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Public Opinion on Health Care Policies in the 21st Century

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Abstract

Since the advent of the Patient Protection and Affordable Care Act, health care and public opinion on health care policies became important subjects of study in the 21st century. Broad literature examining the relationship between public opinion on redistributive policies and the level of income inequality exists, but not with a focus on health care policies. A debate between two contrasting views appears in previous literature on how the public reacts to rising income inequality. This study empirically tests where health care policies reside in this debate. Using the General Social Survey and Census reports, I examine how both the actual level of income inequality and perceptions of income inequality impact respondents' preferences towards governmental health care provisions. I include other factors as control variables that the previous literature has found to be relevant predictors of public opinion. Running ordinary least squares regressions, I find a positive relationship between the actual level of income inequality and public opposition to health care policies. In contrast, there exists a negative relationship between the perception of income inequality and respondents' opposition to health care policies. Based on previous literature, I gather from these outcomes that a rise in income inequality, along with less concern for inequality, makes people less supportive of health care provisions. This interpretation suggests that the social fragmentation theory holds in the case of health care policies; growing inequality causes more fragmentation between the insured and the uninsured.

Key Words: Public Opinion, Income Inequality, Health Care Policies

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Introduction

Before the advent of The Patient Protection and Affordable Care Act, popularly known as "Obamacare," the United States had been unique among wealthy industrialized nations for not providing centralized health insurance plans to all of its citizens (Biedenbach, 2008). Obamacare, despite its enactment in March 23, 2010, still faces intense public opposition from many Americans (Blackman, 2013; Hoff, 2010). As a result, topics related to governmental provision of health care have become an important subject in the social sciences.

Obamacare is not the first governmental effort to reform the health care system in the US. Before the 21st century, there had been a number of centralized attempts to increase governmental involvement in health care, including those of the Clinton administration in 1994 (Anderson, Reinhardt, Hussey, & Petrosyan, 2003). Expansion in the health care system from the public sector, as opposed to the private sector, is often initiated to assure access across all socioeconomic groups (Alexander, 2009; van Doorslaer, Wagstaff, van der Burg, Christiansen, & et al, 1999). In other words, recent governmental health care interventions in the US, including Obamacare and the Clinton Administration's plan that preceded it, align in their redistributive objectives to minimize the inequality in health care access among citizens.

Literature Review

Social Fragmentation Theory

Researchers have found a general trend of increasing income inequality in the US from the early 1900s to the present (Kenworthy & McCall, 2008; MacRae, 2004; Oxendine, 2007); however, there are conflicting interpretations of how Americans react to this rise in income inequality. One of the most dominant views is that perceived apathy among Americans regarding the problem of income inequality is increasing (McCall & Kenworthy, 2009). This can be explained through the "social distance" model suggested by MacRae (2004), which argues that a growing income gap between people encourages social fragmentation instead of egalitarian sympathy in U.S. communities (MacRae, 2004; Oxendine, 2007). With fragmentation, taxpayers with higher incomes become less concerned about the transfer recipients and less supportive of redistributive policies in the US[1].

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Figure 1: trend of the dependent variable (NOGOVHLTH) between 1987 and 2008

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Table 2: Estimated Effects of GINI on Public Opinion about Health Care Policies—Model 1
Note: standard errors in parentheses; p-value indicated by *** p<0.001, ** p<0.01, * p<0.05.

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References

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Alesina, A. & Glaeser, E. L. (2004). *Fighting poverty in the US and Europe: a world of difference*. Oxford: Oxford University Press.

Alexander, M. (2009). Pathologies in American democracy: The partisan politics of medical care. *Harvard University: Proquest Dissertations and Theses*.

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Barany, D. (2009). Neocontradictions: The politics and ideology of American welfare state decline. *City University of New York: Proquest Dissertations and Theses*.

Biedenbach, C. (2008). A theoretical exploration of the modern health care crisis in the United States and the lack of universal health care coverage. *The University of Texas at Arlington: ProQuest Dissertations and Theses*.

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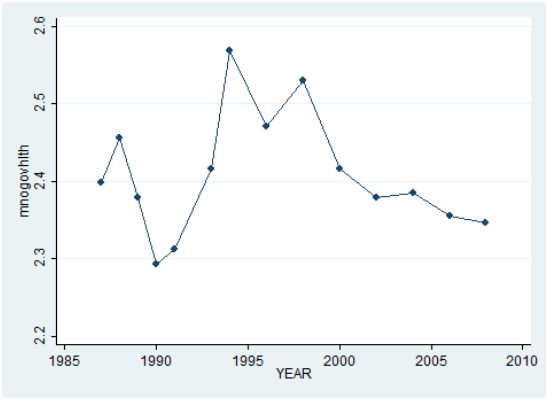

Figure 1 trend of the dependent variable (NOGOVHLTH) between 1987 and 2008

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	Model 1.1		Model 1.2	
Independent Variables	Without controls	With controls	Without controls	With controls
GINI	1.707* (0.7316)	0.033 (0.7158)	8.110*** (1.9072)	6.360*** (1.8253)
YEAR			-0.017*** (0.0047)	-0.017*** (0.0040)
AGE		0.007*** (0.0008)		0.007*** (0.0008)
SEX		-0.080*** (0.0224)		-0.079*** (0.0224)
RACE		0.099*** (0.0208)		0.095*** (0.0208)
INCOME		0.023*** (0.0051)		0.024*** (0.0051)
DEGREE		0.003 (0.0104)		-0.004 (0.0103)
PARTYID		0.1323*** (0.0055)		0.133*** (0.0055)
HEALTH		0.097*** (0.0145)		0.095*** (0.0145)
MARITAL		0.105*** (0.0242)		0.103*** (0.0242)
WRKSTAT		0.041* (0.0179)		0.039* (0.0179)
Observations	11484	10955	10955	10955

Table 2 Estimated Effects of GINI on Public Opinion about Health Care Policies—Model 1
Note: standard errors in parentheses; p-value indicated by *** p<0.001, ** p<0.01, * p<0.05.

This paper can be found in full length on the 21st Century Academic Forum web-site: www.21caf.org, under publications: Harvard Conference, March 2015