

THE ROLE OF RACE IN THE HEALTH CARE DEBATE

Daniel Byrd, Ph.D | Carla Saporta, MPH | Rosa Maria Martinez

The Greenlining Institute

Health Care Politics In America

The health care debate in America is heating up again due to efforts by some in Congress to repeal or defund the health care reform law, the Patient Protection and Affordable Care Act (Boehner et. al., 2011). One factor that is not often discussed within the health care debate is the influence of race on people's attitudes towards the law. Last August, U.S. Rep. David Scott (D-Ga.), pointing to numerous racially charged threats his office had received, argued that racism was one of the issues driving the health care debate (Capelouto, 2009).

Is Congressman Scott right? Has the health care debate become racialized? To answer this question, we analyzed recently released survey data to determine 1) whether race is a factor in support for the 2010 health care reform law, and 2) whether racial biases were related to white opposition to the law.

Contents

- I Racial differences in support for the health care law
- II Racial disparities in the American health care system
- III Influence of racial bias in white opposition to the health care law





The Greenlining Institute
1918 University Avenue, 2nd Floor
Berkeley, California 94704

www.greenlining.org
www.facebook.com/greenlining
www.twitter.com/greenlining
www.youtube.com/user/greenlininginstitute

ABOUT THE GREENLINING INSTITUTE

The Greenlining Institute is a national policy, research, organizing, and leadership institute. We ensure that grassroots leaders are participating in major policy debates by building diverse coalitions that work together to advance solutions to our nation's most pressing problems.

Our Leadership Academy works to develop the next generation of leaders and informed community members through its training programs. Our policy experts conduct research and coordinate multi-pronged strategies on major policy issues, including but not limited to the environment, wealth creation (asset building), philanthropy, health, energy, and communications. Central to all of Greenlining's work is the "big picture" recognition of the interrelatedness of issues facing low-income and minority communities.

Special thanks to the Greenlining staff, Coalition,
Dr. Christopher Parker and
our Board of Directors for their work and dedication.

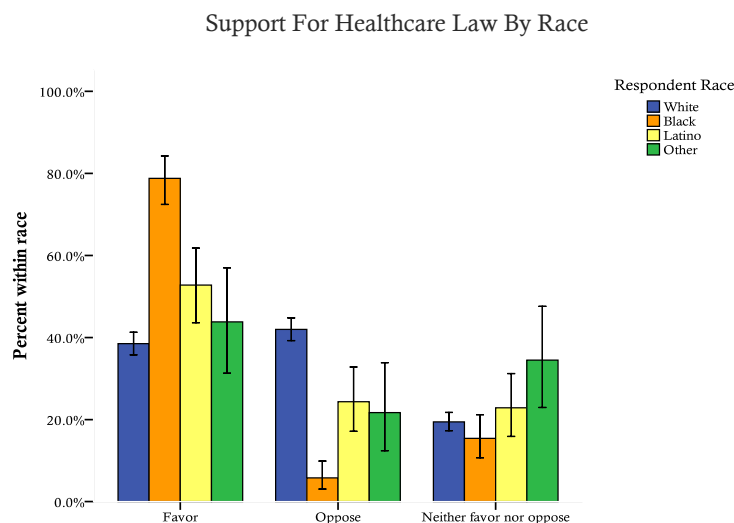
Executive Director: Orson Aguilar
Report Author: Daniel Byrd, Ph.D
Contributing Authors: Carla Saporta, MPH,
Rosa Maria Martinez
Editors: Bruce Mirken
and Mario B. Lopez
Production: Janine Macbeth

© 2011 The Greenlining Institute. This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivs 3.0 United States License. The licensor permits others to copy, distribute, display, and perform the work for non-commercial purposes only. Please link to the following website: <http://www.greenlining.org>. | To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/3.0/us/> or send a letter to Creative Commons, 171 Second Street, Suite 300, San Francisco, CA, 94105, USA.

Is Race a Factor in Support for the Health Care Law?

While the Jan. 19, 2011 House vote to repeal the health care reform law was largely a symbolic gesture, efforts to defund the recently passed law are real. U.S. Sen. Lindsey Graham (R-S.C.) stated that congressional members will try to “defund the Obama care bill and start over”(Schwarz,2011). With efforts to defund the health care bill law moving forward, it is important to see whether congressional Republican policies on health care are in line with what the American people desire.

Our analysis of recent data from the 2008-2010 American National Election Survey (see methodology section) found evidence that during the summer of 2010, not only did more Americans favor the health care legislation than opposed it (44.3% in favor to 35.8% opposed, while 19.8% had no opinion), but that there was a substantial racial component to support for the measure (see graph below). While only 38.4% of whites supported the 2010 health care law, 78.6% of blacks supported it, as did 52.6% of Latinos and 43.6% of people from other racial backgrounds.



Source: 2008-2010 ANES Panel Survey Summer 2010 Wave
Error bars represent the 95% confidence interval

Methodology

- Data comes from the 2008-2010 American National Election Panel Survey (ANES).
- The ANES is a representative survey of Americans conducted during election years by researchers at the University of Michigan and Stanford University.
- The ANES is the most widely used survey by political scientists.
- The 2008-2010 ANES panel survey interviewed respondents 12 times from January of 2008 through June of 2010.
- One limitation of this survey is the small number of Asian American respondents.
- Only 50 Asian Americans were sampled, thus the current report was not able to utilize data from Asian Americans in a meaningful way.
- Future studies should oversample for Asian Americans as not enough is currently known about Asian American politics.

Race and Health Care in America

One possible reason for racial differences in support for the health care law may be the inequality that exists between whites and people of color in the American health care system. This inequality could lead people of color to be more likely than whites to support the recently passed health care law.

Examples of Racial Disparities in the American Health Care System
People of color are more likely to be without health insurance when compared to whites (Center for American Progress, 2010).
Blacks and Latinos are less likely to have a regular doctor when compared to whites (Health Reform.gov, 2011).
American Indian/Alaska Native adults are more likely than whites to be diagnosed with diabetes (U.S. Office of Minority Health, 2011).
While black women are 10% less likely than white woman to be diagnosed with breast cancer, they are 36% more likely than white woman to die from it (U.S. Office of Minority Health, 2011).
Blacks had asthma-related emergency room visits 4.5 times more often than whites in 2004 (U.S. Office of Minority Health, 2011).
Asian and Pacific Islanders have higher rates of human immunodeficiency viruses than whites. (Frieden, 2011).

Racial Bias and Support for the Health Care Law

While health care is a social issue and not a racial issue, the context of the current political environment may have caused the health care debate to become racialized (Knowles, 2010; Tessler, 2011). Previous research by UCLA Psychologist David Sears and his colleagues suggests that in the post civil rights era, racial biases can manifest themselves in an individual's political attitude (Kinder & Sears, 1981; Kinder & Sanders, 1996; Sears & Henry, 2003).

The “racial resentment” framework is a political belief system that fuses whites’ belief in traditional conservative values such as the protestant work ethic (e.g., hard work equals success) with whites’ negative feelings towards blacks as a group (Sears & Henry, 2003; Kinder & Sanders, 1996). Whites who share this perspective tend to believe that the reason blacks fail to get ahead in society is their failure to work hard enough, and not because of racial discrimination.

We utilized data from the summer 2010 wave of the 2008-2010 ANES panel survey to see if racial resentment was related to white opposition to the recently passed health care reform law, and the evidence suggests that it was (see appendix 1 table 1). Whites who were racially resentful were less likely to support the health care reform law, even after controlling for age, gender, education level, income level, employment status, party identification, political ideology, the respondent’s attitude towards President Obama and whether or not the individual had health insurance (see multiple regression table from appendix 1).

We also found evidence that the relationship between racial resentment and whites’ attitudes towards the health care reform law was related to their attitudes toward Obama (see appendix 2). For whites high in racial resentment, their attitudes towards Obama had little to do with their attitude towards the health care reform law. However, for whites low in racial resentment, positive attitudes towards Obama correlated with a positive view of the health care law.

In other words, for those high in racial resentment, attitudes towards the health care law are more about their feelings towards blacks as a group than they are about their attitudes towards Obama. But for those who are low in racial resentment, their feelings towards the health care reform law are related to their feelings about Obama, not their view of blacks as a group. Those high in racial resentment may have internalized the health care law to reflect their feelings that certain groups, such as blacks, are getting something that they do not deserve or have not earned – in this case, health care. For whites low in racial resentment, such feelings would not apply, and so their attitudes toward health care reform are not about their feelings toward blacks but are more connected with how they feel about Obama.

Summary

Race appears to be a factor in an individual's level of support for the recently passed health care law, with blacks and Latinos having notably higher levels of support for health care reform than whites. There are many possible reasons for this effect, but the ANES survey does not include data that could pinpoint the cause.

While racial disparities in health care may be a contributing factor, existing data are insufficient to confirm this assertion. Future research should examine the relationship between these racial disparities and support for health care reform.

Another important finding is the influence of racial bias in white opposition to the recently passed health care legislation. Evidence suggests that for whites low in racial resentment, feelings towards Obama are related to their support for the recently passed health care law. Whites who like Obama are more supportive of the health care reform when compared to whites who do not like Obama. In contrast, for whites high in racial resentment, Obama is not a factor in their attitudes towards the health care reform law. Instead their attitude towards blacks as a group, specifically the belief that blacks do not work hard, is related to their attitude towards the recently passed health care reform law. Whites who are more racially resentful are less likely to support the health care reform law when compared to whites who are not racially resentful.

As we move forward with the health care debate, it is imperative that we refocus this debate on important issues such as access to care and the relationship between health care and the federal budget, as health care is too important to be sidetracked by racial bias.

About the Authors



Dr. Daniel Byrd is originally from Milwaukee, WI. Daniel completed his BA in psychology at the University of Wisconsin-Milwaukee in 2005. During his senior year in college, Daniel interned for US Congresswoman Gwen Moore. In 2006 Daniel moved to Seattle to pursue his PhD in social psychology at the University of Washington. At the University of Washington Daniel worked with Dr. Yuichi Shoda (UW Psychology) and Dr. Christopher Parker (UW Political Science). Daniel's research interest focused on racism in politics and life cycles of political attitudes. Daniel completed his PhD in 2010.



Carla Saporta is a health program manager for the Bridges to Health team at Greenlining, focusing on developing public/private partnerships as a means to mitigate health disparities. Carla graduated from Occidental College with a Bachelor of Arts in Urban and Environmental Policy and recently finished her Masters in Public Health, with an emphasis in Health Policy and Management, through the Oregon Masters in Public Health Program at Portland State University. Her work at Greenlining is informed by the understanding that every policy is health policy.



Rosa Maria Martinez is from Zacatecas, México. She is a Program Manager with the Bridges to Health Team working to ensure that the needs of underserved communities are met at all steps of the implementation of the Patient Protection and Affordable Care Act. She earned her Bachelor of Arts in Spanish Language and Literature with a minor in Business Administration from The University of California, Berkeley. Rosa also earned a certificate in Management Development for Entrepreneurs from the University of California, Los Angeles.

References

- American National Election Studies (2010). 2008-2009 Panel Study. http://www.electionstudies.org/studypages/2008_2009panel/anes2008_2009panel.htm.
- American National Election Studies (2010). 2010 Panel Reconnect Study. http://www.electionstudies.org/studypages/2010panel_recontact/2010panel_recontact.htm.
- Boehner, J., Cantor, E., Camp, D., Kline, J., Ryan, P., & Upton, F. (2011). Obamacare: A Budget-Busting, Job-Killing Health Care Law. <http://www.speaker.gov/UploadedFiles/ObamaCareReport.pdf>.
- Capelouto, S. (2009). Scott Charges Health Care Debate Full of Racism. <http://www.gpb.org/news/2009/08/12/scott-charges-health-care-debate-full-of-racism>.
- Center for American Progress (2011). Fact Sheet: Health Disparities by Race and Ethnicity. http://www.americanprogress.org/issues/2010/12/disparities_factsheet.html.
- Dawson, J. (2010). Interpreting Interaction Effects. <http://www.jeremydawson.co.uk/slopes.htm>.
- DeCoster, J., & Iselin, A.M. (2005). Two Way Interaction in Excel. <http://www.stat-help.com/spreadsheets.html>.
- Frieden, T.R. (2011). Forward January 14, 2011, Volume 60. Center for Disease Control.
- Health Reform.gov. (2010). Health Disparities: A Case for Closing the Gap. <http://www.healthreform.gov/reports/healthdisparities>.
- Kinder, D.R., & Sanders, L. (1996). *Divided by Color: Racial Politics and Democratic Ideals*. University of Chicago Press.
- Kinder, D.R. & Sears, D.O. (1981). Prejudice and Politics: Symbolic Racism versus Racial Threats to the Good Life. *Journal of Personality and Social Psychology*, 40, 414-431.
- Knowles, E., Lowery, B.S., & Schamberg, R.L. (2010). Racial prejudice predicts opposition to Obama and his health care reform plan. *Journal of Experimental Social Psychology*, 46, 420-423.
- Sears, D.O., & Henry, P.J. (2003). The Origins of Symbolic Racism. *Journal of Personality and Social Psychology*, 85, 259-275.
- Schwarz, G. (2011). Health care in the hot seat again. http://articles.cnn.com/2011-01-02/politics/health.care.debate_1_health-care-repeal-affordable-care-act?_s=PM:POLITICS.
- Tesler, M. (2011). The Spillover of Radicalization into Health Care: How President Obama Polarizes Public Opinion By Racial Attitudes and Race. *Presented at the 2010 International Society for the Study of Political Psychology Annual Meeting*.
- U.S. Department of Health and Human Services. (2011). Office of Minority Health: African American Profile. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=51>.
- U.S. Department of Health and Human Services. (2011). Office of Minority Health: American Indian/Alaska Native Profile. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=52>.
- U.S. Department of Health and Human Services. (2011). Office of Minority Health: Diabetes. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=5>.
- U.S. Department of Health and Human Services. (2011). Office of Minority Health: Cancer. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=4>.

Appendix 1

Table 1: White Support for Health Care Law

	Estimate (Standard Error)	Standardized Estimate
<u>Demographic Predictors</u>		
Age	.001(.001)*	.065*
Gender	.161(.021)***	.220***
Education Level	.038(.011)	.102
Income	.002(.002)	.025
Employment Status	.028(.024)	.038
R-Square Change	.056*	
<u>Ideological Predictors:</u>		
Political Ideology	-.009(.006)	-.044
Party Identification	-.028(.005)***	-.173***
Attitude towards Obama	.549(.030)***	.520***
R-Square Change	.446***	
<u>Do you have health insurance?</u>		
R-Square Change	-.030(.026)	-.027
	.001	
<u>Racial Bias</u>		
Racial Resentment	-.026(.009)**	-.067**
R-Square Change	.003**	
<u>Interaction Term</u>		
Racial Resentment*Obama At- titude	-.155(.023)**	-.527**
R-Square Change	.018**	

Total adjusted R square=.519

N=1185

*= $p < .050$, **= $p < .010$, ***= $p < .001$

Cronbach alpha for Racial Resentment = .818

Gender coding: female =1 male =0

Employment status 1=employed, 0 =unemployed

For demographic variables positive numbers indicate higher levels of education and a higher income.

For ideological predictors positive numbers indicate a greater identification with the Republican party and with conservatism.

For racial resentment positive numbers indicate greater racial resentment.

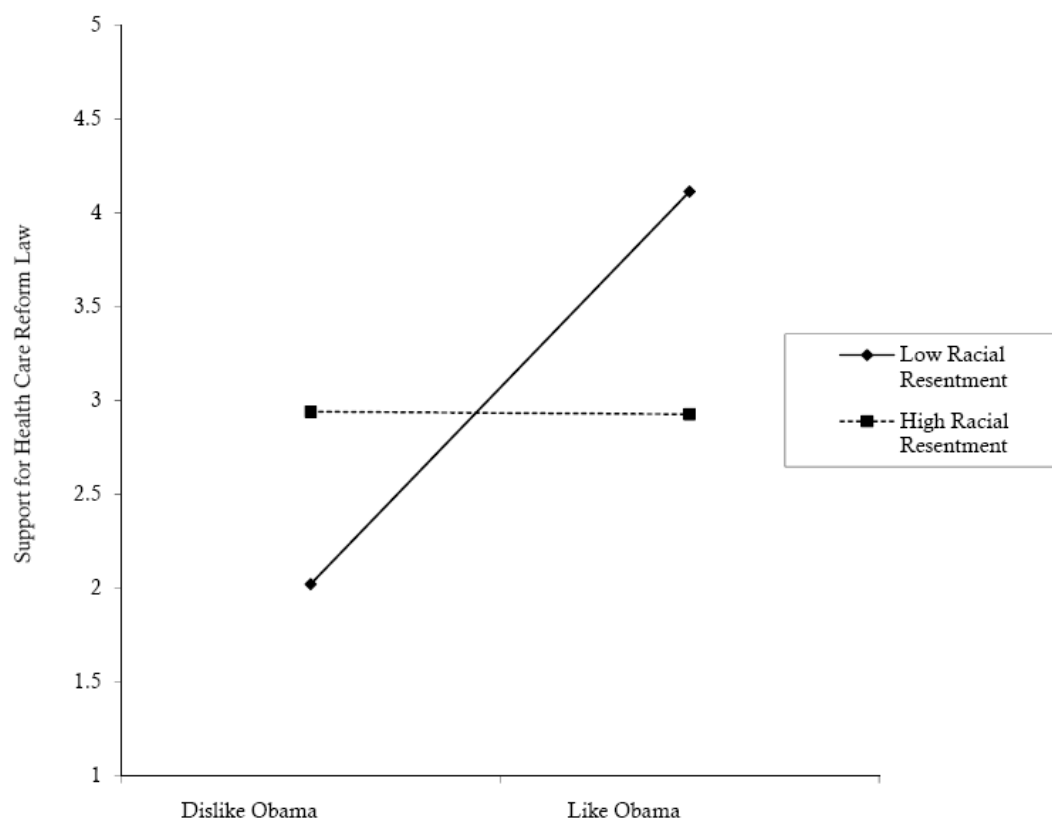
Simple Slopes Analysis for interaction effect

Low Racial Resentment $t(1181)=3.17$, $p<.001$

High Racial Resentment $t(1181)=-.324$, $p=.745$

Appendix 2

Effect of Racial Resentment and Attitude Towards Obama on a Respondent's Attitude Towards the Health Care Law



Appendix 3

Questions from ANES Survey

Racial resentment scale

1. Irish, Italians, Jewish and many other minorities overcame prejudice and worked their way up. Blacks should do the same without any special favors.
2. Generations of slavery and discrimination have created conditions that make it difficult for Blacks to work their way out of the lower class.
3. Over the past few years, Blacks have gotten less than they deserve.
4. It's really a matter of some people not trying hard enough; if Blacks would only try harder they could be just as well off as Whites.

Political Ideology (a composite item of the following questions)

1. When it comes to politics, would you describe yourself as liberal, conservative, or neither liberal or conservative.
2. Would you call yourself very liberal or somewhat liberal? (question only asked if respondents considered themselves liberal)
3. Would you call yourself very conservative or somewhat conservative? (question only asked if respondents considered themselves conservative)
4. Do you think of yourself as closer to liberals, or conservatives, or neither of these? (question only asked if respondents considered themselves neither liberals or conservatives)

Party Identification (a composite item of the following questions)

1. Generally speaking, do you usually think of yourself as a Democrat, a Republican, an Independent, or what?
2. Would you call yourself a strong (Democrat/Republican) or not a very strong (Democrat/Republican)?
3. Do you think of yourself as closer to the Republican Party or to the Democratic Party? (only asked if respondents considered themselves an independent)

Health care law question (a composite item)

A new law passed in March will change the way we pay for health insurance in two ways:

- require all Americans to buy health insurance, with the government helping to pay for those who can't afford it.
- Require health insurance companies to cover anyone who applies for insurance, no matter what pre-existing medical condition that they have.

Notes



The Greenlining Institute
1918 University Ave, Second Floor
Berkeley, CA 94704

t: 510.926.4000
www.greenlining.org