

TRUMP OR BUST: HOW POLITICAL IDENTIFICATION IMPACTS OPINIONS
ON HEALTH REFORM

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Abstract

Considerable research has been conducted on the development of one's political ideology and its impact on opinions regarding policy. This study contributes to this body of research by studying factors which influence the formation of opinions on health care policy, through a framework of social and behavioral theories. The theories of political socialization, behavior and heuristics, motivated reasoning, and social identity were used as a foundation to examine this relationship. A logistic regression was conducted on the 2016 and 2020 American National Election Study (ANES) datasets to measure the effects of political identification on opinions of health care policy. Statistically significant results from the analysis support the original hypothesis—an expected direct, positive relationship between same-party political identification and health care approval—suggesting that approval for health policy is heavily politically aligned. Despite negligible changes in health policy between the two presidencies, cumulative approval ratings of same-party respondents were overwhelming in both cases.

Table of Contents

Abstract	ii
1. Introduction	1
2. Literature Review	3
2.1 Political socialization theory	4
2.2 Behavior theory and heuristics	5
2.3 Motivated Reasoning.....	5
2.4 Social Identity Theory.....	6
2.5 United States Congressional divide.....	7
2.6 Political polarization and health care policy	8
3. Data and methods.....	9
3.1 Data.....	9
3.2 Variable selection	10
3.3 Methodology.....	12
4. Results	13
5. Conclusion	20
6. References.....	22
7. Curriculum Vitae	25

List of Tables

Table 1 Variables and ANES Questions	10
Table 2 Results – Logistic regression	13

List of Figures

Figure 2 Visualization – 2016 Party Registration vs Health Care.....	14
Figure 3 Visualization – 2020 Party Registration vs Health Care	15
Figure 4 Visualization – 2016 Party Registration vs Income Distribution	17
Figure 5 Visualization – 2016 Health Care vs Income Distribution	18

1. Introduction

Health care policy in the United States has been the subject of heated debate for decades, with the 2016 transition from the Obama administration to the Trump administration being particularly tumultuous. Changes in the drivers for personal political engagement have continued to add to the deep partisan divide experienced in United States politics.¹ Constituent approval for policy is influenced by a variety of different factors, though the results of this analysis seem to suggest that one factor in particular—party identification—stands out among the rest.

Considerable research has been conducted on the development of one's political ideology and its impact on opinions regarding policy, citing established social and behavioral theories that seek to explain this phenomenon. Additional, associated research supports such theories and has suggested a shift in social and political behaviors in the United States.² Still, it remains unclear how political identification influences opinions on health care policy. Thus, this study seeks to answer the research question: How does political ideology influence opinions on healthcare? The hypothesis expects a direct, positive relationship between political identification and same-party presidency health policy approvals (e.g., as a respondent identifies more strongly with the Republican party, approval ratings for Trump's handling of health care will increase). This study will relate current developments in health care and the public positioning around them to

¹ Henri Tajfel and John C. Turner, "An integrative theory of intergroup conflict." *Organizational identity: A reader* 56, no. 65 (1979): 9780203505984-16.

² Shanto Iyengar and Masha Krupenkin. "Partisanship as Social Identity; Implications for the Study of Party Polarization." *Forum (2194-6183)* 16, no. 1 (2018): 23–45.

established theoretical concepts, and identify the factors which most profoundly impact the formulation of opinions on health care reform. In doing so, it will contribute to the current body of research by specifically addressing health care policy opinions as they relate to political identification, alongside the strength of political engagement and the ability to self-reflect and critically analyze.

This paper begins with a review of current literature (section two) which examines these theories and provides a multifaceted framework with which the relationship between political identification and opinions on health care policy is analyzed. The review covers: (2.1) political socialization theory which examines how individuals develop political beliefs and values; (2.2) Behavior theory and heuristics which analyzes how people digest different experiences and formulate conclusions; (2.3) Motivated reasoning theory which argues that aside from making conclusions based on experience, individuals tend to formulate conclusions which best serve their own personal interests; and lastly, (2.4) social identity theory which emphasizes the human tendency to form *in* and *out* groups; highlighting the fact that individuals tend to gravitate towards the known (*in*) and reject the unknown (*out*). Subsequently, the literature review details the current political climate in the United States, with a specific focus on the (2.5) congressional divide and (2.6) the polarized state of health care policy.

Section 3 three outlines the particulars of the (3.1) data, (3.2) variable selection process, and (3.3) applied methodology. On account of the categorical nature of the variables selected from the American National Election Study

(ANES) 2016 and 2020 datasets for this study, a logistic regression was used as the method of analysis.

Section four discusses the (4) outcomes of the analysis, which lend support to the original hypothesis. The results provide compelling support for the social identity and motivated reasoning theories by exhibiting a strong correlation between party identification and approval rates of health care policy.

Finally, section five summarizes the main findings of this study in a (5) conclusion, discussing challenges, considerations, and avenues for future research.

2. Literature Review

This chapter reviews literature on the social and behavioral theories understood to explain influences on the formation of one's political identity. The aim of this chapter is to identify the concepts that are expected to most profoundly impact the formulation of political ideology and subsequent development of opinions on policy. Extensive research has been conducted into the process by which people come to develop their views and beliefs and forge individual values. Many of these theories build on one another in their assessment of how the formation of opinion occurs and how it translates into action. As this chapter will show, a few main tenets stand out.

In addition, the literature review provides insight into the current political climate in the United States, placing specific focus on the congressional divide and the polarized state of health care policy.

2.1 Political socialization theory

Political socialization³ theory explores the process by which people begin to develop individual political beliefs and values. Original research by H. H. Hyman (1959) sought to examine political precursors, from an early age, regarding the degree and direction of political involvement.⁴ Today, individuals are consistently confronted with vast amounts of information coming from a variety of different socializing agents; e.g., family members⁵ ⁶, public figures or social contacts.⁷ The continued interaction with these agents is instrumental in the formation of their values, beliefs, and opinions, and serves as a foundational frame of reference for future ideological formulation. Vila-Henninger (2020) expands on this theory, drawing from the fields of sociology, political science, and cognitive science, for his development of the ‘popular political legitimization’ (PLL) model. His model critically illustrates the need to understand *how* people use the norms, beliefs, and values they’ve learned through political socialization in their own legitimization of a political system.⁸

³ Herbert H. Hyman, *Political socialization; a study in the psychology of political behavior* (Glencoe, Ill: Free Press, 1959).

⁴ Fred I. Greenstein, “Political Socialization: A Study in the Psychology of Political Behavior (Book).” *American Sociological Review* 24, no. 6 (1959): 914–15.

⁵ Vern L. Bengtson, "Generation and family effects in value socialization." *American Sociological Review* (1975): 358-371.

⁶ M. Kent Jennings and Richard G. Niemi, “The Transmission of Political Values from Parent to Child.” *The American Political Science Review* 62, no. 1 (1968): 169–84.

⁷ Luci Green, “Political Socialization in Teenagers: To What Extent Are Socialization Agents Associated with the Political Dispositions of Adolescents Aged 14–18?” *Journal of the South Carolina Academy of Science* 19, no. 2 (2021): 32–55.

⁸ Luis Antonio Vila-Henninger, "A theory of “popular political legitimization”: A dual-process model approach to legitimization and political socialization." *Journal for the Theory of Social Behaviour* 50, no. 4 (2020): 490-515.

2.2 Behavior theory and heuristics

When a person encounters an unfamiliar circumstance, they employ a natural problem-solving technique to analyze the situation and come to a conclusion. Research has shown that this process, however, is highly susceptible to error as humans tend to rely on what has been coined as ‘biases due to the retrievability of instances’.⁹ Behavior theory suggests that a person will formulate judgement by reflecting on past experiences and accessing previously held notions in order to predict the probability of an outcome. Research conducted by Barasz et. al. (2019) takes this a bit further by examining this decision-making process through a ‘value-weight heuristic’ lens. Their concept argues that when observers encounter someone else’s choice, they evaluate and assign a weighted value to an attribute associated with that choice. The purpose is to infer the importance of that attribute to the decision-maker. They elaborate: ‘perceived diagnosticity’ alleges that the more extreme the value assigned to an attribute is, the stronger the importance to the decision-maker.¹⁰

2.3 Motivated Reasoning

Some researchers have also argued the motivated reasoning theory when discussing the individual formation of political ideology, which is appropriately defined as “the psychological mechanism by which [people] often discount,

⁹ Amos Tversky and Daniel Kahneman. “Judgment under Uncertainty: Heuristics and Biases.” *Science* 185, no. 4157 (1974): 1124–31.

¹⁰ Kate Barasz, Tami Kim, and Ioannis Evangelidis. “I know why you voted for Trump:(Over) inferring motives based on choice.” *Cognition* 188 (2019): 85-97.

counterargue, or ignore new information that challenges existing beliefs”.¹¹ The formulation of this theory was significant because it built on earlier theories of human behavior (e.g. heuristic approaches to decision-making) by arguing that in addition to simply accessing internal experience, individuals are cognitively aware of outcomes which best serve themselves and are capable of calculating causal theories to support their decisions.¹²

2.4 Social Identity Theory

In a similar vein, social identity theory, coined by Tajfel and Turner (1979), seeks to explain the social psychology behind group dynamics. Their theory posits that humans tend to gravitate towards people who hold the same views, ideas, and opinions and avoid ‘others’ and that “the mere awareness of the presence of an out-group is sufficient to provoke intergroup competitive or discriminatory responses on the part of the in-group”.¹³ These findings are crucial as they illustrate deficiencies in previous research on intergroup conflict and behavior (e.g. realistic group conflict theory (RCT)), highlighting the human tendency to strive for positive social identity and achieve superiority through socially shared systems, or the in-group. The formation of *in* and *out* groups can

¹¹ Julianna Pacheco, Jake Haselswerdt, and Jamila Michener. “The Affordable Care Act and Polarization in the United States.” *RSF: The Russell Sage Foundation Journal of the Social Sciences* 6, no. 2 (July 2020): 114–30.

¹² Ziva Kunda, “Motivated Inference: Self-Serving Generation and Evaluation of Causal Theories.” *Journal of Personality and Social Psychology* 53, no. 4 (1987): 636–47.

¹³ Tajfel and Turner, “An integrative theory of intergroup conflict”

be similarly identified in the United States political arena, with research detailing the growing partisan divide.¹⁴

2.5 United States Congressional divide

Recent research shows that the political ambitions of the public have shifted since the 1980s from an intrinsic motivation of support for their own party to a more hostile campaign which actively opposes any other party.¹⁵ ¹⁶ The shift of political motivations from personal values to social norms (associated with one's political, social circle) has continued to fan polarizing political flames. Given the widespread use of the internet and mass consumption of social media today, people are confronted with considerable amounts of information. The ability to digest this information with a critical eye has been a subject of debate and may factor into how strongly some are influenced or manipulated by the networks they surround themselves with.¹⁷ ¹⁸ ¹⁹ Goren et. al. (2009) detail the process of information evaluation, calling specific attention to a 'partisan lens' information must flow through before the recipient passes judgement. They posit, "[w]hen someone hears a recognizable partisan source advocating some position, her

¹⁴ Shanto and Krupenkin, "Partisanship as Social Identity; Implications for the Study of Party Polarization", 23–45

¹⁵ Shanto Iyengar and Masha Krupenkin, "The strengthening of partisan affect." *Political Psychology* 39 (2018): 201-218.

¹⁶ Iyengar and Krupenkin, "Partisanship as Social Identity; Implications for the Study of Party Polarization", 23–45.

¹⁷ Katherine Ognyanova, "The Social Context of Media Trust: A Network Influence Model." *Journal of Communication* 69, no. 5 (2019): 544–67.

¹⁸ Petter Törnberg, Claes Andersson, Kristian Lindgren, and Sven Banisch, "Modeling the Emergence of Affective Polarization in the Social Media Society." *PLoS One* 16, no. 10 (2021): e0258259.

¹⁹ Julie Rovner, "A Ten-Year Engagement: The Media and the ACA." *Health Affairs* 39, no. 3 (2020): 367-370.

partisan leanings are activated... If the cue giver and recipient share a party label, the latter will trust the former and accept the message without reflecting much on message content".²⁰ Current literature also details and warns about the dangers of social media platforms functioning as echo chambers and safe havens for the political extremes.²¹ ²² Other research, however, has studied whether it's the political elite who influence public opinion, or rather the public—with their extreme views—who influence the political elite.²³ The research of Diermeier and Li (2019) postulates that the political elite are driven by what is called 'office motivation'²⁴ and are therefore more willing to abandon their personally held beliefs and values and lean more towards those of their loudest constituents. In this sense, they display opportunistic behavior by reacting to their most extreme voters; prioritizing popularity over moral consistency and not acting in the best interest of the whole.

2.6 Political polarization and health care policy

One of the most recent cases of health care reform in the United States was the Affordable Care Act (ACA). The introduction of this legislature can be described as the greatest overhaul of the US health system since the

²⁰ Paul Goren, Christopher M. Federico, and Miki Caul Kittilson, "Source cues, partisan identities, and political value expression." *American Journal of Political Science* 53, no. 4 (2009): 805-820.

²¹ Robert Luzsa, and Susanne Mayr, "False Consensus in the Echo Chamber: Exposure to Favorably Biased Social Media News Feeds Leads to Increased Perception of Public Support for Own Opinions." *Cyberpsychology* 15, no. 1 (2021): 1–22.

²² Paul S.N. Lee, Clement Y.K. So, Francis Lee, Louis Leung, and Michael Chan, "Social Media and Political Partisanship – A Subaltern Public Sphere's Role in Democracy." *Telematics & Informatics* 35, no. 7 (2018): 1949–57.

²³ Kevin Arceneaux, "The Influence of News Media on [US] Political Elites: Investigating Strategic Responsiveness in Congress." *American Journal of Political Science* 60, no. 1 (2016): 5–29.

²⁴ Daniel Diermeier and Christopher Li, "Partisan affect and elite polarization." *American Political Science Review* 113, no. 1 (2019): 277-281.

implementation of Medicare and Medicaid in 1965.²⁵ It was first officially introduced in 2010 and has been the subject of heated debate and a shining example of how polarizing certain political initiatives can be.^{26 27}

Using a theoretical framework of the aforementioned behavioral theories on political socialization and decision-making against data from the American National Election Studies (ANES), the following analysis will help identify the role one's political identification plays on their opinions of the government's handling of health care policy.

3. Data and methods

3.1 Data

This study was conducted using a comprehensive observational dataset sourced from the American National Election Studies (ANES) for the years 2016 and 2020. The ANES survey data is regularly compiled through a collaboration between the National Science Foundation (NSF) – an independent federal agency—and the Universities of Michigan and Stanford.²⁸ The data employed in this research were subset to include 13 variables. The unit of analysis for this dataset is individual observations, with each row representing one survey

²⁵ Mollyann Brodie, Elizabeth C Hamel, Ashley Kirzinger, and Bianca Dijulio, "Partisanship, Polling, and the Affordable Care Act." *Public Opinion Quarterly* 83, no. 2 (2019): 423–49.

²⁶ Jonathan Oberlander, "The Ten Years' War: Politics, Partisanship, and the ACA." *Health Affairs* 39, no. 3 (2020): 471-478.

²⁷ Jacob S. Hacker and Paul Pierson, "The dog that almost barked: What the ACA repeal fight says about the resilience of the American Welfare State." *Journal of Health Politics, Policy and Law* 43, no. 4 (2018): 551-577.

²⁸ ANES, "About Us - Anes: American National Election Studies," ANES | American National Election Studies, (2019).

respondent. There were 711 total observations (n) in the 2016 regression, and 2,365 total observations in the 2020 regression.

3.2 Variable selection

The variables used in this analysis, shown in Table 1, were selected based on their hypothesized effects on the formation of opinions on health care policy. Some of the variable values have been recategorized and recoded from their original format for clarification and ease. The dependent variables—(trump_health, obama_health)—are highlighted in gray.

Political awareness (pol_aware) and likelihood to vote (will_vote) were used to measure the strength of one’s political engagement, whereas one’s ability to self-reflect and critically analyze were assessed through education level (educ), insurance status (insured), and health status (health_status). All remaining independent variables (pol_reg, party_id, income, usa_feels, abortion, gun, LGBT) and their associated survey questions are detailed below.

Table 1

Variable Name	ANES Codebook Question ^{29 30}	Variable Values
trump_health obama_health	Do you approve or disapprove of the way Donald Trump / Barack Obama is handling health care?	0 - Disapprove 1 - Approve
pol_reg	Which political party are you registered with, if any?	0 - Democratic party 1 - Republican party

²⁹ ANES, “ANES 2020 Time Series Study Full Release [dataset and documentation]”, (2021).

³⁰ ANES, “ANES 2016 Time Series Study [User’s Guide and Codebook]”, (2019).

party_id	Derived party ID variable	1 - Strong Democrat 2 - Not very strong Democrat 3 - Independent-Democrat 4 - Independent 5 - Independent-Republican 6 - Not very strong Republican 7 - Strong Republican
income	Derived income variable	1 - \$24,999 and below 2 - \$25,000 to \$49,999 3 - \$50,000 to \$74,999 4 - \$75,000 to \$99,999 5 - \$100,000 and above
educ	What is the highest level of school you have completed or the highest degree you have received?	0 - High School or below 1 - Some college 2 - Bachelor's degree 3 - Graduate degree and above
pol_aware	How often do you pay attention to what's going on in government and politics?	0 - Never 1 - Some / half of the time 2 - Most of the time / always
will_vote	How likely is it that you will vote in the general election this November?	1 - Not likely at all 2 - Slightly likely 3 - Moderately likely 4 - Very likely 5 - Extremely likely
usa_feels	Do you feel things in this country are generally going in the right direction, or do you feel things have pretty seriously gotten off on the wrong track?	0 - Right direction 1 - Wrong track
health_status	Would you say that in general your health is excellent, very good, good, fair, or poor?	0 - Good health 1 - Poor health
insured	Do you presently have any kind of health insurance?	0 - Not insured 1 - Insured
abortion	There has been some discussion about abortion during recent years. Which one of the opinions best agrees with your view?	0 - By law, never permitted 1 - By law, only in case of rape, incest, or life danger 2 - By law, for reasons than rape, incest, or life danger if need established 3 - By law, as a matter of personal choice

gun	Do you think the federal government should make it more difficult for people to buy a gun than it is now, make it easier for people to buy a gun, or keep these rules about the same as they are now?	0 - Easier 1 - Keep these rules about the same 2 - More difficult
LGBT	Do you think business owners who provide wedding-related services should be allowed to refuse services to same-sex couples if same-sex marriage violates their religious beliefs, or do you think business owners should be required to provide services regardless of a couple's sexual orientation?	0 - Should be allowed to refuse 1 - Should be required to provide services

3.3 Methodology

A logistic regression was used for this analysis in order to study the effects of party identification on opinions of health care policy and handling. Logistic regression is the appropriate statistical method for this study because the dependent variable, opinions on health care policy, is dichotomous and measured by values “0” for approval of a president’s handling of health care and “1” for disapproval. The primary independent variable was measured using a 7-point scale (party_id), which identifies the political party a respondent identifies with.

4. Results

Table 2

How does political ideology influence opinions on the handling of health care?

2016		Obama Handling of Health Care			Trump Handling of Health Care			2020
Predictors	Odds Ratios	Log-Odds	p	Odds Ratios	Log-Odds	p	Predictors	
(Intercept)	0.08	-2.53	0.008	1.86	0.62	0.386	(Intercept)	
Party Identification	0.56	-0.58	0.000	2.01	0.7	0.000	Party Identification	
Income Level	0.83	-0.19	0.034	1.03	0.03	0.555	Income Level	
Education Level	1.07	0.06	0.601	0.88	-0.13	0.148	Education Level	
Political Awareness	1.18	0.17	0.461	0.86	-0.15	0.390	Political Awareness	
Will Vote	0.92	-0.09	0.462	1.06	0.06	0.566	Will Vote	
Outlook of United States	4.7	1.55	0.000	8.9	2.19	0.000	Outlook of United States	
Health Status	2.59	0.95	0.002	0.71	-0.34	0.117	Health Status	
Health Insurance Status	2.38	0.87	0.071	1.25	-0.37	0.463	Health Insurance Status	
Opinions on Abortion	1.46	0.38	0.001	0.58	-0.54	0.000	Opinions on Abortion	
Opinions on Gun Control	1.85	0.62	0.001	0.44	-0.83	0.000	Opinions on Gun Control	
Opinions on LGBT Issues	1.09	0.08	0.729	0.59	-0.53	0.002	Opinions on LGBT Issues	
Observations	711			2365				

American National Election Studies, 2016 & 2020 Time Series Study Data

In both the 2016 and 2020 logistic regression models, the observations produced several statistically significant results³¹ in support of the original hypothesis, as shown in Table 2. Previous research has shown that the political ambitions of the public have shifted from an intrinsic motivation of support for one's own party to a more hostile anti- 'other' party campaign.^{32 33} In both models, party identification was statistically significant at the 99% confidence level in predicting the odds of approval of the sitting president's handling of health care. In the 2016 model, the odds of a respondent approving of Obama's handling of health care decline by 44% ($\exp(-0.58) = 0.56$ [= $0.56 - 1 \times 100$]) when moving across categories in the 7-point scale ranging from 'strong democrat' to 'strong republican'. These findings provide support for social identity theory, as the stronger a respondent identifies with the opposing party (in this case, republican), the less likely they are to approve of Obama's handling of health

³¹ Bold font p scores indicate statistically significant findings

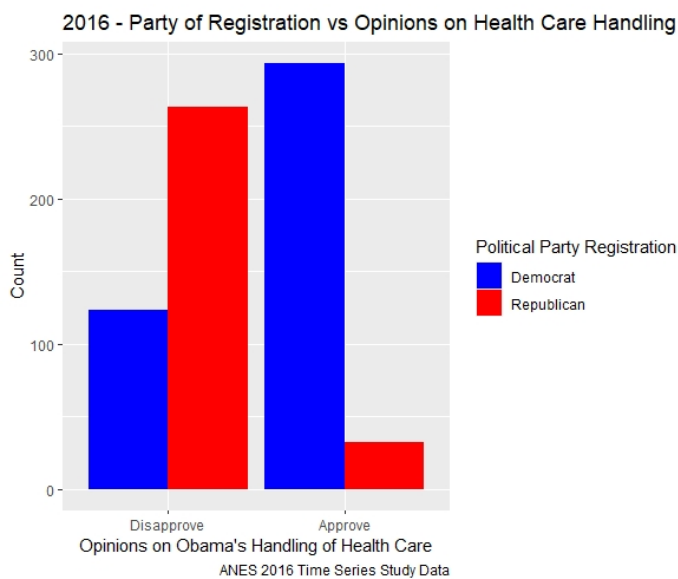
³² Shanto and Krupenkin, "The strengthening of partisan affect." 201-218.

³³ Shanto and Krupenkin. "Partisanship as Social Identity; Implications for the Study of Party Polarization." 23-45.

care. In the 2020 model, the odds of a respondent approving of Trump’s handling of health care increase by 101% when moving from ‘strong democrat’ to ‘strong republican’, despite there being negligible changes to health care policy between the two presidencies. Relying on motivated reasoning theory here as a framework to evaluate the outcomes of both instances, it seems plausible that respondents were cognitively aware of the fact that little had changed with the ACA, yet ignored such information when formulating opinions on the policy and its implementation in order to stay in line with social and political expectations of their party.

Similarly, a respondent’s opinions on the national outlook were found to be statistically significant at the 99% confidence level in both models, and support the original hypothesis which expected a direct, positive relationship between same-party political identification and opinions on health care policy handling.

Figure 2



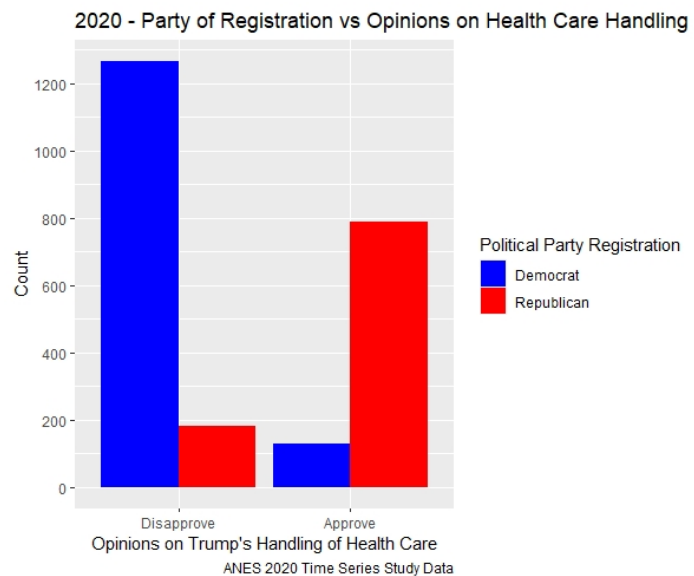
Recalling research conducted by Goren et. al. (2009) which details the process of information evaluation, calling specific attention to a ‘partisan lens’³⁴, the application here of social and behavioral theory is

³⁴ Goren, Federico and Kittilson. "Source cues, partisan identities, and political value expression." 805-820.

supported by the quantitative findings of these analyses. In 2016, under Obama, the odds of a respondent approving of his handling of health care are 370% higher when the respondent feels that the country is moving in the right direction (i.e., is supportive overall of Obama's executive direction). In 2020, during the Trump administration, the odds of a respondent approving of Trump's handling of health care are 790% higher when the respondent has a positive outlook on the nation as a whole.

As introduced above, the Affordable Care Act (ACA) has been a serious point of contention between the two major parties in US politics. In this context, it is therefore interesting to consider, despite the

Figure 3



noticeable lack of meaningful change to health care policy, the substantial increase in approval ratings from republican respondents in 2020. Figures 2 and 3 break down observations by the political party the respondent is registered with and their opinions on the handling of healthcare. These simple visualizations highlight the drastic shifts in approval ratings between a democratic president and a republican president, depending on political ideology, once more supporting the hypothesis of social identity theory and the presence of in and out-groups in politics.

Other controversial partisan issues such as views on abortion and gun control were also found to be statistically significant at the 99% confidence level in predicting the odds of support for a sitting president's handling of health care. In the 2016 model, the odds of a respondent approving of Obama's handling of health care are 46% higher when they are supportive of a pregnant person's right to abortion on request and 85% higher when they are supportive of more restrictive gun laws. In the 2020 model, however, the odds of a respondent approving of Trump's handling of health care are 58% lower when they are supportive of a right to abortion, 42% lower when they are supportive of more restrictive gun laws, and 41% lower when they are supportive of Lesbian, Gay, Bisexual, and Transgender (LGBT) persons;³⁵ specifically, that businesses should be required to provide services for same sex couples regardless of religious beliefs.³⁶ These results are not entirely inconceivable, as endorsement for abortion, equal rights, and stricter gun laws tend to be associated with Democrats, substantiating the fundamental arguments of social identity theory.

Interestingly, variables on income and health status are significant at 95% confidence in the 2016 model only. The income variable used in this analysis is broken down into five different categories: (1) \$24,999 and under, (2) \$25,000 to \$49,999, (3) \$50,000 to \$74,999, (4) \$75,000 to \$99,999, and (5) \$100,000 and up. Under Obama, the odds of approval declined 17% when moving up in

³⁵ significant at the 95% confidence level

³⁶ opinions on LGBT issues were not found to be statistically significant in the 2016 model

income, suggesting that the wealthier the respondent, the less likely they are to support his administration's handling of health care policy.

Figure 4

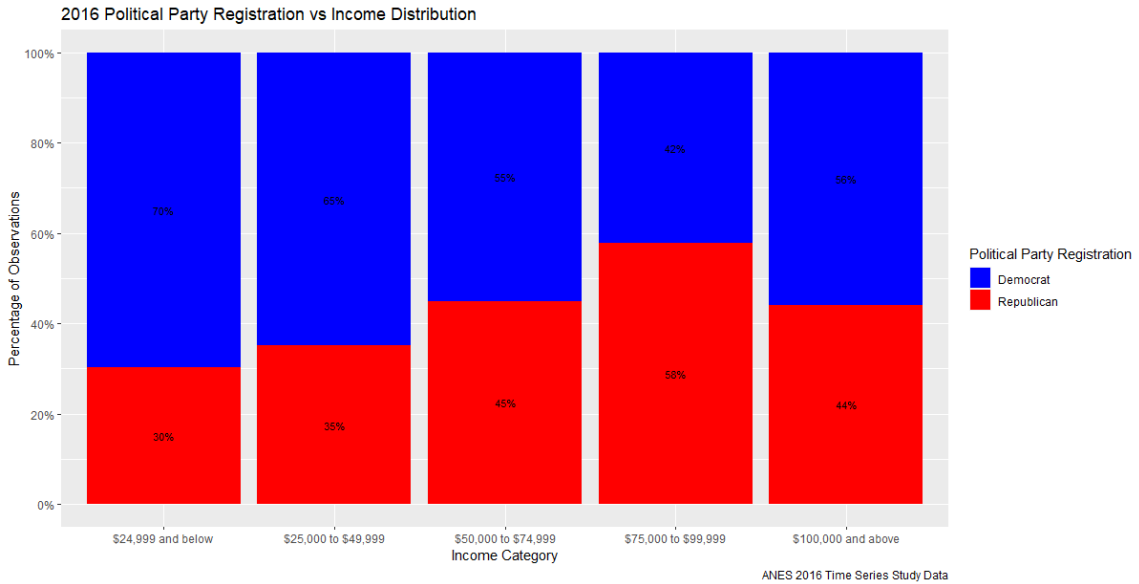
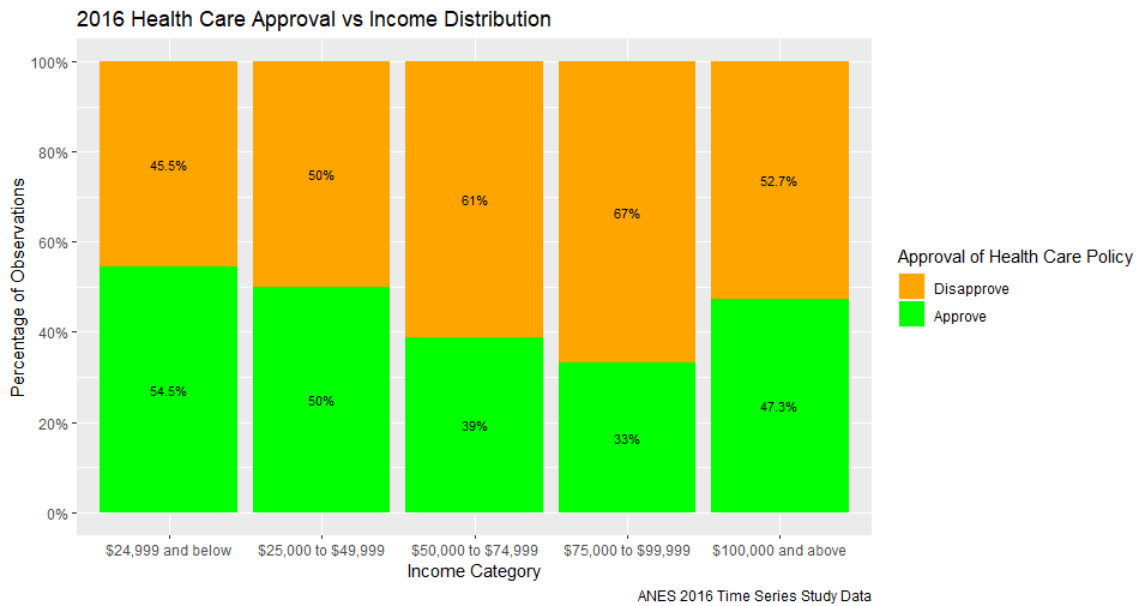


Figure 4 visualizes the distribution of democrat and republican respondents within the respective income categories. These results indicate, with the exception of category five, that the proportion of republican observations increase when moving up in income level. This increase in republican observations across income categories during a democratic presidency, and the associated disapproval ratings (as shown in Figure 5), may offer further support to the social identity theory framework. Additional considerations of why approval may decline as income increases could involve financial security. Research into competing health reform policies and respondent preferences conducted by McIntyre et. al (2020) found that, compared to those in favor of keeping or improving upon the ACA, those who preferred alternative policies were less likely

to be worried about medical bills.³⁷ Reflecting on this analysis, it may be plausible that financial security—interpreted through income level—may play a role in forming opinions around health care policy. Figure 5 visualizes the distribution of approval for Obama’s handling of health care against income and

Figure 1



seems to mirror the results shown in Figure 4. With the exception of category five, when moving across levels of income the proportion of republican respondents increases, as does the proportion of disapprovals.

Looking at the health status of an individual, this variable was measured dichotomously, with ‘0’ representing a respondent in good health and ‘1’ representing a respondent in poor health. Examining the 2016 health status of a respondent, the results of the logistic regression show a 159% increase in the odds of support for Obama’s health care policy when they report being in good

³⁷ A. McIntyre, et. al., “The Affordable Care Act’s Missing Consensus: Values, Attitudes, and Experiences Associated with Competing Health Reform Preferences”. *Journal of health politics, policy and law* 45, no. 5 (2020): 729–755.

health. It is interesting to consider here the possible reasons of why those in good health are more supportive of Obama's health care policy. Perhaps those who have made use of the system (i.e., preventative health services) have seen improvements in their own health, or have at least maintained good health, and consider the policy to be effective. Alternatively, those who are in poor health may have more unfavorable opinions of the policy because they feel that the system is failing them. However, it is also important to consider the limitations of the variable. Rather than using objective metrics of health to create data, respondents were asked to report their own health. As opposed to baseline measurements or specific objective details, self-assessment for this variable may present a distorted image.

Finally, other variables included in the analysis produced some rather provocative results. In an attempt to incorporate variables that measured the strength of political engagement and one's ability to self-reflect and critically analyze, there was an expectation that a respondent's insurance status, level of political awareness, and education would be found to be significant in predicting approval ratings on health care policy. Results from both models, however, showed these variables to be statistically nonsignificant³⁸ and therefore do not support the aforementioned assumptions.

³⁸ See Table 2

5. Conclusion

The partisan divide in United States politics continues to grow. Research has shown that political motivations have evolved over the years. Policy opinions have transformed from deeply personal convictions—rooted in individual experience—to socially pressured expectations that comply with politically aligned communities.

Several social and behavioral theories have sought to explain the ways in which political identities are formed and how these identities influence the formation of opinions. This study used a multifaceted framework to analyze the relationship between political identification and opinions on health care policy. The original hypothesis expected a direct, positive relationship between party identification and health care policy support (during periods of same-party power). Results of the logistic regression provided statistically significant support for the original hypothesis. In 2016, democrats approved highly of Obama's handling of health care, while republicans did not. Likewise, in 2020, republicans approved highly of Trump's handling of health care, while democrats did not, despite only minor changes to policy between the two. Results regarding the expectation that insurance status, level of political awareness, and education would influence opinions on health care handling, however, were found to be nonsignificant.

Limitations of this study include a variance in observations between the two datasets. The sample sizes for both iterations of this study differ and may be subject to bias. To address this issue, future analysis could make use of data

with equal observations which might, in turn, improve the model and provide stronger results. Additional considerations could include applying variables which measure internet and social media usage to better leverage political socialization and popular political legitimization theories.

Future research might also probe into why insurance status, level of political awareness, and education were found to be nonsignificant in predicting health care policy approval ratings. It could focus specifically on individual experience with the health care system (i.e., health status, insurance status, financial concerns surrounding medical bills, etc.) and measure the effects, juxtaposed with party identification, to gain a deeper understanding of the nuances of individual experience.

Additional avenues for future research might include conducting an analysis over a longer period of time. Researchers could continue to track any relevant changes made to the ACA over the next years and conduct research between opposing-party presidencies which would provide further insight into partisanship and health care opinions. This, then, might further solidify support for the social and behavioral theories surrounding the formation of opinions. Finally, future research could consider studying the party identification of parents, spouses, or close contacts of respondents, using political socialization and popular political legitimization theories as a framework for analysis.

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Curriculum Vitae

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