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**The Effects of Knowledge on Opinion of the Healthcare  
Reform Law in the United States**

by

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Undergraduate honors thesis under the direction of

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## **The Effects of Knowledge on Opinion of the Healthcare Reform Bill in the United States**

### **Introduction**

According to Lodge and Taber, “citizens are not open-minded or easily persuaded when considering political information” (2011). In this study, I seek to investigate whether or not gaining informative facts about the Affordable Care Act will change Louisiana State University students’ opinions of the health reform law. I surveyed 315 students, ranging from first to fourth year and beyond, using the Qualtrics Survey Software through the Media Effects Lab at Louisiana State University. The survey was randomized and three groups were asked a different sequence of questions: group one was asked only questions of their opinion of the Affordable Care Act and basic demographic questions, group two was asked questions about their knowledge of certain provisions in the Affordable Care Act including five provisions that are in the health reform law and five that are “hot topic” discussions, such as death panels and undocumented immigrants receiving coverage but are not in the law, as well as the opinion and demographic questions, and group three which were asked the knowledge questions and provided the answer to those questions and the opinion and demographic questions. I expected the majority of students to not answer all ten knowledge questions correctly, because the Kaiser Family Foundation survey that the questions were taken from had one percent of Americans answering all of the questions correctly and the majority answered correctly on 4-5 questions. This allowed for the answers and their subsequent sources to support those answers to serve as teaching tools about the

Affordable Care Act, to give respondents a better understanding of the provisions that are and are not including in the health reform law.

My research on motivated reasoning showed that citizens approach information processing, especially political information, by selectively choosing information that fits with their predispositions. Instead of aiming for accuracy goals, people choose to process information with the end of directional goals. These directional goals are often partisan related, with information processing less evenhanded and misperceptions likely to happen because of biases of the party. I hypothesized that the student body was a primarily conservative group of students, and that held true in my survey with sixty-three percent of all respondents identifying themselves as either Independent leaning Republican, not so strong Republican, or strong Republican and only twenty-eight percent of respondents stating they are either Independent leaning Democrat, not so strong Democrat, or strong Democrat. Since the Affordable Care Act was proposed and signed by Democratic President Barack Obama and the majority of the opposition in the United States coming from conservative politicians and citizens, I hypothesized that the general opinion of the healthcare reform law to be unfavorable, at least in the majority of respondents. This turned out to be true with sixty-one percent of all respondents stating that their general opinion of the Affordable Care Act was either somewhat unfavorable or very unfavorable. I wanted to see how the different groups compared with each other, especially when exposed to informative facts about the healthcare reform law. My primary hypothesis was that opinion would not be statistically different between those that were given the answers to the questions and those that were either not given answers to the knowledge questions or did not have knowledge questions at all.

After analyzing the results using Stata Analysis and the reports given by the Qualtrics Survey Software, I find the opposite to be the case in most situations. Out of nine questions asked, five questions show a positive difference of opinion among those in the correct answer group compared with the respondents in the opinion only and the opinion plus knowledge groups. Respondents in the correct answer group had a more generally favorable opinion of the Affordable Care Act, fewer believed their family and the country would be worse off under the new law, more felt their family had not been negatively affected under the Affordable Care Act, and fewer felt that the law should be repealed in its entirety. The other four questions gave results that were not statistically different among any of the groups. This study shows that in some cases, such as studies that survey college students, knowledge can affect opinion of the healthcare reform law in the United States.

### **Motivated Reasoning**

In 1957, Leon Festinger proposed his cognitive dissonance theory, explaining that people attempt to find consistency between their attitudes, behavior, and self-images and that when exposed to information that goes against their predispositions, they will work towards regaining a sense of cognitive harmony (1957). He also found that people in his study became more extreme and sure of their views when contradicted, in hopes of mitigating their cognitive dissonance. Motivated reasoning, also known as motivated cognition, is associated with strategies directed toward goals for cognitive processing (Nir and Lilach, 2011). These strategies are for “accessing, constructing, and evaluating beliefs” (Kunda, 1990). Kunda explains that motivation and the above strategies affect “the process of reasoning: forming impressions, determining one’s beliefs and attitudes,

evaluating evidence, and making decisions (1990). Taber and Lodge explain that citizens use motivated reasoning to find information that fits with their views (2011). According to Kunda, “the motivated reasoning phenomena under review fall into two major categories: those in which the motive is to arrive at an accurate conclusion, whatever it may be, and those in which the motive is to arrive at a particular, directional conclusion” (1990). She further states that to reach an accurate conclusion, one uses beliefs that are most appropriate, whereas to arrive at a directional conclusion, one uses beliefs that are most desired. This use of desired reasoning to get the conclusion that is most directional for that person is what I hope to review in my study. People draw the conclusion most desired to them, only when they can find support and evidence for that conclusion (Darley & Gross, 1983). Pyszczynski and Greenberg describe this as maintaining an “illusion of objectivity” (1987). They explore their memory for rules and beliefs that maintain the desired conclusion and combine those beliefs and rules with accessed knowledge to create new beliefs to logically support that conclusion or end. (Greenwald, 1980) People are not constructing these beliefs because they believe them to be inaccurate, but because the process is biased by their goals, “the objectivity of this justification construction process is illusory” (Kunda, 1990) .

On the other hand, “reasoning motivated by accuracy goals will be less biased, the search for information about aggregate preferences more thorough, and the evaluation of information more evenhanded, and it will less likely to result in overestimation of support for one’s own opinion” (Nir & Lilach, 2011). According to Kunda, when accuracy is the main motivation for people, “they expend more cognitive effort on issue-related reasoning, attend to relevant information more carefully, and process it more deeply,

often using more complex rules” (1990). Although people would prefer their decision making to be a “rational and deliberative process,” and motivated by accuracy goals, Lodge and Taber explains that prior dispositions, values, and beliefs guide perception, thoughts and how people process those thoughts (2011). Directional goals are often used when processing information, rather than accuracy goals.

Lodge and Taber provide a model of motivated reasoning and political evaluation. The mix of the above accuracy and directional goals would produce people that have different steps and strategies for processing political information. They crossed the two goals using the intensity of each (i.e. weak and strong accuracy goals by weak and strong directional goals) and produced four “ideal types” of reasoning: partisan reasoner, intuitive scientist, classical rationalist, and apathetic (Lodge & Taber, 2000). The partisan reasoner, according to Nir and Lilach, “seeks to justify a preferred conclusion” (2011). Furthermore, they use “confirmation or disconfirmation biases in information processing and disconfirming evidence may polarize attitudes” (Nir & Lilach, 2011). The intuitive scientist “seeks an accurate conclusion within subjective limits” and “actively adjusts for bias” (Nir & Lilach, 2011). The classical rationalist or the “enlightenment man” thinks of reasoning as “dispassionate calculation” (Nir & Lilach, 2011) Those who are apathetic have “low motivation, heuristic processing, or no processing” (Nir & Lilach, 2011). The partisan reasoner tends to “overestimate support” and looks for information that is congruent with their prior beliefs, while the intuitive scientist is driven by accuracy goals and are “less likely to overestimate” (Nir & Lilach, 2011) Apathetics are “neither motivated nor do they systematically process such information,” and classical rationalists

“weight equally information in support and opposition of their views” (Nir & Lilach, 2011) In my study, there is likely to be a mixture of all four types of reasoning.

Lodge and Taber state that, “all political reasoning is motivated by either accuracy or partisan goals.” Accuracy goals serve the purpose of making the correct choice, such as “voting for the candidate whose views on important issues match those of the citizens,” whereas partisan goals encourage citizens to “selectively process information that upholds their prior beliefs and partisan attachments” (2011). Lodge and Taber give the example of the 2010 healthcare reform bill, explaining that partisan goals were at work when processing information about the actual provisions of the reform bill itself, but also citizens predispositions and thoughts of the healthcare system and government in general (2011).

According to Nir and Lilach, some seek political information that supports their own preferences and beliefs or “shun information altogether” (2011). People tend to evaluate political events and situations using their prior beliefs and opinions and do not treat contradicting information in an “evenhanded manner” (Lord, Ross, & Lepper, 1979). According to Lebo and Cassino, people use three different mechanisms that subsequently bias their opinions: selective exposure, selective processing or judgment, and selective perception (2007). Selective exposure refers to people’s tendency to gravitate toward information that is in line with their prior views, while at the same time avoiding information that contradicts their beliefs (Stroud, 2008). Mierick explains that, “partisanship contributes to biased processing of information” (2013). People who use motivated reasoning often give little attention or inspection to information that coincides with their prior beliefs, but use their cognitive resources to argue against those that do not



match their predispositions (Mierick, 2013). This, known as selective or biased processing, has been consistently found in political circumstances, such as views on immigration or healthcare.

### **Motivated Reasoning and The Affordable Care Act**

In March of 2010, President Obama signed the Affordable Care Act, a “comprehensive health insurance reform that will roll out over four years and beyond,” into law (USDHH, 2010). After much debate, the Supreme Court voted to uphold the reform law in June of 2012 (USDHH, 2010). According to the White House website, the reform will “improve access to affordable health coverage for everyone and protect consumers from abusive insurance company practices” (2010). The law gives Americans the opportunity to make their personal best health insurance choices and guarantees the right to care for the country’s most vulnerable citizens (White House, 2010). The White House website states that the four key facts about the health reform law are “consumer rights and protections, more affordable coverage, better access to care, and strengthening Medicare” (2010). To protect consumers, the Affordable Care Act will prohibit insurance companies from denying coverage to citizens with pre-existing conditions, from cancelling coverage due to a mistake on one’s application, and from placing limits and dollar amounts on those with cancer or other chronic diseases. To ensure that health care is more affordable, the health reform law is mandating rebates to those whose insurance company does not spend at least eighty percent on the premium dollar on care or improvements. The insurance companies are also being mandated to give the public reasons for raising rates by ten percent or more and small businesses will receive tax credits from getting their company health insurance. To allow for better access to care,

the Affordable Care Act is mandating that young adults, up to the age of twenty-six, who do not get health insurance from their job will be allowed to stay on their parents insurance and offering free prevention services, such as blood pressure screening and cancer tests, without additional co-pays or deductibles from insurance companies. The health reform law will set up “affordable insurance exchanges,” which are essentially marketplaces where citizens can choose a health insurance plan that fits their lifestyle and needs (White House, 2010). The last major key fact about the healthcare law, according to the White House website, is that it will strengthen Medicare, by offering lower prescription drug costs, harder screening procedures and tougher penalties to combat fraud, and creating the Center for Medicare and Medicaid Innovation to improve “coordination and quality” of Medicare (2010).

Although the Affordable Care Act states that it will bring positive change to the United States healthcare system, many politicians and citizens alike have had a negative opinion or are completely opposed to the new healthcare law. According to a Kaiser Family Foundation health tracking poll issued in March 2013, public opinion of the health care poll remains divided and since the healthcare reform bill was signed into law in March 2010, opinion of the Affordable Care Act has stayed relatively static, with percentages staying around the 40-percentage range for favorable and unfavorable opinions (2013). The March 2013 survey found that thirty-seven percent of respondents favor the healthcare law, with forty percent of the respondents not favoring it, compared to the forty-six and forty percent respectively in 2010. The poll also asked questions regarding whether the public is paying attention to certain important provisions of the law, such as the implementation of healthcare exchanges and changes to Medicaid. The

poll found that forty-eight percent of people had heard nothing at all and twenty-nine percent of respondents had heard only a little about the healthcare exchanges, with only seven percent of respondents stating they had heard a lot about the marketplaces. As far as Medicaid expansion is concerned, seventy-eight percent of respondents had not heard enough to say anything about whether their state will expand Medicaid or not (Kaiser, 2013).

In addition to not hearing much about important aspects of the law, citizens are often given false information about certain “hot topic” aspects of the Affordable Care Act through false media reports or politician statements. According to a scholarly article by Meirick, vice presidential candidate Sarah Palin stated the phrase “death panel” on her Facebook page in August of 2009, referring to the optional end-of-life counseling that was taken out of the Affordable Care Act (2013). She stated that, “The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama’s “death panel” so his bureaucrats can decide, based on a subjective judgment of their “level of productivity in society,” whether they are worthy of health care. Such a system is downright evil” (Meirick, 2013). Although other politicians, such as conservative Betsy McCaughey had been making claims that the provision would “push seniors toward euthanasia,” for months, Palin’s comment made these claims the top story for many major media outlets. A Pew survey, issued in August 2009, found that eighty-six percent of Americans had heard of Palin’s claims about death panels and out of that eighty-six percent, thirty percent believed that the Affordable Care Act included them. This misinformation was more pronounced in Republicans and those who watched Fox News (forty-seven and forty-five percent respectively), which is to be expected

because, as Lodge and Taber discussed, “party-serving misperceptions serve their directional processing goals” (Mierick, 2013). As discussed above, people are more concerned with directional goals in politics than accuracy goals, most of the time. Furthermore, “niche news,” used as a result of selective exposure, has made it easier for people to find information that coincides with their prior beliefs and attitudes (Mierick, 2013).

Other claims have been made about the provisions in the Affordable Care Act, including the so-called provision to allow undocumented immigrants access to United States health insurance. Section 1312 (f)(3) of the Affordable Care Act reads, “Access limited to lawful residents. If an individual is not, or is not reasonably expected to be for the entire period for which enrollment is sought, a citizen or national of the United States or an alien lawfully present in the United States, the individual shall not be treated as a qualified individual and may not be covered under a qualified health plan in the individual market that is offered through an Exchange” (USDHH, 2010). This provision clearly states that undocumented immigrants will not be granted access to health insurance, yet many of the public do not believe that to be the case. Republican US Representative from Iowa, Steve King made claims about the Affordable Care Act and that it would provide coverage to 5.6 million illegal aliens (Murse). He gave support to the argument that there would be no verification of the status of an individual before receiving health benefits. He stated, “Taxpaying families, already weighed down by bailouts and massive spending bills, cannot afford to pay for health insurance for millions of illegal aliens. Hard and smart working Iowans should not be forced to pay for illegal aliens to obtain health benefits under any health care reform plan” (Murse). In a report by

Republican Senators Tom Coburn and John Barrasso titled “Bad Medicine,” it stated that although American citizens had to pay for insurance or pay a fine starting in 2014, “illegal immigrants will not be forced to purchase health insurance, though they will still be able to receive health care” (2010). Although President Obama refuted the claims in a statement to Congress, a Kaiser survey showed that only forty-two percent of all respondents knew that undocumented immigrants were not given access to health insurance.

**Hypothesis:** People use motivated reasoning to process information based on partisan directional goals and their predispositions and will not change their opinion when exposed to informative facts about the Affordable Care Act.

### **Data and Methodology**

To study the effects of knowledge on opinion of the healthcare reform bill, I conducted a survey using the Qualtrics Survey Software through the Media Effects Lab at Louisiana State University. I surveyed Louisiana State University students on their opinion and knowledge of the healthcare reform bill. The survey was randomized into three groups: the control group with opinion and demographic questions, a second group with knowledge, opinion, and demographic questions, and a third group with knowledge questions with answers given, opinion, and demographic questions. To test my hypothesis that people will not change their opinion when they are informed of the facts, I tested students’ knowledge of the healthcare reform law and either gave them answers or not to see if that changed their opinion of the new law. These knowledge questions test the independent variable, knowledge, and the opinion questions show the dependent variable, opinion. I used knowledge questions that came from a survey created by the

Kaiser Family Foundation, “Assessing Americans’ Familiarity With the Health Care Law” in February 2011 (2011). The survey asked whether they thought a series of ten provisions were included in the new law, ranging from five items that are part of the law (i.e., Medicaid expansions, changes in private health insurance), to five items that have been highly discussed but are not in the Affordable Care Act, such as death panels and coverage for illegal immigrants (Kaiser, 2011). Table 1 shows the questions asked as part of the knowledge section on my survey.

Table 1

<b>KNOWLEDGE QUESTIONS</b>
To the best of your knowledge, would you say the new law does or does not require nearly all Americans to have health insurance by 2014 or else pay a fine?
To the best of your knowledge, would you say the new law does or does not allow a government panel to make decisions about end-of-life care for people of Medicare?
To the best of your knowledge, would you say the new law does or does not cut benefits that were previously provided to all people of Medicare?
To the best of your knowledge, would you say the new law does or does not expand the existing Medicaid program to cover low-income, uninsured adults regardless of whether they have children?
To the best of your knowledge, would you say the new law does or does not provide financial help to low and modern income Americans who don't get insurance through their jobs to help them purchase coverage?
To the best of your knowledge, would you say the new law does or does not prohibit insurance companies from denying coverage because of a person's medical history or health condition?
To the best of your knowledge, would you say the new law does or does not require all businesses, even the smallest ones, to provide health insurance for their employees?
To the best of your knowledge, would you say the new law does or does not provide tax credits to small businesses that offer coverage to their employees?
To the best of your knowledge, would you say the new law does or does not create a new government run insurance plan to be offered along with private plans?
To the best of your knowledge, would you say the new law does or does not allow undocumented immigrants to receive financial help from the government to buy health insurance?

To gauge opinion of the Affordable Care Act, I asked respondents nine questions ranging from their general opinion of the law to if they believed their family was better or

worse off under the new healthcare reform law. To make the survey results as consistent as possible, I used opinion questions from a healthcare opinion Kaiser survey. Table 2 shows the opinion questions asked.

Table 2

<b>OPINION QUESTIONS</b>
Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it?
Do you think you and your family will be better off or worse off under the new health care reform law, or don't you think it will make much difference?
Do you think the country as a whole will be better off or worst off under the new health care reform law, or don't you think it will make much difference?
So far, would you say you and your family have personally benefited from the health reform law, or not?
So far, would you say you and your family have been negatively affected by the health reform law, or not?
Which of the following comes closest to your view of what lawmakers in Washington should do with the new health reform law?
Do you feel you understand what the impact of the health reform law will be on you and your family, or not?
Which of the following describes your own feelings about the health reform law, confused, enthusiastic, or angry?
Which comes closer to the way you feel: Would you say you are angry about health reform in particular, would you say you are angry about the general direction in Washington and health reform is one of the many things upsetting you, or would you say you are not angry at all?

I surveyed 315 Louisiana State University students through the Qualtrics Survey Software. The survey was randomized to allow for random assignment with the three different surveys given to different subjects objectively. 103 students were given the survey with the above opinion questions and basic demographic questions, such as gender, ethnicity, and school classification. 100 students took the survey with knowledge, opinion, and demographic questions, whereas 112 students were given the answers to their knowledge questions with opinion and demographic questions following. Although the numbers are slightly different with the correct answer group having the most

respondents, results have not been compromised because of the large number of respondents in each group. Table 3 shows the demographic percentages of all 315 survey respondents.

Table 3

DEMOGRAPHICS	RESPONDENTS
Gender:	
Male	32%
Female	68%
Health condition:	
Excellent	32%
Very good	47%
Good	15%
Fair	4%
Poor	1%
Covered by any form of health insurance or health plan or not covered by health insurance at this time:	
Covered by health insurance	94%
Not covered by health insurance	6%
Classification at Louisiana State University:	
Freshman (first year)	47%
Sophomore (second year)	23%
Junior (third year)	16%
Senior (fourth year and beyond)	14%
Political Ideology:	
Strong Democrat	9%
Not so strong Democrat	7%
Independent leaning Democrat	12%
Independent	9%
Independent leaning Republican	18%
Not so strong Republican	21%
Republican	24%
Ethnicity:	
White	78%
Hispanic or Latino	4%
Black or African American	11%
Native American or American Indian	1%
Asian/Pacific Islander	3%
Other	3%
Gotten news about reform law from cable TV news such as CNN, Fox News, MSNBC, or their websites:	



Yes, have gotten information from this source	67%
No, have not gotten information from this source	33%
Mainly getting information from CNN, Fox News, MSNBC, or some other cable news channel:	
Mainly CNN	25%
Mainly Fox News	28%
Mainly MSNBC	5%
Mainly some other cable news channel	13%
Have not gotten information from this source	30%

To analyze the data, I used both the Qualtrics Survey Software results report of the total respondents answers to all of the questions and used Stata Analysis to breakdown the report among the groups. I used the Qualtrics report to look at the total demographic percentages and compared that with the individual data to see if any groups were very different from one another and to see the differences among knowledge question answers of the opinion only and opinion plus knowledge groups. The Stata Analysis data was most useful when looking at the differences among groups in relation to the opinion questions- to gauge whether or not finding out the answers to the knowledge questions about healthcare reform had any affect on their opinion.

### **Results**

The first part of the survey I analyzed was the different knowledge questions- seeing if there was a difference between the two groups and to see how Louisiana State University students compete with the United States respondents as a whole in the Kaiser Family Foundation survey. The provision most recognized by LSU students was the provision to expand the existing Medicare program to cover low-income, uninsured adults regardless of whether they have children with over three-fourths (77 percent in the opinion plus knowledge group and 85 percent in the correct answer group) choosing the correct answer. Other provisions known well by the majority of respondents were the

provisions that provide financial help to low and moderate income Americans who do not get insurance from their jobs to help them purchase coverage (65 percent in the opinion plus knowledge group and 85 percent in the correct answer group), provide tax credits to small businesses that offer coverage to their employees (62 percent in the opinion plus knowledge group and 72 percent in the correct answer group), and that the ACA will not create a government run insurance plan to be offered along with private plans (64 percent in the opinion plus knowledge group and 73 percent in the correct answer group)

Sixty-eight percent of all students in the opinion plus knowledge group and seventy-three percent in the correct answer group understand and acknowledge the presence of the individual mandate in the Affordable Care Act, answering the question of whether or not the law requires all Americans to have health insurance by 2014 or else pay a fine. The ACA individual mandate is one of the most widely discussed provisions in the healthcare reform law and has been discussed across many media outlets. Other “hot” topics discussed by politicians and the media alike are the so-called “death panels” and the integration of undocumented immigrants in the health coverage plan. (Kaiser, 2011) Many students at Louisiana State University hold misimpressions of these provisions. Just over half (52 percent in the opinion plus knowledge group and 58 percent in the correct answer group) answered correctly that the healthcare reform bill will not allow a government panel to make decisions about end-of-life care for people of Medicare. Furthermore, just over half (52 percent) in the opinion plus knowledge group and 31 percent in the correct answer group are aware that undocumented immigrants will not receive financial help from the government to buy health insurance. Furthermore, few students (36 percent in the opinion plus knowledge group and 39 percent in the correct

answer group) answered the question regarding Medicare cuts correctly, stating that Medicare benefits were not going to be cut that were previously provided to all Medicare recipients. Thirty-six percent in the opinion plus knowledge group and thirty-two percent in the correct answer group knew that the Affordable Care Act does not require all businesses, even the smallest ones, to provide health insurance to their employees. Table 4 shows the percentages of correct and incorrect knowledge question answers for the two groups.

Table 4:

<b>STATEMENT ABOUT HEALTH CARE LAW</b>	<b>TRUE OR FALSE</b>	<b>KNLDG + OPNN CORRECT</b>	<b>KNLDG + OPNN WRONG</b>	<b>CORRECT ANSWER CORRECT</b>	<b>CORRECT ANSWER WRONG</b>
Require all Americans to have health insurance by 2014 or else pay a fine	T	68%	32%	73%	27%
Allow a government panel to make decisions about end-of-life care for people of Medicare	F	48%	52%	42%	58%
Cut benefits that were previously provided to all people of Medicare	F	36%	64%	39%	61%
Expand the existing Medicare program to cover low-income, uninsured adults regardless of whether they have children	T	77%	24%	85%	15%
Provide financial help to low and moderate income Americans who don't get insurance through their jobs to help them purchase coverage	T	65%	35%	84%	16%
Prohibit insurance					

companies from denying coverage because of a person's medical history or health condition	T	59%	41%	67%	33%
Require all businesses, even the smallest ones, to provide health insurance for their employees	F	36%	64%	32%	68%
Provide tax credits to small businesses that offer coverage to their employees	T	62%	38%	72%	28%
Create a government run insurance plan to be offered along with private plans	F	64%	36%	73%	27%
Allow undocumented immigrants to receive financial help from the government to buy health insurance	F	48%	52%	69%	31%

When looking at the results from the Kaiser survey, I find both similarities and differences between the two results. Just as there are certain provisions that the majority LSU students can identify, the majority of Americans can identify certain provisions as well. The provision most widely recognized by Americans is the provision that will provide financial help to low and moderate income Americans who do not get health insurance through their jobs, with seventy-two percent of the public answering that question correctly. Seventy-two percent matches up well with the sixty-five percent in the opinion plus knowledge group and eighty-four in the correct answer group. Significant portions of Americans can also recognize that insurers are prohibited from denying

coverage because of health status under the new health reform law, with sixty-seven percent of Americans answering true for that question. The percentages are the same for the correct answer group of the Louisiana State University respondents and respondents in the Kaiser survey, while fifty-nine percent of LSU respondents in the opinion plus knowledge group answered correctly. The other clauses identified by over half of the respondents in the Kaiser survey were the provisions to provide tax credits to small businesses (65 percent), the individual mandate (64 percent), and the provision to expand the existing Medicaid program to cover low-income, uninsured adults regardless of whether they have children (62 percent). Over half of the LSU students also answered those questions correctly, but that list also included the question to create government run insurance plan that will be offered along with private plans (64 percent in the opinion plus knowledge group and 73 percent in the correct answer group) Table 5 shows the percentages of correct and incorrect answers among the Kaiser survey respondents.

Table 5

<b>STATEMENT ABOUT HEALTH CARE LAW</b>	<b>TRUE OR FALSE</b>	<b>CORRECT</b>	<b>INCORRECT</b>
Require all Americans to have health insurance by 2014 or else pay a fine	T	64%	22%
Allow a government panel to make decisions about end-of-life care for people of Medicare	F	45%	40%
Cut benefits that were previously provided to all people of Medicare	F	40%	45%
Expand the existing Medicare program to cover low-income, uninsured adults regardless of whether they have children	T	62%	20%
Provide financial help to low and moderate income Americans who don't get insurance through their jobs to help them purchase coverage	T	72%	18%
Prohibit insurance companies from denying coverage because of a person's medical		67%	25%

history or health condition	T		
Require all businesses, even the smallest ones, to provide health insurance for their employees	F	25%	65%
Provide tax credits to small businesses that offer coverage to their employees	T	65%	22%
Create a government run insurance plan to be offered along with private plans	F	27%	59%
Allow undocumented immigrants to receive financial help from the government to buy health insurance	F	42%	41%

The general opinion of the Affordable Care Act is unfavorable for over half of all respondents in each group, however, the correct answer group had a 17.6 percent difference from the opinion only group and a 15.4 percent difference from the opinion plus knowledge group, with a total of 46.4 percent of respondents holding a favorable impression of the new reform bill. The next question, asking whether or not the respondent thought their family would be better or worse off under the new law, showed different opinions from question one. In this question, only 11.6 percent of those in the correct answer group believed their family would be better off, while 20.4 percent in the opinion only group and 5 percent in the opinion plus knowledge group. The results to this question is the only statistically significant question, with a Pr value of 0.011, according to the Stata Analysis results. The first question gaining insight into the general opinion of the law was the next closest to being statistically significant with a Pr value of 0.097. Slightly more respondents in the correct answer group (33.9 percent) believe that the country as a whole will be better off under the law, while 29.4 percent of the opinion only group and 26 percent of the opinion plus knowledge group believing so. The majority of

respondents in all of the groups believed their family had not directly benefitted from the Affordable Care Act (84.5 percent in the opinion only group, 90.9 percent in the opinion plus knowledge group, and 86.6 percent in the correct answer group). Over half of all respondents in each group believed their family was not negatively affected by the new reform law, with the correct answer group 13.1 percentage points higher than the opinion only group and 9.7 percentage points higher than the opinion plus knowledge group to believe they and their family had not been negatively affected. Over half the respondents in each group thought the law should have all or parts of it be repealed (43.7 percent in the opinion only group, 56 percent in the opinion plus knowledge group, and 54.5 percent in the correct answer group wanting parts of the law repealed and 19.4 percent in the opinion only group, 22 percent in the opinion plus knowledge group, and 11.6 percent in the correct answer group wanting the entire law repealed). Over half of the respondents said they understood the impact of the Affordable Care Act (65 percent in the opinion only group, 50.5 percent in the opinion plus knowledge group, and 56.3 percent in the correct answer group), but when asked whether or not they were confused, enthusiastic, or angry about the health reform law, just over or under half of them stated they were confused (49 percent in the opinion only group, 59.6 percent in the opinion plus knowledge group, and 49.1 percent in the correct answer group). Instead of only being angry at the health care law in particular, around half of all respondents in each group stated they were angry with the general direction in Washington, with 47.6 percent stating they were angry in the opinion only group, 61.6 percent in the opinion plus knowledge group, and 50 percent in the correct answer group. After looking at the results of the opinion questions broken down by individual group, the opinion plus knowledge

group had the most unfavorable impression of the law, answering the most negatively for seven out of the nine questions. Table 6 shows the results of the opinion questions for the individual groups.

Table 6

<b>OPINION STATEMENT</b>	<b>OPINION ONLY RESPONSE</b>	<b>KNOWLEDGE + OPINION RESPONSE</b>	<b>CORRECT ANSWER RESPONSE</b>
Generally favorable or unfavorable opinion of new reform bill:*			
Favorable	28.8%	31%	46.4%
Unfavorable	61.2%	69%	53.6%
Family will be better off or worse off under the new law:*			
Better off	20.4%	5%	11.6%
Worse off	44.7%	47%	40.2%
Not much difference	35%	48%	48.2%
Country as a whole will be better off or worse off under the new law:			
Better off	29.4%	26%	33.9%
Worse off	55.9%	57%	46.4%
Not much difference	14.7%	17%	19.6%
Family has personally benefitted from reform law:			
Yes, have benefitted	15.5%	9.1%	13.4%
No, have not benefitted	84.5%	90.9%	86.6%
Family has been negatively affected:			
Yes, negatively affected	40.8%	37.4%	27.7%
No, not negatively affected	59.2%	62.6%	72.3%
View of what lawmakers should do with the new law:			
Leave the law as it is	15.5%	8%	14.3%
Expand the law	21.4%	14%	19.6%
Repeal parts of the law	43.7%	56%	54.5%
Repeal the entire law	19.4%	22%	11.6%
Understand the impact of the reform law on respondent and family:			
Yes, understand impact	65%	50.5%	56.3%



No, do not understand impact	35%	49.5%	43.8%
Feelings about reform law:			
Confused	49%	59.6%	49.1%
Enthusiastic	21.6%	9.1%	21.4%
Angry	29.4%	31.3%	29.5%
Angry about reform law in particular, angry about the general direction of Washington, or not angry at all:			
Angry about health reform in particular	15.5%	7.1%	14.3%
Angry about the general direction in Washington	47.6%	61.6%	50%
Not angry at all	36.9%	31.3%	35.7%

\*shows statistical significance

### Conclusion and Implications

The connection between knowledge and opinion has long been studied. In my study, I sought to seek the answers to whether knowledge affects opinion of healthcare in the United States, from the point of view of Louisiana State University students. I conducted a survey testing students on their knowledge of the healthcare reform law, The Affordable Care Act, their opinions of that law, and basic demographic questions. As the results of the knowledge questions show, many students at Louisiana State University are not very informed of the healthcare law. Some provisions, such as the individual mandate and the expansion of Medicare, are known by over half of the students in both the opinion plus knowledge group and the correct answer group. However, others, such as the provision stating that the smallest businesses (those with less than 50 employees) are not mandated to get health insurance, were known by about a third of the students in each group participating in the survey. When looking at the opinion section, I found that less than half of the students in each group had a favorable impression of the healthcare system.

I split the survey up into three categories and the survey was randomized with group one being asked both opinion and demographic questions, group two being asked knowledge, opinion, and demographic questions, and group three being asked knowledge, opinion, and demographic questions as well as answers to the knowledge questions preceding each question. I hoped to further explore the idea of motivated reasoning in politics and to see if the opinion of those in the correct answer group, the group given informative facts about the Affordable Care Act via answers after each knowledge question, would change and show differences between the three groups. I hypothesized that even when informed of the facts about the Affordable Care Act, students would not change their opinion of the healthcare reform law. When looking at the first question in the opinion category, which seeks to know if the respondent has a generally favorable or unfavorable opinion of the healthcare law, I found that the opinion did change in the correct answer group and became more favorable when given specific facts about the Affordable Care Act. The correct answer group was 15.4 percentage points above the opinion plus knowledge group and 17.6 percentage points above the opinion only group in the generally favorable category. When just looking at this answer, it would seem that my hypothesis was wrong and prior research and literature did not hold up when studying the healthcare law among Louisiana State University students. However, there are eight other questions gauging the opinion of the students and gave me more insight into if opinion changed in all areas of the healthcare reform. After looking at the next eight question results, four of the questions also confirm that opinion changed in the correct answer group relative to the other two groups. Fewer respondents in the correct answer group believed that their family would be worse off under the new law

(40.2 percent compared to 44.7 and 47 percents in the opinion only and the opinion plus knowledge groups respectively). Furthermore, fewer respondents in the correct answer group felt that the country as a whole was worse off under the new law than the others (46.4 percent compared to 55.9 and 57 percents respectively). 72.3 percent on respondents in the correct answer group felt that their family had not been negatively affected by the new law, compared to the 59.2 and 62.6 percents in the opinion only and opinion plus knowledge groups respectively. Only 11.6 percent of respondents in the correct answer group felt that the Affordable Care Act should be repealed in its entirety, while 19.4 percent in the opinion only group and 22 percent in the opinion plus knowledge group believed that the entire law should be repealed. The other four questions show slight variation, but not enough to be significant in the results. These results show that the correct answer group did have a difference in opinion than those respondents in the opinion only and the opinion plus knowledge groups, but has my hypothesis been nullified?

After seeing these results that went against my hypothesis, I wanted to do some further research and analysis on another aspects that could have made the results different between the groups. The component I looked at was the difference in partisan affiliation among the different groups to see if those in the correct answer group were more liberal and therefore almost expected to have a more generally favorable opinion of the Affordable Care Act than the other conservative groups. When looking at the Stata analysis divided by groups, I found that 29.1 percent of respondents in the opinion only group indentified with strong Democrat, not so strong Democrat, or independent leaning Democrat, 23.2 percent in the opinion plus knowledge group, and 28.3 in the correct

answer group. I found that there was not a majority of Democrats in the correct answer group, nor was it even the group with the highest percentage of Democrats. Furthermore, there were not significant differences among any of the groups in term of demographics, meaning the sample was balanced. This gives me confidence that the results are strong.

To go a step further, I looked at the differences in opinions among the different partisan groups, looking at the Democratic respondents, including leaners, and the Republican respondents, including leaners. I found that change in opinion is stronger for Republicans than Democrats. The Republican respondents in the correct answer group had more favorable opinions for the Affordable Care Act and a bigger change than the Republican respondents in the other groups as well as the Democratic respondents. This is likely to be the case because Republican respondents tend to view the healthcare reform law as unfavorable, because of partisan pressure and misinformation, and the new information, given in the correct answer group, gives the respondents a new view of the law and allows them to change their opinions of the Affordable Care Act.

After looking at the partisan affiliation and the results of the survey, I have found that knowledge of the Affordable Care Act has affected opinion among Louisiana State University students. Lodge and Taber's findings that, "citizens are not open-minded or easily persuaded when considering political information" do not hold up in this situation (2011). Although many of the students were contradicted by the answers given of the provisions in the Affordable Care Act, those in the correct answer group did not become more extreme and sure of their views, as Festinger found in his 1957 study on cognitive dissonance (1957). As discussed above, motivated reasoning falls into two major categories: accuracy goals and directional goals (Kunda, 1990). To reach an accurate

conclusion, one must use beliefs that are most appropriate, whereas those wanting to reach a directional goal must use beliefs that are more desired. Directional goals are often used in politics, called partisan goals, and are goals that encourage citizens to “selectively process information that upholds their prior beliefs and partisan attachments” (Lodge & Taber, 2011). Lodge and Taber even used the example of the Affordable Care Act, saying that partisan goals were being used to not only process information about provisions in the law but citizens’ predispositions and thoughts of the country’s healthcare system in general (2011). Mierlick explains that people who use motivated reasoning often give little attention to information that is congruent with their beliefs, but use their resources to argue against those that do not match their prior beliefs (2013). This prior research told me that people should choose partisan goals over accuracy goals, become more extreme in their views when contradicted, argue when given conflicting information, and are not open-minded when taking into account relevant political information. However, my results were the opposite. I found that when given conflicting information, students at Louisiana State University could change their opinion of the Affordable Care Act.

There are reasons, such as my respondents’ position in college and the sources given in the answers, why the results are different from those who studied knowledge and opinion in prior studies. Sears and Levy call the years that students are in college (ages 18-24), “the impressionable years” (2003). Furthermore, Converse finds that the “fact of college students’ relative lack of political experience, particularly with regard to voting, may also be related to weaker and more malleable political attitudes and loyalties, compared to older adults (1969). Other experiments I have researched have not used college students in their studies and the fact that many of their political opinions are

changing constantly and will not be set in stone until later in the life cycle, when they are out of the “impressionable years” may have changed the results of my study. The respondents in the correct answer group could have taken those informative facts, applied that to their thought process, and formulated new opinions of the Affordable Care Act after receiving more information about the provisions in the law. Additionally, the sources I chose to use were specifically chosen for their neutral outlets. I chose to get my information away from outlets like CNN, MSNBC, and Fox News in hopes of ridding my results of biases against those media outlets. By giving the respondents in the correct answer group a neutral set of sources, they did not have to worry about the sources being partisan biased and could have always changed the results.

If I were to complete this study over again, there are changes I could make to obtain better results of the survey. First, I would go further than just studying the group level data as a whole as well as the data for the different partisan groups by studying the effects of the different demographics on opinion. I would look at whether being a female, as there was a large female majority, made a difference in the changes, as well as look at the other individual level characteristics such as race or university classification. Looking at the different affects of demographics on opinion would allow my research to go a step further and could ultimately give me insight into the way policymakers need to go about addressing these different groups or informing them of policy changes.

Another limitation to the study was the representativeness of my respondents and the fact that they were all Louisiana State University students. It was not a representative sample of the United States population, as the majority of LSU students is from Louisiana, in the same age group (18-24), and identify with the Republican Party,

whether that be weak or strong identification. Not only are they not representative because they are solely from Louisiana State University, but they are also solely college students and many studies have shown that college students are uninformed about relevant political issues. According to a study by the Intercollegiate Studies Institute in 2007, college freshmen scored an average of 50.4 on a basic civics test and college seniors scored an average 54.2 on the same test (2007). However, the study goes on to say that America as a whole is politically illiterate, which might make surveying college students more representative than I first thought. All in all, analyzing individual level data and surveying a more representative sample of the United States would have confirmed my results even further. Additionally, as discussed above, the students I surveyed are in the “impressionable years” in the life cycle and are more easily malleable when exposed to conflicting information.

Some of the literature I researched gave suggestions for what government officials could do when thinking of policy reform and motivated biases. Lodge and Taber stated, “given the influence of motivated biases and polarization in shaping opinions toward health-related policies, government officials, pollsters, and health care practitioners might gain a better understanding of support for health care reform by considering the motivated reasoning literature. Political elites, for instance, might consider not only details of the health reform policies they put forth but also the degree of partisan polarization among the electorate” (2011). Since the respondents in the survey were able to change their opinion of the healthcare reform law and I reasoned that was because of their malleable beliefs as college students, policymakers could go a step further when reviewing motivated reasoning literature and look to college students when

informing citizens of policy reform. Giving students the informative facts of health policy reform, through a mandated civics or government course, could shape the views on these policies in a more evenhanded and objective manner. As we have seen with this study, college students were able to take the information given to them, assess their prior values and beliefs and change them, if necessary, because of this new information. It would benefit government officials to think about when they are informing citizens as well as how motivated reasoning affects their beliefs and opinions.

I aimed to find the effect that knowledge had on opinion of the Affordable Care Act in the United States. Past studies and prior research concluded that people are not politically open-minded and when presented with conflicting views will become more extreme in their views so as to restore cognitive harmony. Politics are often directed by partisan goals to move the party ahead and accuracy goals are often pushed to the side. I surveyed 315 students at Louisiana State University and asked them a mixture of knowledge, opinion, and demographic questions. Although my hypothesis supported past research and said that knowledge would not have an affect on opinion, I found that my hypothesis was not supported and knowledge did in fact affect opinion of those respondents in the correct answer group. I concluded that the main reason for the differing results was the demographics of respondents being surveyed; they were all college students from Louisiana State University who were easily malleable and uninformed.



## References

- Coburn, Tom, and John Barrasso. "Bad Medicine: A Check-up on the New Federal Health Law." (2010): n. pag. Web. Jan. 2013.
- Darley, J., and P. Gross. "A Hypothesis-confirming Bias in Labeling Effects." *Journal of Personality and Social Psychology* 44 (1983): 20-33. Web. Jan. 2013.
- Festinger, Leon. *A Theory of Cognitive Dissonance*. N.p.: Stanford University, 1957. Print.
- Greenwald, A. "The Totalitarian Ego: Fabrication and Revision of Personal History." *American Psychologist* 35 (1980): 603-18. Web. Jan. 2013.
- H.R. 3590, 111 Cong., Healthcare.gov (2010) (enacted). Print.
- "Kaiser Health Tracking Poll: December 2010." *Kaiser Family Foundation* (2010): n. pag. Dec. 2010. Web. Sept. 2012.
- Kunda, Ziva. "The Case for Motivated Reasoning." *Psychological Bulletin* 108.3 (1990): 480-98. 1990. Web. Jan. 2013.
- Lebo, Matthew, and Daniel Cassino. "The Aggregated Consequences of Motivated Reasoning and the Dynamics of Partisan Residential Approval." *Political Psychology* 28 (2007): 719-46. Web. Jan. 2013.
- Lodge, Milton, and Charles Taber. "Three Steps Toward a Theory of Motivated Political Reasoning." *Elements of Reason* (2000): 183-213. Web. Jan. 2013.
- Lodge, Milton, Charles Taber, and April Strickland. "Motivated Reasoning and Public Opinion." *Journal of Health Politics, Policy, and Law* 36.6 (2011): 935-44. Dec. 2011. Web. Jan. 2012.
- Lord, Charles, Lee Ross, and Mark Pepper. "Biased Assimilation and Attitude Polarization: The Effects of Prior Theories on Subsequently Considered Evidence." *Journal of Personality and Social Psychology* 37 (1979): n. pag. Web. Jan. 2013.
- Meirick, Patrick. "Motivated Misperception? Party, Education, Partisan News, and Belief in "Death Panels"" *Journalism & Mass Communication Quarterly* 90.1 (2013): 39-57. Print.
- "A More Secure Future." *Health Care That Works for Americans*. The White House, n.d. Web. Jan. 2013.
- Murse, Tom. "Are Illegal Immigrants Covered Under Obamacare?" *About: US Politics*. About, n.d. Web. Jan. 2013.

Nir, and Lilach. "Motivated Reasoning and Public Opinion Perception." *The Public Opinion Quarterly* 75.3 (2011): 504-32. 2011. Web. Jan. 2013.

"Pop Quiz: Assessing Americans' Familiarity with the Healthcare Law." *Kaiser Family Foundation* (2011): n. pag. Feb. 2011. Web. Sept. 2012.

"Public Opinion on Healthcare Issues." *Kaiser Family Foundation* (2013): n. pag. Web. Jan. 2013.

Pyszczynski, T., and J. Greenberg. "Toward and Integration of Cognitive and Motivational Perspectives on Social Inference: A Biased Hypothesis-testing Model." *Advances in Experimental Social Psychology* 20 (1987): 297-340. Web. Jan. 2013.

Stroud, Natalie. "Media Use and Political Predispositions: Revisiting the Concept of Selective Exposure." *Political Behavior* 30 (2008): 341-66. Web. Jan. 2013.

*US Department of Health and Human Services*. US Department of Health and Human Services, n.d. Web. Jan. 2013.