

**PUBLIC SUPPORT FOR NATIONAL HEALTH INSURANCE:
THE ROLE OF ATTITUDES AND BELIEFS**

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Abstract

Background: Public opinion polls usually show a majority of Americans support national health insurance (NHI), but all attempts to enact such legislation have failed. To better understand this paradox, we examine the strength, depth, and character of public support for NHI.

Methods: We analyze responses to the Pew Research Center for the People and the Press Political Typology Survey (December 2004) using ordinary least squares and ordered probit regressions. We examine the relationship between support for NHI and attitudes toward government redistribution and economic intervention and the relationship between these attitudes and beliefs about businesses, politicians, control over life, financial security, blacks and immigrants, and religion.

Results: Support for NHI is more closely related to attitudes toward government than to demographic or socioeconomic characteristics. Respondents who favor government redistribution and economic intervention are significantly more likely to favor NHI. Only 14 percent of respondents favor both government redistribution and economic intervention. Respondents who believe that businesses are problematic and that blacks and immigrants are not problematic are significantly more likely to favor redistribution and economic intervention. The other beliefs, with the notable exception of religion, are significantly associated with favoring either government redistribution or economic intervention.

Conclusion: The apparent broad public support for NHI needs to be qualified by differences among Americans in their support for the different roles of government. We conclude that significant changes in attitudes and beliefs are probably necessary to create a “strong, persistent” majority in support of national health insurance in the U.S.

Despite numerous attempts to enact such legislation throughout the 20th century, the U.S. remains the only developed country without national health insurance, and 46 million Americans are uninsured. The absence of national health insurance has been attributed to differences between the U.S. and other countries in ideologies, interests, and institutions. Some observers believe that individualistic and anti-government attitudes make Americans inherently biased against the welfare state and the extent of government intervention in health care markets that national health insurance would require.¹ Others have argued that the determined opposition of powerful interest groups and the fragmented structure of U.S. political institutions are important obstacles.^{2,3} Other explanations include a lack of consensus among supporters of national health insurance in their preferred policy, which reduces the likelihood that any single proposal will succeed, as well as the absence of a significant socialist party in the U.S. to keep the idea of national health insurance on the policy agenda.^{4,5} Finally, the failure to enact national health insurance in the U.S. has been attributed, not to fundamental differences between the U.S. and other countries in interests, ideologies, or institutions, but to the unique sequence of historical events that led to the formation of the current system.^{6,7}

Public opinion polls over the last 20 years consistently find that a solid majority of Americans favor enacting some form of national health insurance, even if it requires paying additional taxes.^{4,8} This suggests that the barriers to implementing national health insurance in the U.S. override the preferences of the majority of the public. Yet, research from political science suggests that policy development in the U.S. can be responsive to public opinion.⁹ In the words of a leading political scientist, “a policy favored by a strong, persistent majority of the American people will eventually prevail”.¹⁰

Why does the U.S. lack national health insurance despite apparent broad public support for it? We explore this paradox by examining more carefully the premise that positive responses to a question about national health insurance indicate that a strong, persistent majority of Americans would favor such a policy. Because the uninsured represent a relatively heterogeneous segment of the population, including both those who cannot afford health insurance and those who can afford coverage but choose not to purchase it¹¹, implementing a system of national health insurance would require both a greater role for the government in redistributing resources among Americans and intervention by the government in health care markets. Subsidies for those who are unable to acquire coverage will require redistribution from those with higher incomes to those with lower incomes and from the healthy to the sick. Compulsion for those unwilling to acquire health insurance will require government intervention in health care markets. Thus, attitudes among the American public toward both government redistribution and economic intervention may influence the feasibility of enacting a system of national health insurance. We examine the public's attitudes toward government economic intervention and redistribution and the relationship between these attitudes and support for national health insurance. We also examine the relationship between these attitudes and underlying beliefs in order to assess the strength, depth and character of public support for national health insurance.

Methods

Data Source

The December 2004 Political Typology Survey is one of a series of surveys by The Pew Research Center used by the organization to create a political typology of voters based on their

values, beliefs, and party affiliations. The 2004 survey is based on telephone interviews of a randomly selected sample of 2,000 adults living in the continental United States and was conducted between December 1 and 16, 2004.¹² The survey includes questions about a variety of beliefs, attitudes, and positions on various policies and political issues.

Study Variables

The measure of support for national health insurance is based on a question, “Do you strongly favor, favor, oppose, or strongly oppose the U.S. government guaranteeing health insurance for all citizens, even if it means raising taxes?” We consider those who indicated they either strongly favored or favored the policy as favoring national health insurance.

Measures of attitudes toward government economic intervention and government redistribution are based on a series of questions in which respondents were presented with two opposing views on a particular issue and asked to choose the statement that best describes their own views. We identified two questions corresponding to each attitude. For the measure of attitudes toward government redistribution, one question asked respondents to choose between the statements “Poor people have hard lives because government benefits don’t go far enough to help them live decently” and “Poor people today have it easy because they can get government benefits without doing anything in return”. In the second question, they were asked to choose between the statements “The government should do more to help needy Americans, even if it means going deeper into debt” and “The government today can’t afford to do much more to help the needy”.

For the measure of attitudes toward government economic intervention, one question asked respondents to choose between the statements “Government often does a better job than people give it credit for” and “Government is almost always wasteful and inefficient“. The

other question asked them to choose between “Government regulation of business is necessary to protect the public interest” and “Government regulation of business usually does more harm than good”.

For each attitude, we combined responses from the two sets of statements into a single variable by coding those indicating a favorable attitude on both statements as having a favorable attitude, those indicating an unfavorable attitude on both statements as having an unfavorable attitude, and those indicating a favorable attitude in one set of statements and an unfavorable attitude in the other as mixed. For each attitude, we treated the variable as missing if the response was missing for either question pair. The statements as well as the distribution of responses to each are presented in Appendix Table 1.

We developed measures of an individual’s beliefs on six issues using a similar methodology. From questions in which respondents were presented with pairs of statements and asked which best describes their own view, we developed measures of six different beliefs: (1) businesses are problematic; (2) politicians are problematic; (3) an individual is in control of his or her life; (4) the respondent has enough money to meet obligations; (5) blacks and immigrants are problematic; and (6) religion is important. Once again, we identified two pairs of statements related to each belief and combined the responses to the two pairs of statement into a single categorical variable based on whether the respondent indicated a similar belief in both statements, following our methodology for constructing the measures of attitudes toward government. The survey questions we used to develop these variables as well as the distribution of responses are presented in Appendix Table 2.

Survey respondents also provided information about their demographic and socioeconomic characteristics which we used as control variables in multivariate models. These

characteristics include age, sex, income, education, race, and ethnicity. The definitions as well as the means of the control variables, weighted to be nationally representative, are presented in Table 1.

Data Analysis

We estimated models of the relationship between favoring national health insurance and attitudes toward government redistribution and economic intervention using least squares regression. The dependent variable is a binary indicator of whether the respondent favors national health insurance. We used linear probability rather than maximum likelihood logit or probit models to facilitate the interpretation of the magnitude of the effects. The results of non-linear models do not vary substantively from those reported here. We included the variables measuring attitudes as two categorical indicators of whether the individual has a favorable or a mixed attitude, with a negative attitude the omitted category. To demonstrate the importance of different types of control variables in explaining support for national health insurance, we estimated the models with five different combinations of variables. We first estimated the models including only the indicators for a single attitude, separately for each attitude. Then we included both attitudes in a single regression. We next estimated the model with only the demographic characteristics and, finally, we included both attitudes as well as demographic characteristics.

We then examined the distribution of the population by attitudes toward government redistribution and economic intervention. Because favorable attitudes toward both are likely necessary to implement national health insurance, we categorized respondents into three groups based on the extent to which they had favorable attitudes toward both government redistribution

and economic intervention. The groups include those who had favorable attitudes toward both roles of government, those who had unfavorable attitudes toward both, and a residual group who did not consistently express variables or unfavorable attitudes toward both roles of government. To measure the breadth of public support, we calculated the proportion of the population in each category. To compare the intensity of support across categories, we distinguished those strongly favoring from those favoring national health insurance. We tested whether differences across groups in the distribution of responses are statistically significant using the chi-square test.

We examined the relationship between attitudes toward government redistribution and economic intervention and individual beliefs using ordered probit models. The dependent variables in these regressions are the three category indicators (favorable, mixed, and unfavorable) of each attitude and the independent variables of primary interest are the six measures of individual beliefs. The beliefs were entered in the models as binary indicators that the individual had the belief or was mixed on the belief. The omitted category is the individual did not have the belief. These models also include controls for the individual characteristics listed in Table 1.

In our analyses, we used weights to correct for survey non-response. The survey weights, which were developed and provided by the survey designers, balance the interviewed sample to match national estimates of the distribution of the population based on sex, age, education, race, Hispanic origin, and region (U.S. Census definitions) as well as the distribution of the population across Republican and Democratic counties. The amount of missing data varies across the study variables. Because we maintained as many observations as possible for each model, the study sample varies across the models we estimated. Appendix Table 3 demonstrates the differences in the study sample across the models.

Results

Consistent with other public opinion polls, a solid majority of survey respondents (65%) indicated they either favored or strongly favored national health insurance even if it meant raising taxes (Table 2).

People are relatively evenly divided in their attitudes toward government redistribution and economic intervention (Table 2). Overall, 37% of respondents indicated a favorable attitude toward government redistribution, while 31% were mixed and 22% indicated an unfavorable attitude. Fewer respondents expressed a favorable attitude toward government economic intervention (28%), while 35% were mixed and 27% reported an unfavorable attitude.

People also varied in the six beliefs that we examined (Table 2). Approximately half of respondents indicated that they believe both business corporations and politicians are problematic. Only, 12% reported that they did not believe that businesses are problematic, and only 14% reported that they believe politicians are not problematic. The most widely held belief among respondents was that an individual has control over his or her life, with 62% of respondents reporting they had this belief and only 9% of respondents reporting they did not. Forty-eight percent of respondents indicated they felt they had enough money to meet obligations and 26% indicated that did not feel that way. Thirty-six percent of respondents expressed beliefs that both blacks and immigrants are problematic, and 40% reported a response indicating they believed one group, but not the other, was problematic. Finally, 44% of respondents indicated they believe religion is important, while 19% indicated they did not.

Attitudes toward government redistribution and economic intervention are highly correlated with whether an individual favors national health insurance (Table 3). Individuals

who favor government redistribution are 28 percentage points more likely ($p \leq 0.001$) to favor national health insurance than those who do not and those who have mixed attitudes are 20 percentage points more likely ($p \leq 0.001$) to favor national health insurance than those who do not favor government redistribution (Table 3 – Model 1). Similarly, individuals who favor government economic intervention are 21 percentage points more likely ($p \leq 0.001$) and those who have mixed attitudes toward government economic intervention are 7 percentage points more likely ($p \leq 0.05$) to favor national health insurance than those who do not favor government economic intervention (Table 3 – Model 2). The two attitudes are independently associated with favoring national health insurance. When we include both in the model (Table 3 - Model 3), neither the magnitude of the effect of each attitude nor its statistical significance change much.

Demographic and socioeconomic characteristics of individuals, in contrast, are not highly correlated with one's support for national health insurance. In Model 4 (Table 3), the coefficients on the variables measuring demographic and socioeconomic characteristics are small, particularly when compared to those on the attitude variables, and generally are not statistically significant. The only variable in this model that has a statistically significant effect is the indicator of having a relatively high level of education. Those with formal schooling exceeding a bachelor's degree are 10 percentage points more likely to favor national health insurance than those with a bachelor's degree ($p \leq 0.05$).

The estimates of the relationship between attitudes toward government redistribution and economic intervention are not sensitive to controlling for demographic characteristics. The coefficients on the variables measuring attitudes and their statistical significance are virtually identical in the model including the demographic controls (Table 3 – Model 5) and the model without these controls (Table 3- Model 3).

Relatively few respondents (14%) report favorable attitudes toward both government redistribution and economic intervention. Nine percent reported unfavorable attitudes toward both. The level and the intensity of an individual's support for national health insurance is correlated with the extent to which they favor both government redistribution and economic intervention (Figure 1). Among those with a favorable attitude toward both government redistribution and economic intervention, 84% favor national health insurance. In contrast, among those with an unfavorable attitude toward both, only 38% favor national health insurance. Differences in the distribution of responses are statistically significant ($p \leq 0.001$). The proportion favoring national health insurance rises continuously from those who have unfavorable attitudes toward both to those who have favorable attitudes toward both, and most of this increase is driven by the percentage of respondents within each category reporting that they strongly favor national health insurance. This percentage increases from 14% among those who have unfavorable attitudes toward both government redistribution and economic intervention to 48% among those have favorable attitudes toward both ($p \leq 0.001$). In contrast, the proportion reporting they favor national health insurance, but not strongly, does not differ significantly across the categories.

Individual attitudes toward government economic intervention and government redistribution are correlated with some, but not all, of the beliefs that we examined (Table 4). The belief that businesses are problematic is positively associated with favoring both government redistribution and economic intervention. While those who believe politicians are problematic are less likely to have a favorable attitude toward government economic intervention, a negative view of politicians is not correlated with attitudes toward government redistribution. The belief of individual control over life is associated with a less favorable attitude toward redistribution,

and those who believe they have adequate financial resources also have less favorable attitudes toward government redistribution. In contrast, beliefs regarding individual control and adequate financial resources are not associated with attitudes toward government economic intervention. Individuals who believe blacks and immigrants are problematic are less likely to favor both government redistribution and economic intervention; a belief in the importance of religion is associated with neither attitude toward government. In general, the magnitudes of the effects we observe in these models are large have a high level of statistical significance (Appendix Figures 1 and 2).

Discussion

An effective system of national health insurance requires both government intervention in health care markets and government redistribution of resources across individuals of differing socioeconomic and health status. In this study, we find that individuals with favorable attitudes toward government intervention and redistribution are significantly more likely to favor national health insurance. Indeed, these attitudes are more closely associated with one's position on national health insurance than are demographic and socioeconomic characteristics. In multivariate models, characteristics such as age, gender, income, race, and ethnicity are not associated with whether one favors national health insurance. Only education is strongly associated with favoring national health insurance, with those with relatively high levels of formal education more likely to favor it. Yet, the magnitude of the effect for education is relatively small, particularly compared to those of attitudes toward the different roles of government. In addition, those who have favorable attitudes toward both roles of government are the most likely to "strongly favor" rather than "favor" national health insurance.

The apparently broad public support among the public toward national health insurance is limited, however, by differences in the extent to which people support the different roles of government. Two-thirds favor NHI, but only 41 percent favor government redistribution, only 31 percent favor government economic intervention, and a meager 14 percent of respondents favor both redistribution and intervention. Our finding of limitations in the intensity of support of attitudes associated with favoring NHI is consistent with research demonstrating that the proportion favoring national health insurance declines substantially when individuals are told that extending coverage will require substantial increases in taxes.⁴

Attitudes toward government intervention and redistribution are also strongly associated with certain beliefs. The belief that an individual has control over his or her life was widely held among survey respondents (62%) and strongly associated with a less favorable attitude toward redistribution, consistent with the individualistic attitudes of Americans as an explanation for the lack of national health insurance. In addition, those who believe they have adequate financial resources have less favorable attitudes toward government redistribution. Beliefs regarding individual control and adequate financial resources are not associated with attitudes toward government economic intervention, suggesting that their association with attitudes toward redistribution is not driven by individual characteristics or beliefs that affect attitudes toward government more generally. Individuals who believe blacks and immigrants are problematic are less likely to favor both government redistribution and economic intervention. However, it is less clear why a relationship exists between this belief and attitudes toward government economic intervention. The importance of beliefs about individual control and about blacks and immigrants in this study is consistent with explanations offered by Alesina and Glaeser about why European countries do more to reduce poverty than does the United States.¹³ Heterogeneity

of the population and distrust of government as barriers to national health insurance in the United States have also been stressed by Fuchs.^{14, 15}

Approximately half of respondents indicated a belief that politicians are problematic and this belief was negatively associated with attitudes toward government economic intervention, consistent with distrust of government among the public as a barrier to reform. Yet, approximately half of respondents also expressed beliefs that businesses are problematic, and these individuals were more likely to favor both government redistribution and economic intervention. Thus, distrust of government appears to be somewhat counter-balanced by distrust of business. Somewhat surprisingly, we found no evidence that a belief that religion is important is associated with attitudes toward government redistribution. While our findings provide no direct evidence on why this is the case, religion in our study is not precisely identified. Probably those who believe that religion is important include some individuals who are strongly opposed to government interventions in the economy and some who strongly support public funding of social programs.

We do not doubt that the opposition of special interest groups and the peculiarities of American political institutions pose obstacles to the enactment of national health insurance, but we conclude that significant changes in attitudes and beliefs are probably necessary to create a “strong, persistent” majority in support of such legislation. Such changes are possible. The same American public that voted for conservative, business-oriented governments in the 1920s embraced sweeping major shifts in economic and social policy in the 1930s. The civil rights legislation in the 1960s provides another example of major social change. We think that national health insurance will come to the United States some day, but probably only in the wake of major political, economic, or social trauma, or in response to a public health crisis, continued

erosion of employment-based insurance, or financial melt-down of Medicare.

Acknowledgement:

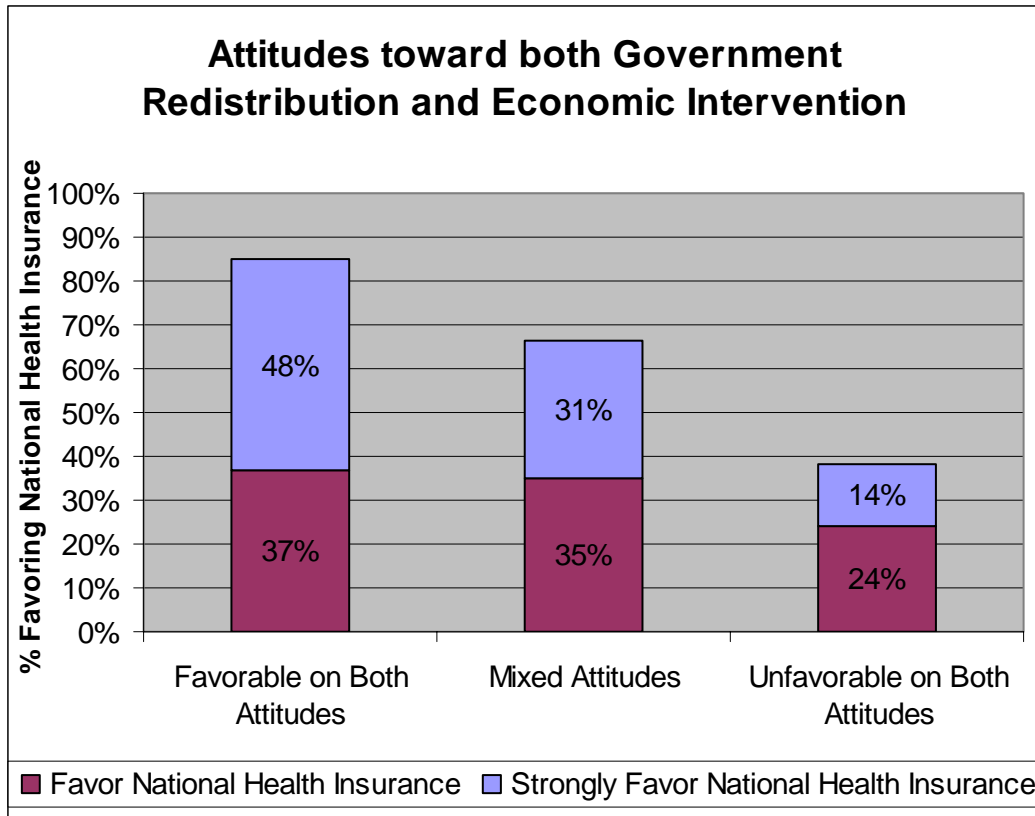
This paper has benefited from comments by participants in the Stanford Health Services Research in Progress seminar and Stanford Medical Grand Rounds. We also thank Ezekiel Emanuel, Edward Glaeser, and Donald Redelmeier for their comments. We gratefully acknowledge Scott Keeter from the Pew Research Center for People and the Press for his assistance in using the data and the California Healthcare Foundation for providing funding for the project. Fuchs also acknowledges The Robert Wood Johnson Foundation for support of his research.

References:

1. Jacobs L. *The Health of Nations: Public Opinion and Making of American and British Health policy*. Ithaca: Cornell University Press, 1993.
2. Quadagno J. Why the United States has No National Health Insurance: Stakeholder Mobilization against the Welfare State: 1945-1996. *Journal of Health and Social Behavior* 2004; 45:25-44.
3. Rosenau PV. Impact of Political Structures and Informal Political Processes on Health Policy: Comparison of the United States and Canada. *Policy Studies Review* 1994; 13:293-314.
4. Blendon RJ, Benson JM, DesRoches CM. Americans' Views of the Uninsured: An Era for Hybrid Proposals. *Health Affairs* 2003; Web Exclusive.
5. Maioni A. Parting at the Crossroads: The Development of Health Insurance in Canada and the United States, 1940-1965. *Comparative Politics* 1997; 29:411-431.
6. Hacker J. The Historical Logic of National Health Insurance: Structure and Sequence in the Development of British, Canadian, and U.S. Medical Policy. *Studies in American Political Development* 1998; 12:57-130.
7. Mayes R. *Universal Coverage: The Elusive Quest for National Health Insurance*. *Conversations in Medicine and Society: The University of Michigan Press*, 2005:224.
8. Blendon RJ, Benson JM. Americans' View On Health Policy: A Fifty-year Historical Perspective. *Health Affairs* 2001:33 - 46.
9. Page B, Shapiro RY. Effects of Public Opinion on Policy. *The American Political Science Review* 1983; 77:175-190.
10. Fiorina M. Personal communication with Victor Fuchs, March 17, 2006.

11. Bundorf MK, Pauly MV. Is Health Insurance Affordable for the Uninsured? *Journal of Health Economics* 2006; 25:650-673.
12. Princeton Survey Research Associates International. Methodology: December 2004 Typology: Pew Research Center, 2004:1-7. Available at <http://people-press.org/dataarchive/>.
13. Alesina A, Glaeser E. Fighting Poverty in the U.S. and Europe. The Rodolfo DeBeneditti Lecture Series. Oxford: Oxford University Press, 2004:250.
14. Fuchs VR. National Health Insurance Revisited. *Health Affairs* 1991; 10:7-17.
15. Fuchs VR. From Bismark to Woodcock: The 'Irrational' Pursuit of National Health Insurance. *The Journal of Law and Economics* 1976:347-359.

Figure 1: Support for National Health Insurance by Attitudes toward Government Redistribution and Economic Intervention



Differences across groups based on attitudes toward both roles of government in distribution of responses are statistically significant at $p \leq 0.001$. Source: Pew Research Center for the People and the Press Political Typology Survey (December 2004).

Table 1: Summary Statistics for Study Sample

N=2,000

	Mean
Male	0.48
Income<\$30,000	0.31
Income >=\$30,000 & <\$75,000	0.36
Income>=\$75,000	0.21
Income - Don't Know/Missing	0.12
Age 18-64	0.83
Age 65 and over	0.16
Education: <=High School Graduate	0.73
Education: Bachelor's Degree	0.16
Education: >Bachelor's Degree	0.11
Education - Don't Know/Missing	0.00
Black	0.12
Hispanic	0.10

Note: Estimates are weighted to be nationally representative

Table 2: Distribution of Survey Respondents based on Attitudes and Beliefs

Favor National Health Insurance	Yes	No	Missing	
	65	30	5	
Attitudes Toward Government	Favorable	Mixed	Unfavorable	Missing
Redistribution	37	31	22	10
Economic Intervention	28	35	27	10
Beliefs	Agree	Mixed	Disagree	Missing
Businesses are Problematic	48	30	12	10
Politicians are Problematic	51	29	14	6
Individual in Control of Life	62	26	9	4
Enough Money to Meet Obligations	48	24	26	2
Blacks and Immigrants are Problematic	36	40	15	9
Religion is Important	44	34	19	3

Table 3: Relationship between Favoring National Health Insurance, Attitudes, and Demographic Characteristics

	(1)	(2)	(3)	(4)	(5)
	Redistribution	Economic Intervention	Both Attitudes	Demographics	Attitudes and Demographics
Redistribution - Favor	0.282 [0.032]***		0.268 [0.031]***		0.263 [0.032]***
Redistribution - Mixed	0.197 [0.033]***		0.189 [0.033]***		0.187 [0.033]***
Economic Intervention - Favor		0.208 [0.031]***	0.188 [0.031]***		0.187 [0.032]***
Economic Intervention - Mixed		0.067 [0.031]*	0.057 [0.031]		0.055 [0.031]
Male				-0.036 [0.025]	-0.015 [0.024]
Age>=65				-0.060 [0.036]	-0.017 [0.034]
Hispanic				-0.018 [0.049]	-0.039 [0.047]
Black				0.000 [0.042]	-0.023 [0.042]
Income<\$30,000				0.036 [0.031]	0.005 [0.031]
Income>=\$75,000				-0.047 [0.033]	-0.033 [0.031]
Income - Don't Know				-0.014 [0.046]	0.001 [0.044]
Education: <=High School Grad.				0.016 [0.032]	0.022 [0.029]
Education: >Bachelor's Degree				0.100 [0.039]*	0.067 [0.036]
Constant	0.502 [0.026]**	0.594 [0.024]**	0.429 [0.031]**	0.691 [0.034]**	0.432 [0.043]**
Observations	1597	1597	1597	1597	1597
R-squared	0.06	0.03	0.08	0.01	0.09

Standard errors in brackets

*p<=0.05; ** p<=0.01;*** p<=0.001

Note: Models estimated using least squares, applying sample weights.

Table 4: Relationships between Attitudes toward Government and Beliefs

	Favorable toward Government Redistribution	Favorable toward Government Economic Intervention
Businesses are Problematic	Positive ($p \leq 0.001$)	Positive ($p \leq 0.01$)
Politicians are Problematic	Not Related	Negative ($p \leq 0.001$)
Individual in Control of Life	Negative ($p \leq 0.001$)	Not Related
Enough Money for Obligations	Negative ($p \leq 0.001$)	Not Related
Blacks and Immigrants are Problematic	Negative ($p \leq 0.001$)	Negative ($p \leq 0.001$)
Religion is Important	Not Related	Not Related

Note: Results are generated from an ordered probit model in which the dependent variable is the attitude toward government. The direction and statistical significance of each effect in the table is based on the coefficient on the indicator that the individual has a particular belief relative to not having the belief, controlling for all the other beliefs as well as age, gender, income, education, race, and ethnicity.

Appendix Table 1: Summary of Statements used in Constructing Variables on Attitudes toward Government Economic Intervention and Government Redistribution

Attitude toward Government Economic Intervention		Proportion
Statement Pair #1		
Unfavorable Attitude	1) Government is almost always wasteful and inefficient OR...	0.45
Favorable Attitude	2) Government often does a better job than people give it credit for	0.50
Missing		0.05
Statement Pair #2		
Favorable Attitude	1) Government regulation of business is necessary to protect the public interest OR...	0.49
Unfavorable Attitude	2) Government regulation of business usually does more harm than good	0.44
Missing		0.07
Attitude toward Government Redistribution		
Statement Pair #1		
Unfavorable Attitude	1) Poor people today have it easy because they can get government benefits without doing anything in return OR...	0.52
Favorable Attitude	2) Poor people have hard lives because government benefits don't go far enough to help them live decently	0.42
Missing		0.06
Statement Pair #2		
Favorable Attitude	1) The government should do more to help needy Americans, even if it means going deeper into debt OR...	0.57
Unfavorable Attitude	2) The government today can't afford to do much more to help the needy	0.37
Missing		0.05

Appendix Table 2: Summary of Statements used in Constructing Variables on Beliefs

Belief that business corporation are problematic		Proportion
Statement Pair #1		
Have Belief	1) Too much power is concentrated in the hands of a few large companies OR...	0.77
Do Not Have Belief	2) The largest companies do NOT have too much power	0.17
Missing		0.06
Statement Pair #2		
Have Belief	1) Business corporations make too much profit OR...	0.54
Do Not Have Belief	2) Most corporations make a fair and reasonable amount of profit	0.40
Missing		0.06
Belief that Politicians are Problematic		
Statement Pair #1		
Have Belief	1) Elected officials in Washington lose touch with the people pretty quickly OR...	0.66
Do Not Have Belief	2) Elected officials in Washington try hard to stay in touch with voters back home	0.28
Missing		0.06
Statement Pair #2		
Have Belief	1) Most elected officials don't care what people like me think OR...	0.63
Do Not Have Belief	2) Most elected officials care what people like me think	0.33
Missing		0.03

Appendix Table 2: Summary of Statements used in Constructing Variables on Beliefs (Continued)

Belief that an Individual is in Control of His Life		Proportion
Statement Pair #1		
Have Belief	1) Everyone has it in their own power to succeed OR...	0.78
Do Not Have Belief	2) Success in life is pretty much determined by forces outside of our control	0.19
Missing		0.03
Statement Pair #2		
Have Belief	1) Most people who want to get ahead can make it if they're willing to work hard	0.68
Do Not Have Belief	2) Hard work and determination are no guarantee of success for most people	0.30
Missing		0.03
Belief that Respondent has Enough Money to Meet Obligations		
Statement Pair #1		
Have Belief	1) Paying the bills is generally not a problem for me OR...	0.62
Do Not Have Belief	2) I often don't have enough money to make ends meet	0.37
Missing		0.02
Statement Pair #2		
Have Belief	1) I'm generally satisfied with the way things are going for me financially OR...	0.59
Do Not Have Belief	2) I'm not very satisfied with my financial situation	0.40
Missing		0.01

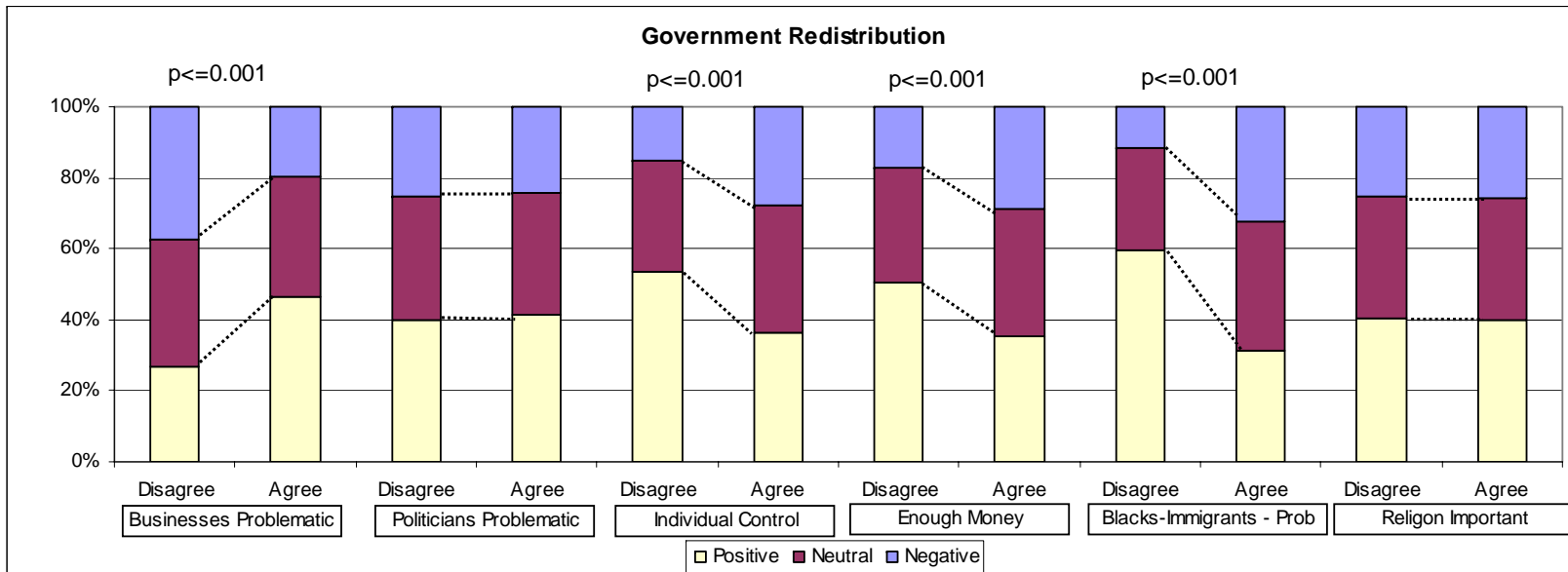
Appendix Table 2: Summary of Statements used in Constructing Variables on Beliefs (Continued)

Belief that Blacks and Immigrants are problematic		Proportion ¹
Statement Pair #1		
Have Belief	1) Blacks who can't get ahead in this country are mostly responsible for their own condition OR...	0.60
Do Not Have Belief	2) Racial discrimination is the main reason why many black people can't get ahead these days	0.34
Missing		0.06
Statement Pair #2		
Have Belief	1) Immigrants today are a burden on our country because they take our jobs, housing and healthcare OR...	0.44
Do Not Have Belief	2) Immigrants today strengthen our country because of their hard work and talents	0.51
Missing		0.06
Belief that Religion is Important		Proportion
Statement Pair #1		
Have Belief	1) Religion is a very important part of my life, OR...	0.74
Do Not Have Belief	2) Religion is not that important to me	0.25
Missing		0.01
Statement Pair #2		
Have Belief	1) It IS necessary to believe in God in order to be moral and have good values OR...	0.50
Do Not Have Belief	2) It IS NOT necessary to believe in God in order to be moral and have good values	0.48
Missing		0.02

Appendix Table 3: Summary Statistics for Study Samples

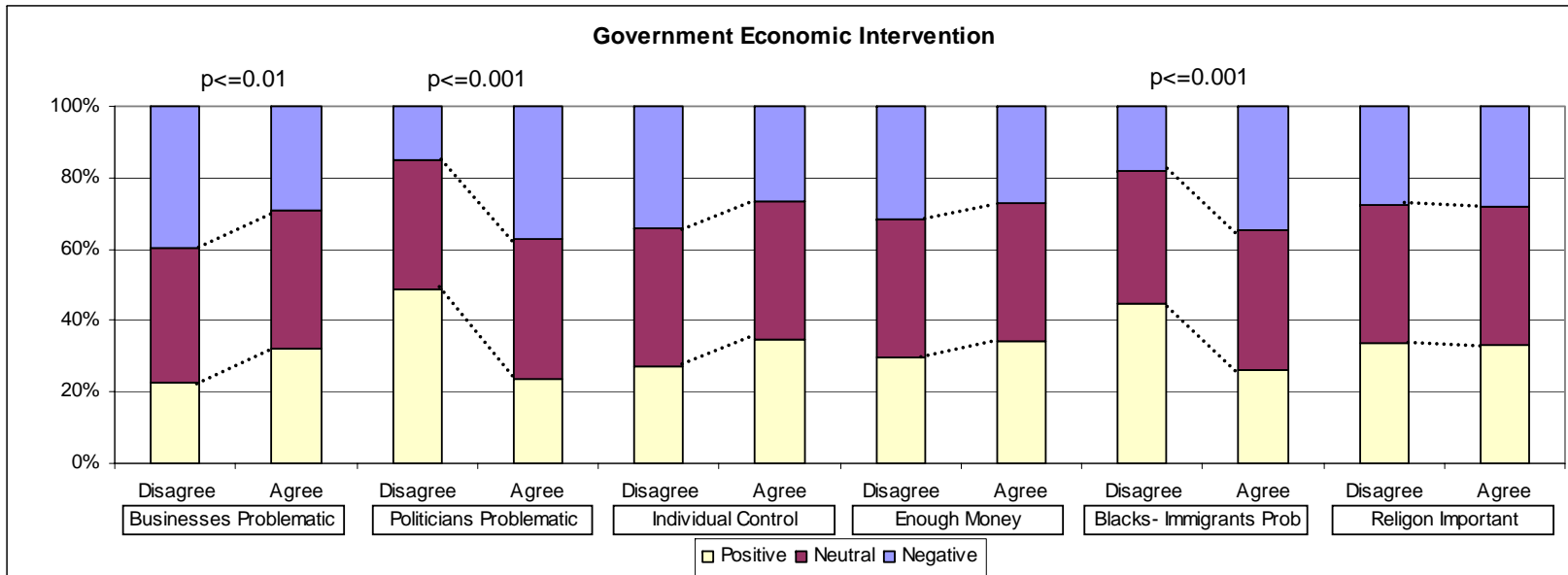
	All Observations		Attitude Regressions (Table 2)		Redistribution Regressions (Table 4)		Economic Intervention Regressions (Table 4)	
	N	Mean	N	Mean	N	Mean	N	Mean
	Favor National Health Insurance	1902	0.68	1597	0.68	1417	0.69	1420
Government Redistribution - Favorable	1793	0.41	1597	0.41	1453	0.42	1398	0.42
Government Redistribution - Mixed	1793	0.35	1597	0.34	1453	0.34	1398	0.34
Government Redistribution - Unfavorable	1793	0.24	1597	0.25	1453	0.24	1398	0.24
Government Economic Intervention - Favorable	1808	0.31	1597	0.31	1398	0.32	1456	0.32
Government Economic Intervention - Mixed	1808	0.39	1597	0.39	1398	0.39	1456	0.39
Government Economic Intervention - Unfavorable	1808	0.30	1597	0.30	1398	0.29	1456	0.29
Businesses are Problematic - Yes	1802	0.53	1514	0.52	1453	0.52	1456	0.51
Businesses are Problematic - Mixed	1802	0.33	1514	0.33	1453	0.34	1456	0.35
Businesses are Problematic - No	1802	0.14	1514	0.14	1453	0.14	1456	0.14
Politicians are Problematic - Yes	1887	0.54	1553	0.54	1453	0.54	1456	0.54
Politicians are Problematic - Mixed	1887	0.31	1553	0.32	1453	0.31	1456	0.30
Politicians are Problematic - No	1887	0.15	1553	0.15	1453	0.15	1456	0.15
Individual in Control of Life - Yes	1923	0.64	1567	0.63	1453	0.62	1456	0.64
Individual in Control of Life - Mixed	1923	0.27	1567	0.28	1453	0.28	1456	0.27
Individual in Control of Life - No	1923	0.09	1567	0.09	1453	0.10	1456	0.09
Enough Money to Meet Obligations - Yes	1954	0.49	1582	0.50	1453	0.49	1456	0.50
Enough Money to Meet Obligations - Mixed	1954	0.25	1582	0.23	1453	0.24	1456	0.24
Enough Money to Meet Obligations - No	1954	0.26	1582	0.27	1453	0.27	1456	0.27
Blacks and Immigrants are Problematic - Yes	1787	0.40	1504	0.39	1453	0.38	1456	0.38
Blacks and Immigrants are Problematic - Mixed	1787	0.44	1504	0.45	1453	0.46	1456	0.46
Blacks and Immigrants are Problematic - No	1787	0.16	1504	0.17	1453	0.16	1456	0.16
Religion is Important - Yes	1943	0.46	1572	0.44	1453	0.44	1456	0.44
Religion is Important - Mixed	1943	0.35	1572	0.36	1453	0.36	1456	0.36
Religion is Important - No	1943	0.19	1572	0.20	1453	0.20	1456	0.20
Male	2000	0.48	1597	0.51	1453	0.50	1456	0.51
Income <\$30,000	2000	0.31	1597	0.30	1453	0.31	1456	0.30
Income >=\$30,000 & <\$75,000	2000	0.36	1597	0.38	1453	0.38	1456	0.38
Income >=\$75,000	2000	0.21	1597	0.22	1453	0.22	1456	0.23
Income - Don't Know/Missing	2000	0.12	1597	0.10	1453	0.08	1456	0.09
Age 18-64	2000	0.83	1597	0.86	1453	0.87	1456	0.87
Age 65 and over	2000	0.16	1597	0.13	1453	0.12	1456	0.12
Education: <=High School Graduate	2000	0.73	1597	0.72	1453	0.72	1456	0.71
Education: Bachelor's Degree	2000	0.16	1597	0.17	1453	0.16	1456	0.17
Education: >Bachelor's Degree	2000	0.11	1597	0.11	1453	0.12	1456	0.12
Education - Don't Know/Missing	2000	0.00	1597	0.00	1453	0.00	1456	0.00
Black	1970	0.12	1597	0.12	1453	0.12	1456	0.13
Hispanic	2000	0.10	1597	0.11	1453	0.11	1456	0.11

Appendix Figure 1: The Relationship between Attitudes toward Government Redistribution and Beliefs



Note: Predicted probabilities are generated from an ordered probit model holding the belief constant at the indicated value for each observation and calculating the mean of the predicted probability over the estimation sample. The change in the distribution of responses represents a movement from disagreeing to agreeing with a particular belief. Statistical significance is based on the coefficient estimate on the variable comparing the highest value of the belief to the lowest value. Models include controls for all the other beliefs as well as age, gender, income, education, race, and ethnicity.

Appendix Figure 2: The Relationship between Attitudes toward Government Economic Intervention and Beliefs



Note: Predicted probabilities are generated from an ordered probit model holding the belief constant at the indicated value for each observation and calculating the mean of the predicted probability over the estimation sample. The change in the distribution of responses represents a movement from disagreeing to agreeing with a particular belief. Statistical significance is based on the coefficient estimate on the variable comparing the highest value of the belief to the lowest value. Models include controls for all the other beliefs as well as age, gender, income, education, race, and ethnicity.