groups (Hinckley & Hill, 1997).

Focusing on Clinton's attempt at health care reform in the 1990s, Skocpol examines both practical and political factors of why policies succeed or fail, and argues that the key explanation for why the Clinton plan was unsuccessful was the failure of the administration to get their message effectively out to the public, while the opposing side continued to 'educate' the public (Skocpol, 1996). Related to the dominance of one-sided frames on health care policy reform is the role of interest groups and stakeholder mobilization. Powerful stakeholder groups such as the American Medical Association, organizations of insurance companies, as well as employer groups have tried to thwart efforts to enact national health insurance for a century, and since these groups have resources, financing mechanisms and effective organizational structures (Quadagno, 2004), they seem to be successful in influencing the policy-making process at federal and state levels.

Jacobs and Shapiro contend that public concern over health care pushed the issue of reform to the top of the policy-making agenda, but policy makers were reluctant to follow the public's preferences (Jacobs & Shapiro, 1995). The authors state that politicians exercised substantial discretion in formulating the mechanisms of financing and delivery of health care, and the public's attitudinal shift towards conservatism or caution is the result of deeply divisive political strategies and policy discussions among political leaders and interesting groups (1995). Research on opinion-policy linkages in which policies are outputs of a political process (Easton, 1953) has been challenged by scholars who contend that politics produce feedback effects (Pierson, 1993). Jason Barabas, examines how public policies influences public opinion using Individual Retirement Accounts (IRA) and Health Savings Accounts (HAS), and finds that policies

alter public opinion preferences, but the effects depend on programmatic design and performance (Barabas, 2009).

Olafsdottir and Pescosolido explore the cleavages that exist regarding public opinion on government involvement, and find that public attitudes towards government involvement in health care are cyclical, here a drop in support follows increased support, and the main cleavages found are based on age, income, gender and race (Olafsdottir & Pescosolido, 2010). Gelman, Lee and Ghitza use a multilevel modeling to estimate support for health care reform by age, income and state, and find that opposition to reform is concentrated among higher-income voters and those over the age of sixty five, and also find that attitudes do not vary much by state (Gelman, Lee & Ghitza, 2010). These authors examine public opinion on health care in the year 2000 and 2004, and find that public opinion is extremely partisan, and opinion swings tend to be approximately uniform at the national level (2010). These findings are similar to results from Page and Shapiro (1992) and Olafsdottir and Pescosolido (2010).

According to Shapiro and Jacobs, the public's core policy preferences have, for some time, favored expanding access to health insurance, regulating private insurers to ensure reliable coverage, and increasing certain taxes to pay for these programs (Shapiro & Jacobs, 2010). Henderson and Hillygus examine the partisan divide on the health care reform issue, and find that the divisions are stark among political elites and the effect of partisanship is moderated by self-interest, with strong Republicans significantly less likely to switch to opposition if they were personally worried about medical expenses (Henderson & Hillygus, 2011). The authors also find that health care policy preferences,

which were already tinged with racial attitudes in the year 2008, became increasingly so by the year 2010 (Hillygus & Henderson, 2010). Health reform thus epitomizes a version of democracy in which public support is simulated as part of an ongoing process of active construction, and strategies of partisan policy maximization and elite mobilization, which churns the public's evaluations of policy proposals (Shapiro & Jacobs, 2010). As a result, democratic governance ends up being a war between teams of intense partisans, intent on their divergent policy goals, and on treating the public as instruments in their partisan, power struggles (2010). Brady and Kessler examine the effect of party affiliation and demographic characteristics on support for health care reform, and find that self-identified Republicans, older Americans, and high-income Americans are less supportive of reform, however, income seems to have a substantial effect on support for reform regardless of political affiliation (Brady & Kessler, 2010). Negative effects of income on support for reform are seen in the income distribution levels of $25,000 to $50,000, and though older Americans have a less favorable view of reform compared to the young, much of their opposition is due to dislike of large policy overhaul to health care policy than to reform, per se (2010).

Citizens' Political Knowledge and Democracy

E.E. Schattschneider, states:

> It is an outrage to attribute the failures of American democracy to the ignorance and stupidity of the masses. The most disastrous shortcomings of the system have been those of the intellectuals whose concepts of democracy have been amazingly rigid and uninventive. (Schattschneider 1960, pg. 132)

According to this view, real democracy functions through a combination of government by experts, the availability of 'attentive publics,' the resourceful use of heuristics and

information shortcuts by citizens, and/or the beneficent effects of 'collective rationality' where the whole of citizen awareness is greater than the sum of its parts (Delli-Carpini and Keeter, 1996, 1999). There is a consensus in the political science literature that most citizens are politically uninformed, but there is no consensus on the causes or implications for such state of affairs (Delli-Carpini and Keeter, 1999). Political information is a concept often tied to good citizenship. Political science research has found that more-informed citizens are more accepting of democratic norms such as political tolerance, are more efficacious about politics, are more likely to be interested in, follow and discuss politics, and are more likely to participate in politics in a variety of ways, including voting, working for a political party, and attending local community meetings (Delli-Carpini & Keeter, 1996; Junn, 1991; Leighly, 1991; Marcus, et al., 1995; Verba, Schlozman, & Brady, 1995).

According to Robert Dahl, the way in which citizens conceptualize the world has consequences for politics, and a long tradition in democratic theory prescribes an informed citizenry as a crucial element in democratic politics (Dahl, 1979). The uneven social distribution of political knowledge causes the mass public to consistently appear more progressive on some issues and more conservative on other issues than might be the case if all citizens were equally well informed about politics (Althaus, 1998). To the extent that public opinion influences democratic politics, the uneven distribution of knowledge suggests that information effects may impair the responsiveness of governments to their citizens (1998). Knowledgeable respondents are better at forming opinions consistent with their political predispositions (Converse, 1964; Delli-Carpini & Keeter, 1996; Stimson, 1975; Zaller, 1992) and since they tend to give opinions more

frequently than other people (Althaus, 1996; Delli-Carpini & Keeter, 1996; Krosnick & Milburn, 1990), the demographic characteristic of well-informed people tend to be more affluent, older, white, and male in comparison to the ill-informed, and this can cause collective preferences to reflect disproportionality the opinions of some groups more than others (Althaus, 1998). There is evidence that political sophistication has influence on the opinions held by different socioeconomic groups - groups based on race, class, gender, and age differences, where more informed citizens within these groups hold opinions that are both significantly different from less informed citizens with similar demographic characteristics, with opinions most likely being more consistent with their material circumstances (Delli-Carpini & Keeter, 1996). These group differences are large enough to suggest that aggregate opinion on a number of political issues would be significantly different and more representative of the public interest were citizens more fully and equitably informed about politics (Delli-Carpini & Keeter, 1996; Althaus, 1998).

Erikson and Tedin contend that the health of a democracy is dependent upon the existence of a politically informed and active citizenry, who are able to develop informed opinions about policies representing their interests by monitoring government affairs (Erikson & Tedin, 2001). Citizens, through making their views known and electing candidates who closely represent them can collectively translate their policy preferences into government action (2001). Erikson and Tedin posit the policies that governments enact represent a compromise between competing claims of equally powerful and informed citizens (Erikson & Tedin 2001); while many more stakeholders are involved in agenda setting, and policy-making, public opinion on specific policies does play a part in

what is often called the sausage-making[3] policy process. Although this dissertation does not examine whether public opinion on health care policy is directly translated into actual policy, one of the goals of the dissertation is to examine how health care policy reform emerges and falls on the public and political agenda from late 1980s to late 2000s.

Measure of Political Awareness in the Political Science Literature

Citizens coordinate their issue preferences with their party attachments and voting decisions (Belknap & Campbell, 1951, 1952). Better informed people are more likely to espouse racial and political tolerance and support the mainstream or official government stance on foreign policy (Chong et al. 1985; Gamson and Modiglianai, 1966; Key, 1961). More-informed citizens are more likely to identify with the political party, approve of the performance of office holders, and vote for candidates, whose policy positions are most consistent with their own views (Alvarez, 1997; Delli-Carpini and Keeter, 1996). The concept of political awareness deserves a ranking alongside party identification and party ideology as one of the central constructs in the public opinion field (Zaller, 1990). Citizens who are more politically informed are more likely to develop stable attitudes on major political issues (Feldman, 1989) and also more likely to align their attitudes on the conventional liberal-conservative continuum (Chong, McClosky & Zaller, 1985; Converse, 1964; Stimson, 1975). Political knowledge is believed to increase citizens' ability to connect their policy stances to the evaluations of public officials and political parties, as well as to their political behavior (Delli-Carpini & Keeter, 1999). Political knowledge is a critical determinant of mass attitude change (Converse, 1962; Mackuen, 1984; Zaller, 1987, 1989, 1990, 1992).

[3] There is a saying, "There are two things you never want to see being made—sausage and legislation." This is a direct reference to the messy and complicated process of policy-making.

John Zaller contends that political awareness affects every aspect of citizens' political attitudes and voting behavior, and the effects of political awareness lead to greater attitude stability, greater ideological consistency as well as greater support for a nation's 'mainstream' values (Zaller, 1990). He acknowledges that there is no comprehensive explanation of why political awareness has the pervasive effects it has, and mentions that there is no agreement in the current literature on how the concept of political awareness should be conceptualized and measured. However, Zaller, in his later work develops a general theory of the effects of awareness and demonstrates how awareness conditions political attitudes, behaviors and opinions (1992).

Current definitions of political sophistication, knowledge, information, awareness, which include interest in politics, participation in politics, factual knowledge, etc., all contain some level of overlap, rather than clear-cut distinctions. Luskin and Bullock point out that 'sophistication,' 'expertise,' 'cognitive complexity,' 'information,' 'knowledge,' 'awareness' and other terms referring to cognitive participation in politics are very closely related (Luskin & Bullock, 2004). The authors contend that Zaller's (1992) concept of 'awareness' is consistent with what is referred to as organized cognition, which is distinct from 'Information,' which is cognition regardless of organization, and 'knowledge' is correct information, all of which are very close, yet not quite equivalent (Luskin & Bullock, 2004).

Zaller draws on ideas from voting, belief-system and other studies to examine how citizens use cues and other information from political elites to translate their general value orientations into support for particular policy choices (Zaller, 1990, 1992). He also proposes that on both theoretical and empirical grounds, political awareness is best

measured by simple tests of factual information about politics (1990). Evidence in the literature suggests that simple tests of political knowledge are most reliable and valid measures of political awareness (Fiske, Lau & Smith, 1990; Price & Zaller, 1990; Zaller, 1990). John Zaller and Stanley Feldman (1992) propose a model that abandons the conventional notion that most people possess opinions at the level of specificity of typical survey items, and instead, argue that most people are internally conflicted over most political issues and most respond to survey questions on the basis of whatever ideas are at the top of their heads at the moment of answering the question. In this work, the authors construct a 19-point political awareness scale using recognition questions, comparative candidate location items, and a non-comparative location test (Zaller & Feldman, 1992). The scale for political awareness for Zaller's and Feldman's research is conducted by questions such as:

- People are helpful/are looking out for themselves.
- How much does government pay attention to what people think?
- How much do elections make government pay attention to people?
- Is respondent usually able to carry out plans as expected?
- Is respondent registered to vote?
- Party of respondent vote and non-vote for President.
- Has respondent ever written a letter to a public official?
- Can respondent recall candidate of own party?

Althaus measures political information as a scale developed for NES data by Delli-Carpini and Keeter (1993, 1996), Althaus (2003). Classen and Highton (2009) measure

political awareness by creating an index variable similar to Smith (1989), Zaller (1992) and Althaus (2003), and the indicators used to create the index incorporate the following:

- Interviewer rating
- House majority pre and post-election
- Senate majority pre-election
- Party ideological placement
- Party conservatism
- House name recall
- Feeling thermometers
- And party (both Democratic and Republican) likes and dislikes

Philip Converse demonstrates the politically informed, and the politically sophisticated are simply different from the rest of the electorate (Converse, 1964). Robert Luskin differentiates several types of measures of political sophistication that include consistency, abstraction, information holding and composite measures (Luskin, 1987). Luskin and Bullock state that early measures of *sophistication* zeroed in on the organization rather than the quantity of stored cognition, and focused either on the individual-level use and understand of abstractions, including ideological terms like 'liberal' and 'conservative' or on the aggregate statistical pattering of policy attitudes across individuals, built as correlations, factor analyses, multi-dimensional scaling, etc. (Luskin & Bullock, 2004). Sinderman, et al., (1990) use education to measure political sophistication, while Rahn, et al., (1990) use a composite measure of education, political knowledge, and interest in politics. Knight (1985) and Pierce (1993) employ the same method of conceptualizing sophistication as in *The American Voter* by Campbell,

Converse and Miller (1960). Stimson, in his work combines education with political knowledge (Stimson, 1975), while Lavine and Gschwend measured the extent of ideological thinking by combining self-identification as liberal or conservative, feeling close to that group, and identification with the corresponding party (Lavine & Gschwend, 2007). Weisberg and Nawara, in their study examining political sophistication and the 2000 Presidential vote state that while composite measures may have advantages, it is easier to determine the sources of different findings when singular measures are employed (Weisberg & Nawara, 2010).

However, the basic concept, when measuring political awareness in the political science literature seems to focus on examining how people think, and if the thought process is not observable, then reverting to measuring the application of this cognitive complexity (Levendusky & Simon, 2003). There appears to be a strong correlation between a person's underlying latent ability, which is political sophistication, and a person's ability to apply that trait to factual items, which is political knowledge (2003). Campbell, et al. argue that while the unsophisticated understand politics in a crude way, the sophisticated people on a more abstract and complex conceptualization of the political world (1960). Converse states that political sophistication is a cognitive property, a belief system where the elements are bound together by some form of constraint or functional interdependence (1964). Luskin contends that political sophistication refers to the quantity and organization of a person's political cognitions (1987) and the variable claims main or conditioning effects on opinions, votes and other political behaviors as discussed by (Bartels, 1996; Delli-Carpini & Keeter, 1996, Zaller, 1992; Althaus, 1998, 2003; Popkin, 1991; Lupia & McCubbins, 1998). Political sophistication is the ability

that people have to think carefully about politics abstractly, and understand how different issue positions fit together in a coherent framework (Levendusky & Simon, 2003). Levendusky and Simon contend that most scholars measure political knowledge in two different ways: (i) either they rely on a single item, most typically the interviewer's subjective assessment of the respondent's level of political sophistication like Bartels (1996), or, (ii) by constructing a knowledge scale that is constructed from several factual items (Zaller, 1992, Mondak, 1999, Mondak, 2001), however, the authors state that neither of these methods is perfect (Levendusky & Simon, 2003). Relying on interviewer's subjective assessment to operationalize political sophistication has considerable heterogeneity in how the interviewer uses the scale, and what constitutes a "very high" level of political information for one interviewer may only be "average" for another (2003).

Bartels uses interviewer's subjective assessment as a summary of respondents' political information (1996), and other studies (Althaus, 1998; Gilens, 2001 & Luskin, 1990) demonstrate that the distribution of political sophistication is correlated with political interest. Zaller, in *The Nature and Origins of Mass Opinion* provides an extensive discussion of various potential items used to measure political sophistication and concludes that the general placement items, such as placing the Democratic and Republican parties on a seven-point ideological scale, and factual questions that ask respondents the names of political office holders, as well as the interviewer's rating of the respondent's level of political knowledge, serve as superior measures of political knowledge (Zaller, 1992). However, the common strategy of creating scales and indices from various questions has drawbacks as well. Many studies create a series of factual

questions from the American National Election Survey (ANES), and build a knowledge scale, where respondents are ranked by how many questions they correctly answer (Zaller, 1992, Mondak, 2001, Gomez and Wilson, 2001). Delli-Carpini and Keeter develop a five-item scale built from the ANES asking respondents questions about the structure of American government, as well as identifications of political figures, placements of political parties on the ideological scale (1996). The drawback of this method is that when constructing a scale, assigning weight to each individual item becomes problematic; is knowing who the Chief Justice of the Supreme Court more or less important than knowing which party has control in the House of Representatives (Levendusky & Simon, 2003). Levendusky and Simon also contend that researchers do not need to assign arbitrary weights to the questions, as it seems unrealistic that some questions will tap into an individual's political sophistication better than other questions (2003). Luskin and Bullock argue that political scientists think of 'sophistication,' 'information,' 'expertise' or 'awareness' as a way of measuring 'knowledge' (2004). The authors contend that since the early 1990s, political scientists have focused on the quantity of stored cognition of 'information' that is available to be organized (Delli-Carpini & Keeter, 1996; Price 1999; Luskin, 2002) and that 'information' has been measured by knowledge as it is easier to tally a proportion of facts known that the number of cognitions stored in a person's mind (Luskin & Bullock, 2004). Luskin's empirical work finds that knowledge measures do appear to outperform abstraction-based measures of cognitive organization (1987).

2.3 Hypotheses

The following hypotheses will be tested, and the results will be discussed in the next chapter:

Hypothesis 1: Those who are strong conservatives and politically aware are more likely to support the private plan option, whereas those who are strong liberals and politically aware are more likely to support the government insurance plan option.

Hypothesis 2: Those who are strong Republican and politically aware are more likely to support the private plan option, whereas those who are strong Democrat and politically aware are more likely to support the government insurance plan option.

Hypothesis 3: The effects of party identification and party ideology are contingent upon political awareness.

Chapter 3: Research Design and Data

In this chapter, I will discuss the data used to examine public attitudes towards provision of health care services, and the research design that I utilize to test my key hypotheses, which were presented in the previous chapter. My interest in examining public support for universal healthcare in the U.S. over the past few decades necessitates attitudinal data with a consistent question about preferences for the provision of health care over the past few decades. Although there are currently a number of very reliable surveys with the specific intent of gauging public attitudes about various facets of health care (e.g., the Kaiser Family Foundation, Pew, etc.), many of these surveys focused on health care do not provide consistency in questions over time, and many are not conducted with any regularity prior to the 1990s. Because of this, I will rely upon data from the American National Election Studies (ANES) from 1984 to 2008.

The ANES offers a number of benefits that makes it ideal for testing my key hypotheses. First, the ANES offers a battery of important political and social questions consistently over the time. Having similarly-worded questions is important because research has demonstrated a strong effect of question wording on individual respondents' expressed positions (American National Election Studies 2013). Second, the ANES data is a great resource for political scientists, as the survey not only includes questions gauging public opinion on various policies but also a battery of questions of great interest to public opinion scholars, including party identification, ideology, political knowledge/sophistication and socioeconomic status (2013). Public opinion data for the health care policy question exists in the ANES from 1970s onwards, without major changes in the way the question has been phrased throughout the years.

Measurement of Variables:

Dependent Variable – Health Care Policy Reform. The dependent variable is a respondent's self- placement or opinion on whether the government or the private sector should provide health insurance and services.

In my model, the dependent variable is citizens' attitudes about the role of government versus private industry in the U.S. health care system. The question from the ANES that I utilize for my dependent variable is the following:

> There is much concern about the rapid rise in medical and hospital costs. Some feel there should be a government insurance plan which would cover all medical and hospital expenses. Others feel that medical expenses should be paid by individuals, and through private insurance like Blue Cross. Where would you place yourself on this scale, or haven't you thought much about this?
>
> 1. Government Insurance plan
> 2. Mostly government insurance plan
> 3. Somewhat private insurance plan
> 4. Both government and private insurance plans
> 5. Somewhat private insurance plan
> 6. Mostly private insurance plan
> 7. Private Insurance plan

(Source: ANES Election Studies Codebook, 2013)

This questions taps into the debate over whether health care in the U.S. should be a government responsibility versus a private sector (or individual) responsibility. The seven-point scale represents ordinal categories in which a *lower* number indicates greater support for government intervention into the health care system. A *higher* number corresponds to the belief that there should be much less government involvement in the health care system.

In the codebook that accompanies the ANES data, approximately half of the respondents were randomly selected to be administered the question with the introduction read with the endpoint options in reverse order in the year 2000. The data used in this research is obtained from a file of pooled cross-section studies, and therefore any respondent for a particular study that was part of a panel, or supplemental study has not been included in the time series cumulative data file (ANES, 2012). Also, the scale provided an option where respondents could pick "don't know" or "haven't thought about it much" as a potential response, but these categories were not used in this research.

Some scholarly literature of mass opinion polarization includes "don't knows" (DK) and "haven't thought too much about it" responses in research models, and group these as being middle-of-the-road responses (Abramowitz & Saunders, 2008; Campbell, 2006; Fiorina, et al. 2011). However, in this dissertation, the "don't knows" (DK), "no opinion" and "haven't thought too much about it" responses are treated as missing values; and are regarded as being separate from the 'moderate' category. Althaus (2003) finds that those who are poorly informed about politics tend to give "don't know" and "no opinion" responses at higher rates, and therefore, in order to be cautious about risking inflation of the moderate proportion of responses by including "don't know" and "no opinion" under the 'moderate' category, these responses are not included in the research. The implication of excluding these responses is further addressed in the next chapter.

The primary methodology used is the Ordinary Least Squares (OLS), which is a statistical technique that uses sample data to estimate the true population relationship between two variables. The methodology used for checking robustness for this research is ordinal regression model - Ordered Logit. In the non-linear Ordered Logit model, the

magnitude of the change in the outcome probability for a given change in one of the independent variables depends on the levels of all the independent variables (Long & Freese, 2006). While categories for an ordinal variable can be ordered, the distances between the categories are not known, and ordinal variables commonly result from limitations of data availability that require a coarse categorization of a variable that could have been measured on an interval scale (2006). Ordered Logit models can be used when dependent variables have multiple, ordered response categories.

The variables, questions, wording of questions, etc., from the ANES data will be discussed below. The years examined are election years 1984, 1988, 1992, 1996, 2000, 2004, and 2008, using 1984 as a base year. Health care policy reform was high on the public and political agenda in the early-1990s and the late 2000s; this research will be able to examine these time periods of public opinion on health care policy reform. There is a gap in the ANES data as the cases for 2002 and 2006 are missing from ANES. Years 2002 and 2006 are not critical years in terms of the health care reform debate, and in that context, year 2006, though an important election year is not absolutely vital in terms of examining public attitudes towards the health care reform debate for that year.

Table 3.1 - Health Insurance Variable Summary

Health Insurance Scale	Frequency	Percent
1. Government insurance plan	1,828	13.21
2. Mostly government	1,115	8.06
3. Somewhat government	1,231	8.90
4. Both government and private	1,849	13.36
5. Somewhat private	1,281	9.26

6. Mostly private	995	7.19
7. Private insurance plan	967	6.99

Independent Variable - Political Awareness. Variables Political Sophistication and Political Interest are combined into one factor to generate a new variable - Political Awareness. Theoretically, my expectations regarding the role of awareness on political attitudes is based on the extant research of Zaller and Feldman (1992), Zaller (1990, 1992), Althaus (1998), Gilens (2001) and Luskin (1990). Zaller's measure of awareness is an index that includes information scale, participation scale, media exposure scale, and political interest scale, with a total of 57 variables. This research however, uses two separate variables to create the Awareness variable. The descriptive statistics can be found in table 3.3.

Independent Variable - Political Sophistication. Political sophistication for this research is assessed by the ANES variable political sophistication, which is quantified by the interviewer's assessment of the respondent's level of politics and public affairs.

Previous research in the field of public opinion indicates that people who rely more on cognitive heuristics to make their voting decisions are more open to political persuasion compared to their more politically knowledgeable peers (Classen, 2011). Iyengar, et al. (2010) find that political information gathering is more costly given its lesser ubiquity, and knowledge is most likely tied closely to levels of political interest. Therefore, in order to examine who in the electorate is most influenced by partisan, polarizing messages, this research utilizes the measure which captures interviewer

assessment of the respondent's level of political information according to how respondents have answered specific, knowledge-based, factual, questions. Scholars have offered a variety of measures of political sophistication (Achen, 1975; Cassel, 1984; Luskin, 1987, 1990; Classen & Highton, 2009; Smith 1980). Some political scientists have argued that interviewer assessment of the respondent's general level of knowledge about politics is as effective measure in order to gauge respondents' political sophistication (Althaus, 2003; Bartels, 1996; Classen & Highton, 2009; Smith, 1989; Zaller, 1992). Similar to previous studies, I opt to use the interviewer's assessment of respondents' general level of information about politics and public as a measure of political sophistication. Since the interviewer's assessment of the respondent's political knowledge has been consistently asked on all ANES surveys since the year 1968, this lends consistency to the measure and allays concerns about how variation in the questions included in the knowledge-based battery of questions affects comparability of the measure over time. I have created a categorical measure of sophistication, where the five-category response 1) Very high, 2) Fairly high, 3) Average, 4) Fairly Low, and 5) Very low are collapsed into three categories, as described below. These categories are condensed in order to assess clear differences between those who are sophisticates, versus non-sophisticates in the electorate, with the 'Average' category in the middle. Collapsing the 5-category variable into a 3-category variable has no effect on the coefficient estimates.

> Respondent's general level of information about politics and public affairs seemed:
>
> 1. Fairly low, very low
> 2. Average

3. Fairly high, very high

(Source: ANES Election Studies Codebook, 2013)

Political Interest. According to Dahl, "a person's interest or good is whatever that person would choose with fullest attainable understanding of the experience resulting from that choice and its most relevant alternatives" (Dahl, 1989, 180). Lippmann (1955) defines the public interest as "what men would choose if they saw clearly, through rationally, acted disinterestedly and benevolently (quoted by Polsby, 1980, pg. 223). Connolly writes that "policy x is more in A's interest than policy Y if A, were he to experience the results of both x and y, would choose x as the result he would rather have for himself" (1972, 272). Mansbridge, in the empirical study of collective decision-making, defines "interests" as "enlightened preferences" among policy choices, where the meaning of "enlightened" is the preferences that people would have if their information were perfect, including the knowledge they would have in retrospect if they had had a chance to live out the consequences of each choice before actually making a decision (1983, pg. 25). Bennett (1986) defines political interest as a continuum, which includes weak, moderate and strong interest points along the continuum. Block Jr. and Becker define political interest as curiosity about, or attention to politics, and state that one of the common measure of political interest is the ANES question, which asks respondents about attention to political campaigns (2013).

Political interest for this research is assessed through the survey question asking respondents to self-report their own attention to the political campaigns. The question is as follows:

> Some people don't pay much attention to political campaigns. How about you, would you say that you have been/were very much interested, somewhat interested, or not much interested in the political campaigns (so far) this year?
>
> 0. Not much interested
> 1. Somewhat interested
> 2. Very interested

(Source: ANES Election Studies Codebook, 2013)

This question has been used consistently in the ANES since 1952, without any change in question wording over the years. The 'don't know' responses are not utilized in the models.

Independent Variable – Party Identification. Party identification is measured by the question asking respondents whether they think of themselves as a Republican, Democrat, or Independent. If the respondent states that he or she self-identifies as a Republican or Democrat, then a follow-up question asks if the respondent thinks of himself or herself as a 'strong,' or 'not very strong' Republican or Democrat. Independents are asked if they think of themselves as being closer to the Republican or the Democratic Party. From these questions, I created a seven-point partisan identification scale.

> Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent, or what? (If Republican or Democrat). Would you call yourself a strong (Republican/Democrat) or a not very strong (Republican/Democrat)? Do you think of yourself as closer to the Republican or Democratic party?
>
> 1. Strong Democrat
> 2. Weak Democrat
> 3. Independent - Democrat
> 4. Independent - Independent
> 5. Independent - Republican
> 6. Weak Republican
> 7. Strong Republican

(Source: ANES Election Studies Codebook, 2013)

Independent Variable – Political Ideology. Similarly, the variable political ideology allows the respondents to place themselves on a liberal-conservative seven-point scale, where responses range from 'extremely liberal' to 'extremely conservative.' Previous research has shown that ideology shapes individuals' attitudes on health care policy (Bernstein & Stevens 1999; Blendon et al., 2008; Brady & Kessler, 2010; Burstein 2003; Fong 2001; Gilens 1999; Gollust, Lantz & Ubel 2009; Gollust & Lynch 2010; Jacobs 2005; Koch 1998). Since the question is framed in a manner that invokes government involvement versus free market principles, which is the foundation of political ideology, I believe that ideology will have a profound effect on respondents' views regarding universal health care in the U.S.

> We hear a lot of talk these days about liberals and conservatives. When it comes to politics, do you usually think of yourself as extremely liberal, liberal, slightly liberal, moderate or middle of the road, slightly conservative, extremely conservative, or haven't you thought much about this?
>
> 1. Extremely liberal
> 2. Liberal
> 3. Slightly liberal
> 4. Moderate, middle of the road
> 5. Slightly conservative
> 6. Conservative
> 7. Extremely conservative

(Source: ANES Election Studies Codebook, 2013)

Independent Variable – Education. Education is measured by asking respondents whether they have a college degree, and if so, what is the highest level of degree earned. This question has been asked in the survey since 1952, but the wording

has been slightly different for a couple of decades. For the years relevant to this research, the question wording from 1978-1984 was 'do you have a college degree?' If yes, 'what is the highest degree that you have earned?' From 1986 and later, the question is 'what is the highest degree that you have earned?' Although the question wording is slightly different, the gist of the question is consistent. The use of the Education measure in the model is important, as it will help clarify whether having a college degree versus not having a degree is tied to polarization of public opinion on health care policy. The four category variable [1) Grade school or less (0-8 grades), 2) High school (12 grades or fewer, including non-college training if applicable), 3) Some college (13 grades or more but no degree), 4) College or advanced degree] is collapsed into a binary variable by separating those with college degrees versus those who do not have college degrees.

> 1978-1984: Do you have a college degree? (If yes:) What is the highest degree that you have earned? For 1986 and later: What is the highest degree that you have earned?
>
> 0. No BA
> 1. BA level degrees; advanced degrees including LLB

(Source: ANES Election Studies Codebook, 2013)

Control Variables. Finally, family income, age, race and gender are also used in the model as control variables. Income is divided by percentile; lower to higher in range. Race depicts the race of the respondent as being Black or White, since information is not available on Hispanic or Asian groups. Gender refers to respondents being male or female, and finally, age is grouped by decades, ranging from 17 years to 99 years.

Table 3.2 - Descriptive Statistics for All Variables

Variable	Observations	Mean	Standard Deviation	Min	Max
Health	5577	3.81	1.924	1	7
Awareness	5577	3.30	1.28	1	5
Sophistication	5577	2.37	.726	1	3
Interest	5575	1.24	.692	0	2
Party ID	5577	3.85	2.10	1	7
Ideology	5577	4.28	1.403	1	7
Education	5577	.279	.449	0	1
Income	5577	3.05	1.10	1	5
White	5577	.787	.409	0	1
Female	5577	.503	.500	0	1
Age	5577	44.49	16.76	17	92
Year 1984	5577	.097	.297	0	1
Year 1988	5577	.209	.407	0	1
Year 1992	5577	.272	.445	0	1
Year 1996	5577	.190	.392	0	1
Year 2000	5577	.043	.204	0	1
Year 2004	5577	.117	.322	0	1
Year 2008	5577	.070	.256	0	1

Chapter 4: Analysis

This chapter outlines the results obtained from testing the hypotheses proposed in the previous chapter, and presents a discussion of the key findings of my analysis by examining the factors that shape attitudes about health care.

Statistical Model

According to Zaller (1990, 1992), the politically aware and politically unaware process information differently, and this has implications for whether elite partisan cues affect individuals' attitudes about particular policies, such as health care reform. Thus, I expect that the degree to which party identification and ideology influence attitudes on health care will be a function of whether the individual is a politically aware (and therefore receiving party cues) or not aware (and likely not as susceptible to elite cues). To examine the hypotheses, I combine political sophistication and political interest into one variable – political awareness, and I estimate ordinary least squares, extreme bound analysis and ordered logistic regression model to check for robustness of the observed results.

Table 4.1 describes the distribution of responses for the variable political sophistication. According to the interviewer's assessment, categories 3 (Fairly high, Very high), followed by category 2 (Average) contains the most percentage of responses.

Table 4.1 – Description of Political Sophistication

Sophistication	Frequency	Percent	Cumulative
1	3,273	23.88	23.88
2	4,577	33.39	57.27

3	5,858	42.73	100.00
Total	13,708	100.00	

Table 4.2 contains the description of the variable Political Interest. The responses show the respondents' level of interest in political campaigns for particular years. The middle category 'somewhat interested' seems to contain the most percentage of responses. One observation is similar to what is observed for the variable Political Sophistication, where the 'not interested' and 'low information' categories for both interest in political campaigns and general level of information about politics and public affairs contains the lowest percentage of responses.

Table 4.2 – Description of Political Interest

	Respondents' Interest in the Elections			
Political Interest	Not Much	Somewhat	Very much	Total
0	2,652	0	0	
1	0	5,835	0	
2	0	0	4,185	
Total	2,652	5,835	4,185	12,672

Variable Political Awareness is created by combining three categories of variables Political Sophistication (1, 2, 3) and Political interest (0, 1, 2), in order to get a range of 1-5 categories for the new variable. The results are described in table 4.3.

Table 4.3 – Description of Political Awareness

Awareness	Frequency	Percent	Cumulative
1	1,396	11.12	11.12
2	2,132	16.99	28.11

3	2,973	23.69	51.80
4	3,389	27.01	78.81
5	2,659	21.19	100.00
Total	12,549	100.00	

Factor analysis is often used to create indexes with variables that conceptually measure similar things. Variables that measure similar concepts are often correlated to each other, and therefore a factor analysis test is essential in determining whether two variables can indeed by combined into one. Political Sophistication and Political Interest can be combined into one variable, and the results are shown in table 4.4.

Table 4.4 - Factor Analysis of Political Sophistication and Political Interest

Observations: 12,549

Variable	Factor1	Uniqueness
Sophistication	0.5548	0.6922
Interest	0.5548	0.6922

The Cronbach's alpha test provides a coefficient of internal consistency, and is often used to estimate whether variables are measuring the same thing. The range of the coefficient is usually between zero to one, and the value observed in table 4.5 shows that the coefficient of .5575 is not ideally great, but the value seems acceptable. The alpha is a function of the interrelatedness of the items in a test and the test length rather than the homogeneity of the inter-item correlations or their unidimensionality (Schmitt 1996).

Table 4.5 - Cronbach's Alpha Test

Scale reliability coefficient: .5575

This value seems acceptable, given that even relatively low levels of criterion reliability do not attenuate validity coefficients in a serious manner (Schmitt 1996).

Interaction term (Political Awareness x Political Ideology) is generated, where the 5-category variable Awareness is multiplied with the 7-category variable Ideology. Interaction term 2 (Political Awareness x Party ID) is generated where the 5-category variable Awareness is multiplied with the 7-category variable Party ID. Interaction 2 is not observed to be statistically significant, and therefore is not shown in the final models.

The Ordinary Least Square estimates are shown in table 4.6, and the Extreme Bound Analysis are shown in table 4.7, and the maximum and minimum estimates are shown in table 4.8.

Table 4.6 - OLS Estimates at 95% Confidence Interval

Health Care Reform	Model 1	Model 2
Awareness	.063*	.063*
	(.022)	(.066)
Party ID	.133***	.125***
	(.012)	(.012)
Ideology	.322***	.291***
	(.018)	(.019)
Interaction (Awareness x Ideology)		.074***
		(.015)
Income	.224***	.224***
	(.023)	(.023)

White	.264***	.272***
	(.060)	(.060)
Age	-.003*	-.003*
	(.001)	(.001)
Education	.087	.093
	(.057)	(.057)
Female	-.071	-.065
	(.048)	(.048)
1988	-.110	-.109
	(.092)	(.092)
1992	-.535***	-.524***
	(.089)	(.089)
1996	.088	.088
	(.094)	(.094)
2000	-.103	-.100
	(.137)	(.137)
2004	-.312**	-.313**
	(.103)	(.103)
2008	-.352**	-.342**
	(.118)	(.118)
Constant	1.179***	1.316***
	(.154)	(.156)
N	5514	5514
R^2	0.165	0.167

Note: Standard errors in parentheses. * $p<0.05$; ** $p<0.01$; *** $p<0.001$

The full model results show that the variables Awareness, Party ID, Ideology, Income, and White are positive in direction, and statistically significant. The direction for the coefficient for variable Age is negative, and barely significant. The results show support for hypotheses 1, as individuals who are strong Republicans, or very

conservative, and more politically aware are more likely to prefer the private insurance plan option. The results show that those who are self-identified as Republicans, and politically conservative individuals are also more likely to prefer the private insurance plan option. This result shows support for hypothesis 3, that the citizens who are Republican and conservative will be more likely to oppose the government insurance plan, and show support for private health insurance plan option. The results indicated that those with higher incomes and white are more likely to prefer the private insurance plan option. Those who are younger are more likely to prefer the private insurance plan option. Education and gender are not significant factors in shaping attitudes pertaining to health care insurance in the full model.

What happens when the effect of one predictor on the response to health care insurance option depends on another predictor? Meaning, what is the effect of the interaction of the two, predictor variables? This is what the interaction between political awareness and political ideology attempts to answer. For model 2, which contains the Interaction term (Awareness x Ideology), variables Awareness, Party ID, Income, White, and the Interaction term are positive and statistically significant. Age is negative in direction and is statistically significant. In order for the interaction term, which is the interaction between awareness and ideology, to be interpreted correctly, both awareness and ideology need to be statistically significant. The overall results of the model 2 which contains the interaction term are similar to model 1, and the interaction term between awareness and ideology is positive and statistically significant. The coefficients for Awareness, Income and Age are identical in both the models, and the coefficient for Party ID is slightly smaller in model 2 compared to model 1, and the coefficient for white

is slightly larger than the coefficient for White in model 1. The interaction term shows that those who are more politically aware, and more conservative are more likely to prefer the private insurance plan option. Both variables- awareness and ideology are statistically significant, and positive, and therefore the interaction between them indicates that political awareness and ideology do have an effect on each other when examining the response toward preference for health insurance. It should be noted that the interaction between political awareness and partisanship was not significant in the full model, and therefore is not shown in model 1 or in model 2. Political ideology and partisanship may seem like similar constructs, but they are different concepts in theory. From the observation of the missing values of responses toward the partisanship question, it seems that people are hesitant in identifying their partisanship. There could be other reasons for the missing values on the response to partisanship question.

Awareness, Party ID and Ideology in model 2 are statistically significant, and this shows support for proposed hypotheses 1 and 3, as the results indicate that those who are politically aware, Republican, and conservative are more likely to prefer the private health insurance plan option. Those with a higher income level, and white are also more likely to prefer the private health insurance plan option. Those who are younger in the electorate are more likely to prefer the private insurance plan option. Education, and Female are not statistically significant in this model.

Leamer (1983) poses a fundamental problem that faces econometrics, which is a problem that all researchers face – how does one adequately control the nature of inference, and how one base inferences on opinions does and when facts are unavailable. He proposes a partial solution to this issue, and that is to show how an inference changes

as variables are added to an equation or deleted from the equation (Leamer 1983). In order to create credible inferences with doubtful assumptions is to perform sensitivity analysis, which separates fragile inferences (doubtful assumptions) from sturdy ones (Leamer 2010). Based on Leamer's suggestion (1983) of performing the sensitivity or extreme bound analysis, I will attempt to identify important versus doubtful variables in my model in order to see which variables, if any may be skewing the results when excluded from my model. These results are depicted in table 4.8. When variable Party ID is excluded from the full model, variables Awareness, Ideology, Income, and White are positive, and statistically significant. Variable Age is negative in direction, and statistically significant. The results show that those in the electorate who are more politically aware, conservative, white, and with higher income are more likely to prefer the private insurance plan option. Those in the electorate, who are younger, also are more likely to prefer the private insurance plan option. Education and Female are not significant predictors of attitudes on health care when Party ID is excluded from the model, and therefore are placed in the 'doubtful' category in the table.

The model excluding the variable Ideology shows that Awareness, Party ID, Income, and White are positive, and statistically significant. Female is statistically significant, but the coefficient is negative. From the results, one can surmise that individuals who are more aware, self-identified Republican, white, and with higher income are more likely to prefer the private health insurance plan option. Females in the electorate are more likely to prefer the government health insurance plan option. Variables Education and Age are not statistically significant in this model, and

therefore are not important in predicting attitudes towards preference for health care insurance, especially when Ideology is excluded from the model.

The model excluding the variable Education shows that variables Awareness, Party ID, Ideology, income, and White are positive, and statistically significant. Age is negative and statistically significant. Those who are more aware, conservative, self-identified Republican, white, and with high income are more likely to prefer the private health insurance plan option. Those who are younger are also more likely to prefer the private health insurance plan option. Gender is not statistically significant, and therefore is doubtful in predicting attitudes towards preference for health care insurance in this model.

The model excluding the variable Income shows that all variables on the right hand side of the equation to be statistically significant. Individuals who are more aware, conservative, self-identified Republican, highly educated and white are more likely to prefer the private health insurance plan option. Those who are younger are more likely to prefer the private health insurance plan option, and females in the electorate are more likely to prefer the government health insurance plan option. It is interesting that Education, which is not statistically significant in the other models, does show up to be significant in this model when Income is removed from the equation. A multicollinearity test was performed to assess correlations between variables, and while the variance inflation factor (VIF) results did not show a problem of multicollinearity in the model, Income variable seems to have some effect on the other variables on the right hand side of the equation. When income is excluded from the model, even education, which shows

up as a doubtful variable turns out to be statistically significant in predicting attitudes towards preference for health care insurance.

The model excluding the race variable (White) shows that Awareness, Party ID, Ideology and Income are all positive, and statistically significant. Those who are more aware, conservative, self-identified Republican, and with higher income are more likely to show support for the private health insurance plan option. Education, Female and Age are doubtful predictors, as they are not statistically significant in this model.

In the model excluding gender as a covariate, political awareness, Party ID, Ideology, Income and White remain positive, and statistically significant predictors. The effect of age is negative and statistically significant. This means that individuals who are more aware, conservative, self-identified Republican, white, and with high income are more likely to prefer the private health insurance plan option (and have significantly less support for a government health care plan). Education in this model is not statistically significant, and therefore is a doubtful predictor of attitudes towards preference for health insurance plan. According to the results, younger individuals are also more likely to prefer the private health insurance plan option.

The final model, which excludes age, I find that political awareness, Party ID, ideology, income and white are all positive and statistically significant. This means that those who are more politically aware, self-identified Republican, politically conservative, white, and with high income are more likely to prefer the private health insurance plan option (and less likely to express support for a government health care plan). Education and gender are not significant in this model, and therefore are doubtful predictors in shaping attitudes towards health care plan option.

Table 4.7 - Ordinary Least Square EBA Estimates at 95% confidence interval

Excluding:	Aware	Party ID	Ideology	Income	White	Age	Edu	Female	Interxn
No Exclusion	*I*	*I*	*I*	*I*	*I*	*I*	*D*	*D*	
Party ID	*I*		*I*	*I*	*I*	*I*	*D*	*D*	
Ideology	*I*	*I*		*I*	*I*	*D*	*D*	*I*	
Interaction	*I*	*I*	*I*	*I*	*I*	*I*	*D*	*D*	*I*
Education	*I*	*I*	*I*	*I*	*I*	*I*		*D*	
Income	*I*	*I*	*I*		*I*	*I*	*I*	*I*	
White	*I*	*I*	*I*	*I*		*D*	*D*	*D*	
Female	*I*	*I*	*I*	*I*	*I*	*I*	*D*		
Age	*I*	*I*	*I*	*I*	*I*		*D*	*D*	

Note: *I* = Important and *D*= Doubtful, or statistically insignificant. The significance of Important coefficients is at * $p<0.05$; ** $p<0.01$; *** $p<0.001$. Full results of the EBA analysis can be obtained via request.

The maximum and minimum effects are calculated to observe which variable plays the most important role in affect the dependent variable, as well as to observe the range of the effect. The results are reported in table 4.9, and the variables that have the most effect on the dependent variable seem to be the interaction term between awareness and ideology, Ideology, Income. The effect of awareness and ideology interacted on the support for private health insurance option is 2.59. The effect of Ideology on the support for private health insurance option is 2.04. The effect of Income on the support for private health insurance option is 1.20.

Table 4.8 - Maximum and Minimum Estimates

Variable	Minimum Estimate	Maximum Estimate
Awareness	.063	.315
Party ID	.125	.875
Ideology	.291	2.04
Interaction (Awareness x Ideology)	.074	2.59
Education	0	.093
Income	.224	1.20
White	0	.272
Female	0	-.065
Age	-.051	-.276

I ran ordered logistic regression models to assess the robustness of my results, and I find that the results are quite similar to that of the OLS regressions, and observations depicted via EBA analysis. Table 4.9, Model 1, indicates that Awareness, Party ID, Ideology, Income, and White are all positive and statistically significant. The results show that those who are more politically aware, self-identified Republican, conservative, white, and with high income are more likely to prefer the private health insurance plan option. Age is negative and significant, and this shows that those who are younger are more likely to prefer the private health insurance plan option. In Model 2, Awareness, Party ID, Income, White, Age and the Interaction (Awareness x Ideology) term are all statistically significant. This means that those who are more politically aware are more likely to prefer public health insurance plan. Those who are self-identified Republican, conservative, white, and with high income are more likely to prefer the private insurance

plan option. The interaction term is positive and statistically significant, therefore, those who are more aware, and conservative are more likely to prefer the private insurance plan option. Those who are younger are more likely to prefer the private health insurance plan option. Age is negative and significant, and this shows that those who are younger are more likely to prefer the private health insurance plan option.

Table 4.9 - Ordered Logit Estimates at 95% confidence interval

Health Care Reform	Model 1	Model 2
Awareness	.072***	.074**
	(.022)	(.022)
Interaction (Awareness x Ideology)		.068***
		(.015)
Party ID	.129***	.122***
	(.012)	(.013)
Ideology	.336***	.405
	(.019)	(.025)
Education	.088	.094
	(.088)	(.056)
Income	.222***	.222***
	(.024)	(.024)
White	.307***	.316***
	(.062)	(.062)
Female	-.083	-.078
	(.048)	(.048)
Age	-.004**	-.004**
	(.001)	(.001)
1988	-.108	-.108
	(.094)	(.094)
1992	-.512***	-.503***

	(.090)	(.090)
1996	.106	.108
	(.094)	(.094)
2000	-.093	-.096
	(.136)	(.137)
2004	-.287**	-.292**
	(.104)	(.104)
2008	-.326**	-.324**
	(.119)	(.119)
Pseudo R^2	.048	.049
N	5577	5577

Note: Standard errors in parentheses. * p<0.05; ** p<0.01; *** p<0.001

Testing for Robustness

Combining the two variables – sophistication and interest after standardizing them gives absurd min and max values. Therefore, the variables are coded as below so they are on the same scale. Table 4.10 contains the description of standardized political awareness, table 4.11 contains the description of standardized political interest, table 4.12 contains the cross tabulation values for standardized political sophistication and political interest, table 4.13 contains results of the Crohbach's alpha test, and table 4.14 contains the description of political awareness using standardized political sophistication and political interest.

Table 4.10 – Description of Standardized Political Sophistication

Sophistication	Frequency	Percent
0	873	6.37
.25	2,400	17.51
.5	4,577	33.39
.75	3,784	27.60
1	2,074	15.13
Total	13,708	100.00

Table 4.11 – Description of Standardized Political Interest

Political Interest	Frequency	Percent
0	2,652	20.93
.5	5,835	46.05
1	4,185	33.03
Total	12,672	100.00

Table 4.12 - Cross Tabulation of Standardized Political Sophistication and Political Interest

	Political Interest			
Sophistication	0	.5	1	Total
0	490	257	64	811
.25	906	1,044	279	2,229
.5	831	2,235	1,151	4,217
.75	299	1,593	1,572	3,464
1	96	645	1,087	1,828
Total	2,622	5,774	4,153	12,549

Table 4.13 - Cronbach's Alpha Test

Scale reliability coefficient: 0.5902

This value seems acceptable, as the .6 (after rounding) is still close to what is usually assumed as being close to the .7 desired or adequate value (Schmitt 1996).

Table 4.14 – Description of Awareness using Standardized Sophistication and Interest

Awareness (Sophistication + Interest)	Frequency	Percent
0	490	3.90
.25	906	7.22
.5	1,088	8.67
.75	1,343	10.70
1	2,395	19.09
1.25	1,872	14.92
1.5	1,796	14.31
1.75	1,572	12.53
2	1,087	8.66
Total	12,549	100.00

Dichotomous variables are created as follows, with moderates as the omitted baseline:

Party ID 1 = self- identified Republican

Party ID 2 = self-identified Democrat

Ideology 1 = self-identified Conservative

Ideology 2 = self-identified Liberal

Ideology 3 = 7-scale ideology variable collapsed into three categories; liberal, moderate, conservative.

There is evidence in the literature that partisan leaners, and so-called independent leaners think and act like straight partisans (Keith, et. al 1986). Therefore, interaction terms are created as follows. For dichotomous variables Party ID 1, 2 and Ideology 1 and 2, categories 'independent-Democrat,' 'independent-Republican,' 'slightly liberal' and 'slightly conservative' are considered to capture ideology and partisanship, and are therefore included in the binary categories of Party ID 1, 2 and Ideology 1, 2 variables.

Interai = Awareness x Ideology (as a continuous variable)

Interap =Awareness x Party ID (as a continuous variable)

Interar = Awareness x Party ID 1 (meaning, self-identified Republican)

Interad = Awareness x Party ID 2 (meaning, self-identified Democrat)

Interact = Awareness x Ideology 1 (meaning, self-identified conservative)

Interal = Awareness x Ideology 2 (meaning, self-identified liberal)

Interai3 – Awareness x Ideology 3

Table 4.15 - Models testing Hypothesis 1

For Hypothesis 1:

Model 1: Continuous variables for Party ID and Ideology, and model contains the interaction term for Ideology.

Model 2: Dichotomous variables for Party ID and Ideology, and model contain interaction term for Ideology.

Model 3: Continuous variable for Party ID, trichotomous variable for Ideology, and model contains interaction term for Ideology.

Health Care Reform	Model 1	Model 2	Model 3
Awareness	-.609*** (.153)	.057 (.085)	-.550*** (.140)
Party ID	.125*** (.012)		.137 (.013)
Party ID 1		.354*** (.091)	
Party ID 2		-.271** (.090)	
Ideology	.090* (.048)		
Ideology 1		.142 (.149)	
Ideology 2		.092 (.167)	
Ideology 3			.056 (.084)
Interal	.178*** (.034)	-.291* (.126)	
Interact		.373** (.113)	
Inter_ai3			.328*** (.061)
Education	.094*** (.057)	.069 (.058)	.081 (.057)
Income	.224*** (.023)	.223*** (.024)	.223*** (.024)
White	.273*** (.060)	.278*** (.061)	.280*** (.061)
Female	-.067 (.048)	-.061 (.049)	-.065 (.049)

Age	-.003*	-.003*	-.003*
	(.001)	(.001)	(.001)
1988	-.109	-.102	-.105
	(.092)	(.094)	(.093)
1992	-.525***	-.528***	-.533***
	(.089)	(.089)	(.089)
1996	.084	.110	.101
	(.093)	(.094)	(.094)
2000	-.102	-.096	-.100
	(.137)	(.137)	(.094)
2004	-.317**	-.286**	-.305**
	(.103)	(.104)	(.104)
2008	-.341**	-.332**	-.340**
	(.118)	(.118)	(.104)
Constant	2.21***	2.97***	2.40***
	(.241)	(.170)	(.224)
N	5514	5514	5514
R^2	0.169	0.159	.156

Note: Standard errors in parentheses. * p<0.05; ** p<0.01; *** p<0.001

Models 1 and 2 and 3 test the first hypothesis, which states that those who are strong conservatives and politically aware are more likely to support the private health plan option, whereas those who are strong liberals and politically aware are more likely to support the government health insurance plan option. Model 1 contains continuous variables for Party ID and Ideology and the interaction term between Awareness and Ideology. Awareness, Party ID, Ideology, the interaction term, Education, Income, White and Age are statistically significant in this model. Awareness is statistically significant and the coefficient is negative. Those who are politically aware seem to show preference

for the government health plan option. Those who are Republican, ideologically conservative, seem to show preference for the private health care plan option. The interaction term is statistically significant, and positive. Therefore, those who are politically aware, and conservative seem to show preference for private health care plan option. Those with college degrees, high income, and white seem to show preference for the private health care plan option. The coefficient for age is negative and the variable is statistically significant. Therefore, those who are younger seem to show preference for the private health care plan option, while those who are older seem to show preference for the government health care plan option. Gender is not statistically significant in this model.

Model 2 contains dichotomous variables for Party ID and Ideology, as well as the interaction term between Awareness and dichotomous Ideology. Awareness is not statistically significant in this model. Dichotomous party id variables are statistically significant, and those who are Republican seem to show preference for the private health insurance option, and those who are Democrat seem to show preference for the government health insurance option. The dichotomous ideology variables are not statistically significant in this model, but the interactions are statistically significant, where the politically aware, conservatives seem to show preference for private health insurance option and the politically aware, liberals seem to show preference for the government health insurance option. Those with high income, white, and younger in age seem to show preference for the private insurance plan option. Gender is not statistically significant in this model. Model 1 seems to be a better option for testing the first hypothesis, as political awareness in Model 2 is not statistically significant, and therefore

while the interaction terms are significant, and the direction of the coefficients is as expected, awareness, which is used to construct the interaction term is not statistically significant in this model.

Model 3 contains continuous variable for Party ID and a trichotomous variable for Ideology, as well as the interaction term between awareness and trichotomous ideology. Awareness, interaction term, Income, White and Age are statistically significant in this model. Variable Ideology is not statistically significant in this model, but the interaction term between awareness and ideology is significant. Awareness and age are significant, but the coefficients are negative in direction. Those who are more politically aware in the electorate seem to show preference for the government insurance health plan option. Those who are aware, and conservative tend to show preference for the private insurance health plan option. Those with higher income, white, and those younger in age also seem to show preference for the private insurance plan option. Education and gender are not statistically significant in this model.

Figure 4.1 - Interaction Effect between Political Awareness and Political Ideology as per Model 1

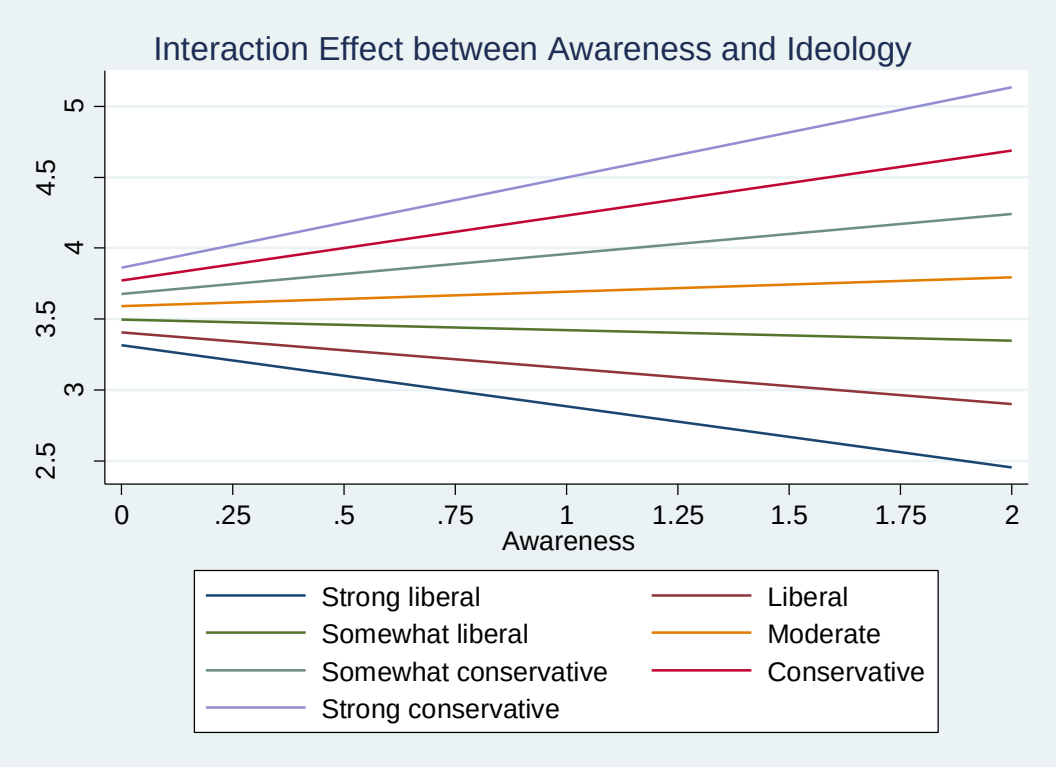
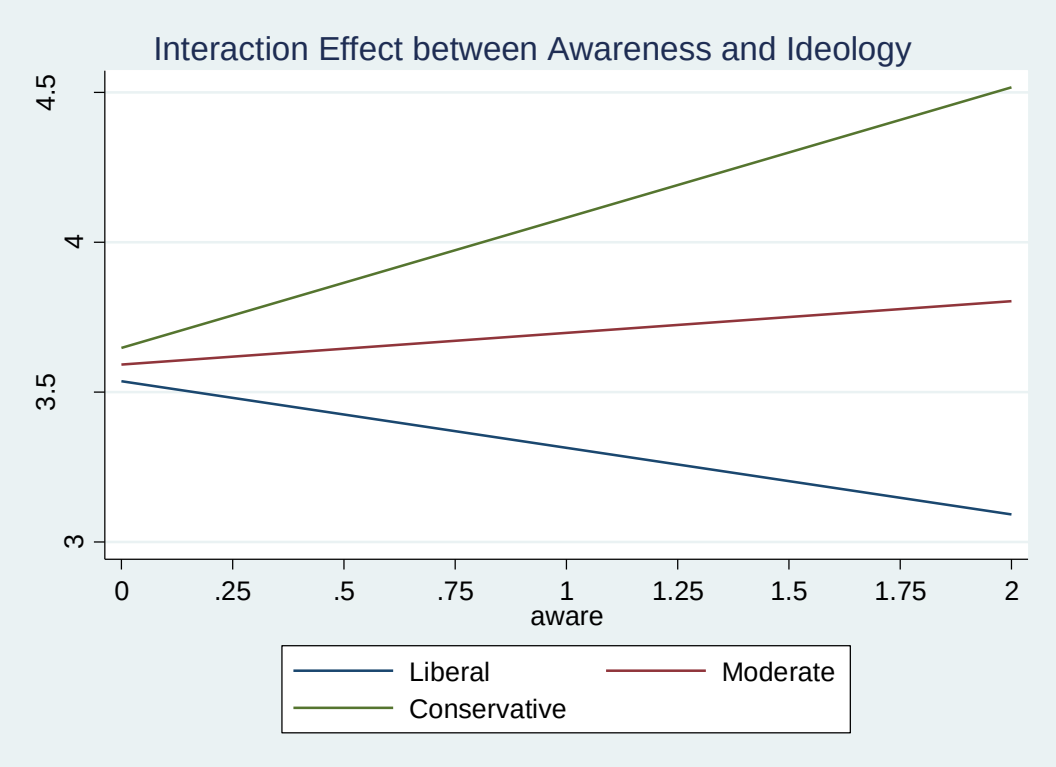


Figure 4.1 depicts the interaction effect between political awareness and political ideology, and the results are as expected. Those who are more politically aware and liberal tend to show support for the government health insurance plan option, while those who are more politically aware and conservative tend to show support for the private health insurance plan option. Those in the moderate category seem to be in the 'middle' in terms of preference for both government and private sector provision of health care. This is more clearly depicted in figure 4.2, where the strong liberal, liberal, and somewhat liberal are combined into one category, and the strong conservative, conservative and somewhat conservative are combined into another category, with the moderates being the third category.

Figure 4.2 - Interaction Effect between Political Awareness and trichotomous Political Ideology as per Model 3



The graphical illustration in Figure 4.2 shows that those who are ideologically liberal tend to show support for the government health insurance plan option, and those who are ideologically conservative tend to show support for the private health insurance plan option. The moderates still seem to be in the middle category, hovering around 3.5-3.52 in their preference for both government and private provision of health insurance option.

Table 4.16 - Models testing Hypotheses 1 and 2

For Hypotheses 1 and 2:

Model 4: Continuous variables for Party ID and Ideology and model contains both interaction terms.

Model 5: Dichotomous variables for Party ID and Ideology and model contains both interaction terms.

Health Care Reform	Model 4	Model 5
Awareness	-.581***	-.088
	(.161)	(.157)
Party ID	.144***	
	(.035)	
Party ID 1		.110
		(.203)
Party ID 2		-.411*
		(.195)
Ideology	.083*	
	(.049)	
Ideology 1		.176
		(.152)
Ideology 2		.092
		(.168)
Interap	-.014	
	(.025)	
Interai	.184***	
	(.036)	
Interal		-.291*
		(.127)
Interact		.341**
		(.116)
Education	.095	.069
	(.057)	(.058)
Income	.224***	.223***
	(.023)	(.024)
White	.272***	.277***

	(.060)	(.061)
Female	-.067	-.061
	(.048)	(.049)
Age	-.003*	-.003*
	(.001)	(.001)
1988	-.109	-.105
	(.092)	(.092)
1992	-.525***	-.529***
	(.089)	(.089)
1996	.085	.108
	(.093)	(.094)
2000	-.101	-.096
	(.137)	(.137)
2004	-.319**	-.285**
	(.103)	(.104)
2008	-.340**	-.337**
	(.118)	(.119)
Constant	2.17***	3.12***
	(.252)	(.217)
N	5514	5514
R^2	0.170	0.160

Note: Standard errors in parentheses. * p<0.05; ** p<0.01; *** p<0.001

Hypotheses 1 and 2 are tested by Models 4 and 5, where Model 4 contains continuous variables for Party ID and Ideology as well as both the interaction terms (Awareness x continuous Ideology, and Awareness x continuous Party ID), and Model 5 contains dichotomous variables for Party ID and Ideology as well both the interaction terms (Awareness x dichotomous party ID and Awareness x dichotomous Ideology). Awareness in model 3 is statistically significant and negative, and therefore those who

are politically aware seem to show preference for the government health insurance plan option. Party ID, Ideology, the interaction between Awareness and Ideology, Income, White and Age are statistically significant in this model. Those who are Republican, conservative, politically aware and conservative, seem to show preference for the private health plan option. Those with higher incomes, white, and younger in age also seem to show preference for the private health plan option.

Model 5 estimates show that political awareness, party id depicting Republicans, and dichotomous ideology variables are not statistically significant. Those who are Democrat seem to show preference for the government plan option. Those who are politically aware, and liberal tend to show preference for the government plan option. Those who are politically aware and conservative seem to show preference for the private plan option. Those who are younger in age also seem to show preference for the private plan option. Education and female are not statistically significant in this model. Overall, Model 3 seems to be a better fit for testing the second hypothesis.

Table 4.17 - Models testing Hypothesis 2

For Hypothesis 2:

Model 6: Continuous variables for Party ID and Ideology and model contains the interaction term for Party ID.

Model 7: Dichotomous variables for Party ID and Ideology and model contains the interaction term for Party ID.

Health Care Reform	Model 6	Model 7
Awareness	.050	-.182
	(.105)	(.152)

Party ID	.099** (.034)	
Party ID 1		.127 (.203)
Party ID 2		-.361* (.194)
Interap	.025 (.024)	
Interad		.094 (.163)
Interar		.211 (.169)
Ideology	.320*** (.018)	
Ideology 1		.039 (.140)
Ideology 2		-.262*** (.066)
Interact		.458*** (.104)
Education	.088 (.057)	.063 (.058)
Income	.224*** (.023)	.224 (.024)
White	.278*** (.060)	.273 (.061)
Female	-.072 (.048)	-.063 (.049)
Age	-.003* (.001)	-.003* (.001)
1988	-.111	-.102

	(.092)	(.093)
1992	-.537***	-.528***
	(.089)	(.089)
1996	.085	.106
	(.094)	(.094)
2000	-.106	-.093
	(.137)	(.137)
2004	-.312**	-.285**
	(.103)	(.104)
2008	-.355**	-.341**
	(.118)	(.119)
Constant	1.36***	3.23***
	(.197)	(.211)
N	5514	5514
R^2	0.166	0.159

Note: Standard errors in parentheses. * p<0.05; ** p<0.01; *** p<0.001

Models 6 and 7 estimates test the second hypothesis in particular, where Model 6 contains continuous variables for Party ID and Ideology as well as the interaction term between Awareness and Party ID. Model 7 contains dichotomous variables for Party ID and Ideology as well as the interaction terms between awareness and dichotomous Party ID. Model 6 estimates show that political awareness, the interaction between awareness and continuous party id, education and gender variables to be statistically insignificant. Ideology as the continuous variable is significant, indicating that those who are more conservative tend to show preference for private health insurance plan. Those who are in the high income group, white, and younger also seem to show preference for the private health insurance plan.

Model 7 contains interaction terms of the dichotomous Party ID and Ideology. In this model, awareness and party id variables and interactions are not statistically significant, and the estimates therefore do not show support for the second hypothesis. Dichotomous variable depicting Democrats, and ideology variable depicting liberals are significant, which seem to show that Democrats and liberals tend to show support for the government health insurance plan option. Age is significant and negative showing that those who are younger seem to show preference for the private health insurance plan. Education, income, white and gender variables are not statistically significant in this model.

Table 4.18 – Robustness Check: Models excluding Interactions

Health Care Reform	Model 8	Model 9
Awareness	.147**	.130**
	(.052)	(.053)
Party ID	.133***	
	(.012)	
Party ID 1		.380***
		(.091)
Party ID 2		-.279**
		(.090)
Ideology	.321***	
	(.018)	
Ideology 1		.608***
		(.059)
Ideology 2		-.285***
		(.066)
Education	.088	.064
	(.057)	(.058)

Income	.224***	.223***
	(.023)	(.023)
White	.266***	.272***
	(.060)	(.061)
Female	-.072	-.069
	(.048)	(.049)
Age	-.003*	-.003*
	(.001)	(.001)
1988	-.110	-.103
	(.092)	(.092)
1992	-.537***	-.538***
	(.089)	(.089)
1996	.087	.113
	(.094)	(.094)
2000	-.105	-.093
	(.137)	(.138)
2004	-.315**	-.280*
	(.103)	(.104)
2008	-.355**	-.341**
	(.118)	(.119)
Constant	1.22***	2.89***
	(.149)	(.153)
N	5514	5514
R^2	0.165	0.154

Note: Standard errors in parentheses. * p<0.05; ** p<0.01; *** p<0.001

Models 8 and 9 are estimates for robustness purposes, and regressions do not contain any interactive terms. Awareness, Party ID, Ideology, Income, White and Age are significant in Model 8, and the estimates show that those who are politically aware,

Republican, conservative, from the high income group, white, and younger in age tend to favor the private health care plan option. Model 9 shows similar results for dichotomized party identification and ideology, and estimates from both the models show support for the third hypothesis. Those who are politically aware, Republican, conservative, from the high income group, white, and younger in age tend to favor the private health insurance plan option. Those who are Democrat and liberal tend to show preference for the government health insurance plan option. Education and gender are not statistically significant in either of the models.

A trichotomous variable is created out of Political Awareness in order to estimate models to assess the robustness of my original results. Awareness is created after standardizing the variables Political Sophistication and Political Interest. The variable is a 9-point scale, and therefore the variable is divided into thirds, where the middle three categories are taken to represent those who are moderately aware, with the lower category representing those who are low, or not politically aware, and the high awareness category representing those who are highly politically aware. Interaction terms for this trichotomous variable are created as follows:

Operationalizing of Awareness:

Low aware = categories 0, .25, and .5

Mid aware = .75, 1, 1.25

High aware = categories 1.5, 1.75, and 2

Interactions:

Inter_lowai = low aware x ideology

Inter_midai = mid aware x ideology

Inter_highai = high aware x ideology

Table 4.19 – Estimates of Trichotomous Political Awareness

Health Care Reform	Model 10	Model 11
Mid aware	.355*	
	(.156)	
Inter_midai	-.083*	
	(.035)	
Low aware		.360
		(.261)
Inter_lowai		-.122*
		(.060)
High aware		-.477**
		(.163)
Inter_highai		.121**
		(.036)
Ideology	.355***	.276***
	(.023)	(.028)
Party ID	.132***	.127***
	(.012)	(.012)
Education	.125*	.110
	(.056)	(.057)
Income	.233***	.227***
	(.023)	(.023)
White	.268***	.271***
	(.060)	(.060)
Female	-.086	-.077
	(.048)	(.048)
Age	-.003	-.003*
	(.001)	(.001)

1988	-.118	-.112
	(.092)	(.092)
1992	-.522***	-.525***
	(.089)	(.089)
1996	.073	.079
	(.094)	(.094)
2000	-.116	-.107
	(.137)	(.137)
2004	-.305**	-.312**
	(.103)	(.103)
2008	-.334**	-.331**
	(.118)	(.118)
Constant	1.20***	1.59***
	(.157)	(.172)
N	5514	5514
R^2	.165	.168

Note: Standard errors in parentheses. * p<0.05; ** p<0.01; *** p<0.001

Results from Model 10 show that those in the middle category of political awareness (moderately aware) tend to show support for private health insurance option. The interaction term between the moderately aware and ideology is statistically significant, and negative, and therefore, those who are moderately aware, and conservative tend to show support for the government health insurance option. These results are conflicting compared to results from previous models, where the highly politically aware and conservative show preference for private health care plan option, not the government health care plan option. Though the results cannot be generalized too much, it can be said that the opinions of the politically highly politically aware are more

consistent in lines with political ideology than the results estimated for the moderately aware category. In this model it is also observed that those who are conservative, Republican, holding a degree, from the high income group, and white tend to show preference for the private health insurance plan option.

Model 11 estimates show that the coefficient for the low awareness category is not statistically significant. The interaction between low aware and ideology is statistically significant, and negative, indicating that those who are low aware and conservative tend to show preference for the government health insurance plan. This goes against the theoretical expectations laid out in the research question and the hypotheses. Again, this result cannot be too generalized for anything other than the opinion towards health care policy reform, but it can be said that those in the low aware category may not be processing the partisan, elite cues and information on health care reform debate, and therefore do not seem to show concrete opinion on policy when compared to the high aware group. The coefficient for the high aware group is statistically significant, and negative in direction. This means that those who are more politically aware tend to show preference for the government health insurance plan. Those who are Republican, conservative, high income group, white, and younger in age seem to show preference for the private health insurance plan. The interaction term between high awareness and ideology is statistically significant, and positive, which shows that those who are more politically aware, and conservative tend to show preference for the private health insurance plan.

Models for individual years that were significant in the models are estimated, and the years taken into consideration are 1992, 2004 and 2008, with 1984 taken as a base

year. The number of observations for these years are not the same, and while polarization theory can be used to examine how opinions on particular policies have evolved over time, one particular policy area cannot be used to examine polarization. However, some generalized comments can be made by examining estimates for individual year in order to discuss the changes observed.

Table 4.20 – Estimates for Significant Years based on Model 1

Health Care Reform	(base) 1984	1992	2004	2008
Awareness	-.571	-.352	-.843*	-1.01*
	(.600)	(.295)	(.411)	(.564)
Party ID	.127**	.205***	-.027	.153**
	(.044)	(.025)	(.037)	(.055)
Ideology	.048	.067	.097	.097
	(.187)	(.095)	(.133)	(.183)
Interaction	.064	.118	.284**	.190
(Awareness x Ideology)	(.134)	(.067)	(.091)	(.123)
Education	.418*	.151	.083	-.356*
	(.203)	(.106)	(.168)	(.184)
Income	.168*	.168***	.266***	.346***
	(.083)	(.044)	(.061)	(.079)
White	-.029	.144	.127	.476*
	(.240)	(.116)	(.159)	(.217)
Female	-.013	-.168	-.030	-.176
	(.166)	(.090)	(.136)	(.170)
Age	-.004	-.000	-.002	-.006
	(.005)	(.003)	(.004)	(.005)
Constant	3.31***	1.64***	2.04**	2.06**
	(.894)	(.459)	(.639)	(.887)
N	539	1501	647	387

R^2	.070	.165	.235	.295

Note: Standard errors in parentheses. * p<0.05; ** p<0.01; *** p<0.001

Political awareness is not observed to be statistically significant for the year 1992, but it is significant for years 2004 and 2008, both of which were presidential election years. The coefficients are negative, which indicate that opinions in these years are more liberal than in the baseline year of the analyses, and show that those who are politically aware in 2004 and 2008 tend to show preference toward government health insurance plan option. Partisan identification is statistically significant in 1992, and in 2008, indicating that those who are Republican tend to show preference for the private health insurance option. The interaction between awareness and ideology is significant in the year 2004, indicating that those who are more aware and more conservative will tend to show preference for private health insurance plan. Income is significant and positive in 1992, 2004, and 2008, indicating that those who are in the high income group tend to show preference for the government health insurance plan.

The highly partisan health care debate seems to be in the public and political agenda in the 1992 due to the Clinton reform efforts, in 2004 due to the Hillary care, where Senator Hillary Clinton revisited the health care reform issue a decade after failed reform effort from the early 1990. Another issue that was important in 2004 was the implementation of Medicare Prescription Drug, Improvements and Modernization Act (MMA), signed by President George W. Bush in December 2003, and a plan which produced the largest overhaul of Medicare in public health arena (Centers for Medicare and Medicaid Services 2012). Party D Health care was high on the agenda again in year

2008 given contentious debates about overhauling the nation's health care system. The economic environment comparing the 1992 and late 2000s will be discussed in the next chapter, however, slowing of the economy coupled with a rise in unemployment, and a rise in the group of uninsured seem to make health care reform initiatives particularly important in the 2000s. Perhaps case studies of these years examining the economy, the political environment, congressional composition and gridlock, rise in interest groups on both sides of the isle, etc., is one way to further examine the evolution, and polarization of public opinion of attitudes towards health care policy reform.

Chapter 5: Discussion and Conclusion

Discussion

The results from chapter 4 support the proposed hypotheses 1 and 3, as those in the electorate who are aware, self-identified Republican, and politically conservative seem to prefer the private health insurance option, while those who are self-identified Democrats, and politically liberal seem to prefer the public health insurance option. Examining control variables such as income, age, education, female, and race, the variables that have the most effect on the dependent variable seem to be the interaction between political awareness and political ideology, ideology, and income, in that order.

All key variables in the OLS analysis, the ordered logit estimates, as well as the estimates performed for robustness purposes dictate the same story; all key variables are observed to be statistically significant, and there are some variations in the observations for interaction terms, which are discussed below the estimated models. The overall, statistically significant coefficient of political awareness observed in Chapter 4 is in line with Luskin's (1987) and Zaller's (1992) arguments that political awareness denotes a long-term and stable characteristic of individuals pertaining to the degree to which people pay attention to and know about the political world. The greater a person's level of political awareness, the higher the likelihood of reception of persuasive messages on the particular policy issues (Zaller, 1992). This phenomenon is observed in this research; those with high level of political awareness seem to be more likely to receive conflicting, ideologically partisan messages on health care policy, and are polarized (in this case showing preference towards private health insurance option) in their opinion towards health care policy reform.

Party identification, which indicates whether a respondent is a strong or weak Democrat, independent, independent leaner or strong or weak Republican seems to have an influence on the way people think about government versus private opinion towards health care policy reform. Political ideology, which consists of whether the respondent identifies his/herself as liberal, moderate, conservative, etc., also has a direct influence on the opinion towards health care policy reform. These observed relationships are consistent with existing literature (discussed in Chapter 2) on the influence of partisanship and political ideology on polarization of public opinion on specific policy issues. Heuristic shortcuts, on-line processing, collective rationality, etc., may help citizens to form and provide opinions that are meaningful, but they do not compensate for political awareness. Ideology is a coherent set of ideas that generally explain political phenomena that people confront, and ideology offers a general set of guidelines to political issues that are on the public and political agenda. Political scientists have examined ideology as being a set of ideas falling on a spectrum that sit along two basic dimensions; the classic dimension being the traditional Left-Right dimension, as captured by the Ideology variable in the ANES. According to Zaller, "ideology is a mechanism by which ordinary citizens make contact with specialists who are knowledgeable on the controversial issues and who share the citizens' predispositions" (1992, pg. 327). People on the left side of the ideological spectrum seem to be in favor of government's role in redistribution of wealth, and people on the right seem to be in favor of individual responsibility, with privatization as the correct solution to policy issues.

It should be noted that I did attempt to interact Political Awareness with Party ID, but the interaction term was not observed to be significant, and therefore is not reported

in the final results. Among the control variables, Income and White are positive and significant, while Age is negative and significant, while Education and Female are not statistically significant. The variable Income in this research is positive, and statistically significant, and this shows a clear relationship between higher income and support for private sector role in private, or individual option for health care insurance provision. Olafsdotir and Pescolidato's research also find income to be a consistent cleavage regarding support for government responsibility in paying for medical care, and they find that those who have higher income are less likely to think that the government should pay for medical care in most years, excluding 1988, 1990, 2002 and 2004 (2010). Those who are affluent may be able to pay out-of-pocket costs for medical care, and they may also have the means of purchasing private health insurance plans; however, it should be noted that Olafsdotir and Pescolidato (2010) do not find a relationship between higher income and being more likely to favor private insurance plans for years 1992 and 2008. Higher levels of Income also relate to a person being well educated, and being more politically aware. However, other researchers have found a direct relationship between high incomes, and high health risk groups to be in favor of government's role in providing medical services (Hacker & Schlesinger, 2012).

The variable White is observed to be positive and statistically significant in this research. Compared to Blacks, Whites seem to be more likely to support government insurance plans versus private insurance plans. Olafsdotir and Pescosolidato (2010) find a consistent relationship between race and attitudes toward government responsibility in paying for medical care, where blacks are more supportive of government involvement than whites, in all years except 1993, 2002, and 2004. This is interesting because blacks,

according to social construction theory, are often seen as being from lower socio-economic backgrounds, less educated, dependents, lacking power, and perceived to be in need of government support. However, groups which might be more in need of government support of health care may often be against paying for the government intervention. Delli-Carpini and Keeter (1996) find a strong and negative correlation between race and political information, and they find that blacks are less knowledgeable than whites given the type of factual information taught in school, even when levels of education are controlled for (Delli-Carpini & Keeter, 1996). Perhaps those in the electorate who are white, may be more politically aware due to access to information, and therefore also more polarized in their opinion, showing support for private health insurance provision.

V.O. Key finds that education is associated with greater support for private health insurance (1961), but the results in this research do not show the variable Education to be significant. Education, especially formal education, is seen as playing a central role in explaining political knowledge (Delli-Carpini & Keeter, 1996), with political attitudes and behaviors as powerful predictors of knowledge levels and individuals bear the responsibility for what they know and don't know about politics (1996). Delli-Carpini and Keeter, in their research, find that political knowledge is accounted for by structural conditions such as education, income, and occupational status and these variables have a strong and independent impact on knowledge (1996). Political knowledge, in terms of education, or factual information was not incorporated in this research as political knowledge was not seen to be a persuasive variable. The variable Education in this research is not significant (unless income is removed from the equation), unlike the

relationship between political knowledge and education found in Delli-Carpini and Keeter's research. Education is used in many public opinion-related research within political science, as the relationship between education and knowledge is almost a given, and education is usually the strongest, single predictor of political knowledge (Delli-Carpini & Keeter, 1996). The reasoning is that formal education is a facilitator of political knowledge, and it is relevant to the components of the opportunity-motivation-ability triad - education promotes the opportunity to learn about politics by transmitting specific information and influencing people on career choice and social networks; it increases motivation by socializing young people to the political world and stimulating political interest; and it develops the cognitive ability that is necessary for effective learning (Delli-Carpini & Keeter, 1996). Given this rationale, the Education variable would show a relationship with Political Sophistication and Political Interest, and therefore show a positive relationship with Political Awareness. However, this is not the case. Robert Luskin's findings on political sophistication after controlling for intelligence and other characteristics that are correlated with schooling showed that formal education per se makes no measurable contribution to one's level of political sophistication (1990). Richard Niemi, et al.(1989)find that students' level of factual political knowledge do not increase greatly as they progress through high school and college, and he concludes that education is not the key to the public's understanding of politics.

The gender variable – Female, in this research is not statistically significant. As discussed in chapter 2, the female gender seems more supportive of government intervention, aid for the poor, civil rights, etc., however, gender, as a variable in the final model has a negative coefficient, but is not a statistically significant variable in the

attitude towards government spending on health care. Olafsdotir and Pescosolidato (2010) find that gender is even more consistently associated with public attitudes towards health compared to income, and women are more likely to want more spending on health care compared to men. Why isn't female support for government intervention evident in the final regression? The relationship between gender and political awareness seems complex, and also problematic and given the history of women's exclusion from national politics and continuous inequality between men and women in terms of education and resources contributes to lack of gender integration into politics; even while in nominally equal socioeconomic circumstances, women are less psychologically engaged in politics and thus less likely to be politically informed (Delli-Carpini & Keeter, 1996).

The variable Age, which ranges from age 17 to 92 is statistically significant, and the direction is negative. Since the coefficient for Age is negative, but significant and this indicates younger people are more supportive of private health insurance plans, or that older people are more supportive of the public, or government option of health care insurance. Olafsdotir and Pescosolidato (2010) find that those who are older are less supportive of government involvement with paying for medical care when examining government responsibility in paying for health care from 1975 to 2010 in the U.S. My research shows the opposite relationship, where the older folks are more supportive of government insurance plan and the younger people are more supportive of the private insurance plan. Why would younger people show more support for private, or individual health insurance plan option? This may be the case because the younger folks may think of themselves as being invincible, and while they may be more liberal overall, they may prefer to not spend money on purchasing insurance, and therefore show support for the

private, or individual responsibility for provision of health care. Also, in the past few years, the young "invincibles" may be rebelling at the idea of health care reform and them no longer having the option of skipping health care coverage. Delli-Carpini and Keeter, by disaggregating the relationship between age and knowledge, find that younger citizens are significantly less knowledgeable than older ones about political processes, but there seems to be no substantive or statistical relation between age and knowledge of specific political rights (1996). Delli-Carpini and Keeter find the correlation between age and general political knowledge is low, and age represents one's position in life that captures both the amount of time one has been exposed to the political world as well as the changing aspects of one's social and economic circumstances (1996). The authors find that political awareness is likely to increase with lengthier exposure to politics because repetition of information leads to increased learning (Delli-Carpini & Keeter, 1996).

The findings show the coefficients for 1992, 2004 and 2008 to be statistically significant for the OLS regression, which lends support the argument that these presidential and/or congressional election years are important, critical election years, at least in terms of the health care policy debate. It cannot be surmised that health care policy reforms and critical elections have always been parallel, but for the years examined in this research, health care policy has emerged and fallen on the public agenda along with the 1992 and 2008 critical election cycles in American politics. In 1992, President Clinton won the popular vote and carried states that had previously been Republican, or swing states; especially in the Northeast and the West coast. The State of California changed from being a Republican state to a Democratic state, and has been a

Democratic state ever since. In the 1994 election, Republicans won majorities in both the Senate and the House, taking control of both chambers of Congress. The 1994 election marked the rise of religious issues and the influence of the Christian Coalition in American politics. The Democrats expanded their numbers in Congress in the 2008 presidential election, and won the Presidency as well. Some political scientists have compared the 2008 election with President Roosevelt's victory in 1932 and President Reagan's election victory in 1980 (Nichols, 2012). The political scientists also believe that the 2008 election is a possible realigning election with a long-lasting impact on policy overhaul in various policy arenas (Sabato Jr., 2009). This seems to be the case for health care policy reforms.

The influence of political ideology and partisanship on mass opinion is important, especially since those in the electorate who are well-informed versus those who are not well-informed behave differently in the way they pick up on partisan cues. In order to keep things consistent, all variables were coded to exclude the 'don't know' 'not sure' responses. Berinsky and Margolis (2011) propose that public opinion polls on health care reform should be treated with caution because of the item nonresponse ('don't know' answers) on survey questions. They posit that opinion polls can actually misrepresent the attitudes of the population, as respondents with lower levels of socioeconomic resources are systematically more likely to give a 'don't know' response when asked their opinion about health care legislation, and the same individuals are more likely to go support health care reform (Berinsky & Margolis, 2011). This phenomenon poses a question for this research, and all other research that utilizes survey data. Should the 'don't know,' 'no opinion' response categories be included in research? And how can this be

accomplished? As addressed earlier, political scientists do group the 'don't know' and 'no opinion' under the 'moderate' category on the Likert scale (Abramowitz & Saunders, 2008; Campbell, 2006; Fiorina, et al. 2011), however, if the 'don't know' and 'no opinion' respondents are observed to support health care reform (Berinsky & Margolis, 2011), what does this mean for the middle of the range responses of people on the political awareness scale used in this research? It seems that the moderates how no clear predictions in terms of support of opposition to opinion towards health care insurance options. The moderates may have weaker party attachments, and therefore are not influenced by partisan discourse on contentious health policy provision or reform. The moderates are a diverse group, and they may be inattentive, politically ignorant, or not engaged (Converse, 1964; Rosenstone & Hansen, 1993). Also, according to Zaller (1992), there are costs association with acquiring information, and those with weaker partisan attachments may not want to participate given the costs of being politically engaged.

Some political scientists contend that voters are ignorant, not always rational, and that voters systematically favor irrational polices (Caplan, 2008). Those who are poorly informed about politics tend to give 'don't know' and 'no opinion' responses at higher rates than more knowledgeable people, and this tendency leaves the group of opinion givers (respondents) disproportionately well-educated, affluent, male, white, middle-aged, and partisan in comparison to the population they are supposed to wholly represent (Althaus, 2003). As a result, the particular needs, wants, and values expressed by the relatively knowledgeable groups tends to carry more numerical weight in collective preferences than they would if all voices in the electorate spoke in proportion to their

numbers (2003). If public policy does not reflect the demands of the masses, but rather the prevailing values of the elites, and if public opinion surveys capture opinion given disproportionately, what impact does this have on our democratic system? These questions require further exploration in the field of political science.

Conclusion

What are the implications of this research - why is partisan, elite influence important in the American political system? What is the role of public opinion on the policy-making process? What are the implications of polarization in the electorate? Have elites dominated the conversation on politics, especially on contentious, policy issues? What are the consequences of this phenomenon in the American democratic system?

Public Opinion in Early 1990s and Late 2000s – A Comparison

Blendon et al. (2010) have summarized public opinion on health care reform from the past decades, and while the health care policy issue both increased and decreased on the public and policy agenda, most people seemed to be in favor of some government intervention, both in the early 1990s and late 2000s. What were the factors that led to the adoption of health care reform policies in the late 2000s while the attempts towards reform failed during the Clinton years? Party polarization and framing of issues play a part in the American political landscape, and this is different from what is observed in other countries where the governing administration tries to sell the idea that health care is something that should be a right of every citizen, and that universal health care does not equal communism (Olafsdotir & Pescosolidato, 2010). Hyperpolarization of American politics and the erosion of public faith in politics and government have contributed to the

divisive debate of health care reform over time (Hacker, 2009). The Clinton health plan failed due to a combination of deep structural biases against large-scale public health provision and the inherited constraints posed by the rise of employment-based insurance, so the context was more favorable in the late 2000s compared to fifteen or so years ago (2009). The recent public opinion on health care reform seems remarkably similar to the opinion in the early 1990s, when health care reform was on the agenda as a leading, policy issue. Another potential explanation is that Americans became more supportive of health care policy reform either by rewarding a candidate with a strong emphasis on health care reform (e.g. President Clinton), and over the years leading up to a specific policy being passed (Obama's health care plan), with these upward trajectories becoming victims of the concept of path dependency (Olafsdotir & Pescosolidato, 2010).

Given that health care reform was high on the public, political and media agendas in the early 1990s and late 2000s, what were the reasons behind the Clinton reform efforts resulting in failure, while the health care reform's successful passage in the late 2000s? What are the forces that disrupted the process of incremental policy change and precipitated a radical shift in policy-making in the 2000s? Baumgartner and Jones contend that underlying these shifts are the breakdown of traditional policy subsystems (Baumgartner & Jones, 1993). The authors argue that 'policy monopolies' for a variety of reasons periodically come under extreme stress; Baumgartner and Jones describe 'policy monopoly' as a set of structural arrangements that keep policy-making in the hands of a relatively small group of interested policy actors (Baumgartner & Jones, 1993). When the policy monopolies are under stress, other actors penetrate these subsystems and create instability in the policy process, which leads to an opportunity for

significant shifts in policy-making (Smith & Larimer, 2009). The driving force behind stability and instability in the policy process is the concept of issue definition (2009). As long as there is no change in the issue definition for a particular policy, it is unlikely that the underlying policy subsystem will change; however, changes in the tone of an issue leads to changes in the level of attention the issue receives, fostering a change in the image and a change in the institutional venue upon which the institution is considered (Smith & Larimer, 2009). A change in issue definition has the ability to alter structural arrangements of a policy subsystem, which consists of relevant, active stakeholders and actors who are pushing for particular policy output. Altering the structure of a policy subsystem breaks the policy monopoly and paves the way for radical shifts in policy-making. This is exactly the phenomenon observed in comparing the health care policy reform push in the early 1990s and late 2000s. Income inequality reached its highest point in the mid-2000's since the United States began keeping such data in the 1940s (McCarty, Poole & Rosenthal, 2006). In the late 2000s, the issue definition of health care reform was linked to economic problems and rising unemployment in a country where health insurance is linked to employment. Schlesinger examines the data on American's perception of economic insecurity and attitudes towards public policy, and finds a positive relationship between economic circumstances and political attitudes (2011).

The Great-Depression resulted in putting forth many risk-buffering programs which are now widely accepted as cornerstones of American life (Hill, Hirschman, & Bauman 1996), and widespread deprivation of the Second World War primed the British public to accept the National Health Service into their lives (Jacobs, 1993; Tuohy, 1999). Similarly, hard economic times inevitably increase support for government action, and

while some may argue that the opposite is true, macroeconomic conditions create insecurities that are beyond the ability of families, employers, and other private arrangements to buffer risk, and the public certainly looks to the government as one possible source of succor (Schlesinger, 2011). In his research, Schlesinger's findings suggest that the Great Recession in the late 2000s both facilitated and impeded efforts to rally the public in favor of health care policy reform, and perceptions of past declines in the United States' economy bolstered government intervention, but household economic insecurity both distracted attention from large medical expenses - which legitimized collective action - and undermined Americans' support for additional government spending (2011). Brodie, et al. (2010) find that although Americans were ambivalent about health care reform strategies favored by Democratic leaders in the late 2000s, a majority of Americans remained committed to the idea that some sort of reform was necessary, despite expecting such initiatives to increase government spending during a time of economic stringency.

The Clinton health care policy reform effort was launched amid a relatively conservative era in public opinion – a reality that became clearer when the Republicans captured Congress in the wake of the Clinton health plan's failure (Hacker, 2009). However, public opinion polls conducted over the past decade or so show a significant move in the more liberal and pro-Democratic direction even though the two parties are more polarized today than at any point in the last decades (Hacker, 2009, 2010), mostly due to the movement of the Republican Party to the right since the 1970s (Hacker 2009). Also, the composition of the Democratic Congress in the early1990s was different from that of the mid-late 2000s (Hacker, 2010), which made the passage of PPACA possible.

As in the early1990s, Democrats in the late 2000s also had their own preferred policy approaches to health care reform, but this time around they all seemed to understand that the song they were singing had to come from the same hymnbook (2010).

Robert Blendon, et al. (2011) explain that there were similarities with the 1993-1994 reform efforts and reform efforts in the late 2000s in terms of which messages had the power to make people feel more positive toward a particular reform. One of the situations that differentiated the Obama-era effort from that of Clinton's was that unlike in early 1990s, many of the major stakeholder groups such as business and insurance industry showed an interest in reform in the late 2000s, and wanted a seat at the table, and being mindful of how negative ads helped to scuttle the Clinton health care bill, pro-reform groups such as labor unions came out of the gate with their own positive messaging, and most of the year, more people reported seeing positive ads than negative ones (Blendon, et al., 2011). Also, a crucial difference between the early 1990s and late 2000s was the larger economic climate, where America's employment-based insurance tightly linked employment with health insurance coverage for all but the poorest and the oldest of insured citizens (Hacker, 2010). The economic downturn that worsened through the 2008 election was far deeper and longer than the 1991 recession that helped Bill Clinton ascend to the presidency, and public opinion during the widespread and continuing economic anxieties in the late 2000s showed that citizens would be 'angry' or 'disappointed' if nothing was done about health care reform (2010). Among those polled, two-to-one said that the serious economic problems facing the country made it more, not less important, to take on health care reform right now (Hacker, 2010), and this is observed in Figure 1 within chapter 2. These findings are in contrast to polls during

the tail end of the Clinton health plan when a majority of the people said they would rather prefer Congress do nothing, versus pass a health care reform bill (2010). Also, over the course of the fifteen or so years since the failure of the Clinton effort, the media landscape changed drastically, with the growth of online news sources and opinion blogs providing an outlet for both ads and immediate rebuttals (Blendon, et al., 2011).

Role of Public Opinion in Policy-Making

If public opinion is not directly translated into public policy, what is the significance of public opinion in the policy-making process? Levasseur (2005) contends that the very nature of democratic governance necessitates a relationship between public opinion and public policy. John Kingdon (1995) limits public opinion to a role in the politics 'stream' of the policy-making process, with no place of public opinion in the other two streams – problem definition and specification of policy proposals. Kingdon situates public input to metrics such as pre-election polls, post-election vote counts, and national mood – which is an aggregative and majoritarian kind of opinion (Kingdon, 1995). One more approach which takes public opinion into consideration within the policy-making process is related to the role and function of advocacy coalitions and issue networks which operate within the policy subsystems. However, issue networks and advocacy coalitions consist of those individuals and entities who are passionately (at times towards the extremes of the ideological spectrum) involved in pushing certain issues agendas on the public agenda, and therefore the voice of the advocacy coalitions should not be considered an accurate representation of those in the electorate.

The relationship between public opinion and policy-making is not clearly defined, and some research shows that in general, policy-makers follow public opinion (Monroe,

1979; Page & Shapiro, 1992; Stimson, 2004; Erikson, Mackuen & Stimson, 2002), while other research shows that policy-makers ignore public opinion (Korpi, 1989; Schwartz, 1995). Some researchers find that policy elites drive public opinion toward their preferred viewpoint rather than the other way around (Kingdon, 1995; Zaller, 1992) and others argue that public opinion is an artifact measurement and does not really exist (Bishop, 2005). Hogan (1994) explains that the public's role in the policy-making process is a product of the portraits of the people constructed rhetorically by the policy-makers, and not actual opinions of the great mass of real people. The relationship between public opinion and public policy is two-way, cyclical and a dynamic phenomenon where public opinion not only influences policy, but policy influences opinion (Childs, 1965). Majone (1989) contends that public policy is made of languages, in written and oral form, and argument is central in all stages of the policy process. Some studies suggest that public opinion operates differently in different policy realms and politicians seem to invoke public opinion extensively in certain policy contexts but not in others (Cook, Barabas & Page, 2002). The nature of policy making is discursive, and public opinion does not simply translate into legislative votes, but rather, public opinion is defined by and becomes part of the argumentation process that shapes public policy (Levasseur, 2005). Childs (1965) explains that the relationship between public opinion and public policy varies greatly from issue to issue and depends on a number of factors including – the degree of agreement within the public; the intensity with which opinions are held; and the extent of organized support for and against the public position. Public opinion tends to influence policy-makers through dissatisfaction rather than a public

groundswell for positive action, and the public opinion for progressive policies, is, in essence, dissatisfaction with existing policies (1965).

Miller and Stokes' findings on collected views of both congressmen and their constituents show that the correlation between the congressman's personal attitude and the views of his constituency is positive, meaning most liberal districts tend to elect congressmen with most liberal viewpoints and vice versa (1963). Page and Shapiro (1992) examine national survey questions that are asked more than once in order to measure opinion change over time, and they argue that while individual responses may vary, the variation found is statistically random, and that attitudes across surveys and time are stable except when there is a true change in the population over a policy. The researchers find substantial congruence between opinion and policy, especially when opinion changes are large and sustained and the issues are salient (Page & Shapiro, 1992). Monroe confirms Page and Shapiro's findings that public salience is a key factor in producing policy change and issues of high salience to the public are indeed addressed by lawmakers (1998). Stimson, MacKuen and Erickson find that there is a dynamic relationship between public opinion, elections and public policy (1995). The researchers find that there is a dynamic relationship between public opinion, elections and public policy, and that House members anticipate public mood changes and can incorporate policy changes outside of election pressure, and on the Senate side, policy changes are more from the result of election results than within the direct influence of public opinion (Stimson, MacKuen & Erickson, 1995).

Is representative leadership truly responsive to public opinion? The elite-public linkage on policy issues would be more complete if representatives support the choice of the public over their own preference, especially in cases of conflict. V.O. Key wrote:

> We have practically no systematic information about what goes on in the minds of public men as they ruminate about the weight to be given to public opinion in governmental decisions (1961, pg.490).

Erikson and Luttbeg (1973) contend that the policy option that would yield the political leader the most votes and satisfy the most people is not always the majority position. We know that elites influence public opinion, but there is no consensus about the degree to which elected officials follow public opinion when crafting policies. However, the usefulness and the value of public opinion polls in research should not be undermined. Althaus (2003) believes that the cynicism of those who dismiss opinion polls as vacuous is unwarranted, as the opinion pools provide collective preferences that are similar to fully informed opinions, and at the same time, collective opinions are often a far cry from what it might look like if the mass public were better informed. The dynamics of preference aggregation presents two challenges – to the extent that public opinion surveys are seen as irrelevant to political decision making, there is a risk of mistaking the public's reasoned judgment for what may be a sudden, top-of the mind response (Althaus, 2003). The extent that surveys are taken at face value as accurate measures of public opinion seems to be risky, as there is a chance of misreading the voice of the few as the will of the many (2003).

Consequences of Polarization on Public Policy

So what are the consequences of polarizing, partisan debates in the American political system where the policy-making process in the American political system seems to be primarily elite driven? In political science, the relationship between public opinion and policy is observed as being bi-directional. However, public opinion preferences are not always directly translated into public policy for a variety of reasons. In the case of health care policy, it seems that the policy monopoly, which is usually supported by some powerful idea or image, and image that is generally connected to core political values that can be communicated directly to the public may have changed from the early 1990s to late 2000s. The quality of the public debate on issues such as health care reform that emerge on the public agenda depend on two things – the nature of the information brought to the public market-place and the ability of citizens to use this information and be able to discern their interests and articulate them effectively into informed opinions (Delli-Carpini & Keeter, 1996). The manner in which citizens are able to discern and articulate their interests depends on the immediate information environment in which the issue is debated, and also on their ability to put this information into a broader, personal and political perspective which include understanding of broad concepts such as 'liberal' and 'conservative' (1996), and this is where political ideology, partisan politics, and political parties and political candidates play a role in framing policy debates based on polarizing, ideological agendas and platforms. This dissertation adds to the existing literature on polarization, especially by clarifying the relationship between partisan polarization on health care policy, and its influence on public opinion on the policy. However, the research does not examine the directional arrow going from public opinion, to adoption of health care policy on the national stage.

How elite driven is the policy making process, and what then are the implications of ideological polarization both at the elite and therefore the mass levels on the democratic system? Have partisan, political elites dominated framing of contentious policy issues? Zaller states that is it important how one defines elite domination- if one takes it to mean that any situation in which the public changes its opinion the direction of the partisan information and leadership cues supplied by elites, then one can say that elites dominate political conversation in American politics (1992). However, the public needs to respond to elite-supplied information and leadership cues in order to make sense of ambiguous information. Zaller defines elite domination as a situation in which elites induce citizens to hold opinions that they would not hold if they were aware of the best available information (Zaller, 1992). Negative consequences of party polarization are seen as damaging to the American democratic system. A former Republican National committee chairman William E. Brock, fairly recently argued that party polarization is dangerous, counterproductive and it represents an assault upon the constitutional premise of balance which has been the norm in the first two centuries of our republic, and therefore, it can lead only to stalemate (Brock, 2004). In this sense, party polarization is worrisome as it leads to policy gridlock. Some political scientists contend that growing ideological polarization of parties contributes to stalemate and frustration in the policy-making process, and Binder (2003) and Jones (2001) demonstrate that party polarization in Congress is strongly associated with legislative gridlock, leading to policy inaction. Both Binder and Jones find that ideological divergence between the parties has a stronger negative effect on government's legislative productivity (Binder, 2003; Jones, 2001). High issue salience increses legislative gridlock under unified government, and decreases

gridlock under divided government (Jongkon, 2013). Increased polarization may also be a reason for perceived decline in the civility of American political debate (Layman, Carsey & Horowitz, 2006).

Polarization is evident in the increasingly partisan nature of political discussions on the radio, television, and the Internet, as well as in the political advertisements attacking opponent candidates (Sinclair, 2002), and also in the growing, partisan divisions in the halls of Congress (Layman, Carsey, & Horowitz, 2006). Citizens can be disengaged or less engaged by political polarization and when strong partisan division is associated with negative advertising and negative election campaigns, the phenomenon leads to demobilize the electorate, especially those voters who are unaligned (Ansolabehere & Iyengar, 1995). Some political scientists contend that party polarization has contributed to a decrease of public interest in politics, and trust in government, which leads to an increase in alienation, or apathy towards politics, and ultimately contributes to a decline in party identification, political participation and electoral turnout, especially those who occupy the ideological center (Dionne, 1991; King, 1997; Shea, 2003; Fiorina, et al. 2005).

On the other hand, while many scholars have pointed out detrimental effects of polarization on the American democratic policy, some have challenged the conventional view and highlighted the beneficial side of polarization (Hetherington, 2008; Hetherington, 2009; Abramowitz & Saunders, 2008; Levendusky, 2010). Distinct policy differences, clear policy platforms between the parties and their political candidates, leads to citizens better distinguishing between candidates' stance on issues, thus leading to policy, or issue-oriented voting. Brooks and Geer (2008) contend that one of the most

obvious benefits of polarization is that clearly differentiated positions between parties, and this need for party responsibility goes back to E. E. Schattschneider's (1960) suggestions to the American Political Science Association in regards to a failing party system. Political scientists have observed that parties should be more programmatic, and ideologically cohesive and distinct from each other on policy issues, and therefore consequences of divergent parties may be a positive phenomenon, as party divergence enhances the degree of policy representation in the political process (Layman, Carsey, & Horowitz, 2006). This means that the candidates who are elected are more likely to represent the views of their constituency (2006). Hetherington contends that with increasing polarization of party positions, parties appear to be more responsible than before, and therefore elite polarization seems to have stimulated political engagement at the mass level (2008). Greater ideological cohesion and discipline within parties in government means that the winning party, or the party in power, is more likely to act in a coherent way to enact the policy programs that it presents to voters during campaigns (Jacobson, 2000; Burden, 2001; Crotty, 2001). Political scientist Pomper believes that the United States is moving closer towards a parliamentary system of government with parties contesting elections on the basis of coherent policy programs, and once in office, pursuing the goals of their platforms as a unified entity (Pomper, 2003). Abramowitz and Saunders demonstrate that intense polarization led to an increase in the level of public engagement in the 2004 presidential election rather than turning voters off, and thus people tend to participate more with increased polarization because voters consider the election as being important if they perceive greater differences between the candidates and parties (Abramowitz & Saunders, 2008).

Has the increase in party polarization in American politics contributed to a strengthening of the parties in the electorate? The polarization literature discussed in chapter 2 would attribute party polarization to polarization in the electorate. This phenomenon has an impact on the policy-making process, especially when the public and law-makers perceive certain policies (i.e. health care policy reform) to be contentious; holding strong, extreme positions on the type of policy alternative that ought to be adopted and implemented. Political scientists contend that there was a sharp decline in the percentage of Americans claiming to strongly identify with one of the two major parties from years 1964 to 1976 (from 38% to 25%) according to ANES data, and that an increase (from 8% to 14%) of the percentage of 'pure' independents is also evident for the same time period (Layman, Carsey & Horowitz, 2006). Since the mid-1970s, there has been a further increase in the independents, and independent 'leaners' – who see themselves being closer to one party than to the other, and there has also been a decrease in the percentage of individuals who identify with a party but do so weakly (Bartels, 2000; Weisberg, 2002). However, since independent leaners are often more partisan in their political behavior compared to weak party identifiers (Petrocik, 1974), perhaps this means that there has not been a further decline in the strength of mass partisanship since 1976 (Layman, Carsey & Horowitz, 2006). According to Hetheringon (2001), there has been resurgence in party identification and its role in shaping mass political behavior as seen by the percentage of strong partisans which has rebounded in the past decade. The degree to which citizens express positive affect towards one party and negative affect towards the other has increased markedly (Hetherington, 2001), and the relationship between party identification and vote choice in both presidential and congressional

elections has also grown stronger over time (Bartels, 2000). The foundations of mass partisanship have become less affective and more cognitive – based less on parental party identification and more on recognition of partisan policy differences (Pomper & Weiner, 2002). This type of party divergence has contributed, by some measures, to an increase in ideological sophistication of mass political orientations (Layman, Carsey, & Horowitz, 2006).

The increasing connection between partisanship and policy attitudes may be a result of partisan persuasion on issues as well as to issue positions shaping party ties (Zaller, 1992; Carsey & Layman, 2006). Layman and Carsey (2002a) find that awareness of party differences on multiple policy agendas is strongly related to the coherence of party identifiers' attitudes across policy agendas. If citizens' policy attitudes are shaped by consistently liberal or consistently conservative positions of the Democratic and Republican elites, respectively, then these attitudes show grow more constrained and coherent (Layman, Carsey & Horowitz, 2006).

Polarization and Elite Influence – Implications for Democracy

The framework for this research, using political sophistication and influence on public opinion can be applied to study other policy issues, and the measure of sophistication can be a useful tool in examining public opinion on other, domestic, contentious (often partisan) policy issues. This research answers some questions about the relationship of partisanship, ideology, and political sophistication on health care policy, but the research also posits other questions which can be explored further. Why does the current literature on public opinion lack clear and distinct definitions of political sophistication, political knowledge, factual information, political awareness, etc.? What

is the optimal method (if any) for incorporating the missing voices – 'don't know' and 'no opinion' categories in survey research? Does public opinion on policy a collection of responses from politically aware, well-educated, affluent, middle-aged, white males, or does the miracle of aggregation counter the idea of disproportionate representation?

References

Abramowitz, A. I. (1995). The end of the democratic era? 1994 and the future of congressional election research. *Political Research Quarterly, 48*, 873-890.

Abramowitz, A. I. (2010). *The disappearing center: engaged citizens, polarization and American democracy*. New Haven, CT & London, UK: Yale University Press.

Abramowitz, A. I., & Saunders, K.L. (1998). Ideological realignment in the U.S. electorate. *Journal of Politics, 60* (3), 634-652.

Abramowitz, A. I. & Saunders, K. L. (2008). Is polarization a myth? *The Journal of Politics, 70* (2), 542-55.

Abramson, P. R, Aldrich, J. H. & Whode, D.W. (1999). *Change and continuity in the 1996 and 1998 elections*. Washington, D.C.: Congressional Quarterly Press.

Achen, C. H. (1975). Mass political attitudes and the survey response. *American Political Science Review, 69*,1218-1231.

Adams, Greg D. (1997). Abortion: Evidence of issue evolution. *American Journal of Political Science, 41*, 18-37.

Aldrich, J. H. (1996). *Why parties? The origin and transformation of party politics in America*. Chicago, IL: University of Chicago Press.

Aldrich, J. H. (2003). Electoral democracy during politics as usual and unusual. In Mackuen,. & Rabinowitz, G. (Eds.), *Electoral democracy*. Ann Arbor, MI: University of Michigan Press.

Aldrich, J. H., & Rhode, D.W. (2001). The logic of conditional party government. In Dodd., & Oppenheimer (Eds.), *Congress reconsidered* . New York: Praeger.

Allport, G.W. (1961). *Pattern and growth in personality*. New York: Holt, Rinehart & Winston.

Althaus, S. (1996). Opinion polls, information effects and political equality: Exploring ideological biases in collective opinion. *Political Communication, 13*(1)

Althaus, S. (1998). Information effects in collective preferences. *American Political Science Review, 2*, 90 - 112.

Althaus, Scott L. (2003). *Collective preferences in democratic politics: Opinion surveys and the will of the people*. Cambridge University Press.

Altmeyer, A. J. (1935). "Report to the President." *Social Security Archives.*

Alvarez, R. M. (1997). *Information and elections.* Ann Arbor: University of Michigan Press.

American National Election Studies. (2013). *Data center* (Data file). Retrieved from: http://www.electionstudies.org/studypages/download/datacenter_all.htm

Andreß, H. & Heien, T. (2001). Four worlds of welfare state attitudes? A comparison of Germany, Norway, and the United States. *European Sociological Review, 17,* 337-56.

Anderson W. (2006). Workforce issues and consumer satisfaction. *Medicaid Personal Assistance Services, 28*(1).

Ansley, H. (2011, April 21). *Cornell university library*. Retrieved from: http://www.library.cornell.edu/resrch/citmanage/apa

Ansolabehere, S. & Iyengar, S. (1994). Riding the wave and claiming ownership over issues: The joint effects of advertising and news coverage in campaigns. *Public Opinion Quarterly, 58,* 335-357.

Ansolabehere, S., & Iyengar, S. (1995). *Going negative: How political advertisements shrink and polarize the electorate*. New York: Free Press.

Ansolabehere, S., Snyder, J.M. & Stewart, C. (2001). Candidate positioning in U.S. house elections. *American Journal of Political Science, 45,* 136-59.

Arrow, K. J. (1963). *Social voice and individual values*. New York, NY: John Wiley and Sons.

Austen-Smith, D. (1993). Information acquisition and orthogonal argument. In Barnett, W.A., Hinich, M.J., & N.J. Schofield (Eds.), *Political economy: Institutions, choice, and representation*. New York: Cambridge University Press.

Bafumi J. & Shapiro, R. (2009). A new partisan voter. *The Journal of Politics, 71* (1), 1-24.

Baldwin, P. (1990). *The politics of social solidarity: Class basis of the European welfare state, 1875-1975*. Cambridge: Cambridge University Press.

Barabas, J. (2009). Not the next IRA: How health savings accounts shape public opinion. *Journal of Health Politics, Policy and Law, 34* (2).

Bartels, L. M. (1996). Uninformed votes: Information effects in presidential elections. *American Journal of Political Science 40* (1), 194-230.

Bartels, L. M. (2000). Partisanship and voting behavior, 1952-1996. *American Journal of Political Science*, 44 (*January*), 35-50.

Bartels, L. M. (2003). Is "popular rule" possible? In: polls, political psychology and democracy. *The Brookings Review, 21* (3).

Bartels, L. M. (2006). What's the matter with Kansas? *Quantitative Journal of Political Science, 1,* 201-26.

Baumgartner, F.R., & Jones, B.D. (1993). *Agendas and instability in American politics*. Chicago: University of Chicago Press.

Beck, P. A. (2002). Encouraging defection: The role of personal discussion networks in partisan desertions to the opposition party and perot votes in 1992. *Political Behavior, 24* (December, 2002), 309-338.

Beck, P. A. (2003). A tale of two electorates: The changing American party coalitions, 1952-2000. In Green., & Farmer. (Eds.), *The state of the parties*. Lanham, MD: Rowman and Littlefield.

Belknap, G., & Campbell, A. (1951). Party identification and foreign policy attitudes. *Public Opinion Quarterly, 15*, 601-623.

Bennett, S. E. (1988). Know-nothings' revisited: The meaning of political ignorance today. *Social Science Quarterly, 69*, 476–490.

Berinsky, A., & Margolis, M. (2011). "Missing Voices: Polling and Health Care." *Journal of Health Politics, Policy and Law*. *36*(6).

Bernstein, J., and R. A. Stevens. 1999. Public Opinion, Knowledge, and Medicare Reform. *Health Affairs, 18,*180-193.

Binder S. A. (2003). *Stalemate: Causes and consequences of legislative gridlock*. Washington, DC: Brookings Institution.

Bishop, G. F. (2005). *The illusion of public opinion: Fact and artifact in American public opinion polls*. Lanham, MD: Rowman & Littlefield.

Blendon, R. J. (2005). "Voters and Health Care In The 2004 Election." Data watch Health and Election, Kaiser Family Foundation.

Blendon, R. J., Altman, D.E., Benson, J. M., Brodie, M., Buhr, T., Deane, C., & Buscho, S. (2008). Voters and health reform in the 2008 presidential election. *New England Journal of Medicine, 359*, 2050-2061.

Blendon, R. J., Leitman, R. Morrison, I. & Donelan, K. (1990). Satisfaction with health systems in ten nations. *Health Affairs, 9*, 185-192.

Blendon, R. J., Minah, K., & Benson, J.M. (2001). The public versus the world health organization on health system performance." *Health Affairs, 20*, 10-20.

Blendon, Robert, MollyAnn Brodie, John Benson, and Drew Altman. (2011). *American public opinion and health care*. CQ Press.

Block , J. R. R. (2013). Political interest is increasing: Evidence from the American national election studies. (with Betsy Jane Becker and Ariel M. Aloe). – work in progress

Boben, P. (1998). Overview: Changing healthcare systems: Trends in spending, coverage, and delivery. *Healthcare Financing Review*, *20*(1).

Bond, J.R., and Fleisher, R. (2000). *Polarized politics: Congress and the president in a partisan era*, Washington: CQ Press.

Brady, D. & Kessler, D. (2010). Who supports health reform? *Political Science and Politics*, *43* (1), 1-6.

Brewer, M. D., Mariani, M.D., & Stonecash, J.M. (2002). Northern democrats and party polarization in the U.S. house. *Legislative Studies Quarterly*, *27*(Aug.), 423-44.

Brewer, M. D., & Stonecash, J.M. 2007. *Split: Class and cultural divides in American politics*. Washington, DC: CQ Press.

Brock, W. E. (2004, June 27). A recipe for incivility. *Washington Post*. Retrieved from: http://www.washingtonpost.com/wp-dyn/articles/A6947-2004Jun25.html

Brodie M., & Blendon R.J. (1995). The impact of public opinion on the rise and fall of health care reform. *Journal of Helath Poltiics and Policy Law*, *20*.

Brodie, M., Altman, D., Deane, C., Buscho, S., & Hamel, E. (2010). Liking the pieces, not the package: Contradictions in public opinion during health care reform. *Health Affairs*, *29*, 1125-1130.

Brooks, C., & Manza, J. (2006). Social policy responsiveness in developed democracies. *American Sociological Review*, *71* (3), 474-94

Brooks, C., & Manza, J. (2007). *Why welfare states persist: The importance of public opinion in democracies*. Chicago: University of Chicago Press.

Brooks D. J., & Geer, J. (2008). Comments on chapter one. In Nivola, P.S., & Brady, D. W. (Eds.) *Red and blue nation?* Vol. II, Washington D.C.: Brookings Institution Press.

Brown, R. (1965). *Social psychology*. New York: Free Press.

Buhr, T., & Blendon, R.J. (2011). Trust in government and health care institutions. In: *American Public Opinion and Health Care*. Washington, D.C.: CQ Press.

Burnham, W. D. (1970) *Critical elections and the mainsprings of American politics*. W.W. Norton & Company.

Burden B. C. (2001). The polarizing effects of congressional primaries. In Gladerisi, P. F., Ezra, M., & Lyons, M. (Eds.) *Congressional primaries and the politics of representation (*pp. 95–115) Lanham, MD: Rowman & Littlefield

Burden, B. C., & Frisby, T.F. (2004). Preferences, partisanship, and whip activity in the U.S. house of representatives. *Legislative Studies Quarterly, 29,* 569-9.

Burstein, P. (2003). The impact of public opinion on public policy: A review and an agenda. *Political Research Quarterly, 56* (1), 29.

Buterman, S. (2005). U.S. and German case studies in chronic care management: an overview. health care financing review. *Health Care Financing Review, 27*(1).

Callaghan, Karen & Frauke Schnell (eds.). 2005. *Framing American Politics*.

Campbell, A., Converse P.E., Miller W.E., & Stokes D.E. (1960). *The American voter*. New York: John Wiley & Sons, Inc.

Caplan, B.D. (2008). *The myth of the rational voter: Why democracies choose bad policies*. Princeton University Press.

Carmines, E.G., & Stimson, J.A. (1986). On the structure and sequence of issue evolution. *The American Political Science Review, 80* (3), 901-920.

Carmines, E. G., & Stimson, J.A. (1989). *Issue evolution: Race and the transformation of American politics*. Princeton University Press.

Carmines, E. G., & Woods, J. (2002). The role of party activists in the evolution of the abortion issue. *Political Behavior, 24,* 361-77.

Carmines, E.G., & Stimson, J.A. (1980). The two faces of voting. *The American Political Science Review, 74*(1), 78-91.

Carson, J., Crespin, M., Finocchiaro, C., & Rhode, D. (2004). "The Impact of Congressional Redistricting on Candidate Emergence in the U.S. House of Representatives, 1962-2002" A paper presented at the Annual Meeting of the Midwest Political Science Association.

Cassel, C. A. (1984). Issues in measurement: The "levels of conceptualization" index of ideological sophistication. *American Journal of Political Science, 28,* 418-429.

Chaffee, S. H., & Wilson, D.G. (1977). Media rich, media poor: Two studies of diversity in agenda holding." *Journalism Quarterly, 54* (3), 466-476.

Champlin, D., & Knoedler, J. (2008). Universal health care and the economics of responsibility. *Journal of Economic Issues, 42*(4).

Chatterjee, P. (1999). *Repackaging the welfare state*. NASW Press.

Childs, H. L. (1965). *Public opinion: Nature, formation, and role* .Princeton, N.J.,: Van Nostrand.

Chong, D. (1993). How people think, reason, and feel about rights and liberties. *American Journal of Political Science 37*, 867-899

Chong, D. (1996). Creating common frames of reference on political issues. In Mutz, D.C., Sniderman, P., & Brody, R.A. (Eds.), *Political Persuasion and Attitude Change*. Ann Arbor: University of Michigan Press.

Chong, D., McClosky, H., & Zaller, J. (1984). Social learning and the acquisition of political attitudes. In H. McClosky & J. Zaller (Eds.) *American ethos*. Boston: Harvard University Press.

Claassen, R. L. (2011). Political awareness and electoral campaigns: Maximum effects for minimum citizens?" *Political Behavior 33*, 2011, pp. 205-223.

Classen, R. L., & Highton, B. (2009). Policy polarization among party elites and the significance of political awareness in the mass public. *Political Research Quarterly, 62* (3).

Centers for Medicare and Medicaid Services. (2012). Retrieved from http://www.medicare.gov/part-d/

Cohen J. et al. (2001). *American political parties: Decline or resurgence*? Washington D.C.: Congressional Quarterly Books.

Coleman, J. J. (1997). The decline and resurgence of congressional party conflict. *Journal of Politics 59* (Feb.), 165-84.

Cook, F.L., Barabas, J., & Page, B. (2002). Invoking public opinion: Policy elites and social security. *The Public Opinion Quarterly, 66* (2).

Cooperative Congressional Election Survey (2008). Retrieved from: http://projects.iq.harvard.edu/cces/data.

Conolly, W. E. (1972). On interests' in politics. *Politics and Society, 2*, 459-477.

Converse, P. E. (1964). *The nature of belief systems in mass publics*. In Apter, D.E. (ed.), *Ideology and discontent*. New York: Free Press

Converse, P. E. (1970). Attitudes and non-attitudes: Continuation of a dialogue. Paper presented at meeting of the International Congress of Psychology, Washington, D.C. Published in 1970 in E.R. Tufte (ed.). *Readings in Social Psychology*. New York: Holt, Rinehart and Winston.

Converse, P.E. (1990). Popular representation and the distribution of information. In Freejohn, J.A., & Kuklinski, J.H. (Eds.), *Information and democratic processes.* Urbana: University of Illinois Press.

Converse, P., & Pierce, R. (1986) *Political representation in France*. Cambridge, MA: Belknap Press of Harvard University Press.

Cox, G., & McCubbins, M. (2006). *Setting the agenda: Responsible party government in the U.S. house*. Cambridge: Cambridge University Press.

Crotty W. (2001). Policy coherence in political parties: The elections of 1984, 1988, and 1992. In *American Political Parties: decline or resurgence?* (ed). Cohen et al. 2001, pp. 122–37

Cusack, T., Torben, I., & Rehm, P. (2006). Risks at work: The demand and supply sides of government redistribution." *Oxford Review Economic Policy, 22*(3), 365-89.

Dahl, R. A. (1956). *A preface to democratic theory*. Chicago, IL: University of Chicago Press.

Dahl, R. (1976). *Democracy in the United States: Promise and performance*. (3rd Ed.). New York: Rand McNally

Dahl, R. (1979). A review of "who really rules?" New Haven and community power reexamined." *Social Science Quarterly, 60*, 144-151.

Deane, C. (2011). *Public opinion and health care policy*. Retrieved from: http://www.kaiseredu.org/tutorials-and-presentations/public-opinion-and-health-care.aspx

Dearing J. W., & Rogers, E. (1996). *Agenda-setting*. SAGE: NY.

Delli, C., Michael X., & Keeter, S. (1996). *What Americans know about politics and why it matters*. New Haven: Yale University Press.

Denney, W.M., Hendricks, J.S., & Kinder, D. R. (1980). "Personal Stakes versus Symbolic Politics." Paper delivered to the Annual Meeting of the American Association for Public Opinion Research, Cincinnati, Ohio, Summer 1980.

Devins, N. (2011). Party polarization and congressional committee consideration of constitutional questions. *Northwestern University Law Review, 105*, 737-788

Dodd, L., & Oppenheimer, B. (1977). The house in transition. In Dodd, L., & Oppenheimer, B (Eds), *Congress reconsidered*. New York: Praeger

Dodd, L., & Oppenheimer, B. (2005). A decade of republican control: The house of representatives, 1995-2005. In Dodd, L., & Oppenheimer, B (Eds), *Congress reconsidered* 8th edn.

Donelan, K., Blendon R.J., Schoen, C., Davis, K., & Binns, K. (1999). The cost of health system change: Public discontent in five nations." *Health Affairs, 18*, 206-16.

Downs, A. (1957). *An economic theory of democracy*. New York: Harper and Brothers.

Druckman, J. N. (2001). On the limits of framing effects: Who can frame? *Journal of Politics, 63*, 1041-1066.

Druckman, J. N. (2004). Political preference formation: Competition, deliberation, and the (ir)relevance of framing effects. *American Political Science Review*, *98*, 671-686.

Easton, D. (1953). *The political system: An inquiry into the state of political science*. New York: Knopf.

Edwards III, G.C. (2003). *On Deaf Ears: The Limits of the Bully Pulpit*. Yale University Press.

Ehrlich, R., & Davis, M. (1945). *Four national health bills compared*. Box 210, Witte Papers.

Entman, R. M. (1993). Framing: toward clarification of a fractured paradigm. *Journal of Communication*, *43*, 51-58.

Erikson, R., & Luttbeg, N. (1973). American public opinion: It's Origins, Content and Impact. New York: Wiley and Sons.

Erickson, R. S., MacKuen M.B., & Stimson, J.A. (2002). *The macro polity*. New York: Cambridge University Press.

Erickson, R., & Tedin, K. (2001). *American public opinion*. Longman Press.

Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Princeton, NJ:Princeton University Press.

Faulkner, E. J. (1960). *Health insurance*. New York, NY: McGraw-Hill.

Feldman, S. (1989). Measuring issue preference: The problem of response instability. *Political Analysis, 1* (1), 25-60.

Feldman, S., & Conover, P.J. (1983). Candidates, issues and voters: The role of inference in political perception. *Journal of Politics, 45*, 533-543.

Fenno, R. F., Jr. (1966). *The power of the purse: Appropriations politics in congress*. Boston: Little Brown.

Fiorina, M. P. (2011). *Culture war? The myth of a polarized America*. New York: Pearson.

Fiorina, Morris P., & Levendusky, M.S. (2006). Disconnected: The political class versus the people. In Nivola, & Brady (Eds.) *Red and blue nation.*

Fischer, F. (1980). *Politics, values, and public policy: The problem of methodology*. Boulder, Colorado: Westview Press.

Fishkin, J.S. (2009). *When the people speak: Deliberative democracy and public constitution*. USA: Oxford University Press

Fiske, S. T., Lau, R. R., & Smith, R. A. (1990). On the varieties and utilities of political expertise [Special Issue: Thinking about politics: Comparisons of experts and novices]. *Social Cognition, 8*, 31–48.

Fleisher, R., & Bond, J.R., (2000).Partisanship and the president's quest for votes on the floor of congress. In Fleisher, R., & Bond, J.R., (Eds.) *Polarized politics: Congress and the president in a partisan era*. Washington, DC: CQ Press.

Fleisher R., & Bond, J.R., (2004). The shrinking middle in the US congress. *British Journal of Political Science, 34*, 429-51.

Fong, C. (2001). Social preferences, self-interest, and the demand for redistribution. *Journal of Public Economics, 82*, 225-246.

Frenk, J. (1994). Dimensions of health system reform. *Health Policy, 27*, 19-34.

Gabel, M., & Scheve, K. (2007). Estimating the effect of elite communications on public opinion using instrumental variables. *American Journal of Political Science, 51* (4), 1013-1028.

Gamson, W. A. (1992). *Talking politics*. New York: Cambridge University Press

Gamson, W., & Modigliani, A. (1966). Knowledge and foreign policy opinion. *Public Opinion Quarterly, 30*, 187-199.

Gaus, K. F. (1809). Werke 4, 1-93, Gottingen.

Gavin, N., & Sanders, D. (2003). The press and its influence on British political attitudes under new labour. *Political Studies, 51*, 573-591.

Gelman, A., Lee, D., & Ghitza, Y., (2010). Public opinion on health care reform." *The Forum, 8*(1): Article 8.

Gerber, E. R. & Jackson, J. E. (1993). Endogenous preferences and the study of institutions. *American Political Science Review, 87* (3), 639-656.

Gilens, M. (1999). *Why Americans hate welfare: Race, media, and the politics of antipoverty policy*. Chicago, IL: University of Chicago Press.

Gilens, M. (2001). Political ignorance and collective policy preferences. *American Political Science Review, 95*(2), 379-98.

Gollust, S. E., Lantz, P. M., & Ubel, P. A. (2009). The polarizing effect of news media messages about the social determinants of health. *American Journal of Public Health, 99*(12), 2160-2167.

Gollust, S. E., & Lynch, J. (2010). *Who deserves health care? The effects of group cues and causal attributions on health policy opinion*. Manuscript in preparation.

Gomez, B. T., & Wilson, J.M., (2001). Political sophistication and economic voting in the American electorate: A theory of heterogeneous attribution. *American Journal of Political Science, 45,* 899-914.

Gonzalez-Block, M. (1997). Comparative research and analysis methods for shared learning from health system reforms. *Health Policy, 42,* 187-209.

Goodridge, A. (2010). A history of overhauling health care: Nearly 100 years of legislative milestones and defeats. *The New York Times.* Retrieved from: http://www.nytimes.com/interactive/2009/07/19/us/politics/20090717_HEALTH_TIMELINE.html

Gordon, C. (2005). *Dead on arrival: The politics of health care in twentieth-century America*. Princeton University Press.

Graber, D. A. (2006). *Mass media and American politics*. CQ Press.

Grose, C. R., & Yoshinaka, A. (2003). The electoral consequence of party switching by incumbent members of congress, 1947-2000. *Legislative Studies Quarterly, 28,* 55-75.

Hacker, J. (2006). *The great risk shift: The assault on American jobs, families, health care, and retirement – and how you can fight back*. Oxford University Press.

Hacker, J. S. (2009). Yes we can? The push for American health security. *Politics and Society*37(3):3-32

Hacker J. S., & Schlesinger, M. (2012). Insecure alliances: Risk, inequality, and support for the welfare state. *American Political Science Review, 106* (2).

Hadley, J., Holahan, T. Coughlin, & Miller, D. 2008. Covering the uninsured in 2008: Current costs, sources of payment, and incremental costs. *Health Affairs, 27*.

Harrington, S. (2010). The health insurance reform debate. *Journal of Risk and Insurance, 77* (1).

Hathrie, H., & Brady, D.W. A delayed return to historical norms: Congressional party polarization after the second world war. *British Journal of Political Science,* 37, 505-31.

Hartman, M., Martin, A., McConnell, P., Catlin, A., & the National Health Expenditure Accounts Team (2009). National health spending in 2007: Slower drug spending contributes to lowest rate of overall growth since 1998. *Health Affairs, 28* (February), 246-261.

Heberling, E. S., Hetherington, M. J., & Larson, B. A. (2006). The price of leadership: Campaign money and the polarization of congressional parties. *Journal of Politics, 68*, 989-1002.

Henderson, M., & Hillygus, S. (2011). The dynamics of health care opinion, 2008-2010: Partisanship, self-interest, and racial resentment. *Journal of Health Politics, Policy and Law, 36* (6).

Hershey, M. R. (2009). *Party politics in America*. Longman Press.

Hetherington, M. J. (2001). Resurgent mass partisanship: The role of elite polarization. *American Political Science Review 95*, 619-631.

Hetherington, M. J. (2005). *Why trust matters: Declining political trust and the demise of American liberalism*. Princeton, N.J.: Princeton University Press.

Hetherington, M. J. (2008). Turned off or turned on? How polarization affects political environment. In Nivola, P. S., & Brady, D. W. (Eds) . *Red and blue nation?* Vol. II, Washington D.C.: Brookings Institution Press.

Hetherington, M. J. (2009). Review article: Putting polarization in perspective. *British Journal of Political Science, 39*(4), 413-448.

Higgins, T., & King, G. (1981). Accessibility of social constructs: Information processing consequences of individual and contextual variation. In Cantor, N., & Kihlstrom, J.F., & Hillsdale, N. J. (Eds.), *Personality, cognition and social interactions*.

Hill, R. P., Hirschman, E. C., & Bauman, J. F. (1996). The birth of modern entitlement programs: Reports from the field and implications for welfare policy. *Journal of Public Policy and Marketing, 15*, 263-277.

Hinckly, K., & Hill, B.S., (1997). On trecherous ground: The strategic choices of health interest groups. In Litman, T. J., & Robins, L. S. (Eds.), *Health Politics and Policy*. Albany, N.Y.: Delmar.

Hoffman, C. (2009). *National health insurance—a brief history of reform efforts in the U.S.* Retrieved from http://www.kff.org/healthreform/upload/7871.pdf

Hogan, J.M. (1994). *The nuclear freeze campaign: Rhetoric and foreign policy in the telepolitical age*. East Lansing: Michigan State University Press.

How Does the United States Compare? (2012). (Health expenditure as a share of GDP, OECD countries, 2010). *OECD Health Data Plan 2011*. Retrieved from: http://www.oecd.org/unitedstates/BriefingNoteUSA2012.pdf

How Does the United States Compare? (2012). (Health expenditure per capita, public and private expenditure, OECD countries, 2010). *OECD Health Data Plan 2011*. Retrieved from: http://www.oecd.org/unitedstates/BriefingNoteUSA2012.pdf

Huber, E., & Stephens, J. D. (2001). *Development and crisis of the welfare state: Parties and policies in global markets*. Chicago: University of Chicago Press.

Iversen, T., & Soskice, D., (2001). An asset theory of social policy preferences. *American Political Science Review, 95*(4), 875-95.

Iyengar, S. (1991). *Is anyone responsible? How television frames political issues*. The University of Chicago Press.

Iyengar, S., Curran, J., Lund, B. A., Salovaara-Moring, I., Hahn, K. S., & Coen, S. (2010). Cross-national versus individual-level differences in political information: A media systems perspective. *Journal of Elections, Public Opinion and Parties*, 20 (3), 291-309.

Jacobs, L. (1993). *The health of nations*. Ithaca, NY: Cornell University Press.

Jacobs, L. R. (2005). Health disparities in the land of equality. In J. A. Morone & L. Jacobs (Eds.), *Health, wealthy, and fair: Health care and the good society*. New York, NY: Oxford University Press

Jacobs, L., & Shapiro, R. (1994). Issues, candidate image, and priming: The use of private polls in Kennedy's 1960 presidential campaign. *The American Political Science Review, 88*(3).

Jacobs, L., & Shapiro, R. (1995). Don't blame the public for failed health care reform. *Journal of Health Politics, Policy and Law, 20*(2).

Jacobs, L. R., & Shapiro, R. Y. (2000). *Politicians don't pander*. Chicago: University of Chicago Press.

Jacobson, G. C. (2000). Party polarization in national politics: The electoral connection. In Bond, J. R., & Eleisher, R. (Eds.), *Polarized politics: Congress and the president in a partisan era*. Washington, DC: CQ Press, 9-30.

Jacobson, G. C. 2002. "Partisan polarization in presidential support: The electoral connection." Prepared for delivery at the 2002 Annual Meeting of the American Political Science Association.

Jacobson, G. C. (2004). "Explaining the ideological polarization of congressional parties since the 1970s." Presented at the Annual Meeting of the Midwest Political Science Association.

Jacoby, W. G. (2000). Issue framing and public opinion on government spending. *American Journal of Political Science, 44*(4), 750-67.

Jamieson, K. H., & Falk, E. (2000). Continuity and change in civility in the house.

published in polarized politics: congress and the president in a partisan era. Bond, J., & Fleisher, R. *Congressional Quarterly*: Washington D.C.

Jerit, J. (2006). Reform, rescue, or run out of money? Problem definition in the social security reform debate. *Press/Politics. 11*(1), 9-28.

Jerit, J. (2008). Issue framing and engagement: Rhetorical strategy in public policy debates. *Political Behavior, 30*, 1-24.

Jerit, J., & Barabas, J. (2006). Bankrupt rhetoric: How misleading information affects knowledge about social security." *The Public Opinion Quarterly*, *70*(3), 278-303.

Jerit, J., Barabas, J., & Bolsen, T. (2006). Citizens, knowledge, and the information. *American Journal of Political Science*, *50* (2), 266-282.

Jones, D. R. (2001). Party polarization and legislative gridlock. *Political Research Quarterly, 54*, 125-141.

Jones D. R., & Baumgartner, F. R. (2007). *The politics of attention: How government prioritizes problems*. The University of Chicago Press.

Jones B., Baumgartner, F. R., & True, J. L. (1995). "The shape of change: punctuations and stability in U.S. budgeting, 1946-94." Working Paper 42, Program in American Politics, Texas A&M University.

Jongkon, L. (2012). Contingent party pressure and legislative gridlock. *American Politics Research*, 20 (10), 1-26.

Junn, J. (1991). *Participation and political knowledge*. In W Crotty (Ed.), *Political participation and American democracy*. New York: Greenwood Press.

Kaiser slides. (2012). Retrieved from http://facts.kff.org/chart.aspx?ch=1456

Kang, S., & Powell G. B. (2010). Representation and policy responsiveness: The median voter, election rules, and redistributive welfare spending. *Journal of Politics, 72*(4), 1014-28.

Katz, D. (1960). The functional approach to the study of attitudes. *Public Opinion Quarterly*, *24*, 163-204.

Keith, B., D. Magleby, C. Nelson, E. Orr, M. Westlye, and R.Wolfinger. (1992). *The Myth of the Independent Voter*. Berkeley: University of California Press.

Kessler, D., & Brady, D. (2010). Why is health care reform so difficult? *Journal of Health, Politics, Policy and Law*.

Key, V.O. (1966). *The responsible electorate: Rationality in presidential voting, 1936-1960*. Belknap Press.

Kinder, D. R. (1983). Diversity and complexity in American public opinion. In Finifter, A. (Ed.), Washington, DC: APSA Press.

Kinder, D.R., & Kiewiet, D.R. (1981). Sociotropic politics. *British Journal of Political Science, 11*, 129-161.

Kingdon, J.W. (1995). *Agendas, alternatives and public policies* (2nd Ed.). New York, NY: Harper Collins College Publishers

Kirscht, J.P., & Dillehay, R. C. (1967). *Dimensions of authoritarianism*. Lexington, KY: University of Kentucky Press.

Klem, M. (1951). Voluntary medical care insurance. *AAAPSS* 273.

Knight, K. (1985). Ideology in the 1980 election: Ideological sophistication does matter. *Journal of Politics, 47*(3), 825-853.

Koch, J. W. (1998). Political rhetoric and political persuasion: The changing structure of citizens' preferences on health insurance during policy debate. *Public Opinion Quarterly, 62*, 209-229.

Konda, T. M., & Singelman, L. (1987). Public evaluations of the American parties 1952-1984. *The Journal of Politics, 49*, 814-29.

Korpi, W. (1983). *The democratic class struggle*. London: Routledge.

Korpi, W. (1989). Power, politics, and state autonomy in the development of social citizenship. *American Sociological Review*, *54* (2), 309-328.

Kronenfeld, J. J., & Kronenfeld, M. R. (2004). *Healthcare reform in America: A reference handbook*. Contemporary World Issues, ABC-CLIO.

Krosnick, J. A. (1990). Government policy and citizen passion: A study of issue publics in contemporary America. *Political Behavior, 12*(1), 59-92.

Krutz, G. (2001). *Hitching a ride: Omnibus legislating in congress*. Columbus: Ohio State University Press.

Lane, R. E. (1973). Patterns of political belief. In Knuston, J. (Ed.), *Handbook of Political Psychology*. San Franscisco: Jossey-Bass.

Laveine, H., & Gschwend, T. (2007). Issues, party and character: The moderating role of ideological thinking on candidate evaluation. *British Journal of Political Science, 37*, 139-163.

Layman, G. C., & Carsey, T. M. (2000). "Parties at the poles: Mass party polarizationon multiple ideological dimensions." Paper presented at the Annual Meeting of the American Political Science Association, Washington, D.C.

Layman, G. C., & Carsey, T. M. (2002a). Party polarization and 'conflict extension' in the American electorate. *American Journal of Political Science, 46*, 786-802.

Layman, G. C., & Carsey, T. M. (2002b). Party polarization and party structuring of policy attitudes: A comparison of three NES panel studies. *Political Behavior, 24*(3), 199-236.

Layman, G. C., & Green, J. C. (2006). Wars and rumours of wars: The contexts of cultural conflict in American political behaviour. *British Journal of Political Science, 36*(2006), 61-89.

Layman, G., Carsey, T., & Horowitz, J. (2006). Party polarization in American politics: Characteristics, causes, and consequences. *Annual Review of Political Science, 9*, 83-110.

Leamer, Edward. (1983). Let's take the Con Out of Econometrics. *The American Econometric Review* 1, 31-43.

Leamer, Edward. (2010). Tantalus on the Road to Asymptopia. *Journal of Economic Perspectives* 2, 31-46

Lee, T., & Schlesinger, M. (2001). Signaling in context: Elite influence and the dynamics of public support for Clinton's health security act. Presented at Harvard University, Working Paper Series.

Leighley, J. (1991). Participation as a stimulus of political conceptualization. *Journal of Politics 1,1982*

Levasseur, D. G. (2005). The role of public opinion in policy argument: An examination of public opinion rhetoric in the federal budget process. *Argumentation and Advocacy*; Winter 2005, *41* (3), 152-167

Levendusky, M., & Jackman, S., (2003). Reconsidering the measurement of political knowledge. Paper Presented at Stanford University.

Lindaman K., & Haider-Markel, D.P. (2002). Issue evolution, political parties and the culture wars. *Political Research Quarterly, 55*, 91-110.

Lipset, S.M. (1963). *The first new nation*. New York: Basic Books.

Litman, T., & Robins, L. S. (1984). *Health politics and policy* (3rd. Ed.), Wiley Publications

Lodge, M., & Taber, C. (2005). Implicit affect for political candidates, parties, and issues: An experimental test of the hot cognition hypothesis. *Political Psychology, 26*(6), 455-82.

Lowry, D., & Singelman, L. (1981). Understanding the tax revolt: Eight explanations. *American Political Science Review, 75*: 963-74.

Lupia, A., & McCubbins, M. (1998). *The democratic dilemma: Can citizens learn what they need to know?* Cambridge University Press.

Lupia, A. (2000). Who can persuade whom? : Implications from the nexus of psychology and rational choice theory. In Kuklinski, J. H. (Ed.), *Thinking about political psychology* (51-88). Cambridge University Press: NY.

Luskin, R. C. (1987). *Explaining political sophistication*. Presented at the annual meeting of the Midwest Political Science Association, Chicago, IL.

Luskin, R. C. (1987). Measuring political sophistication. *American Journal of Political Science, 31* (4), 856-899.

Luskin, R. C. (1990). Explaining political sophistication. *Political Behavior, 12*(4), 331-361.

Majone, G. (1989). *Evidence, argument and persuasion in the policy process.* New Haven, CT: Yale University Press.

Mann, T. E., & Norman J. O. (2006). *The broken branch: How congress is failing America and how to get it back on track*. New York: Oxford University Press.

Mansbridge, J. (1983). Essays on democratic theory. In Anckar, D., & Berndston, E. (eds.), *Contemporary sociology* (665-666).

Marcus, G. E., Sullivan, J. L., Theiss-Morse, E., & Wood, S. L. (1995). *With malice toward some: How people make civil liberties judgments.* Cambridge: Cambridge University Press.

Mares, I. (2003). *The politics of social risk, business and welfare state development*. Cambridge: Cambridge University Press.

Mayhew, David. R. (2004). *Electoral Realignments*. Yale University Press.

McCann, J. A. (1995). Nomination politics and ideological polarization: Assessing the attitudinal effects of campaign involvement. *Journal of Politics, 57*,101-120.

McCarty N., Keith T. P., & Howard R. (2006). *Polarized America: The dance of ideology and unequal rights*. MA: MIT Press

Mechanic, D. (1975). The comparative study of health care delivery systems. *Annual Review of Sociology, 1*, 43-65.

Mechanic, D., & Rochefort, D. A. (1996). Comparative medical systems. *Annual Review of Sociology, 22*, 239-70.

Meffert, M. F., Helmut N., Anirudh V., & Ruhil, S. (2001). Realignment and macropartisanship. *The American Political Science Review, 95*(2001), 953-962.

Meltzer, A. H., & Richard, S. F. (1981). A rational theory of the size of government. *Journal of Political Economy, 89* (October), 914-927.

Mettler, S., & Milstein, A. (2007). American political development from citizens' perspective: Tracking federal government's presence in individual lives over time. *Studies in American Political Development, 21* (1), 110-130.

Miller, J. M., & Krosnick, J. A. (1996). News media impact on the ingredients of presidential evaluations: A program of research on the priming hypothesis. In Muntz, D. C., & Sniderman, P. M., & Brody, R. A. (Eds.), *Political persuasion and attitude change* (pp.). Ann Arbor: The University of Michigan Press

Miller G., & Schofeld, N. (2003). Activism and partisan realignment in the United States. *American Political Science Review*, *97*(2), 245-260.

Miller, W. E., & Shanks, J. M. (1996). *The new American voter*. Harvard University Press.

Miller, W. E., & Stokes, D. E. (1963). Constituency influence in congress. *The American Political Science Review, 57* (1), 45-56.

Moene, K. O., & Wallerstein, M. (2001). Inequality, social insurance, and redistribution. *American Political Science Review, 95*(4), 859-74.

Mondak, J. (1999). Reconsidering the measurement of political knowledge. *The Society for Political Methodology*.

Mondak, J. J. (2001). Developing valid knowledge scales. *American Journal of Political Science, 45*, 224–38.

Monroe, A. D. (1979). Consistency between policy preferences and national policy. *American Politics Quarterly*, *7*(1), 3-18.

Monroe, A. D. (1998). Public opinion and public policy, 1980-1993. *The Public Opinion Quarterly, 62* (1), 6-28.

Mossialos, E. (1997). Citizens' views on health care systems in the 15 member states of the European union. *Health Economics, 6*,109-16.

Munger, M. (2000). *Analyzing policy: Choices, conflicts, and practices*. W.W. Norton & Co. Inc.

Neimi, R., Mueller J., & Smith, T. (1989). *Trends in public opinion*. Westport, CT: Greenwoord Press

Nelson, T. E., & Kinder, D.R. (1996). Issue frames and group-centrism in American public opinion. *Journal of Politics*, 58, 1055-1078.

Nichols, J. (2012). Obama's 3 million vote, electorate college landslide, majority of states mandate. *The Nation*.

Nie, N. H., Verba, S., & Petrocik, J. R. (1979). *The changing American voter*. Cambridge, MA:Harvard University Press.

Nokken, T. P., & Poole, K. T. (2004). Congressional party defection in American history. *Legislative Studies Quarterly, 29*, 545-68.

Norpoth, H. (1987). Under way and here to stay: Party realignment in the 1980s? *Public Opinion Quarterly, 51*, 376-91.

Olafsdottir, S. & Pescosolido, B. (2010). "Is health care reform contested in the U.S.? Public attitudes toward government involvement in health care, 1973-2010." Paper discussed at Boston University.

Oppenheimer, B. I. (2005). Deep red and blue congressional districts: The causes and consequences of declining party competitiveness. In Dodd, L. C., & Bruce I.

Oppenheimer, eds., *Congress Reconsidered*, (8th Ed.), Washington, DC: Congressional Quarterly Press.

Page, B. I., & Shapiro, R. Y. (1983). Effects of public opinion on policy. *American Political Science Review, 77*, 175-190.

Page, B. I., & Shapiro, R. Y. (1992). *The rational public: Fifty years of trends in Americans' policy preferences*. Chicago: Chicago University Press.

Palmer, K. (1999). A brief history: Universal health care efforts in the US. Transcript from a talk given at the Physicians for a National Health Program.

Palmer, K. S. (2007). A brief history: Universal health care efforts in the US. *Physicians for a National Health Program*. Retrieved from: http://www.pnhp.org/facts/a-brief-history-universal-health-care-efforts-in-the-us

Patel, K., Rushefsky, M. E. (2006). *Health care politics and policy in America* (3rd Ed.), Armonk, N.Y.: M.E.

Patterson T. J. (1967). *Congressional conservatism and the new deal: The growth of the conservative coalition in congress, 1933-1939*. Lexington, KY: University of Kentucky Press.

PBS. (2012). Pbs. In PBS. Retrieved from http://www.pbs.org/healthcarecrisis/history.htm

Petrocik J. R (1974). An analysis of the intransitivities in the index of party identification. political methodology. 1:13–47

Petrocik, J. R. (1996). "Issue Ownership in Presidential Elections, with at 1980 Case Study." *American Journal of Political Science, 40* (3).

Pierce, P. A. (1993). "Political Sophistication and the use of Candidate Traits in Candidate Evaluation." Political Psychology, *1*, 21-35.

Pierson, P. (1993). When effects become cause: Policy feedback and political change. *World Politics, 45*, 595-628.

Price, V., & Zaller, J. (1990). *Measuring individual differences in likelihood of news reception*. Presented at the annual meeting of the American Political Science Association, San Francisco, CA.

Pole, J.R. (1978). *The pursuit of equality in American history*. Berkeley, CA: University of California.

Pomper G. M., Weiner M.D., (2002). Toward a more responsible two-party voter: The evolving bases of partisanship. See Green & Herrnson 2002, pp. 181–200

Poole, K. T., & Rosenthal, H. (1984). The Polarization of American Politics. *Journal of Politics, 46* (Nov.), 1061-79.

Poole, K. T., & Rosenthal, H. (1997). *Congress: A political-economic history of roll call voting*. New York: Oxford University Press

Popkin, S. L. (1991). *The reasoning voter: Communications and persuasion in presidential campaigns*. Chicago: University of Chicago Press.

Price, V., & Zaller, J. (1993). Who gets the news? Alternative measures of news reception and their implications for research. *Public Opinion Quarterly, 57*(Summer), 133-64.

Prior, M., & Lupia, A. (2008). Money, time, and political knowledge: Distinguishing quick recall and political learning skills. *American Journal of Political Science, 52*, 169-83.

Quadagno, J. (2004). Why the United States has no national health insurance: Stakeholder mobilization against the welfare state 1945-1996. *Journal of Health and Social Behavior, 45*, 25-44.

Quadagno, J. (2005). *Why the U.S. has no national health insurance*. New York: Oxford University Press.

Rae, N. (1994). *Southern democrats*. Oxford: Oxford University Press.

Rahn, W. M., Aldrich, J. H., Borgida, E., & Sullivan, J. L. (1990). A social-cognitive model of candidate appraisal. In Ferejohn, J. A., & Kuklinski, J. H. (Eds.), *Information and Democratic Processes*. Urbana: University of Illinois Press.

Rao, R. (2002). *Linear statistical inference and it's application* (2nd. Ed.). Wiley-Interscience

Rhode, D. W. (1991). *Parties and leaders in post-reform house*. Chicago: University of Chicago Press.

Riker, W. H. (1982). *Liberalism against populism*. San Francisco: W. H. Freeman.

Riker, W. H. (1996). *The strategy of rhetoric: Campaigning for the American constitution*. New Haven: Yale University Press.

Robinson, J. P., & Mark R. L. (1986). *The main source: Learning from television news*. Beverly Hills: Sage.

Rochefort, D. A., & Cobb, R. W. (1994). *The politics of problem definition: Shaping the policy agenda*. Lawrence: University Press of Kansas.

Rokeach, M. (1973). *The nature of human values*. New York: The Free Press.

Rosenstone, S. J., & Hansen, J. M. (1993). *Mobilization, participation, and democracy in America*. New York, NY: Macmillan.

Ruggie, M. (1996). *Realignments in the welfare state: Health policy in the United States, Britain, and Canada*. New York, NY: Columbia University Press.

Sabato, L. J. (2009). *The year of Obama: How Barack Obama won the white house.* Pearson.

Samuel, P. (1991). *The reasoning voter: Communication and persuasion in presidential elections*. Chicago, IL: University of Chicago Press.

Saunders, K. L., & Abramowitz, A. I. (2004). Ideological realignment and active partisans in the American electorate. *American Politics Research, 32* (2004), 285-309.

Schattschneider, E. E. (1960). *The semi-sovereign people: A realist's view of democracy in America*. New York: Holt, Rinehart, and Winston.

Schlesinger, J. A. (1985). The new American political party. *The American Political Science Review, 79*(4),1152-1169.

Schlesinger, M. (1986). *The cycle of American history*. Boston: Houghton-Mifflin.

Shapiro, R. Y., & Jacobs, L. (2010). Simulating representation: Elite mobilization and political power in health care reform. *The Forum, 8* (1), Article 4.

Skocpol, T. (1996). *Boomerang: Clinton's health security effort and the turn against government in U.S. politics*. New York, NY: W.W. Norton & Co.

Schlesinger, M. (2002). A loss of faith: The sources of reduced political legitimacy for the American medical profession. *Milbank Quarterly, 80* (June), 185-235.

Schlesinger, M. (2011). Making the best of hard times: How the nation's economic circumstances shaped the public's embrace of health care reform. *Journal of Health Politics, Policy and Law, 26*(6).

Schwartz, T. (1995). The paradox of representation. *The Journal of Politics, 57* (2), 309-323.

Schlozman, K.L., & Verba, S. (1979). *Injury to insult*. Cambridge: Harvard University Press.

Schmitt, Neal. (1996). Uses and Abuses of Coefficient Alpha, *Psychological Assessment*,8, 350-353

Scott Long, J., & Freese, J. (2006). *Regression models for categorical dependent variables using data*. Stata Press.

Sears, D. O., & Citrin, J. (1982). *Tax revolt: Something for nothing in California*. Cambridge, MA: Harvard University Press.

Sears, D. O., Lau, R. R., Tyler, T., & Allen, A.M., Jr. (1980). Self-interest versus symbolic politics in policy attitudes and presidential voting. *American Political Science Review, 74*, 670-684.

Sen, K. A. (1970). Simulation of public opinion: A caveat. *Public Opinion Quarterly, 39*, 331-341.

Sheps, C.G., & Drosness, D. L. (1961). Prepayment for medical care. *NEJOM, 264*(10).

Sigelman, L. & Conover, P. (1981). Knowledge and opinions about the Iranian crisis: a reconsideration of three models. *Public Opinion Quarterly, 45*, 477-91.

Sinclair, B. (2000). Do parties matter? In Brady, D. W. & McCubbins, M. (Eds.) , *Party, processes, and political change in congress*. Palo Alto, CA:Stanford University Press.

Sinclair, B. (2002). Do parties matter?" In Brady, D. W. & McCubbins, M. (Eds.), *Party, processes, and political change in congress*. Palo Alto, CA:Stanford University Press.

Slothuus, R. (2007). "Party frames and public opinion." Prepared for presentation at the Annual Meeting of the Midwest Political Science Association, Chicago, IL, April.

Smith, E. R. A. N. (1980). Levels of conceptualization: False measures of ideological sophistication. *American Political Science Review, 74*, 685-696.

Smith, E. R. A. N. (1989). *The unchanging American voter*. Berkeley: University of California Press.

Smith, K., & Larimer, C. (2009). *The public policy theory primer*. Westview Press.

Smith, M.B., Burner, J.S., & White, R.W. 1956. *Opinions and personality*. New York: Wiley Press.

Sniderman, P. M., Glaser, J., & Griffin, R. (1990). Information and electoral choice. In Ferejohn, J. A., & Kuklinski, J. H. (Eds.), *Information and democratic processes*. Urbana: University of Illinois Press.

Sniderman, P. M., Brody, R., & Tetlock, P. (eds.) (1991). *Reasoning and Choice: Explorations in Political Psychology*. New York: Cambridge University Press.

Sniderman, P. M., & Therialt, S. M. (1999). "The dynamics of political argument and the logic of issue framing." Paper presented at the annual meeting of the Midwest Political Science Association, Chicago, IL April

Spicker, P. (2000). *The welfare state: A general theory*. Sage Publications.

Stanley H. W., & Neimi, R. G. (2005). Partisanship, party coalitions, and group support, 1952-2004. *Presidential Studies Quarterly, 36*(2), 172-88

Stevens, F. (2001). The convergence and divergence of modern health care systems. In Cockerham, W. C. (Ed.), *The blackwwell companion to medical sociology* (pp. 158-79), Malden, MA: Blackwell Publishers Inc.

Stimson, J. A. (1975). Belief systems: Constraint, complexity and the 1972 election. *American Journal of Political Science, 19*, 393-417.

Stimson, J. A. (2004). *Tides of consent: How public opinion shapes American politics*. Cambridge, UK: Cambridge University Press

Stoker, L., & Jennings, M. K., (2008). Of time and the development of party polarization. *American Journal of Political Science, 52*(3), 619-635.

Stone, D. (1997). *Policy paradox: The art of political decision making*. New York: Norton

Stone, W. J., Rapoport, R. B., & Abramowitz, A. I. (1990). The Reagan revolution and party polarization in the 1980s. In Maisel, L. S. (Ed.), *The parties respond*. Boulder, Co: Westview Press.

Stonecash, J. M., (2001). Class, race issues and political change in the south. With Mark D. Brewer. *Political Behavior*. 23(2):131–156.

Stonecash, J. M., Brewer, M. D., & Mariani, M. D. (2003). *Diverging parties: Social change, realignment, and party polarization*. Boulder, CO:Westview Press.

Strauss, E. S. (2010) Fact-checking the GOP on healthcare. *SALON. Retrieved from:* http://www.salon.com/2010/02/23/hcr_amendments/

Jenkins, S., Roscoe, D. D., Frendreis, J. P., & Gitelson, A. R. (2006). Ten years after the revolution: 1994 and partisan control of government. In Green & Coffey, *The State of the Parties* (5th ed.)

Sundquist, J. (1968). *Politics and policy: The Eisenhower, Kennedy, and Johnson years*. Washington: The Brookings Institution.

Sundquist J. (1983). *Dynamics of the party system: Alignment and realignment of political parties in the United States*. Brookings Institution Press.

Swenson, P. A. (2002). *Capitalists against markets: The making of labor markets and welfare states in the United States and Sweden*. Oxford: Oxford University Press.

Svallfors, S. (1997). Worlds of welfare and attitudes to redistribution: A comparative perspective. *Social Policy and Administration, 38*(2), 119-38.

Teixeira, R. (2012). *Public opinion snapshot: Health care reform, two years in*. Retrieved from http://www.americanprogress.org/issues/2012/03/snapshot_032312.html

Theriault, S. M. (2008). *Party polarization in congress*. Cambridge University Press.

The American National Election Studies. (2013). The ANES Guide to Public Opinion and Electoral Behavior. Ann Arbor, MI: University of Michigan, Center for Political Studies www.electionstudies.org

Thomasson, M. (2010). Health Insurance in the United States. In *Economic History Association*. Retrieved from: http://eh.net/encyclopedia/article/thomasson.insurance.health.us

Thuhy, C.J. (1999). Accidental logistics: The dynamics of change in health care arena in the United States, Britain, and Canada. New York: Oxford University Press.

Torfing, J. (1998). *Politics, regulation and the modern welfare state*. New York: St. Martin's Press, Inc.

True, J. L., Jones, B. D., & Baumgartner, F. R. (2007). Punctuated-equilibrium theory: explaining stability and change in public policymaking. In Sabatier, P. A. (Ed.), *Theories of the Policy Process*. Boulder, CO.: Westview Press.

Utz, R., Hollingshaus, M., & Dien, P. (2010). Public opinion and health care. *Contexts Spring, 9.2*.

Verba, S., Schlozman, K. L., & Brady, H. E. (1995). *Voice and equality: Civic voluntarism in American politics.* Cambridge, MA: Harvard University Press.

V.O. K. (1955). A theory of critical elections. *The Journal of Politics, 17*(1).

V.O. K., (1961). Public opinion and the decay of democracy. *Virginia Quarterly Review*. Autumn 1961.

Wattenberg, M. P. (1984). *The decline of American political parties, 1952-1980*. Cambridge, MA: Harvard University Press.

Wattenberg, M. P. (1986). *The decline of American political parties, 1952–1994*. Cambridge, MA: Harvard University Press.

Weisberg H. F. (2002). The party in the electorate as a basis for more responsible parties. See Green & Herrnson 2002, pp. 161-80

Weisberg, H., & Steven, N. (2010). How sophistication affected the 2000 presidential vote: Traditional sophistication measures versus conceptualization. *Political Behavior, 34* (4), 547-565.

Wilcoz C., & Larson, C. (2006). *Onward Christian soldiers: The religious right in American politics* (3rd Ed.), Boulder, Col.:Westview Press.

Wilson, G. D. (1973). *The psychology of conservatism*. London and New York: Academic Press.

Wolbrecht, C. (2000). *The politics of women's rights: Parties, positions, and change*. Princeton: Princeton University Press.

Zahariadis, N. (2005). The multiple streams framework: Structure, limitations, prospects. In Sabatier, P. (Ed.), *Theories of the policy process* (2nd Ed.) Westview Press.

Zaller, J. (1990). Political awareness, elite opinion leadership, and the mass survey response. *Social Cognition, 8*,125-53.

Zaller, J. R. (1992). *The nature and origins of mass opinion*. New York: Cambridge University Press.

Zhou, K. (2009). The history of medical insurance in the United States. *Yale Journal of Medicine and Law, 6* (1).