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MOTIVATION

Are Preferences for Redistribution Malleable?

- Kuziemko et al. (2015)
 - Treatment of information only brings small change in policy preferences, with the exception of specific information on the estate tax.
 - This is explained by the respondents' low trust in the government.
- Kogan (2016)
 - In counties where Food Stamp program implemented, voters more likely to favor the Democratic Party.

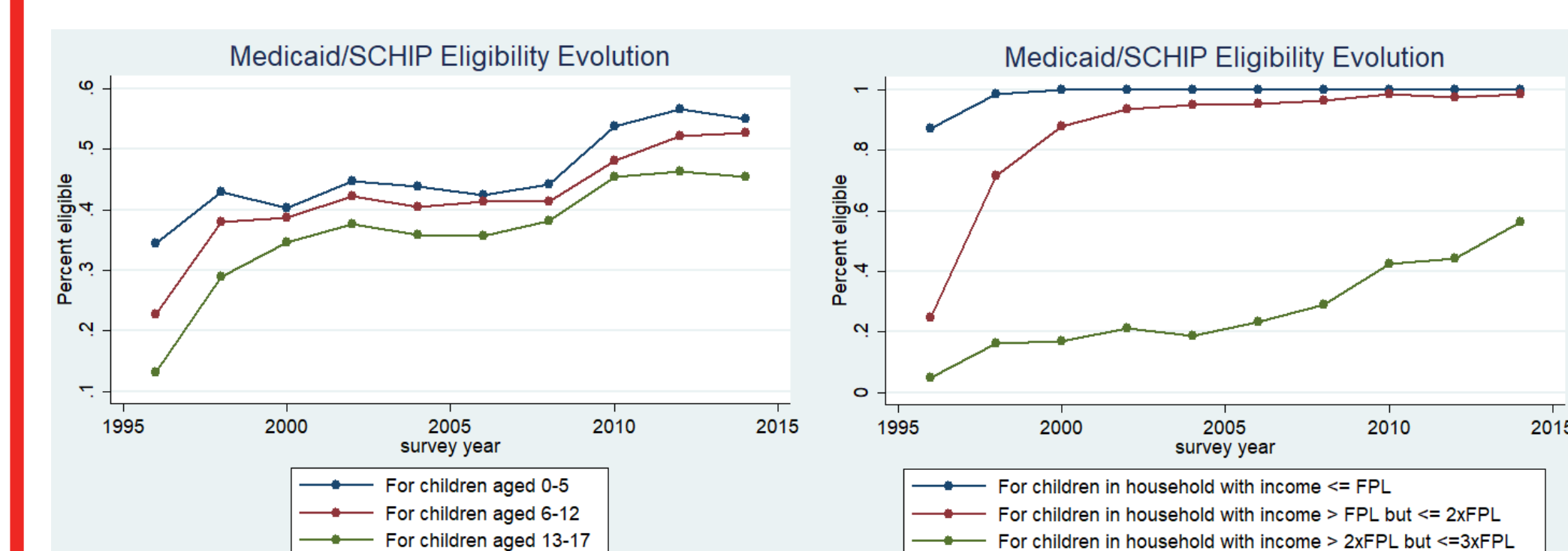
RESEARCH QUESTIONS

Does being eligible for a government social program increase support for redistribution?

- Analyze whether exposure to a government's social transfer program increase support for redistribution.
- Exploit the roll-out and expansions of the free public children's insurance program.
- Does having a child eligible for public children's health insurance increase parents' support for redistribution?

SCHIP/MEDICAID BACKGROUND

- Provide public health insurance for children under 18 in poor and near poor households.
- Signed into law in 1997. By 2002 have been implemented in all states.
- SCHIP/Medicaid Eligibility Evolution



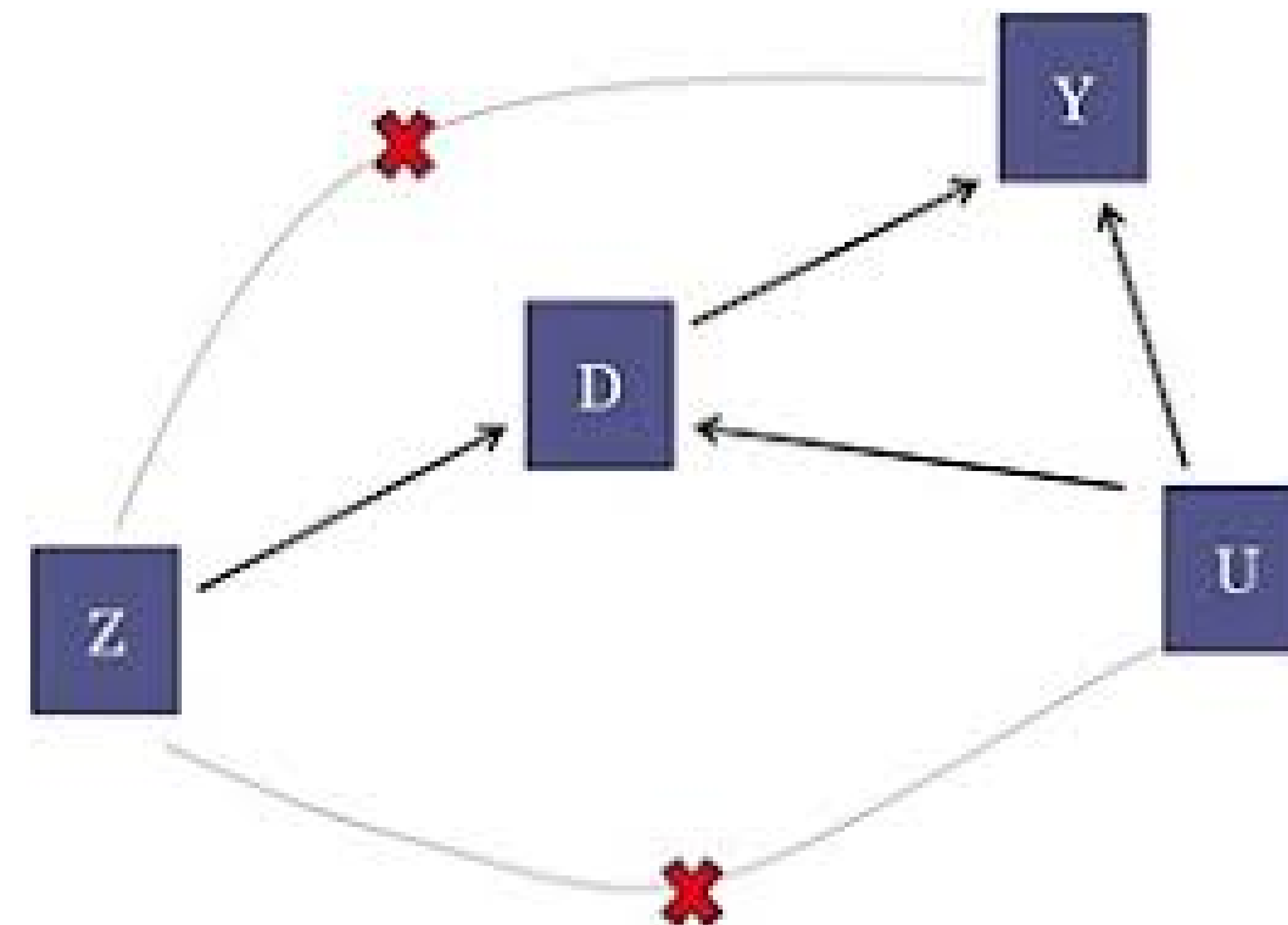
Mean eligibility each year is calculated based on the sample of 1,000 children drawn from the CPS for each year, each age group for a total of 30,000 observations. These 30,000 observations are run through each state criteria to determine eligibility. The mean eligibility across states is reported on the graph.

EMPIRICAL STRATEGIES

$$Support_{ist} = \alpha + \beta Eligibility_{ist} + X'_{ist}\delta + \gamma_t + \theta_s + \epsilon_{ist} \quad (1)$$

Instrument for Actual Eligibility using population-generated "Simulated Eligibility".

- Z1 = have a child 0-5 yo x percent eligible 0-5 yo
- Z2 = have a child 6-12 yo x percent eligible 6-12 yo
- Z3 = have a child 13-17 yo x percent eligible 13-17 yo



Notes: Y = Support; D = Eligibility; U = Household Income; Z = Simulated Eligibility

REGRESSION RESULTS

| | (1) | (2) | (3) |
|------------------------|---------------------|--------------------|--------------------|
| Support (1-7) | OLS | Weighted IV | All 3 IVs |
| Eligibility | 0.340*** (0.118) | 0.382* (0.209) | 0.684** (0.277) |
| Support (dummy) | OLS | Weighted IV | All 3 IVs |
| Eligibility | 0.074*** (0.027) | 0.114** (0.055) | 0.175** (0.072) |
| Observations | 5231 | 5231 | 5231 |

TRUST MECHANISM

| | (1) | (2) | (3) |
|--|---------------------|-----------------------|--------------------|
| | OLS | 2SLS using weighted Z | 2SLS using all 3Zs |
| Trust in the Federal Government (1-3) | | | |
| Eligibility | 0.056* (0.027) | 0.343*** (0.095) | 0.268 (0.279) |
| Observations | 3239 | 3168 | 3239 |
| Trust in Congress (1-3) | | | |
| Eligibility | 0.085*** (0.019) | 0.195* (0.082) | 0.146 (0.095) |
| Observations | 3230 | 3156 | 3230 |
| Trust Index | | | |
| Eligibility | 0.107* (0.040) | 0.503*** (0.128) | 0.474** (0.148) |
| Observations | 3200 | 3129 | 3200 |

CONCLUSION

Results show:

- Policies expanding public children's health insurance increases support for redistribution among parents with eligible children.
- Effects could be mediated by actual program take up or mechanisms not necessarily involving take-up.
 - General vs. Specific Information Treatment
 - Trust in the Government
- Suggests that preferences for redistribution are malleable → Policy Implication

REFERENCES



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