

Political Analysis Report

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INTRODUCTION

Healthcare is one of my favorite topics to discuss with friends or to conduct research on. So I chose to discuss a personal experience from 2015, when I was taken to the ER and spent a week in the hospital after an appendix ruptured that almost killed me. The hospital cost alone was nearly \$63k, not including the physicians. It was terrifying for someone without health insurance. So, I believe we have a long way to go in this nation when it comes to healthcare. My thesis investigates if Republicans and Democrats hold opposing views on healthcare.

RESEARCH QUESTION

How do Republicans and Democrats differ in their views and priorities about healthcare on the role of government?

When it comes to healthcare coverage, Republicans frequently place a higher priority on free choice and market-based solutions. They frequently back legislation that encourages personal accountability and emphasizes the significance of private insurance alternatives as well as employer-based insurance. Republicans tend to be less supportive of extending government programs and may prefer alternatives like health savings accounts and association health plans.

On the other hand, Democrats often work to increase access to healthcare and decrease the number of uninsured individuals. They frequently back legislation that strengthens government insurance programs like Medicaid and Medicare as well as new initiatives to offer low-cost solutions. Democrats have pushed for policies to reach universal coverage, including raising the Medicaid eligibility threshold, or even adopting a single-payer system.

The Medicaid program is facing a crucial point in its development as the new century begins. In the past decades, policymakers expanded Medicaid coverage, providing significant health benefits to various groups, including poor women, children, and middle-class citizens. Despite being seen as a potential path to universal coverage, Medicaid remains a program that has faced threats of policy retrenchment. This essay examines Medicaid's current status and future prospects, tracing its evolution since its establishment in 1965. The authors argue that decisions made during Medicaid's inception have shaped the program's trajectory. They highlight unintended opportunities for expansion and foreseeable vulnerabilities that need to be addressed for Medicaid to reach its full potential (Grogan & Patashnik, 2003).

The majority of research on American healthcare politics has concentrated on mistakes. With the noteworthy exceptions of Medicare and Medicaid, attempts to establish national health insurance frequently failed during the 20th century. However, rather than bringing about universal health insurance, its approval in 1965 resulted in small-scale increases in the government's coverage of particular populations like children and expectant women. American health politics followed a regular pattern from the 1970s to 2010 that included pronouncements of crises, demands for action, discussions of possible reforms, and ultimately limited advancement or gradual adjustments. As a result, both the number of people without health insurance and the cost of healthcare rose dramatically in the United States, making it an international outlier in terms of insurance disparity, insecurity, and cost (Oberlander 2020).

Thus, by the explanation above, an ideological divergence is expected between the two parties when talking about healthcare.

DATA

The data used in this project is from DCInbox¹, a project developed by Prof. Lindsey Cormark (add link in reference) as a graduate student at the NYU Wilf family departments of politics. It's a database updated in real time of official newsletters sent by members of the Congress to their constituents from Dec 2009 until now. The data comprises over 168.000 newsletters at the moment this data was collected.

METHODOLOGY

1. Cleaning Data

The data comprises 168,622 rows and 12 columns, or features: Subject, Body, Unix Timestamp, BioGuide ID, Congress, First Name, Last Name, Date of Birth, Gender, State, District, Party, Chamber, Nickname, and ID. For computational efficiency, the features' names were converted to lowercase, unnecessary features were dropped and the unix timestamp was standardized as date. The dataset is then filtered by party to contain only Republicans and Democrats, and checked for missing values. In addition, year, and presidency were added as new features to optimize my analysis.

2. Preprocessing

After cleaning, the new dataset comprises metadata as all features but body, which was separated to create my corpus. I also created a dictionary of words related to health or/and

¹ DCInbox: <https://dcinbox.com>

healthcare to apply into the data to split newsletters related to healthcare from those that were not. A new variable (healthcare) was created and the dictionary was applied to classify each newsletter as follows: 1 if a word in the dictionary was found, 0 otherwise. The corpus was created, tokenized, stemmed, and trimmed. Finally, I created a document-feature matrix (dfm) with the corpus.

3. Text Scaling Model

For the last step, I chose WORDFISH as my text scaling model, which is a probabilistic model to estimate the positions of words in one ideological dimension. The method calculates the positions of words and places them on a common ideological scale.

PRELIMINARY RESULTS

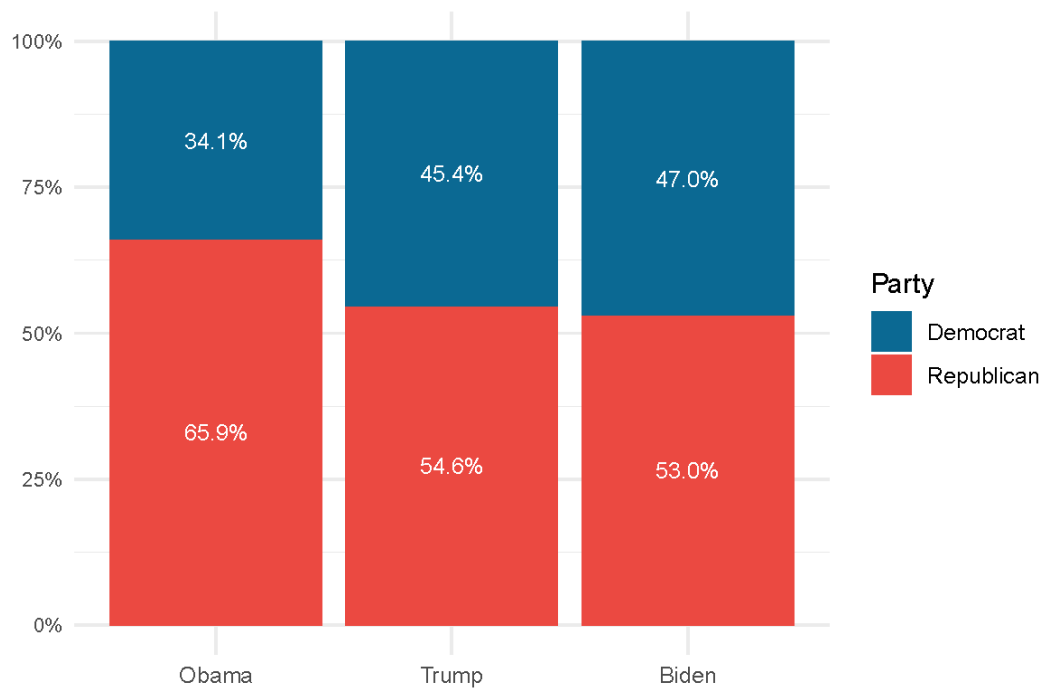
The table (Table 1) and plot (Plot 1) below show the number/frequency of members of Congress in each presidency. Despite that Obama run for two terms, we would expect a similar number of congressmen for each party, but the data shows that Republicans in fact had almost double.

Presidency	Party	Number of members in Congress
Obama	Democrats	7113
	Republican	13759
Trump	Democrats	7263
	Republican	8720
Biden	Democrats	4640
	Republican	5225

Table 1

Percentage of newsletters sent by members of Congress

Newsletters mentioning healthcare by presidency from 2009 to 2023



Plot 1

In the next plots we see the WORDFISH scaling model taking action: the x-axis is an ideological dimension. The method calculates the positions of words and places them on a common ideological scale.

Plot 2 compares the all states by parties, and shows how aligned they are in terms of ideology. For instance, Nevada (NV) on the top seems not aligned with Arizona (AR) on the bottom, compared to Arkansas (AK) right on top of Arizona. Comparing the two parties, the data shows that Republicans are more consistent and aligned in all states, with low variation.

Measured from 2009 to 2023

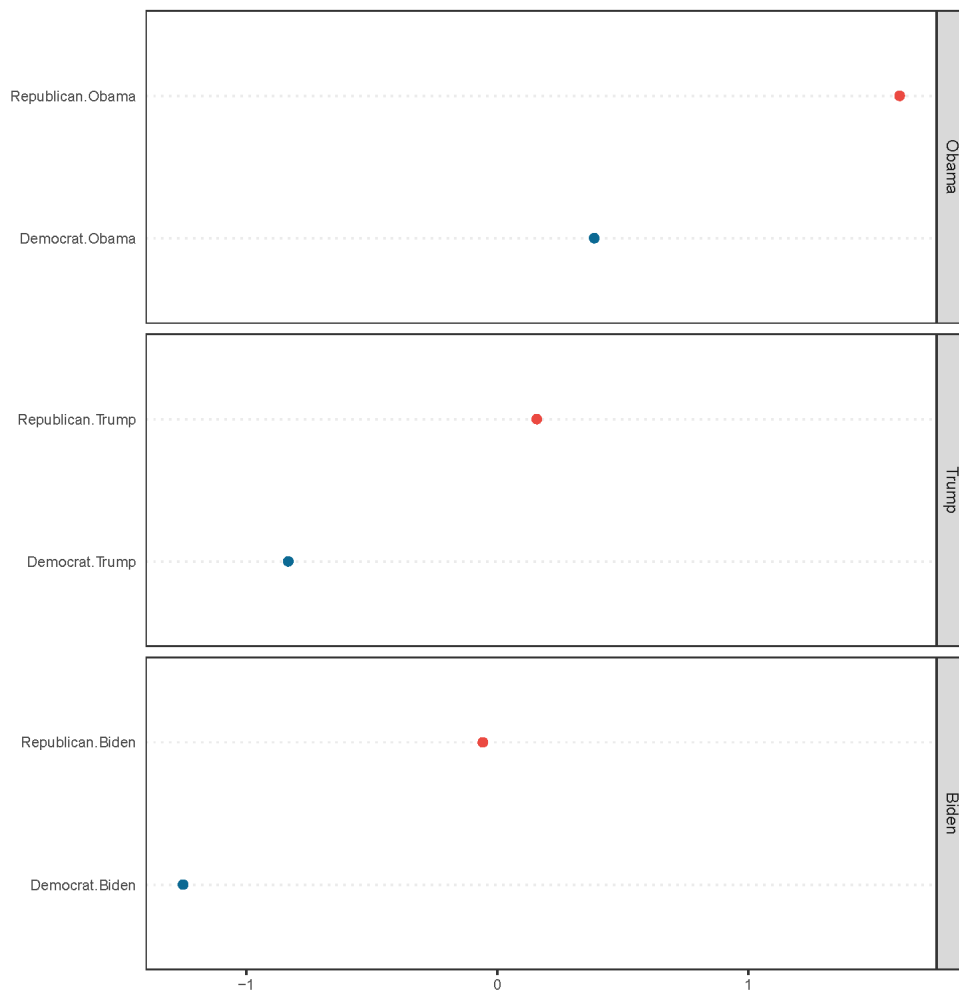


There are also comparisons with all states by parties for each administration separately. See Appendix A, B, and C for more details.

Plot 6 below compares the parties by presidency. We see an expected divergence between the two parties for each administrations, and Democrats slightly diverging within themselves, compared to Republicans.

Party's Ideological Position by Presidency

Measured from Dec 2009 to Jun 2023



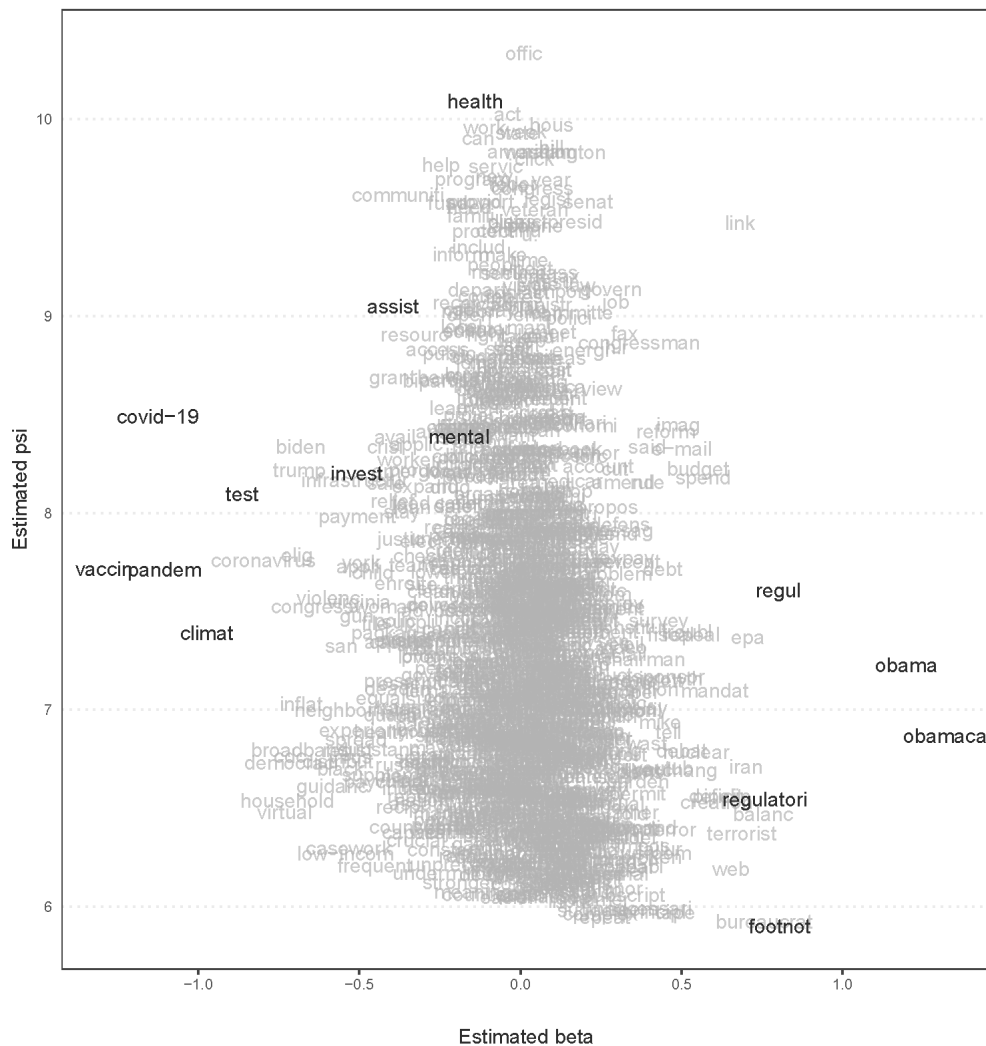
Plot 6

There are also comparisons with parties by chamber for each administration separately. See Appendix D, E, and F for more details.

Plot 10 shows the common and most frequent words (y-axis), and the words that distinguish the two parties' ideologies across the corpus (x-axis). We can see that words such as health, mental, and assist, just to name a few, are common between the two parties. The leftmost (Democrats) and rightmost (Republican), show the words that distinguish them. Words with low frequency don't mean they are less important, in fact they carry more weight for each side, which explains the divergence.

Words that Distinguish Party's Ideological Position

Measured from Dec 2009 to Jan 2023



Plot 10

CONCLUSIONS

Aside from the fact that we are already aware of the two opposing political ideologies, I can infer from this study that the Republicans are more disciplined in consistent messaging by using the appropriate words and phrases to describe their agenda as opposed to the Democrats' speeches, which seem undisciplined in their messaging and fail to present a convincing argument.

LIMITATIONS

Backcheck: no backchecks were performed; nobody else looked for words linked to health or healthcare in the healthcare dictionary. There is a chance that crucial terms that may have properly summarized the subject of the research were left out; words that can reflect subjects other than healthcare could have skewed the results.

Scale and dimensionality: Text data can be vast and high-dimensional. It can be computationally costly to analyze vast amounts of text, and it may be necessary to use specialized methods. Even after preprocessing, some calculations could not be completed due to the data's high dimensionality, but these restrictions do not affect the intriguing preliminary results.

Subjectivity and context: Text often contains subjective elements, such as opinions, sentiments, and emotions. Interpreting and quantifying subjective information accurately can be challenging, as it involves understanding the nuances of language, and the topic domain.

Bias and representativeness: textual information may be skewed, reflecting the opinions, values, or demographics of the authors or sources. It might not always give a

complete or impartial picture of the target group or domain. Although they provide a starting point for additional investigation, the project's preliminary findings are not completely definitive.

Domain knowledge: even with prudence and common sense, the creator of this project lacks expertise in politics and healthcare, which might result in an incorrect interpretation.

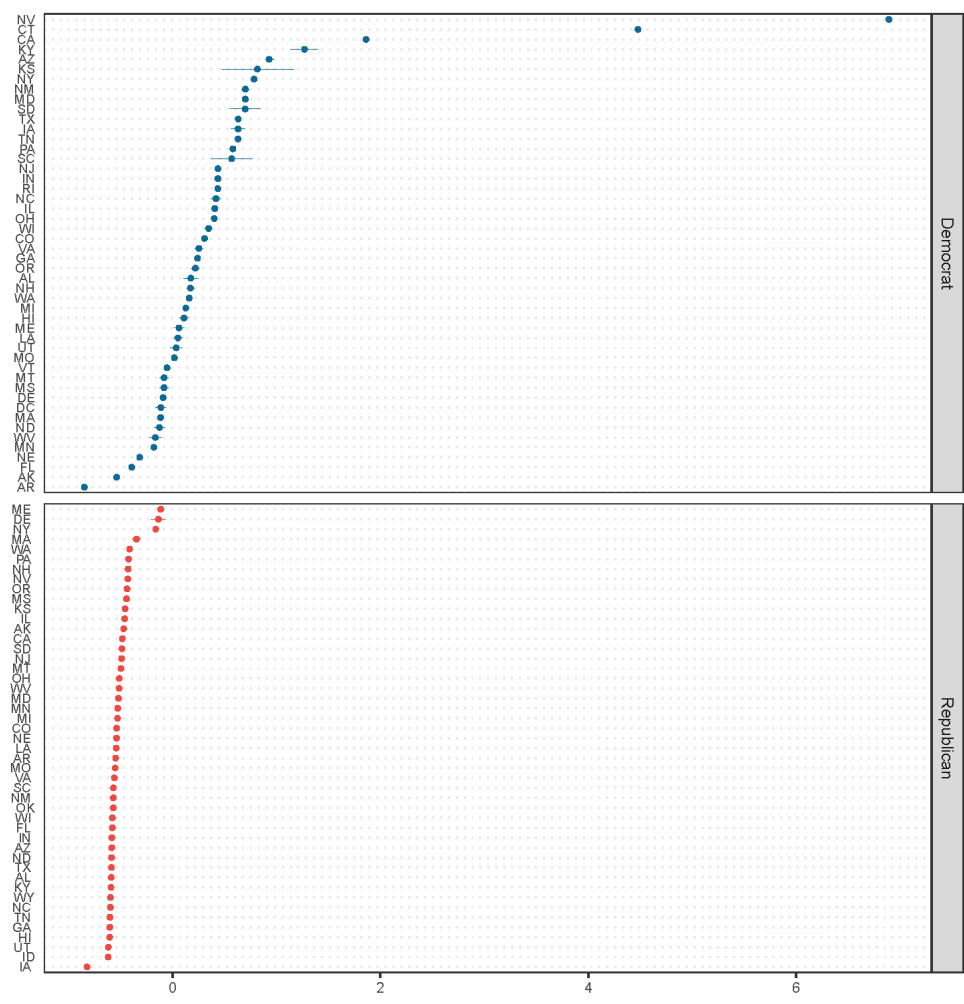
Privacy and ethical concerns: the text data in this collection does contain sensitive or personally identifying information. Despite the fact that the dataset for this project was made available on its official website, details like names, nicknames, gender, district, and identification numbers that may be used to identify the newsletter's author were left out.

REFERENCES

1. Colleen Grogan, Eric Patashnik; Between Welfare Medicine and Mainstream Entitlement: Medicaid at the Political Crossroads. *J Health Polit Policy Law* 1 October 2003; 28 (5): 821–858. doi: <https://doi.org/10.1215/03616878-28-5-821>
2. Jonathan Oberlander; Introduction: The ACA at 10. *J Health Polit Policy Law* 1 August 2020; 45 (4): 461–464. doi: <https://doi.org/10.1215/03616878-8255409>

APPENDIX A

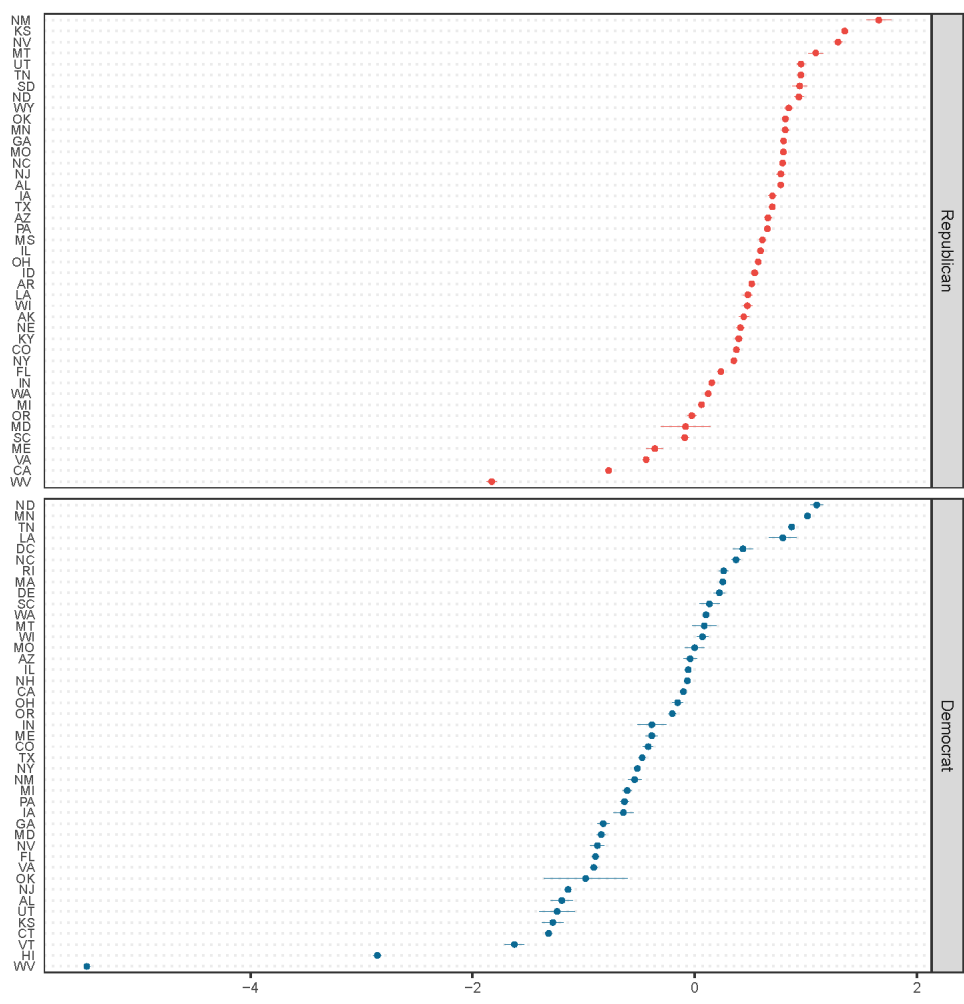
State's Ideological Position by Party in Obama's Administration
Measured from Obama's presidency (Dec 2009 – Jan 2017)



Plot 3

APPENDIX B

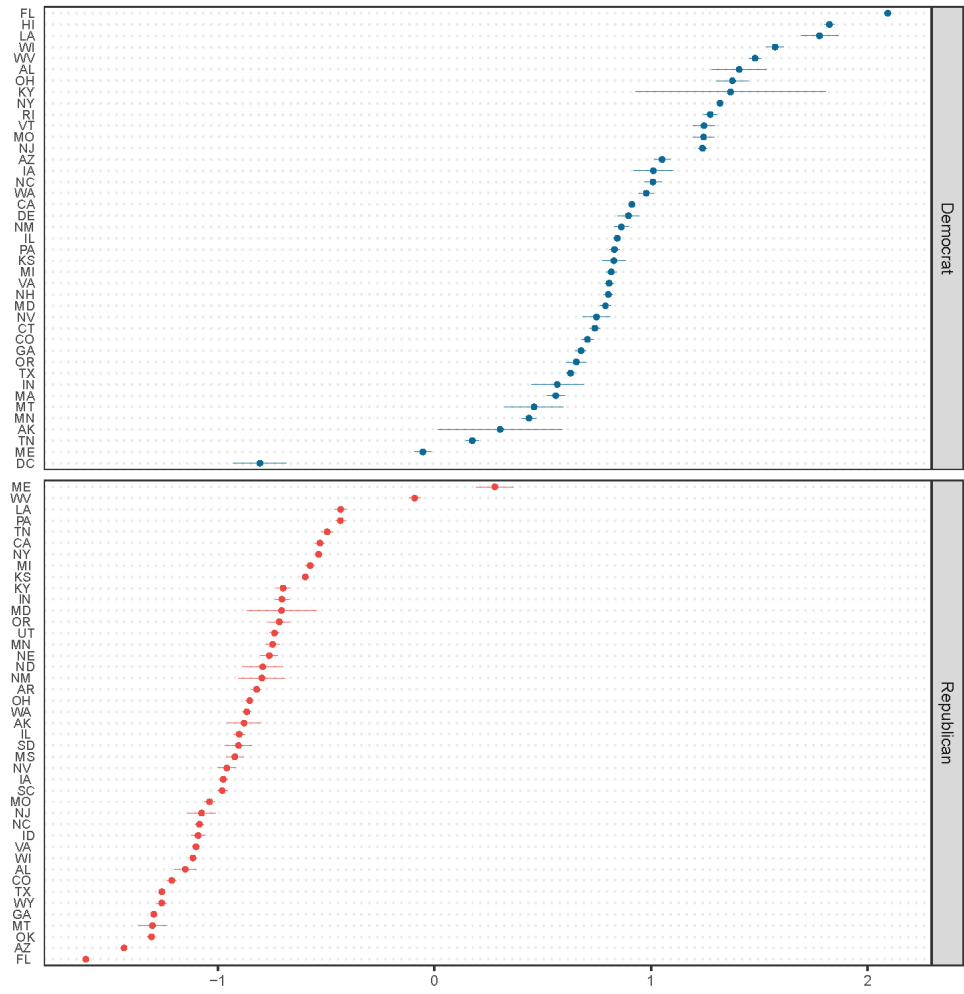
State's Ideological Position by Party in Trump's Administration
Measured from Trump's presidency (Jan 2017 – Jan 2020)



Plot 4

APPENDIX C

State's Ideological Position by Party in Biden's Administration
Measured from Biden's presidency (Jan 2021 – Jun 2023)



Plot 5

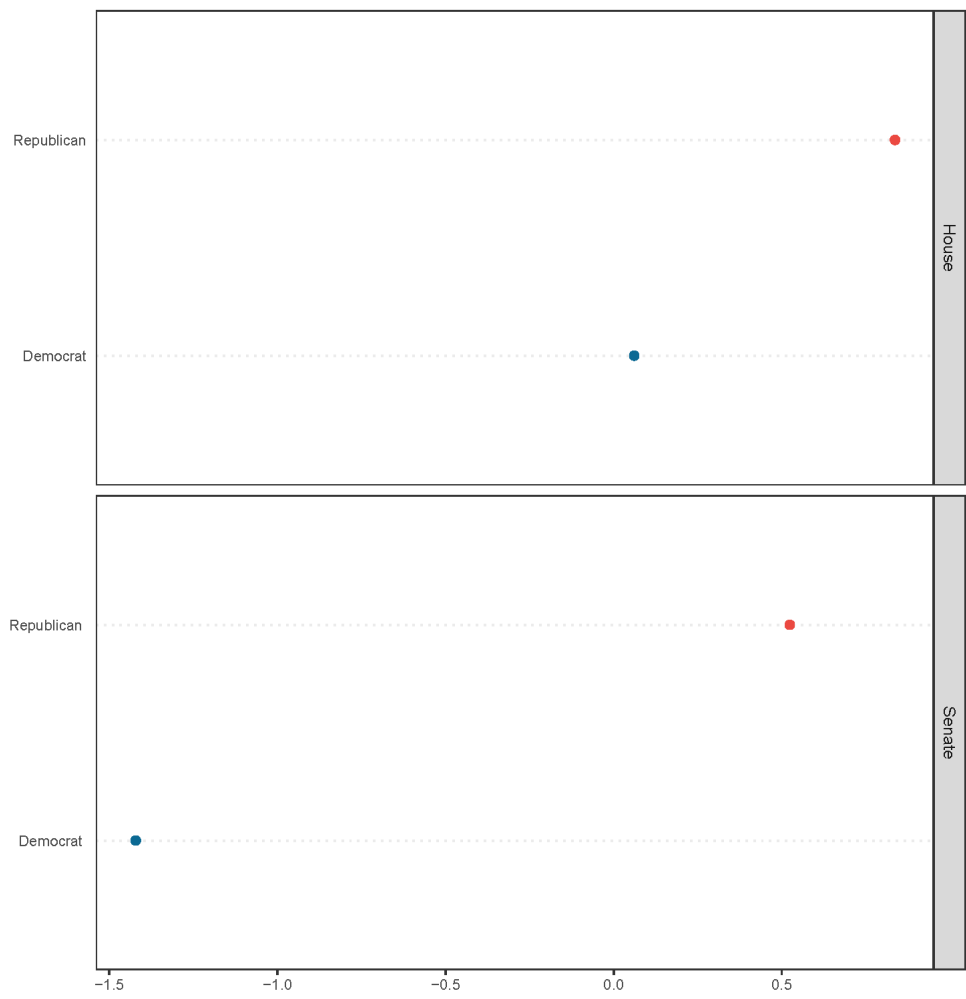
APPENDIX D

Yes, ideological divergence between the House of Representatives and the Senate is not uncommon in the United States. While both chambers of Congress are responsible for passing legislation and representing the American people, they often exhibit differences in their composition and dynamics, leading to variations in ideological perspectives. The plots 7, 8 (Appendix E), and 9 (Appendix F) show more how aligned Republicans are, compared to Democrats. For Biden's administration, though, they behave similarly as Republicans, with the expected divergence between them.

These differences in composition, representation, and legislative procedures can contribute to ideological divergence between the two chambers. While there are occasions when the House and Senate work together and have same objectives, it is typical for them to have different priorities, policy preferences, and governing strategies. The need to balance the viewpoints of both houses might make it difficult to enact legislation at times because of these discrepancies.

It is important to keep in mind that the degree of ideological difference might change based on the political environment, the particular subjects being discussed, and the balance of power between Republicans and Democrats in each chamber. Ideological differences between the House and Senate show the richness and variety of American political representation overall and emphasize the value of dialogue and compromise in the legislative process.

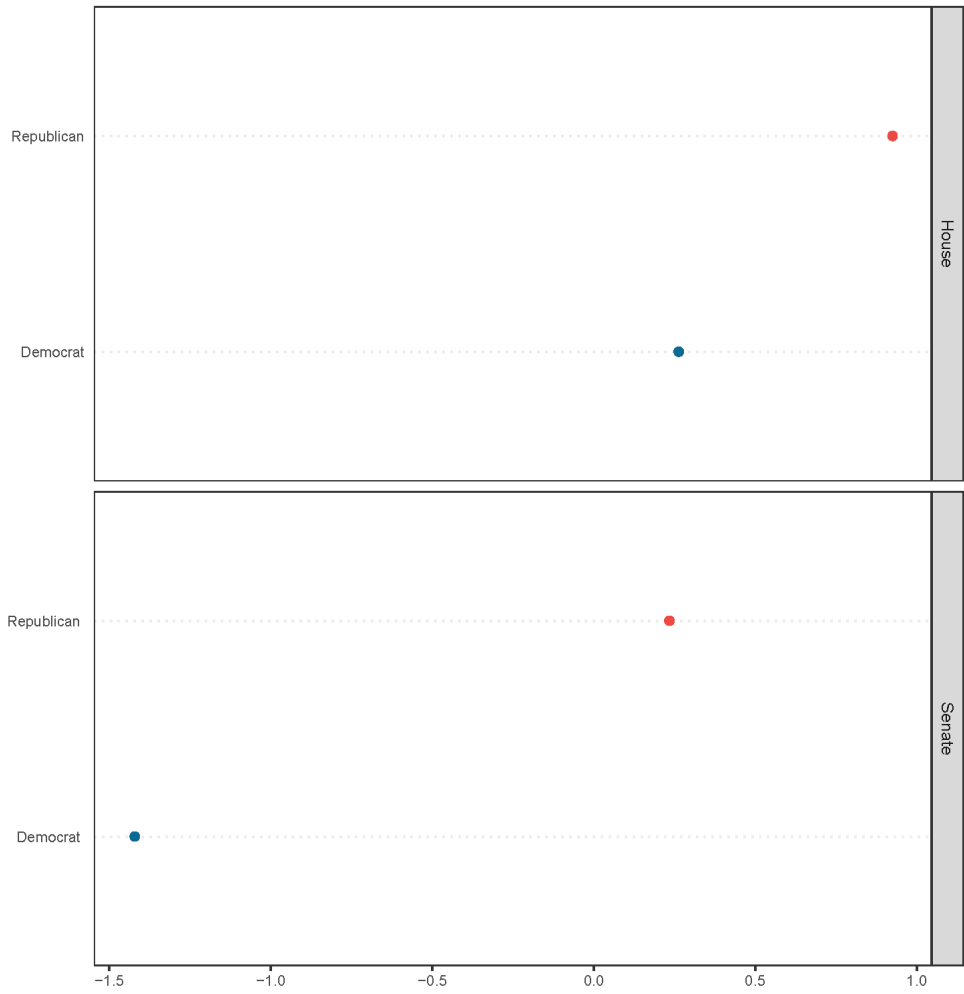
Party's Ideological Position by Chamber in Obama's Administration
Measured from Dec 2009 to Jun 2017



Plot 7

APPENDIX E

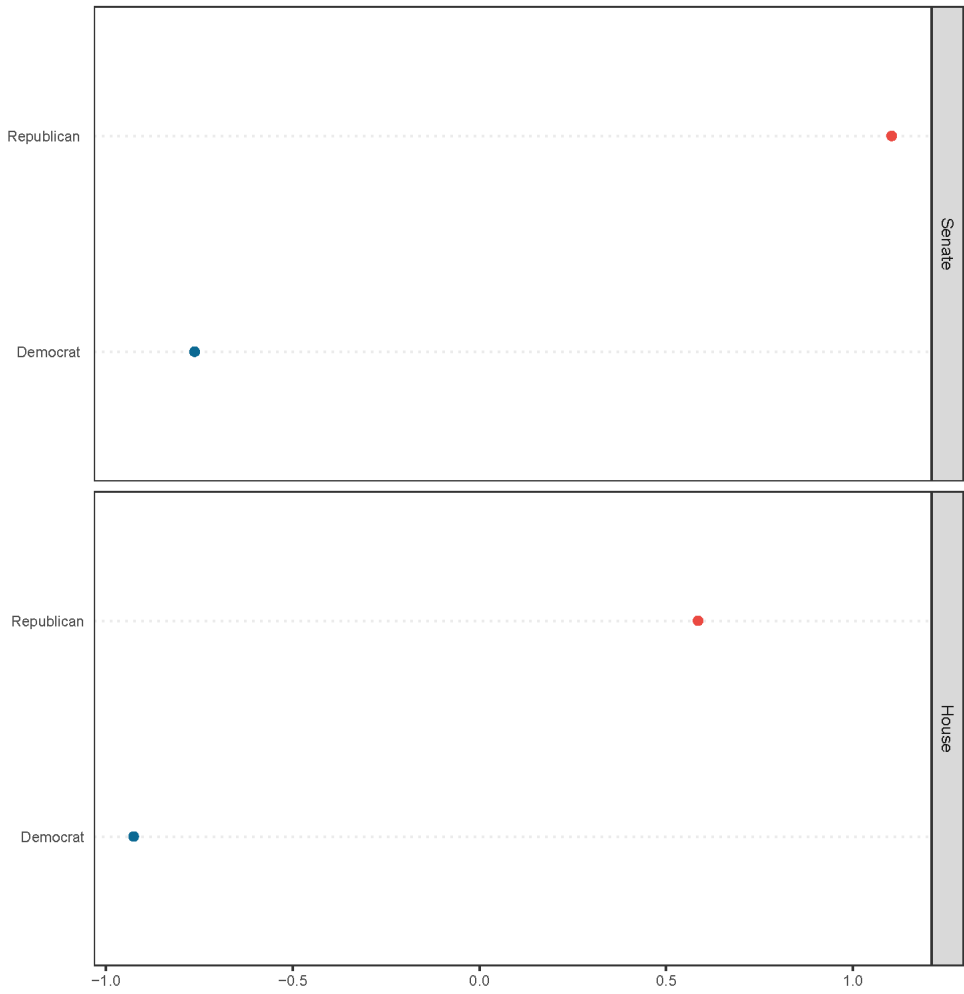
Party's Ideological Position by Chamber in Trump's Administration
Measured from Jan 2017 to Jan 2021



Plot 8

APPENDIX F

Party's Ideological Position by Chamber in Biden's Administration
Measured from Jan 2021 to Jan 2023



Plot 9