Project Prospectus: Opinion Leadership & Health Care Policy

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Whenever the nation considers a major proposal on health care, an assumption is apparent among politicians and the press that policy adoption is more likely if the public favors the proposal. For this reason, politicians favoring and opposing reform seek to persuade the public towards their respective viewpoints. Consequently, an understanding of when and how health care reform will emerge ought to explain how public opinion influences the policy activity of lawmakers and how ideologically-driven lawmakers will try to influence the public before any vote on legislation is cast. To tease-out this purported cyclical relationship, I will address three questions in turn: First, how does a political party’s position in a legislature influence the rhetoric its members use to publicly debate the issue? Second, how does the rhetoric of elites influence public opinion on health policy and public polarization on the issue? Third, how does public opinion and polarization on the politics of health care influence the passage of new policy?

Theory

When politicians set-out to persuade the public to favor their side of an issue, there are essentially two goals they might pursue: rallying their traditional base of supporters or building the largest possible coalition of electoral support. In either case, an opinion leader is ultimately trying to influence other lawmakers’ votes by shaping the views of voters to whom elected politicians feel compelled to respond. Politicians who aim to enact new legislation will want to build the largest possible coalition of electoral support. This is because changing the status quo is more difficult than preserving it (Baumgartner & Jones 1993), so policy innovators need as much support as possible to push their reforms through. The complement to this argument is that lawmakers who oppose change will focus on rallying their base because complete backing by a solid minority can be sufficient to halt legislation (i.e., the filibuster rule in the Senate).

Given these alternate goals, what rhetorical strategies will politicians use in a public discussion of health care? I expect that politicians who seek to reform health care will debate the issue primarily in terms of policy merits. By doing this, they are less likely to alienate anyone with terms common to partisan politics. In fact Jacobs & Shapiro (2000) show that, early in his term, Bill Clinton had success with this strategy in building
public support for health reform. In contrast to this, oppositional politicians precisely will want to use adversarial terms that will lead people to think of traditional divisions: such a strategy will lead their core constituency to support the party line, which likely will be enough to thwart a policy reform. Therefore, I hypothesize the members of a legislative majority party—from which more policy advances will emerge—are more likely to use policy-oriented language, compared with adversarial language, than members of a legislative minority.

The implications of this strategic rhetoric theory for public opinion are clear. Whenever public discourse on the issue is primarily policy-oriented, or wonkish, public favorability to health reforms should be higher than when discourse is defined by political adversarialism. Further, since adversarial discourse prompts the public to think of health care primarily in terms of partisanship, whenever public discourse is primarily adversarial, partisan polarization on health issues should be higher than it is when discourse is wonkish.

Lastly, the more favorable the public is to health reforms, the more likely new health policy will be enacted. Prior research has shown that politicians react substantially to constituent desires when actually voting on policy matters (Bartels 1991, Erikson, Wright & McIver 1993, Stimson, MacKuen & Erikson 1995). All of this suggests that elected officials wish to remain popular with their constituency, so they stay attuned to public desires. Further, health reforms are less likely to be adopted when the electorate is more polarized on health issues than when it is less polarized. If the electorate is polarized, then it is less likely that bipartisan support for legislation will emerge because one party’s legislators cannot risk losing their core constituency by taking a position unpopular within the party.

Research Design

To evaluate this theory, I will focus on health policy reforms in the fifty states, rather than federal policy exclusively. The implications of this theory can be better evaluated at the state level for two reasons. First, there is a lot of policy action on health at the state level, such that ideas which have flopped at the federal level—such as universal health coverage—have gained more traction in state legislatures, in many cases being adopted as law. This considerable variation in policy outcomes offers a unique opportunity to identify the conditions amenable to making health reforms. Such findings on past health policy successes at the state level may even yield expectations on when such reforms might be most fruitfully pursued at the federal level. Second, evaluating the consequences of rhetoric for public opinion can be better done at the state level. Although elite discourse at the national level and its consequence on public sentiment is a more common subject of investigation, the most popular news source in America is local TV news, and a third of Americans also report reading newspapers as a source of information. Hence, localized debate has a lot of potential to influence voters, and the degree to which it does is understudied.

In accordance with the three questions posed by this endeavor, the research design
proceeds in three parts, where lawmakers’ rhetoric, public opinion, and public policy are analyzed in turn. First, do politicians adopt the rhetorical strategy I would expect given their majority or minority party status? To answer this, I will extract the content of floor debates regarding health policy in the fifty state legislatures. This can be done quickly through data scraping technology—whereby a user identifies websites with text to analyze, and a program extracts the relevant text into a compact collection of files (Jackman 2007). Once I extract the data, I plan to do computer-assisted content analysis, which will allow me to classify quickly the proportion of speeches that are oriented towards political adversarialism versus policy (Johnson 2008). This resulting data will allow me to assess whether majority party politicians are more likely than minority party politicians to discuss health care in policy terms, rather than adversarial terms.

Second, I shall assess whether the rhetorical framework of the health care debate affects public opinion and polarization on health care. The Kaiser Family Foundation regularly collects survey data about public attitudes on health policy, which allows me to evaluate changing opinion as a function of the adversarial or policy-oriented nature of discourse. Since elite discourse will influence public opinion through citizens’ consumption of news, I will repeat the scraping and content analysis processes used for legislative debates, except for local news coverage of health care. If TV news content is in a scrapeable format, then I will use this source due to its popularity with consumers, but if not, I will scrape local newspaper coverage of health care if it can serve as a good proxy. The expectation is that a higher proportion of news attention to policy matters will lead to more favorable opinions on health care reform and less polarization, while political adversarialism in the news ought to raise polarization and prevent policy favorability from rising.

Lastly, I shall evaluate the consequence of public opinion for the actual adoption of new health care policies. With the Kaiser survey data as one input, I plan to model when states will adopt a variety of health reforms. The data on these policy programs are available from the National Conference of State Legislatures and the Kaiser Family Foundation. As a full picture, all of these analyses ought to offer an understanding of how sensitive the health policy process is to public sentiment and how malleable public sentiment is to policy makers.

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1Specifically, Yoshikoder, a freeware package, will help accomplish this (Source: http://www.yoshikoder.org).

2Consonant with much prior research on state-level policy, these analyses will use hazard models, which model time to adoption. Some of the reforms I will model include prescription drug programs and universal health care legislation.
References


