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UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

NATIONAL HEALTH INSURANCE AND THE AMERICAN DREAM: CULTURAL INFLUENCES AND PUBLIC OPINION

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

Doctor of Philosophy

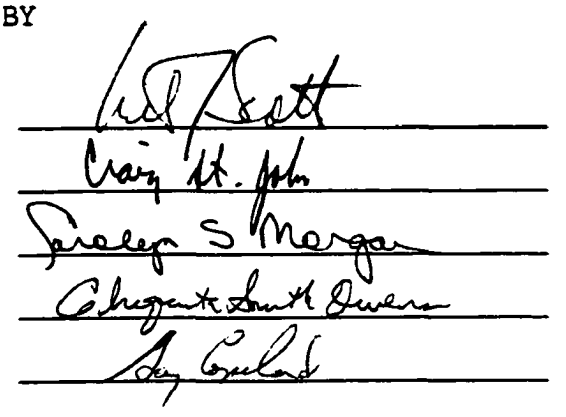
by

Stephen Paul Schlereth
Norman, Oklahoma
1997

NATIONAL HEALTH INSURANCE AND THE AMERICAN DREAM
CULTURAL INFUENCES AND PUBLIC OPINION

A Dissertation APPROVED FOR THE
DEPARTMENT OF SOCIOLOGY

BY



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STATEMENT OF THE PROBLEM

The United States is unique among industrialized nations in its lack of a system of national health care. Forty million Americans have no health insurance at any given time. Additionally, about fifty million people in the U.S. are underinsured in regard to long-term and catastrophic care (Weitz, 1996). Cross-cultural, comparative literature focuses primarily on the delivery of health care in other industrialized countries, whether encompassing a single payer plan such as Canada, a national health service such as Great Britain, or a modified private insurance model as implemented in Germany (Lassey et al., 1997). This literature alludes to cultural factors favoring national health care but inevitably reverts to structural factors, especially the presence of socialist political parties as having primary significance (Lassey et al., 1997). Historical studies explain the lack of national health insurance in the United States in terms of political-economic struggles between various presidential administrations and Congress. (Starr, 1982; Fein, 1986; Halvorson, 1993; Navarro, 1994).

Neo-Marxist explanations for a lack of a system of national health care insurance (NHI) in the United States have a tendency to rely on macro-structural, economic, and formal-political explanations, rather than micro--cultural,

social or demographic explanations. Vicente Navarro (1994) for example, contends that health-related political action committees (PACs) from various sectors in the medical industrial complex--insurance companies, medical associations, and pharmaceutical companies--affect policy by contributing millions of dollars to political candidates. These candidates are often heads of committees that have power to ensure that few changes are made to the existing, profitable medical establishment (Navarro, 1994; Freund and McGuire, 1995).

Univariate analysis of political party identification as an independent variable and support for national health insurance as dependent variable has shown that Democrats tend to slightly favor NHI compared to Republicans (Navarro, 1994). Additionally, the history of efforts toward a system of national health insurance in the twentieth century United States indicates a tendency for presidential NHI initiatives to originate from Democratic administrations (Starr, 1982). Few multivariate analyses, in particular tests of interaction between cultural and political factors, have been performed to explain a lack of national health care in the United States.

Another approach to the national health insurance debate focuses on social, demographic and cultural factors in the United States compared or in combination with macro-

structural economic and political data. Max Weber's analysis of cultural determinants of structural shifts in The Protestant Ethic and the Spirit of Capitalism is central to such an approach. Sentiments expressed by religious and social groups have not been well examined in the sociological literature on national health reform in the United States. Beyond ideological statements of social justice (Konner, 1993), religious views toward NHI have not been studied. The interplay between cultural and structural factors is possible with an analysis of interaction effects of these variables. Fein (1986) and Halvorson (1993) have noted that there are particular cultural restraints that may impede efforts toward national health reform including those factors of individualism and secularization as found in the United States.

Hunter notes in his book, Culture Wars, that the United States is polarized on cultural issues (Hunter, 1991). Economic and cultural values become framed as either liberal/progressive or conservative/traditional. These frameworks supersede the religious dimensions prevalent in the past. Instead of cultural distinctions being based on Catholic, Protestant or Jewish religious affiliation, Hunter proposes that cultural preferences as progressive or traditional now are paramount. Within this framework a liberal Catholic might have much more in common with a

liberal Protestant or Jew than with a traditional or conservative fellow Catholic. Liberals coalesce with like minded liberals whatever religious background, just as conservatives now join ranks with those of similar cultural views no matter the religious background. What ensues, Hunter notes, is a lack of dialogue on important institutional issues.

In a similar vein, the civil society movement forwarded by Bellah and others claims that cultural factors are largely the determinant of institutional failure or success (Bellah, et al.:1991). The medical institution and NHI in particular have not been examined from the perspective of these cultural/civil society scholars.

There is some evidence that formal political preference in regard to the issue of health care reform and NHI is correlated with religious identification. The Barna Report (1992:313), for example, found that 84% of Baptists think that "knowing a presidential candidate's position on health care" is very important compared to 78% of Catholics. While these two percentages are similar, Baptists may not want the candidate to support NHI, while a majority of Catholics may favor some type of national health reforms. This interaction of formal religious identification (Protestant, Catholic, Jew) or, for example, Catholic v. non-Catholic, in conjunction with political ideology, has not been examined

in the literature.

The approach of this dissertation is to test Hunter's theory in regard to National Health Care or insurance through a secondary analysis of the 1994 Washington Post Health Care Poll and the 1994 National Election Study. The Washington Post poll comprises a telephone survey conducted in October 1993, and was made available through the Inter-university Consortium for Political and Social Research (ICPSR). One-thousand fifteen households were selected in the poll by random digit dialing. Variables on political and religious identification and attitudes about various aspects of the Clinton's Health Care proposal were included in the questionnaire.

The 1994 National Election Study is similarly composed from a similar random digit telephone survey of 1,795 households. Variables on political and religious identification as well as attitudes specific to National Health Insurance (NHI), different than the Clinton proposal, as well as more generic issues of health care are contained.

This dissertation proposes to analyze political and religious identification as independent variables, with attitudes toward Clinton's Health Care proposal or NHI as the dependent variables. If, as noted, Catholics favor national health care reform as a group in spite of political identification, Hunter's thesis will be partially refuted.

If, on the other hand, Catholics are found to be polarized in liberal/conservative patterns toward national health reform, whether of the Clinton or NHI variety, interaction or multiplicative effects between political and religious identification will be analyzed to more adequately account for attitudes toward the health care reform issue. The major hypothesis of this dissertation then counters Hunter's cultural polarization thesis by suggesting that religious identification, in particular Catholic status, works differently for the national health care issue than the polarization thesis suggests.

REVIEW OF THE LITERATURE

Neo-Marxist or conflict perspectives utilize economic and political explanations to account for the absence of a system of national health care in the United States. Such explanations typically assert that large, well-funded political actions committees (PACs) from various sectors in the "medical industrial complex"--insurance companies, medical associations, and pharmaceutical companies--contribute millions of dollars to candidates, who in turn legislate in favor of the medical industrial complex, a major component of capitalist economy in the United States (Freund and McGuire, 1995:276).

Vicente Navarro, an influential Marxist medical sociologist, noted, for example, that between 1981 and 1991, insurance PACs, in particular, the Health Insurance Association of America, contributed $60 million to members of Congress. Medical-professional PACs, such as the American Medical Association (AMA) contributed $28 million during that same period. In a similar way, pharmaceutical PACs contributed $9 million during 1991 to members of Congress, both Democrat and Republican (Navarro, 1994:201-203). Accordingly, government leaders side with these PACs rather than less well funded PACs that favor a system of national health care reform.

This powerful structural argument explains much in regard to the lack of nationalized health care delivery in

the United States. However, despite the inspiration provided by Max Weber's Protestant Ethic and the Spirit of Capitalism, little examination of the health care system from a cultural perspective has been made. More complete theories attempting to explain a possibility or lack of national health care should account for culture as a social fact in itself, as Weber noted, not solely a derivative of economic substructure as noted in Marxist explanations. Social organization, according to Parsons, a structural-functionalist theorist, includes both structure and culture (Wallace and Wolf, 1995:17).

Max Weber: Culture as an Independent Variable

Max Weber offers an alternative view within conflict theory to Marx. While Marx regards social change as a byproduct of contradictions within the economic substructure, Weber argues that culture itself becomes a motivator of social change. The analysis of Max Weber concerning rational capitalistic outcomes parallels this present study. In regard to the goal of the structural outcome of national health care reform, this dissertation analyzes cultural concerns, in particular, as found in public opinion data, certain religious doctrines as independent or causal variables. In a comparable way, Weber examined the dependent variable of rational capitalism as an outcome of the cultural independent variable: the Calvinistic variant of radical ascetic Protestantism (Weber,

1996:155).

Weber described Calvinist doctrine as a cultural pattern which asserts that God predestines humans to either salvation or damnation. Followers of Calvin, originally in Geneva, spread their beliefs to Switzerland, England and, later, to mid-seventeenth century Puritan New England. The Calvinist belief system adapted the ideas of Luther, Roman Catholicism, and other strains of Christianity present during the Protestant Reformation.

Weber described modern or rational capitalism to be different from previous historical variants of "adventure", "greed" or "pariah" capitalisms which were already existent in ancient Greece, slave markets in Rome and Islamic merchant caravans (Weber, 1996:17-18). These forms of capitalism were short term, were not oriented to capital accumulation, and did not require systems of book-keeping to account for profits and losses. "Adventure capitalism" was designed, according to Weber, to enable certain traders to retire in aristocratic luxury. Cultural determinants of short-term greed do not, according to Weber, become precursors to a framework of modern capitalism (Weber, 1996:20).

Weber noted a historical shift with the advent of Martin Luther's understanding of "calling" during the Protestant Reformation. Weber described concurrent medieval Catholicism as having two possible callings, that of the

monk and the laity. Monks (and nuns) lived an ascetic lifestyle. Weber argued that this disciplined life was a precursor to a good afterlife, not a cultural or intellectual basis for modern capitalism. A "treasury of merit" is available from the good works of these monks, and saints in the hereafter to provide an additional means of merit for the lay person. Luther, a former monk and priest, modified this view of calling and merit by proposing that all Christians were to live an ascetic lifestyle, not solely monks and nuns. Randall Collins, for example, refers to Luther as a social conservative because Luther's dictum called for people to remain in their existing occupation rather than seek advancement, economic or otherwise (Collins cited in Weber, 1996:xi). Weber noted that neither Catholicism or Lutheranism provides an impetus for rational capitalism. Religious and other cultural motivations, toward a rational capitalist standpoint, would be wasted inside the cloister or monastery. Similarly, lay Catholics, whom Weber claimed were happy in their crafts or trades, would also not aspire to economic wealth (Weber, 1996:38).

Weber proposed that among the radical branches of ascetic Protestantism, including Pietists, Baptists, Methodists, and Quakers, only Calvinism became a precursor to modern capitalism. The other noted sects did not externalize their activity in rational capitalist forms but rather, as Collins noted, preferred to live detached from

the world much as did the early apostles (Collins, cited in Weber, 1997: xi).

Calvinism becomes for Weber the only doctrinal system that inspired a "spirit of Capitalism." In Calvinist theology, according to Weber, believers have no way of knowing for sure whether they are saved. Individuals experience a great deal of inner doubt and anxiety concerning their status in the afterlife (Weber, 1996:117). In order to conquer this doubt, a believer lives an ascetic life devoting every activity to the glory of God. Those truly blessed by God would likely receive economic rewards. The Calvinist ascetic life of diligent work and thrift thus becomes foundational to capital accumulation and rational capitalism. Weber noted, "the impulsive enjoyment of life, which leads away both from work in a calling and from religion, was as such the enemy of rational capitalism" (Weber, 1996:167).

The Calvinistic belief system, according to Weber, became the basis for early capital accumulation, particularly in Calvinist countries within Europe. The cultural belief of this-worldly asceticism thus led to the unsuspected byproduct of wealth creation and rational capitalism structural economic development (Weber, 1996). Additional rationale was provided:

> "For, in conformity with the Old Testament and in analogy to the ethical valuation of good works, asceticism looked upon the pursuit of wealth in itself as highly reprehensible; but the attainment of it as a

> fruit of labour in a calling was a sign of God's blessing." (Weber, 1996:172)

The faithful Calvinist would not seek out similar lifestyles to the "pariah" capitalist who expected to retire in comfort, but would dedicate his or her life to pursuit of activities to the glory of God. Weber closed his essay with an acknowledgment to Benjamin Franklin. Previous citations to Franklin referred to such adages as "a penny saved is a penny earned" and "remember that time is money":

> "One has only to re-read the passage from Franklin. . . in order to see that the essential elements of the attitude which was there called the spirit of capitalism are the same as what we have just shown to be the content of the Puritan worldly asceticism, only without the religious basis, which by Franklin's time had died away" (Weber, 1996:180)

Weber spent much of his academic life, according to Collins, turning "Marx on his head" (Collins, cited in Weber, 1996:vii) As noted earlier, Marx believed the economic substructure led to cultural beliefs and possible institutional change. Weber, on the other hand, theorized in the Protestant Ethic and the Spirit of Capitalism that cultural ideas and beliefs could lead to or be an independent variable of structural change. In this sense Weber could be referred to as a dialectical idealist in comparison to Marx's dialectical materialism (Collins cited in Weber, 1996:xi).

In summary, religious culture may be an important yet overlooked factor in explaining the existence or lack of

many institutionalized changes, including the possibility of national health care in the United States.

Religion In The United States

Religious forms in the United States range from the conventional denominations to the sect or cult struggling for legitimacy. Organized religion, in both orthodox and progressive variants, have developed though long periods of legitimation and has endured in spite of secularization, industrialization, urbanization and the advent of science and technology (Berger, 1967:108; Hunter, 1991). Organized religions in particular have adapted in various ways to accommodate certain amounts of cultural ideology and change (Berger, 1967). James Davison Hunter, has noted that certain religious divisions within denominations can be designated as either "progressive" or "orthodox" based on not only theological views but their level of interests in certain aspects of culture and social change, such as family, polity, the arts and law (Hunter, 1991).

James Davison Hunter: Culture "Wars"

James Davison Hunter traces the history of Judaism and Christianity in the United States. Acknowledging that the United States is a nation of immigrants, Hunter notes that Protestant Christianity was the first of the non-indigenous religions to gain a stronghold. In times past, demographic differences between Protestant, Catholic and Jew had vital significance in terms of life chances (Hunter, 1991:35-39).

Separation of Catholics from mainstream society in the nineteenth century, for example, occurred through activities of the Know-Nothing and Republican parties. Similarly, in regard to the employment of Catholics during that same period, sentiments expressed in such employment announcements as "Irish Need Not Apply" served to further divide religious groups (Hunter, 1991:37) Hunter notes anti-Semitism in the United States in limited quotas of Jews in private schools, colleges, and medical schools as late as the 1920s (Hunter, 1991:38).

Hunter describes the culture war as "political and social hostility rooted in different systems of moral understanding" (Hunter, 1991:42). Hunter views general cultural distinctions between "orthodox" and "progressive" to be currently more divisive than previous denominational or theological distinctions such as Protestant-Catholic-Jew. Fundamental differences exist between orthodox and progressives based on issues ranging from sources of truth, moral authority, and acceptable lifestyles. Hunter notes that by the 1950s "the essential lines of division between orthodox and progressive forces had been drawn" (Hunter, 1991:85). Hunter acknowledges:

> "Cultural conflict is ultimately about the struggle for domination. . .cultural conflict is about power--a struggle to achieve or maintain the power to define reality". (Hunter 1991:52)

Sources of Truth-Defining Reality

Truth for the orthodox is, according to Hunter, rooted in some transcendent force such as God and codified into a written tradition such as scripture. The written scripture is often held in high esteem by orthodox groups whereas progressive groups often emphasize the cultural-contextual themes of, for example, biblical non-literalism. Hunter notes that orthodox and progressive groups have different interpretations of scriptural prescriptions and proscriptions. According to Hunter, biblical literalism is not a focal concern of the progressive. Rather, lifestyles are legitimated through some combination of inspired scripture and personal experience:

> "To say that the progressive wings of Protestantism, Catholicism, and Judaism have largely rejected that absolute authority of their traditions is not, therefore to suggest that their traditions have become in any way irrelevant or socially impotent. The traditions still provide a powerful sense of continuity with the past, inform a style of communal worship and interpersonal solidarity, and guide their communities in the search for universal ethical principles--principles that have as their ultimate end the fulfillment of human needs and aspirations." (Hunter, 1991:124).

Additionally, Hunter notes progressives often trace their heritage to an Enlightenment social and intellectual tradition which refrains from theological explanations (Hunter, 1991:125). Presently, the distinction between "individualism" verses "communalism" is also an important variable according to Hunter. Bellah, as well as others,

have noted this distinction to be important to the current cultural debate (Bellah et al., 1991). The thesis of Bellah et al.'s (1991) The Good Society, for example notes, that there may be a conflict between values, such as extreme individualism and the civic responsibility, or community ethic, a republic requires to maintain its institutions. Bellah et al. concern themselves with institutional transformations in family, law, education, and polity. Hunter similarly focuses on such institutions in his cultural analysis. Neither of these authors however are particularly concerned with the medical institution as their unit of reference. In regard to a structural change such as a national health insurance system entails, it may be necessary to examine national health care in light of similar cultural and institutional analysis.

Social Justice-Ideological Debate

In contemporary studies of religion, it is useful to describe certain organized religious groups according to their accommodation to what Hunter notes as "social justice." Preferences about national health insurance, the concern of this study, has been framed as an issue of social justice (USCC, 1981). In nineteenth century versions of American Christianity, for example, charity toward the poor, including their physical needs were considered acts of social justice. In that period of American industrialization, those Christians who focused on good

works for the poor were primarily Catholics and those in Protestant denominations today known as "mainline Christianity," (e.g. Methodist, Episcopal, United Church of Christ, and Congregational denominations). These social justice frameworks remain relatively the same today. Many Reformed and Conservative Jews currently also adhere to social justice frameworks of social action (Hunter, 1991:94).

In contrast, religious conservatives, whether orthodox Christian or Jew, often have a different understanding of charity, social justice, the welfare state, and in particular health care reform. It may be the case that a conservative social justice stance toward national health care insurance may be a byproduct of the orthodox, traditional, and individualistic belief systems as specified within their branch of Christianity or Judaism. Many Protestant fundamentalists and evangelical Christians, for example, explain their doctrine in individualistic terms such as "personal salvation" and a "born-again experience" in contrast to more church or communal referents as seen in Roman Catholicism (Hunter, 1983:64-65). The rugged individualism of conservative politics aligns well with conservative religion (Hunter, 1991:280)

The Catholic Difference-Prescriptive Behavior

Hunter suggests the cultural polarization thesis between orthodox and progressive is a more contemporary

framework to analyze religious activism than the older typology of Protestant-Catholic-Jew. Although the older typology is a useful paradigm, it may be the case that on certain issues the thesis will not be effective in predicting preferences toward NHI.

This dissertation proposes that orthodox or conservative Catholics will have a different view on national health care reform than orthodox Protestants or Jews. This is in contrast to Hunter's polarization thesis which would suggest that all of the orthodox would have a similar negative view of NHI. There is reason to expect that separate "progressive" or "orthodox" Catholic preferences toward NHI do not exist. To the contrary, conservative or orthodox Catholics may prefer national health care, following the precepts of their legitimated moral authority: the American Catholic bishops. Before a distinct review of the position of the American hierarchy in regard to NHI is noted, it is useful to take a separate exegesis of Berger's Sacred Canopy and an application of the Sacred Canopy and Hunter's polarization thesis in regard to Luker's discussion of the abortion debate.

Peter Berger's Sacred Canopy-Constructing Culture

Relevant to the concerns on national health care reform is Peter Berger's formulation of the sacred canopy. Working from a sociology of knowledge and symbolic interactionist perspective, Berger proposes that religious world views are

socially constructed. Compatible with John Hunter's cultural polarization thesis, cultural frameworks within a sacred canopy include activities of externalization, objectification and internalization. Externalization, according to Berger, is "the ongoing outpouring of human being into the world, both in the physical and mental activity of men." Objectification is "the attainment by the products of this activity . . . of a reality that confronts its original producers as a facticity external to and other than themselves." (1967:4) Through these two processes, externalization and objectification, humans create social realities that become reified or accepted as true within themselves. Through later processes of internalization, members of a religion socialize their constituents--children, voters, church members--in that worldview. Considering the issue of national health insurance, preference toward such may be a socially constructed, aspect of religion in particular the Catholic case.

Partially explaining the proposed differences between Catholics and Protestants is the recent historical fact that the Catholic leadership has sustained their preference toward NHI. As a socially constructed issue the preference toward national health insurance may also be a byproduct of the forms of moral or religious authority that Hunter has noted to be a major difference between progressives and orthodox. Protestants are a much more disparate grouping in

terms of denomination, theology, and practice, and have no such hegemonic leadership as the Catholic hierarchy (Hunter, 1991:80).

Hunter noted in American Evangelicalism (1983) that Catholics and Protestants differ in their referents to religious authority. These referents include "the church", "religious leaders," "the Holy Spirit" and "the Bible." Concerning the Bible as a source of religious authority 67.6% of Evangelical Protestants cite the Bible as a very important authority compared to 25.3% of Catholics. Conversely, only 3.5% of Evangelicals note "church" as a very important authority compared to 29.4% of Catholics (Hunter, 1983:63). From the standpoint of socially constructed, legitimated sources of religious authority, Catholics and Protestants differ. Although these data do not account for the distinction between orthodox progressives variations within these groups, it is possible that religious authority is a factor in pronouncements concerning pertinent social and political views such as national health insurance, family life, and issues of sexuality including abortion.

Luker's Abortion and the Politics of Motherhood

In line with the theoretical foundations provided by Hunter's cultural polarization thesis and Berger's sacred canopy perspective is Kristin Luker's research noted in Abortion and the Politics of Motherhood. Luker studied

female activists from both the pro-life and pro-choice sides of the abortion issue in the state of California. Results of the her study reveal that abortion is an issue that has extremely polarized groups who thereby socially construct their constituent pro-choice or pro-life views according to their views of motherhood. Disproportionately, pro-choice women were noted to have been concerned with political and economic equality to men. Pro-life women, on the other hand, were noted to have been more concerned with the traditional understanding of motherhood and gender roles. The rights of activist women on both sides of the issue were often found in relation to their economic roles. Sixty-three percent of pro-life activist women, for example, did not work outside the home. Of the remainder of pro-life women who did work, most were single and without children. Ninety-four percent of pro-choice women worked. The pro-life activist women in Luker's study had two to three children, most often three. The pro-choice activist women had one to two children, most often one (Luker, 1984:195).

In regard to the variable of religious affiliation, almost 80% of the pro-life activist women were Catholic. Of those Catholics, 20% percent were converts to Catholicism. Sixty-three percent of the pro-choice activist women claimed to have no religion. Concerning the role of religion in the pro-choice activists lives, almost 75% claimed formal religion either unimportant or completely irrelevant to

them. On the other hand, 69% of pro-life women deemed formal religion important, 22% very important. Eighty percent of the pro-choice activist women in Luker's sample claimed to never attend church compared to only 2% of pro-life activist women. Luker notes the cultural issue of religion to be foundational to the views of the activists in socially constructing their worldviews on the the role of motherhood, work, family and other distinguishing characteristics.

Pro-life activist women, for example, regarded the "embryo"(i.e. the fetus) as a life from the moment of conception, whereas the pro-choice activist women thought of the fetus as a potential life. Luker atributted these social constructions of the fetus to views presented by sources of authority similar to the referents noted in Hunter's thesis (e.g. religious leaders). Pro-life activist women for example appealed to religious, in particular Catholic conceptions of natural law in regard to their views of fetal status (Luker, 1984:164). The pro-choice activist women on the other hand, felt that views regarding abortion and the status of the fetus to be dependent on an "application of moral principles, rather than externally existing moral codes" (Luker,1984:185).

Conflicting or alternative sacred canopies, as noted, with constituent views concerning social issues, can and likely do concurrently exist in the United States. Luker

notes that the decidedly polar opposite views concerning abortion and the legal status of the fetus are dependent on the actual and desired social locations and definitions of women's role in the family, workplace and political system. Luker notes:

> "For most of these activists, therefore, their position on abortion is the "tip of the iceberg," a shorthand way of supporting and proclaiming not only a complex set of values, but a given set of social resources as well (Luker, 1984:200)

Both Hunter's cultural polarization thesis and Berger's sacred canopy perspective suggest that views on important issues such as abortion, family, and perhaps even aspects of the welfare state (e.g. NHI) may be dependent on value formulations existent in the activists themselves. Luker's research seems to verify this hypothesis.

Returning specifically to the issue of NHI, Catholics may frame the issue of national health care reform in a different way than "rugged individualist," evangelical Protestants. Catholic leadership propose health care a right; Protestants of a conservative slant propose health care as a privilege. Protestants of a liberal slant frame NHI as an issue of social justice, similar to the Catholic ideology prescribed by its leadership. Many secular liberals propose NHI as a right. These concurrent streams of cultural thought within the United States may ultimately be dysfunctional toward an implementation of national health

reform. It is now important to note the views of the Catholic hierarchy in regard to this issue of NHI.

Catholic Leadership and NHI

The American Catholic Bishops have been at the cutting edge of promoting the cause of NHI (USCC, 1974; USCC, 1981; NCCC, 1986; ABUSCC, 1995). The pastoral letter Health and Health Care is representative of the pronouncements on this issue:

> "For the church health and the healing apostolate take on special significance because of the church's long tradition of involvement in this area and because the church considers health care to be a basic human right which flows from the sanctity of human life . . . and encourages full and responsible participation by all Catholics in the shaping of national health policies." (1981:3)

At the parish level individual Catholics ideally should form:

> "immunization projects, blood pressure and hypertension clinics and . . . monitor important health legislation at the federal, state, and local levels" (1981:8)

The Catholic Bishops are concerned as well with the trend "toward increased hospital ownership by for-profit corporations" (1981:9). The Catholic Bishops alternatively propose "any comprehensive health care system that is developed should use the cooperative resources of both the private and public sector, voluntary, religious and other non-profit sectors" (1981:17).

In a recent document the Catholic Bishops also stress the need for an adequate system of national health care.

> "genuine health care reform is a matter of fundamental justice. We urge national leaders to look beyond

> special interest claims and partisan differences to unite our nation in a new commitment to meeting the health care needs of our people" (1995:22)

Ideal and Real Culture

Sociology as an academic discipline has long distinguished ideal and real culture. The question may arise as to why should one theorize that American Catholics as a group, or orthodox, conservative Catholics in particular, should agree with the church authorities (ideal culture) on the issue of NHI when they often disagree (real culture) on certain other issues, for example on the use of birth control. Important concerns, as well, are questions concerning why should Catholics be thought to have a hegemonic preference for NHI or Clinton's plan in a way that is any different than Protestants whether progressive/ liberal or conservative/traditional. The null hypothesis would conclude that Catholics should not be different from any other group in their preferences toward NHI. Two explanations will be offered: a theoretical/quasi-theological explanation and a statistical explanation.

Greeley's Sacramental Imagination

Andrew Greeley has done much research on the sociology of Catholicism. Many of the questions in past, National Opinion Research Center sponsored, General Social Surveys (GSS) are questions that Greeley has formulated for that

variety of sociological research. Greeley offers a quasi-theological explanation of why Catholics are different from Protestants. He refers to this as a "Sacramental Imagination":

> "The sacramental imagination is manifested in Catholic "classic" writings which assume God is present in the world, disclosing Himself in and through creation. The world and all its events, objects and people seem to be like God. The Protestant classics assume a God who is radically absent from the world and who discloses Herself [sic] only on rare occasions. . .the world and all its events, objects and people tend to be radically different from God. The Catholic tends to see society as a "sacrament" of God, a set of ordered relationships, governed by both justice and love, that reveal, however imperfectly the presence of God. Society is "natural" and "good," therefore for humans and their "natural" response to God is social. The Protestant, on the other hand, tends to see human society as "God-forsaken" and therefore unnatural and oppressive. The individual stands over against society and not integrated into it. (Greeley, 1990:45)

Catholics, according to Greeley "imagine" human communities, "from the family on up," with somewhat different views than do other Americans (Greeley 1990:9). In fact, Greeley asserts that Catholics view society as a "community of communities." Diversity and social complexity according to Greeley are framed as "sacramental," and should not be viewed as an obstacle to a society's operations. Individualism in American society Greeley attributes to a Protestant heritage:

> "Protestants have a tendency to emphasize the relationship of the individual with God, while for Catholicism the tendency has always been to emphasize the individual relating to God as a member of a

community" (Greeley, 1990:44).

It may be the case that for Catholics the liberal/conservative dichotomy might as well not be an important distinction within the Catholic group. Greeley notes:

> "Again "liberal/conservative" paradigms cannot cope with the Catholic propensity to support "liberal" policies of government intervention and egalitarianism and "conservative" policies in response to crime and criminals . . .Catholics tend to see society as supportive and not oppressive: Protestants tend to picture society as oppressive and not supportive." (Greeley, 1990:53)

Catholics, according to Greeley tend to be "more "conservative" than Protestants on ethical questions that impinge on family life and more "liberal that Protestants on issues of government intervention to promote social welfare" (Greeley, 1990:48). This particular Catholic understanding of God, community, and Catholic obligations to one another perhaps on the issue of health care as well is partially expressed in a finding from GSS data: "Sixty-three percent of the Catholics 62 percent of the Jews, and 54 percent of the white Protestants think that too little is being spent of government support for health care" (Greeley, 1990:78)

In regard to the Catholic involvement that ideally should be manifested in the community, Greeley refers to two principles in Catholic social theory. The principle of subsidiarity is an centuries old prescription suggesting

that institutions work best when manifested at the local or community level:

> "The Catholic principle of subsidiarity—nothing should be done by a higher and larger social unit that can be done just as well by a smaller and lower unit—is but a philosophical formula that articulates a Catholic gut instinct based on the Sacramental Imagination. It represents the way Catholic businessmen and administrators tend to work if they are given the opportunity" (Greeley, 1990:83).

Similarly in regard to involvement of the Catholic in society is the issue of social justice. Greeley refers to the church's historic but recently codified formula—"a preferential option for the poor"--as another sign of the Sacramental Imagination and the responsibility that all person have to each other. This Catholic view also supports Greeley's Catholic-Protestant distinction (Greeley, 1990:142).

Greeley offers a GRACE scale in which he found Catholics and Protestants to be statistically different in their perceptions of God and other issues. Greeley notes the importance of this distinction for Catholics: "Those whose religious imagination has a propensity to a warmer, affectionate, more intimate, more loving representation of ultimate reality will also be, I hypothesized, more gracious or more benign in their response to political and social issues" (Greeley (1990:41). The variables combined in the GRACE scale were items in the General Social Survey from

1985 to 1987. Greeley notes: "Respondents were asked to locate themselves on four, forced-choice, seven point (scale) continuums on how they picture God, for example "father/mother", "master/spouse", "judge/lover", and "king/friend." The high scores for the items were those that leaned toward viewing God as mother, spouse, friend and lover. Five percent of all Americans placed themselves on the side of the continuum that leaned toward the mother image. Twenty-five percent saw themselves in the middle of the continuum and 51 percent viewed themselves completely at the father side of the the continuum. Concerning the friend/king scale, forty-five percent located their view of God in the friend half of the scale, 27 percent noted God as king, twenty-eight percent in the middle." These indistinct patterns continued for the other items but Greeley found that holding age, sex, education and region constant the GRACE scale correlated (was statistically significant) with views on capital punishment, feminism, civil liberties and two separate racial scales, justice issues of concern to American Catholics. Greeley noted that the GRACE scale was a more powerful net predictor of attitudes toward these issues than region, sex, and age, though not as strong a predictor as education. It is possible that these patterns may be expressions of the culture war theme; similar views on religious, political, and social issues might be contained with the constituent "sides" of the

liberal/conservative continuum. Greeley however portrays this to be a reflection of the Catholic distinctiveness, rather than a "progressive"/"traditionalist" perspective. The fact that Greeley finds Catholics as a group different from secular-Protestants is itself a precursor of the hypothesis of this dissertation.

Other research also portrays a between-group difference between Catholics and Protestants, as well as explains the within-group problem of how certain American Catholics could be practically unconcerned with the Catholic hierarchy's view on issues of sexuality (e.g. birth control, divorce). Barry Kosmin and Seymour Lachman's 1993 monograph on religion in America report the findings of their national Survey of Religious Identification (NSRI). The NSRI was a 1990 survey of 113,000 respondents purported to represent the American population. (Kosmin and Lachman, 1993:4-7).

Kosmin and Lachman note a number of important claims concerning the worldviews of Catholics. American Catholics are no longer an ethnically divided group and are now more successful economically and educationally than many Protestant groups with the exception of Episcopalians, Presbyterians, Congregationalists and the Disciples of Christ (Kosmin and Lachman, 1993:258-260). American Catholics, note Kosmin and Lachman, are a more Americanized population in outlook and behavior and one less accepting of religious behavior (Kosmin and Lachman, 1993:126). Kosmin

and Lachman note that a "Protestantization" and secularization of minority religions, including Catholicism, "may explain why many Catholics who go to mass on a regular basis hardly differ with Protestants in their acceptance of intermarriage, divorce, and birth control" (Kosmin and Lachman, 1993:47). The authors conclude that the majority value structure creates a generic byproduct of "Protestantized" and secular-American values among Catholics. Catholics in regard to personal issues are homogenous to the general public yet "remain more likely than Protestants to support an expanded role for government in the social and economic sphere to help the deprived" (Kosmin and Lachman, 1993:191). Kosmin and Lachman note for example that National Opinion Research Center (NORC) data throughout the 1980s indicate that 34% of Catholic college graduates believe the government should do more to improve society whereas only 16% of white Protestant college graduates hold that opinion (Kosmin and Lachman, 1993:200).

It is hypothesized then that there is ample support for a claim that Catholics as a group will have different views on improving society—in this cases a more equitable health care system--than would other groups.

From the theoretical foundation provided from the above theorists it may be seen that certain religious groups, in this case American Catholics, whether orthodox or progressive may have quite different preferences toward

national health reform than expected through Hunter's thesis by other groups.

In summary, Weber's Protestant Ethic and The Spirit of Capitalism provides culture as an independent variable of structural change. Bellah and Berger similarly are concerned with structural products of culture--the construction of social institutions. Hunter's cultural polarization thesis serves as a theoretical framework to be tested empirically through quantitative research. Kristin Luker's research on the beliefs and activities of abortion activists lead one to hypothesize cultural causes of other single issue concerns such as NHI. The monographs of both Greeley and Kosmin and Lachman seem to portray Catholics as a distinctive group, partially Americanized and part Roman.

It may simply be the case that through much of the late twentieth century, cultural, in particular, religious attitudes, whether pro or con, toward NHI have remained as constant as their political views. It is the goal of this study to research a part of this question.

DATA AND METHODS

Hunter's Additive Hypothesis

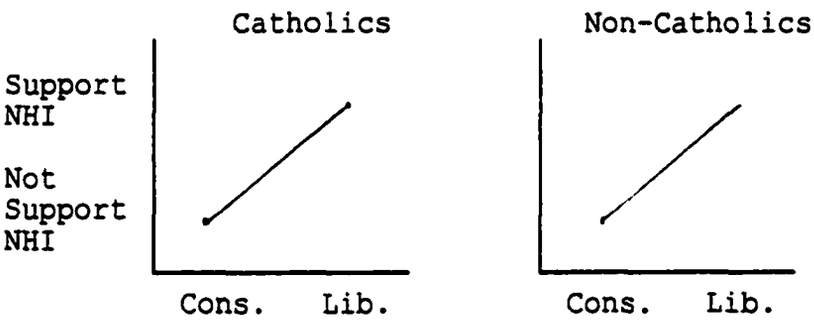
This dissertation hypothesizes that religious affiliation and political ideology influence the orientation toward national health insurance (NHI). In this study attitudes toward two health reform plans are analyzed: contemporary formulations of the single-payer plan in which the federal government becomes the sole financing mechanism of health care (private health insurance essentially eliminated) and the managed competition proposal represented in President Clinton's Health Care Security Act. Briefly, in proposals of managed competition, private insurance companies are essentially forced to compete specifically in the areas of cost control. The outcome of this cost savings leads to the possibility of being able to increase access to health care. Clinton's plan proposed universal access to health care so as to eliminate the problem of the uninsured and underinsured (WHDPC, 1993).

Hunter's argument is that political ideology, as represented by liberal/progressive and conservative/ traditional will be the major explanatory variable, while religious affiliation will have little or negligible effect in regard to preferences toward NHI. It is assumed for purposes of this study, and as Hunter has noted, that there will be moderate to high correlations within groups between religious and political conservatives and corresponding

religious and political liberals (Hunter, 1991:46). Stated another way, Hunter would propose the causal relationship between political ideology and support for NHI is the same among all religious subgroups, and once ideology is taken into account, there should be no significant differences, for example, among Catholics and non-Catholics. These expectations are depicted in Figure 1.

Figure 1

Expected Relationship, Additive Model



Interaction Hypotheses

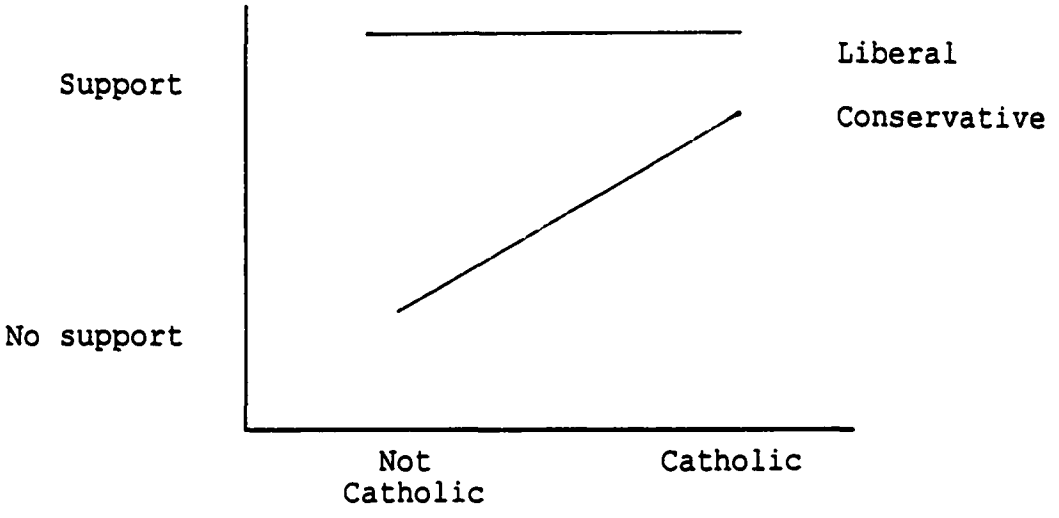
The literature review presented earlier in this dissertation notes that, while Hunter's thesis may hold for a number of social issues, it may not apply in the case of National Health Insurance or Clinton's plan, (henceforth, unless specifically noted, both referred to as NHI). This possibly occurs because of how NHI plays out as a major and

recurring social justice issue in the Catholic church (USCC, 1974: USCC, 1981: NCCC, 1986; ABUSCC, 1995). Hence, an interaction or multiplicative effect may be found regarding those of Catholic affiliation which would partially refute Hunter's cultural polarization thesis. I therefore disagree with Hunter on predicted orthodox or conservative Catholic preference toward NHI. Hunter's cultural polarization theory would predict that orthodox or politically conservative Catholics would be against NHI. My position predicts that Catholics, whatever the political orientation, will be for NHI. Figure 2A displays this prediction.

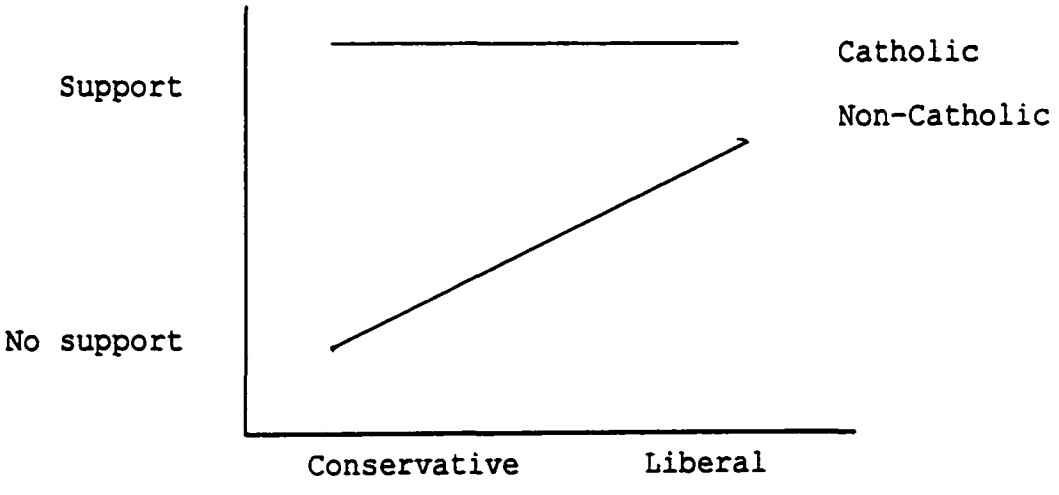
An alternative interaction equation expresses the effect of political ideology on support for NHI within religious categories of Catholic and non-Catholic. Conservative non-Catholics (e.g. conservative Protestants) will be opposed to NHI. Liberal non-Catholics will be for NHI. However both conservative and liberal Catholics are predicted to be for NHI. Figure 2B depicts this prediction.

Figure 2

A. NHI by Religion, Expected Relationships, Interactive Model



B. NHI by Political Ideology, Expected Relationships, Interactive Model



Data

This dissertation utilizes a secondary analysis of two data sets, the 1994 Washington Post Health Care Poll and the 1994 National Election Study. The Washington Post Poll contains phone survey data collected by the Washington Post (October 1993) approximately one month after President Clinton's unveiling of his national health insurance bill, The Health Security Act, to Congress and the nation. His proposal acknowledged the importance of health care as a "right not a privilege," alluding to universal access that is reflective of social insurance rather than a means-tested plan based on indigent status, homelessness or other characteristics (Navarro, 1994:140). The data are made available through the Inter-university Consortium for Political and Social Research (ICPSR).

The sample was constructed from random-digit dialing telephone interviews administered to an adult of the household (over 18 years of age) who 1) had last had a birthday and 2) was at home for the interview. The sample size was one thousand and fifteen respondents. The data include a standard array of demographic data: age, race, gender, religious affiliation, years of formal education, and employment status, including part time status. Employment status may be an important control variable as part-time workers typically are not provided with health

insurance.

The 1994 National Election Study sample contains 630 panel and 1,135 cross-sectional interviews for a total sample size of 1,795 respondents. The interviews consisted of approximately 80 percent face-to-face, and 20 percent telephone interviews. The sample, a multistage area probability sample, was complied from a four stage sampling process: primary stage sampling of U.S. Metropolitan Statistical areas, second stage sampling of area segments, third-stage sampling of housing units within the sample area segments, concluding with the random selection of the respondent from the selected housing unit (ICPSR, 1995). The codebook for the 1994 NES data set suggests it is acceptable to treat the data of 1,795 interviews as one cross-sectional set. The respondents in the 1994 NES data set were all U.S. citizens of voting age on or before the 1994 election day (ICPSR, 1995). The data of the 1994 NES also include a standard array of demographic data: religious affiliation, age, race, gender, years of formal education and employment status. Items concerning NHI are also contained in the 1994 NES.

The religious affiliation variable in the Washington Post Poll, "In what religion were you brought up?", denotes Catholic, Protestant, other Christian, Jew and other non-Christian categories, without distinguishing Protestant denominations. The religious affiliation variable in the

National Election Study: "Do you consider yourself a Protestant, Roman Catholic, Jewish or what?" contains Protestant denominations. For the purposes of comparing the data sets in regard to the dependent variable Catholic v. non-Catholic, neither denominational differences among Protestants, or Protestant-Jewish (or "other") religious distinctions will be analyzed. For purposes of this study, small numbers within religious or denominational categories (e.g. Jewish) could lead to statically insignificant results in regard to the dependent variable, i.e. favoring NHI or Clinton's Health Care Plan. The general categories of Catholic and non-Catholic (Protestant, Jewish, and other) will serve as a dummy independent variable in the separate analyses of the data sets. Similarly, it is characteristic of Hunter's thesis that the other independent variable, political ideology: "very liberal-very conservative," will be sufficient to account for variations found within Catholic and non-Catholic categories, in regard to preferences toward NHI. According to Hunter, liberal Catholics, liberal Protestants, and liberal Jews are all disproportionately progressive on cultural, social, moral, political and economic policy issues (Hunter, 1991:47). Similarly, Hunter proposes that conservative Catholics, conservative Protestants, and conservative Jews will follow comparable patterns in regard to social issues. This research is designed to test the possibility of a Catholic

hegemony in regard to preferences toward NHI. It is therefore decided in order to compare sentiments of Catholic and non-Catholic differences in regard to sentiments toward NHI, that denominational variations will not be analyzed.

Methods

The analysis for both data sets will entail OLS (ordinary least squares) multiple regression with religious affiliation (being Catholic) and political ideology (liberal-conservative) serving as independent variables and attitudes toward NHI serving as the dependent variable. Additive effects of the independent variables will be analyzed using ordinary least squares multivariate regression analysis. It is predicted that religious affiliation in respect to Catholics will be underestimated in regard to preferences toward NHI with the additive model. The hypothesis, as noted is that within conservative political identifications, an interaction effect will be found for those with Catholic identification that would not be found with an additive OLS regression model. Through this analysis, Hunter's cultural polarization thesis, proposing that Catholics will align themselves with non-Catholics (e.g. Protestants and Jews) in regard to political-ideological preferences toward NHI, may be refuted.

Equations

The additive model is:

$NHI = a + b_1 PI + b_2 Cath + e$, where NHI is the orientation toward national health reform, PI is political ideology and b is the regression coefficient indicating the relationship between the independent and dependent variable.

The interaction model is:

$NHI = a + b_1 PI + b_2 Cath + b_3 PI*Cath + e$, where PI*Catholic is the multiplicative term and b_3 is the regression coefficient indicating the presence or absence of interaction.

If b_3 is statistically significant then I will attempt to identify the locus of the interaction by subdividing that sample and repeating the analysis as follows and as depicted in Figure 2:

for liberals:

$NHI = a + b_1 Cath + e$ (where the expectation is $b = 0$)

for conservatives

$NHI = a + b_1 Cath + e$ (where the expectation is $b > 0$)

and as depicted in Figure 3:

for Catholics

$NHI = a + b_1 PI + e$ (where the expectation is $b = 0$)

for Non-Catholics

$NHI = a + b_1 PI + e$ (where the expectation is $b > 0$)

Control Variables

Further analysis of the data sets may entail use of demographic variables such as social class, income, years of education, race, and gender as other possible independent variables, intervening, or control variables in the above model depending on the logic of the question being analyzed. It may be found, for example, that through analysis of correlation matrixes and additive multivariate regression tests that respondents may be found simply to dislike NHI or Clinton and many of his policies. This result would in fact confirm more than refute Hunter's polarization thesis. Conservatives, for example might think Clinton progressive or liberal on "all" issues.

Variables of rural geography, marital status, and labor union membership may also be important control variables in the analysis. Labor union membership, for example, may be an important variable for further analysis considering that labor unions historically were at the cutting edge of not initiating government, tax-based, national health insurance plans in the 1930s, late 1940s/1950s and 1970s when NHI proposals were offered by presidential administrations to Congress. Labor unions were more favorable to private employer based, third party insurance offered as a fringe benefit rather than government based proposals. (Starr, 1982:249).

FINDINGS

Description of the Washington Post and NES Samples

Table 1 contains a summary of the Washington Post (WP) sample's demographic characteristics. Almost half of the respondents in the sample (48.9%) are between the ages of 25 and 44. Seventy-nine and two-tenths percent of the respondents are white, 10.4% of the respondents are black and 5.6% of the respondents are Hispanic. Fifty-four percent of the respondents are female, 46% are male. Over half (56.2%) of the respondents are married, 20.3% are never married and 14.4% separated or divorced. Twenty and nine-tenths percent of the respondents live in a large city, 27% in a suburb of a large city,, 31.1% in a small town and 19.3% in a rural area. Eighty-one and six-tenths percent are not labor union members.

Turning to socio-economic variables, 10.7% of the respondents did not graduate from high school, 35.8% did graduate from high school, 22.2% attended college, 21.5% graduated from college, and 8.9% had finished a post-graduate education. Almost fifty-six percent of the respondents are employed full time, 13.1% employed part-time, 15.4% are retired and 5.8% unemployed. Almost one-fourth (24.8%) of the respondents have combined annual household incomes between $30,000 and $50,000, 11.6% have less than $12,000 annual income; almost twenty percent (19.4%) have combined annual household incomes between

$20,000 and $30,000. Forty-six and three-tenths percent of the respondents in the sample regard themselves as middle class, 51.5% call themselves working class.

Table 1

Demographic Characteristics of the 1993 Washington Post Sample (N=1015)

Age	
18-24 years	11.1
25-44 years	48.9
45-64 years	25.4
65 years and over	12.7
Gender	
Male	46.0
Female	54.0
Racial/Ethnic background	
White	79.2
Black	10.4
Hispanic	5.6
Other	3.1
NA/Refused	1.7
Marital Status	
Married and living with spouse	56.5
Separated or divorced	14.4
Widowed	7.8
Never married	20.3
NA/Refused	1.1
Place of Residence	
Large city	20.9
Suburb of a large city	27.0
Small town	31.1
Or rural area	19.3
DK/No opinion	.7
NA/Refused	1.0
Labor Union Membership	
Only respondent belongs	8.1
Only other household member belongs	6.6
Both respondent and other household member belongs	2.6
No union members	81.6
Not sure	.3
NA/Refused	.9
Education	
Did not graduate from high school	10.7
Graduated High School	35.8
Some College	22.2
Graduated College	21.5
Post-Graduate	8.9
NA/Refused	1.1
Employment Status	
Employed part-time	13.1
Employed full-time	55.6
Unemployed	5.8
Laid off	.9
Retired	15.4
Full-time homemaker	4.4
Student	3.2
NA/Refused	1.7

Table 1 (cont.)

Combined Annual Income for Household	
Under $8,000	5.2
$8,000 but less than $12,000	6.4
$12,000 but less than $20,000	12.7
$20,000 but less than $30,000	19.4
$30,000 but less than $50,000	24.8
$50,000 but less than $75,000	15.4
More than $75,000	9.9
NA/Refused	6.2
Class Identification	
Middle class	46.3
Working class	51.5
DK/No opinion	.8
NA/Refused	1.4

Sixty-four percent of the respondents in the WP sample noted religious affiliation with Protestant or other Christian religions (see Table 2). Slightly over one fourth of the respondents (26.6%) are Catholic. Less than four percent (3.9%) are Jewish or of other non-Christian religions. Concerning political ideology, 37.8% rate themselves as moderates. About a third (28.5%) are conservative and 20.2% identify themselves as liberal. In the sample, 35.2% think of themselves as Democrats, 27.3% Republican.

Table 2 concludes with tabulation of levels of support for the Clinton Health Care Plan in the WP sample. In October 1993, 51.4% of the respondents either strongly approved or approved somewhat the Clinton plan, 38.9% either disapproved somewhat or strongly disapproved of the plan.

Table 2

Items of Religious and Political Affiliation and Ideology and Levels of Support for Clinton's Health Care Plan--Washington Post Sample

Religious Affiliation	
Protestant or other Christian	64.0
Catholic	26.6
Jewish	1.9
Other non-Christian religion	2.0
None/Refused	4.9
Political Orientation (Self-Classification)	
Very liberal	3.5
Liberal	20.2
Moderate	37.8
Conservative	28.5
Very Conservative	6.2
Don't think in those terms	1.6
DK/No opinion	1.3
NA/Refused	.9
Political Party Affiliation	
Democrat	35.2
Republican	27.3
Independent	32.5
No answer	5.0
From what you know of it do you approve or disapprove of Clinton's health care plan?	
Approve strongly	20.1
Approve somewhat	31.3
No opinion, refused	9.8
Disapprove somewhat	16.4
Disapprove strongly	22.5

The National Election Study contains data concerning preferences toward government based health insurance versus private plans. Table 3 contains a summary of the NES sample. Forty-five and two-tenths percent of the respondents are between 25 and 44 years of age, 20.4% of the respondents are 65 years of age and older. The proportion of those over 65 is almost eight percent higher than the WP sample. The sample contains five percent more white (84.3% versus 79.2%) respondents than the WP sample. Fifty-three and four-tenths of the respondents are female, 46.6% male. A slightly smaller proportion of the NES sample is married (52.8%) compared to the WP study (56.5%).

Considering socio-economic variables, 15.5% did not graduate from high school. This figure is slightly more than the 10.7% who did not graduate from high school in the WP study. Thirty-two and four-tenths of respondents in the NES sample graduated from high school, 25% had some college, 17.2% graduated from college and 7.8% have a graduate degree. These levels of formal education are comparable to the WP sample (See table 1). Fifty-six and nine-tenths of the respondents in the NES sample are employed full-time; this is similar to the employment rates in the WP sample.

Respondents in the NES sample had proportionately lower household incomes than the WP sample. Seventeen and seven-tenths of the NES respondents had household incomes lower that $12,000, compared to the 11.6% in the WP sample. Thirty-three percent of the NES sample had a household income between $12,000-$30,000. This proportion is similar to the household income of the respondents in the WP sample (32.1%).

Table 3

Demographic Characteristics of the 1994 National Election Study Sample (N=1795)

		%
Age		
	18-24 years	8.9
	25-44 years	45.2
	45-64 years	25.5
	65 years and older	20.4
Gender		
	Male	46.6
	Female	53.4
Race		
	White	84.3
	Black	11.3
	American Indian	.9
	Asian	1.2

Table 3 (cont.)

Marital Status	
Married and Living with Spouse	52.8
Separated or Divorced	14.8
Widowed	10.4
Never Married	19.1
NA/Refused	.1
Labor Union Membership	
Only respondent belongs	9.7
Respondent's Wife belongs	1.2
Respondent's Husband belongs	3.2
Someone else in household belongs	1.3
Respondent and spouse or other household member	2.7
No union members	83.2
Social Class	
Lower Class	.1
Average Working	37.5
Working	1.2
Upper Working	7.5
Average Middle	37.7
Middle	.8
Upper Middle	12.0
Upper	.0
Refused	.6
NA	2.7
Education	
Did not graduate from High school	15.5
Graduated High School	32.4
Some College	25.0
Graduated College	17.2
Post-graduate	7.8
Employment Status	
Employed Full-Time	56.9
Employed Part-Time	5.6
Unemployed	3.1
Laid off	1.3
Retired	17.3
Full-time homemaker	7.3
Student	2.1
NA/Refused	.1
Combined Annual Income for Household	
Under $9,000	9.6
$9,000 but less than $12,000	8.1
$12,000 but less than $20,000	17.0
$20,000 but less than $30,000	16.0
$30,000 but less than $50,000	24.9
$50,000 but less than $75,000	15.1
More than $75,000	9.2
DK/NA/Refused	8.1
Social Class	
Middle Class	51.0
Working Class	47.2
DK/NA/Refused/Other	2.8

Regarding religious affiliation and political ideology (see Table 4), the NES sample contains this information only for the cross-sectional portion of the sample (i.e. no panel

religious affiliation data). For the cross-sectional respondents who claimed to have a denominational affiliation (n=899), 51.0% claimed to be Protestants, 27% Catholic, and 2.1% Jewish, 17.4% "any other" religion and 2.2% gave no response. These religious affiliation proportions are similar to the WP sample. Using religious affiliation as an independent variable in this sample reduces the sample size will thus reduce to 899 from the original 1,795 respondents.

Turning to political ideology, 15.3% regard themselves as liberal; this is smaller than the 23.7% who regard themselves as liberal in the WP sample. Twenty-six and one-half percent of the respondents in the NES sample regard themselves as "middle of the road" compared to 37.8% who regarded themselves as "moderate" in the WP sample. Thirty-five and six-tenths percent of the NES sample respondents called themselves conservative, this is similar to the 34.7% who leaned to the right in the WP sample. Thirty-four and one-tenth percent of the respondents in the NES sample are Democrats, 30.3% are Republican, and 28.6% independent. Only the "independent" political party category differs from the WP sample, which had a 32.5% proportion.

Table 4 also lists the item to be examined as a dependent variable regarding NHI. Thirty-four and six-tenths of the sample leaned toward a government insurance plan, 36.9% leaned toward private health insurance. Nineteen and one-tenth of the respondents in the sample are

caught in the middle of the issue, either preferring a mixed system or being undecided.

Table 4

Items of Religious and Political Affiliation, Ideology, and Attitudes Toward NHI (NES Sample)

Religious Affiliation	
Protestant	25.6
Catholic	13.6
Jewish	1.1
Any other	8.7
NA	1.1
Inappropriate (panel)	49.9
Political Party	
Republican	30.3
Democrat	34.1
Independent	28.6
No preference	6.3
Other Party	.4
DK/NA	.4
Political Ideology	
Liberal	15.3
Middle of the Road	26.5
Conservative	35.6
DK/NA	1.3
Haven't thought much	21.0

Some people feel there should be a government insurance plan which would cover all medical expenses for everyone. Others feel that all medical expenses should be paid by individuals, and through private insurance plans like Blue Cross or other company paid plans. Where would you place yourself on this scale or haven't you thought much about this?

1 Government insurance Plan	15.8
2	7.7
3	11.1
4	19.1
5	11.9
6	11.2
7 Private Insurance Plan	13.8
DK/NA	.3
Haven't though much	6.7

Analysis of Attitudes Toward Health Care in the Two Samples

Table 5 displays cross-tabulations of the dependent variable, attitudes toward Clinton's health care plan, in the WP sample by the independent variables of religion (Catholic vs. non-Catholic) and political ideology (liberal, moderate or conservative). Bivariate cross-tabulations for the control variables of race, gender, level of education

and age also are presented.

Chi-square values indicate political ideology, race, and education are statistically significant at the .05 level (p=.000, .000, and .016, respectively). Specifically, sixty-eight and nine tenths percent of liberals were for the Clinton plan, compared to 56.4% of moderates and 33.5% of conservatives. Sixty-eight percent of blacks were for the Clinton plan compared to 61.4% of Hispanics and 48.4% of whites. Finally, fifty-seven and eight-tenths percent of college graduates and post-graduate respondents were for the plan compared to 46.9% of high school graduates and those with lower levels of formal education.

Contrary to expectations, however, Catholics are not notably different from non-Catholics in their opinions about the Clinton plan, nor are there significant differences by gender. The chi-square level of association between age and opinion toward the Clinton plan approaches statistical significance with a chi-square value of 7.38, p=.06. These bivariate findings can not reveal information concerning the presence or absence of interaction. This issue will be addressed in the regression portion of this analysis.

Table 5

Support for Clinton Health Care Plan by Selected Variables

	Approve plan	Disapprove of plan	Chi-Square	Sig. Value
Religion				
Catholic	52.6%	47.4%	0.19	.655
Not Catholic	51.0%	49.0%		
Political Ideology				
Liberal	68.9%	31.1%	80.2	.000
Moderate	56.4%	43.6%		
Conservative	33.5%	66.5%		
Race				
White	48.4%	51.6%	18.5	.000
Black	68.9%	31.1%		
Hispanic	61.4%	38.6%		
Gender				
Male	50.5%	49.5%	0.27	.599
Female	52.2%	47.8%		
Education				
High School and lower	46.9%	51.3%	8.1	.016
Some College	51.3%	48.7%		
College and Post-Graduate	57.8%	42.2%		
Age				
18-24	56.3%	43.8%	7.38	.06
25-44	54.3%	45.7%		
45-64	49.6%	50.4%		
65+	42.6%	57.4%		

Table 6 contains the similar analysis for the dependent variable, attitudes toward government versus private health care plans, regarding the NES sample. Here we find statistically significant differences in attitudes by political ideology, race, and gender. The differences between Catholics and non-Catholics and among educational categories approaches statistical significance. Forty-three and nine-tenths percent of Catholic respondents leaned toward a government plan, compared to 35.3% of non-

Catholics. On the private health insurance side of the scale, 37.7% of Catholics in the sample preferred a private plan, 41.1% of non-Catholics preferred the same.

Preferences toward government vs. private health insurance follow in this pattern: the higher the level of formal education, the less the preference toward government health insurance. Thirty-three and eight-tenths percent of the college graduates in the sample sided to some extent with a mostly government plan compared to 45.5% who preferred to some extent a mostly private plan. Forty-one and six-tenths percent preferred a larger level of government involvement in health care, compared to 38.0% of the similarly educated who preferred a private plan. However, these variations by religion and education might be solely attributable to sampling error.

Turning to the statistically significant differences, political ideology, race, gender all show substantial relationships with attitudes toward type of health care program. Sixty-six and six-tenths percent of liberals leaned towards the government health insurance approach compared to 18.4% preferring a more private health insurance plan. Sixty and seven-tenths percent of conservatives preferred a private health insurance plan compared to 21% who sided, to some degree, with private insurance. Sixty and seven-tenths percent of African-Americans preferred a predominantly government plan compared to those of other

races. Females were statistically different from males and preferred a government system of health insurance care. Forty-one and two-tenths percent of women preferred a largely government health insurance plan compared to 34.8% of males in the sample.

Table 6

Support for National Health Insurance Plan by Selected Variables-NES Sample

	Government plan	Mixed plan	Private plan	Chi-square Value	Sig
Religion					
Catholic	43.9%	18.4%	37.7%	5.5	.061
Not Catholic	35.3%	23.6%	41.1%		
Political Ideology					
Liberal	60.6%	20.9%	18.4%	192.8	.000
Moderate	41.5%	25.9%	32.6%		
Conservative	21.0%	18.3%	60.7%		
Race					
Black	60.7%	16.7%	22.65	41.7	.000
Other	35.6%	21.6%	42.8%		
Gender					
Female	41.2%	22.5%	36.3%	14.8	.000
Male	34.8%	19.5%	45.7%		
Education					
H.S. Graduate	41.6%	20.4%	38.0%	9.02	.060
Some College	36.4%	21.8%	41.8%		
College Grad.	33.8%	20.7%	45.5%		

Regression-Analysis of the Washington Post and NES Samples

For the WP sample, the dependent variable expressing sentiments for the Clinton plan was regressed on political ideology and the dummy variable, being Catholic. Table 7 displays the results of the additive model and the interactive models, and the additive models with control

variables. In the additive model political ideology has a positive, statistically significant (b=.450, p= .000) relationship with preferences toward the Clinton plan, that is, the stronger the liberal political ideology the more favorable the opinion of the Clinton plan. Being Catholic has a positive (b=.012, p=.90) though not statistically significant relationship with preferences toward the plan. Further, the interaction term from the multiplicative model is not significant (p=.64). Of course, these last two findings are contrary to hypothesized expectations.

The political ideology-being Catholic-controls model, reveals that political ideology (b=.43) and being African-American (dummy variable for race) are positively (b=.63) and significantly (p=.000) related to preferences toward the Clinton plan. This model explains 11.2% of the variation in the dependent variable.

Table 7

Multiple regression (Washington Post Sample): Preferences for the Clinton plan on Being Catholic and Political Ideology. Additive model, Interactive model and PI-Cath-Controls.

	Additive			Interactive			PI-Cath-Controls		
	b	B	p	b	B	p	b	B	p
Being Catholic	.012	.003	.90	.145	.043	.63	.066	.019	.511
Political Ideology	.450	.307	.000	.462	.315	.000	.439	.299	.000
Cath*Poli	-----	-----	------	-.045	-.043	.64	-----	-----	-----
Being Black							.638	.132	.000
Education Level							.032	.024	.419
Being Female							.022	.007	.799
Being Elderly							-.069	-.016	.591
Being Union Member							.039	.010	.740
R-square			.094			.094			.112

Table 8 displays the results of attitudes toward NHI regressed on political ideology and Catholic religious affiliation for the NES sample. In the additive model, political ideology has a positive, statistically significant relationship with NHI (b=.492, p=.000). As with the Clinton plan, the stronger the liberal affiliation the more favorable the opinion of the respondent toward NHI. Being Catholic is not a statistically significant (b=.267, p=.12) independent variable.

In the multiplicative equation, the interaction term also is not statistically significant (b=.013, p=.68). Turning to the political ideology-being Catholic-controls model, education approaches statistical significance (b=.011, p=.07). Being Catholic here is statistically significant and has a positive relationship with the dependent variable (b=.365, p=.03), as is political ideology (b=.456, p=.000). Being African-American, as denoted by the race dummy variable, is statistically significant and positive (b=.783, p=.005). Interpretation of these significant additive and control variables may be summarized as follows: 1. The more liberal the respondent the more favorable the respondent toward NHI; 2. Catholics are more likely to favor NHI than non-Catholics; and 3. more African-Americans favor NHI access than non-African Americans. The dummy variables being female (gender), being elderly (age), and being a union member were not statistically significant.

The model explains 11.9 percent of the variation in the dependent variable.

Table 8

Multiple Regression (National Election Study): Favoring NHI on Being Catholic and Political Ideology. Additive Model, Interactive Model and PI-Cath-Controls.

	Additive			Interactive			PI-Cath-Controls		
	b	B	p	b	B	p	b	B	p
Being Catholic	.267	.057	.120	.461	.099	.402	.365	.078	.036
Political Ideology	.492	.303	.000	.507	.311	.000	.456	.280	.000
Cath*Poli	-----	-----	------	-.055	-	.688	-----	-----	-----
Being Black							.783	.105	.005
Education Level							.011	.065	.076
Being Female							.212	.050	.181
Being Elderly							-.223	-.043	.235
Being Union Member							.181	.033	.369
R-square			.098			.098			.119

A related dependent variable to preferences toward NHI or a private health insurance plan is another analyzed item asking the respondent if he/she would prefer to spend more on health and education, even if that means ordinary people will have to pay more in taxes. It is possible that people may favor additional funds for education (presumably public) and not be in favor of more tax revenue being spent on public health care or insurance. Although this question combines health and education issues, this item is a useful variable for analysis in light of the continued Catholic support of social spending (Greeley, 1990; Kosmin and Lachman, 1993).

Table 9 displays the results of this analysis. In the additive model political ideology has a positive,

statistically significant relationship with the dependent variable (b=.220, p=.000). This model explains 8.6% of variation in the dependent variable. In the multiplicative model the interaction term was not statistically significant (p=.97). In the political ideology-being Catholic-controls model, political ideology (b=.26, p=.000) and being elderly (b=.086, p=.02) were statistically significant. Being Catholic has an unstandardized regression coefficient of .16, approaching statistical significance (p=.052). Education and the dummy variables being African-American, being female, and being a union member were all statistically insignificant.

Table 9

Multiple Regression: Favoring more spending on health and education with raised taxes on Being Catholic and Political Ideology. Additive model, Interactive Models and PI-Cath-Controls.

	Additive			Interactive			PI-Cath-Controls		
	b	B	p	b	B	p	b	B	p
Being Catholic	.139	.062	.093	.131	.059	.596	.164	.073	.052
Political Ideology	.220	.281	.000	.219	.281	.000	.210	.269	.000
Cath*Poli	-----	-----	------	.002	.003	.973	-----	-----	-----
Being Black							.175	.049	.194
Education Level							.003	.042	.248
Being Female							.130	.064	.089
Being Elderly							.212	.086	.020
Being Union Member							.076	.029	.436
R-square			.086			.086			.103

Other Dependent Variables

In the previous analyses the expected results were not found. The independent variable "being Catholic" was not a

significant variable in the regression analyses of either the Washington Post Survey or the National Election Study, except for the political ideology-being Catholic-controls model for the NES sample. However, other items relating to NHI, included in the original surveys, could be examined as dependent variables and might prove promising in separate analyses encompassing the same independent variables. The Washington Post survey notably contained many items of concern regarding NHI in general and details of the Clinton plan in particular. A more detailed analysis of the Clinton plan was then performed. The original sample, as noted, was divided in two partial samples (N=503 for partial sample 1, N=512 for partial sample 2) by the Washington Post interview team for special questions administered to the respondents.

A second pair of partial samples (denoted A and B respectively) were asked an additional battery of questions by the Washington Post team. This researcher used the above noted sets of questions for potential scale items. These scale items were analyzed in a factor analysis to determine the number of underlying variables and a reliability analysis was done for each to establish scalability. Table 10 displays frequency distributions for the partial samples 1 and 2. Over sixty percent of partial sample 1 (N=503) noted as "big concerns" that the Clinton plan would create another large and inefficient bureaucracy, the plan would cost too much, employers would eliminate existing jobs, and

the quality of medical care would decline. Fifty-four and two-tenths percent of the respondents in this first partial sample noted that people who need it might not get adequate care.

Respondents in partial sample 2 (N=512) similarly expressed (over 60%) concerns that the cost of medical care would increase, some kinds of medical care would not be available to all who need them, one might not have a good choice of doctors or hospitals, there would be a lot of fraud and abuse under the Clinton plan and taxes would have to be increased to pay for the plan. Forty-two and six-tenths percent of this second partial sample noted as a big concern that the plan would pay for legal abortions. On the other side of the abortion debate, 23.0% noted the possibility of the Clinton plan paying for abortion as a small concern.

Table 10

Concerns about the Clinton Plan (%)

Partial Sample 1 (N=503)	
The plan would create another large and inefficient government bureaucracy	
Big Concern	60.0
Small Concern	25.2
Not a concern, no opinion	14.7
People who need it most will not get adequate medical care	
Big Concern	54.2
Small Concern	25.4
Not a concern, no opinion	21.1
The plan will cost too much	
Big Concern	64.0
Small Concern	24.5
Not a concern, no opinion	11.5

Table 10 (cont.)

Employers would eliminate existing jobs	
Big Concern	63.0
Small Concern	21.1
Not a concern, no opinion	15.7
The quality of your medical care will decline	
Big Concern	61.8
Small Concern	21.3
Not a concern	16.9
Partial Sample 2 (N=512)	
The cost of your medical care will increase	
Big Concern	69.1
Small Concern	22.3
Not a concern, no opinion	8.6
Some kinds of expensive medical services will not be available to all who need them	
Big Concern	68.8
Small Concern	22.3
Not a concern, no opinion	9.0
You might not have good choices of doctors or hospitals	
Big Concern	70.5
Small Concern	19.7
Not a concern, no opinion	9.8
The plan will pay for legal abortions	
Big Concern	42.6
Small Concern	23.0
Not a concern, no opinion	34.0
There will be a lot of fraud and abuse under the plan	
Big Concern	66.0
Small Concern	22.3
Not a concern, no opinion	11.7
Taxes will have to be increased to pay for the plan	
Big Concern	65.6
Small Concern	25.6
Not a concern, no opinion	8.8

Table 11 presents data concerning the respondents' opinions of who was thought to be helped or hurt most by the Clinton plan. Over half of respondents in a third Washington Post derived sample, henceforth called partial sample A (N=500), believed that young people and people without health insurance would be helped rather than hurt by the Clinton plan. Over thirty-seven percent of respondents believed doctors, small businesses, hospitals, people who

presently have health insurance, and large corporations would be hurt by the Clinton plan.

In a fourth Washington Post derived sample, henceforth called partial sample B (N=515), 67.6% of respondents thought the poor would be helped by the Clinton plan. On the same note, 44.9% of respondents in partial sample B believed "people like you" would be helped by the Clinton plan. Over half of the respondents in partial sample B believed insurance companies and the middle class would be hurt by the Clinton plan. Forty-one percent of the respondents thought retired people would be hurt by the Clinton plan, as did 45% of respondents who expected drug companies would be hurt by the plan.

Table 11

Who will be helped or hurt by Clinton's plan

Partial Sample A (N=500)

Generally speaking, do you think Clinton's plan will help or hurt, or don't you think it will have much of an impact one way or another?

Doctors	
Helped	20.2
Not much of an impact, no opinion, refused	32.5
Hurt	47.2
Young People	
Helped	52.0
Not much of an impact, no opinion, refused	22.4
Hurt	25.6
Small Businesses	
Helped	16.6
Not much of an impact, no opinion, refused	10.6
Hurt	72.8
Hospitals	
Helped	32.2
Not much of an impact, no opinion, refused	29.6
Hurt	38.2
People without health insurance	
Helped	76.4
Not much of an impact, no opinion, refused	9.0
Hurt	14.6

Table 11 (cont.)

People who presently have health insurance	
Helped	17.4
Not much of an impact, no opinion, refused	44.2
Hurt	38.4
Lawyers	
Helped	24.4
Not much of an impact, no opinion, refused	47.0
Hurt	28.6
Large corporations	
Helped	21.2
Not much of an impact, no opinion, refused	41.2
Hurt	37.6
Partial Sample B (N=515)	
Insurance companies	
Helped	19.6
Not much of an impact, no opinion, refused	28.0
Hurt	52.4
Wealthy People	
Helped	8.5
Not much of an impact, no opinion, refused	66.5
Hurt	27.2
Poor	
Helped	67.6
Not much of an impact, no opinion, refused	13.6
Hurt	18.8
The middle class	
Helped	23.5
Not much of an impact, no opinion, refused	26.0
Hurt	50.5
People like you	
Helped	22.7
Not much of an impact, no opinion, refused	32.4
Hurt	44.9
Retired People	
Helped	35.3
Not much of an impact, no opinion, refused	23.7
Hurt	41.0
Drug Companies	
Helped	22.9
Not much of an impact, no opinion, refused	32.1
Hurt	45.0

Table 12 presents scales derived from factor and reliability analyses of the "concern" items noted in partial sample 1 (see Table 10). The factor analysis of the question-items administered to partial sample 1 (N=503) are:

concerns that the Clinton plan would create another large inefficient bureaucracy, concerns of both the quantity and quality of medical care, concerns of the cost of the plan and medical care in general, and the potential for employers to eliminate jobs yielded a one factor solution. The item "concerns about the cost of the plan" in a reliability analysis negatively loaded. After deleting this item, the eigenvalues 1.90, .85, .66, .57 and the Cronbach's Alpha of .63 indicate a single underlying factor. The factor analysis indicates that the respondents in the subsample tend either to be concerned about all of these issues or to be unconcerned about all four of them. These items may be added together to create a single item, henceforth called "*quality concerns.*"

Table 12

Factor Analysis-Concerns about the Clinton Plan-Partial Sample 1

Item	Factor 1 (quality concerns)
Concerns about bureaucracy	.64
Concerns about quality of care	.65
Employers would eliminate jobs	.69
Quality of care will decline	.76
Eigenvalues= 1.90, .85, .66, .57	Cronbach's Alpha= .63

Table 13 presents the results of the factor and reliability analyses of the question items administered to partial sample 2 (N=512). Concerns that the cost of medical care would increase, concerns that services will be limited, that doctor and hospital choice would be limited, that the

plan would pay for legal abortions, that there will be a lot of fraud under that plan and taxes would have to be increased to pay for the plan in a factor analysis reduced to one factor, henceforth called "*health care concerns*". In the reliability analysis of this scale the Cronbach's alpha is .66. The factor analysis indicates that the respondents in this subsample tend to be concerned about all six of theses issues or to be unconcerned about all six of them.

Table 13

Factor Analysis-Concerns about the Clinton Plan-Partial Sample 2

Item	Factor 1 (health care concerns)
Cost of medical care will increase	.73
Some kinds of expensive medical services will not be available	.54
Concerns about doctor and hospital choice	.72
Concerns about the payment of abortions abortion	.39
Concerns about fraud under the plan	.65
Concerns of a tax increase	.63
Eigenvalues= 2.34, .92, ..86, .72, .58, .56.	Cronbach's Alpha= .66

Table 14 notes the factor and reliability analyses of questions administered to partial sample A (N=500) who were asked questions concerning who would be helped or hurt by the Clinton plan. The aggregate items included doctors, young people, small businesses, hospitals, people with health insurance, people without health insurance, lawyers, and corporations as categories who might be ether helped or hurt by the Clinton plan. These factor analyzed items reveal a two factor solution, as indicated by the two eigenvalues greater than one. Therefore, I imposed a two-

factor solution with an oblique rotation. Factor one, henceforth called "*non-medical groups*", includes the young, businesses, those with health insurance, those without health insurance, and corporations as either being hurt or helped by the Clinton plan. The item "those without health insurance" was factored out in a reliability analysis from partial sample A's factor 1 (non-medical groups) solution, yielding a Cronbach's Alpha for non-medical groups to .53.

Factor two, henceforth called "*medical-legal groups*", includes doctors, hospitals and lawyers as being either hurt or helped by the Clinton plan. The Cronbach's Alpha for medical-legal groups was .48.

Table 14

Hurt or Help Items-Partial Sample A

Oblique Rotation

The plan will hurt or help:	Factor 1 (non-medical groups)	Factor 2 (medical-legal groups)
Doctors	.180	.772
The young	.703	-.090
Businesses	.648	.127
Hospitals	.270	.674
Those with insurance	.702	.026
Lawyers	-.223	.601
Corporations	.434	.241

Eigenvalues= 1.98, 1.27, .91, .86, .77, .64, .55.
Cronbach's Alpha: Factor 1 =.53, Factor 2 =.48

Table 15 lists the results of the factor analysis of the questions administered to partial sample B for an oblique rotation. The questions in the factor analysis

included whether or not the rich, the insurance companies, the pharmaceutical companies, the poor, the middle class, the retired, and persons like the respondent ("like yourself") would be helped or hurt by the Clinton plan. Since eigenvalues for this solution are 2.31, 1.46, .92, .73, .64, .47, .44, two scales were created from this factor analysis. Factor one, henceforth called "*ordinary groups*" includes the poor, the middle class, people like yourself, and the retired. A subsequent reliability analysis indicated Cronbach's Alpha for ordinary groups of .47. The scale "*powerful groups*" (factor 2) includes the insurance companies, the rich and drug companies as being helped or hurt by the Clinton plan. A reliability analysis of powerful groups yielded a Cronbach's Alpha of .44.

Table 15

Hurt or Help Items-Partial Sample B

Oblique Rotation

The plan will help or hurt:	Factor1 (ordinary groups)	Factor 2 (powerful groups)
Insurance Companies	-.043	.786
The rich	-.181	.515
The poor	.641	-.295
The middle class	.759	.102
"People like yourself"	.780	-.011
The retired	.815	-.076
Drug companies	.102	.710

Eigenvalues= 2.31, 1.46, .92, .73, .64, .47, .44.
Cronbach's Alpha: Factor 1 =.47, Factor 2 =.44

Additive and Multiplicative Models, and Controls

A total of six scales (for dependent variables) were created from the above factor analyses. *Quality concerns* was created from the "concern" items administered to partial sample 1. The questions in *quality concerns* included concerns about Clinton's plan in regard to the possibility of a large health care bureaucracy being created, persons might not receive adequate health care, employers would eliminate jobs, and the quality of medical care might decline.

Health care concerns was composed from the "concern" questions administered to partial sample 2. *Health care concerns* included items about the plan including whether were the cost of medical care will increase, some kinds of medical care will not be available to all who need them, one may have a limited choice of doctors or hospitals, the possibility of the plan paying for abortions, the possibility of fraud, and an increase in taxes.

The scale *non-medical groups*, as noted, is composed from the questions as to whether or not the plan would help or hurt the young, businesses, those with health insurance, and corporations. (These questions, and the items in *medical-legal groups* were administered to partial sample A.)

Medical-legal groups combines the items as to whether or not the plan would help or hurt the doctors, hospitals

and/or lawyers.

The scales *ordinary groups* and *powerful groups* were derived from questions administered to partial sample B. Ordinary groups, as noted, contains the items as to whether or not the plan would help or hurt the poor, the middle class, people like the respondent, and the retired.

The scale *powerful groups* contains the opinions as to whether or not the plan would help the insurance companies, the rich and drug companies.

Table 16 displays the results of the regression of the scale *quality concerns* (partial sample 1) regressed on being Catholic and political ideology. The additive model indicates significant relationships between political ideology and *quality concerns* (b=-.27, p=.004). The interaction term of being Catholic and political ideology is not statistically significant (p=.10). The political ideology-being Catholic-controls model (PI-Cath-controls) indicates a negative (b=-.56) and significant (p=.04) relationship between age and the dependent variable *quality concerns*. This indicates the higher the age, the less favorable the opinions towards the Clinton plan. Political ideology (b=-.318, p=.000) also has a statistically significant relationship with this variable indicating specifically that liberals are significantly more likely to favor the plan.

Table 16

Multiple Regression: *Quality concerns* on Being Catholic and Political Ideology. Additive model, Interactive model and PI-Cath-controls.

	Additive			Interactive			PI-Cath-Controls		
	b	b	p	b	B	p	b	B	p
Being Catholic	.015	.003	.94	1.12	.231	.11	.063	.013	.77
Political Ideology	-.271	-.127	.004	-.188	-.088	.08	-.318	-.149	.000
Cath*Poli	-----	-----	-----	-.367	-.244	.10	-----	-----	-----
Being Black							.487	.067	.13
Education							-.116	-.065	.14
Being Female							.145	.034	.43
Being Elderly							-.561	-.092	.04
Being Union Member							.290	.051	.25
R-square			.016			.021			.038

Table 17 portrays the regression of the scale *health care concerns* on being Catholic and political ideology. In the additive model political ideology has an inverse statistically significant relationship (b=-.59, p=.000) with the scale *health care concerns*. This means that the more liberal the respondent, the less concern for the negative possibilities of the Clinton plan (e.g. concerns the cost of health care would increase, or expansive medical services might not be available to all who need them). Being Catholic approached statistical significance (p=.069) in the additive model (b=.44). The multiplicative model does not indicate statistically significant interaction (p= .85). The political ideology-being Catholic-controls model (PI-Cath-controls) contains similar relationships and statistical significance to the simple additive model. Political ideology is statistically significant (.000) in its inverse relationship to *health care concerns* (b=-.60).

Education level has a statistically significant (p=.02), inverse relationship (b=-.27) with the dependent variable. This finding shows that greater levels of formal education are associated with lower levels of concern for the issues in *health care concerns*. The control variable, being female has a positive (b=.47) and statistically significant relationship (p=.04) with the dependent variable. Females in this sample were more concerned than males about the health care systemic changes noted in *health care concerns*.

Table 17

Multiple Regression: *Health Care Concerns* by Being Catholic and Political Ideology. Additive model, Interactive model and PI-Cath-Controls.

	Additive			Interactive			PI-Cath-Controls		
	b	B	p	b	B	p	b	B	p
Being Catholic	.443	.078	.07	.318	.056	.655	.441	.077	.07
Political Ideology	-.597	-.239	.000	-.610	-.245	.000	-.601	-.241	.000
Cath*Poli	-----	-----	------	.043	.024	.851	-----	-----	-----
Being Black							-.288	-.036	.41
Education Level							-.265	-.106	.02
Being Female							.465	.090	.04
Being Elderly							-.317	-.043	.31
Being Union Member							-.064	-.009	.82
R-square			.062			.062			.081

Table 18 displays the results of the regression for the dependent variable *non-medical groups* on being Catholic and political ideology. *Non-medical groups* contains the scale items concerning whether or not the Clinton plan would help or hurt the young, businesses, those with health insurance, and corporations. Tendencies toward the "hurt" side of the three-point help/hurt continuum are represented by the

highest number-value.

The additive model reveals a statistically significant, inverse relationship between political ideology (b=-.357, p=.000) and attitudes noted in the dependent variable. The more liberal the political ideology of the respondent, the less hurt (or more help) would be thought to be experienced by the young, businesses, those with health insurance, and corporations through the implementation of the Clinton plan. Being Catholic was not statistically significant in this additive model (b=-.175, p=.37). The interaction term in the multiplicative equation approached statistical significance (p=.065). The political ideology-being Catholic-controls model (PI-Cath-controls) shows that political ideology (b=-.98, p=.000) and being African-American (b=-.35, p=.001) are the only statistically significant items.

Table 18

Multiple Regression: *Non-medical groups* by Being Catholic and Political Ideology. Additive model, Interactive models and PI-Cath-controls.

	Additive			Interactive			PI-Cath-Controls		
	b	B	p	b	B	p	b	B	p
Being Catholic	-.175	-.039	.38	.867	.194	.148	-.271	-.060	.179
Political Ideology	-.357	-.180	.000	-.255	-.129	.013	-.350	-.176	.000
Cath*Poli	-----	-----	------	-.355	-.252	.065	-----	-----	-----
Being Black							-.986	-.145	.001
Education Level							.003	.001	.972
Being Female							.141	.035	.426
Being Elderly							.075	.012	.776
Being Union Member							-.102	-.019	.661
R-square			.034			.040			.056

Table 19 displays the results of the regression of the dependent variable *medical-legal groups* on being Catholic and political ideology. The scale *medical-legal groups* contains the items tapping the respondents' opinions that doctors, hospitals and lawyers would be either helped or hurt by the Clinton plan.

Medical-legal groups was regressed on the independent variables, being Catholic and political ideology, in the additive model. Neither independent variable is significant in the additive model and no interaction effect is found in the multiplicative model.

In the political ideology-being Catholic-controls model (PI-Cath-controls), being Catholic approached statistical significance (b=-.087, p=.054). Though this must be interpreted with caution, Catholics compared to non-Catholics appeared to believe that *medical-legal groups* (doctors, hospitals and lawyers) would be helped rather than hurt (highest score for each item was "hurt") by the implementation of the Clinton plan. Similarly, blacks compared to non-blacks believed *medical-legal groups* would be helped by the Clinton plan (b=.-.874, p=.000). Regarding levels of formal education, the higher the level of education the more the respondent thought those groups included in *medical-legal groups* (i.e. doctors, hospitals and lawyers) would be hurt by the Clinton plan.

Table 19

Multiple Regression: *Medical-legal groups* by Being Catholic and Political Ideology. Additive model, Interactive models and PI-Cath-controls.

	Additive			Interactive			PI-Cath-Controls		
	b	B	p	b	B	p	b	B	p
Being Catholic	-.169	-.045	.306	.092	.024	.359	-.324	-.087	.054
Political Ideology	-.089	-.054	.220	-.064	-.039	.458	-.089	-.055	.218
Cath*Poli	-----	-----	------	-.089	-.076	.582	-----	-----	-----
Being Black							-.874	-.155	.000
Education Level							.147	.089	.047
Being Female							.170	.051	.250
Being Elderly							-.058	-.011	.791
Being Union Member							.204	.047	.294
R-square			.005			.005			.040

Table 20 contains the results of the regression of the dependent variable *powerful groups* on being Catholic and political ideology. The scale *powerful groups* contains the items measured on a three-point continuum including the possibility that the Clinton plan would hurt or help insurance companies, the rich, and drug companies. The "hurt" side of the help/hurt continuum contains the highest number-values.

Being Catholic, the independent variable, is statistically significant (p=.001) and has a positive relationship (b=.47) with *powerful groups* in the additive equation. This relationship means that more Catholics compared to non-Catholics believe insurance companies, the rich, and drug companies will be hurt by the implementation of the Clinton plan. Political ideology, in this model, was not statistically significant (p=.70). The multiplicative model displays a statistically significant (p=.02),

interaction with the dependent variable (b=.33).

In the political ideology-being Catholic-controls model (PI-Cath-controls), with the interaction term added as a variable, the interaction term remains statistically significant (b=.289, p=.048). To locate the exact nature of the interaction, I subdivided the sample into Catholic and non-Catholic and then, for each subsample, regressed attitudes toward powerful groups on political ideology and the control variables. The relationship between political ideology and attitudes toward powerful groups is not significant in either regression, but does approach statistical significance for the Catholic subsample (p=.14).

Perhaps this is what produces the significant interaction terms in Table 18's interaction model. However, there is too little here to make any further substantive inferences.

Table 20

Multiple Regression: *Powerful groups* by Being Catholic and Political Ideology. Additive model, Interactive model, and PI-Cath-Controls.

	Additive			Interactive			PI-Cath-Controls		
	b	B	p	b	B	p	b	B	p
Catholic	.474	.140	.001	-.511	-.150	.269	-.426	-.126	.354
Political	.024	.016	.708	-.062	-.042	.405	-.048	-.032	.519
Cath*Poli	-----	-----	------	.330	.316	.024	.289	.276	.048
Black							-.379	-.080	.068
Education							.118	.094	.031
Female							.126	.042	.335
Elderly							.214	.051	.241
Union							-.179	-.045	.306
R-square			.020			.030			.055

Table 21 notes the results of the regression of the dependent variable *ordinary groups* on being Catholic and political ideology. The items in *ordinary groups* included respondent's attitudes regarding whether or not the poor, the middle class, the retired and "people like yourself" would be helped or hurt by the implementation of the Clinton plan. Higher number-values are from the "hurt" side of the three-point help/hurt continuum.

The additive model for *ordinary groups* notes political ideology has an inverse and statistically significant relationship with the dependent variable (b=-.390, p=.000). Stated another way, the more liberal the political ideology of the respondent, the less likely that respondent thinks the poor, the middle class, "people like yourself" and the retired will be hurt by the implementation of the Clinton plan. The dummy variable, being Catholic, was not statistically significant (b=-.437, p=.07), and the interaction variable in the multiplicative equation was not statistically significant (p=.953).

The political ideology-being Catholic-control model (PI-Cath-controls) explained almost three percent more variation (r-square= 5.9%) than the simple additive model (r-square= 3.3%). Political ideology (b=-.410, p=.000), being female (b=.57, p=.007), and being Catholic (b=-.481, p=.049) were statistically significant at the p=.05 level.

The political ideology-being Catholic-controls model explained 5.9% of the variation in the dependent variable, *ordinary groups*.

Table 21

Multiple Regression: *Ordinary groups* by Being Catholic and Political Ideology. Additive model, Interactive model and PI-Cath-Controls.

	Additive			Interactive			PI-Cath-Controls		
	b	B	p	b	B	p	b	B	p
Being Catholic	-.437	-.078	.073	-.479	-.085	.529	-.481	-.086	.049
Political Ideology	-.390	-.159	.000	-.394	-.161	.001	-.410	-.167	.000
Cath*Poli	-----	-----	------	.014	.008	.953	-----	-----	-----
Being Black							-.617	-.079	.071
Education Level							-.136	-.066	.130
Being Female							.576	.116	.007
Being Elderly							.333	.048	.268
Being Union Member							.080	.012	.782
R-square			.033			.033			.059

Summary and Conclusion

This study was designed to test Hunter's thesis that cultural-ideological distinctions between liberals (progressives) and conservatives (traditionalists) supersede that of previously relevant typologies of Protestant/ Catholic/Jew. According to Hunter, political, cultural, and social groups of similar ideological viewpoints often work closely with each other, creating coalitions that cut across older religious denominational distinctions. This sets up the expectations that conservatives, whether Catholic, Protestant or Jew, have more in common with each other than with liberals who are of the same denomination.

The dissertation explores this issue by examining who favors national health insurance (NHI) and who does not. Hunter's thesis would suggest that most conservatives, irrespective of religious denomination, would be against national health insurance, while most liberals would favor NHI. These patterns follow ideological statements of the respective parties: conservatives emphasize individual responsibility and effort, as well as free market economic approaches; liberals opt for some level of government supports and protections for disenfranchised groups.

In this study, I hypothesized that Catholics, because of their historic concern for social justice issues, would as a group be distinctive in their preference for national health insurance. This hypothesis is based both on perennial

pronouncements of American Catholic leadership favoring NHI, and previous survey data which has shown Catholics to have tendency to favor government support of various aspects of the welfare state, whether social insurance or means tested programs (Greeley, 1990; Kosmin and Lachman, 1993).

My hypothesis, which offers the possibility of denominational distinctions being currently relevant, partially refutes Hunter's proposition. It was accordingly hypothesized that the ideal Catholic would favor NHI in obedience to the values of the American Catholic bishops. This Catholic distinction would be in line with the Catholic belief that the sources of authority for Catholics include the hierarchy, tradition, and scripture. This hypothesis would then partially refute Hunter's thesis of political-cultural ideology superseding the relgious.

Political ideology and relgious affiliation were analyzed in additive regression models to determine if the effects of these two variables in support for NHI are consistent according to Hunter's theory. The analysis was then repeated using interaction models to asses my hypothesis that Catholics, irrespective of ideology, are more likely to support NHI than Catholics.

Two data sets with different approaches to NHI, but similar demographic variables, were analyzed. The regression analyses of the Washington Post (WP) data set, concerned with attitudes toward the Clinton health care

proposal, and the 1994 National Election Study (NES) data set indicated similar findings. Table 22 highlights the findings from these analyses. A discussion of these findings follows.

Table 22

Summary items from WP and NES analyses

	Additive Model	Interaction Model	PI, Being Catholic and Controls		
WP Sample					
Favoring Clinton Plan	Political Ideology** Being Catholic ns	PI*Being Catholic ns	Political Ideology **	Being African-American**	
Quality concerns (concerns the plan would create more bureaucracy, limit care, jobs will be lost, quality of care declines)	Political Ideology ** Being Catholic ns	PI*Being Catholic ns	Political Ideology **	Being Elderly *	
HC Concerns (concerns health cost will rise, technology will be limited, lack of good choices of doctors and hospitals, the plan will pay for abortions, fraud and tax increases)	Political Ideology ** Being Catholic ns	PI*Cath ns	Political Ideology **	Being Female *	Education *
Non-medical groups (the plan will hurt the young, businesses, those with insurance, corporations)	Political Ideology ** Being Catholic ns	PI*Being Catholic ns	Political Ideology **	Being African-American **	
Medical-legal groups (the plan will hurt doctors, hospitals, lawyers)	Political Ideology ns Being Catholic ns	PI*Being Catholic ns	Political Ideology ns Catholic *	Being African-American **	Education *
Powerful groups (the plan will hurt insurance companies, the rich, and drug companies	Political Ideology ns Being Catholic **	PI*Being Catholic *	PI*Cath *	Education *	

Table 22 (cont.)

	Additive Model	Interaction Model	PI, being Catholic and Controls		
Ordinary groups (the plan will hurt the poor, the middle-class, the retired and people like respondent)	Political Ideology ** Being Catholic ns	PI*Being Catholic ns	Political Ideology **	Being Catholic *	Being Female **
NES Sample					
Favorable to Government NHI	Political Ideology ** Being Catholic ns	PI*Being Catholic ns	Political Ideology **	Being Catholic *	Being African American **
Acceptable to raise taxes for education and health	Political Ideology ** Being Catholic ns	PI*Being Catholic ns	Political Ideology **	Being Catholic *	Being Elderly *

ns p>.05, not statistically significant
* p<.05
** p<.01

Political ideology, the independent variable most in line with Hunter's Culture Wars hypothesis was found to be a statistically significant variable in both analyses of the dependent variable that define support for NHI. Liberals were found to be significantly different from conservatives in their preference toward health care reform. Respondents leaning toward a liberal political ideology favored health care reform of either variety, more so than the conservatives. Clinton's managed competition approach tapped by the WP survey noted the attitudes of respondents toward universal access to health care that would have continued to rely on employer-based private insurance plans. Government supported NHI, included in the 1994 National Election Study (NES), essentially eliminates private

insurance and can create a government-based, "single payer" system to deliver health care from a centralized financing source. In the WP study the unstandardized regression coefficient for political ideology in regard to the dependent variable, attitudes towards Clinton's plan was .45 (p=.000). In the 1994 NES sample the unstandarized regression coefficient of attitudes toward NHI by political ideology was .49 (p=.000).

Catholics were not found to be significantly different from non-Catholics in either dataset. More specifically, Catholics were not different, in regard to their preferences toward the managed competition (WP sample) or government based (NES sample) approaches to delivering universal health care.

Possible reasons for lack of Catholic findings

Catholics did not significantly differ from non-Catholics in regard to preferences favoring NHI. A number of possible explanations, both formal and speculative, will be offered. The explanations are based on the works of Kosmin and Lachman (1993), Berger (1992), and Greeley (1990). These explanations discuss political autonomy, social class, and issues of Catholic identification.

Kosmin and Lachman refer to the identifiable grouping in the United States, the "white Catholics." Kosmin and Lachman point out that most Catholics are no longer identified by ethnic affiliation; Catholics as a group are

among the most successful in the educational and economic spheres (i.e. social class) with the exception of the elitist Protestant denominations--Presbyterian, Episcopalian, Congregationalist, and Disciples of Christ. Kosmin and Lachman (1993:202) refer to both of these historical changes (lack of ethnic affection and maximization of comparable SES) as components of a "Protestantization" effect among Catholics. Differing from Greeley's "Sacramental Imagination," in which Catholics are judged to be a distinct group (presumably whether actively religious or not), Protestantization refers to a general combining of elements of secularization, civil religion, and Anglo-Conformity which must to an extent prescribe behavior to all groups who want to be considered partakers of the American Dream. The successful assimilation of Catholics surprised researchers.

Gerhard Lenksi, in a study of the 1950s Detroit area, for example reported: "[w]orking-class Protestants had an affinity for middle-class economic values, while middle-class Catholics had an affinity for working-class values." (Lenski cited in Kosmin and Lachman, 1993:255). Lenski also reported that Catholic anti-intellectualism and emphasis on family left Catholics at a disadvantage in the capitalist marketplace. Borrowing themes from Weber, Lenski proposed that Protestants and Jews similarly had individualistic patterns of thought and action associated with a spirit of

capitalism, whereas Catholics were motivated to the collectivist. Kosmin and Lachman note the older Catholic groups have presently undergone "embourgeoisement."

Embourgeoisement, as an economic ideology, borrows from the cultural ideas inherent in Protestant and Jewish worldview. The concerns of Catholics are today becoming this-worldly and more individualistic according to Kosmin and Lachman.

Kosmin and Lachman have found contemporary American Catholics as a group to be very successful, both economically and educationally. With this Catholic assimilation into the American Dream possibly comes a modicum of independence from legitimate authority. Kosmin and Lachman note:

> "A socially conservative middle-class grouping known to political pollsters as white Catholics has developed, and, its origins lie in rapid Catholic gains in education and income in recent decades. The net result is a more Americanized population in outlook and behavior and one less accepting of religious authority." (Kosmin and Lachman, 1993:126).

Similarly, Kosmin and Lachman (1993:191) have noted, that partisan differences between Protestants and Catholics are negligible at least according to recent presidential campaigns. It is no longer necessarily the case that Catholics are going to vote disproportionately Democrat. Politically and economically, according to Kosmin and Lachman, Catholics are becoming increasingly Protestantized

and moderate-to-conservative in their political beliefs. National health insurance as an issue possibly frightens many of these moderate-to-conservative, likely-insured Catholics.

Peter Berger has also noted another pertinent point concerning this Catholic-Protestant question. He refers to new class theory in which (according to the theory) today's elites, whether in politics, education, the media or religion, form a new knowledge-based class. Berger notes that these persons constitute a new middle class as well:

> "With important differences from that old middle class grounded in business and the older professions. . . this new class, holding income constant differs significantly from the old middle class in their politics, their collective interests and the culture—to make the use of the term "class" defensible. . .The politics of the new knowledge class is to the left of the old middle class and for reasons that are soundly based in its class interests: A much larger proportion of the knowledge class is directly employed or subsidized by government; it has therefore, a vested interest in the expansion of those parts of government that provide it with employment and subsidization, and also with power and status. The knowledge class, therefore favors the maintenance and expansion of the welfare state and government regulation of every conceivable kind." (Berger, 1992:52-53).

Berger proceeds with his argument that mainline Protestant and Catholic leadership are both caught in the new class phenomenon that potentially separates clergy and laity:

> "There has been a similar fault line between clergy and laity, and the power-grab by "New Class" staffs within the ecclesiastical bureaucracy and communications media: the result is that (with one or two exceptions, notably with regard to abortion) the

> statements of the of the American Catholic bishops in recent years would serve an outside observer almost as well as the pronouncements of mainline Protestantism in his efforts to understand the agenda of the knowledge class" (Berger, 1992:61).

In other words, ecclesiastical leadership, both Catholic and mainline Protestant attempts to appear progressive on social justice issues to somehow parallel the workings of the secular new class, partially alienating the middle class. The insights of Berger parallel those of Kosmin and Lachman. It is possible that the views of the moderate-to-conservative, Protestantized, "white Catholic," middle-class laity that Kosmin and Lachman describe are in fact at odds with the pronouncements of the sophisticated, "new class" Catholic hierarchy. It may be the case that NHI, at least in this study, not being a uniquely important issue to Catholic laity, is at minimum an example of the casualties of an intradenominational culture war between progressive leadership and conservative laity. It is also notable that Hunter's thesis may again be supported: Catholic bishops (mostly progressive, according to Berger) may have more in common with mainline Protestant leadership than their own laity, that is, denominational distinctions are not mutually exclusive.

The results of this study may also be dependent on the issue of Catholic identity, stated more bluntly: "Who is a Catholic?". Who among the Catholic respondents in the

samples analyzed were "devout", regular active Catholics, and who were "nominals", that is, those Catholic specifically by childhood upbringing. It is conceivable that many respondents who self-identified themselves "Catholic" rarely go to church. How do those Catholics receive a complete Catholic socialization into a worldview that emphasizes a "preferential option for the poor," as the leadership stipulates? A statistic cited by Catholic Answers states that "only 28% of Catholics go to church on Sunday" (Catholic Answers, 1997). If this is the case, should a sample of only regular church attendees be considered in defining Catholics? Are in fact issues of religiosity, for example regular church attendance, private prayer, and perhaps Bible reading, important to the tenants of this particular type of research?

Similarly problematic to the immediate research identification question of "What is a Catholic?" (a self-report variable) is the official Catholic church's tendency to keep persons on the membership roles even if they haven't actively attended church in many years. These respondents may in fact have ties with other religious groups and participate in other rituals and be affected in their attitudes toward such concerns as preferences toward NHI. Many respondents in this case convert to other faiths and are perhaps considered "Catholic" by the official church. These issues would make identification of Catholics

problematic for research purposes. It is possible then that these methodological research concerns may bias self-report or self-identification of Catholics, making partially invalid research similar to what this study entails (e.g examination of social justice issues).

On a different note, little support for Greeley's thesis of a Sacramental Imagination, at least in regard to preferences for government health insurance was found in this study. The Sacramental Imagination thesis, linking evidence of Catholics distinctively favoring government social supports, for example, NHI was not validated in this study.

Further analysis of scale items and control variables

The dependent variable, *quality concerns* (WP sample) was a scale item that combined concerns that the Clinton plan would create another large bureaucracy, persons might not get adequate care, the plan would cost to much, employers would eliminate jobs and quality of medical care would decline. In the additive model neither political ideology or Catholic religious affiliation had statistically significant unstandardized regression coefficients. The interaction term (PI*Cath) approached statistical significance (p=.06). In the PI-Catholic-controls model, elderly status had an inverse relationship (b=-.53, p=.02) with the dependent variable. Political ideology was, as in the additive model, inversely related to the dependent

variable. These findings reduce to a possibility that both the elderly and those leaning toward a liberal political ideology believed the possibility of increased political and medical bureaucracy, limitations on treatment, quality of care and job elimination were small concerns should the Clinton plan be implemented. It may be the case, for example, that the elderly, coded for purposes of creating a control variable, over the age of 65, and likely eligible for Medicare, thought the Clinton plan would not affect them. In fact, at the time of the interviews there was no formal political discussion of modifying the funding mechanism of Medicare by the Clinton Health Security Act experts.

The dependent variable *health care concerns* (WP sample) examined other possible aspects of the Clinton plan: some kinds of expensive medical services will not be available to all who need them, one might not have a good choice of doctors or hospitals, the plan will pay for legal abortions, there would be much fraud and abuse under the plan, and taxes would have to be increased to pay for the plan. Similar to the results of the analysis of the dependent variable *quality concerns*, the analysis of *health care concerns* showed those leaning toward a liberal political ideology to be more favorable toward the Clinton plan. In the additive model the above possibilities (e.g. limited choice of doctors), were apparently not major concerns to

those of a liberal persuasion in regard to an implementation of the the Clinton plan (b=-.597, p=.000). The interaction term (PI*Cath) in the multiplicative model was statistically insignificant. In the PI-Catholic-controls model, female respondents compared to males found the possible implementation of the Clinton plan not to be a good prospect. The positive relationship of the control variable being female to *health care concerns* positive and statistically significant (b=.465, p=.04). Those with a higher level of education felt that the implemented Clinton plan would do little to make the issues included in the scale *health care concerns* (e.g. limited choice of doctors) major concerns (b=.-265, p=.01). Perhaps the higher educated knew more of the formally proposed Clinton plan and thought those aspects (taxes, fraud, choice of doctors etc.) were already well specified and worked out in the public relations effort of the Clinton administration for the plan.

The dependent variable *non-medical groups* (WP sample) contained items questioning the respondent if the Clinton plan would help or hurt the young, businesses, those with insurance, or corporations. Those leaning toward a liberal political ideology believed an implementation of the Clinton plan would more likely help the specified groups rather than hurt them (b=-.357, p=.000). The interaction term (PI*Cath) in the non-medical groups multiplicative model approached statistical significance (p=.06). In the PI-Catholic-

controls model, race was negatively related and statistically significant (b=-.98, p=.001) with *non-medical groups*. In this case, those of African-American identity were different from non-African-Americans. The Clinton plan, according to African-American respondents, would help those groups (the young, businesses, those with insurance, and corporations) rather than hurt them. It may be the case that African-Americans favor NHI in some form, perhaps for the young in particular, because of an inequality of access to the health care system experienced by them. It should also be recalled from the cross-tabulated analyses, that African-Americans were in favor of NHI compared to non-African-Americans.

The dependent variable *medical-legal groups* (WP sample) referenced the possibility that doctors, hospitals, and lawyers would be hurt by the Clinton plan. Interestingly, neither liberal (political), or Catholic (religious) identifications were significant independent variables in the additive or multiplicative models (PI*Cath). Catholics, African-Americans and those higher educated were however significant independent variables in the PI-Catholic-controls model. These groups again might have been fairly well informed of the mechanics of the Clinton plan or doubtful of the possibility of doctors, hospitals and lawyers being hurt by the Clinton plan.

Ordinary groups, the last of the analyzed scale items

from the WP sample, included possibilities the Clinton plan would hurt (or help) the poor, the middle class, people like the respondent, and the retired. Catholic religious affiliation was negatively associated to the dependent variable, *ordinary groups*, though only approaching statistical significance (b=-.437, p= .07). For the independent variable political ideology, the unstandardized regression coefficient was (b=-.390, p=.000) meaning those of a liberal political persuasion perceived the Clinton plan would help rather than hurt the persons specified in *ordinary groups*. The interaction term PI*Cath was statistically insignificant in the multiplicative model. In the PI-Catholic-Controls model, political ideology, and Catholic religion were inversely associated with the dependent variable meaning these groups distinctly thought the Clinton plan would help rather than hurt the poor, the middle class, the retired, and persons like the respondent. The dummy control variable gender was statistically significant and positively associated with *ordinary groups* (b=.576, p=.007), meaning that women as a group thought the Clinton plan would hurt those aforementioned groups noted in *ordinary groups*. Apparently females as a group are more cognizant of possible changes in the health care system than men.

Recommendations for further research

In this study the hypothesis that Catholics as a group

would be different from non-Catholics in regard to preferences for NHI did not hold. In an earlier discussion in this chapter "possible reasons for lack of Catholic findings" was noted the difficulty in defining who is appropriately Catholic because of problems related to religiosity (e.g. church attendance, prayer habits, scripture reading). The problem of "devout" in comparison to "nominals," for example, was noted. Clarifying those who are active from those who are inactive may be essential for the type of study here reported. Table 23 lists items of religiosity available within the NES sample that might be helpful for further analysis.

Table 23

Items of Religiosity for Further Analysis (%)

Outside of attending religious services, do you pray several times a day, once a day, a few times a week, once a week or less or never?

Several times a day	28.0
Once a day	23.0
A few times a week	18.8
Once a week or less	18.4
Never	9.9

Do you go to religious services every week, almost every week, once or twice a month, a few times a year, or never?

Every week	16.8
Almost every week	5.3
once or twice a month	7.5
A few times a year	8.9
Never	.2
DK/NA	1.4
Inappropriate	60.1

Outside of attending religious services do you read the Bible several times a day, once a day, a few times a week, once a week or less or never?

Several times a day	3.0
Once a day	9.7
A few times a week	13.8
Once a week or less	33.7
Never	37.8
NA	2.0

Table 24 shows the results of preliminary research into this religiosity dimension. Models display the recoded variables of regular church attendance, prayer, and Bible reading coded for high levels of the same. For example, high religiosity for church attendance every week (16.8% of sample), praying several times a day or once a day, (51% of sample), and reading the Bible several times a day or once a day (12.7% of sample) were analyzed as control variables and as interaction terms combined with the dummy variable being Catholic.

The variables were analyzed as interactions to create composite "devout" Catholics. These high levels of religiosity were denoted as three separate measures of religiosity:

- Catholic affiliation * high levels of church attendance
- Catholic affiliation * high levels of prayer
- Catholic affiliation * high levels of Bible reading

Regressions were then run in additive and multiplicative models. Table 24 displays the results of support for NHI by Catholic religion, political ideology, the dummy variable high rates of church attendance, and the interaction term Catholic * high rates of church attendance. In the additive model Catholic religious affiliation was positively related toward attitudes favorable to NHI (b=.387, p=.04). Liberal leaning political ideology was

positively related to attitudes favorable to NHI (b=.479, p=.000). The interaction term Catholic affiliation * high rates of church attendance was not statistically significant.

Table 24

Multiple Regression: Support for NHI by Catholic Religion, Political Ideology, Attendance and Cath* Attendance Model. Additive and Multiplicative Models. (NES Sample)

	Additive			Interaction		
	b	B	p	b	B	p
Catholic Religion	.387	.082	.04	.451	.096	.08
Political Ideology	.479	.297	.000	.480	.295	.000
Attendance	-.318	-.074	.07	-.276	-.064	.19
Cath* Attendance	-----	-----	-----	-.145	-.022	.70
R-square			.113			.113

Table 25 references support for NHI by Catholic religious affiliation political ideology and high rates of prayer. In the additive model only political ideology was statistically significant as an independent variable (b=.533, p=.000). The interaction term denoting high levels of religiosity in regard to occurrences of daily prayer interacting with Catholic religious affiliation was not significant.

Table 25

Multiple Regression: Support for NHI by Catholic Religion, Political Ideology, Prayer and Cath*Prayer Model. Additive and Multiplicative Models (NES Sample)

	Additive			Interaction		
	b	B	p	b	B	p
Catholic Religion	.202	.042	.31	.503	.105	.20
Political Ideology	.533	.321	.000	.533	.321	.000
Prayer	-.075	-.031	.45	-.022	-.009	.85
Cath * Prayer	-----	-----	-----	-.198	-.076	.38
R-square			.107			.108

Table 26 shows support for NHI by Catholic religion, political ideology and comparably high rates of Bible reading as an indicator of a devout Catholic was not a statistically significant interaction term (p=.48). In the additive model only political ideology was positively related and a statistically significant independent variable.

Table 26

Multiple Regression: Support for NHI by Catholic Religion, Political Ideology, Bible Reader and Cath*Bible Reader. Additive and Multiplicative Models (NES Sample)

	Additive			Interaction		
	b	B	p	b	B	p
Catholic Religion	.740	.106	.13	1.47	.211	.20
Political Ideology	.394	.235	.000	.394	.235	.000
Bible Reader	-.119	-.058	.40	-.087	-.042	.56
Cath * Bible Reader	-----	-----	-----	-.343	-.117	.48
R-square			.074			.076

This preliminary analysis of religiosity as an interaction term with Catholic religious affiliation did not lead to expected results in regard to the religiosity

hypothesis. Devout Catholics as a group are little different from non-Catholics in regard to their support for NHI.

Further thoughts on the religiosity question

In regard to the Catholic religiosity question, it is still the case that Bible reading may or may not be relevant to Catholics and may not be an ideal indicator of Catholic religiosity. As noted many Catholics believe that scripture (the Bible) ultimately can be interpreted or truly understood only in light of the official Church's interpretation. Catholics then may not have an interest in Bible reading outside of church auspices. Bible reading might be a questionable standard of Catholic religiosity.

This researcher proposes that ideally a more valid measure of Catholicity, in future surveys of respondents, would include additional questions that would be asked specifically to those who identify themselves as Catholic:

--Does the respondent go to Mass every Sunday and on Holy Days?

--What does the Catholic think of the pope. Is he "vicar of Christ" according to the respondent.

--Does the respondent regularly participate in the Sacraments?

The respondents who abide by these standards with some level of confidence would likely not be nominal Catholics. The purpose of having these additional survey items for issues of Catholic religiosity is not to identify "orthodox

Catholics" but rather to separate out the active Catholics from the "nominals." This active group of Catholics may be less Protestantized than Kosmin and Lachman have noted thereby changing the results for further analysis of the distinctive Catholic support for NHI hypothesis.

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