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From: Alex Adams

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1 Project Topic and Background

Over the past decade, healthcare has taken on a particular salience with regard to both politics and policy in the United States. One key component of this discourse centers on the role that the federal government (and, to a lesser extent, state and local governments), should play in providing access to quality affordable healthcare. On one hand, some activists on the political left believe that healthcare should be publicly subsidized for all Americans, effectively making it free. In contrast, some on the right believe that not only should governments of all levels not fully subsidize healthcare, but that current government programs such as Medicare, Medicaid, or the Children's Health Insurance Program (CHIP) should be defunded or privatized (i.e. have the responsibility for their continued operation transferred away from government). The movement on the left has gained momentum in recent elections, with several freshmen and two-term members of the House of Representatives actively endorsing universal publicly-funded health care (most commonly under the banner of Medicare for All), but still has not reached critical mass in terms of public support and public opinion. It is then an object of interest as to which factors are associated with or predict support for universal public health care, in order to more effectively deploy political capital and activist resources.

The intent of this project at this stage is to use machine learning regression techniques (to be selected) to predict a given respondent's preference for publicly subsidized healthcare relative to private healthcare using demographic, socioeconomic, and attitudinal features. This is a prediction task, but not a classification task, since the dependent variable (outlined in section 2) is continuous.

Some existing research indicates which demographics may potentially be more amenable to adopting a public health care system than others. A survey taken in Ireland found that women were more likely to support universal health care than men, and that those who are already enrolled in some level of government-provided healthcare are more likely to support it than their peers with private healthcare (Darker et al., 2018). More locally, research conducted in the wake of the passage of the Patient Protection and Affordable Care Act (commonly referred to as Obamacare) in 2010 found that African Americans were more likely to support universal health care than their white counterparts, and that this gap in opinion widened when president Obama adopted healthcare as a key issue for his administration. This effect is also present for other non-white racial groups, though the difference appears less pronounced. (Henderson & Hillygus, 2011; Tesler, 2012) Personal attitudes may also influence beliefs about whether healthcare should be publicly or privately funded. Jensen and Petersen observe a phenomenon they label the "deservingness heuristic", which describes how

people see and evaluate others with regard to receiving social benefits such as unemployment payments or subsidized health care. They find that in general, sick recipients of healthcare-related social welfare benefits are perceived as more deserving than unemployed recipients of unemployment benefits. (Jensen & Petersen, 2017)

2 Data Sources

For this analysis, I plan to use data gathered by the RAND Corporation through the 2018 National Survey of Health Attitudes (NSHA), accessible through the Inter-University Consortium for Political and Social Research (ICPSR) hosted at the University of Michigan (Carman et al., 2019; RAND Corporation, 2021). This data set consists of 7,187 responses gathered from American adults in 2018. It includes attributes which encode demographic information (age, gender, race, education level, socioeconomic status), access to health care (i.e. whether or not a respondent has insurance, and if so, through whom and what type), and various attitudinal questions regarding healthcare and health outcomes. Many of the variables in this dataset are either categorical (typically "yes/no" or "strongly agree/agree/no opinion/disagree/strongly disagree") or ordinal (ranking which factors seem most important, or whether something should be a minor or top-level priority).

I intend to use item $Q16 - 4$ as my dependent variable of interest.[1] While many of the attributes included in this data set have small amounts of missing observations, the data set should contain several thousand observations even when these are excluded or otherwise processed. I have not finalized which specific attributes I want to foreground this investigation. However, I am considering focusing at least partially on items $Q11 - B$ and $Q15A - PCB$, which ask respondents which they weigh more heavily with regard to health outcomes, social factors or personal choices. I expect to find that respondents who fault structural outcomes more than personal choices will generally give lower scores to $Q16 - 4$, indicating they believe the federal government should take on greater responsibility for providing access to health care; I also expect the inverse to be true. The results for this analysis will depend in part on feature permutation importance; if demographic factors such as race or gender are the strongest predictors of support for public health care, then activists may find it relatively easy to reach out to members of those groups to drum up support. In contrast, if attitudinal or worldview based factors are most predictive, then the implications for activists and organizers are less clear.

[1] To paraphrase: On a scale from 0 to 100, who should be responsible for providing health care, the federal government or private corporations? 0 indicates that the government should be completely responsible, 100 indicates the private sector should be solely responsible, and any values in between indicate a mix between the two.

References

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