

# **The Dynamics of Health Care Opinion, 2008–2010: Partisanship, Self-Interest, and Racial Resentment**

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**Abstract** Recent debate over the Patient Protection and Affordable Care Act highlights the extent of party polarization in Washington. While the partisan divide on this issue is stark among political elites, it is less clear how the mass electorate has responded to this divisive conflict. In this article we examine individual-level dynamics in health care attitudes between 2008 and 2010. We find partisan attachments and self-interests strongly predict change in health care attitudes, with Republicans growing more opposed to universal health insurance between 2008 and 2010, and those personally worried about medical expenses less likely to abandon support. We find, however, that the effect of partisanship is moderated by self-interest, with strong Republicans significantly less likely to switch to opposition if they were personally worried about medical expenses. Finally, we find that health care policy preferences, already tinged with racial attitudes in 2008, became increasingly so by 2010.

Politics in Washington is more polarized than ever, and nothing highlights the partisan divide more than the recent debate over the Patient Protection and Affordable Care Act. The act was a major legislative achievement for President Barack Obama, but it came without a single Republican vote in Congress. Moreover, as one of their first orders of business after taking control of the chamber in the 2010 midterm election, Republicans in the House of Representatives voted unanimously to repeal the law (in a largely symbolic gesture). While the partisan divide on this issue is stark among political elites, it is less clear how the mass electorate has responded to this divisive conflict. Has public opinion similarly polarized along partisan lines?

Some scholars have concluded that the recent growth of elite-level polarization across social welfare, racial, and cultural issues has led to polarization in policy attitudes among partisan identifiers in the mass public (Layman and Carsey 2002). This perspective rests on the more general assumption that a largely uninformed and disinterested public will simply follow the policy lead of political elites, taking cues from party leaders in particular (e.g., Zaller 1992). An alternative perspective, however, is that individual policy attitudes are rooted in more fundamental considerations such as self-interest, core values, or ideology, suggesting less susceptibility to partisan cues (Krosnick 1990; Kinder 1983). In reality, the origins of policy attitudes are surely diverse and complex, and they are notoriously difficult to definitively establish empirically. One source of leverage for understanding the nature of policy attitudes is to examine *changes* in opinion associated with high-profile policy debates. Numerous polls tracked trends in opinion toward health care during the legislative debate, but because aggregate data can mask who is changing in what direction, they are insufficient for fully exploring the dynamics of individual-level opinion. Answering questions about opinion dynamics requires panel data tracking the same individuals over time.

In this brief article, we examine individual-level dynamics in health care opinions between 2008 and 2010 using a unique panel study conducted by the Associated Press. We find that opinion among Republican identifiers in the mass public grew more negative toward universal health insurance, but this dynamic was moderated by self-interest. That is, Republicans were significantly less likely to switch to opposing universal health care if they were personally worried about their own medical expenses. Moreover, far from rallying behind party leaders, Democratic identifiers also moved in a slightly negative direction. Finally, we find that health care policy preferences, already racialized in 2008, became increasingly so by 2010. These findings suggest that, while not resistant to elite influence, partisan identifiers do not blindly follow the rhetoric of party leaders.

### **Understanding Opinion Change during the Health Care Debate**

During the 2008 campaign Senator Barack Obama promised an overhaul of the nation's health care system that would expand coverage to all Americans. His first major domestic initiative was his effort to deliver on this promise. In a speech to Congress just one month into his administration,

the president called on the members to work together to take up health care reform. Nonetheless, the legislative debate quickly divided along partisan lines. House Democrats unveiled a plan in the summer of 2009 that was written entirely without Republican involvement. Republican House leader John Boehner immediately criticized the plan for “raising taxes, rationing care, and empowering government bureaucrats” (Herszenhorn and Pear 2009). Over the following months, debate over health care dominated rancorous “town hall” meetings and political media coverage. With reform efforts still mired in political discord one year later, the president convened a historic televised White House “summit” between Republican and Democrat leaders to discuss reform legislation. The seven-and-a-half-hour discussion concluded with the president’s lamentation that the parties would be unable to find agreement. The following month the Patient Protection and Affordable Care Act passed Congress without a single Republican vote. The health care drama consumed Obama’s first year in office and dominated media and legislative discourse. And despite pleas for bipartisanship, Republicans and Democrats in Congress were more firmly divided on the issue at the end of the legislative process.

How did the American public respond to the health care drama? Did partisans in the electorate similarly divide along partisan lines? In predicting opinion dynamics, scholars have often focused on the important role of partisan loyalty (Bartels 2002; Lenz 2009). It is thought that partisans will simply adopt the position of their party leaders once they learn it. When party leaders agree or when their differences are unknown to the public, individuals will have trouble relying on partisanship for direction on the issue. But when differences between leaders become polarized and publicized—as was the case with the health care debate—then Democrats will recognize and adopt the Democrat position while Republicans do likewise with the Republican position. For example, looking at attitude change on abortion, government spending, and government help for African Americans between 1992 and 1996, Layman and Carsey (2002) find that Democrats generally moved in the liberal direction and Republicans moved in the conservative direction during this time period.

This theory of partisan polarization provides clear expectations for how opinions toward the health care reform package should have changed during the debate. The debate made clear the differences between Democrat and Republican leaders. In response, Republicans who previously supported universal health care should be the most likely to follow their party leaders in opposing the policy. Likewise, Democrats who were not initially supportive should move to be more supportive as the opinions

of their party leaders became clear. Analysis of public opinion during the Clinton health care debate found that partisan divisions widened as a result (Claassen and Highton 2006; Koch 1998), although this research did not consider the potential for asymmetric movement between Democrats and Republicans.

On the other hand, a diversity of other considerations—self-interest, core values, or ideology—might pull an individual in an opposing direction (Hillygus and Shields 2008). For example, Chong, Citrin, and Conley (2001) find that self-interest plays an important role in opinion formation and change over and above partisanship when the stakes are large and outcomes are visible. According to this view, then, we might expect that the powerful influence of partisanship on health care attitudes might well be moderated by other considerations, like self-interest and political values.

Data on aggregate opinion on the issue show that average support for Obama's approach to health care reform declined precipitously from his inauguration to the bill's passage. On the eve of the 2008 campaign season, a majority of Americans reported that health care was the responsibility of the federal government, and 56 percent said they trusted Democrats to do a better job of handling health care (Gallup 2007), compared with just 29 percent trusting Republicans to do a better job (ABC News/*Washington Post* 2008). A late-September poll by Marist College found that 78 percent of voters wanted the next president to deal with health care reform even if it meant greater government debt, and 70 percent said health care reform was more important than cutting taxes (Arnst 2008). By the time the health care law was (barely) passed in March 2010, however, public opinion looked quite different. A majority of Americans (54 percent) disapproved of the president's handling of health care policy, with only 42 percent approving (Gallup 2010).<sup>1</sup> Further, attitudes toward government involvement in health care approached their lowest point of the past fifteen years.<sup>2</sup> These aggregate trends mirror patterns of public opinion during the Clinton health care reform effort (Jacobs and Shapiro 2000).

But these aggregate trends cannot tell us who changed their mind or in what direction. To fully answer that question, we must go beyond aggregate trends. It requires repeated interviews of the same respondents to trace individual-level changes in attitudes. Fortunately such data are available in the AP–Yahoo News Election Panel Study (Associated Press–

1. One year earlier, a Pew survey (2009) found 51 percent approved of President Obama's handling of health policy, while only 26 percent disapproved.

2. Trend in annual Gallup measure (see Newport 2010).

**Table 1** Health Care Position in 2010 by Positions in 2008

		2010 Position		
		Oppose	Not sure	Support
2008 Position	Oppose	87% 225	7% 19	6% 15
	Not sure	31% 65	40% 85	29% 62
	Support	15% 84	17% 97	68% 378
Total	(2010)	36%	20%	44%

*Source:* Estimated by the authors using Associated Press–Yahoo News 2010

*Note:* Weighted sample of respondents interviewed in the seventh (September 2008) and twelfth (September 2010) waves (Associated Press–Yahoo News 2010). Row percentages total 100 percent.

Yahoo News 2010). Sampled from the probability-based KnowledgePanel Internet panel, this panel study tracked the attitudes and behaviors of a nationally representative sample of adults, with eleven waves of interviews from November 2007 to December 2008 and a follow-up wave in September 2010.<sup>3</sup>

In the September 2008 wave of the survey, respondents were asked a battery of policy-attitude questions including whether they support or oppose (or are not sure about) “creating a universal health insurance program.” This question was repeated in interviews with the same individuals two years later. Comparing those responses, we find that 33 percent of our respondents changed their expressed opinion on universal health insurance, with a nine-point drop in support for creating a universal health insurance program and a ten-point rise in opposition.<sup>4</sup>

Table 1 shows the individual patterns of movement and illustrates the lopsided pattern of change. Supporters of the proposal in 2008 are much more likely to oppose it in 2010 than vice versa. Nearly a third of 2008 supporters abandon their position, but only about one in ten opponents do

3. The study was a collaboration between the Associated Press, Yahoo, and faculty from Harvard (now Duke) and Stanford Universities, with support from Knowledge Networks. The panel members are chosen via a probability-based sampling method using known published sampling frames that cover 99 percent of the U.S. population. Sampled non-Internet households are provided a laptop computer or MSN TV unit and free Internet service.

4. By comparison, the advantage held by supporters of eliminating tax cuts for the wealthy, supporters of banning semiautomatic handguns, and opponents of repealing *Roe v. Wade* shrank over the same period by ten, six, and four points, respectively, while the advantage of opponents to expanding immigrant guest worker programs grew by fourteen points.

so. The question, then, is who are these individuals who came to oppose universal health insurance by the midterm election? The answer to this simple question is important because understanding *who* changed can shed light on the question of *why* they changed.

Data on the health care attitudes among partisan groups in 2008 show that there was indeed a sizable pool of cross-pressured Republicans who might be susceptible to attitude change—30 percent of Republicans supported universal health insurance in 2008 (compared with only 7 percent of Democrats who opposed it). Nearly 45 percent of them move to opposition by 2010, dropping Republican support for universal health insurance to just 17 percent and raising opposition to 72 percent. At the same time, the polarization literature suggests that Democrats initially opposed to universal health care would become more supportive—a pattern we see from the outset is not occurring. Support among Democrats falls slightly from 76 percent in 2008 to 72 percent in 2010 with a comparable rise in opposition. Very few individuals of any partisan stripe move from opposition to support.

To better sort out opinion change at the individual level, we estimate a dynamic model for attitudes toward universal health insurance—a logit model predicting opposition to universal health insurance in September 2010 controlling for opinions in September 2008.<sup>5</sup> We tap partisanship with a standard seven-point measure of identification, ranging from strong Democrat to strong Republican. However, we break these into a set of binary indicators for each value to allow for nonlinearity across strength of partisanship. We also control for ideology with indicators for self-identified liberals and conservatives. We measure self-interest with respondent self-reports of the economic hardship posed by health care costs, measured (summer 2008) with the question “How much do you worry about facing major unexpected medical expenses?” Respondents answering “A lot” (35 percent) are coded as 1, while those answering “Some,” “Not much,” or “Not at all” are coded as 0. Although not a direct measure of insurance coverage, this measure better captures respondents’ own perceptions of their interests in the policy proposal by tapping into their concern for covering the costs of care. To try to isolate these relationships as well as possible, we also control for education, gender, and age.

Finally, our model includes measures of race and racial resentment to evaluate the claim made by pundits and journalists that the health care

5. For simplicity, we have combined the “not sure” category with support for universal health insurance so that we are predicting movement to opposition compared with nonopposition.

debate became racialized.<sup>6</sup> In a *Huffington Post* article, columnist Ray Hanania (2009) explicitly verbalized the claim: “Although the Republicans and their so-called ‘Blue Dog’ conservative Democrats claimed they oppose President Obama’s health care plan because it would increase the nation’s debt, the real reason is driven by racism and the fact that the majority who would benefit from health care reform are minorities, the poor and families burdened by uninsured health challenges.” Such speculation is not without theoretical merit, since deep-seated beliefs and values generally — and those about race specifically — have been shown to shape attitudes across a range of policy areas (Kinder 1983). It is well established, for example, that public opinion on social welfare policies is tinged with racial undertones (e.g., Gilens 1999), but scholars had previously found health care to be an exception (Schlesinger and Lee 1993). Tesler (2011) finds evidence that racial resentment has become more predictive of health care opinion since the election of Obama, but the analysis does not explicitly look at individual-level opinion change.<sup>7</sup>

## Results

The results from our dynamic model of attitude change appear in the first column of table 2. For ease of interpretation, we convert the model parameters into estimated differences in the probability of *changing to oppose a universal health insurance program in 2010*. These differences compare the fifth and ninety-fifth percentile values of each variable while holding universal health insurance attitudes in 2008 at nonopposition and all other variables at the mean value for whites in the sample. In the table we compare each partisan category to weak Democrats, each indicator of ideology to moderate, and each racial category to non-Hispanic whites.

6. The racial resentment scale is created from the following standard questions (respondents have a range of choice from strongly disagree to strongly agree): “Irish, Italians, Jewish, and other minorities overcame prejudice and worked their way up, blacks should do the same without special favors”; “It’s really a matter of some people just not trying hard enough; if blacks would only try harder, they could be just as well off as whites”; “Generations of slavery have created conditions that make it difficult for blacks to work their way out of the lower class”; “Over the past few years, blacks have gotten less than they deserve”; “Over the past few years, blacks have gotten more economically than they deserve”; “Some people say that black leaders have been trying to push too fast. Others feel that they haven’t pushed fast enough. What do you think?”; “How much of the racial tension that exists in the United States today do you think blacks are responsible for creating”; and “How much discrimination against blacks do you feel there is in the United States today, limiting their chances to get ahead?”

7. His analysis finds that 1994, following the Clinton health care debate, was the only time between 1988 and 2008 when racial resentment had a statistically significant effect on health care attitudes. Even then, however, the size of the effect was much smaller than what was observed in 2010.

**Table 2** Predicted Effects from Multivariate Models of Universal Health Care Opposition

	2008–2010 Dynamic Model	2008 Static Model	2010 Static Model
Strong Democrat	–0.11* (0.06)	–0.10* (0.04)	–0.16* (0.08)
Lean Democrat	+0.02 (0.09)	–0.09* (0.04)	+0.03 (0.12)
Independent	+0.03 (0.10)	+0.04 (0.06)	+0.03 (0.10)
Lean Republican	+0.38* (0.11)	+0.15* (0.06)	+0.40* (0.11)
Weak Republican	+0.23* (0.09)	+0.15* (0.06)	+0.24* (0.10)
Strong Republican	+0.27* (0.10)	+0.40* (0.06)	+0.45* (0.10)
Liberal	–0.02 (0.06)	–0.08* (0.04)	–0.05 (0.09)
Conservative	+0.10 (0.06)	+0.13* (0.04)	+0.22* (0.07)
Racial resentment	+0.29* (0.11)	+0.15* (0.06)	+0.48* (0.09)
Black	–0.19* (0.06)	–0.06 (0.06)	–0.09 (0.13)
Other race	–0.07 (0.08)	+0.01 (0.05)	–0.07 (0.09)
Income	+0.09 (0.10)	+0.05 (0.05)	+0.07 (0.11)
Worry about cost of health care	–0.18* (0.05)	–0.13* (0.03)	–0.24* (0.06)
Age	–0.09 (0.11)	+0.13* (0.05)	–0.06 (0.11)
Female	0.00 (0.06)	+0.07* (0.03)	+0.04 (0.06)
Education	+0.13 (0.08)	+0.03 (0.05)	+0.21* (0.09)
<i>N</i>	925	1,544	982
PCP	82	82	83

*Source:* Estimated by the authors using Associated Press–Yahoo News 2010

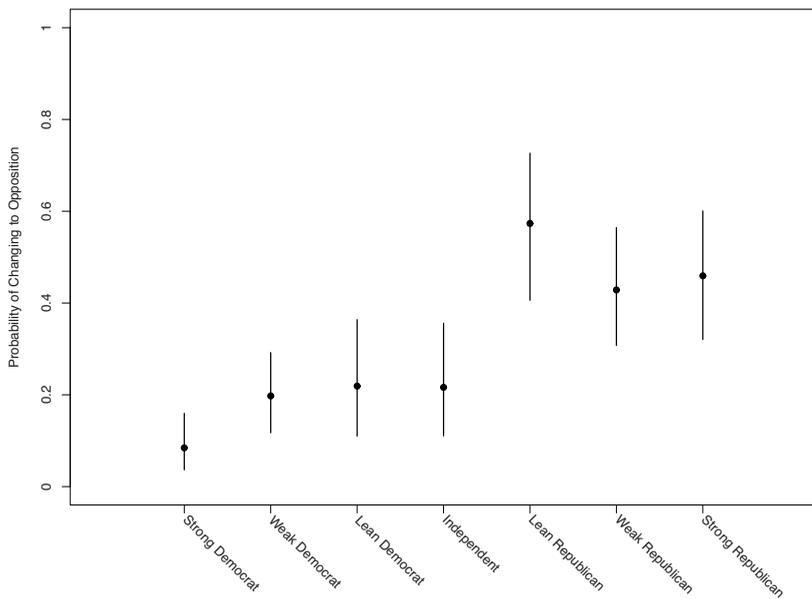
*Note:* Cells contain the estimated difference in the probability of opposing the creation of universal health insurance between the fifth and ninety-fifth percentile values of each covariate while all others are held at mean sample values of white respondents. For the ideology indicators, comparisons are to the “moderate” category. For partisanship, comparisons are to “Weak Democrats.” For racial categories, comparisons are to whites. Estimates are based on logit models (opposition = 1, support or not sure = 0). The dynamic model also contains an indicator for opposition in September 2008, which is held at 0 for estimating the probabilities in the first column. Therefore, the values in the first column represent the differences in the probability of changing to opposition from nonopposition between 2008 and 2010. Standard errors are in parentheses.

\* $p < 0.10$ ; PCP = percent correctly predicted

Looking first at our control measures, we find that none of the demographic factors—except race—were related to changes in health care attitudes. African Americans were significantly less likely than whites to be opposed to health care reform in 2010 if not opposed in 2008. Also striking is the large and statistically significant effect of racial attitudes on health care attitudes. Those with the highest levels of racial resentment were 29 percentage points more likely to change in the negative direction between 2008 and 2010. These results seem to confirm the conclusions of Tesler (2011) that health care policy has become more racialized in the Obama presidency.<sup>8</sup>

We next turn to effects of partisanship on changes in health care attitudes. Figure 1 graphs the predicted probability that each partisan group moved in the negative direction between 2008 and 2010. Republicans whose earlier attitude did not match their party's position were much more likely to flip to the opposing side by 2010 than were Democrats who expressed similar positions in 2008, contributing to party polarization at the mass level. Whereas only 52 percent of Republicans held their party's position on universal health insurance in 2008, nearly three-fourths do in 2010, a proportion close to that of Democrats holding their party's position at both time points (76 percent and 72 percent, respectively). There is no parallel net increase in support for universal health care among Democrats—partly because, as shown in figure 2, a notable share of weak Democrats and Democrat-leaning independents also moved in the negative direction. Although this finding challenges the expectations of the polarization literature, the asymmetric movement is quite consistent with previous political psychology research finding negative messages to be more effective (Cobb and Kuklinski 1997). In their analysis of the Clinton health care debate, Jacobs and Shapiro (2000: 231) offer one potential explanation for asymmetric changes in opinion: "The media's emphasis on political conflict . . . may highlight the risk of altering the status quo; this framing led individuals to become more risk averse toward their own health care as well as that of the rest of the nation." In other words, the Republican side in the policy debate may have been inherently more

8. It is worth noting that we find little evidence that there has been a dramatic shift in levels of racial resentment between the Clinton years and the Obama years. Looking at similar questions in the American National Election Study (2010) cumulative file, we find, for instance, that 36 percent of respondents in 1992 agreed that "Blacks have gotten less than they deserved," compared with 31 percent in 2008; 61 percent of respondents in 1992 agreed that "Blacks should try harder to succeed," compared with 58 percent in 2008; 53 percent of respondents in 1992 agreed that "conditions have made it difficult for Blacks to succeed," compared with 46 percent in 2008. For a more extensive analysis of changes in racial attitudes between 1988 and 2008, see Hutchings 2009.



**Figure 1** Probability of Changing Attitude to Oppose Universal Health Care between 2008 and 2010, by Party Identification

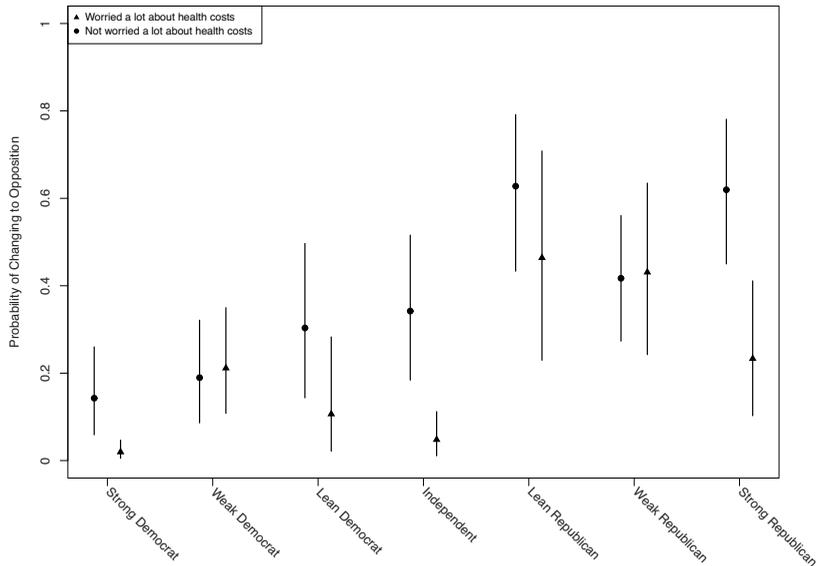
*Note:* Among respondents who either supported or were undecided about creating a universal health insurance program in September 2008, Republicans are more likely to switch to opposition by September 2010. Estimates are generated from a dynamic model of health care attitude presented in table 2.

persuasive than the Democratic one, resulting in more movement among Republican identifiers.

Table 2 also shows that attitude change is related to perceived self-interest. Those expressing the greatest concern about medical expenses are far less likely to join the growing opposition to universal coverage.<sup>9</sup> In contrast, the estimated difference between these income groups remains statistically indistinguishable from zero.

The more interesting question is about the interplay of partisanship and self-interest. In 2008, 27 percent of Republicans reported that they worried a lot about major unexpected medical expenses. Were they also following Republican leaders in opposing universal health care? In other

9. By design, we are assuming this to be stable between 2008 and 2010, a perhaps tenuous assumption. On the other hand, in repeated observations of this measure between December 2007 and June 2008, we find that 73 percent of those who say they worry “a lot” were stable in their concern about facing major unexpected medical expenses.



**Figure 2** Probability of Changing Attitude to Oppose Universal Health Care between 2008 and 2010, by Party Identification and Worry about Medical Expenses

*Note:* Among respondents who either supported or were undecided about creating a universal health insurance program in September 2008, Republicans and independents who worry about unexpected medical expenses were significantly less likely to switch to the opposition by September 2010. Estimates generated from a dynamic model parallel to the model in the first column of table 2 with the addition of interactions between partisan indicators and worry over health care costs.

words, does self-interest moderate the effect of partisan attachments? Figure 1 reports the findings from a model that includes interactions of partisan identification and our self-interest measure.<sup>10</sup> We find that the probability that a partisan comes to oppose universal health care is often conditional on perceived self-interest. Moreover, that effect is *strongest* for self-identified strong Republicans. Strong Republicans who say they are worried a lot about facing health care costs are essentially only as likely to move to opposition as most Democrats! So, while there was some polarization in public opinion, these results offer clear evidence that health care attitudes are not simply reflections of elite rhetoric but have roots in more fundamental considerations as well.

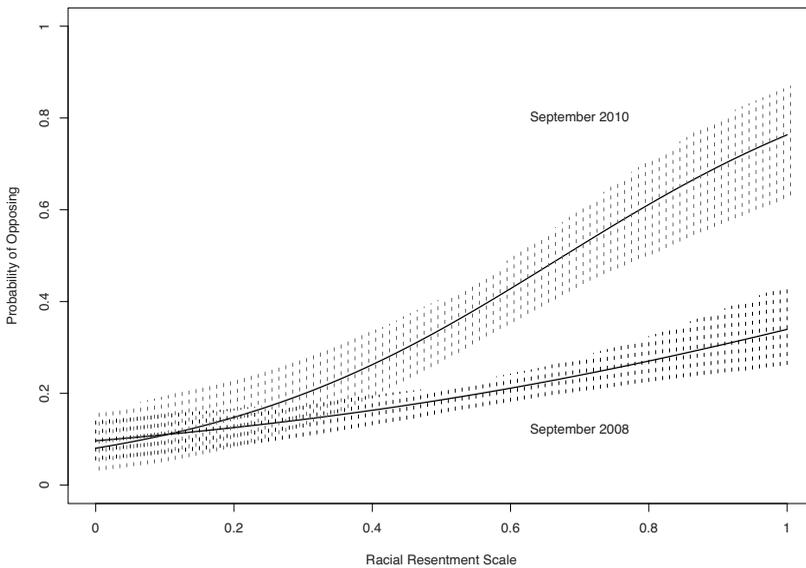
10. Model specification is identical to that of model 1 in table 2 with the addition of interactions between concern over the costs of health care and each of the six partisan group indicators. Substantively, the relationships between the remaining variables and attitude change do not change. Results are available from the authors by request.

As a second approach to examining the changing nature of health care attitudes, we compare static models of attitudes in 2008 and 2010 using the two waves of the study separately. One concern when interpreting a null finding from a dynamic model is that we are looking at the effect of variables on change, but it might mask the importance of a factor in the initial attitude. For example, if high-income earners already opposed creation of a universal health insurance program in 2008, a ceiling effect would mean we would find no effect on attitude change. These results are presented in columns 2 (2008 model) and 3 (2010 model) in table 2. These models are tested with the same panel survey used for the dynamic model but now focus on each time period in isolation.

Looking first at 2008 results, we find that when controlling for other demographic and attitudinal characteristics, there is still no evidence that respondents took positions on this issue reflective of their earnings. On the other hand, concern about facing health care costs predicts September 2008 attitudes, so individuals who worry the most about medical expenses were less likely to oppose the proposal even before the legislative debates, in addition to being less likely to move to opposition by 2010. Reflecting the results we found in the dynamic model, we find that the relationship between self-interest and health attitudes is stronger still in 2010.

Racial attitudes are also already reflected in attitude toward universal health insurance by September 2008, suggesting either that health care policy had already been racialized in the presidential campaign or that the measure of racial resentment could tap something other than racism (as argued by Sniderman and Carmines 1997). Either way, the racial resentment measure is *more* strongly related to health care attitudes in 2010 than in 2008, as illustrated by the steeper 2010 curve in figure 3. On average, those who score low on the racial resentment scale have similar attitudes toward a universal health insurance program in both 2008 and 2010. However, those scoring high on the scale are much more likely to oppose the proposal in 2010 than in 2008.

Finally, the comparison of partisan effects for the static models in 2008 and 2010 mirror the results for the dynamic models. Leaning Republicans were especially likely to be opposed in 2010 compared with 2008 (an increase from 0.15 to 0.40 probability), whereas leaning Democrats actually flipped from being less likely than weak Democrats to oppose universal health care in 2008 (-0.09) to more likely, on average, in 2010 (although not statistically significant). Only strong Democrats became more supportive of universal health care (relative to weak Democrats), but the change in attitudes was slight compared with the other side of



**Figure 3** Probability of Opposing Universal Health Care in 2008 and 2010, by Racial Resentment Attitudes

*Note:* The relationship between racial attitudes and attitudes toward creation of a universal health insurance program is stronger in 2010 than in 2008. Estimates based on static models of attitudes presented in the second and third columns of table 2.

the aisle and the confidence intervals overlap across years. Once again, these findings highlight the asymmetric partisan movement in health care attitudes between 2008 and 2010 that further moderates any conclusions about partisan polarization.

## Conclusion

Despite President Obama's pledge for bipartisanship, the health care debate unfolded into a classic case of polarization in Congress. That there is a stark division between Democrats and Republicans at the elite level is glaringly obvious, but it was less clear how that might shape opinions in the mass public. Our results indicate that many Republicans came to oppose universal health insurance in response to the high-profile health care drama, perhaps as they learned their party's position. On the Democratic side, however, we saw that health care debate did not result in increased support for the president's policy. Thus, to the extent the mass

public polarized, it was driven by Republicans switching from support to opposition by 2010. Our results also clearly show that partisan loyalties are not the only consideration underlying attitudes on health care attitudes. Republicans most concerned about medical expenses were significantly less likely to follow party leaders in opposing universal health care, an effect that was especially great for strong Republicans. It also appears that part of the negative movement in public opinion reflects racial attitudes, making health care yet another social welfare issue that is racialized in the United States.

These findings highlight the complexity of considerations Americans bring to bear in evaluating health care policy and, more generally, the various tensions that individuals must resolve in forming an opinion on policy issues. The findings suggest that the public is indeed influenced by a sustained and divisive policy debate, but the pull of partisan rhetoric is tempered by more fundamental considerations. Finally, these results highlight the difficulty of policy making in today's more polarized political environment. Not only is the public not steadfast in their policy opinions, it appears that policy makers have a more difficult time gathering support for policy change than opponents have in rallying opposition.

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