1. Abstract
2. Application of Modeling
3. Data Analysis
4. Report
   1. **Intellectual or Political Context**

Regardless of party, health insurance coverage remains a crucial campaign issue for candidates to resonate with voters on. The issue of healthcare has become incredibly contentious issue within party structures and between the two major parties. The debate largely focuses on next steps for the Affordable Care Act, commonly known as Obamacare.

The Patient Protection and Affordable Care Act was signed into law in 2010, emphasizing the expansion of Medicaid, making health insurance more affordable, and supporting innovation to lower medical costs overall.

The major provisions of the ACA were implemented by 2014, covering an additional 20 to 24 million people. The 2010 legislation has been extremely divisive since it was passed. Liberals believe it did not provide enough, while conservatives have rallied against the individual mandate. This divisiveness provided voters in 2016, the first presidential election year since the bill’s full implementation, a unique set of circumstances. We looked towards this election to get a better understanding of how healthcare coverage specifically impacts elections, attempting to bypass rhetoric about the issue and see how those directly impacted responded. We believe this data will give insight to the 2020 primaries where healthcare remains a prominent issue and over twenty candidates are currently vying for the Democratic nomination. By focusing on 2016 primaries, a year with a large number of Republican candidates, we hope to get a better understanding of the issue heading into 2020. As healthcare continues to be a key issue across demographics, this data will prove valuable to candidates on the federal and state level.

Currently, literature exists on Medicaid’s impact on voter participation in general elections such as the 2008 Oregon election. This helped us better understand the potential for confounding variables in our own study and understand the viability of our own question.

The Impact of Medicaid Expansion on Voter Participation: Evidence from the Oregon Health Insurance Experiment <https://economics.mit.edu/files/18481>

In an attempt to better understand the interaction between government policy and political participation, researchers conducted a study on the impacts of Medicaid enrollment on voter turnout and registration. In 2008, Oregon used a lottery system to allocate 10,000 available slots in their Medicaid program to a waiting list of 90,000 low-income, previously uninsured adults (aged 19-64). The researchers linked administrative data on lottery participants and Medicaid enrollment with Oregon’s statewide voter lists, allowing them to analyze voter turnout and registration for 2010. The researchers highlight the presence of confounding variables but conclude that the use of a randomized evaluate design avoids contamination by the confounding variables. These confounding variables include socio-economic status and health which could both impact voter participation (384). The study concluded that Medicaid enrollment impacted the 2008 election, but not subsequent elections. It should be noted that the 2008 election had much higher turnout the November 2010 election which can be attributed to 2008 being a Presidential election year. The study also notes that the Oregon expansion was not partisan or politicized while the national conversation was highly divisive.

* 1. **Data Collection Procedure**

Our data source was the American National Election Studies’ (ANES) 2016 Time Series Study. The study is conducted through a collaboration between University of Michigan and Stanford University. The data includes various demographics and political variables taken from pre- and post-election surveys of the voting-age population through both face-to-face and internet surveys. The pre-election survey was conducted between September 7th and November 7th, 2016 and the post-election survey between November 9th and January 8th, 2017. We retrieved the data from the Inter-University Consortium for Political and Social Research.

* 1. **Features of the data**

One caveat of the data set was the response rate was not optimal. Once we begun cleaning the data, we saw our sample size shrink to just under 1000 responses. It should also be noted that respondents from Alaska and Hawaii were not included in the face-to-face model but were included in the Internet component. Individuals from Alaska and Hawaii make up less than one percent of the study population. The independent and dependent variables were both part of the pre-election questionnaire.

* 1. Statistic Methods

Our independent variable x tracked whether or not an individual had healthcare coverage. Our independent variable, y, tracked whether or not an individual had voted in the 2016 presidential primary. Our control variables are gender, race, and education level. Based on the data provided and scope of our question, we presented the following hypothesis:

H1:

H0:

* 1. Results