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An Investigation of the Impact of the Affordable Care Act on Vote Switching From 2008 to 2012

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ABSTRACT

This study analyzed the impact that the passing of the Affordable Care Act in 2010 had on the direction of vote switching among voters that switched their vote from the 2008 presidential election to the 2012 presidential election. The hypotheses stated that those that supported the ACA, did not have access to healthcare through their employer, and had an income below the national average were more likely to switch their vote from Senator McCain in 2008 to President Obama in 2012. Based on a logistic regression, the data shows that voters that support the ACA are more likely to switch their vote from Senator McCain to President Obama and that this was a statistically significant relationship. However, access to healthcare through their employer and income level were not statistically significant factors among those that switched their vote. Overall, these findings suggest that support for the ACA was a statistically significant factor in voters changing their votes from Senator McCain to President Obama and this suggests that the ACA did have an impact on vote switching from the 2008 to the 2012 presidential elections.

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Chapter 1

Introduction

The affordability and accessibility of healthcare have posed a significant problem in the United States of America, with the cost of healthcare rising and the percent of GDP spent on healthcare increasing from 7.2% in 1970 to 16.6% in 2008 according to the Kaiser Family Foundation (Kaiser Family Foundation, 2008). This cost for healthcare has made it increasingly difficult for families to pay for health coverage, and the same 2008 study found that one in four survey respondents had a serious problem in paying for healthcare coverage. Overall, there were a staggering 45 million Americans that were uninsured as of 2008. This suggests that the healthcare system did not accommodate the needs of all Americans at that time and begs the question of how healthcare reform impacts the priorities and party preferences of voters.

In a poll from the Kaiser Family Foundation in December of 2007 that tracked the priorities of voters, they found that healthcare was the second most important issue to respondents, with 30% reporting that they want to hear presidential candidates talk more about it (Kaiser Family Foundation, 2007). This suggests that healthcare is a significant issue in deciding voter preferences in the 2008 presidential elections. Also, in 2008, 63% of Americans supported a guarantee of universal healthcare by the federal government; meaning that a majority of Americans were not only in favor of healthcare reform, but also increasing the role of the federal government in the US healthcare system (Heimlich, 2008). The Affordable Care Act (ACA) was passed in 2010 to address these issues by reforming the American healthcare system and expanding healthcare coverage. In the following presidential election year, in 2012, another poll

by the Pew Research Center found that more people supported this law by a narrow margin, with 47% of respondents supporting the Affordable Care Act while 45% opposed it (Pew Research Center, 2012). Thus, there appears to be a slight change between approval in 2008 for a governmentally run healthcare system compared to the support for the Affordable Care Act shortly after it was enacted in 2012. This may indicate voters' responses and preferences regarding the ACA and if it was successful in mitigating the issues within the American healthcare system.

The Affordable Care Act (ACA) had the primary aim of making healthcare more available, expanding the Medicaid program, and lowering the cost of healthcare overall by changing the way medical care is delivered (Healthcare.gov). In order to fulfil these goals, the changes outlined in the ACA were implemented overtime. One aspect of the ACA that was implemented immediately in 2010 was the "Patient Bill of Rights," which created protections for patients against some practices by insurance companies (American Cancer Society, 2019). For instance, people could no longer be denied health insurance coverage due to preexisting conditions, nor could an insurance company set limits as to the dollar amount they will spend on an individual (American Cancer Society, 2019). Therefore, people with chronic health problems cannot "run out of health insurance" by exceeding the limit an insurance company is willing to spend (Roland, 2019). Moreover, this legislation encourages preventative screening with low co-pays and deductibles (Roland, 2019). Overall, the changes resulting from the ACA expanded health insurance coverage to protect more Americans and address the concerns of voters that were previously unable to obtain adequate coverage.

Since the ACA represents a significant change in healthcare reform, this study will establish if factors such as voter support or opposition on the Affordable Care Act, income level,

and access to healthcare impact the direction in which voters change their voting preference by investigating the question "Among those who switched the party they supported for president from 2008 to 2012, did the passing of the Affordable Care Act impact the direction they switched?" This topic merits further consideration, given the importance of healthcare reform to voters, because it offers the opportunity to see how healthcare reform impacted changes in voting preference from the 2008 to the 2012 presidential election among switch voters by considering if their preferences are likely to be impacted in the aftermath of this landmark legislation. The factors that are identified in this project as most likely to contribute to an individual's support or opposition of the ACA are family income level, if they have access to healthcare in 2012, and their view on the ACA. If I find that switch voters with lower incomes, that lack health insurance, and support the ACA have shifted their voting preferences from the Republican candidate in 2008 to the Democratic candidate in 2012, then this would suggest that this legislation has been beneficial for this demographic, because they switched their voting preferences from the party opposing the ACA to the party supporting it. However, if I find that people with lower incomes that also lack health insurance and support the ACA do not have a significant shift from a Republican candidate in 2008 to the Democratic candidate in 2012, then this would suggest that this legislation has not been beneficial enough for this demographic to influence a change in voting preference. Furthermore, if an individual's support or opposition of the ACA as well as factors such as income and access to healthcare impact a change in their voting preferences, then this suggests that there is a democratic link between the needs of voters and their political preferences. A change in voting preference from 2008 to 2012 as a result of a change in legislation means that policy makers need to consider the opinions voters have on policy issues like healthcare. Overall, given the importance of healthcare reform to voters, it

would be interesting to further evaluate the impact of the Affordable Care Act in changing voting preference from the 2008 to the 2012 presidential elections among switch voters.

I hypothesized that voter support of the Affordable Care Act was more likely to influence a change in voting preference from the Republican presidential candidate in 2008 to the Democratic presidential candidate in 2012 than from the Democratic candidate to the Republican candidate among voters that support the ACA, had a lower income, and lacked access to healthcare. This hypothesis acknowledges that the opinion of voters on the ACA will be dependent on income and access to healthcare, as the ACA will likely be more important for those that did not previously have access to affordable healthcare. Therefore, those of a lower income and those that did not have access to healthcare will benefit more from this policy, and so their voting preference will likely shift in favor of the Democratic party, which introduced the legislation. However, those that already had healthcare through the private system that preceded this change in policy or have a higher income that may allow them to afford healthcare without these changes, derive less benefit from this legislation and so are more likely to shift their vote in favor of the Republican Party, which opposes this policy. Therefore, attitudes towards the ACA, income level, and access to healthcare ultimately drove patterns of vote switching between party candidates for the 2008 and 2012 elections.

Chapter 2

Literature Review

In conducting this project there are two primary areas of investigation that this work will build upon. The first pertains to issue voting and the level of sophistication that voters have in their ability to differentiate between the stances of political parties on issues. The assumption that voters are able to identify what party most closely supports their stance on issues is the crux of issue voting. This is important when considering to what extent an individual's income, current ability to access affordable healthcare, and support of the ACA will impact the direction of vote switching of those that changed their voting preferences between 2008 and 2012. The second area of investigation relates to the way that the healthcare preferences of voters have been measured in previous elections. Support for healthcare reform was previously investigated in the 2004, 2008, and 2010 elections and these studies will inform how healthcare as an issue may have changed voter preferences from the 2008 to the 2012 election. Overall, the contributions from previous studies will benefit this project and focus on how voters make decisions regarding issue voting in general, as well as consider how healthcare specifically has impacted election results and the saliency this issue has historically had for voters.

Impact of Policy/ Issue Voting

This project intends to determine the way that voter preferences surrounding healthcare reform impacted the direction in which individuals switched the party of the candidate for whom they voted from the 2008 to the 2010 election. Healthcare is one type of issue that may impact vote choice and the way that individual issues may impact voter preferences is called "issue voting." The following studies focus on the current body of work surrounding issue voting overall. The first article, "Issue Voting: Modern and Classic Accounts," seeks to evaluate the

way that both traditional and more modern models explain how voters decide which party better represents their perspective on certain issues. The second article, “Political Sophistication and Models of Issue Voting,” considers that while the directional model is more applicable among voters overall, the appropriateness of using the proximity-based spatial model or directional model may be based upon voter sophistication. The final article in this section, “The Two Faces of Issue Voting,” establishes that there are “hard” and “easy” issues.

In “Issue Voting: Modern and Classic Accounts,” the authors assert that traditional assumptions about how issue voting impacts voter preferences in American politics may not be representative of how voters make decisions (Weldon and McNeney, 2019). In the article, the authors clarify two traditional relational choice models that suggest that voters’ issue preferences largely determine the outcomes of elections. The first is the proximity model, which expects that voters will vote for parties that are closest to them on issues, but this assumes that voters have issue preferences and are able to differentiate the positions of parties or candidates. This model suggests that for political parties to attract voters, especially in two-party systems, they should try to attract the median voter in order to win a larger share of the vote. However, an alternative model suggests that parties do not follow this median voter model, because voters do not have sufficiently informed ideas of the positions of political parties on issues. Instead the directional voting model suggests that voters choose parties that are on their side of an issue. These two models have traditionally been the dominant theories regarding the motivation behind vote choice.

A conflicting school of thought that has emerged suggests that voters are not well enough informed to have real preferences on issues and are unable to differentiate between the positions of political parties on issues, which undermines these traditional theories. The article suggests

that many Americans lack basic knowledge about their political system as well as knowledge regarding political parties' positions on issues. In addition, the article considers two alternative reasons for voter preferences. One theory that accounts for voters' apparent lack of knowledge is retrospective voting that suggests that voters rely on policies where everyone shares a common preference such as economic growth in order to evaluate the incumbent. Specifically, voters reward incumbents when times are good and punish them when they are not. Another theory is that voting should be left to more informed voters. However, Weldon and McNeney suggest that even informed voters may not make informed decisions, because people tend to believe information that supports their preexisting views, known as confirmation bias, and downplay information that conflicts with their views, known as disconfirmation bias. Partisan bias also impacts a voter's likeliness to support legislation, with voters being likely to reject information that goes against their party identification and accept information that supports their party identification.

Overall, Weldon and McNeney suggest that most voters are either not knowledgeable enough to make informed voting decisions or their opinions on voting issues are shaped by their party affiliation. However, the authors suggest that there are two ways that policy issues may influence election outcomes. The first is the saliency of issues that campaigns can use to impact who turns out on election day. One method for parties to attract voters may be to focus on issues that divide a party and to cross-pressure voters by focusing on issues where an individual's position differs significantly from their preferred party. The article suggests that this is effective in changing partisan preferences of voters when it cuts across other social cleavages, because it considers the same in-group and out-group factors that increase bias and make partisanship effective. These social cleavages include race and more recently immigration.

“Political Sophistication and Models of Issue Voting” investigates the hypothesis that better educated and more politically engaged voters are more likely to follow the more cognitively demanding proximity-based spatial model and less sophisticated voters are more likely to follow the directional paradigm (Macdonald, et al., 1995). The directional model has been shown to be used more among voters overall, but this study is unique in that it differentiates between members of the electorate based upon their political sophistication. The authors evaluated two elections: the 1988 presidential election in the United States and the 1989 parliamentary election in Norway. The authors used voter preferences on how healthcare systems should be run as an example of how these models differ. The proximity-spatial model would have individuals rate their preference from a 1 to 7, with a 1 representing a governmentally run healthcare system and a 7 representing a completely private healthcare system. This would require voters to know to what extent they favor each side rather than if they simply state if they support private insurance or governmentally run insurance, as they would under the directional model. Therefore, the article argues it is more cognitively demanding to follow the spatial model than the directional model. For the 1988 United States election, the study used data from the 1988 National Election Study. In Norway a similar data collection occurred about the 1989 election as was used in the American election.

The article found that in comparing the issue models they created, greater variance is explained using the directional model than the proximity model. This agrees with previous studies that have also found the directional model to be better when analyzing the entire population together. In order to consider the political sophistication of voters, the authors divided voters into three groups in both countries based on political sophistication, which they determine by level of education and interest level in the campaign. A separate analysis was conducted for

each party. In the United States they did not find that the proximity model better explained the results for the high sophistication group as they expected, but rather that the directional model explained preferences better, even when accounting for differences in level of sophistication. In Norway they found that for five of the seven main political parties, the directional model is superior, however the proximity model is better for explaining the results of political sophisticates for the Labour Party and the models are equally accurate for the Christian People's party. The authors suggest that the Labour Party may have different results because it is very similar to another party and voter sophistication may be important concerning certain issues for voters deciding between the two parties. The authors also conducted pooled analysis with a single regression that considered all parties simultaneously. Again, the authors found that the directional model is a more accurate way to predict how people use issues in evaluating parties and candidates across the different levels of political sophistication and in both countries. Overall, this study suggests that the directional model is more appropriate to use, regardless of the level of sophistication of the voters. Therefore, in this project, establishing what side of the issue a voter is on is a better determinant of their voter preferences. In the context of the ACA, this means voters should be divided based upon the directional model, which in this case would include if they support or oppose the ACA.

Another article on issue voting is "The Two Faces of Issue Voting," which seeks to establish that there are two distinct types of issue voting (Carmines and Stimson, 1980). The first type is known as "hard-issue" voting and is when voters make electoral decisions based upon reasoned policy preferences. Ultimately with this type of issue, voters will choose a candidate that is closer to them across key issues. The second type are "easy-issues," which requires less sophistication by the voter, because it is an issue that has been around long enough to elicit a

“gut response” from voters. The study identifies three attributes of “easy-issues.” The first of these components is that “easy-issues” are symbolic instead of technical, meaning that these issues are more simplistically understood and easily communicated to the public. Secondly, these issues deal with “policy ends rather than policy means,” since these are statements based upon how things “should be” and therefore do not rely on the same factual support as policy means statements. Lastly, the article stipulates that the “easy-issues” are likely to have been unresolved and very public for a long time.

Carmines and Stimson provide an example of each type of issue in their analysis and they suggest that racial desegregation is an “easy issue,” while Vietnam is a “hard issue.” The study focused on the 1972 presidential election, because they considered voter preference to be highly focused on the issues compared to other elections. The authors first established that both the Vietnam war and desegregation had an impact on voter preferences, when controlling for other possible factors. The study suggests that issue voting requires that voters are able to identify their preferences as well as determine where they fall compared to the candidates they are choosing from. The study notes that this second component is how they are able to separate easy and hard issues. With easy issues everyone is able to calculate where they are in comparison to candidates, while hard issues are more accurately calculated by more informed voters. Therefore, in order to empirically identify which issues are “easy” and “hard,” the study focuses on whether issue position has a greater influence on well-informed voters in comparison to ill-informed voters. The study concludes that the empirical evidence supports their initial assertion that Vietnam is a “hard issue” and desegregation is an “easy issue.”

In addition, the study sought to establish that easy-issue voters are also different from hard-issue voters, with the former being no more sophisticated than non-issue voters and the later

having characteristics traditionally associated with issue-voters. Carmines and Stimson assert that this is based on voter sophistication, which is indicated by the following three characteristics: education level, political information, and political activity. Overall, the study concludes that since easy-issue voting is not more sophisticated than non-issue voting, the current inference made that issue voting indicates more sophisticated voting does not hold up and that traditional issue-voting overestimates the level of political sophistication among voters. In the context of this project, voter preference regarding the ACA is likely to be an easy issue for voters to identify with the stance of each party, because the Democratic party supported the ACA and the Republican party opposed the ACA when it was being voted into law, the partisan cleavages were widely covered in the media, and Republicans challenged the constitutionality of the ACA. Therefore, regardless of voter sophistication voters will be able to identify which party better represents their interests based on if they support or oppose the ACA.

Healthcare and Voting Preference

On another note, there has been some research into the impact that the issue of healthcare has had in previous elections. It is important to consider the extent to which voter preferences on this issue have impacted previous presidential elections, in order to provide context for how this issue has historically impacted voter preferences in presidential elections and if it was a salient issue. Some of these sources also consider if there is a correlation between voters that find healthcare to be a priority and those that voted for the Democratic candidate. Overall, these studies highlight the divide between the Democratic and Republican parties when it comes to healthcare and the impact this has had in other elections.

One article that evaluates the saliency of healthcare as an issue in the 2004 presidential election was "Voters and Health Care in the 2004 Election," (Lake, et al., 2008). Lake,

Crittenden, and Mermin (2008) argue that healthcare was a second-tier issue during the 2004 election, evaluate the differences between the views on healthcare held by Democrats and Republicans, and explain how this influenced voting for each candidate. The authors utilized three main sources, including the Kaiser Foundation/ Harvard School of Public Health Election Survey that was conducted in 2004, ten additional national surveys that were conducted between January and February in 2004, and three exit polls conducted on election day. Fifty-three percent of voters stated that the candidate's characteristics were more important than where they stood on issues, compared to only 39% that stated the inverse. The importance of healthcare as an issue was 5th in the National Election Pool Exit Poll and 7th in a longer list of issues that also had Medicare and prescription drugs ranked 11th. Even though healthcare was not found to be an issue that influenced their vote, 70% stated they were concerned with the availability and cost of healthcare. Interestingly, the majority of those that considered healthcare an important issue voted for John Kerry. Thus, this is a valuable source to track the way healthcare policies impact voting decisions, and to establish if healthcare is an issue that impacts vote choice. This source shows that while healthcare was not an issue in 2004 that impacted vote choice directly, it was one that voters considered important and there is a correlation with those that considered it an important issue and voted for John Kerry.

In another article, entitled "Access to Healthcare and Voting Behavior in the United States," the relationship between access to healthcare and voting preference was considered by using data from the American National Election Study (Ziegenfuss, et al., 2008). The article compared the proportion of people without access to care in 2000 to those that were unable to access care in 2004 and found a significant increase from 27% to 35%. They also found that overall the Democratic candidate was preferred by people without access to care and that this

preference grew in this timeframe, as in 2004 a larger proportion of those with difficulty accessing healthcare preferred the Democratic candidate when compared to 2000. A key difference between this article and the previous one called "Voters and Health Care in the 2004 Election" is that this study found that healthcare was the fourth most important issue in the 2004 elections.

Overall, Ziegenfuss, Davern, and Blewett demonstrate that voters that lack access to adequate healthcare are more likely to favor the Democratic candidate in the 2004 election. It is also worth further investigation into if this is a similar trend in other elections, as the Democratic party is traditionally in favor of increasing affordable access to healthcare. The authors hypothesize that this is because voters feel the system is not meeting their healthcare needs and want to change it. Therefore, considering that this was found to be the case in the 2004 presidential election, it will be interesting in considering the 2012 election for how switch voters respond to the changes that were made to the healthcare system by the ACA.

After the 2008 election, healthcare seems to have become more important to voters and have a greater impact on the direction of voting preference according to the literature. For instance, "Controversies in Voting Behavior" examines the election of President Barack Obama in 2008 and the election results indicated a deep divide between the preferences of Republicans and Democrats in the country (Niemi, et al., 2001). The authors use the ANES surveys to evaluate these issues. Niemi, Weisberg, and Kimball (2001) first argued that states won by Democrats were generally won by very high margins including California by twenty-four points, and New York by twenty-seven points. In total, out of the twenty-eight states the Democrats won, the margin they won by was more than ten points in twenty-two states and the margin was less than five points in only four states. Similarly, out of the twenty-two states won by John

McCain the margin of victory was greater than ten in fifteen states, and less than five points in only two states. For some context for these results overall, the average margin of victory was 13.9 points in 2004 and 16.2 points in 2008.

Niemi, Weisberg, and Kimball also investigated if the growing divide was due to polarized choices or voters' preferences and decided that the voters ultimately seemed to have divided preferences for their choices on policy issues. Across nine different issues that were considered, 51% of voters put themselves near an extreme, and only 24% put themselves near the center. The most applicable issue related to this thesis paper is a government guarantee of health insurance that 84% of Obama supporters agreed with, while only 19% of McCain supporters supported this policy. In regards to healthcare, this indicates that in 2008 there was a large difference between the opinions on healthcare held by individuals that voted for Obama compared to McCain. This trend was also reflected in nearly every one of these policy issues investigated. Moreover, they established that there was a close correlation between different issues, with 71% of those that took a liberal position on climate change also taking a liberal position on healthcare. These policies are rated from strongly liberal, liberal, centrist, conservative, and strongly conservative. This shows that when measuring one issue such as healthcare, it may be representative of a broader political ideology and preferences of voters.

“Penalizing the Party: Health Care Reform Issue Voting in the 2010 Election” evaluated the extent to which healthcare was an important issue to voters in the 2010 election (Konisky and Richardson, 2012). Konisky and Richardson (2012) evaluated the impact that the passing of the Affordable Care Act had on the 2010 midterm congressional elections using data from the 2010 Cooperative Congressional Election Study. The 2010 Cooperative Congressional Election Study survey was administered once before the 2010 election and again after the election. The study

tested if voters' assessments of health care reform influenced their electoral decisions, and if so to what extent it impacted congressional and state-level elections. In the first model they regressed the Democratic vote choice on policy preferences in order to isolate whether vote choice was related to their attitude towards the ACA. The other variables they controlled for included an economic assessment, incumbency, as well as individual-level political and demographic characteristics. The second model used in the survey was from a smaller subset of respondents that were asked questions about their personal and collective opinion on this legislative reform.

Overall, Konisky and Richardson found that those opposed to the Affordable Care Act legislation were more likely to vote against Democratic candidates in both national and state offices, and that healthcare was an important issue for determining voter preferences in the 2010 election in both the House and Senate elections. This source provides a model for how survey data can be used to evaluate the impact that changes in healthcare policy have on elections. It also suggests what variables should be controlled for in the analysis. Overall, this article is most similar to the study of the 2012 election this project will conduct, and can serve as an example of how to establish the relationship between the Affordable Care Act and the voter preference in the 2012 election. The key difference between evaluating the impact of the ACA in 2010 as opposed to comparing voter preferences from 2008 to 2012 is that this study considers a single election rather than establishing what impacted a change in voting preference among switch voters who changed the party they voted for from 2008 to 2012. Additionally, this source focuses on the impact that healthcare has on vote choice, while this paper will focus on the impact healthcare has on vote switching. Yet, this study is interesting in that it also offers the impact the ACA

specifically may have had on voting preferences in the 2010 election and their conclusion indicates that the ACA was an important factor for voters.

Conclusion

Overall, this project will consider if voter's opinions on the ACA and their access to healthcare are significant factors in their decision to switch their vote from either President Obama to Senator Romney or from Senator McCain to President Obama from the 2008 to the 2012 presidential election. The studies included in this literature review provide some key takeaways that will help to explain the vote switching between these elections. The first source, "Issue Voting: Modern and Classic Accounts," identified directional voting model better as a better way to represent how voters make decisions with issue voting in general in regards to which party better represents their interests (Weldon and McNeney, 2019). In the following source, "Political Sophistication and Models of Issue Voting," the authors took this finding a step further, and investigated if the level of voter sophistication impacted the type of model that would better explain how voters made decisions with issue voting (Macdonald, et al., 1995). These sources relate to the focus of this project, as investigating the way healthcare may have impacted voter preferences of switch voters is an example of issue voting and therefore it is vital to identify how voters decide which party better represents their interests. In this case, the directional model should be implemented, as suggested by these sources, and so voters will be separated into those that support the ACA and those that oppose the ACA. This will aid in identifying the impact that the ACA had on the preferences of switch voters, by dividing voter preferences into two groups rather than the continuum suggested by the proximity model. Additionally, the article, "The Two Faces of Issue Voting," concluded that "easy issues" can be identified by voters irrespective of their level of sophistication (Carmines and Stimson, 1980).

Therefore, since healthcare can be classified as an “easy issue” in this case, as the ACA was passed without support from any Republicans in congress and was solely supported by Democrats in congress, switch voters will be able to identify which party better represents their stance regardless of individual level of voter sophistication.

In addition, the studies that pertain to healthcare in the second section of this literature review will be valuable in identifying the importance that healthcare has historically had in past elections and any trends in what significance voters feel healthcare has in their preferences. In "Voters and Health Care in the 2004 Election," they found healthcare to be a second-tier issue for voters during the 2004 presidential election and that the majority of those that found healthcare to be an important issue voted for Kerry (Lake, et al., 2008). In “Access to Healthcare and Voting Behavior in the United States,” the article stated that there was an increase in the number of people that had difficulty affording healthcare from 2000 to 2004, which indicates that healthcare may be growing in importance to voters in response to a growing need for healthcare reform (Ziegenfuss, et al., 2008). In contrast to the last source, they also found that healthcare was the fourth most important issue in the 2004 election and this may indicate that healthcare has been something voters care about for a long time prior to the elections this study will consider. In addition, “Controversies in Voting Behavior” focuses on the polarization between the preferences of voters that preferred the Democratic and Republican candidates in this election on a number of issues, including healthcare (Niemi, et al., 2001). This indicates that in the initial year that this study will be considering, the 2008 presidential election, that voters had strongly different preferences regarding healthcare, again solidifying the idea that this is an “easy issue”. This helps to support the idea that healthcare had an impact on voter preferences in 2008 and may explain the later shift after the ACA was passed in 2010 among switch voters. Finally, in

“Penalizing the Party: Health Care Reform Issue Voting in the 2010 Election,” the authors considered the impact that healthcare reform had on voter preferences in the 2010 midterm election (Konisky and Richardson, 2012). Again, this source found that those that opposed the ACA were more likely to vote for non-Democratic candidates. Another commonality between the studies conducted in 2004, 2008, and 2010 are that in each case there was a division in the level of support for healthcare reform, with voters that voted for the Democratic candidate being more likely to focus on healthcare.

Chapter 3

Research Design and Hypotheses

Research Design

Typically, analysis of issue voting focus on determining which candidate someone supports as a function of their issue preferences. In this paper, however, I focus on the set of voters that changed the party for whom they voted for president. I do so because I'm interested in whether support for the ACA drove some voters who previously supported Senator McCain in 2008 to support President Obama in 2012 and whether opposition to the ACA drove those who supported President Obama in 2008 to vote for Senator Romney in 2012. Given that the importance of healthcare as an issue has been established, I expect that the passing of the ACA in 2010 would have impacted switch voters' change in their preferences. Furthermore, I expect that support for the ACA, income level, and if they have access to healthcare through an employer to be three ways to measure the impact that the ACA had on vote switching between 2008 and 2012.

Moreover, this paper aims to evaluate if a voter's support or opposition for the Affordable Care Act impacted the direction in which they switch their party preferences for the presidential candidate they supported in 2008 compared to in the 2012 presidential elections. Polling of voters has established the importance of healthcare reform and considering if this legislation had an impact on party preference will show how different groups responded to this legislation. This study will consider if an individual's support for the Affordable Care Act, their access to healthcare through either their employer or through a family member's employer, and income level impact if among switch voters here is a shift in the direction of their voting preference from supporting a Republican presidential candidate in 2008 to supporting a

Democratic presidential candidate in 2012 or a Democratic presidential candidate in 2008 to supporting a Republican presidential candidate in 2012. Those that support the ACA, lack access to health insurance, and have a lower income are more likely benefit from this change in legislation are therefore more likely to shift their preference in favor of the Democratic party, which introduced the ACA. In comparison, those that likely already had healthcare and were able to afford it through the private system that preceded this change in policy and those who have a higher income derive less benefit from these policy changes, and will be more likely to shift in favor of the Republican party that opposed the ACA.

The data analyzed in this study were collected as a part of the Cooperative Congressional Election Study from 2012 and included a panel survey from 2008 that included how individuals voted in that election (Ansolabehere and Schaffner, 2013). This survey also includes questions administered in two waves, one prior to the 2012 election from September to October and one after the election in November. Half of the survey includes over 50,000 respondents from a national stratified sample and the other half is from a smaller subset of 1,000 people from this same sample. All of the variables that will be used in this study were from questions asked to the larger sample. Since this survey was conducted at the individual level, the results of this study will also be at the individual level. Therefore, the results of this study will reflect the impact of income, access to healthcare through an employer, and level of support for the ACA on the voting preferences in the 2008 and 2012 elections.

In order to evaluate the three hypothesized I proposed, the independent variables that were selected were an individual's support or opposition of the ACA, if an individual had access to healthcare through an employer, and family income. The dependent variable was if voters switched the party for whom they cast their vote from 2008 to 2012 either from President Obama

to Senator Romney or from Senator McCain to President Obama. In order to control for other possible reasons that a voter may have switched their vote, I selected a number of control variables to be used in the logistic regression model. These control variables were intended to establish what other factors may have influenced voters to shift their vote for president from the candidate of one party in 2008 to a candidate of the other party in 2012. In this study, I will first conduct a bivariate analysis using cross tables to establish if support for the ACA, access to health care through an employer, and family income impacted the direction of switching from President Barack Obama to Senator Mitt Romney or from Senator John McCain to President Barack Obama between the 2008 and 2012 election. I will examine the relationship between each of these three variables and patterns of vote switching to see if there is preliminary support for my hypotheses that these three key independent variables are not independent of vote switching. I will then use a logistic regression to determine the probability that an individual will switch their vote based on their family income level, if they have access to healthcare through an employer, if they support for the ACA, as well as based on other control variables related to demographics and political issues outside of the ACA. I will also test if any of the independent or control variables are statistically significantly related to vote switching from either President Barack Obama to Senator Mitt Romney or from Senator John McCain to President Barack Obama using this logistic regression. I will then use predicted probabilities to evaluate what causes family income, access to healthcare through an employer and support for the ACA to matter in driving vote switching.

The primary independent variable that this study will focus on is voter support or opposition for the Affordable Care Act, as this is hypothesized to be the primary force behind changes in the dependent variable of type of vote switching. There are two additional variables

that the relationship between opinion voters have of the ACA and their change in preference for presidential candidates between 2008 and 2012 is conditioned upon: if an individual has access to healthcare through their employer or a family member's employer and their income. The ACA was intended to expand access and affordability of healthcare in the United States, and so the primary beneficiaries of this change in legislation are those that are less likely to have healthcare, either because it is not accessible through their employer or they are in a lower income bracket, and are therefore less likely to be able to afford healthcare. Since support or opposition for the ACA is likely influenced these two factors, there are three hypotheses that consider how each of these variables contribute to vote switching.

In order to measure the dependent variable of the direction that individuals switched their votes from the 2008 to the 2012 presidential elections, the 2012 CCES study will be used to measure the number of votes for each candidate in each year (CC317 and CC354c respectively) (Ansolabehere and Schaffner, 2013). This data was collected in both 2012 and in a panel study in 2008. This should mitigate the potential issue of voters recalling their 2008 vote in 2012, in which case they may have reported the same party to seem consistent in their vote. This provides individual level data as to if voters changed their vote from 2008 to 2012, and so by comparing the number of individuals that switched their vote I will be able to identify if the passing of the ACA had a significant impact on changing voter preferences. The 2012 CCES includes the 2008 vote choice variable (CC317) and the 2012 vote choice variable (CC354c) (Ansolabehere and Schaffner, 2013). The dependent variable in this analysis, *Switch*, is coded as zero if a respondent reported voting for the Democratic candidate, Barack Obama, in 2008 and for the Republican candidate, Mitt Romney, in 2012, and is coded as one if a respondent reported voting for the Republican candidate, John McCain, in 2008 and then voted for Barack Obama in 2012. In total,

about 4.5% of those that voted in both elections switched their vote. 5.9% of those that voted for Barack Obama in 2008 then voted Mitt Romney in 2012 and 3.1% of those that voted for John McCain in 2008 then voted for Barack Obama in 2012.

Moreover, in considering the dependent variable of if voters switched the direction of their party preference for the presidential candidate from 2008 to 2012, it is important to understand to what extent voters associated the Democratic party with supporting the ACA and the Republican party with opposing the ACA. The ACA is an easy issue, meaning that supporting or opposing the ACA is closely associated with specific political parties, because the division of support for the ACA when passing the legislation was dependent on the party that lawmakers belonged to (Carmines and Stimson, 1980). The ACA was passed in the Senate with 60 Democrats in favor, 39 Republicans against the bill, and one Republican senator abstaining from voting (eHealth, 2020). Similarly, it passed in the House with a vote of 219 in favor and 212 against the legislation. All Republicans and 34 Democrats in the House voted against the ACA. Overall, the bill passed without any Republicans in Congress voting in favor of this legislation. Therefore, if this study finds a connection between support or opposition towards the ACA and a shift in the voting preferences for one party's candidate in the 2008 presidential election to voting for the other party's presidential candidate in 2012, then voters could have shifted their vote in accordance with what party supported and opposed this legislation. If individuals benefited from this legislation and voted based upon their support of this legislation, that would likely lead to voting for a Democratic candidate in 2012. On the other hand, if individuals were against the ACA and voted based upon their opposition for this legislation, they would likely vote for a Republican candidate in 2012.

Hypotheses

Hypothesis 1: In a comparison of individuals who switched the party for which they cast their vote for president, those who supported the ACA were more likely to switch from the Republican candidate John McCain to the Democratic candidate Barack Obama than were individuals who opposed the ACA.

Firstly, in order to establish if voters were in favor of this legislation during the 2012 presidential election, an individual's opinion on the ACA will be evaluated based upon respondents support or opposition of the ACA according to their response in the CCES 2012 study (using the CC3321 variable) (Ansolabehere and Schaffner, 2013). The variable support is coded such that those that oppose the ACA have a value of zero and those that support the ACA have a value of one.

Hypothesis 2: In a comparison of individuals who switched the party for which they cast their vote for president, those without health insurance through their employer or through a family member's employer were more likely to switch from the Republican candidate John McCain to the Democratic candidate Barack Obama than were individuals with access to health insurance through an employer.

Secondly, the CCES survey included a question regarding if the respondent is insured by either their employer or a family member's employer (healthins_1) (Ansolabehere and Schaffner, 2013). This variable is coded so that zero represents those that do have access to healthcare through an employer and one represents those that do not. This variable includes if respondents have healthcare through their employer or a family member's employer. Since the ACA was a healthcare reform bill intended to expand access to healthcare, this legislation is more likely to encourage vote switching from Senator McCain to President Obama among those that were not able to access health insurance through employment.

Hypothesis 3: In a comparison of individuals who switched the party for which they cast their vote for president, those with lower incomes were more likely to switch from the Republican candidate John McCain to the Democratic candidate Barack Obama than were individuals with higher incomes.

Thirdly, the CCES reports family income in a number of ranges (faminc) (Ansolabehere and Schaffner, 2013). I chose to recode this variable into two categories: zero if respondents reported a family income above the national median (\$50,000) and one if they reported a family income below the median. Similarly to the effect that an individual's access to healthcare would indicate, family income will likely impact the extent to which an individual may benefit from the ACA. If an individual has a lower income, then they are less likely to be able to afford the high cost of healthcare without assistance like that provided by the ACA. This hypothesis acknowledges that voter preferences will likely be different depending on income, as a governmentally run healthcare program will likely be disproportionately important for those that did not previously have access to affordable healthcare. This is supported by numerous articles investigating the relationship between income and access to healthcare in the US, including a 2016 study indicating that half of all uninsured Americans have difficulty paying hospital bills, while only 20% of insured Americans have the same trouble (Newkirk, 2018). Overall, by controlling for income, the effect this may have on voter's support for the ACA can be considered.

Additional Control Variables

There were a number of additional control variables that were added to the model in order to help to explain what factors outside of the ACA may have had an effect on the decision

voters made to switch their vote. These variables can be divided into two categories. Firstly, there were a number of demographic factors that were included in the logistic model in order to further explain how this may have impacted voter preferences. These variables included gender, age, and race. Age was recoded into four groupings, with 0 representing those aged 70 to 94, 1 representing those 50 to 69, 2 representing those 30 to 49, and 3 representing those age 18 to 29. This was intended to allow for a further break down of the results to see if any age groups were more likely to switch their vote. Older voters generally become more partisan, so it is likely that those younger voters are more likely to have switched their vote from either party. Additionally, race was recoded into two categories, with 0 representing white voters and 1 representing voters of color. Race may have an impact on voter preferences, due to the disproportionate number of people of color that lack access to healthcare (Sohn, 2016). The second set of control variables that were considered related to other key issues outside of healthcare that may have led to a change in voter preferences from 2008 to 2012, including a variable to represent opinion on the national economy, gun control, climate change, abortion, gay marriage, and affirmative action. These were all important issues in 2012 that may have contributed to an individual switching their vote. These issue variables were recoded to show a range from voter approval to disapproval, with the goal of understanding which of these issues, in addition to the ACA, may help to explain the behavior of switch voters. It may be that voters were motivated to switch their vote to a Republican candidate based on if they were punishing Obama for how he handled issues other than healthcare, so these were some other key issues from 2012.

Chapter 4

Data Analysis

Bivariant Analysis: First Look

Are family income, access to health care through an employer, and support for the ACA related to switching support from Barack Obama to Mitt Romney or from John McCain to Barack Obama? To take a first look, I present three cross tables illustrating the bivariate relationships below.

Table 1 below shows the relationship between support for the ACA and the direction of vote switching. I can reject the null hypothesis that the variables are independent of one another at the 0.05 level, and those that oppose the ACA were more likely to switch their vote from Obama in 2008 to Romney in 2012. Overall, of voters that oppose the ACA 10.8% report switching to Obama and 89.2% switched from Obama. For voters that support the ACA, 54.1% reported switching to Obama and 45.9% from Obama. Therefore, the majority of those that oppose the ACA switched from Obama and the majority of those that support the ACA switched to Obama. This is consistent with hypothesis one, because those that support the ACA are more likely to switch their vote to the candidate that supports the ACA, Barack Obama, and those that oppose the ACA are more likely to switch their vote to the candidate that also opposes the ACA, Mitt Romney.

Table 1: Cross Table of Support for the ACA and Switch Votes

Support for ACA and Switch Voters			
Switch Votes	Support ACA	Oppose ACA	Total
Obama to Romney	394 (0.489)	917 (0.892)	1311
McCain to Obama	465 (0.541)	111 (0.108)	576
Total	859 (0.455)	1028 (0.545)	1887

Table 2 below shows the relationship between if respondents currently have access to healthcare through their employer or a family member's employer and the direction of vote switching. Again, the data suggest preliminary support for my hypothesis, although a Chi-squared test of independence is significant at the 0.10 level rather than at the 0.05 level. Moreover, of voters without access to healthcare through an employer 32.6% report switching to Obama and 67.4% switched from Obama. For those with access to healthcare through an employer, 28.5% reported switching to Obama and 71.5% from Obama. As in the last figure, more respondents switched from Obama in both cases and there was a higher proportion of respondents that switched from Obama with access to healthcare when compared to those without access to healthcare. This is consistent with hypothesis two, because those with access to healthcare are less likely to need healthcare through the ACA.

Table 2: Cross Table of Access to Healthcare through an Employer and Switch Votes

Health Insurance Through an Employer and Switch Voters			
Switch Votes	Access to Healthcare Through an Employer	No Access to Healthcare Through an Employer	Total
Obama to Romney	675 (0.715)	648 (0.674)	1323
McCain to Obama	269 (0.285)	313 (0.326)	582
Total	944 (0.496)	961 (0.504)	1905

Table 3 below presents the relationship between family income and the pattern of vote switching. We again see preliminary support for my hypothesis. I can reject the null hypothesis that the variables are independent of one another at the 0.05 level, and the patterns show that those with higher incomes were more likely to switch their vote from Obama in 2008 to Romney in 2012. Specifically, of voters with family incomes below the median 38.1% report switching to Obama and 61.9% switched from Obama. For those with family incomes above the median, 26.4% reported switching to Obama and 73.6% from Obama. Although more respondents switched from Obama in both cases, there was a higher proportion of respondents that switched from Obama with incomes above the median income compared to below the median income.

This is consistent with hypothesis three that those with higher incomes are more likely to switch from Obama to Romney.

Table 3: Cross Table of Median Income and Switch Votes

Family Income and Switch Voters			
Switch Votes	Income Below \$50,000	Income Above \$50,000	Total
Obama to Romney	358 (0.619)	690 (0.736)	1048
McCain to Obama	220 (0.381)	248 (0.264)	468
Total	578 (0.381)	938 (0.619)	1516

Logit Model

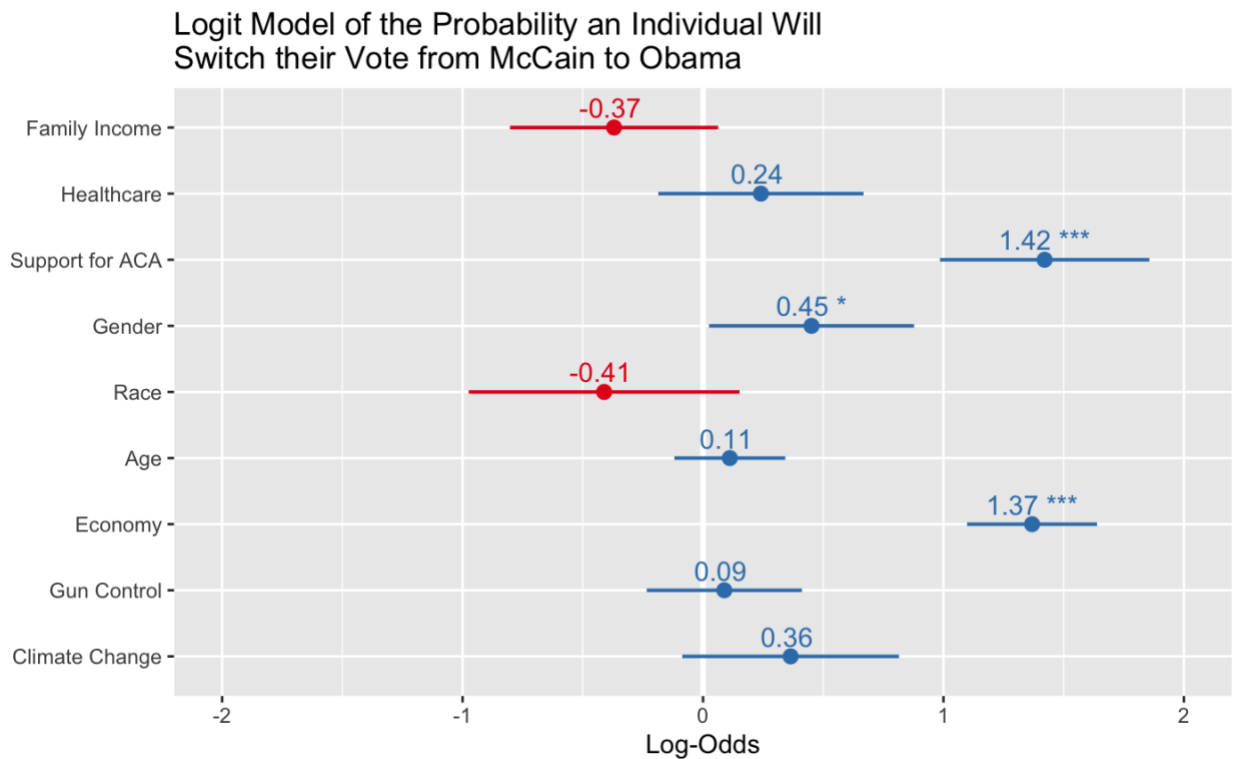
In order to assess the effect of support for the ACA, access to health care, and family income on the likelihood a voter switched their vote switched to President Obama, I estimated a logistic regression. I controlled for demographic factors including gender, race, and age; as well as other important issues including a voter's stance on the economy, gun control, and climate change. I present the results below in Figure 1, which shows which independent and control variables have a statistically significant impact on if voters switched the party for whom they cast their vote from 2008 to 2012 either from President Obama to Senator Romney or from Senator McCain to President Obama. Figure 1 also demonstrates the likeliness an individual will switch their vote from Senator McCain to President Obama, when all the values in the logit model are expected to make it most likely for a voter to favor a Republican candidate. Based on

these results, whether an individual supports the ACA is a statistically significant factor in if they switched their vote from President Obama to Senator Romney or from Senator McCain to President Obama. Therefore, I can reject the null hypothesis that support for the ACA and vote switching is independent of one another at the 0.001 level. Those that support the ACA are more likely to switch their vote from Senator McCain to Obama. However, regarding the two other hypotheses, I cannot reject the null hypothesis that family income and access to healthcare through an employer are independent of vote switching. The p-value for family income and healthcare are 0.0938 and 0.2687 respectively. Despite that they are not statistically significant, those that have a family income below the median or do not have access to healthcare through their employer are still slightly more likely to switch from Senator McCain to President Obama.

Moreover, considering the control variables in the logit model, I can reject the null hypothesis that gender and vote switching are independent of one another at the 0.05 level. Women are more likely than men to switch their vote from Senator McCain to President Obama. I can also reject the null hypothesis that an individual's opinion on the economy and the vote switching is independent of one another at the 0.001 level. Those that think the economy has improved are more likely to switch to Obama compared to those that think the economy has stayed the same and those that think the economy has gotten worse. Overall, the logit model suggests that support for the ACA, gender, and if a voter thinks the economy has improved all have a statistically significant impact on if they switched their vote from President Obama to Senator Romney or from Senator McCain to President Obama. Moreover, the percentage correctly predicted by the model overall is 81.61% and the null model correctly predicts 66.85%. More specifically, the model correctly predicts 91.45% of switches from President Barack Obama to Senator Mitt Romney and it correctly predicts 61.77% of switches from Senator John

McCain to President Barack Obama. It is interesting to note that more people switched to Senator Romney in 2012, as President Obama won by a smaller margin in 2012 compared to 2008. This means that in general people in this election are more likely to switch to Senator Romney than President Obama.

Figure 1: Predicted Probability that an individual will switch their vote from Senator John McCain to President Barack Obama



For Whom Does Support for the ACA Matter?

I used predicted probabilities in order to consider the way that different variables may impact an individual's likeliness to switch their vote between Senator McCain and President Obama. I will first look at the predicted probability that an individual will switch their vote from Senator McCain to President Obama if they support the ACA, because it was the only independent variable related to one of the hypotheses that I found to be statistically significant

(in Figure 2). I hope to understand the impact that support for the ACA has on an individual's likeliness to switch their vote. Then in Figure 3, I considered the impact of all three hypothesis variables together in order to get a better idea of how the likeliness to switch their vote will change depending on family income, access to healthcare, and support for the ACA. I hope that this will provide more context for the impact these variables have. In addition, I investigated the impact that support for the ACA when combined with the other statistically significant factors of gender in Figure 4 and the economy in Figure 6. Finally, I thought the impact that a voter's race may have would be interesting in Figure 5, even though I did not find this to be statistically significant.

Figure 2 demonstrates the probability that an individual will switch their vote from Senator McCain to President Obama when considering if they oppose the ACA or support the ACA. In this case, all other variables are set to the values that are expected to be most likely to switch. For example, family income is below the median income level and voters do not have access to healthcare through either their employer or a family member's employer, both of these factors suggest that it may be more difficult to obtain healthcare and therefore these voters are more likely to benefit from the ACA. In addition, the demographic variables of being female, a person of color and between the ages of 18 and 29 are generally more likely to support a Democratic candidate. Similarly, voters that think the economy has improved, want stricter gun control measures, and believe climate change is an issue that requires government action are also more likely to support a Democratic candidate. I found that those that oppose the ACA have a 61% predicted probability of switching from Senator McCain to President Obama. In comparison, those that support the ACA have an 86% predicted probability of switching from Senator McCain to President Obama. This meets my expectation in hypothesis one that those

that support the ACA are more likely than those that oppose the ACA to switch their vote from Senator McCain to President Obama. Also, the confidence interval for the predictions in the figure is 95%. Moreover, while this is statistically significant, I would have expected a larger difference between these values.

Figure 2: Probability that an individual will switch their vote from Senator McCain to President Obama when they oppose the ACA or support the ACA

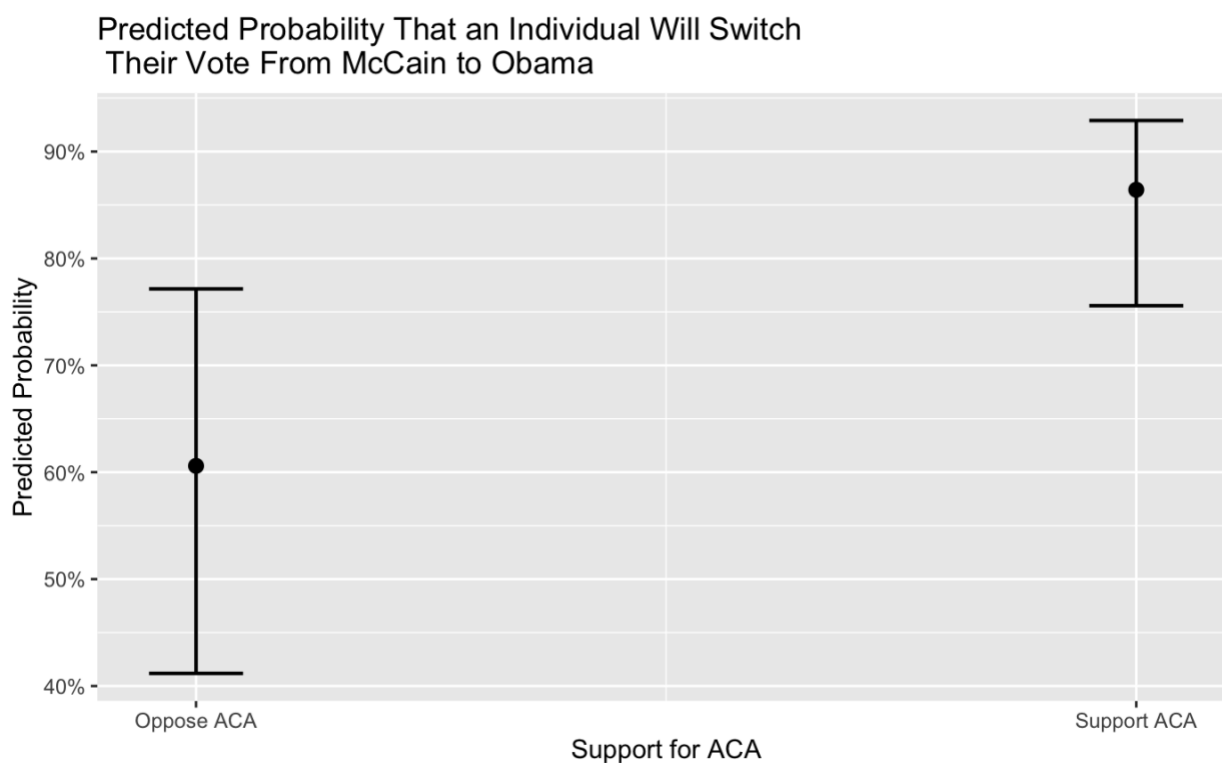


Figure 3 compares the impact of the three primary independent variables of family income, access to healthcare, and support for the ACA on a voter's likeliness to switch from Senator McCain to President Obama. In order to compare the impact of each of these factors, voters are predicted to have an 86% probability of switching their vote from McCain to Obama, when they do not have access to healthcare, have a family income below the median, and support the ACA. When comparing those with a family income above and below the median, there is very little difference between these values. For example, those that have a family income above

the median income, when all else is held constant, they are predicted to have an 81% probability that they will switch their vote from Senator McCain to President Obama. Similarly, when comparing those with and without access to healthcare through an employer there is even less impact on vote switching. Voters are predicted to have an 83% probability that they will switch their vote from McCain to Obama when they have a family income below the median and support the ACA, but have access to healthcare. However, support has a greater impact on an individual's predicted probability of switching their vote. To continue with the example above, when voters do not have access to healthcare and have a family income below the median, but oppose the ACA; they are predicted to have an 61% probability of switching their vote from McCain to Obama. Therefore, these findings suggest that support for the ACA has a greater impact on the predicted probability that voters will switch their vote from Senator McCain to President Obama than both family income and access to healthcare through an employer, given that the logit model suggests that it is the only statistically significant factor out of these three. Figure 3 also shows that the predicted probability of switching to Obama for someone with an income below the median who supports the ACA is significantly higher than those with an income above the median that oppose it, regardless of whether they do or do not have access to healthcare.

Figure 3: Probability that an individual will switch their vote from Senator McCain to President Obama considering if they have a family income above or below the median income, oppose or support the ACA, and if they have access to healthcare through an employer

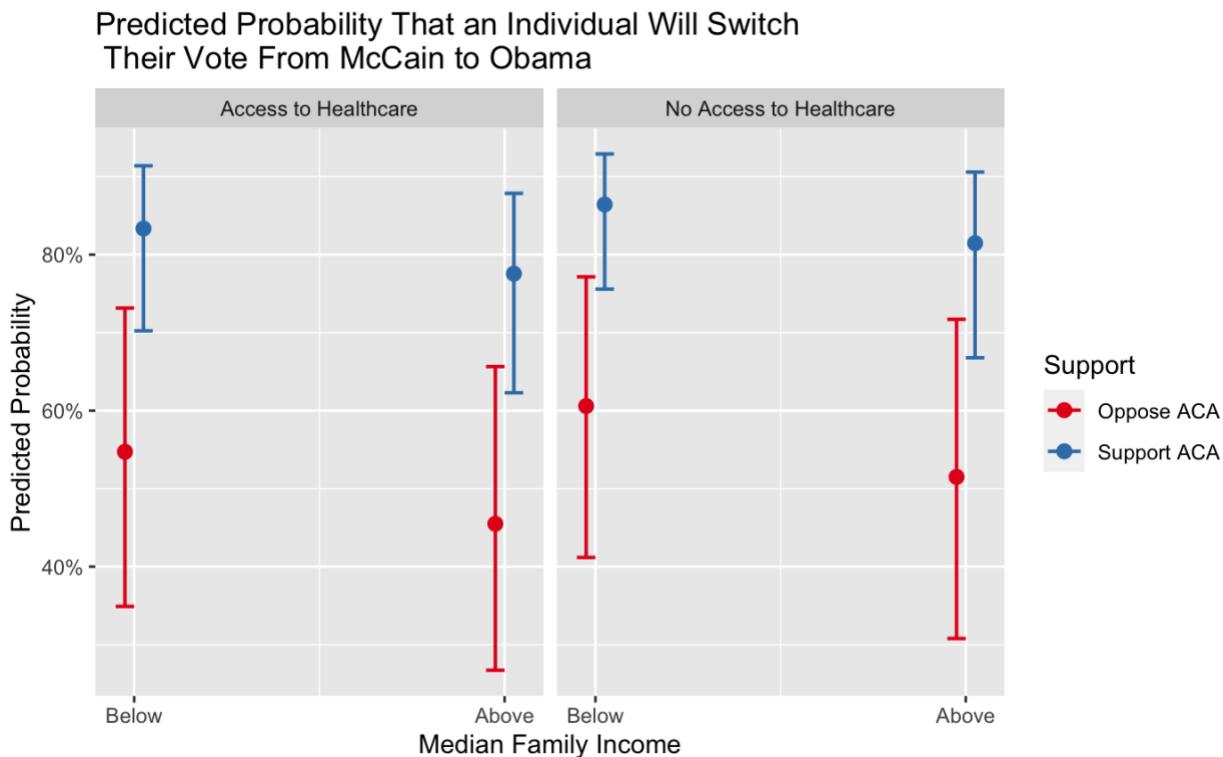


Figure 4 shows the probability that an individual will switch their vote from Senator McCain to President Obama considering if they support the ACA and their gender. The other independent and control variables are set to their median in this instance. As stated above, the logit model suggests that I can reject the null hypothesis that gender and the vote switching are independent of one another at the 0.05 level. Therefore, it is interesting to see the way gender and support for ACA impact the probability a voter will switch their vote from McCain to Obama. When male voters oppose the ACA, the predicted probability that they switch their vote from McCain to Obama is 13%, but when female voters oppose the ACA, the predicted probability that they switch their vote from McCain to Obama is 18%. Additionally, when male voters support the ACA, the predicted probability that they switch their vote from McCain to

Obama is 37%, but when female voters support the ACA, the predicted probability that they switch their vote from McCain to Obama is 48%. Neither the differences between male and female voters that oppose the ACA nor the differences between male and female voters that support the ACA are statistically significantly different from each other. However, the difference between women that oppose the ACA and women that support the ACA is statistically significant, as is the difference between men that oppose the ACA and men that support the ACA. Overall, this suggests that women are more likely to switch their vote from McCain to Obama, when all other variables are held constant and confirms my original expectations that women are more likely to make this switch.

Figure 4: Probability that an individual will switch their vote from Senator McCain to President Obama considering if they oppose the ACA or support the ACA and if they are male or female

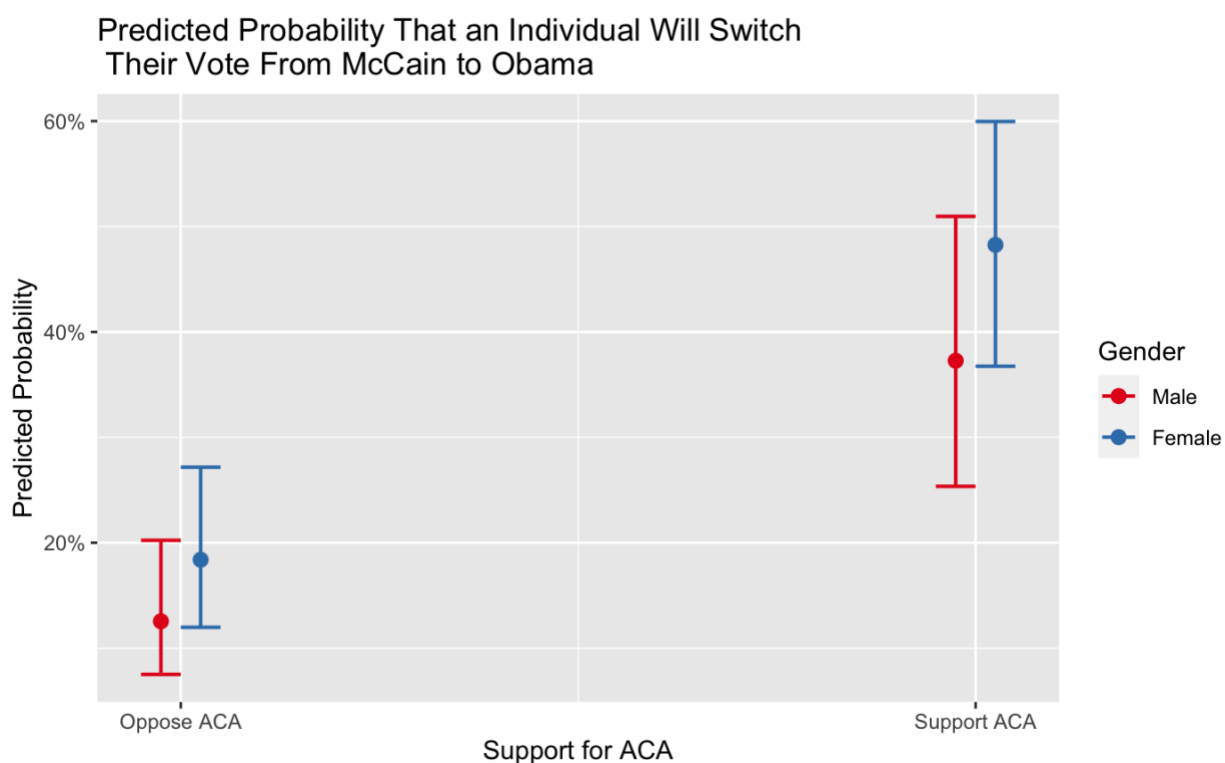


Figure 5 shows the probability that an individual will switch their vote from Senator McCain to President Obama, when considering if they support the ACA and their race. The other

independent and control variables are set to their median in this instance. For those that oppose the ACA and are white, their predicted probability of switching their vote from McCain to Obama is 13%, compared to 9% predicted probability for people of color, although the difference is not statistically significant. Moreover, for those that support the ACA and are white, their predicted probability of switching their vote from Senator McCain to President Obama is 37%, compared to 28% predicted probability for people of color, although this difference is also not statistically significant. While this goes against my initial expectations that people of color are more likely to switch their vote from Senator McCain to President Obama, this is likely due to voters of color being more likely to vote for Obama in 2008. If voters of color were more likely to vote for Obama in the previous election, then there would be less people of color in the survey to switch their vote in 2012. In addition, white voters that support the ACA have a statistically significantly higher probability of switching to Obama than white voters that oppose the ACA. Similarly, voters of color that support the ACA have a statistically significantly higher probability of switching to Obama than voters of color that oppose the ACA.

Figure 5: Probability that an individual will switch their vote from Senator McCain to President Obama considering if they oppose the ACA or support the ACA and if they are white/Caucasian or a person of color

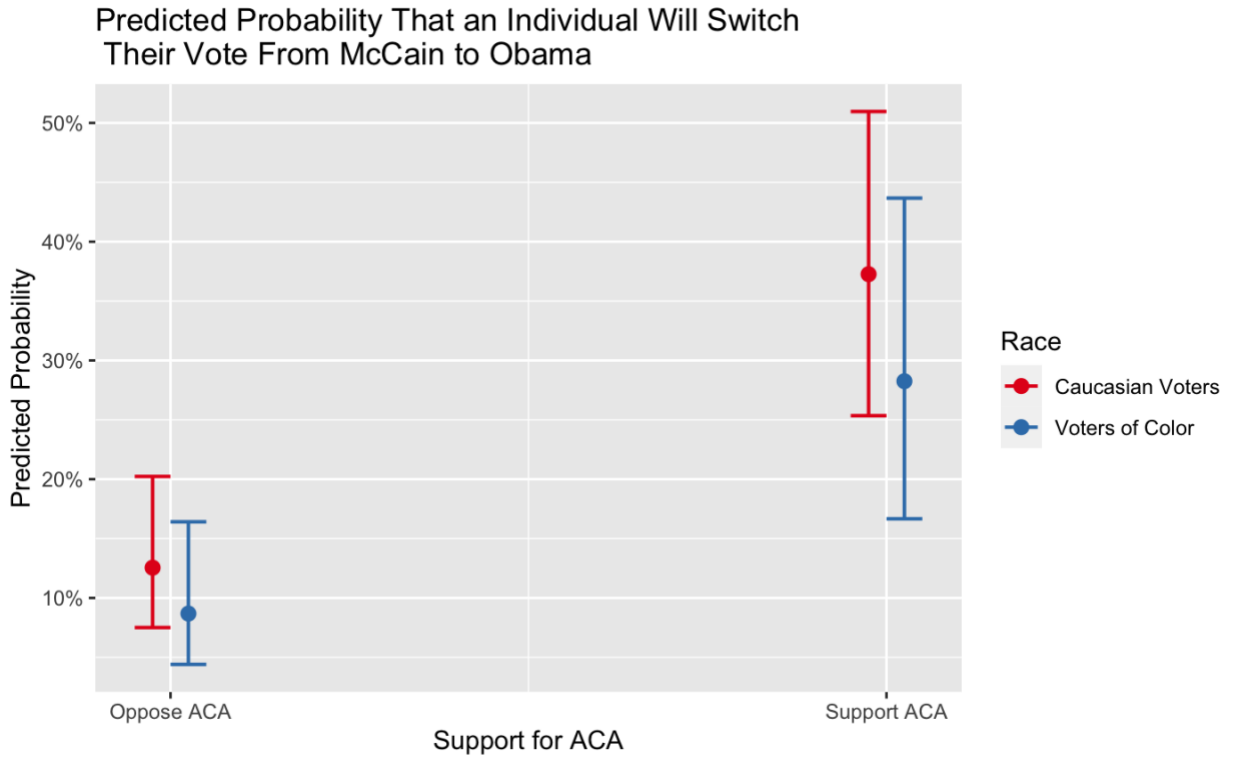
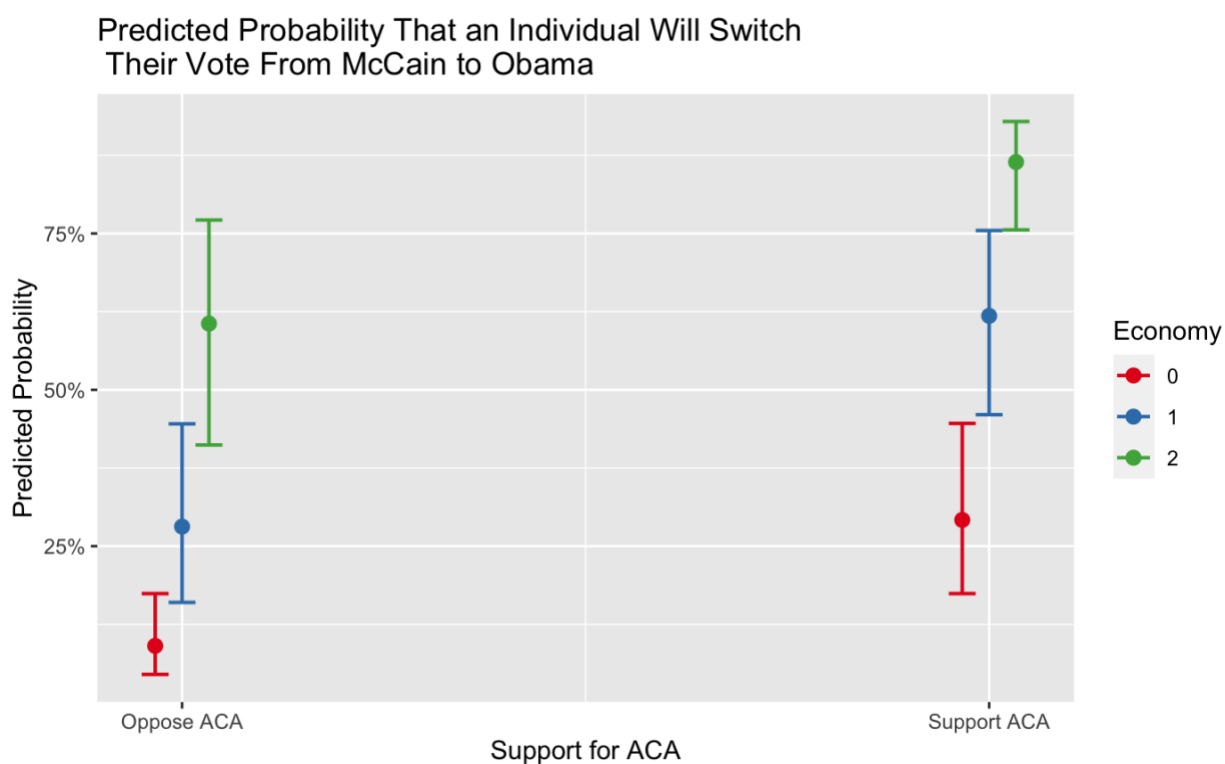


Figure 6 shows the probability that an individual will switch their vote from Senator McCain to President Obama when considering if they support the ACA and if they think the economy has gotten worse, stayed the same, or gotten better. All other variables are set at the values that were expected to be most likely to switch from Senator McCain to President Obama. In this case, voters that support the ACA and believe the economy has gotten better have a predicted probability of 86% of switching from McCain to Obama. In comparison, voters that support the ACA, but believe that the economy has gotten worse have a predicted probability of 29%, which is a large and statistically significant difference. Additionally, the effect of support for or opposition to the ACA differs based on evaluations of the economy and the effect of ACA opinions seem to matter more when economic evaluations are more positive. For instance, those

that oppose the ACA and think the economy is poor are very unlikely to switch to Obama while those who support the ACA and think the economy is improving are very likely to do so. This shows that those that support for the ACA and a positive view of the economy make it more likely that an individual will switch their vote from McCain to Obama. These findings suggest that, as expected, those that believe the economy has improved are more likely to switch from McCain to Obama when compared to those that believe it has stayed the same or gotten worse.

Figure 6: Probability that an individual will switch their vote from Senator McCain to President Obama considering if they oppose the ACA or support the ACA and if they think the economy has gotten worse (0), stayed the same (1), or gotten better (2)



Overall, this study found that support for the ACA is a factor that significantly impacted a voter's decision to switch their vote from Senator McCain to President Obama from 2008 to 2012 and that voters that support the ACA are more likely to switch their vote from McCain to Obama. Additionally, this study found that women are more likely to switch their vote from

Senator McCain to President Obama than men. Moreover, voters that assess the economy as having improved are also more likely to switch from Senator McCain to President Obama.

Chapter 5

Conclusion

This study sought to evaluate the impact that the ACA had on the decision of voters among those that switched their vote from the 2008 to the 2012 presidential election. The passing of the ACA in 2010 marked a significant change in legislation relating to healthcare in the United States and was intended to help reduce the rising cost of healthcare and increase access to affordable healthcare for more Americans. In order to evaluate the impact that this issue had on voters, I employed three measures that were expected to indicate a voter's expected position on the ACA. The first was support for the ACA and this was the most direct measure of the impact that the ACA had on voters switching their votes from 2008 to 2012. I found that voters that support the ACA are more likely to switch their vote from Senator McCain to President Obama and that this was a statistically significant relationship. Overall, this suggests that the ACA did have an impact on voters' decision to switch their vote.

However, the two other measures were more indirect and there are some potential issues with using them as a means of understanding the effect of the ACA. For instance, the second factor I considered was income, as voters with higher income levels were expected to be able to afford healthcare under the previous system better than those with a lower income level. While the study found that those with incomes below the median were slightly more likely to switch their vote from Senator McCain to President Obama, this was not found to be statistically significant. In addition, whether a voter had access to healthcare through their employer or a family member's employer was intended as another gauge of if the ACA was expected to benefit

them, with those who already had access to healthcare seemed to be less likely to switch their vote from Senator McCain to President Obama. Like with income, voters were slightly more likely to switch their vote from Senator McCain to President Obama if they did not have access to healthcare through an employer, but this was not found to be a statistically significant relationship.

One possible explanation as to why family income and healthcare were not statistically significant is that support for the ACA is so highly correlated with income and if an individual has access to healthcare through an employer. In other words, once I account for if they support the ACA, it is not necessary to know their family income or if they have access to healthcare. This is supported by two secondary logit models that I used to test this explanation, which is shown in the appendix. In the first of these logit models, I removed the variables for support for the ACA and healthcare in order to isolate income and kept the rest of the model the same as the original in the data analysis section (Figure 7). I found that income was statistically significant in this case. Therefore, I can reject the null hypothesis that income and vote switching are independent of one another at the 0.01 level. In the second model, I removed the variables for support for the ACA and income in order to isolate healthcare and kept the rest of the model the same as the original in the data analysis section (Figure 8). I found that access to healthcare through an employer was statistically significant. Therefore, I can reject the null hypothesis that access to healthcare and vote switching are independent of one another at the 0.01 level. Since removing support for the ACA as a variable from the logit model makes income and healthcare statistically significant, these findings support the idea that the reason they are not significant in the original model is that they are strongly correlated with support for the ACA.

Furthermore, one key factor that may have influenced the results of this study is that those with incomes below the median, lacked access to healthcare, and supported the ACA may have already been very likely to vote for Obama in 2008. This may have impacted the results of this study, because it would limit the number of people that would have switched to Obama, given that they are expected to be very likely to support him already. While this may have impacted the study, it was not the main focus of the study, so my results do not indicate if these factors mattered to voters who did not switch their vote. Overall, the finding that support for the ACA was a statistically significant factor in voters changing their votes from Senator McCain to President Obama suggests that the ACA did have an impact on vote switching from the 2008 to the 2012 presidential elections.

Appendix A

Two Secondary Logit Models

Figure 7 Predicted probability that an individual will switch their vote from Senator John McCain to President Barack Obama after isolating family income from support of ACA and access to healthcare

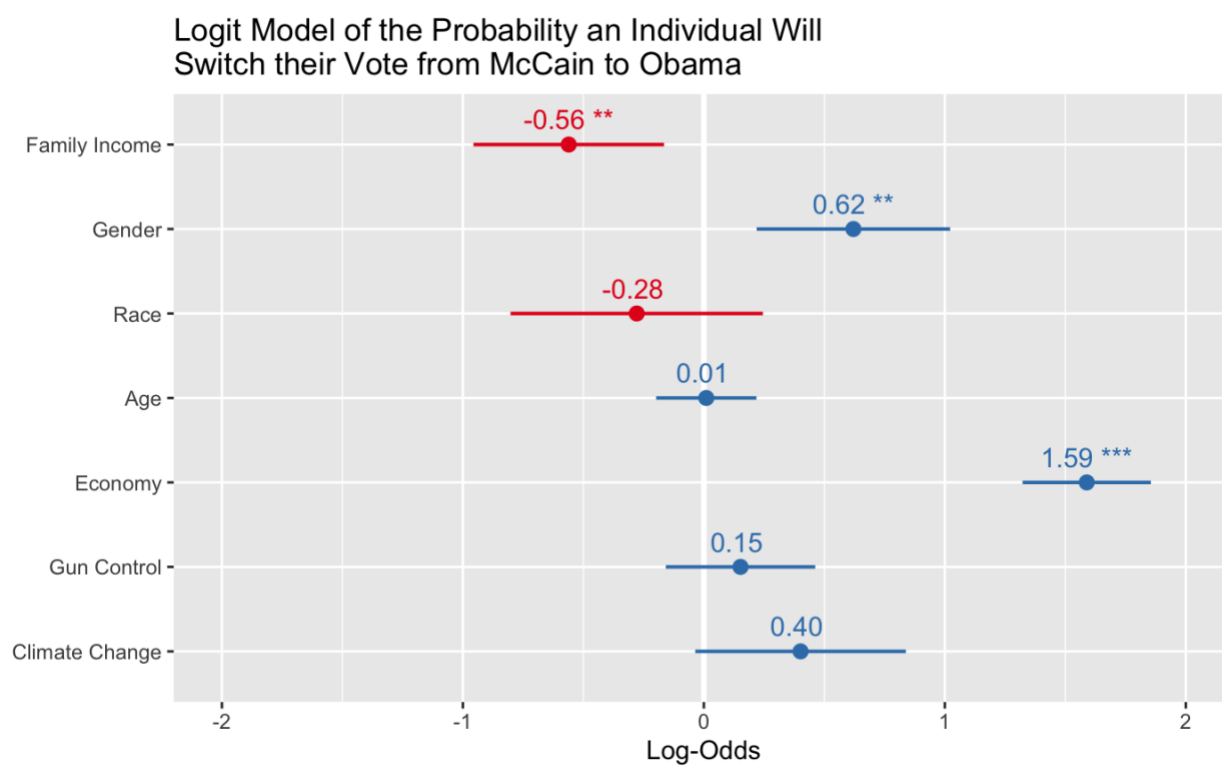
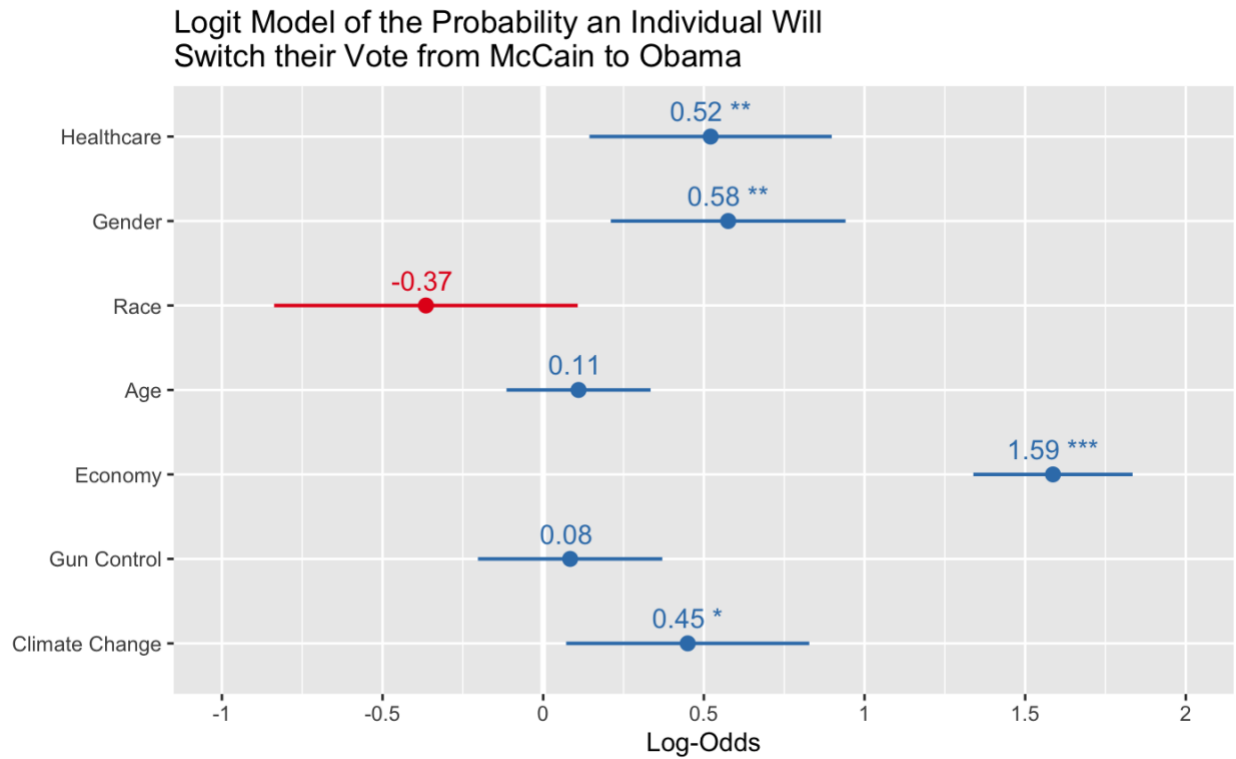


Figure 8 Predicted probability that an individual will switch their vote from Senator John McCain to President Barack Obama after isolating access to healthcare from family income and support of ACA



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ACADEMIC VITA

Sophie A. Lamb

Education

- The Pennsylvania State University, University Park, PA** May 2021 (Expected)
Bachelor of Arts in International Politics with a concentration in International Relations
Bachelor of Arts in Philosophy with a concentration in Justice, Law and Values.
Minor in Spanish and Minor in Business and the Liberal Arts
- University of Barcelona and I.E.S Abroad Program, Barcelona, Spain** January 2019 - May 2019
Studied for a semester in Barcelona, Spain
War and Dictatorship in Spain; Campaigning in Europe: From Propaganda to Political Marketing; Barcelona, Mediterranean Metropolis; Spanish: Advanced Oral Expression; Food as an Expression of Culture
- The Downingtown S.T.E.M. Academy** June 2017
International Baccalaureate (IB) Diploma

Honors

- Member of the Honor Society of Phi Kappa Phi** February 2020 - Present
The oldest and most selective multidisciplinary collegiate honor society in the United States.
- Schreyer Honors College Scholar** January 2019 - Present
Thesis: An Investigation of the Impact of the Affordable Care Act on Vote Switching From 2008 to 2012.
- Dean's List** December 2017 - Present
Semester GPA above 3.5 for all semesters.
- Paterno Fellow** June 2017 - Present
Honors program including advanced academic coursework, thesis, study abroad, internship, ethics study, as well as leadership and service commitment.

Fellowship Experience

- Nevins Fellowship Recipient, Hartford, CT** May 2018 – August 2018
Everyday Democracy Intern
- Completed my fellowship at Everyday Democracy, a national nonprofit that works in the field of participatory democracy
 - Conducted research for the development of a community dialogue guide on the inequalities in the criminal justice system
 - Attended Frontiers of Democracy Conference at Tufts University in June 2018

Volunteer Experience

- Chester Springs Library, Chester Springs, PA** December 2020 – January 2021
Volunteer
- Weeded old books out of circulation that were no longer being checked out
 - Mailed annual appeal letters to donors
 - Completed 50 hours for service project
- DASH Organization for Penn State THON, University Park, PA** August 2017 – Present
Volunteer
- Raised money to combat pediatric cancer through bake sales and canning/ ribboning campaigns
 - Participated in THON, the largest student run philanthropy in the world

Skills

Experience with R software, Microsoft Office, PC and MAC.