Abstract

BACKGROUND

Public officials and journalists assume that the Affordable Care Act (ACA) remains unpopular with Americans including its specific programs, which have been rolled out amid implementation challenges.

METHODS

We studied changing attitudes toward health reform in a nationally representative panel of individuals who were interviewed in three waves: soon after the law was passed in 2010 and then again in 2012 and 2014. We compared individuals' responses in 2014 to their previous answers to identical questions about the law's impact on them and their family as well as more general evaluations of the law. The 2014 wave interviewed 792 individuals who also participated in the first wave.

RESULTS

We find that while individuals' attitudes toward the ACA in 2010 largely persist in 2014, those who have experienced its specific provisions have significantly moderated their views. From 2010 to 2014, we find a 19 percentage point increase in those reporting that reform has had some or a great impact in widening access to health insurance and medical care for themselves or their families ($p<.01$).

We also find a growing perception that specific ACA features have broadened health access most notably, subsidies to help pay for insurance (ordered logistic regression coefficient 1.8, $p<.01$). This finding and others hold after controlling for partisan affiliation, race, gender, age, income, education, and other potentially confounding influences.

In addition, among those who initially favored repeal, ten percent have shifted to favoring more time for the ACA to work and for lawmakers to make changes ($p<.10$). This shift is also being driven by the tangible effects of reform, especially gaining health coverage since 2010 (ordinary least squares regression coefficient 4.39, $p<.01$).

Our panel study indicates that the continuing discontent with the ACA is not driven by the tangible effects of reform but rather reflects broader political considerations, namely partisanship (ordinary least squares regression coefficient 0.30, $p<.01$), distrust of government (0.18, $p<.01$), and other factors.

CONCLUSIONS

Support for implementing concrete health reforms may grow even as the public remains divided over the general campaign for "health care reform." (Funded by internal research budgets at the University of Minnesota and Cornell University as well as partial support from the Robert Wood Johnson Foundation.)

Introduction

Congressional Republicans, after numerous votes to repeal the Affordable Care Act (ACA), hammer Democrats for—as House Speaker John Boehner phrased it—"forcing the American people… to buy a product that they do not want." Meanwhile, Democrats themselves quietly agree that the law and its new benefits suffer from persistent unpopularity and they refrain from defending it.

The perception that a majority of Americans unyieldingly oppose the ACA and its programs following their troubled implementation is puzzling given that the uninsured rate has fallen by over 6 percentage points since the end of 2013 and the federal and state governments have implemented two engines for expanding access, both the expansion of Medicaid for the near poor starting in January 2014 and the exchanges for individuals to purchase private insurance and be considered for tax subsidies beginning in fall 2013.[1] Are politicians correct that public opposition remains hardened even as reform benefits reach 32 million?

Polling by the media and well-respected organizations such as the Kaiser Family Foundation has fueled broad political agreement that public opinion is firmly set against the ACA. The polls on which policymakers rely, however, create an incomplete and, in some respects, mistaken impression because they offer only a cross-section of American attitudes collected at one moment in time. This snapshot approach is incapable of detecting changes in how individuals are experiencing and responding to health reform. An astute recent overview of the impacts of health reform spotlighted the paucity of evidence about potential changes in public opinion and, specifically, "whether the contributions of the ACA to the health and health care of Americans will moderate [public opinion]."[2]

To overcome the limitations of cross-sectional survey data, we have administered the same questionnaire to a nationally representative panel of adults in three waves in 2010, 2012, and 2014. We use this pool of respondents to track change over time in individual evaluations of the ACA and its impact on respondents and their families and the reasons for those shifts; we are less interested in the overall balance of opinion. Are the attitudes of individuals persisting or changing as they experience or learn about the implementation of specific and tangible reform?

I. Methods

A. Panel Study

We studied a nationally representative panel of the same individuals who were asked identical questions in three surveys that were administered by prominent, highly regarded organizations. The first wave, conducted by the Survey Research Institute at Cornell University in Fall 2010, consisted of 65 questions administered by telephone to a national sample of 1,200 adults; Abt SRBI conducted the surveys in 2012 and 2014 and returned to these individuals with the same questionnaire. One of the most important features of panel studies is the retention of subjects over time; we preserved the pool through regular communications and incentives for hesitant respondents. Seventy-nine percent (828 out of 1054) of our 2014 panel also participated in the 2012 and/or 2010 surveys and, of particular importance for our analysis below, 66% (794 individuals) of the 2010 participants cooperated with the 2014 survey. We also used survey weights to match representative demographic targets and produce nationally representative samples, which allow us to generalize from our panel to the adult population in the US. (Additional information is available from the authors.)

B. Measures of Public Attitudes

We focused on two aspects of public evaluations of the ACA. The first is overall evaluation of the "major health care bill signed into law in 2010," which is measured as a 9 point

interval variable that ranged from strongly favorable (coded as highest) to neutral and strongly unfavorable.[1] Those indicating an unfavorable view were subsequently asked if "the law should be given more time to have a chance to work, with lawmakers making necessary changes along the way, or the law should be repealed as soon as possible." Second, we studied how much impact respondents reported the ACA as having on themselves and their family in expanding "access to health insurance or medical care supported or provided by government." This "access measure" is coded toward the strongest impact along a five-point scale: none, a little, some, quite a bit, and a great deal.

We examined whether these overall evaluations were influenced between 2010 and 2014 by three specific and tangible ACA benefits. In particular, members of the panel were asked in each wave about the impact on "you or your family" of three new benefits: "coverage of adult children on their parents' insurance plans until they are 26 years old," "help for seniors to pay for prescription drugs," and "tax credits and other subsidies to help people pay for health insurance," with each scaled toward greater impact. (Respondents were offered the same five response categories as for the access measure described above.) Another possible explanation for changing evaluations of the ACA's impact on coverage is insurance status and, specifically, whether or not panel members reported being "covered by any form of health insurance or health plan." We created dichotomous variables to track individuals who gained coverage (they were uninsured in 2010 and became insured by 2014) and those who retained coverage (they reported being insured in both years).

Finally, we introduced controls for influences on ACA opinions that are tied to general attitudes about government assistance rather than the ACA's actual programs. Prior research suggests that lower social economic status associated with gender (coded as female), race or ethnicity (non-white), year of birth (coded toward youth), and income (under $35,000) is connected to support for government activism.[3] Prior research also suggests[4,5] that support for government assistance is influenced by the general political environment, including trust in government[2] and political party identification (namely, affiliation with the Democratic Party),[3] as well as "sophistication" (i.e. higher levels of knowledge about the governing process and educational attainment).[4] In addition, given the tendency of the public to form stable policy preferences,[6] we included the value of the dependent variable for the 2010 wave. This is a powerful control for the earlier attitudes; it also allows us to isolate attitudes that did change afterward and their effects.

II. Statistical Analysis

We conducted three types of analyses. The first describes the changes across 2010, 2012, and 2014 in the panel's evaluations of the ACA overall, its perceptions of whether access had widened, and its evaluations of the impact of specific reforms. Two-sided p values and 95% confidence intervals are reported for statistical tests.

The second addresses the fundamental question, Is the implementation of the ACA changing public opinion by increasing appreciation of its impact on access to health insurance and medical care? Specifically, we examined the impact of perceptions of three new benefits (parental coverage of children under 26; improved prescription drug coverage for seniors; and subsidies to help pay for health insurance) as well as insurance status in 2014 compared to 2010. We focus on the 794 individuals who participated in 2010 and the 2014 surveys. (The number of cases varies as we explore sub-groups and particular analyses.) We used ordered logistic regression because the dependent variable (agreement that reform is increasing access to medical care and insurance) is measured along ordered points. This analysis regresses our access

measure on variables for these specific ACA effects as well as controls for potentially confounding factors, including social and economic status, political environmental factors, sophistication, and entrenched attitudes toward access.

Our third analysis shifts our focus from the public's reactions to the ACA's tangible benefits to its general evaluation of health reform. Past research suggests that specific tangible government programs tend to generate favorable reactions while more general evaluations of government tap into philosophical conservative uneasiness.[7]

We use path analysis to disentangle separate direct and indirect paths to the public's general evaluations of the ACA. We trace the paths from the tangible reform effects and control variables through the intervening variable of access to overall assessments of the ACA. Our statistical analysis relies on structural equation modeling with standardized coefficients.

III. Results

A. Changing Contours of Public Evaluations of the ACA

Our panel study confirms the finding of other polls that the public remains split over the ACA, with more holding unfavorable (45.6%) than favorable views (36.2%). Since 2010, the divide has grown as unfavorable views increased by 7.3 points; favorable rose by 3.8 points and the neutral category shrank by 7.4 points (from 22.3% to 14.9%).

Yet the panel also reveals that the ACA is changing minds and lifting appreciation for its specific impacts. Independents, who swing elections, are now substantially more inclined toward reform: their unfavorability toward the new law declined by 17 percentage points from 2010 to 2014 ($p<.05$) while their favorability rose by 13 points ($p<.05$). In addition, the ranks of those favoring repeal at the outset (82% of whom were Republicans) shrank by 10 points ($p<.10$) as individuals shifted toward support for allowing more time to improve the law.

The most striking set of findings indicate that Americans increasingly perceive effects of health reform in widening access to health insurance and medical care. Figure 1 shows that the attitude that reform had "little impact" fell by 18 points from 2010 to 2014 while there was a 19 point increase in the view that it had "some" or "great" impact ($p<.001$).

Over the same time period, Americans also increasingly credited health reform with delivering specific impacts. Figure 2 shows that the proportion that perceived no or little impact of the ACA declined by 13 percentage points when it came to requiring coverage of children under 26 ($p<.001$), 8 points regarding its help for seniors to pay for prescription drugs ($p<.05$), and 7 points for subsidies to help people to pay for health insurance ($p<.10$).

Are these changes occurring because of the ACA's tangible effects or because of more general attitudes? Also, why are these changes occurring even though we continue to see more Americans disliking the ACA than liking it? We now turn to multivariate regression analyses to examine competing explanations.

B. The Effects of ACA Benefits

We begin by investigating the impact of three ACA programs on changing individuals' perceptions between 2010 and 2014 that reform is widening access to insurance and medical care. The first column in Table 1 shows that the ACA's subsidies (1.55, $p<.01$) and prescription drug help for seniors (1.29, $p<.05$) are significant drivers of the increased appreciation of the impact of reform on access; coverage of children up to 26 is not statistically significant.

The second column in Table 1 adds to our perceptual measures by including insurance status: gaining insurance (2.51, $p<.10$) strengthened perceptions of the ACA's impact on access while remaining uninsured depressed it (0.17, $p<.05$). The ACA subsidies continue to have a

significant positive effect (1.8, $p<.01$) in elevating individuals' sense of reform's impact on health access; the expanded coverage of prescription drugs lost its statistical significance.

The ACA's tangible benefits convey a strong enough impact to withstand a robust set of controls for social and economic demographics.[5] They even hold up after controlling for Democratic Party identification; partisanship did not become more important between 2010 and 2014 even though the ACA has been at the center of intense polarization. The lagged dependent variable – the public's perception of the ACA's impact on access in 2010 – was a statistically significant influence in 2014 (1.25 [$p<.05$] in column 1 and 1.32 [$p<.01$] in column 2). This is not surprising: it indicates that there is persistence of earlier views.

Table 1 About Here

Overall, as the ACA has delivered discernable benefits, Americans have increasingly recognized the effect of subsidies and gaining insurance, which in turn has led to growing public awareness of improved access to insurance and care. Individuals who remain uninsured are less impressed by reform.

C. The Eroding Support for Repeal

The ACA has faced steadfast opposition since 2010 from individuals who not only dislike health reform but want to see it repealed. Our panel study indicates, however, that the new circumstances created by the ACA's implementation may be gradually eroding the resistance of virulent opponents.

Table 2 shows that individuals' health insurance coverage eroded repeal sentiment. In particular, gaining insurance (4.39, $p<.01$) and retaining insurance (1.82, $p<.05$) changed individuals from backing repeal in 2010 to favoring more time to improve the ACA in 2014. These results are robust; they withstood controls for entrenched attitudes toward repeal, political environment, sophistication, and demographics.

Table 2 About Here

D. Why Americans Appreciate Policy Effects But Dislike the ACA Overall

Why does disapproval of health care reform overall remain greater than approval (and wider since 2010) even though Americans are increasingly appreciative of the ACA's impacts? The path analysis in Figure 3 reveals that considerations broader than health reform interfere and distract the public from its tangible effects. Partisanship (.3, $p<.01$) is a strong influence on evaluations of health reform as a whole, and the public also factors in its general trust in government (.18, $p<.01$). In addition, the entrenched attitudes toward the ACA that formed in 2010 (.4, $p<.01$) are the most powerful influence on the public's overall evaluation; they dampen the potential effects of ACA programs as they are implemented.

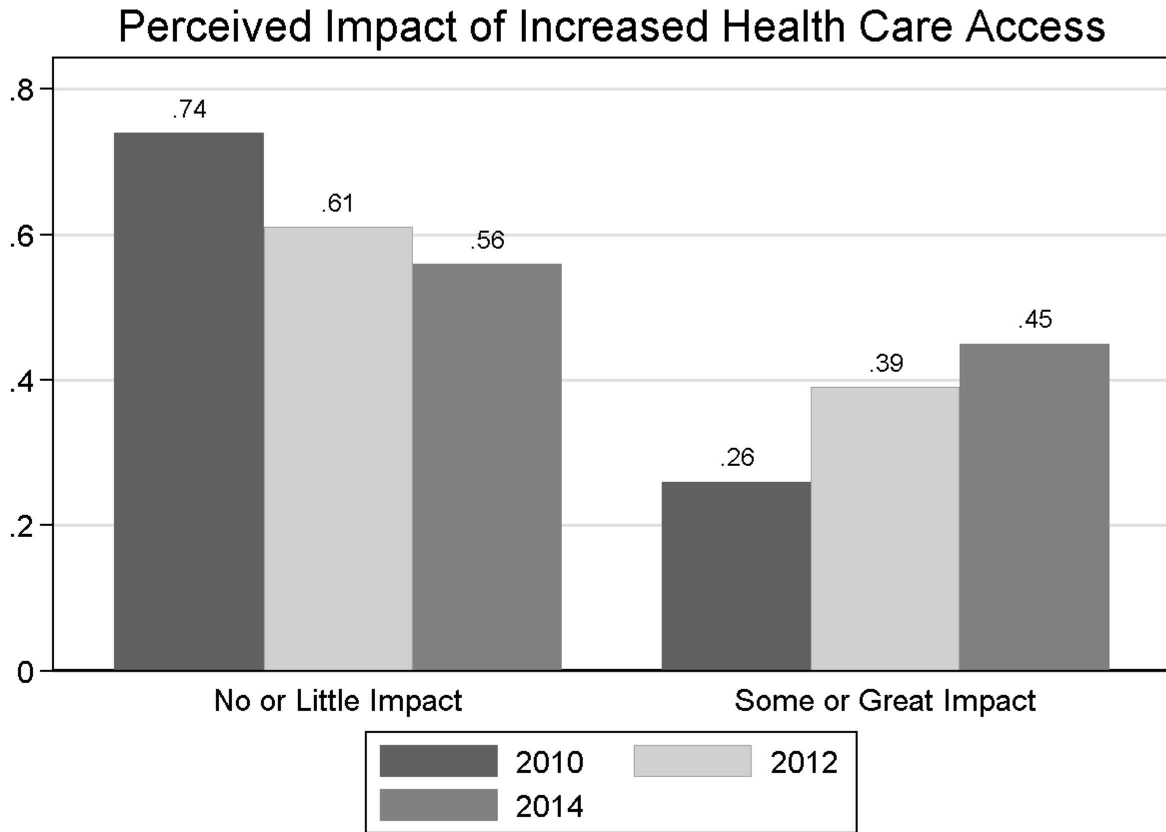
The ACA's specific effects, which were earlier credited with widening access, are washed out or diminished in shaping general attitudes toward the law. The ACA's three concrete programs continue to exert a statistically significant influence on the perception that the ACA widens access, as we found above, but their total indirect and direct effects on the public's support for the ACA overall were not statistically significant. Meanwhile, gaining insurance (.14, $p<.01$) and retaining it (.19, $p<.01$) remain significant but were substantially weaker influences than partisanship and entrenched ACA opinions.

These findings indicate that it is a mistake to equate broad evaluations of the ACA, still predominantly negative, with the public's assessment of its tangible benefits, which are increasingly positive. General attitudes toward trust in government and the political parties combined with established opinions toward the ACA prevail when individuals offer their overall assessment of the law.[8]

IV. **Discussion**

Americans are likely to appear two-faced when it comes to the ACA. Our panel study of changing opinion since 2010 suggests that support for specific reforms may well continue or even grow as benefits spread to more Americans. But intense partisan polarization, distrust in government, and entrenched discontent appear positioned to depress appreciation of the ACA overall for some time. These paired dynamics will likely continue to prevent the ACA from gaining, any time soon, the kind of lopsided support that Social Security and Medicare enjoy.

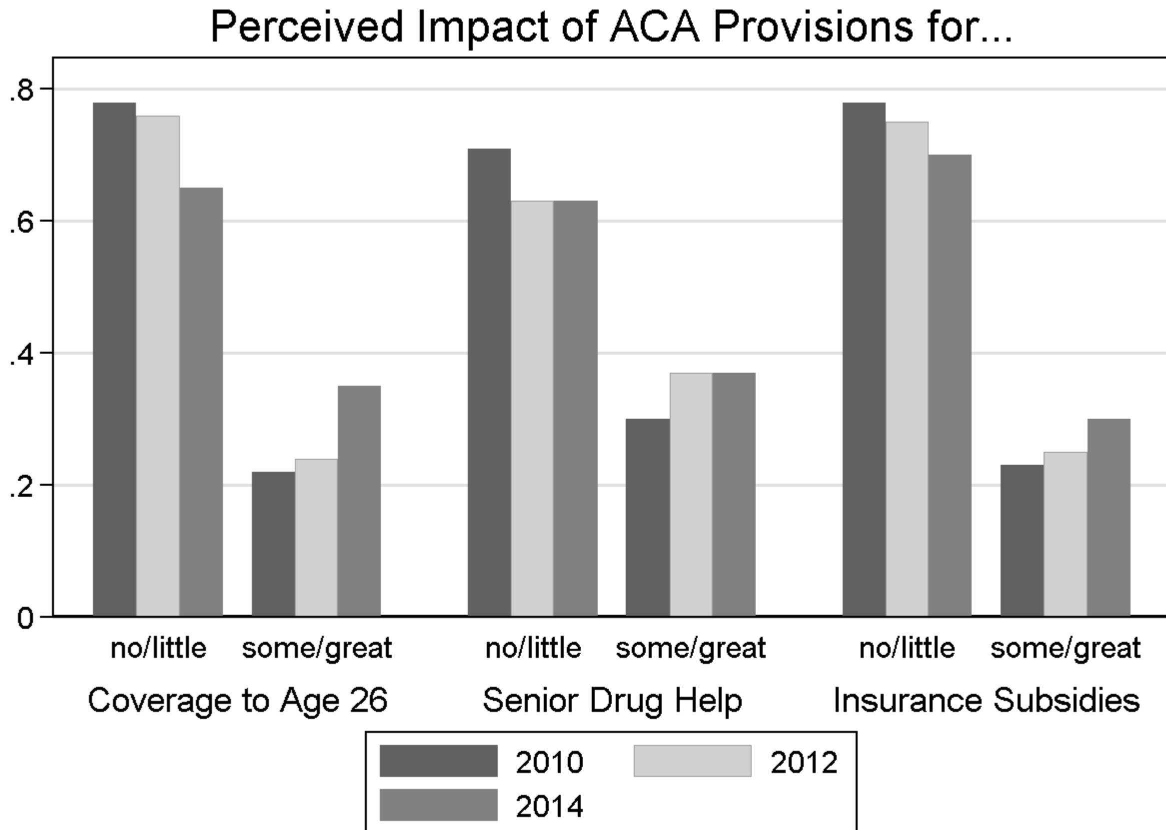
Figure 1.



Question: “How much of an impact has this feature had on you and your family: a great deal, quite a bit, some, a little, none? Access to health insurance or medical care supported or provided by government.”

(impcaccs10-14)

Figure 2



Question: How much of an impact has this feature had on you and your family: a great deal, quite a bit, some, a little, none?" The following features were rotated in: Coverage of adult children on their parents' insurance plans until they are 26 years old; Help for seniors to pay for prescription drugs; Tax credits and other subsidies to help people pay for health insurance."

(impc26cv10-14, impcdrug10-14, impcsubs10-14)

Figure 3 – path model in separate document

Table 1. Policy Effects on Perceptions of the ACA's Impact on Access (Ordered Logistic Regression)

Independent Variables (all 2014 unless otherwise noted)	**Perceived Impact of ACA on Access**	
	1	2
Lagged Effect of 2010 View of ACA Impact on Access to Health Insurance or Medical Care (Coded toward more impact)	1.25*	1.32**
View of ACA Impact on coverage of adult children to age 26, for self and family	1.13	
View of ACA Impact on coverage of subsidies to help pay for insurance, for self and family	1.55**	1.8**
View of ACA Impact on help to seniors to pay for prescription drugs, for self and family	1.29*	
Insurance Condition		
Uninsured in 2010, insured in 2014		2.51+
Insured in both 2010 and 2014		0.91
Uninsured in both 2010 and 2014*		0.17*
Political Environment		
Party Identification (Coded toward Strong Democrat)	1.11+	1.12*
Trust in Government	.82	.85
Sophistication		
Political knowledge	.92	.93
Education	.84+	.79*
Demographics		
Gender (Female)	1.27	1.34
Race/ethnicity (Non-white)	.81	.86
Year of birth	.98	.98
Income (Under $35,000)	.93	.95
Observations	641	650
AIC	622.91	631.87
Model's Percent Correct Predictions	57.88	58.31

Note: coefficients in odds ratio format; coefficients over 1 indicate a positive effect and coefficients under 1 indicate a negative effect.
+p<.10, *p<.05, **p<.01,
Dependent variable is the perception in 2014 that the ACA had an impact for respondent and family on "access to health insurance or medical care supported or provided by government." Coded toward more impact ("a great deal").
*The excluded reference category is insured in 2010 and uninsured in 2014.

Table 2. Policy Effects on Support for Improving ACA Instead of Immediate Repeal (Ordinary Least Squares Regression)

Independent Variables (all 2014 unless otherwise noted)	**Support for improving ACA instead of repeal**
Lagged Effect of 2010 View of Improving ACA instead of repeal (Coded toward giving more time for improvement)	.18+
View of ACA Impact on coverage of adult children to age 26, for self and family	-.02
View of ACA Impact on coverage of subsidies to help pay for insurance, for self and family	-0.17
View of ACA Impact on help to seniors to pay for prescription drugs, for self and family	-0.11
Insurance Status	
Uninsured in 2010, insured in 2014	4.39**
Insured in both 2010 and 2014	1.82*
Uninsured in both 2010 and 2014[*]	0.08
Political Environment	
Party Identification (Coded toward Strong Democrat)	.3+
Trust in Government	.94+
Sophistication	
Political knowledge	0.1
Education	-0.03
Demographics	
Gender (Female)	-0.45
Race/ethnicity (Non-white)	0.39
Year of birth	-0.01
Income (Under $35,000)	0.1
Constant	-0.25
Observations	227
R^2	0.14

+p<.10, *p<.05, **p<.01. Table reports unstandardized coefficients.
Dependent variable created from answer to this question: "Given that you have an unfavorable view of the 2010 health care law, which comes closer to your view of what should happen now: the law should be given more time to have a chance to work, with lawmakers making necessary changes along the way, OR the law should be repealed as soon as possible?" Nine point scale, coded toward "more time to work—strongly."
[*]The excluded reference category is insured in 2010 and uninsured in 2014.

References

[1.] Gallup, "Uninsured Rate Dips to 11.9% in First Quarter," April 13, 2015.
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End Notes

[1] The question wording is the following: "As you may know, a major health care bill was signed into law in 2010. Given what you know about this law, do you have a generally favorable or generally unfavorable opinion of it, or do you have a neutral opinion, neither favorable or unfavorable?" Respondents indicating a favorable or unfavorable view were probed whether their preferences were strong, somewhat, or slight.

[2] We use a long-standing measure of political trust – one that ranged from government is "pretty much run by a few big interests looking out for themselves" ("strongly feel" was coded "1") to government is run for the "benefit of all" ("strongly feel" coded "4")

[3] Our measure of partisan identity ranges along a 7 point scale from 1 for "strong Republican;" 4 for "Independent;" and 7 for "strong Democrat." The points in between indicate those how "lean" toward one of the parties or have a "weak" affiliation.

[4] Our measure of political knowledge is based on 5 point scale derived from the number of correct answers to four standard questions used to assess general knowledge and one to assess health policy-specific knowledge. These include, "Do you happen to know what job or political office is now held by Joe Biden?", "Whose responsibility is it to determine if a law is constitutional or not?", "How much of a majority is required for the U.S. Senate and House to override a presidential veto?", Do you happen to know which major political party currently has the most members in the House of Representatives?" and "As you know, most Americans pay taxes on the wages they get from their employers. In cases where an employer helps to pay for health insurance benefits for a worker, does the worker pay taxes on the amount the employer pays, or no? Or do you not know?"

[5] Education fits into the pattern of lower SES support for government assistance: individuals who are less well education are – as are those with lower income – inclined to express greater recognition of reform's effects on access. The odds ration coefficients are .84 ($p<.10$) for model 1 and .79 ($p<.05$), which represent negative effects.