

Fall 12-9-2015

Opinions on the Affordable Care Act: The Role of Self-Interest

Bradley J. West

Chapman University, west133@mail.chapman.edu

Follow this and additional works at: https://digitalcommons.chapman.edu/cusrd_abstracts



Part of the [Political Science Commons](#)

Recommended Citation

West, Bradley J., "Opinions on the Affordable Care Act: The Role of Self-Interest" (2015). *Student Scholar Symposium Abstracts and Posters*. 177.

https://digitalcommons.chapman.edu/cusrd_abstracts/177

This Poster is brought to you for free and open access by the Center for Undergraduate Excellence at Chapman University Digital Commons. It has been accepted for inclusion in Student Scholar Symposium Abstracts and Posters by an authorized administrator of Chapman University Digital Commons. For more information, please contact laughtin@chapman.edu.



Brad West

Department of Political Science, Chapman University; Orange, California

Introduction

- This study examines opinions of the Affordable Care Act through a Rational Choice perspective to see if the theory can be applied to opinions on health care.
- Rational Choice Theory- Aggregate social behaviour results from the behaviour of individual actors, each of whom is making their individual decisions based on self-interest.
- Rational Choice Theory is a popular behaviour model that originates from economics and is commonly applied to political activities.
- Agents in Rational Choice Theory models are assumed to have self-interest as their strongest motivator.
- If this theory could be applied health care opinions, it is assumed that those who the Affordable Care Act should help the most would be the most likely to support the bill.
- Sociotropic Voter Model
 - Voters vote for what they believe to be best for the nation, not just for themselves.
 - Contrasting Rational Choice Theory
- Party identification is a great determinant for what one thinks is best for the nation and, if the Sociotropic Voter Model holds up, one's opinion on the ACA.
- Many Americans have a tenuous grasp on how the Affordable Care Act would affect their families and the nation as a whole.

Affordable Care Act

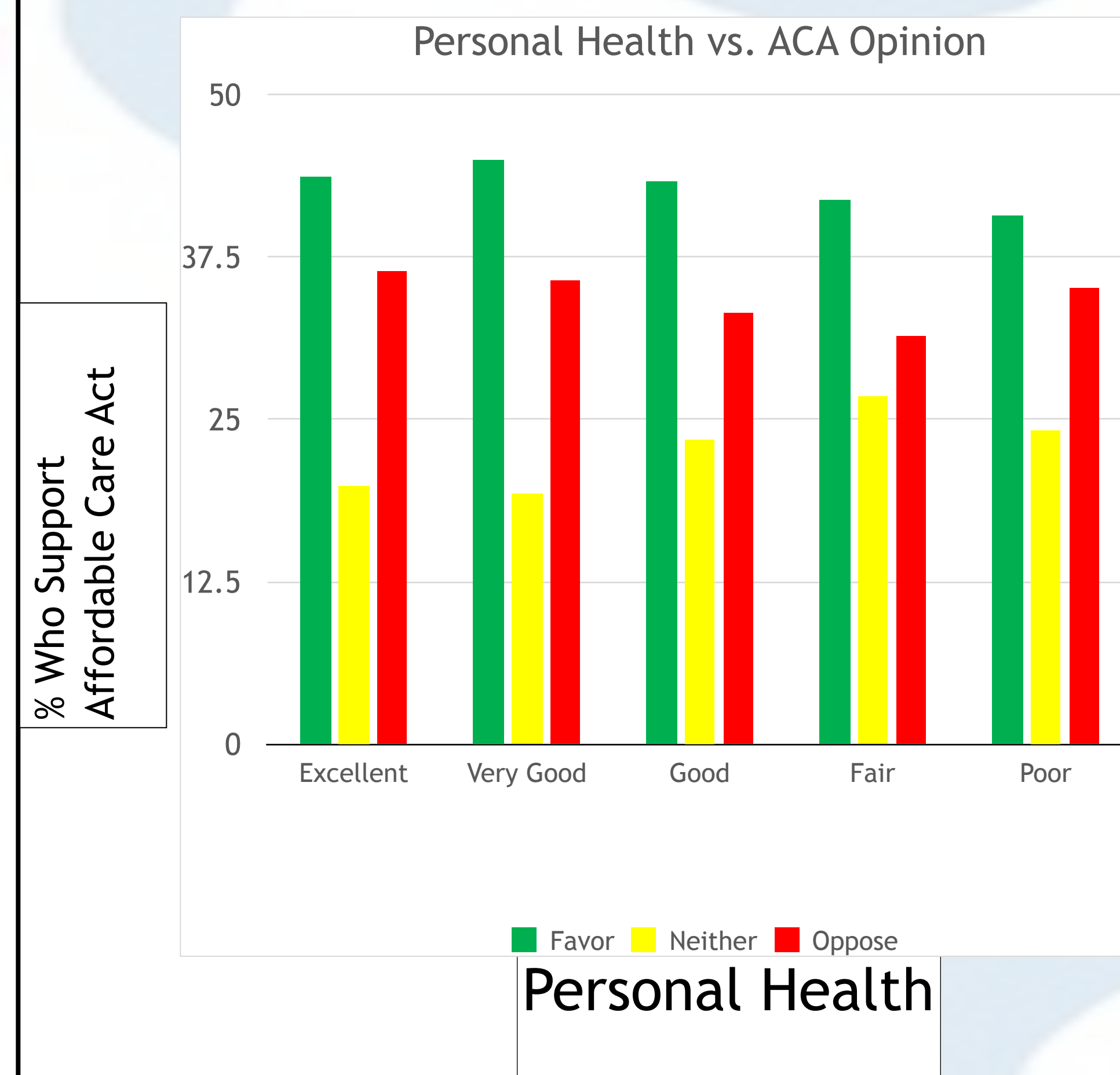
- Government subsidises the purchase of private health insurance plans for those who cannot afford one.
- Requires businesses with over 50 employees to provide health insurance plans to their workers.
- Prohibits insurance companies from denying coverage to those who have a pre-existing condition.
- Banned price discrimination based on gender.
- Individual Mandate
 - If an individual does not either have health insurance or signs up during specific enrolment periods, they must pay a penalty fee.
- Attempts to help unhealthy, uninsured, and poor Americans the most.

Hypotheses:

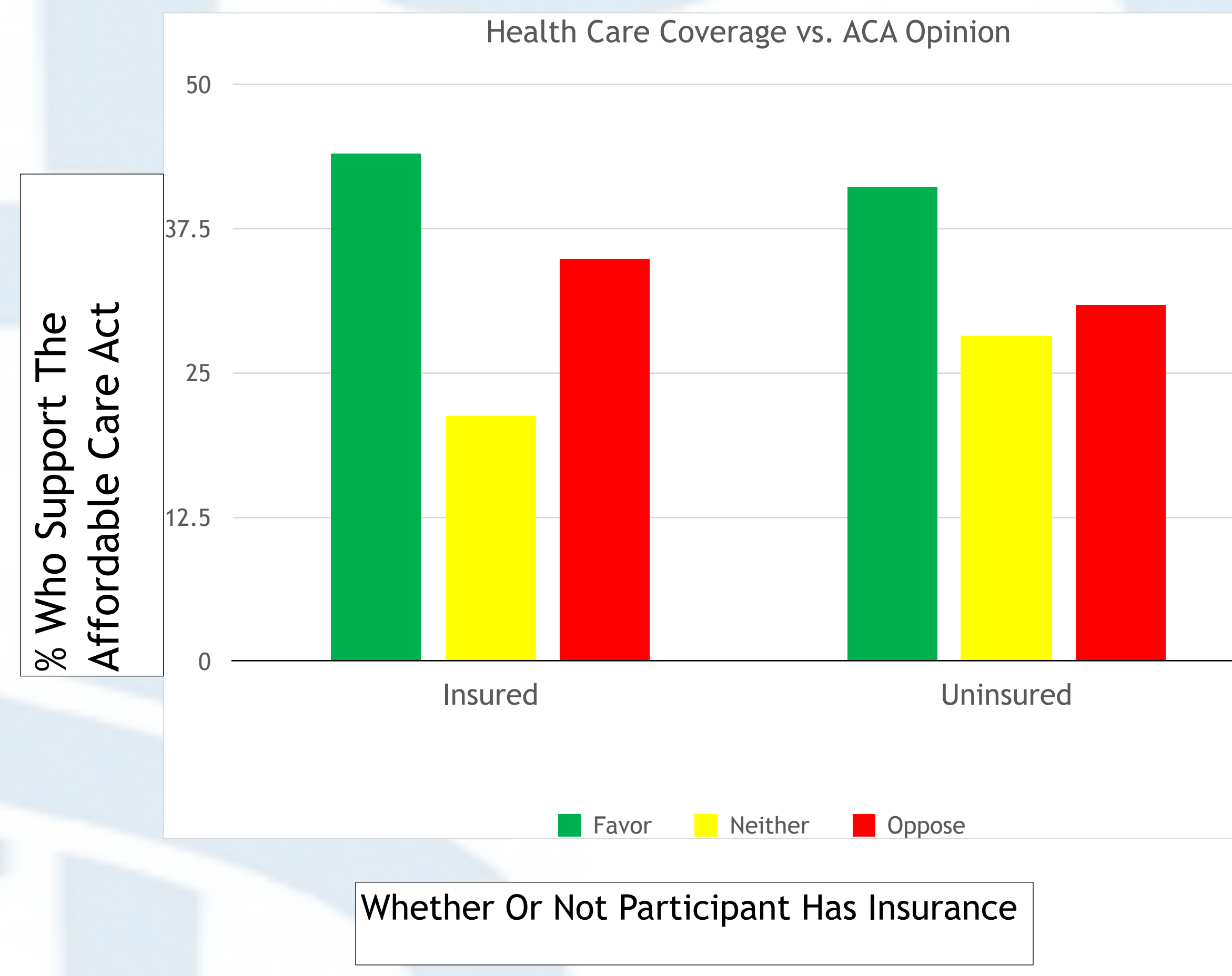
- H 1: Unhealthy Americans are more likely to support the Affordable Care Act than healthy Americans.
- H 2: Uninsured Americans are more likely to support the Affordable Care Act than Americans that have health insurance.
- H 3: Americans of a lower-socioeconomic class are more likely to support the Affordable Care Act than Americans of a higher-socioeconomic class.

Data

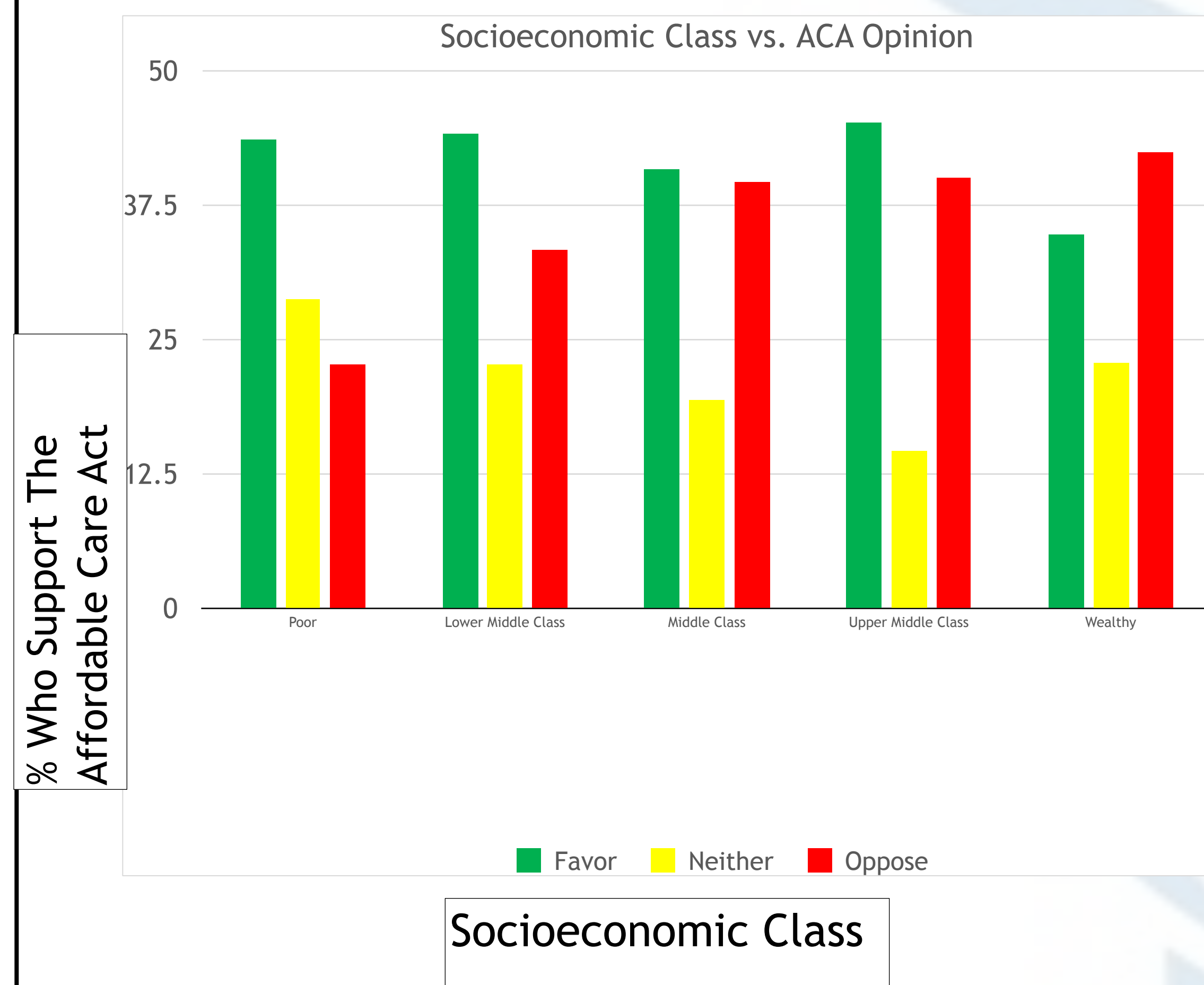
H 1: Personal Health vs. ACA Opinion



H 2: Health Care Coverage vs. ACA Opinion



H 3: Socioeconomic Class vs. ACA Opinion



Bar Graph Interpretation

- Personal health had a significance of .006 *The relationship between one's personal health and their opinion on the ACA is statistically significant, but only with a correlation coefficient of .037, making this a very weak influence.*
- The insurance status of an individual had a significance of .000, making this relationship very statistically significant. *However, the correlation coefficient was .047, indicating that this was also a very minor influence on an individual's opinion on health care.*
- Socioeconomic class had a significance of .000, solidifying the statistical significance of this relationship. *The correlation coefficient of this relationship is -.055, showing a very slight decrease of support for the ACA as income increases.*

Results

H 1: Personal Health

The results show that Rational Choice Theory cannot be supported by this relationship. There is little difference in the support or opposition for the ACA depending on one's health. In fact, the healthier one is, the more likely they are to support the ACA, which contradicts Rational Choice Theory. However, this relationship is very weak, showing that personal health is certainly not the main determinant of an individual's opinion on the ACA.

H 2: Health Care Coverage

The results from this relationship also contradict Rational Choice Theory. One of the ACA's main goals is to make it easier for uninsured Americans to obtain health insurance. Yet here, the data shows that an individual is less likely to support the ACA if they do not have insurance. The decrease in likelihood is very small and coupled with a very low correlation coefficient, these results do not contradict Rational Choice Theory tremendously.

H 3: Socioeconomic Class

There is a more predictable result in this relationship. The wealthiest Americans are the most likely to disapprove of the ACA and the poorest are the least likely to oppose. However, due to the low correlation coefficient, these results hardly make a strong case for Rational Choice Theory.

Conclusions

These results show that Rational Choice Theory cannot be applied to opinions on the ACA. The ACA is designed to help unhealthy, uninsured, and poor Americans. None of those factors had a strong influence on an individual's opinion on the ACA. Party identification and knowledge of the content of the bill should be examined, as they are more likely to be the main influences. This research shows that Rational Choice Theory should not be applied to opinions of the Affordable Care Act.

References

Blenkins, R. J., & Benson, J. M. (2014). Voters and the Affordable Care Act in the 2014 election. *The New England Journal of Medicine*, 371, doi:10.1056/NEJM1412118

Brodie, M., & Deane, C., & Cho, S. (2011). Report from the States: Regional Variations in Public Opinion on the Affordable Care Act. *Journal of Health Politics, Policy & Law*, 36, 1097-1103. <http://dx.doi.org/10.1215/03616878-1460587>

Edlin, A., Gelman, A., & Kaplan, N. (2007). Voting as a rational choice: Why and how people vote to improve the well-being of others. *Rationality and Society*, 19, 293-314. <http://dx.doi.org/10.1177/1043436310707384>

Grogan, C. M. (2013). Democratic responsiveness and the sources of public opinion. *Journal of Health Politics, Policy and Law*, 38, 887-891.

Henderson, M., & Hillygus, D. S. (2011). The Dynamics of Health Care Opinion, 2008-2010: Partisanship, Self-Interest, and Racial Resentment. *Journal of Health Politics, Policy & Law*, 36, 945-960. <http://dx.doi.org/10.1215/03616878-1460533>

Kaiser Health Tracking Poll: October 2015 Retrieved from: <http://www.kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-october-2015>

Kiewiet, D. R., & Lewis-Beck, M. S. (2011). No Man Is an Island: Self-Interest, the Public Interest, and Sociotropic Voting. *Critical Review: An Interdisciplinary Journal of Politics and Society*, 23, 303-319.

Kriner, D. L., & Reeves, A. (2014). Responsive Partisanship: Public Support for the Clinton and the Obama Health Care Plans. *Journal of Health Politics, Policy & Law*, 39, 717-749. <http://dx.doi.org/10.1215/03616878-2743015>

Medema, S. G. (2014). Creating a Paradox: Self Interest, Civic Duty, and the Evolution of the Voter in the Formative Era of Public Choice Analysis. *Oeconomia*. <http://oeconomia.revues.org/605>

Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 (2010)

Petany, S. M., & Christiansen, M. (2014). Knowledge and Perceptions of the Affordable Care Act by Uninsured Patients at a Free Clinic. *Journal of Health Care for the Poor & Underserved*, 25, 675-682. <http://dx.doi.org/10.1177/0898010113503946>

Richardson, L., & Konisky, D. M. (2013). Personal and Collective Evaluations of the 2010 Health Care Reform. *Journal of Health Politics, Policy & Law*, 38, 921-956. <http://dx.doi.org/10.1215/03616878-2334665>

Wlensky, G. (2015). Why does the Affordable Care Act remain so unpopular? *Journal of the American Medical Association*, 313, 1002-1003. <http://dx.doi.org/10.1001/jama.2015.0542>