DOES POLICY IMPACT VOTING BEHAVIOR?: HOW THE AFFORDABLE CARE ACT
HAS IMPACTED ELECTORAL OUTCOMES

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ABSTRACT

After its passage in 2010, the Affordable Care Act (ACA) became a lightening rode around

which each major political party rallied either in fierce defense or fervent opposition. However,

as individuals have begun to feel the impacts of the policy in their daily lives, the popularity of

the program has slowly increased. After unsuccessful attempts to repeal the ACA, the

Democratic Party chose to center their 2018 midterm campaign strategy around protecting the

law. After their sweeping success, many journalists published articles analyzing the

effectiveness of this choice. Using data from the American National Election Study's

cumulative data set, this study analyzes the relationship between the Affordable Care Act and

electoral outcomes in more depth. Specifically, I have used data from the 2008, 2012, and 2016

presidential elections to control for the impact of demographic and other political factors in order

to evaluate if attitudes towards health care (particularly the Affordable Care Act) impact voting

behavior. The results of the probit models indicate that opinions on government involvement in

the health care system impact voters' choice of presidential candidate. Surprisingly, multivariate

analyses show that the more likely a voter is to support government involvement in the health

care system, the more likely they are to vote for a Republican. This could be due to the fact that

there are several government health care plans that disproportionally serve seniors, who are more

likely to support conservative candidates. Other policy areas that consistently impacted one's

choice of presidential candidate in a statistically significant manner were attitudes towards

government spending, Muslims, the LGBTQ community, and feminists. If it is the case that

individuals who traditionally vote Republican are also in favor government involvement in

health care, than pledging to protect the Affordable Care Act could continue to present

opportunities for Democrats to swing voters that may not traditionally support the party.

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Many thanks,
Caroline Patrice Reppert

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INTRODUCTION

In 2018, the Democratic National Committee focused their campaign strategy largely on protecting the Affordable Care Act (ACA) (Sullivan, 2018). While this strategy enabled Democrats to win back a number of competitive districts and regain control of the House of Representatives, little research has been done to evaluate the efficacy of this strategy beyond the 2018 race (Cunningham, 2018). Studies of electoral outcomes tend to predominantly focus on demographic influences, such as gender, age, and race. While demographics are certainly an important part of predicting voting patterns, macroeconomic variables (such as union membership) and issue-voting (such as abortion and immigration reform) are also key. Oftentimes, in fact, there is alignment between issue-driven voting and demographic predictors. For example, an abortion issue-voter is most likely to be a woman; an anti-immigration reform issue-voter is most likely to be a white, blue-collar worker (Swers, 1998). The relationship between the ACA and voting behavior is of particular interest because it is a cross-cutting issue that effects individuals of all genders, races, and backgrounds.

While journalists and political observers have conducted "postmortems" on 2018 election strategies, this author is unaware of any empirical investigations into the specific effect of the ACA on voter choices. In order to attempt to fill this hole in the literature, I answer the question of whether the Affordable Care Act had a significant impact on the voting patterns of individuals in the United States. To do so, I use the American National Election Series Cumulative Data File to estimate probit regressions on data from the 2008, 2012, and 2016 presidential races. The dependent variable is the party for whom the respondent voted (Democrat or Republican). The key explanatory variables reflect attitudes towards health care. In addition, I control for

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traditional predictors of voting behavior including demographic factors and various traditional issue-votes, such as feelings about abortion access and immigration reform.

Ultimately, this study will fill in the gaps of the current body of literature by providing quantitative context to conclusions that many journalists made after the 2018 midterms. Given that the Democratic party has used "protecting the ACA" as a central pillar of their campaign strategy, conclusions regarding whether or not the ACA has a significant impact on how individuals vote could be critical to future Democratic party strategy. This is particularly true at a time of such high partisanship; if the ACA is something that can transcend party politics, it could provide a new vehicle for the Democratic party to gain new voters.

CHAPTER I: PRIOR STUDIES

Introduction

The purpose of this study is to examine the effect that the Affordable Care Act (ACA) has on electoral outcomes by looking at the 2008, 2012, and 2016 presidential races. I will discuss previous studies that have analyzed the passage of the Affordable Care Act, the sociological factors that impact how individuals vote, other policy areas that effect voting patterns, and how health policy has previous interacted with electoral politics. I begin with a discussion of the origins of the ACA.

Policy Background

The Affordable Care Act (ACA) was signed into law in 2010 after much contention and debate between Republican and Democratic law makers. Nicknamed "Obamacare," the ACA was one of the crowning pieces of legislation for the Obama Administration. The ACA set out to close the gaps in the United States' existing health care systems. It did so by attempting to build a marketplace that would provide coverage to those who are not eligible for either employer-sponsored health insurance or Medicare/Medicaid. It also expanded Medicaid funding, which targeted individuals below 138% of the poverty line. Lastly, it sought to contain costs by ensuring that physicians would provide their services efficiently (Kessler, 2018).

While the ACA did not solve all the problems with the health care system, it did accomplish a great deal. First and foremost, it provided health insurance to 25 million additional people. It did this through two main methods: creating a marketplace for individuals to purchase insurance and by placing stricter requirements on employer-sponsored insurance. The ACA also

ensured that insurance companies could not deny coverage to people based on any preexisting conditions from which they might suffer (Sanger-Katz, 2017).

The ACA also required all individuals to have some form of insurance or else pay a tax. This provision was commonly known as the individual mandate. This was one of the most contested sections of the ACA. Some argued that this provision was inherently un-American because the government was mandating individuals to do something they might not otherwise do and thus infringing upon their freedom. As a result, the provision was challenged through numerous court cases until it finally reached the Supreme Court of the United States. Contrary to what many legal analysts predicted, the Court upheld the individual mandate by categorizing it as a tax. Since Congress has the right to impose taxes upon the American people, the individual mandate was deemed constitutional. While the mandate lived to see another day, this was just the beginning of the attempts to deconstruct the act (Gruessner, 2016).

Challenges to the ACA

Since its enactment, the ACA has been the target of both political and legal challenges. While any reform as large as the ACA is likely to be a target of political attacks, the close association with President Obama made it an incredibly polarizing policy (Kessler, 2018). While the Supreme Court upheld the individual mandate, the Republican-controlled Congress simply set the tax to $0. This has set off a new wave of legal challenges where parties opposed to the mandate claim that if a tax is $0, then it is not a tax at all, and thus unconstitutional. Congress has also attempted to repeal and replace the bill completely, however the attempts were unsuccessful (Jost, 2017).

While the ACA made great strides in providing health insurance to previously uninsured individuals, there are valid criticisms of the bill. The first is that it is not affordable for many Americans. While the program did expand coverage to millions of people, for many, that coverage is still unaffordable. According to the Kaiser Family Foundation, in 2017, nearly half of those insured worried about their ability to pay their medical bills (Kirzinger et al, 2017).

Perception of the ACA Over Time

 As a result of the mixed outcomes and the highly polarized circumstances under which the law was passed, the popularity of the ACA has shifted substantially over time. During the 2010 midterms, the Democrats lost control of the House of Representatives, primarily as a backlash to the passage of the Affordable Care Act (Cohn, 2017). While many lost seats, those who did manage to remain in power were primarily "Blue Dog" democrats who opposed the Affordable Care Act and other policies spearheaded by the Obama administration (Weeks, 2010). Since then, the ACA has continued to rise in popularity.

In 2017, Senate Republicans attempted to repeal the ACA. Despite the attempts, the bill failed by a narrow margin (Sullivan, 2010). As a result, health care was thrust back into the spotlight as Americans saw a real threat to the health insurance they had gained through the ACA. Following this lead, Democrats made health care a center part of their campaigns during the 2018 midterm campaigns. Following this race, they retook control of the House of Representatives for the first time since 2010. This included flipping many districts that had previously voted for President Trump in 2016.

The strategic decision to focus on the ACA was lauded by a number of journalists and political commentators as an excellent campaign strategy. Despite these reports, very few

academic studies have been performed that attempt to quantitatively confirm the effect that the ACA has had on electoral outcomes. In order to perform such an analysis, we must first understand other factors that impact how individuals vote.

Literature Review

Demographic Factors

For decades, social scientists have attempted to determine what factors influence one's political leanings. Evidence has shown that socio-economic status, education, gender, race, religion, and political socialization are explanatory factors (Knoke & Houte, 1974). Broadly speaking, wealthy, Christian, white men are more likely to be Republicans while women, people of color, and those who are more highly educated are more likely to be Democrats (Fay, 2012). While these stereotypes hold true in certain cases, various demographics can conflict with each other. For example, while those in high socio-economic groups are more likely to be Republicans, those who are more highly educated are more likely to be Democrats (Tamborini et al, 2015). However, education is directly correlated with earning potential. Thus, one needs to understand the intersection of these various predictors in order to gain a more comprehensive picture of how one votes.

Demographic factors not only influence the political party one supports, but they can also impact the likelihood of voting. For example, those of higher socioeconomic status, women, and older individuals vote more often than the poor, men, and young people, respectively (Leighley & Nagler, 2014). The selective nature of voting populations is particularly critical in close elections, where activating a traditionally non-voting group that has different views to those of individuals who are demographically more likely to vote could potentially change election

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outcomes (Leighley & Nagler, 2014). This is significant because if the preferences of those who do not vote are different from those who do, then both elected officials and the policies they support may not be representative of the population as a whole (Leighley & Nagler, 2014).

While some demographic factors cannot change over time, others can. For those that can, a dynamic relationship between these variables and political outcomes emerges. Specifically, a change in those variables means a shift in political leanings (Knoke & Houte, 1974). For example, as one's occupational status increases, the more likely that person is to lean Republican (Knoke & Houte, 1974). Another theory that seeks to explain shifts in political ideology is one of historical context (Campbell et al, 1960; Oppenheim, 1970). This theory underscores the impact that the time period in which one lives can have on shaping one's political leanings. For example, those coming of age during the Depression and New Deal era leaned more Democratic and gradually replaced Republican cohorts of elected officials before them (Campbell et al, 1960; Oppenheim, 1970). The aging hypothesis touches upon a similar idea, but instead argues that as attitudes and behaviors of individuals shift as they age, so too do their political leanings (Lipset, 1963; Glenn, 1972).

Macroeconomic Factors

In addition to standard demographic factors, broader macro-economic variables are also likely to influence how one votes. These include such factors as union membership, unemployment, occupation (blue or white-collar), and geography (rural or urban) (Schlozman, 2013; Fay, 2012).

It has long been documented that union members are more likely to support left-leaning politicians. This is not only true in the United States, but also around the world. This is due to

the Left's longstanding support of labor movements, stretching back to the early 20th century. Because of the support that Democratic candidates have historically shown labor unions, blue-collar workers traditionally identify as Democrats. However, as unions have declined and blue-collar workers have come to see immigration as a threat to their work status, Democrats' immigration-friendly policies have lost them support with these individuals. (Schlozman, 2013; Fay, 2012).

While not measured at the individual level, another economic factor that weighs heavily on the outcome of presidential elections is the perceived state of the economy. When the economy is healthy and growing, it is more likely that the incumbent or the incumbent's party will remain in power. However, if the economy is trending downwards, then it is more likely that voters will support a change in which party controls Congress or the White House. (Walter, 2019).

Issue Voting

While shifts in political leanings may be influenced by changes in demographics or macroeconomic factors, they can also be influenced by cultural changes. Cultural changes can give rise to new groups of voters whose primary political concern centers on a change in policy that reflects a change in culture. These voters, called "issue voters," analyze a candidate's position on this issue specifically and vote in alignment with which candidate or political party best supports their ideals. For example, as support for gay marriage became more widely accepted in American society, individuals began paying more attention to politicians' stance on the topic and voting based on who best reflected their own personal values in that particular issue area. The issues that motivate issue-voters tend to be quite contentious politically, such as

abortion or immigration. They represent not only the policies that each party supports, but also cultural values and norms. (Carmines & Stimson, 1980).

In some cases, a general cultural shift in norms may create issue voters, such as in the case of gay marriage. But issue voters can also rise out of a specific change in policy. E.E. Schattschneider theorized that "new policy creates new politics." (Schattschneider, 1935). This theory, coined the "policy feedback" theory, has shaped political science for nearly a century and served as an explanation for such historic political shifts as the Southern Democrats realigning themselves with Republicans after the passage of the Civil Rights Act. In this case, the new policy (the Civil Rights Act) lead to shifts in the political identity of the Southern half of the United States, a shift which we can still see today. Given that the ACA was the largest government reform of the health care system since the establishment of Social Security, we now see if it, in turn, new politics have been created around it as well.

Health Policy and Politics

While it is important to understand if the ACA had a large enough impact to generate new politics, we must also understand how health policy plays into political behavior aside from the ACA. While political scientists have concluded that health impacts electoral behavior, they agree that more research needs to be done on the matter (Pacheco & Fletcher, 2015; Wafsy et al, 2017; Jacobs et al, 2018). Pacheco and Fletcher argue that not only will we gain a better understanding of political behavior by studying health policy, but also political participation, public opinion and political inequity (Pacheco & Fletcher, 2015).

Of the few studies that have been done, several have seen a connection between poor health and voting for the Republican party. Specifically, in 2016, a substantial connection

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existed between being in poor health and voting for Donald Trump, especially in comparison to the relationship between health and voting for Mitt Romney in 2012 (Wafsey et al, 2017). Pacheo and Fletcher found a similar relationship between being in poor health and identifying with the Republican party more broadly (Pacheo & Fletcher, 2015). Others have found that a connection between anti-Obama sentiment and a reluctance to adopt provisions of the ACA, specifically the expansion of Medicaid (Sen & Joseph, 2019). While this may suggest that the decision to implement the ACA hinges on the politics of supporting President Obama, this trend is shifting as states are increasingly likely to make health policy decisions based on the needs of constituents and not on partisan ideals (Mayer et al, 2018). Furthermore, Jacobs et al found that Schattschneider's policy feedback loop is fed partially by sociotropism (Jacobs et al, 2018). Specifically, this means that if one sees the positive benefits of a given policy in one's community, one is more likely to support it, even in times of strong partisanship (Jacobs et al, 2018).

As a result of these studies, we must consider if the ACA has simply reached a point of such broad implementation that even Republicans are seeing the benefits in their community, and thus have come to support it. Considering that Republicans are more likely to be in poor health, has implementation of Medicaid expansion and the creation of ACA marketplaces perforated enough communities to dredge up support for the policy (Pacheo & Fletcher, 2015)?

Conclusion

As we can see from other policy areas, traditional predictors of voting behavior can change over time as cultural norms shift (Fay, 2012). Given that the ACA is the first major reform to the American health care system since the establishment of Social Security, how has it impacted politics? Have new politics been created?

While some theorize that the ACA has reached the tipping point of overcoming partisan politics, there has been relatively little research done to analyze how the ACA has impacted voting behavior beyond journalistic articles (Jacobs et al, 2018; Pacheo & Fletcher, 2015). Perhaps this is due to the fact that the ACA is an ever-evolving policy that is still facing court challenges across the country. It may also be due to the fact that it has taken years for voters to fully take advantage of its benefits and learn how the program can benefit their everyday lives. Regardless of these reasons, I hope to s hed light on the relationship between elections and the ACA through this study.

Conceptual Framework and Hypothesis

Based on previous literature and studies, several key categories emerge that impact voting behavior. As shown in Figure 1, demographic factors including race, religion, age, gender, education, geography, and socioeconomic status provide the base for an individual's political beliefs. Employment variables including union membership, employment status, and type of employment supplement this base and inform individual's understanding of the world. From there, these identities inform how individuals view the world and thus, their opinions on specific policy areas. An individual will base their vote upon the party platform that most close aligns with their personal policy preferences.

The present study will analyzes what factors have impacted the electoral outcomes of the 2008, 2012, and 2016 presidential elections. Specifically, it investigates if attitudes towards health care, including the ACA, have had a statistically significant impact on voting behavior. Based on the previous studies, I hypothesize the ACA will have a small, but still statistically significant impact on electoral outcomes, and that that impact will increase over time.

Demographic variables:
- Race
- Religion
- Age
- Gender
- Education
- Socio-economic status
- Geography

Macro-Economic Variables:
- Unions
- Employment Status
- Type of Employment

Issue Votes
- Immigration
- LGBTQ+
- Abortion
- Guns Control
- Health Care
- Health of Economy

Voting Behavior
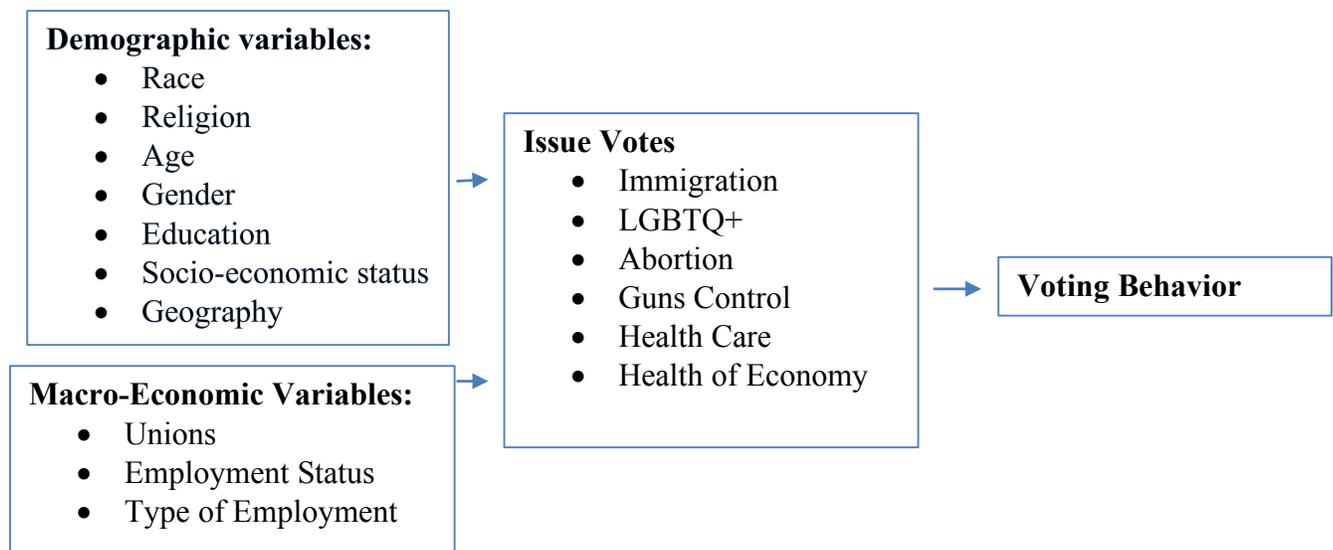
Figure 1: Conceptual Model

CHAPTER II: DATA AND METHODS

Data

Data for this study are drawn from the American National Election Studies, which is sponsored by Stanford University and the University of Michigan with funding by the National Science Foundation. Specifically, I use the Time Series Cumulative Data File, which has data from 1948 to 2016. While this is an expansive data set, I focus on the results from 2008, 2012, and 2016. This time frame includes a presidential race prior to the passage of the ACA and two subsequent presidential races. Thus, it gives me a frame of reference for before the passage of the ACA as well as two subsequent campaigns.

The unit of analysis in this data set is individual voters age 18 or older in all 50 states. Responses were collected through either in-person or online interviews with respondents in two waves, pre-election and post-election. The survey is meant to be representative of the national population and thus ANES suggests using the data to draw conclusions about broad demographic subgroups (race, gender, education), but not specific geographic subgroups (state, congressional district, etc.).

While there are a number of data sets that analyze voting patterns of Americans over time, the ANES Cumulative Data File is by far the most expansive survey. Specifically, it asks voters questions regarding their attitudes towards health care, which is unique to this survey and important when trying to determine how the ACA has impacted voting behavior since its passage. It also includes a great deal of demographic and political information, as well as attitudes towards hot button issues such as gay marriage, immigration, and feminism.

While each data set is listed individually, ANES recently released a Cumulative File. In order to collate this information, ANES took cross-section results and pooled them together. The codebook notes that while the questions have been worded slightly differently over the years, the variables have been recoded to be consistent over time.

Given that this is a cumulative data set, there is no specific information on the response rate for the data set as a whole. However, the response rate for the 2016 was 50 percent for face-to-face interview and 44 percent for online interviews while in 2012, it was only 38 percent for face-to-face interviews and 2 percent for online interviews respectively. In 2008, only face-to-face interviews were conducted, which yielded a 42 percent response rate.

While most of the individual surveys that comprise the Cumulative File are self-weighting samples, the Cumulative File itself is not. The description notes that in most cases, the weight is 1.0. The number of samples for each year varies from a minimum of 622 in 1948 to a maximum of 5914 in 2012.

Analysis Sample

For the years that I am using (2008, 2012, and 2016), the N equals 2,322, 5,914, and 4,270 respectively. 2012 and 2016 samples are both a combination of in-person and online interviews. In order to be included in the survey, one had to be 18 years or older and registered to vote in the United States. Surveys of each respondent were taken approximately two months before and after the respective elections.

Variables

See Appendix A for means and standard deviations of all variables used in this analysis.

Dependent Variable

The key dependent variable in this study is which party the respondent voted for in the 2008, 2012, and 2016 presidential races. This is limited to either Democrats=1 and Republicans=0. While this eliminates third-party candidates, I am interested in evaluating change between the two major parties. This limitation helps to better answer that question. Furthermore, limiting responses to Republicans and Democrats does very little to eliminate data points, thus maintaining the integrity of the sample.

Key Explanatory Variable(s)

The key explanatory variables that I evaluate are those pertaining to attitudes towards health care in the United States. There are several variables that measure this effect that can be used to evaluate the strength and significance of the ACA's impact on electoral outcomes. One option is to measure the difference between those who have health insurance and those who do not. While this is a fairly broad measure, it still has the potential to capture attitudes towards the health care system. Another way to capture attitudes towards the ACA specifically is through a scale that asks respondents to rate how much government involvement they would like to see in the health care sector on a scale from 1 to 7 (1 being a fully federalized system, 7 being a solely private market).

Other Explanatory/Control Variable(s)

Demographic Information

Other control variables I include address the various factors outlined in the Conceptual Model including demographic information, socio-economic status, and attitudes towards other highly political issues that played key roles in previous

campaigns. Demographic information includes a continuous variable for *age* in years and dummy variables for *race* of the respondent, which includes categories for *white*, *black*, *Asian or Pacific Islander*, *American Indian or Alaska Native*, *Hispanic*, or *other/multiple races*. I also include level of education, as a series of dummy variables that includes *grade school or less*, *high school*, *some college*, or *college/advanced degree*. Geographic information is measured by regional indicators (*Northeast, North Central, South,* and *West*). Religion includes dummy variables for *Protestant, Catholic, Jewish*, or *other*. Socio-economic information is measured through reported ranges of *income* ranging from $20,000 annually to over $100,000 annually. Responses are grouped based on corresponding income percentile ranges (0-16 percentile, 17-33 percentile, 34-67 percentile, 68-95 percentile, and 96-100 percentile). I then created dummy variables to convert these percentiles to *low income, medium low income, medium income, medium high income,* and *high income*.

Economic Forces

Economic and employment variables are measured by dummy variables for the employment status of the respondent (*working, temporarily laid off, unemployed, retired, disabled, homemaker*, or *student*). *Union membership* is measured with a simple yes = 1 or no = 0 response. Respondents were also asked to rank their perceptions of the state of the economy. I created three dummy variables to capture these rankings: *better, worse*, or the *same as the previous year*.

Political Variables

I also control for attitudes that may indicate preference towards one party or another based on central pieces of each party's platform, including attitudes towards immigration, gay marriage, abortion, and gun control. These are measured by a number of thermometers in which the respondent was asked to rank how positively or negatively they felt about a particular subject on a scale from 0 to 100 (0 being the most negative, 100 being the most positive). These thermometers include topics such as various racial groups (*Muslims*, *Asians*, and *Hispanics*), *feminists*, *immigration*, and the *LGBTQ community*. Attitudes towards *abortion* are measured based on responses to the question, "When should abortion be allowed?" On this topic, responses are separated by Republican and Democrats. Opinions on *gun control* are measured by responses to the question, "Should the government make it more difficult or easier to buy a gun, or should the rules stay as they are?". Responses to this question are based on a three-point Likert scale, where higher values correspond with support for more relaxed gun laws. Lastly, attitudes towards government spending will be captured by respondents rating on a one to seven scale how much they believe the *government should provide* (one meaning the government should significantly reduce spending and provide few services, seven being that the government should increase spending and provide many more services).

Data Limitations

Despite its strengths, the ANES survey has some limitations. Some of them include the fact that the results cannot be generalized to specific smaller geographic locations, including states. Another potential limitation is the use of online surveys in the 2012 and 2016 groups, but

not in 2008. This is a concern because online surveys could attract the responses of a fundamentally different group of individuals than in-person interviews. For example, one must have the means to have an internet-connected device, thus potentially biasing socio-economic status. They must also have access to the internet, thus potentially resulting in disproportionately urban responses.

Methodology

Empirical Model and Estimation Strategy

I use a probit estimation for my analysis, which requires that the dependent variable only take one of two values. In this case, the dependent variable is whether a respondent voted for the Democratic presidential nominee (= 1) or the Republican nominee (= 0). While this eliminates third-party votes, I am interested in evaluating shifts between the two major political parties. I estimate a combined model with all my variables with data from 2008, 2012, and 2016 and also conduct analysis on outputs using data from each of those three races independently to analyze any change in attitudes over time.

Study Limitations

The primary concern with this analysis is omitted variable bias. The factors that influence how individuals vote in elections is very complex. The literature is fairly clear regarding demographic categories that impact one's political leaning, but the 2016 presidential race was one that confounded political scientists. Numerous books and long-form articles were written trying to dissect who the "Trump voter" is. In that election, various factors seemed to weigh differently compared to past elections.

CHAPTER III: RESULTS

The purpose of this study is to determine the effect that the Affordable Care Act has on voter behavior, specifically by analyzing the 2008, 2012, and 2016 presidential elections. I do so by evaluating the effect that a variety of policy positions has on a voters' behavior as well as the impact of various demographic and employment factors. Results are determined using a probit model. Additionally, I report the marginal effects for ease of interpretation.

Demographic Variables

Given that sociological and demographic variables provide the foundation of voters' preferences, I will start by reviewing those results. As one can see from Table 1, the significance of the demographic factors was mixed. In all three years, men are more likely to vote Democrat, as are African Americans and Hispanics. Between 2008, 2012, and 2016, *men* are, on average, 8.5 percentage points more likely to vote for a Democrat than a woman while an *African American* person is 49.4 percentage points on average and *Latino* is 24.4 percentage points on average more likely to vote for a Democrat than a white person. While it is consistent with the literature that African Americans are more likely to vote Democratic, particularly considering that Barack Obama was on the ballot in two of the three years in this sample, it is quite surprising that men are as well.

Education and *income* have mixed levels of significance both across subcategories and across years. This fits with the idea that higher levels of education and higher socio-economic status cause tension in the voting priorities of an individual. *South* is the most consistently significant regional indicator, which shows that a respondent from the South is more likely to vote Republican. Specifically, compared to someone living in the northeast, a person from the

South was 17.1 percentage points more likely to vote for a Republican in 2016. This is an increase from 11.5 percentage points in 2008.

Employment Status is also not significant in most cases; however, being a homemaker was associated with a 20.5 percentage point increase in the likelihood of voting for a Republican than an employed individual in 2016. This is consistent with the idea that stay-at-home mothers want to create a safe world for their children, and thus are attracted to the traditionally more hawkish rhetoric of the Republican party.

Religion and *sexual orientation* are both consistently highly statistically significant. They indicate that if one is religious or if one is a member of the LGBTQ community, they are more likely to vote Democratic. Averaged across 2008, 2012, and 2016, Catholics, Jewish individuals, and those of other faiths are 10.2, 24.9, and 20.1 percentage points more likely to vote for a Democrat compared to Protestants, respectively. A gay individual is 29.7 percentage points more likely to vote for a Democrat than a straight person, on average. While this is not surprising given the Democratic party's support for the LGBTQ community, one might expect religious individuals to lean conservative based on the previous literature.

Table 1: Marginal Effects of Demographic Variables for Models Predicting Voter Preference

Variable	2008	2012	2016
Gender	.047*	.077***	.130***
	(.025)	(.017)	(.023)
Black	.470***	.497***	.516***
	(.017)	(.010)	(.013)
Asian American	.157*	.047	.152†
	(.039)	(.062)	(.063)
American Indian	.160	.195*	.292†
	(.056)	(.071)	(.116)
Hispanic	.184***	.223***	.324***
	(.023)	(.017)	(.028)
Race Other	.192***	.174***	.194***
	(.024)	(.030)	(.048)
Elementary	-.014	.138*	.137
	(.079)	(.055)	(.115)
Some College	-.051†	-.042*	-.012
	(.030)	(.021)	(.031)
College	-.004	.026	.163***
	(.032)	(.022)	(.030)
North Central	-.038	.055*	-.036
	(.048)	(.025)	(.035)
West	-.004	-.032	-.023
	(.042)	(.025)	(.036)
South	-.115**	.017	-.171***
	(.042)	(.026)	(.033)
Low Income	.051	.062*	-.062
	(.038)	(.025)	(.040)
Medium Low Income	.027	.008	.049
	(.033)	(.026)	(.036)
Medium High Income	-.073*	.004	.028
	(.034)	(.021)	(.027)
High Income	-.286***	.007	.051
	(.079)	(.038)	(.058)
Laid Off	.050	.088	-.086
	(.076)	(.071)	(.140)
Unemployed	.091	.048	.021
	(.049)	(.040)	(.058)
Retired	-.016	-.004	.014
	(.032)	(.020)	(.027)

Disabled	.047	.120**	.096
	(.048)	(.034)	(.063)
Homemaker	.026	-.067†	-.205***
	(.046)	(.035)	(.051)
Student	-.034	.031	.160*
	(.102)	(.043)	(.074)
Catholic	.069*	.116***	.121***
	(.027)	(.019)	(.027)
Jewish	.192***	.231***	.323***
	(.025)	(.028)	(.043)
Religion Other	.129***	.193***	.281***
	(.023)	(.018)	(.024)
Union	.034	.099***	.086**
	(.032)	(.020)	(.030)
Married	-.023	-.082***	-.050*
	(.026)	(.018)	(.025)
Bisexual	.148*	.102†	. 199*
	(.044)	(.054)	(.071)
Gay	.209***	.310***	.373***
	(.021)	(.019)	(.039)
R-Squared	.322	.237	.217

Source: American National Election Survey, Cumulative Data File
Standard errors in parentheses
Key: †=p<.10; *=p<.05; **=p<.01; ***=p<.001

Health Insurance

After evaluating which demographic variables provide a base for voters' perception of the world, we can begin to add variables to the model that represent policy positions. Given that our key independent variables pertain to health insurance, we start by adding those to the model, as shown below in Table 2. While the variable that indicates *if one has health insurance* is not consistently statistically significant, we can still find interesting outcomes using this variable in combination with attitudes towards *government involvement in the health insurance industry*. Attitudes towards *government involvement in the health insurance industry* are consistently statistically significant. While not a perfect fit, this variable is being used as a proxy for attitudes

towards the ACA, since the ACA was a significant expansion of the federal government's involvement in the health care market. These results show that if one is more in favor of a government insurance plan, then they are more likely to vote Republican. This runs contrary to what one might expect, given the vocal resistance of the Republican party to government involvement in the health insurance industry through conversations around the ACA.

After adding in health care variables, other demographic variables remained fairly consistent with their previous levels of statistical significance.

Table 2: Marginal Effects of Demographic and Health Insurance Variables for Models

Predicting Democratic Vote

Variable	2008	2012	2016
Gender	.080*	.083***	.124***
	(.042)	(.019)	(.026)
Black	.502***	.464***	.516***
	(.028)	(.011)	(.015)
Asian American	.170†	.053	.127
	(.050)	(.070)	(.075)
American Indian	Omitted	.219*	.331*
		(.061)	(.106)
Hispanic	.155***	.197***	.291***
	(.037)	(.020)	(.036)
Race Other	.195**	.179***	.144*
	(.034)	(.031)	(.063)
Elementary	.065	.165**	.388**
	(.101)	(.055)	(.056)
Some College	-.081 †	-.032	-.018
	(.048)	(.024)	(.037)
College	-.046	.001	.174***
	(.053)	(.025)	(.036)
North Central	-.120	.090***	-.003
	(.085)	(.027)	(.040)
South	-.196**	-.015	-.133***
	(.069)	(.029)	(.039)
West	-.115	.032	.018
	(.080)	(.029)	(.042)

Low Income	-.079	.056†	-.037
	(.075)	(.029)	(.047)
Medium Low Income	-.100	.012	.022
	(.066)	(.030)	(.044)
Medium High Income	-.090†	.018	.067*
	(.056)	(.024)	(.031)
High Income	-.342**	.020	.150*
	(.141)	(.042)	(.062)
Laid Off	.082	.042	-.117
	(.093)	(.086)	(.172)
Unemployed	.051	.011	-.055
	(.077)	(.050)	(.069)
Retired	-.017	-.026	.027
	(.052)	(.023)	(.031)
Disabled	-.010	.029	.115
	(.080)	(.043)	(.073)
Homemaker	-.126	-.111**	-.256***
	(.111)	(.043)	(.059)
Student	-.164	.035	.228*
	(.191)	(.049)	(.075)
Catholic	.082†	.126***	.126***
	(.041)	(.021)	(.031)
Jewish	.172†	.226***	.280***
	(.049)	(.029)	(.060)
Religion Other	.091*	.157***	.198 ***
	(.039)	(.021)	(.030)
Union	.024	.085***	.068†
	(.052)	(.022)	(.036)
Married	-.063	-.061**	-.039
	(.042)	(.020)	(.029)
Bisexual	.195*	.045	.039
	(.036)	(.069)	(.101)
Gay	Omitted	.270***	.341***
		(.027)	(.056)
Gov. Involvement in Health Insurance	-.065***	-.161***	-.153***
	(.011)	(.006)	(.007)
Health Insurance	.060	.041	.147*
	(.060)	(.034)	(.057)
R-Squared	.416	.441	.394

Source: American National Election Survey, Cumulative Data File
Standard errors in parentheses
Key: †=p<.10; *=p<.05; **=p<.01; ***=p<.001

Other Political Variables

When we add additional independent variables to the equation to control for other political attitudes, we can see how other hot-button issue areas impact voting at the Presidential level. As shown in Table 3, perceptions of the health of the *economy*, *abortion* attitudes of the candidates, and attitudes towards *Hispanics,* and *pro-gun* sentiments are not statistically significant. On the other hand, attitudes towards *feminists, affirmative action,* the *LGBTQ community, government spending,* and *Muslims* are all statistically significant. They all show that the more positively you feel about these communities, the more likely you are to vote for the Democratic candidate.

As additional policy variables were added, the significance of the demographic variables decreased. This indicates that opinions about hot button political topics are stronger indicators of how a person will vote than their age, race, religion, or other socio-demographic factors. Attitudes towards *government involvement in the health insurance industry* maintained their statistical significance. They also continued to show that the more in favor a voter is of government involvement in the health care sector, the more likely they are to vote for a Republican.

Table 3: Marginal Effects of Demographic, Health Insurance, and Other Political

Variables for Models Predicting Voter Preference

Variable	2008	2012	2016
Gender	.007	-.025	.028
	(.076)	(.028)	(.038)
Black	Omitted	.404***	.456***
		(.020)	(.037)
Asian American	.318	.125	.100
	(.190)	(.091)	(.105)
American Indian	Omitted	.247	.345*
		(.099)	(.107)
Hispanic	.144	.096*	.211**
	(.106)	(.038)	(.064)
Race Other	.480*	.182***	.073
	(.105)	(.049)	(.092)
Elementary	-.004	.189†	.455*
	(.326)	(.079)	(.031)
Some College	-.062	-.074*	-.038
	(.089)	(.034)	(.051)
College	-.075	-.095**	.034
	(.099)	(.036)	(.052)
North Central	-.091	.093*	.069
	(.132)	(.038)	(.054)
South	-.326**	.036	-.043
	(.114)	(.038)	(.054)
West	-.286*	.011	.011
	(.115)	(.041)	(.058)
Low Income	-.038	.099*	-.028
	(.130)	(.039)	(.065)
Medium Low Income	-.135	.018	.002
	(.110)	(.041)	(.063)
Medium High Income	-.074	-.016	.041
	(.090)	(.033)	(.043)
High Income	-.228	-.050	.088
	(.146)	(.060)	(.092)
Laid Off	.278	.029	-.222
	(.220)	(.127)	(.216)
Unemployed	.215	.063	-.087
	(.145)	(.064)	(.091)
Retired	.075	-.012	.060
	(.098)	(.032)	(.043)

Disabled	.254	.013	.226*
	(.167)	(.061)	(.081)
Homemaker	-.099	-.030	-.188*
	(.178)	(.056)	(.082)
Student	-.171	-.030	.054
	(.239)	(.069)	(.137)
Catholic	.016	.118***	.106*
	(.088)	(.030)	(.043)
Jewish	.127	.172*	.220†
	(.279)	(.062)	(.101)
Religion Other	.033	.147***	.203***
	(.091)	(.030)	(.043)
Union	.025	.146***	.055
	(.102)	(.029)	(.049)
Married	-.078	-.044	-.039
	(.083)	(.028)	(.039)
Bisexual	.262	-.063	-.012
	(.222)	(.109)	(.153)
Gay	Omitted	.236*	.095
		(.063)	(.149)
Gov. Involvement in Health Insurance	-.081***	-.109***	-.069***
	(.022)	(.008)	(.010)
Health Insurance	.118	.003	.160†
	(.099)	(.044)	(.082)
Feminism Thermometer	.005**	.002**	.005***
	(.002)	(.001)	(.001)
Government Spending	-.077**	-.080***	-.077***
	(.028)	(.010)	(.013)
Affirmative Action	.250†	.074†	.126*
	(.123)	(.039)	(.054)
Hispanic Thermometer	-.001	.000	-.001
	(.002)	(.001)	(.001)
Asian Thermometer	-.005*	-.003***	-.002†
	(.002)	(.001)	(.001)
Immigration Thermometer	.002	.002***	.003***
	(.001)	(.001)	(.001)
LGBTQ Thermometer	.004*	.002***	.002**
	(.001)	(.001)	(.001)
Economy is Better	.239	.297***	.200***
	(.320)	(.025)	(.041)
Economy is Worse	.238	-.310***	-.236***
	(.151)	(.031)	(.043)

Support for Abortion (Democrat Candidate)	-.008 (.085)	-.000 (.034)	.031 (.055)
Support for Abortion (Republican Candidate)	.086 (.083)	-.039 (.034)	-.073† (.043)
Guns- Harder to Buy	-.051 (.079)	.169*** (.026)	.319*** (.035)
Guns- Easier to Buy	.093 (.248)	-.016 (.062)	-.001 (.096)
Muslims Thermometer	.006** (.002)	.001** (.001)	.003*** (.001)
R-Squared	.430	.649	.639

Source: American National Election Survey, Cumulative Data File
Standard errors in parentheses
Key: †=p<.10; *=p<.05; **=p<.01; ***=p<.001

Conclusion

Despite the additional policy-relevant variables, the *Health Insurance Scale* variable

continues to remain statistically significant through all models. It also continues to indicate that

if one is more in favor of a government insurance plan, then they are more likely to vote

Republican. Ultimately, these results show that yes, attitudes towards government involvement

in health care impacts voting behavior, however not in the manner one might expect. Instead of

those who support more government involvement in health care supporting the Democratic

candidate (the party that traditionally advocates for a larger federal government), they instead

support the Republican candidate. One hypothesis to explain this surprising result is since the

phrasing of this survey question extends to the health insurance market as a whole, not just the

ACA, individuals may think of Social Security or Medicare/Medicaid systems when answering.

Older individuals are more likely to rely on these programs and are also more likely to vote and

to vote Republican. Thus, older voters may recognize the value of these government-run health

care programs without it necessarily changing their vote from Republican to Democrat.

CHAPTER IV: CONCLUSIONS

Ultimately, this study found that attitudes towards government involvement in the health care industry impacts how individuals vote; however, not necessarily in the direction one might expect. Instead of those who support more government involvement in health care being more likely to support the Democratic candidate, they are instead more likely to support the Republican. Using this variable as a proxy for support for the ACA, this means that those who are more likely to be in support of the ACA are also more likely to vote Republican. This finding remained true through the 2008, 2012, and 2016 presidential races.

Implications of Results

These findings tell us that the Democratic Party's strategy in 2018 of marketing the party as one that will protect the Affordable Care Act was effective. While this may seem counter-intuitive at first glance, if individuals who value government involvement in health care are more likely to vote Republican and the Democratic party is looking for ways to swing those voters, pitching their party as one that shares those values is one way to appeal to those voters. This is especially true when Republicans have consistently opposed and attacked the Affordable Care Act.

This finding also shows that there may be potential for broad support for a Medicare for All system. While the program is a new policy route that voters and politicians alike have been slow to embrace, if those who support greater government involvement in the health care system are more likely to support the party that has traditionally opposed such a policy, then they may be more open to hearing what the other side of the aisle feels about this issue area.

Limitations

While these findings are interesting, there are several things to keep in mind when weighing their implications. The first is the use of *government involvement in health care* as a proxy variable to measure support for the ACA. While the ACA was certainly a significant expansion of government involvement in the health care market, there are many other government health care programs that could be captured in this variable. These include universally popular programs such as Social Security. While this is the closest variable that the ANES data set offers to capturing attitudes towards the ACA, it is by no means a perfect measure.

The time range of the data is also concerning. Given that the ACA was only passed into law in 2010, there have not been many opportunities to capture how an individual's support for such a program translates to their voting preferences. More specifically, there have not been many opportunities to capture how an individual's support for such a program weighs against the *other factors* that go into their decision of which candidate to support.

Suggestions for Future Studies

As a result of these limitations, I suggest that additional studies be conducted analyzing a similar question, but with more robust data. Specifically, more election results are needed to truly understand how the ACA has impacted electoral politics.

Additionally, it is critical that a better variable be used to measure attitudes towards the ACA. While attitudes towards government involvement in health care is a good start, it simply captures attitudes towards too many other programs. This is a problem given that these other

programs, particularly Social Security, are much more established and much less partisan than the ACA.

Final Conclusions

While this study scratched the surface of understanding how the ACA has impacted electoral politics, it does not provide a full enough picture to really capture the dynamics at play. Voters are just starting to feel the effects of the program ten years after its passage. Furthermore, they are only just starting to understand the full range of benefits it offers. Thus, more time and more specific data is needed to fully understand how public views of the program have translated to individuals' voting behavior. Once these are accomplished, we will be able to see more clearly how the ACA and electoral outcomes are intertwined.

APPENDIX A: SUMMARY STATISTICS

Table A.1. Summary Statistics (2008)

Variable	Obs	Mean	Std. Dev.	Min	Max
Gender	2,322	.5697674	.4952152	0	1
White	2,322	.4900947	.5000096	0	1
Black	2,322	.2411714	.4278862	0	1
Asian	2,322	.0142119	.118389	0	1
AmIndian	2,322	.005168	.071718	0	1
Hispanic	2,322	.2252369	.4178282	0	1
RaceOther	2,322	.0137812	.1166068	0	1
Elementary	2,322	.0430663	.2030502	0	1
HighSchool	2,322	.4319552	.495455	0	1
SomeCollege	2,322	.3066322	.4611946	0	1
College	2,322	.212317	.4090361	0	1
Northeast	2,322	.1093885	.3121932	0	1
NorthCent	2,322	.1709733	.3765667	0	1
South	2,322	.4732989	.4993941	0	1
West	2,322	.2463394	.4309713	0	1
LowInc	2,322	.1826012	.3864225	0	1
MedLowInc	2,322	.1782946	.382843	0	1
MedInc	2,322	.3535745	.478182	0	1
MedHighInc	2,322	.1653747	.3715984	0	1
HighInc	2,322	.0413437	.1991267	0	1
Working	2,322	.6055125	.4888456	0	1
LaidOff	2,322	.0211025	.143757	0	1
Unemployed	2,322	.0546942	.2274314	0	1
Retired	2,322	.1576227	.3644654	0	1
Disabled	2,322	.079242	.2701743	0	1
Homemaker	2,322	.0590009	.2356771	0	1
Student	2,322	.0206718	.1423139	0	1
Protestant	2,322	.5167959	.4998255	0	1
Catholic	2,322	.2265289	.4186753	0	1
Jewish	2,322	.0099053	.0990523	0	1
ReligionOt~r	2,322	.2459087	.4307174	0	1
Union	2,308	.1191508	.3240361	0	1
Married	2,308	.4224437	.4940554	0	1
Straight	2,322	.9392765	.2388739	0	1
Bisexual	2,322	.0172265	.1301425	0	1
Gay					
	2,322	.0228252	.149378	0	1
HealthInsS~e	1,044	3.456897	2.026919	1	7
HealthInsu~e	2,319	.804226	.396881	0	1
ThermoFemi~t	1,972	57.79919	21.22002	0	97
GovSpending	953	3.341028	1.686004	1	7
AffirmAction	1,916	.2473904	.4316082	0	1
ThermoHisp	2,050	68.39902	20.63648	0	97
ThermoAsian	2,011	65.43312	18.85535	0	97
ThermoImmi~n	2,048	44.18848	26.78348	0	97
ThermoLGBTQ	2,041	49.51494	27.54065	0	97
EconBetter	2,322	.0249785	.156093	0	1

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EconWorse	2,322	.8850129	.3190751	0	1
AbortionDe~s	2,322	.2713178	.4447355	0	1
AbortionDe~o	2,322	.1042205	.3056122	0	1
AbortionRe~s	2,322	.1106804	.3138036	0	1
AbortionRe~o	2,322	.2614126	.4394988	0	1
GunDifficult	2,322	.5232558	.4995665	0	1
GunEasy	2,322	.0353144	.184613	0	1
GunSame	2,322	.4293712	.4950931	0	1
ThermoMusl~s	1,972	51.786	23.12534	0	100

Table A.2. Summary Statistics (2012)

Variable	Obs	Mean	Std. Dev.	Min	Max
PresVote	4,188	.5959885	.4907583	0	1
Gender	5,914	.5189381	.4996835	0	1
White	5,914	.5948597	.4909607	0	1
Black	5,914	.1736557	.3788452	0	1
Asian	5,914	.0155563	.1237615	0	1
AmIndian	5,914	.0059182	.0767081	0	1
Hispanic	5,914	.1706121	.3762015	0	1
RaceOther	5,914	.0353399	.184653	0	1
Elementary	5,914	.0214745	.144972	0	1
HighSchool	5,914	.3275279	.4693513	0	1
SomeCollege	5,914	.3310788	.4706411	0	1
College	5,914	.3084207	.4618803	0	1
Northeast	5,914	.163003	.3693997	0	1
NorthCent	5,914	.2123774	.4090251	0	1
South	5,914	.3860331	.4868795	0	1
West	5,914	.2385864	.4262554	0	1
LowInc	5,914	.1959757	.3969834	0	1
MedLowInc	5,914	.1537031	.3606944	0	1
MedInc	5,914	.3400406	.4737625	0	1
MedHighInc	5,914	.2346973	.4238453	0	1
HighInc	5,914	.0419344	.2004562	0	1
Working	5,914	.5233345	.4994974	0	1
LaidOff	5,914	.0138654	.1169422	0	1
Unemployed	5,914	.0578289	.2334393	0	1
Retired	5,914	.2223537	.4158627	0	1
Disabled	5,914	.0666216	.2493866	0	1
Homemaker	5,914	.0684816	.2525918	0	1
Student	5,914	.0453162	.2080143	0	1
Protestant	5,914	.4301657	.495141	0	1
Catholic	5,914	.2328373	.4226752	0	1
Jewish	5,914	.0185999	.1351187	0	1
ReligionOt~r	5,914	.3151843	.4646285	0	1
Union	5,885	.157689	.3644802	0	1
Married	5,904	.4981369	.5000389	0	1
Straight	5,914	.9298275	.2554591	0	1
Bisexual	5,914	.0196145	.1386831	0	1
Gay	5,914	.0209672	.1432866	0	1
HealthInsS~e	5,471	3.998355	1.974286	1	7
HealthInsu~e	5,902	.8402237	.3664296	0	1
ThermoFemi~t	5,376	51.07626	23.64412	0	97
GovSpending2	5,241	4.116581	1.639783	1	7
AffirmAction	5,312	.2296687	.4206593	0	1
ThermoHisp	5,449	65.72839	22.00302	0	97
ThermoAsian	5,451	65.42524	20.19177	0	97
ThermoImmi~n	5,458	41.09344	26.91067	0	97
ThermoLGBTQ	5,446	51.94142	27.18912	0	97
EconBetter	5,914	.3233006	.4677759	0	1
EconWorse	5,914	.3260061	.4687892	0	1

AbortionDe~s	5,914	.7281028	.4449748	0	1
AbortionDe~o	5,914	.1721339	.3775287	0	1
AbortionRe~s	5,914	.1707812	.3763495	0	1
AbortionRe~o	5,914	.7189719	.4495392	0	1
GunDifficult	5,914	.4898546	.4999393	0	1
GunEasy	5,914	.0544471	.2269169	0	1
GunSame	5,914	.4514711	.4976815	0	1
ThermoMusl~s	5,397	45.11562	23.38667	0	100

Table A.3. Summary Statistics (2016)

Variable	Obs	Mean	Std. Dev.	Min	Max
PresVote	2,609	.5228057	.4995754	0	1
Gender	4,218	.5289237	.4992219	0	1
White	4,270	.7114754	.4531294	0	1
Black	4,270	.0929742	.2904303	0	1
Asian	4,270	.0346604	.1829396	0	1
AmIndian	4,270	.0063232	.0792759	0	1
Hispanic	4,270	.1053864	.3070866	0	1
RaceOther	4,270	.041452	.1993565	0	1
Elementary	4,270	.0096019	.097529	0	1
HighSchool	4,270	.2473068	.4314971	0	1
SomeCollege	4,270	.3510539	.4773556	0	1
College	4,270	.382904	.4861521	0	1
Northeast	4,270	.1637002	.3700467	0	1
NorthCent	4,270	.2344262	.4236893	0	1
South	4,270	.381733	.4858685	0	1
West	4,270	.2201405	.4143898	0	1
LowInc	4,270	.1594848	.3661704	0	1
MedLowInc	4,270	.1557377	.362649	0	1
MedInc	4,270	.2953162	.4562382	0	1
MedHighInc	4,270	.3290398	.4699195	0	1
HighInc	4,270	.0339578	.1811419	0	1
Working	4,270	.6140515	.4868755	0	1
LaidOff	4,270	.0114754	.1065194	0	1
Unemployed	4,270	.0515222	.2210863	0	1
Retired	4,270	.2051522	.4038601	0	1
Disabled	4,270	.041452	.1993565	0	1
Homemaker	4,270	.0498829	.2177285	0	1
Student	4,270	.0227166	.149016	0	1
Protestant	4,270	.4339578	.4956773	0	1
Catholic	4,270	.2194379	.4139143	0	1
Jewish	4,270	.0196721	.1388872	0	1
ReligionOt~r	4,270	.3266979	.4690607	0	1
Union	4,243	.1364601	.3433169	0	1
Married	4,246	.5044748	.5000389	0	1
Straight	4,270	.9152225	.278583	0	1
Bisexual	4,270	.0274005	.1632664	0	1
Gay	4,270	.0255269	.1577376	0	1
HealthInsS~e	3,765	4.066932	2.047077	1	7
HealthInsu~e	4,264	.9122889	.2829074	0	1
ThermoFemi~t	3,578	55.80604	25.57718	0	97
GovSpending2	3,627	4.101461	1.701583	1	7
AffirmAction	3,551	.2441566	.4296465	0	1
ThermoHisp	3,572	67.71613	20.98908	0	97
ThermoAsian	3,567	68.52229	19.8716	0	97
ThermoImmi~n	3,580	41.34581	27.06821	0	97
ThermoLGBTQ	3,598	60.32018	26.77908	0	97
EconBetter	4,270	.2819672	.4500101	0	1
EconWorse	4,270	.2925059	.4549667	0	1

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AbortionDe~s   4,270 .7103044    .4536742          0    1
AbortionDe~o   4,270 .1259953    .3318829          0    1
AbortionRe~s   4,270 .2044496    .4033461          0    1
AbortionRe~o   4,270 .6255269    .4840432          0    1
GunDifficult   4,270 .5313817    .4990727          0    1
GunEasy        4,270 .0644028    .2454979          0    1
GunSame        4,270 .3985948    .4896664          0    1
ThermoMusl~s   3,578 54.48323    25.36741          0  100
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