Abstract  Research on stasis or change in public opinion toward health, health policy, and medical care tends to focus on short-term dynamics and to emphasize the impact of discrete messages communicated by individual speakers in particular situations. This focus on what we term “situational framing,” though valuable in some respects, is poorly equipped to assess changes that may occur over the longer term. We focus, instead, on “structural framing” to understand how institutionalized public health and health care policies impact public opinion and behavior over time. Understanding the dynamics of public opinion over time is especially helpful in tracking the political effects of the Patient Protection and Affordable Care Act of 2010 as it moves from the debate over its passage to its implementation and operation.

Public attitudes toward the Patient Protection and Affordable Care Act (ACA) present two puzzles, and considering them raises broader questions about the propensity of public opinion to change and the source of such change when it occurs. The first puzzle concerns contrasting patterns of public reactions to health reform: on the one hand, support for health care reform declined sharply after Barack Obama’s inauguration even though majorities had previously backed it for several years; on the other hand, the public continued to strongly favor the major individual features of the ACA. While large majorities of more than six out of ten Americans favored reform from February through June 2009, figure 1 shows that opinion sharply declined in the face of fiery (and amply covered) Tea Party protests and congressional town hall meetings with Democrats dur-
As public protest reached a crescendo in August, support declined to 45 percent, where it hovered during the congressional debate over its passage and after the president signed it into law in March 2010. Opposition rose from just above a quarter of Americans to nearly half, leaving the country split with a slight tilt toward

1. The magnitude of the decline in support may partly reflect changes in question wording and, especially, the partisan cueing of respondents. The first questions shortly after inauguration asked generically about “a program . . . to lower costs and provide health care coverage
reform opponents. Even as many Americans adopted more negative overall assessments of reform, however, figure 2 indicates that six or more out of ten continued to favor the core elements of the new law, including greater financial assistance through tax credits and Medicaid, insurance regulations to prohibit exclusions and caps on coverage, and closing the gap in prescription drug coverage for seniors. The first puzzle, then, is why did Americans become divided in their general opinions of a law whose specific provisions received the consistent support of the majority?

The second puzzle is whether this division among Americans today will endure or, as in the case of Social Security, whether health reform will attract broader support over time (assuming that its core components withstand repeal or significant cutbacks). Figure 3 shows that spending on Social Security has been backed by more than nine out of ten Ameri-
cans for several decades. This remarkably unchanging pattern is modestly higher than the initial public reactions when 78 percent supported it and partisan divisions were comparatively mild (Democratic support was fifteen points stronger than among Republicans) according to a Gallup poll soon after its passage in 1935.2

Questions about changes in public opinion are of significant importance to health reform as well as to tracking the evolution of medical care and behaviors that harm health such as smoking and diets that produce obesity. To date, much of the research and commentary about the stasis or change in opinion toward health, health policy, and medical care focus on short-term dynamics. Analysts often emphasize the impact of specific words and phrasings of individual speakers in particular situations. This approach, which we refer to as “situational framing,” is commonly utilized to explain the decline in public support for health reform. In this issue, it is exemplified by the findings of Sarah Gollust and Julia Lynch, showing how cues about the behavior of sick individuals influence opinions about health policy.

Research on situational framing provides valuable avenues for improving our understanding of short-term opinion changes and shifts in health

2. “Do you approve of the present Social Security laws which provide old age pensions and unemployment insurance?” In response to this question, 18 percent disapproved and 4 percent did not express an opinion (Gallup 1938).
reform attitudes, but its approach is limited in several respects. First, the current research on short-term changes in health and health care attitudes neglects critical conditions that affect if and when opinion changes or fails to change. There is a tendency to overstate (or understate) the propensity for opinion change toward health and health policy; such shifts, as we explain more fully below, are variable and conditional.

The second limitation of the situational framing approach is that its analysis of opinion change focuses on short-term time horizons, neglecting longer-term developments. Existing research, as Andrea Campbell’s essay here explains, demonstrates that established policy exerts substantial long-term influences on how individuals understand their interests and on their propensity to participate in the political process. We argue that the evolution of public attitudes toward the 2010 health reform law (as well as toward health and medical care) requires attention to these long-term “policy feedback effects” and to how opinion responds to specific messages and conditions—what we refer to as “structural framing.”

We begin by placing our discussion of opinion change within a broader reconsideration of the dynamics of political representation that is currently under way among scholars of public opinion. This development presents fundamental challenges to the discipline’s earlier presumption of government responsiveness to public opinion. Next, we review the dominant approaches to studying short- and long-term changes in opinion and suggest that a synthesis of the two—“structural framing”—offers the most promising approach to identifying and explaining what are likely to be significant (though not uniformly positive) shifts in public evaluations of the ACA. Throughout, we draw on the insights presented by contributors to this special issue of *Journal of Health Policy, Politics and Law*. We close by suggesting the larger implications of new thinking about opinion change for health and health policy.

**From Responsiveness to Manipulation**

Research on public opinion and government policy has long been nested within the broader context of analysis of political representation. For decades after the Second World War, the dominant view was that government policy generally responded to strong, sustained public opinion. As the political science pioneer Charles Lindblom (1982: 10) put it, government policy was commonly understood to be “democratic” and committed to “mutual benefit.” The “median voter theory” provided a parsimonious explanation for government responsiveness and attentiveness to public
opinion: candidates and officeholders anticipating their next campaign were understood to be motivated by the imperative to win competitive elections to converge toward the midpoint of public opinion by minimizing the distance between their visible and clear policy positions and the median voter’s policy preferences (Downs 1957). Generations of research confirmed the responsiveness of government (Page and Shapiro 1983; Erickson, MacKuen, and Stimson 2002) owing to the competition of pluralistic groups and organizations (Dahl 1956; Truman 1951) and the preeminent importance that candidates and officeholders place on winning elections (Mayhew 1974).

President Obama’s pursuit of health care reform appears to confirm this optimistic view of responsiveness. The president campaigned on the issue, highlighting the differences between himself and his Republican opponent, Senator John McCain. After winning the 2008 election, Obama proceeded to pursue health reform, undaunted by an extraordinary economic crisis and mounting political obstacles, all along insisting that it fulfilled his election mandate.

The median voter theory and other sanguine accounts that depict American policy making as responsive to the electorate have received a steady barrage of challenges. Some critiques leveled technical or logical challenges to spatial modeling owing, for instance, to imperfect information among elites and the public (Erikson and Romero 1990) and multiple-issue dimensions that complicated the efforts of candidates to respond to public opinion (Davis, Hinich, and Ordeshook 1970). Other challenges focused on the predecision processes that blocked certain issues or interests from sustained policy consideration (Schattschneider 1960).

The past decade, however, has unleashed a devastating assault on the responsiveness assumption and has given rise to sophisticated analysis of opinion change. This shift included a series of studies that rigorously demonstrated that government policy does not, as a general rule, respond to median opinion; instead, the affluent and organized often exert the greatest impact if not exclusive influence on policy, while general opinion or the views of the less affluent or unorganized have little if any impact (Gilens 2005; Jacobs and Page 2005). Bartels (2008) demonstrated, for instance, that the votes of U.S. senators are highly correlated with the preferences of higher-income individuals but exhibit virtually no responsiveness to the preferences of the majority of Americans.

The debate over health reform in 2009 and 2010 offers striking instances of unresponsiveness. Every congressional Republican voted against the
legislation, even the components that enjoyed strong public support, such as regulating insurers and expanding assistance to seniors for the purchase of prescription medications. In addition, Obama embraced some provisions made through insider deals with stakeholder lobbyists representing pharmaceutical manufacturers and medical providers that were opposed by majorities of Americans.

Repeated findings of government unresponsiveness to public opinion raised an irksome puzzle: why were political leaders and, in particular, presidents, increasingly conducting their own polling? Research on changes in White House operations revealed that modern presidents and their senior staff used private polling not to design policy but to identify the words, arguments, and symbols that could assist them in influencing public opinion to support the administration’s policies (Jacobs and Shapiro 2000). This finding upended the earlier presumption of political representation: instead of the public driving policy outcomes (as the responsiveness claim assumed), political actors (including presidents and a host of other political leaders and activists) used polling themselves in attempts to change opinion. Indeed, the struggle over health reform in 2009–2010 was widely seen as a battle to shape public opinion; while large Democratic congressional majorities allowed President Obama to pass reform, many commentators attributed the decline in public support for the ACA and subsequent Democratic losses in the 2010 elections to the superior messaging of reform opponents.

Yet the efforts of dueling sets of political elites to change (rather than respond to) public opinion rarely produce short-term manipulations that actually transform basic public preferences. This owes to three factors. First, preferences toward government policy are generally stable, changing rarely and usually doing so only in response to new information or developments (Page and Shapiro 1992). For decades, majorities of Americans have consistently favored expanding access to health insurance—even though they eventually split over the specific health reform proposals by Bill Clinton in 1993–1994 and Obama in 2009–2010 (Shapiro and Jacobs 2010). Second, manipulation requires control over the information that reaches the mass public; the reality is that American elites cannot prevent citizens from receiving multiple and competing messages, as is evident in most prominent policy debates. In addition, the traditional media tends to gravitate to stories highlighting conflict, both to fulfill its responsibility to inform its audience and to produce entertaining news that will widen its viewership (Patterson 1994). Although trial and error has taught elites
that outright manipulation rarely works, nonetheless they have been adept at more-sophisticated strategies for moving public evaluations of specific policy initiatives in particular situations.

Explaining Opinion Change

Situational Framing: Effects and Conditions

Sophisticated political elites rely on what social psychologists describe as “framing”—namely, the impacts of precise words, phrases, and images of a speech or other form of communication on individuals in a particular situation. While political actors capitalize on framing for purposeful, strategic ends, their efforts rest on a burgeoning research area that studies how framings within a specific situation prompt individuals to retrieve existing attitudes or considerations from memory. Framing rests on both the specific content of situationally defined communication and the “mental organization” or “internal structures of the mind” (Kinder and Sanders 1996: 74).

Advocates for the ACA and its opponents fashioned potent frames that effectively moved opinion. Critics harpooned the legislation for ushering in a government “take-over” of health reform, one that risked American lives by establishing “death panels.” The strategic purpose of these charges was not to create new attitudes (as the manipulation approach attempts) but to activate already existing beliefs, prompting what April Strickland, Charles Taber, and Milton Lodge have described in their essay in this issue as “motivated reasoning.” Such efforts may prime individuals to cue on partisan affiliations, fueling opposition among independents and, especially, Republicans to what was publicly portrayed as a “Democrats-only” crusade to “jam” through reform. Efforts to activate existing beliefs and attitudes about “big government” were also geared to tap Americans’ enduring uneasiness and suspicion with the abstract notion of “the government” (Page and Jacobs 2009). Polls by the Kaiser Family Foundation documented the impact of antireformer attacks: the principal reason Americans gave for opposing the ACA in August 2010, offered by 82 percent of respondents, was that it “gives government too big a role in the health care system.”

In addition, the concerted efforts to play up partisan conflict and dramatic new departures created uncertainty and the perception of significant risk. Figure 4 shows that these communications tripled the proportion of Americans who feared that the new law would make “you and your family...
worse off”; by 2010 about a third steadily worried about the personal cost of reform, routinely matching or exceeding the proportion who were optimistic about its effects. Perception overtook reality: although the ACA did substantially expand government’s role, its core components (including the reviled individual mandate) had been proposed earlier by a string of Republicans from Richard Nixon to the two dozen GOP senators who offered an alternative to the Clinton plan in 1994.

Democratic and Republican framing efforts— from warnings about callous disregard for human suffering to charges of constitutional violations— activated deep partisan attachments, which in turn polarized public support for health care reform along party lines. As Republicans learned their party’s position, they adopted those views themselves, though Michael Henderson and Sunshine Hillygus also note that such shifts were mitigated by personal health concerns and could be exacerbated by racial resentment. Matthew Baum’s article identifies the media as a critical mechanism through which the public’s views become polarized: rather than expose individuals to information that might challenge existing attitudes and beliefs, the fragmented media marketplace allows them to select news sources that comport with and reinforce their preexisting political attitudes.

Although strategic framing did affect public attitudes during the debate over the ACA, there is a tendency to overstate its prevalence. Indeed, one
of the most notable and often-neglected themes in assessments of what transpired during 2009–2010 is the durability of public preferences for specific health reforms, including to expand access and to regulate insurers. As noted by Mark Schlesinger in his essay in this issue, public support was less susceptible to change and declined less than in 1993–1994 despite the intense opposition. This confirms both the general pattern of stable policy preferences (Page and Shapiro 1983) and the public’s tendency to support specific government programs (like Social Security) that provide concrete benefits to meet clear needs. Framing both captures a major strategic thrust of contemporary American political debate and exaggerates the propensity for change in public opinion.

Recent research has identified several factors that differentially condition the impact of frames on individuals (Druckman 2001, 2004). In particular, the presence and strength of competing frames may offset political communications; by contrast, individuals are more vulnerable if there are no countervailing frames and, instead, one set of frames dominates or monopolizes communications. For instance, reform advocates were justifiably frustrated when President Obama withdrew from intense public campaigning for the ACA during the summer of 2009 in deference to Senate efforts to forge bipartisan legislation; the result was that one-sided or lopsided communications dominated by the Tea Party revolt blanketed media coverage and contributed to heightening public unease about the risks and uncertainties of reform. In addition, frames vary in their persuasive strength, depending on the frequency of their use and the credibility of who communicates them. In contrast to previous reform cycles, for instance, support for the ACA by the American Medical Association removed what in earlier reform efforts had been one of the most credible and frequently communicated sources of opposition. Conversely, frames that face intense competition or are infrequently conveyed by unfamiliar sources or those that lack credibility are unlikely to change public thinking.

Not all individuals are equally susceptible to frames. Individuals who have experience or training related to the area of debate or are strongly motivated by its subject are less susceptible to framing. For instance, training in economics and personal finance can equip individuals with the cognitive capacity that enables them to resist frames on related matters and instead to follow their own interests (Druckman 2004). Conversely, those who are particularly reliant on a given policy may be more susceptible than others to frames that tap their sense of vulnerability. As Andrea Campbell observes in this issue, seniors who relied on Medicare were
particularly prone to oppose the ACA because of warnings about program cuts. Although the vast majority of Medicare recipients stood to gain from reform, ACA opponents were quite effective in conveying visceral fear based on reductions in the subsidy for the Medicare Advantage program, which made private insurance available to about a quarter of beneficiaries at an average cost 15 percent higher than traditional Medicare. By comparison, nonseniors were less aware of Medicare Advantage and less acutely sensitive to reductions in payments to it.

In addition, Adam Berinsky and Michele Margolis’s essay here shows that respondents who refuse to answer survey questions tend to be less affluent and established, which systematically diminishes the prevalence of these groups in the data used to identify “public” attitudes and contributes to muting their voices. “Nonresponse bias” may mask situational framing because it is not measured, or it may correspond with weak framing effects because these individuals are less inclined to follow the news and therefore are less exposed to elite cues (Jacobs and Shapiro 1998).

Research on framing has contributed to our understanding of opinion change in particular situations by anchoring it to the psychological processes of information processing and by detecting the conditional consequences of particular types of messages. The instances of opinion change that result from situational framing are limited, however, to discrete, quick, and time-bound contexts in which the choices of individual speakers—such as presidents—dominate. This approach gives us little analytic leverage, however, to understand long-term changes in opinion that emerge in the context of enduring institutions and established programs.

The Effects of Policy

It is often assumed that voting, mobilization by interest groups, and other common forms of political participation drive policy decisions. After all, the election of Obama and large majorities of Democrats did set the parameters for health reform in 2010; the heated debate focused on what types of changes would be enacted. But this conventional approach neglects the more enduring effects of policy in determining what policy changes are even considered conceivable, how interests are understood and defined, and what pressure groups form (or remain unorganized) (Schattschneider 1960).

A growing body of research has detected the impacts of policy on politics, as Campbell explains in her essay in this issue (cf. Mettler and Soss 2004). The design of government programs conveys messages to ben-
eficiaries by determining the visibility of costs and benefits (e.g., Social Security generates broad visible benefits while its payroll tax obscures its costs). Policy features also shape critical political attributes, such as the target population’s degree of cohesion as a self-conscious group (e.g., “Social Security beneficiaries”), whether beneficiaries sense that the political system is responsive to them and that their voice matters, and their degree of political participation. Social Security illustrates these political effects of policy — recipients share a sense of belonging to a shared group, they register strong internal and external efficacy, and, as a consequence, their turnout to vote has increased above that of other age groups and above their turnout before Social Security became established (Campbell 2003). In short, the particular experience of receiving program benefits (as defined by policy design and delivery) exerts an enduring influence on public attitudes and political behavior.

The study of policy effects can contribute to tracking the evolution of public attitudes toward the ACA and its components. In contrast to the short-term focus on discrete messages that characterizes situational framing, the effects of policy result from the routinized messages of institutionalized programs that chronically access the stored attitudes and beliefs of discrete target populations (e.g., individuals who newly gain access to coverage through Medicaid or can purchase private insurance using tax subsidies), broader sets of beneficiaries (including families of program recipients, such as parents of adult children up to age twenty-six who can now be included on their coverage), and perhaps the mass public generally. The process of chronically accessing particular attitudes and beliefs helps account for the highly durable patterns of public support for Social Security (as seen in fig. 3) and the public’s resistance to short-term elite messages, as illustrated by the ineffectiveness of President George W. Bush’s 2005 campaign for partly privatizing Social Security to noticeably affect public attitudes. The study of policy effects offers a powerful framework to begin to track long-term changes or stasis in public opinion toward the ACA.

Structural Framing and the Future Attitudes toward the ACA

Attitudes toward the ACA and its component parts are likely to change but not necessarily in the same direction or at the same pace. The law is a comprehensive package of policy elements and a mix of regulatory and
redistributive features that may evoke disparate responses. In addition, Americans’ responses to it over time will likely vary depending partly on the aspects that most affect them and their families. The positive framing and reinforcing feedbacks of the expanded prescription drug coverage, for example, is quite likely to sustain the public’s strong support and perhaps increase it to the point of locking in the new benefit even if attitudes remained mixed toward the ACA as a whole or other component parts. The enthusiasm for the drug coverage may grow among seniors even if they remain less supportive of the ACA overall. By comparison, negative reactions may grow toward Medicaid owing to its framing by some political elites and the media as a budget-buster for state governments; negative portrayals of its beneficiaries as undeserving; and its failure to generate a coherent constituency and organized group to mobilize its defense. Still other parts of the ACA — such as the health insurance exchanges — may remain largely invisible as a government program, which may leave many of ACA’s users unaware of its benefits and therefore not particularly supportive of it (Mettler 2011).

Making sense of the variable and changing attitudes toward the ACA requires an approach, which we call “structural framing,” that synthesizes the analytic frameworks of situational framing and long-term policy effects. This enables us to attend to the effects of precise message content, the role of individual mediators, and the conditions for opinion change, in the context of policies with long-term and enduring impacts that may generate gradual changes in public attitudes and political behaviors. We anticipate that the evolution of public opinion toward the ACA will reflect not only the situational framing that characterized the struggle to pass the law (i.e., the significance of specific word choices by particular individuals and groups within a discrete slice of time) but also the differential impacts of routinized messages emanating from newly implemented programs that chronically access individual attitudes and beliefs.

Structural framing offers an analytic framework to track what may be quite varied reactions by Americans toward the complicated and uneven implementation of the ACA. The public’s response to the law over time may feed into elites’ efforts to terminate, replace, or delay implementation of its key provisions. While we cannot predict the future course of implementation, we need to be prepared to identify and study a wide range of public evaluations of the ACA and its components — from strong and rising support for certain programs to declining support or no measurable reaction to others.
Changing Opinion, Moving Policy, and Improving Health

Political elites and some analysts attribute the public’s gaps in awareness and knowledge of government programs to its innate ignorance. Research demonstrates, however, that public confusion is often the deliberate result of elite mobilization strategies to withhold or distort information or to rely on selective framings that exaggerate or manufacture the consequences of new potential policy in order to exploit existing fears or biases (Page and Shapiro 1992; Jacobs and Shapiro 2000). In short, gaps in public understandings echo the information environment and elite discourse.

Does the framing by dueling sets of elites change public opinion in ways that expand and reinforce public knowledge or in ways that undermine public competence? The often highly charged confines of elections and legislative votes are most prone to short-term efforts at priming the public for purely instrumental purposes — supporting one party or ideological position over another. These efforts are usually geared at selectively activating particular attitudes and beliefs, which can produce misunderstanding and confusion, as shown here by Strickland, Taber, and Lodge as well as Baum.

Careful attention to policy design is the most promising approach to encouraging longer-term opinion change that informs the public and strengthens its competence to evaluate government programs (Mettler 2011). Although opinion change is conditional, we know from Social Security’s example that knowledge and support is powerfully affected by policy design. Knowledge about Social Security’s visible and straightforward financing and benefits is reasonably accurate, and the personal statement that its contributors annually receive contributes to improving knowledge, which in turn lifts confidence in the program (Cook, Jacobs, and Kim 2010).

These are important lessons for implementing the ACA. The probability of expanding knowledge and engagement will increase to the extent that the design and administration of the ACA’s provisions are visible and clear. In addition, the frequency and clarity of communication to beneficiaries and eligible target populations as well as their ability to dominate the information environment will influence public reactions to the new law. As the ACA is implemented, there may also be opportunities for public officials to capitalize on growing public familiarity and experience with the new programs — by giving individuals a “stake” in the program’s
outcome and motivating them to support it. The risk, though, is that certain programs—such as expanded Medicaid—may generate negative feedback, mobilizing opposition to its continuance.

Attention to structural framing has broader applications to medical care and efforts to change unhealthy behaviors. A common approach, for instance, to discouraging individuals from smoking relies on expensive advertising campaigns that frame the habit as “uncool” and harmful. While this kind of situational framing has an important role, structural framing may influence individuals’ orientation to changing government policy such as through higher sales taxes, clearer labeling, and punitive crackdowns on those who sell cigarettes to minors (e.g., Farrelly et al. 2008). Efforts to design policy to convey strong, consistent messages will help deter and perhaps reduce unsafe behavior.

References


