

PUBLIC SUPPORT FOR NATIONAL HEALTH INSURANCE: THE ROLES OF ATTITUDES AND BELIEFS

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Abstract: Despite numerous attempts to enact legislation throughout the 20th century, the U.S. is the only developed country without a system of national health insurance. Yet, public opinion polls over the last 20 years consistently find that a solid majority of Americans support national health insurance. Why does the U.S. lack a system of health insurance despite widespread public support for it? In this paper, we examine the relationship between public support for national health insurance and attitudes toward different roles of government and individual beliefs. We find that people who have favorable attitudes toward government economic intervention and government redistribution are more likely to favor national health insurance than those who have less favorable attitudes toward these roles of government. The most intense support for national health insurance is among those who have favorable attitudes toward both roles of government. Consistent with research about other social programs, we find that the beliefs regarding racial minorities as well as beliefs regarding individual control over life limit support for national health insurance in the U.S. On the other hand, negative beliefs regarding businesses are an important source of support for national health insurance.

I. Introduction

Numerous attempts were made during the 20th century to enact legislation providing universal health insurance in the U.S. Theodore Roosevelt's campaign platform as the Progressive Party candidate in the 1912 presidential election included a system of compulsory health insurance, and, in the 1940s, Harry Truman advocated a comprehensive health insurance program modeled after Social Security.¹ In the 1970s, the Nixon administration proposed expanding coverage through the combination of an employer mandate and a residual public program. Finally, in the 1990s, the Clinton administration, with the "Health Security Act", attempted to achieve nearly universal coverage by combining an employer mandate with a greater government involvement in structuring the health insurance market. None of these attempts were successful, and the U.S. is the only developed country without a system of national health insurance. In the absence of such a system, many Americans- over 46 million in 2005- are uninsured (DeNavas-Walt, Proctor et al. 2006).

Public opinion polls over the last 20 years consistently find that a solid majority of Americans favor enacting some form of national health insurance (Blendon and Benson 2001; Blendon, Benson et al. 2003). Why does the U.S. lack a system of health insurance despite widespread public support for it? Two types of explanations exist for this apparent paradox. The first is that the barriers to implementing such a system in the U.S. ultimately override the preferences of the American public. Historically, powerful interest groups have opposed national health insurance, and their opposition is often cited as an important obstacle to passing legislation (Starr 1982; Quadagno 2004). The separation of powers among the three branches of government may make it more difficult to enact major social reforms in the U.S. than in other

¹ The enactment of Medicare and Medicaid in the 1960s under the Johnson administration extended publicly financed coverage to the elderly and some low income populations, but fell far short of providing universal coverage.

countries, an the absence of national health insurance may be driven by the interaction between powerful interest groups and the fragmented structure of U.S. political institutions, which shifts power away from the government and toward special interests (Rosenau 1994). Others point to the absence of a significant socialist party under the U.S. two-party system that keeps the idea of national health insurance on the policy agenda (Maioni 1997). Finally, the failure to enact national health insurance in the U.S. has been attributed, not to fundamental differences between the U.S. and other countries in interests or institutions, but to the unique sequence of historical events that led to the formation of the current system (Hacker 1998; Mayes 2005).

An alternative explanation is that the prevalence of stated support for national health insurance in public opinion polls does not, in reality, reflect strong public support for such a system. Arguments of “American exceptionalism” attribute the absence of a system of national health insurance to the individualistic and anti-government attitudes of the American public (Jacobs 1994). These attitudes make Americans inherently biased against the welfare state and the extent of government intervention in health care markets that national health insurance would require. Other research points to a lack of consensus among supporters of national health insurance in their preferred policy, which reduces the likelihood that any single proposal will succeed (Blendon, Benson et al. 2003). Finally, the strength of the minority who oppose national health insurance may exceed that of the majority who favor such a policy. As stated by Machiavelli, “The reformer has enemies in all those who profit from the old order and only lukewarm defenders in all those who profit from the new order,” an observation which has a psychological basis in prospect theory which proposes that the aversion to a loss is greater than the desire of a gain of the same magnitude (Kahneman and Tverksy 2000).

The objective of this paper is to gain a better understanding of the relationship between people's attitudes and beliefs and their support for national health insurance. We propose that attitudes toward different roles of government are potentially an important influence on support for national health insurance. A system of national health insurance would require a greater role of government in both redistributing resources and intervening in health care markets. The uninsured represent a relatively heterogeneous segment of the population, including both those who cannot afford health insurance and those who can afford coverage but choose not to purchase it (Bundorf and Pauly 2006). For example, among those who were uninsured for two years during 2003 and 2004, 17.9% were in middle income (family income >2 to 4 times poverty level) and 28.2% were in high income (family income > 4 times poverty level) families (Rhoades and Cohen 2006). Thus, a system of national health insurance will require both subsidies for those who are unable and compulsion for those who are unwilling to acquire health insurance. Subsidies will require redistribution from those with higher incomes to those with lower incomes and from the healthy to the sick. Compulsion will require government intervention in health care markets. Thus, attitudes among the American public toward both government redistribution and economic intervention may influence the feasibility of enacting a system of national health insurance.

We also examine how particular beliefs are related to support for national health insurance. A growing body of evidence suggests that racial and ethnic heterogeneity, both within the U.S. and across countries, is associated with lower levels of income redistribution and public spending (Orr 1976; Poterba 1997; Alesina, Baqir et al. 1999; Alesina and Glaeser 2004). Alesina and colleagues propose that ethnic and racial heterogeneity can explain up to half of the lower level of redistribution in the U.S. relative to European countries. (Luttmer 2001)

demonstrates that, within the U.S., support for welfare spending declines as the share of local recipients from racial groups other than one's own increases. Because a system of national health insurance is likely to require significant redistribution, we examine the relationship between individual beliefs regarding racial minorities and immigrants and support for national health insurance.

Research also suggests that individual views regarding the causes of poverty are associated with support for redistributive social programs. Despite evidence that income mobility does not differ substantively between the U.S. and Europe, Americans and Europeans demonstrate very different beliefs regarding the determinants of social mobility (Alesina and Glaeser, 2004). For example, 29% of Americans compared to 60% of Europeans believe that the poor are trapped in poverty, 30% of Americans compared to 54% of Europeans believe that luck determines income, and 60% of Americans compared to 26% of Europeans believe that the poor are lazy. These attitudes are highly correlated with levels of social spending, particularly across developed countries (Alesina and Glaeser 2004). Within the U.S., the belief that an individual has control over his or her own success is strongly, negatively correlated with support for redistribution, even after controlling for current income and expected mobility (Fong 2001; Alesina and Ferrara 2005). Because a system of national health insurance would require significant redistribution, we examine the relationship between beliefs regarding individual control over life and support for national health insurance.

We also examine the relationship between support for national health insurance and beliefs regarding the importance of religion. While religion may predispose one toward favoring redistribution, the American religious tradition places a strong emphasis on individual responsibility and a lack of reliance on government.

We also examine a set of beliefs that may influence attitudes toward government economic intervention. In particular, we propose that people with negative beliefs regarding businesses may have more favorable attitudes toward government economic intervention as a mechanism to counteract negative effects of corporations. Similarly, those who have more favorable beliefs regarding politicians may have more confidence in government-run programs.

II. Data

The primary data source for our analysis is the December 2004 Political Typology Survey conducted by The Pew Research Center. The purpose of the survey, which includes questions about a variety of beliefs, attitudes, and positions on various policies and political issues, is to create a political typology of voters. The 2004 survey is based on telephone interviews of a randomly selected sample of 2,000 adults living in the continental United States and was conducted between December 1 and 16, 2004 (International 2004). The contact rate (the proportion of working numbers where a request for interview was made) was 72%, the cooperation rate (the proportion of contacted numbers where a consent for interview was initially obtained) was 45%, and the completion rate (the proportion of initially cooperating and eligible interviews that were completed) was 94%. The overall response rate was 31% (International 2004). In this analysis, we code non-response or a refusal to answer the question as missing. The estimates we present in the paper are weighted, using weights developed by the survey designers to correct for survey non-response. The weights balance the interviewed sample to match national estimates of the distribution of the population based on sex, age, education, race, Hispanic origin, and region (U.S. Census definitions) as well as the distribution of the population across Republican and Democratic counties.

While the survey was also conducted in 1994 and 1999, we focus our analysis on the 2004 survey both because the data are timely and because the 2004 survey includes a question about support for national health insurance that is not available in the earlier versions. We supplement the analyses with historical data by presenting information on trends over time in particular attitudes and beliefs that are highly correlated with support for national health insurance in 2004.

Measure of Support for National Health Insurance

The measure of support for national health insurance is based on a question, “Do you strongly favor, favor, oppose, or strongly oppose the U.S. government guaranteeing health insurance for all citizens, even if it means raising taxes?” In most analyses, we consider those who indicated they either strongly favor or favor the policy as favoring national health insurance. In some analyses, we differentiate between those who strongly favoring and those who favor.

Measures of Attitudes toward Different Roles of Government

Measures of attitudes toward government economic intervention and government redistribution are based on a series of questions in which respondents were presented with two opposing views on a particular issue and asked to choose the statement that best describes their own views. We identified two questions corresponding to each attitude. For the measure of attitudes toward government redistribution, one question asked respondents to choose between the statements “Poor people have hard lives because government benefits don’t go far enough to help them live decently” and “Poor people today have it easy because they can get government benefits without doing anything in return”. In the second question, they were asked to choose

between the statements “The government should do more to help needy Americans, even if it means going deeper into debt” and “The government today can’t afford to do much more to help the needy”.

For the measure of attitudes toward government economic intervention, one question asked respondents to choose between the statements “Government often does a better job than people give it credit for” and “Government is almost always wasteful and inefficient”. The other asked them to choose between “Government regulation of business is necessary to protect the public interest” and “Government regulation of business usually does more harm than good”. Appendix Table 1 includes the full text and the distribution of responses for each question.

Measures of Beliefs

From questions in which respondents were presented with pairs of statements and asked which best describes their own view, we developed measures of five different beliefs: (1) businesses are too powerful/too profitable; (2) politicians are out of touch with voters/don’t care about people like me; (3) an individual is in control of his or her life; (4) racial discrimination is not a barrier to blacks/immigrants are a burden on society; and (5) religion is important. Once again, we identified two pairs of statements related to each belief. The full text for each question and the distribution of responses to each is presented in Appendix Table 2.

III. Prevalence of Support for National Health Insurance, Attitudes toward the Roles of Government, and Beliefs

Consistent with other public opinion polls, a solid majority of survey respondents (68%) indicated they either favored or strongly favored national health insurance even if it meant raising taxes (Table 1).

People are relatively evenly divided in their attitudes toward government redistribution and economic intervention (Table 1). Overall, over half of respondents indicated favorable attitudes toward government redistribution on each measure. 54% indicated that government benefits do not go far enough to help poor people, and 60% indicated that the government should do more to help needy Americans. Close to half of respondents indicated favorable attitudes toward government economic intervention. 47% indicated that government often does a better job than people give it credit for and 53% indicated that government regulation of business is necessary to protect the public interest.

People varied in the five beliefs that we examined (Table 1). Negative beliefs regarding politicians and businesses were prevalent. Seventy percent of respondents indicated that they believe that elected officials lose touch with people quickly, and 65% indicated that elected officials do not care what people like them think. Eighty-one percent of respondents indicated that they believe that too much power is concentrated in the hands of a few large companies, and 57% indicated that they believe that businesses are too profitable.

A belief in individual control over life was also widely held among survey respondents. Eighty-one percent of survey respondents indicated that everyone has it in their own power to succeed, and 69% of respondents indicated that they believe that most people can get ahead if they work hard. Nearly two-thirds of respondents indicated that they believe that the failure of blacks to get ahead was their own responsibility rather than the result of racial discrimination. Forty-six percent of respondents indicated that they believe that immigrants are a burden on our

country. Finally, a belief in the importance of religion was widespread with 75% of respondents holding this belief. Fifty-one percent of respondents indicated they believe that it is necessary to believe in God in order to be moral and have good values.

IV. Relationship between Support for National Health Insurance and Attitudes toward the Different Roles of Government

Attitudes toward both government redistribution and economic intervention are highly correlated with whether an individual favors national health insurance (Figures 1 and 2). Figures 1 and 2 present the distribution of responses to the question regarding support for national health insurance, distinguishing between those who strongly favor, favor, oppose and strongly oppose the policy, for each variable measuring the attitudes toward the difference roles of government.

People with favorable attitudes toward government redistribution are more likely to support national health insurance than those with less favorable attitudes. Fifty-nine percent of those who believe that “poor people have it easy today because they can get government benefits without doing anything in return” favor national health insurance compared to 76% of those who believe “poor people have hard lives because government benefits do not go far enough.” ($p \leq 0.01$). Fifty-eight percent of those who believe that “the government today can’t afford to do much more to help the needy” favor national health insurance compared to 75% of those who believe that “the government should do more to help needy Americans, even if it means going deeper into debt” ($p \leq 0.01$). In addition, the difference in support between those with unfavorable and favorable attitudes toward government redistribution is driven by differences in the extent to which people strongly favor national health insurance (as opposed to favor it).

The results are similar for the variable measuring attitudes toward government economic intervention. Those with more favorable attitudes toward government economic intervention based on either measure are more likely to favor national health insurance than those with less favorable attitudes. The difference in the proportion who support national health insurance is greater for the variable measuring attitudes toward the desirability of government regulation (difference=0.17, $p \leq 0.01$) than for the variable measuring attitudes toward the efficiency of government (difference=0.07, $p \leq 0.05$). Attitudes toward government redistribution have a stronger relationship with intensity of support for national health insurance than attitudes toward government economic intervention.

We next examine the extent to which the different attitudes are independently associated with support for national health insurance and whether the relationships are correlated with other demographic and socioeconomic characteristics of individuals. In Table 2, we present summary statistics for control variables that we include in multivariate models. In Table 3, we present results from models of the relationship between favoring national health insurance and attitudes toward government redistribution and economic intervention. The dependent variable is a binary indicator of whether the respondent favors national health insurance. For each attitude, we combined responses from the two sets of statements into a single variable by coding those indicating a favorable attitude on both statements as having a favorable attitude, those indicating an unfavorable attitude on both statements as having an unfavorable attitude, and those indicating a favorable attitude in one set of statements and an unfavorable attitude in the other as mixed. We focus on the comparison between people indicating a favorable and those indicating an unfavorable attitude. Specifying the variables in this way allows us both to estimate a more parsimonious model while including measures of both attitudes and to create a less noisy

measure of each attitude. For each attitude, we treated the variable as missing if the response was missing for either question pair. We used linear probability rather than maximum likelihood logit or probit models to facilitate the interpretation of the magnitude of the effects. The results of non-linear models do not differ substantively from those reported here.

People who favor government redistribution are 27 percentage points more likely ($p \leq 0.001$) to favor national health insurance than those who do not (Table 3 – Model 1). Similarly, individuals who favor government economic intervention are 20 percentage points more likely ($p \leq 0.001$) to favor national health insurance than those who do not favor government economic intervention (Table 3 – Model 2). The two attitudes are independently associated with favoring national health insurance. When we include both in the model (Table 3 - Model 3), neither the magnitude of the effect of each attitude nor its statistical significance changes much.

Demographic and socioeconomic characteristics, in contrast, are not highly correlated with one's support for national health insurance. In Model 4 (Table 3), the coefficients on the variables measuring demographic and socioeconomic characteristics are small, particularly when compared to those for the attitude variables, and generally are not statistically significant. The only variable that has a statistically significant effect is the indicator of a relatively high level of education. Those with formal schooling exceeding a bachelor's degree are 7 percentage points more likely to favor national health insurance than those with a bachelor's degree ($p \leq 0.05$).

The estimates of the relationship between attitudes toward government redistribution and economic intervention are not sensitive to controlling for demographic characteristics. The coefficients on the variables measuring attitudes and their statistical significance are virtually

identical in the model including the demographic controls (Table 3 – Model 5) and the model without these controls (Table 3- Model 3).

The level and the intensity of respondents' support for national health insurance are correlated with the extent to which they have favorable attitudes toward both government redistribution and economic intervention (Figure 3). We categorized respondents into five groups based on the extent to which they had favorable attitudes toward both roles of government. The two extreme groups include those who had favorable attitudes toward both roles of government and those who had unfavorable attitudes toward both. The middle category (Mixed Attitudes) includes people who indicated either that they were mixed on both attitudes or that they had a favorable attitude toward one role of government and an unfavorable attitude toward the other. People who indicated a favorable attitude toward one role of government and a mixed attitude on the other were categorized as “mixed favorable”. Those with an unfavorable attitude toward one and a mixed attitude toward the other were categorized as “mixed unfavorable”. To compare the intensity of support across categories, we distinguished those strongly favoring from those favoring national health insurance.

Among those with a favorable attitude toward both government redistribution and economic intervention, 85% support national health insurance. In contrast, among those with an unfavorable attitude toward both, 38% support national health insurance. Differences in the distribution of responses are statistically significant ($p \leq 0.001$). The proportion favoring national health insurance rises continuously from those who have unfavorable attitudes toward both to those who have favorable attitudes toward both, with the increase driven primarily by the percentage of respondents within each category reporting that they strongly favor national health insurance. This percentage increases from 14% among those who have unfavorable attitudes

toward both government redistribution and economic intervention to 48% among those have favorable attitudes toward both ($p \leq 0.001$). In contrast, the proportion reporting they favor national health insurance, but not strongly, does not differ significantly across the categories.

V. Relationship between Support for National Health Insurance and Beliefs

Some, but not all, of the beliefs that we examined are correlated with one's position on national health insurance (Table 4). We identify which beliefs are highly correlated with favoring national health insurance using an approach similar to that which we used to examine the relationship between support for national health insurance and attitudes toward the different roles of government. From questions in which respondents were presented with pairs of statements and asked which best describes their own view, we identified two pairs of statements related to each belief and combined the responses to the two pairs of statement into a single categorical variable based on whether the respondent indicated a similar belief in both statements. The survey questions we used to develop these variables are presented in Appendix Table 2. We then estimate models of the relationship between support for national health insurance and these measures of beliefs using ordinary least square. Once again, the results are not substantively different if we estimate non-linear models. We present in the table only the comparison between those who indicate the having the belief on both questions and those who indicate not having the belief on both questions. In other words, the table leaves out the comparison between those who have "mixed beliefs" although this category is included in the empirical models.

In Table 4, Column 1, we present the results of the model including all the different beliefs, but no control variables. The belief most strongly correlated with favoring national

health insurance is that businesses are too powerful and too profitable. Individuals with this belief are 35 percentage points more likely to favor national health insurance than those who do not have this belief. Beliefs regarding individual control over life and racial minorities and immigrants are also correlated with one's position on national health insurance. Those who believe an individual is in control of his or her life are 11 percentage points less likely to favor national health insurance than those without this belief ($p \leq 0.01$). Those who indicate both that racial discrimination is not a barrier to blacks and that immigrants are a burden on society are 13 percentage points less likely to favor national health insurance ($p \leq 0.01$). In contrast, beliefs regarding politicians and the importance of religion are not strongly associated with one's position on national health insurance. Once again, controlling for demographic characteristics (Table 4 – Column 2) has little effect on these results

In Figures 4, 5, and 6, we focus on those beliefs that are highly correlated with support for national health insurance in the multivariate models and examine each component of the combined measures of beliefs as well as the intensity of support for national health insurance. For beliefs regarding both business and individual control over life, each of the underlying variables exhibits a similar relationship with support for national health insurance ($p \leq 0.01$) (Figures 4 and 5). In the case of beliefs regarding individual control over life, the difference between those who do and do not hold this belief in support for national health insurance is driven primarily by differences in the extent to which they strongly favor national health insurance (Figure 5). In other words, people who believe that an individual has control over his or her life exhibit less intense support for national health insurance than those who do not. Finally, Figure 6 suggests that beliefs regarding racial minorities are more strongly associated with one's position on national health insurance than beliefs regarding immigrants. In fact, the

relationship between beliefs regarding immigrants and support for national health insurance is not statistically significant at conventional levels in the unadjusted model ($p \leq 0.12$). In contrast, people who believe that racial discrimination prevents blacks from succeeding are not only more likely to favor national health insurance, but are more likely to strongly favor it ($p \leq 0.01$).

VI. Historical Trends in Attitudes and Beliefs that are Related to Support for National Health Insurance

Between 1994 and 2004, attitudes toward the different roles of government have changed in ways that are more favorable for support for a system of national health insurance (Table 5). In 2004, people were more favorably disposed toward both government economic intervention and government redistribution than they were in 1994. The proportion of the population indicating that “government is almost always wasteful and inefficient” declined from 66% in 1994 to 45% in 2004. The proportion indicating that “government regulation of business is necessary to protect the public interest” increased from 41% in 1994 to 49% in 2004. While the proportion indicating that “poor people have it easy because they can get government benefits without doing anything in return” did not exhibit a consistent time trend, the proportion indicating that “the government should do more to help needy Americans...” increased from 48% to 57%.

The data provide less evidence of changes in underlying beliefs that are correlated with support for national health insurance. Beliefs regarding business stayed relatively constant throughout the period as did beliefs regarding the extent of individual control over life. However, trends in beliefs regarding blacks and immigrants are less favorable for the prospects for national health insurance. The proportion of the population indicating that they believe that

“blacks who can’t get ahead in this country are mostly responsible for their own condition”, a belief that is negatively correlated with support for national health insurance, increased from 54% in 1994 to 60% in 2004. While the proportion of the population indicating they believe that “immigrants are a burden...” declined substantially, this belief is not highly correlated with support for national health insurance.

VII. Relationship between Support for Other Types of Policies and Attitudes and Beliefs

We examine the relationship between the attitudes and beliefs we studied in the context of support for national health insurance and support for other social policies. The survey includes questions on whether the individual favors 1) making it more difficult to get an abortion, 2) allowing gays and lesbians to marry, 3) increasing the minimum wage, and 4) limiting medical malpractice awards. The prevalence of support for these policies ranged from 34% for allowing gays and lesbians to marry legally to 88% for increasing the minimum wage (Table 1).

Attitudes toward government redistribution are highly correlated with support for each of the policies (Table 6). People who have favorable attitudes toward government redistribution are less likely to favor making it more difficult to get an abortion, are more likely to favor legalizing gay and lesbian marriage, are more likely to favor increasing the minimum wage, and are less likely to favor limiting medical malpractice awards. Attitudes toward government economic intervention, in contrast, are correlated only with support for increasing the minimum wage. People who have favorable attitudes toward government economic intervention are more likely to favor the minimum wage than those who have unfavorable attitudes.

The measure of beliefs regarding racial minorities and immigrants is correlated with three of the four policies. People who indicate both that racial discrimination is not a barrier to blacks and that immigrants are a burden on the economy are more likely to favor making it more difficult to get an abortion, not to favor legalizing gay and lesbian marriage, and to favor limits on medical malpractice awards. While we do not find strong evidence of a relationship between these beliefs and support for the minimum wage, this is driven in part by the specification of the variable. In particular, entering each belief separately into a similar regression, we find that people who believe that “blacks who can’t get ahead in this country are mostly responsible for their own condition” are less likely than those who believe that their inability to get ahead is caused by racial discrimination to support raising the minimum wage (-0.15, $p \leq 0.01$). People who believe that immigrants are a burden on our country, in contrast, are more likely to support raising the minimum wage (0.03, $p \leq 0.06$). (These results are not shown in the tables).

While racial beliefs appear to be correlated with one’s position on a variety of different policies, a belief in individual control over life is highly correlated only with favoring an increase in the minimum wage. This belief appears to be strongly associated with one’s position on policies that provide an economic safety net. Negative beliefs regarding businesses are not only correlated with favoring an increase in the minimum wage, but also correlated with one’s position on abortion and gay and lesbian marriage. Finally, we find that religious beliefs are highly correlated with support for making it more difficult to get an abortion as well as opposition to legalizing gay and lesbian marriage. While these findings are not surprising, they support our interpretation that support for national health insurance is not influenced by these beliefs.

VIII. Discussion

An effective system of national health insurance will require both government intervention in health care markets and government redistribution of resources across individuals of differing socioeconomic and health status. In this study, we find that individuals with favorable attitudes toward government redistribution and economic intervention are significantly more likely to favor national health insurance than those with unfavorable attitudes toward these roles of government. Indeed, these attitudes are more closely associated with one's position on national health insurance than are demographic and socioeconomic characteristics. In multivariate models, characteristics such as age, gender, income, race, and ethnicity are not associated with whether one favors national health insurance. Only education is strongly associated with favoring national health insurance, with those with relatively high levels of formal education more likely to favor it. Yet, the magnitude of the effect for education is relatively small, particularly compared to those of attitudes toward the different roles of government.

We also find that those who have favorable attitudes toward both roles of government indicate the strongest support for national health insurance. These individuals are the most likely to "strongly favor" rather than "favor" national health insurance. We interpret this as evidence of limitations of the intensity of support for national health insurance among many Americans, and this interpretation is consistent with research demonstrating that the proportion favoring national health insurance declines substantially when individuals are told that extending coverage will require substantial increases in taxes(Blendon, Benson et al. 2003).

Finally, our results suggest that the strong association between attitudes toward both roles of government is somewhat unique to support for national health insurance. While attitudes

toward government redistribution are highly correlated with one's position on a range of policies, attitudes toward government economic intervention were correlated only with support for an increase in the minimum wage. In addition, the magnitude of the effect of attitudes toward government economic intervention was small in the case of support for increasing the minimum wage (0.06) compared to support for national health insurance (0.18).

Support for national health insurance is also strongly associated with certain beliefs. The belief most strongly associated with favoring national health insurance was that businesses are too powerful and too profitable. Interestingly, while similar proportions of survey respondents expressed negative beliefs regarding business and politicians, beliefs regarding businesses were much more highly correlated with favoring national health insurance than those regarding politicians, suggesting that negative views regarding the private sector are a stronger motivation for favoring national health insurance than positive views regarding politicians. The belief that an individual has control over his or her life was widely held among survey respondents (58%) and strongly associated with a less favorable attitude toward national health insurance, consistent with the individualistic attitudes of Americans as an explanation for the lack of national health insurance. People who believe that racial discrimination does not play an important role in the progress of blacks are less likely to favor national health insurance. The importance of beliefs about individual control and about racial minorities in this study is consistent with explanations offered by Alesina and Glaeser about why European countries do more to reduce poverty than does the United States.(Alesina and Glaeser 2004) Heterogeneity of the population and distrust of government as barriers to national health insurance in the United States have also been stressed by Fuchs (Fuchs 1976; Fuchs 1991).

Somewhat surprisingly, we found no evidence that a belief that religion is important is associated with favoring national health insurance. While our findings provide no direct evidence on why this is the case, religion in our study is not precisely identified. Probably those who believe that religion is important include some individuals who are strongly opposed to government interventions in the economy and some who strongly support public funding of social programs. The fact that our measure is highly correlated with support for policies that are much more obviously associated with religious beliefs provides support that the variable is indeed capturing this belief.

We do not doubt that the opposition of special interest groups and the peculiarities of American political institutions pose obstacles to the enactment of national health insurance, but we conclude that significant changes in either attitudes and beliefs or their relationship to support for national health insurance are probably necessary to create a strong majority in support of such legislation. Our analysis provides mixed evidence on the extent to which attitudes and beliefs have changed in ways that are favorable for support for national health insurance since 1994, the last major attempt to enact such a plan. On one hand, attitudes toward government economic intervention, and to a lesser extent, government redistribution, have become more favorable. On the other hand, we found little change between 1994 and 2004 in the prevalence of beliefs that are highly correlated with support for national health insurance.

We believe that such changes in attitudes and beliefs are possible. The same American public that voted for conservative, business-oriented governments in the 1920s embraced sweeping major shifts in economic and social policy in the 1930s. The civil rights legislation in the 1960s provides another example of major social change. We suspect, however, that the types of changes that are necessary to create strong support for a system of national health insurance

are likely to be caused by significant external events. Different types of events, however, may facilitate a system of national health insurance through different mechanisms. Some events may fundamentally change people's attitudes toward the different roles government. For example, a terrorist event, such as 9-11, may change people's attitudes toward government intervention in markets, strengthening support for national health insurance. Other events, in contrast, may weaken the link between attitudes toward government intervention and support for national health insurance. For example, a public health crisis may generate greater support for government intervention in health care markets, even among people with unfavorable attitudes toward government intervention more generally. In summary, we think that national health insurance will come to the United States some day, but probably only in the wake of major political, economic, or social trauma, or in response to a public health crisis, continued erosion of employment-based insurance, or financial melt-down of Medicare.

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Table 1: Prevalence of Support for National Health Insurance, Attitudes, and Beliefs

	N	Proportion
Policy positions		
Favor the U.S. government guaranteeing health insurance for all citizens, even if it means raising taxes	1902	0.68
Favor making it more difficult for a woman to get an abortion	1824	0.40
Favor allowing gays and lesbians to marry legally	1869	0.34
Favor an increase in the minimum wage from \$5.15 an hour to \$6.45 an hour	1944	0.88
Favor limiting the amount that patients can be awarded in medical malpractice lawsuits	1877	0.68
Favorable attitudes toward Government Redistribution		
Poor people have hard lives because government benefits don't go far enough	1873	0.55
The government should do more to help needy Americans	1882	0.60
Favorable attitudes toward Government Economic Intervention		
Government often does a better job than people give it credit for	1914	0.47
Government regulation of business is necessary to protect the public interest	1866	0.53
Beliefs regarding politicians		
Elected officials in Washington lose touch with the people pretty quickly	1887	0.70
Most elected officials don't care what people like me think	1934	0.65
Beliefs regarding businesses		
Too much power is concentrated in the hands of a few large companies	1878	0.81
Business corporations make too much profit	1890	0.57
Beliefs regarding individual control over life		
Everyone has it in their own power to succeed	1969	0.81
Most people who want to get ahead can make it if they're willing to work hard	1945	0.69
Beliefs regarding racial and ethnic minorities		
Blacks who can't get ahead in this country are mostly responsible for their own condition	1880	0.64
Immigrants today are a burden on our country because they take our jobs, housing, or health care	1872	0.46
Beliefs regarding religion		
Religion is a very important part of my life	1981	0.75
It is necessary to believe in God in order to be moral and have good values	1959	0.51

Source: December 2004 Pew Political Typology Survey conducted by The Pew Research Center. Estimates are weighted to be nationally representative.

Figure 1: Support for National Health Insurance by Attitudes toward Government

Redistribution

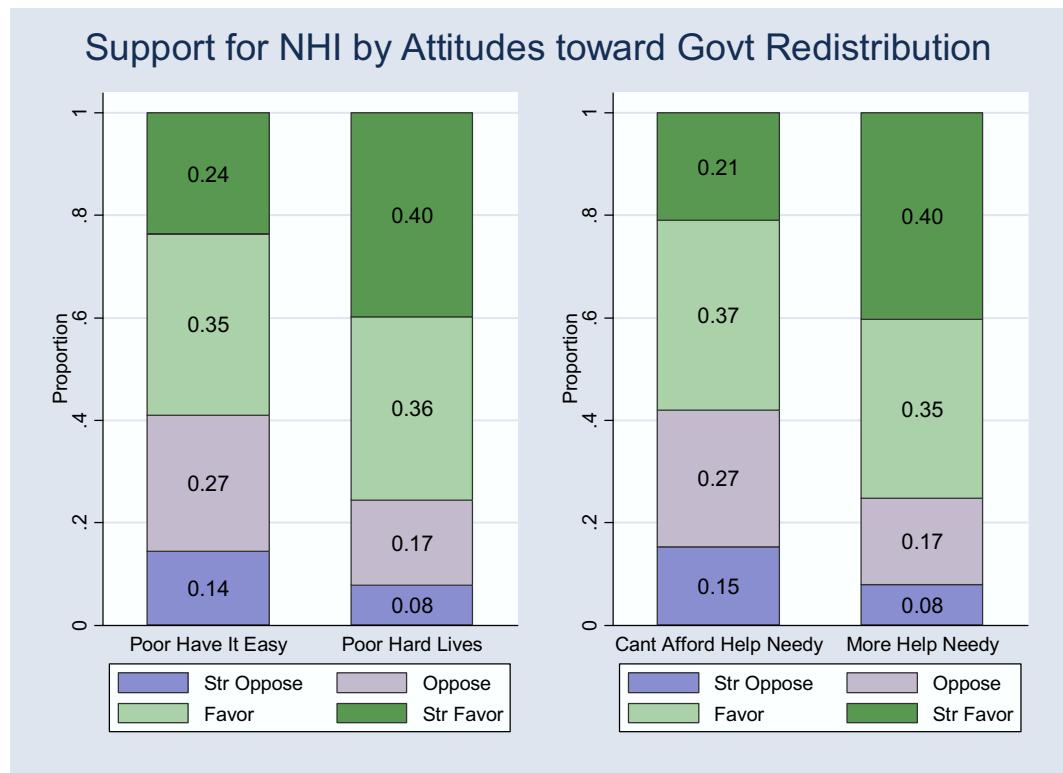


Figure 2: Support for National Health Insurance by Attitudes toward Government Economic Intervention

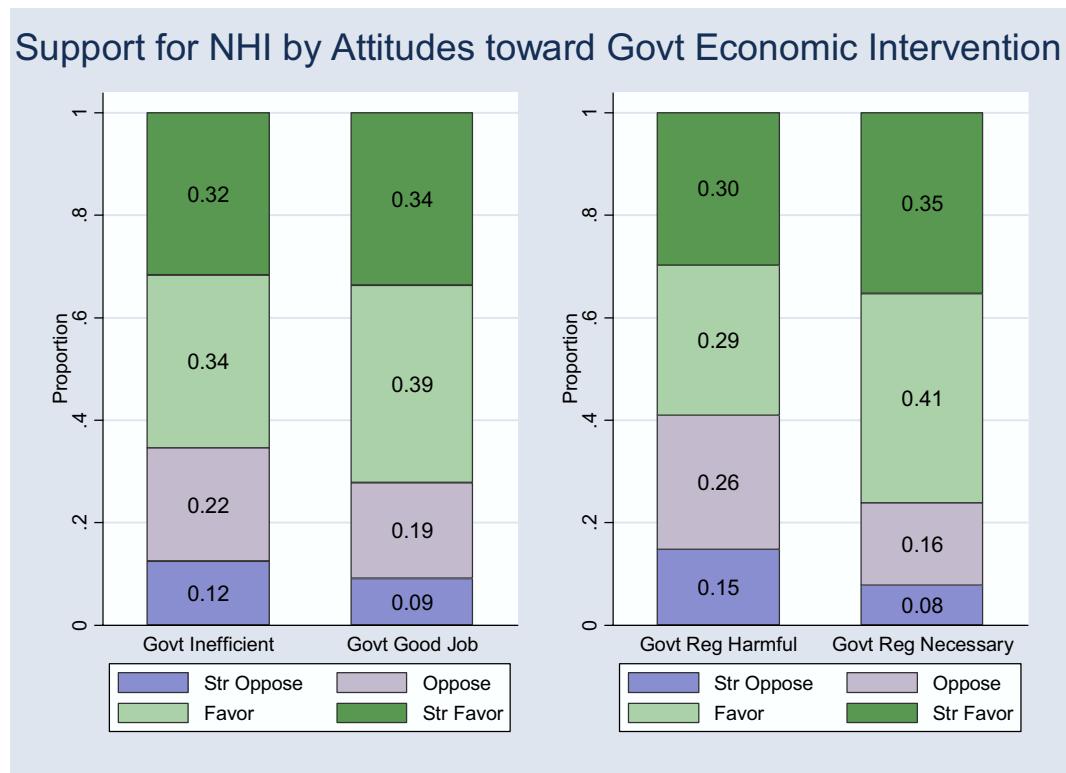


Table 2: Study Sample

Variable	N	Mean
Government Economic Intervention - Favorable Attitudes	1808	0.31
Government Economic Intervention - Mixed	1808	0.39
Government Redistribution - Favorable Attitudes	1793	0.41
Government Redistribution - Mixed	1793	0.35
Negative Beliefs Regarding both Blacks and Immigrants	1787	0.32
Negative Beliefs Regarding either Blacks or Immigrants	1787	0.51
Individual has Control over Life	1923	0.61
Individual has Control over Life - Mixed	1923	0.31
Businesses - Positive Beliefs	1802	0.13
Businesses - Mixed Beliefs	1802	0.34
Politicians - Positive Beliefs	1844	0.15
Politicians - Mixed Beliefs	1844	0.32
Belief in the Importance of Religion	1943	0.46
Belief in the Importance of Religion - Mixed	1943	0.36
Male	2000	0.48
Income<\$30,000	2000	0.31
Income >=\$30,000 & <\$75,000	2000	0.36
Income>=\$75,000	2000	0.21
Income - Don't Know/Missing	2000	0.12
Age 18-25	2000	0.15
Age 26- 40	2000	0.28
Age 41-64	2000	0.40
Age 65 and over	2000	0.16
Age - Don't Know	2000	0.02
Education: <=High School Graduate	2000	0.44
Education: > High School Graduate to Bachelor's Degree	2000	0.45
Education: >Bachelor's Degree	2000	0.11
Education: Don't Know/Missing	2000	0.00
Black	2000	0.12
Race Unknown	2000	0.02
Hispanic	2000	0.10
Ethnicity Unknown	2000	0.01

Source: December 2004 Pew Political Typology Survey conducted by The Pew Research Center. Estimates are weighted to be nationally representative.

Table 3: The Relationship between Support for National Health Insurance and Attitudes toward Government

	(1)	(2)	(3)	(4)	(5)
	Economic Redistribution	Economic Intervention	Both Attitudes	Demographics	Attitudes and Demographics
Redistribution - Favor	0.27 [0.031]**		0.268 [0.031]**		0.274 [0.032]**
Redistribution - Mixed	0.19 [0.032]**		0.197 [0.033]**		0.204 [0.033]**
Economic Intervention - Favor		0.204 [0.030]**	0.184 [0.031]**		0.182 [0.031]**
Economic Intervention - Mixed		0.07 [0.030]*	0.053 [0.031]		0.048 [0.031]
Male				-0.044 [0.023]	-0.017 [0.024]
Age 18-25				-0.021 [0.039]	-0.046 [0.039]
Age 26-40				-0.01 [0.028]	-0.038 [0.030]
Age 65 plus				-0.043 [0.034]	-0.027 [0.036]
Hispanic				-0.009 [0.046]	-0.02 [0.047]
Hispanic - Unknown				-0.045 [0.197]	-0.158 [0.204]
Black				0.042 [0.039]	-0.012 [0.043]
Race - Unknown				0.09 [0.119]	0.114 [0.134]
Income<\$30,000				0.037 [0.030]	0.021 [0.031]
Income>=\$75,000				-0.051 [0.031]	-0.044 [0.031]
Income - Don't Know				-0.009 [0.040]	0.004 [0.044]
Education: <=High School Grad.				-0.047 [0.026]	-0.069 [0.028]*
Education: >Bachelor's Degree				0.076 [0.032]*	0.019 [0.032]
Constant	0.507 [0.025]**	0.595 [0.023]**	0.429 [0.030]**	0.727 [0.027]**	0.491 [0.040]**
Observations	1725	1745	1618	1902	1618
R-squared	0.05	0.03	0.08	0.01	0.09

Standard errors in brackets

* significant at 5%; ** significant at 1%

Note: Estimates are weighted to be nationally representative.

Figure 3: Support for National Health Insurance by Attitudes toward Both Roles of Government

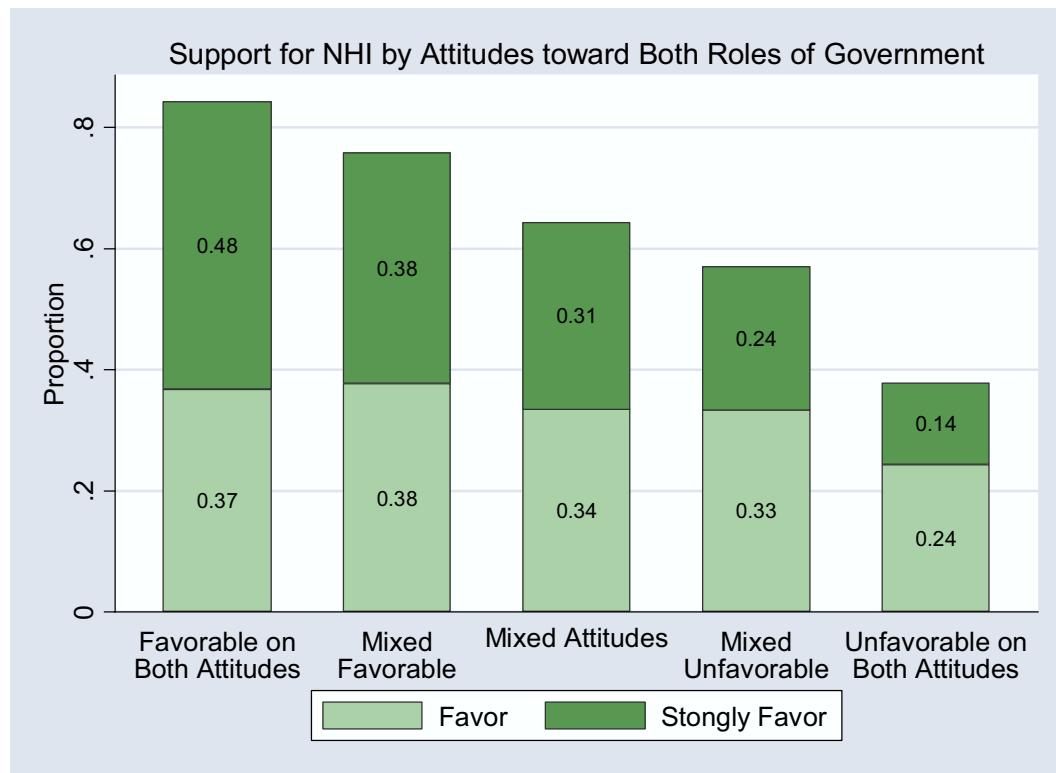


Table 4: The Relationship between Beliefs and Support for National Health Insurance

	(1)	(2)
	All Beliefs	All Beliefs and Demographics
Racial Discrimination not a Problem for Blacks/Immigrant are a Burden on the Economy	-0.13 [0.038]**	-0.117 [0.039]**
Individual has Control over Life	-0.107 [0.039]**	-0.104 [0.039]**
Religion is Important	-0.045 [0.033]	-0.038 [0.035]
Politicians Care/Don't Lose Touch	0.035 [0.038]	0.029 [0.038]
Businesses are Too Powerful/Profitable	0.352 [0.041]**	0.353 [0.042]**
Constant	0.62 [0.063]**	0.634 [0.072]**
Observations	1493	1493
R-squared	0.09	0.1

Standard errors in brackets

* significant at 5%; ** significant at 1%

Note: Models include a mixed category for each belief. All belief comparisons are the effect relative to not holding that belief. Column 2 includes controls for sex, age, race, ethnicity, income, and education. Estimates are weighted to be nationally representative.

Figure 4: Support for National Health Insurance by Beliefs regarding Businesses

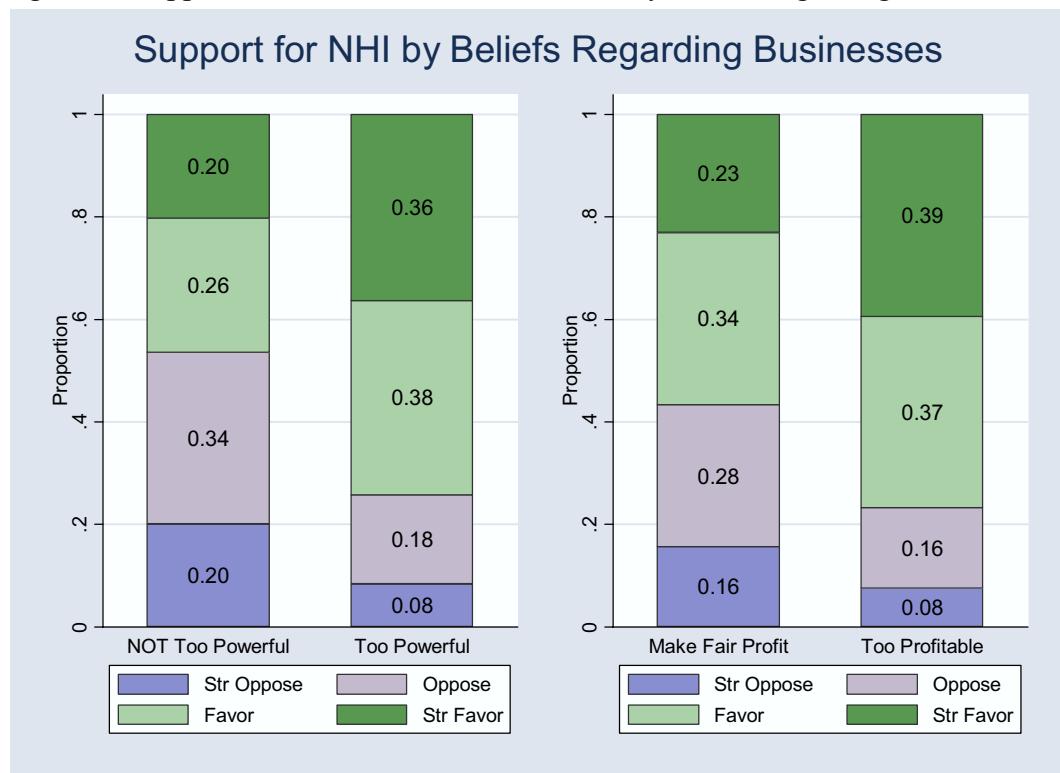


Figure 5: Support for National Health Insurance by Beliefs regarding Individual Control over Life

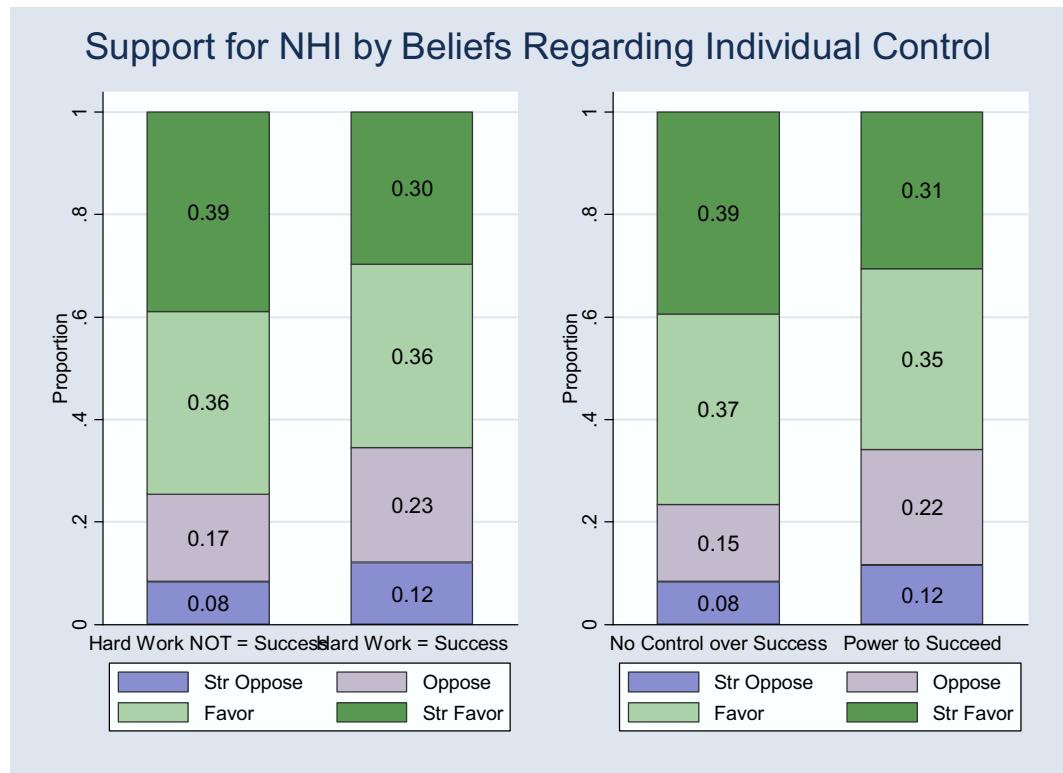


Figure 6: Support for National Health Insurance by Beliefs regarding Blacks and Immigrants

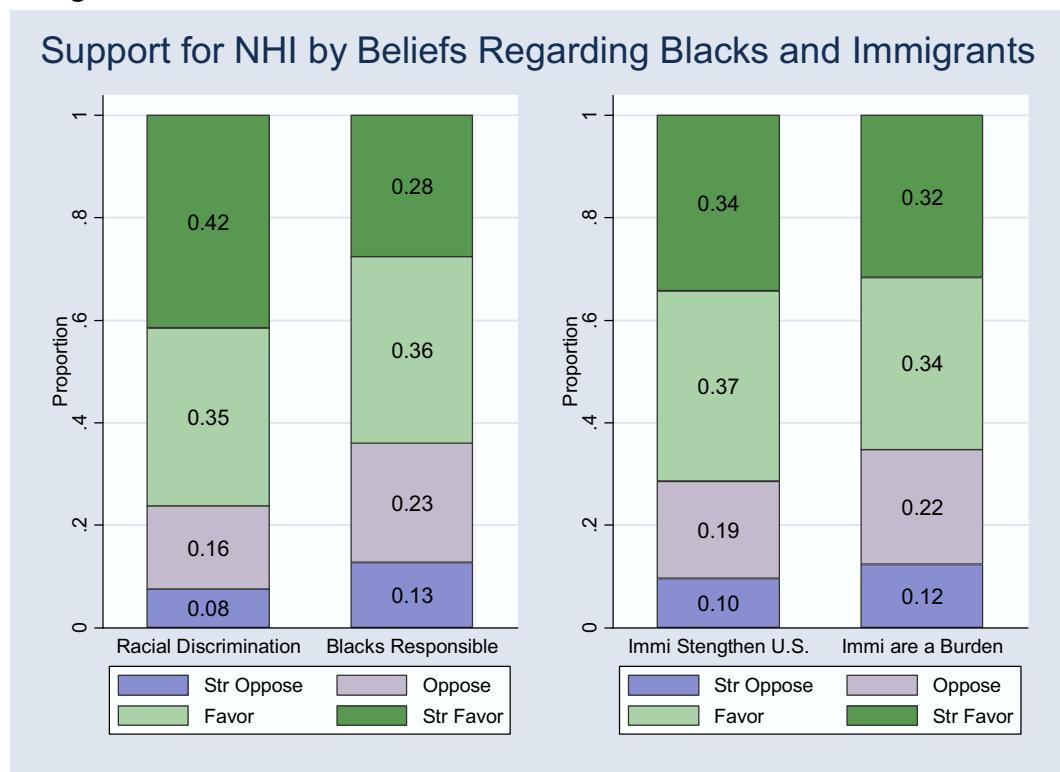


Table 5: Trends in Attitudes and Beliefs

Percent either agreeing or strongly agreeing with each statement

	2004	1999	1994
Government is almost always wasteful and inefficient	45	51	66
Government regulation of business is necessary to protect the public interest	49	48	41
Poor people today have it easy because they can get government benefits without doing anything in return	52	45	53
The government should do more to help needy Americans, even if it means going deeper into debt	57	57	48
Too much power is concentrated in the hands of a few large companies	77	77	76
Business corporations make too much profit	54	52	52
Everyone has it in their own power to succeed	78	80	79
Most people who want to get ahead can make it if they're willing to work hard	68	74	68
Blacks who can't get ahead in this country are mostly responsible for their own condition	60	59	54
Immigrants today are a burden on our country because they take our jobs, housing and healthcare	44	44	63

Source: Estimates are collected from 3 public reports available from the Pew Research Center for the People and the Press including "The People, The Press, & Politics: The New Political Landscape" (1994), "Retro-Politics The Political Typology: Version 3.0" (1999), and "Beyond Red Vs. Blue (2005). Discrepancies in estimates from 2004 between Table 5 and Table 1 are due to differences in the treatment of missing data.

Table 6: The Relationship between Other Policies and Attitudes toward Government

	(1)	(2)	(3)	(4)
Favor making it more difficult to get and lesbians to the minimum wage awards	Favor allowing gays marry	Favor an increase in wage	Favor limiting medical malpractice awards	
Redistribution - Favor	-0.196 [0.034]**	0.198 [0.032]**	0.194 [0.023]**	-0.189 [0.031]**
Redistribution - Mixed	-0.12 [0.035]**	0.081 [0.032]*	0.146 [0.025]**	-0.089 [0.030]**
Economic Intervention - Favor	0.006 [0.034]	0.027 [0.032]	0.063 [0.022]**	0.055 [0.033]
Economic Intervention - Mixed	0.019 [0.032]	0.014 [0.030]	0.037 [0.020]	0.045 [0.031]
Observations	1568	1591	1641	1609
R-squared	0.05	0.12	0.09	0.06

Standard errors in brackets

* significant at 5%; ** significant at 1%

Note: Models include controls for sex, age, race, ethnicity, income, and education. Estimates are weighted to be nationally representative

Table 7: The Relationship between Beliefs and Other Policies

	(1)	(2)	(3)	(4)
Favor making it more difficult to get an abortion	0.201 [0.040]**	-0.208 [0.039]**	Favor an increase in the minimum wage	Favor limiting medical malpractice awards
Racial Discrimination not a Problem for Blacks/Immigrant are a Burden on the Economy	0.071 [0.043]	-0.078 [0.045]	-0.027 [0.023]	0.151 [0.043]**
Individual has Control over Life	-0.092 [0.042]*	0.129 [0.036]**	-0.081 [0.020]**	0.091 [0.050]
Businesses - Negative Beliefs	0.03 [0.039]	-0.063 [0.036]	0.157 [0.033]**	-0.028 [0.041]
Politicians - Positive Beliefs	0.349 [0.034]**	-0.459 [0.034]**	0.034 [0.022]	0.023 [0.037]
Belief in the Importance of Religion			0.009 [0.022]	-0.018 [0.037]
Observations	1439	1470	1515	1484
R-squared	0.12	0.24	0.08	0.05
Standard errors in brackets				

* significant at 5%; ** significant at 1%

Note: Models include a mixed category for each belief. All belief comparisons are the effect relative to not holding that belief. Models also include controls for sex, age, race, ethnicity, income, and education. Estimates are weighted to be nationally representative.

Appendix Table 1: Summary of Statements used in Constructing Variables on Attitudes toward Government Economic Intervention and Government Redistribution

Attitude toward Government Economic Intervention			Proportion
Statement Pair #1			
Unfavorable Attitude	1) Government is almost always wasteful and inefficient OR...		0.45
Favorable Attitude	2) Government often does a better job than people give it credit for		0.50
Missing			0.05
Statement Pair #2			
Favorable Attitude	1) Government regulation of business is necessary to protect the public interest OR...		0.49
Unfavorable Attitude	2) Government regulation of business usually does more harm than good		0.44
Missing			0.07
Attitude toward Government Redistribution			
Statement Pair #1			
Unfavorable Attitude	1) Poor people today have it easy because they can get government benefits without doing anything in return OR...		0.52
Favorable Attitude	2) Poor people have hard lives because government benefits don't go far enough to help them live decently		0.42
Missing			0.06
Statement Pair #2			
Favorable Attitude	1) The government should do more to help needy Americans, even if it means going deeper into debt OR...		0.57
Unfavorable Attitude	2) The government today can't afford to do much more to help the needy		0.37
Missing			0.05

Appendix Table 2: Summary of Statements used in Constructing Variables on Beliefs

Belief that business corporation are problematic			Proportion
Statement Pair #1			
Have Belief	1) Too much power is concentrated in the hands of a few large companies OR...		0.77
Do Not Have Belief	2) The largest companies do NOT have too much power		0.17
Missing			0.06
Statement Pair #2			
Have Belief	1) Business corporations make too much profit OR...		0.54
Do Not Have Belief	2) Most corporations make a fair and reasonable amount of profit		0.40
Missing			0.06
Belief that Politicians are Problematic			
Statement Pair #1			
Have Belief	1) Elected officials in Washington lose touch with the people pretty quickly OR...		0.66
Do Not Have Belief	2) Elected officials in Washington try hard to stay in touch with voters back home		0.28
Missing			0.06
Statement Pair #2			
Have Belief	1) Most elected officials don't care what people like me think OR...		0.63
Do Not Have Belief	2) Most elected officials care what people like me think		0.33
Missing			0.03

Appendix Table 2: Summary of Statements used in Constructing Variables on Beliefs (Continued)

Belief that an Individual is in Control of His Life			Proportion
Statement Pair #1			
Have Belief	1) Everyone has it in their own power to succeed OR...		0.78
Do Not Have Belief	2) Success in life is pretty much determined by forces outside of our control		0.19
Missing			0.03
Statement Pair #2			
Have Belief	1) Most people who want to get ahead can make it if they're willing to work hard		0.68
Do Not Have Belief	2) Hard work and determination are no guarantee of success for most people		0.30
Missing			0.03
Beliefs regarding Racial Minorities and Immigrants			Proportion ¹
Statement Pair #1			
Have Belief	1) Blacks who can't get ahead in this country are mostly responsible for their own condition OR...		0.60
Do Not Have Belief	2) Racial discrimination is the main reason why many black people can't get ahead these days		0.34
Missing			0.06
Statement Pair #2			
Have Belief	1) Immigrants today are a burden on our country because they take our jobs, housing and healthcare OR...		0.44
Do Not Have Belief	2) Immigrants today strengthen our country because of their hard work and talents		0.51
Missing			0.06

Appendix Table 2: Summary of Statements used in Constructing Variables on Beliefs (Continued)

Belief that Religion is Important		Proportion
Statement Pair #1		
Have Belief	1) Religion is a very important part of my life, OR...	0.74
Do Not Have Belief	2) Religion is not that important to me	0.25
Missing		0.01
Statement Pair #2		
Have Belief	1) It IS necessary to believe in God in order to be moral and have good values OR...	0.50
Do Not Have Belief	2) It IS NOT necessary to believe in God in order to be moral and have good values	0.48
Missing		0.02