

POLLING REPORT

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THE DEEP SOUTH AND MEDICAID EXPANSION: THE VIEW FROM ALABAMA, GEORGIA, LOUISIANA, MISSISSIPPI, AND SOUTH CAROLINA

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The results from the Joint Center's five state Medicaid Expansion survey show solid support the ACA's Medicaid expansion provision in the 'Deep South' states of Louisiana, Mississippi, Alabama, Georgia and South Carolina. The survey included 500 respondents from each state and majorities of both African Americans and nonHispanic whites in all five states supported expansion. The survey also showed biracial support for all elements of the ACA save for the uninsured tax penalty.

EXECUTIVE SUMMARY

A survey of adults in five states of the politically conservative Deep South—Alabama, Georgia, Louisiana, Mississippi, and South Carolina—shows strong support for the Medicaid expansion provision of the Affordable Care Act as well as for other provisions of the health care law. On the survey’s general question about Medicaid expansion, 62.3 percent of respondents, including majorities in all five states and a majority of non-Hispanic whites, supported expansion. The survey’s detailed question on Medicaid expansion received 53.8 percent support from all respondents and majority support in all five states. A majority of non-Hispanic whites did not support Medicaid expansion on the detailed question, but a plurality did.

Only one-third of those surveyed had a favorable view of the ACA overall, but in terms of specific provisions only the federal tax penalty was unpopular. The other three main provisions—Medicaid expansion (62.3 percent favorable), insurance exchanges (75.0 percent), and subsidies (68.8 percent)—enjoyed broad support.

The survey results show unmistakable racial and class differences that clearly influenced the respondents’ views. Respondents who were well-educated, earned good incomes, and had health insurance—and whose acquaintances also had health insurance—were cooler to the ACA and its provisions than were those less well-off and those having friends, family, and neighbors who were uninsured.

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To gather information regarding public opinion on Medicaid expansion in the Deep South, the Joint Center for Political and Economic Studies conducted random-digit-dialing telephone surveys (land-lines and cell phones) of adults in each of five states—Alabama, Georgia, Louisiana, Mississippi, and South Carolina—between March 5 and April 8, 2013. Results for all respondents (N=2,500) should be interpreted with a statistical margin of error of approximately 2.0 percentage points, and findings for individual states have a margin of error of 4.4 percentage points. The methodological appendix describes the procedures used in the survey.

INTRODUCTION

The Affordable Care Act (ACA) expands Medicaid so that it can provide health insurance to a larger pool of low income uninsured adults, including adults with no children and whose incomes are below about \$16,000 a year. The federal government will pay the entire cost for the first three years, and after that states will pay 10 percent and the federal government 90 percent. In *National Federation of Independent Business v. Sebelius*, the Supreme Court ruled that states may choose whether or not to participate in the expansion.

In the Deep South states of Alabama, Georgia, Louisiana, Mississippi, and South Carolina, political opposition to the expansion is strong. The Republican governors of these states—Robert Bentley (AL), Phil Bryant (MS), Nathan Deal (GA), Nikki Haley (SC), and Bobby Jindal (LA)—each opposes the expansion, as do the Republican majorities in the states’ legislatures.

This study examines how the public in these states views the Affordable Care Act generally and the Medicaid expansion specifically. The Joint Center for Political and Economic Studies conducted random-digit-dialing telephone surveys (land-lines and cell phones) of adults in each of the five states between March 5 and April 8, 2013. Results for all respondents (N=2,500) should be interpreted with a statistical margin of error of approximately 2.0 percentage points, and findings for individual states have a margin of error of 4.4 percentage points. The methodological appendix describes the procedures used in the survey.

ATTITUDES TOWARD THE AFFORDABLE CARE ACT IN GENERAL

Adults in the Deep South are opposed to the Affordable Care Act but not overwhelmingly so (Table 1). Of the 2,500 adults interviewed across the five states, one-third viewed the ACA favorably, 43.8 percent viewed it unfavorably, and 23.2 percent were unsure how they felt. There were no statistically significant differences across the five states.

African Americans in the five states were more than twice as likely to view the ACA favorably as

non-Hispanic whites (53.3 percent vs. 24.3 percent). There are 8.042 million African Americans in these five states according to the U.S. Census Bureau, 21 percent of all African Americans in the United States. At least a quarter of persons in these five states are African American: Alabama (26.2 percent), Georgia (30.5 percent), Louisiana (32.0 percent), Mississippi (37.0 percent), and South Carolina (27.9 percent).

Liberals viewed the ACA more favorably than conservatives (51.6 percent vs. 21.8 percent) and Democrats more favorably than Republicans (56.2 percent vs. 12.1 percent).

TABLE 1

As you may know, a health reform bill was signed into law in 2010 with four main provision—state insurance exchanges, Medicaid expansion, an individual mandate with subsidies for lower income people, and a panel to recommend cost controls. Given what you've heard about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?

	Favorable (%)	Unfavorable (%)	DK/RA (%)	(N)
Total	33.0	43.8	23.2	2500
Alabama	35.0	41.2	23.8	500
Georgia	32.6	43.0	24.4	500
Louisiana	31.2	47.0	21.8	500
Mississippi	32.6	46.8	20.6	500
South Carolina	33.8	41.0	25.2	500
Black	53.3	20.4	26.3	685
White	24.3	54.1	21.7	1583
Other	41.4	32.2	25.4	87
Men	35.3	45.7	19.0	1117
Women	31.2	42.2	26.5	1383
18-24	35.1	35.1	29.7	239
25-44	31.2	46.8	22.0	746
35-64	35.6	45.4	19.0	927
65+	30.7	41.1	28.2	479
Liberal	51.6	28.5	19.9	432
Moderate	37.7	37.4	24.9	910
Conservative	21.8	58.3	19.9	933
Democrat	56.2	18.9	24.9	847
Independent	27.6	49.0	23.3	836
Republican	12.1	69.6	18.3	652
Less than HS	31.9	26.6	41.5	188
HS Graduate	32.5	42.4	25.1	698
Some College/Tech	32.6	45.2	22.2	743
Bachelor's Degree	33.6	48.2	18.2	488
College Degree+	39.8	47.4	12.7	251
Less than \$15,000	34.4	31.2	34.4	282
\$15-\$35,000	30.6	40.7	28.7	467
\$35-\$60,000	36.0	44.3	19.7	467
\$60-\$75,000	36.6	42.3	21.1	175
\$75-\$90,000	21.8	65.5	12.6	119
More than \$90,000	35.3	54.5	10.2	323

VIEWS REGARDING ELEMENTS OF THE AFFORDABLE CARE ACT

ACA Tax Penalty

By far the least popular part of the ACA is the provision that those without health insurance will have to pay an additional—and increasing over time—federal tax penalty (Table 2). Across the five states, the proportion of respondents expressing a favorable view of the ACA tax penalty (31.0 percent) was similar to the proportion having a favorable view of the ACA overall (33.0 percent). However, while only 43.8 percent expressed an unfavorable view of the ACA, 64.5 percent held an unfavorable view of the tax penalty on the uninsured.

Non-Hispanic whites, conservatives, and Republicans all overwhelmingly opposed the ACA tax penalty, but likewise a majority of African Americans (54.5 percent), liberals (51.6 percent), and a plurality of Democrats (49.4 percent) also opposed the tax penalty. There was an interesting manifestation of class differences on views of the ACA tax penalty on the uninsured: Those with less education and lower incomes were more opposed to the tax penalty than those with more education and higher incomes. A possible explanation is that individuals with more education and higher incomes are more likely to already have health insurance and thus are not at risk for the ACA tax penalty on the uninsured.

TABLE 2

I'm going to read you some elements of the health reform law. As I read each one, please tell me whether you feel favorable or unfavorable about: the law will require many Americans who don't have health insurance as of 2014 to get it or else pay extra tax.

	Favorable (%)	Unfavorable (%)	DK/RA (%)	(N)
Total	31.0	64.5	4.6	2500
Alabama	32.8	61.4	5.8	500
Georgia	31.4	65.2	3.4	500
Louisiana	29.2	64.6	6.2	500
Mississippi	29.4	66.8	3.8	500
South Carolina	32.0	64.4	3.6	500
Black	40.4	54.5	5.1	685
White	27.0	69.0	4.0	1583
Other	35.6	57.5	6.9	87
Men	31.2	65.7	3.1	1117
Women	30.8	63.5	5.7	1383
18-24	33.1	61.9	5.0	239
25-44	30.8	65.7	3.5	746
35-64	30.7	65.5	3.8	927
65+	31.1	62.2	6.7	479
Liberal	44.2	51.6	4.2	432
Moderate	35.2	59.6	5.3	910
Conservative	21.7	75.0	3.3	933
Democrat	45.1	49.4	5.5	847
Independent	27.0	68.8	4.2	836
Republican	19.0	77.8	3.2	652
Less than HS	22.9	72.3	4.8	188
HS Graduate	26.9	68.3	4.7	698
Some College/Tech	32.6	63.8	3.6	743
Bachelor's Degree	34.0	62.5	3.5	488
College Degree+	41.0	53.0	6.0	251
Less than \$15,000	20.6	73.0	6.4	282
\$15-\$35,000	24.6	73.0	4.2	467
\$35-\$60,000	29.8	64.0	6.2	467
\$60-\$75,000	36.0	60.0	4.0	175
\$75-\$90,000	32.8	63.9	3.4	119
More than \$90,000	39.9	57.3	2.8	323

Medicaid Expansion

A strong majority of all respondents in the five states held favorable views on Medicaid expansion for low-income uninsured adults (62.3 percent); only a third viewed Medicaid expansion unfavorably (Table 3). Respondents in Mississippi (58.6 percent favorable vs. 37.4 percent unfavorable, for a margin of 21.2 points favorable) were cooler toward Medicaid expansion than those in South Carolina (65.2 favorable vs. 30 percent unfavorable, a margin of 35.2 points favorable).

There were racial differences on Medicaid expansion but, nonetheless, majorities of both African Americans (85.3 percent) and non-Hispanic whites (53.3 percent) favored it.

Self-identified liberals (78.2 percent) and moderates (69.3 percent) solidly favored Medicaid expansion, and while a plurality of conservatives opposed expansion (48.9 percent), it should be noted that a substantial 46.9 percent of conservatives supported it. A large majority of Democrats (87.1 percent) and a majority of independents (56.6 percent) supported expansion, while Republican identifiers (37.9 percent) were the subgroup most opposed. The class differences noted previously also appeared on Medicaid expansion, but with the pattern reversed. Those with the least education and lowest income levels were the most favorable toward Medicaid expansion, while those in the highest education and income groups were the least favorable.

TABLE 3

I'm going to read you some elements of the health reform law. As I read each one, please tell me whether you feel favorable or unfavorable about: the law will expand the existing Medicaid program to cover more low-income, uninsured adults.

	Favorable (%)	Unfavorable (%)	DK/RA (%)	(N)
Total	62.3	33.0	4.6	2500
Alabama	64.2	32.0	3.8	500
Georgia	61.0	35.0	4.0	500
Louisiana	62.6	30.8	6.6	500
Mississippi	58.6	37.4	4.0	500
South Carolina	65.2	30.0	3.8	500
Black	85.3	12.6	2.2	685
White	53.3	41.6	5.2	1583
Other	74.7	18.4	6.9	87
Men	58.4	37.6	4.0	1117
Women	65.5	29.4	5.1	1383
18-24	66.1	27.6	6.3	239
25-44	64.5	31.6	3.9	746
35-64	61.6	34.0	4.4	927
65+	59.9	35.5	4.6	479
Liberal	78.2	17.6	4.2	432
Moderate	69.3	25.9	4.7	910
Conservative	46.9	48.9	4.2	933
Democrat	87.1	10.4	2.5	847
Independent	56.6	36.6	6.8	836
Republican	37.9	58.7	3.4	652
Less than HS	80.3	15.4	4.3	188
HS Graduate	66.8	28.2	5.0	698
Some College/Tech	59.2	36.9	3.9	743
Bachelor's Degree	57.2	38.7	4.1	488
College Degree+	59.4	37.1	3.6	251
Less than \$15,000	81.9	13.8	4.3	282
\$15-\$35,000	69.4	26.3	4.3	467
\$35-\$60,000	60.6	35.3	4.1	467
\$60-\$75,000	60.6	36.0	3.4	175
\$75-\$90,000	45.4	50.4	4.2	119
More than \$90,000	53.9	43.7	2.5	323

Insurance Exchanges

Support was strong across all subgroups for the creation of health insurance exchanges in which small businesses and people who don't get coverage through their employers can shop for insurance and compare prices and benefits. Three in four respondents overall were favorable to the

creation of the insurance exchanges (Table 4). More than 70 percent of respondents in all five states favored the creation of the exchanges. Even the subgroups least favorable to the creation of the exchanges—conservatives (65.7 percent) and Republicans (62.7 percent)—still supported them by wide margins.

TABLE 4

I'm going to read you some elements of the health reform law. As I read each one, please tell me whether you feel favorable or unfavorable about: the law will create health insurance exchanges or marketplaces where small businesses and people who don't get coverage through their employers can shop for insurance and compare prices and benefits.

	Favorable (%)	Unfavorable (%)	DK/RA (%)	(N)
Total	75.0	20.0	5.0	2500
Alabama	76.8	18.4	4.8	500
Georgia	73.0	24.2	2.8	500
Louisiana	72.6	20.0	7.4	500
Mississippi	77.2	18.2	4.6	500
South Carolina	75.2	19.4	5.4	500
Black	86.7	9.5	3.8	685
White	71.1	23.9	5.0	1583
Other	78.2	17.2	4.6	87
Men	71.7	23.7	4.6	1117
Women	77.6	17.1	5.4	1383
18-24	82.8	13.8	3.3	239
25-44	75.5	20.2	4.3	746
35-64	75.4	20.8	3.8	927
65+	71.4	20.7	7.9	479
Liberal	86.1	11.1	2.8	432
Moderate	79.6	14.9	5.5	910
Conservative	65.7	29.7	4.6	933
Democrat	88.9	7.7	3.4	847
Independent	71.9	22.8	5.3	836
Republican	62.7	31.9	5.4	652
Less than HS	77.7	16.5	5.9	188
HS Graduate	76.6	18.5	4.9	698
Some College/Tech	75.9	20.2	3.9	743
Bachelor's Degree	72.7	21.9	5.3	488
College Degree+	77.3	19.1	3.6	251
Less than \$15,000	80.5	10.6	8.9	282
\$15-\$35,000	76.9	19.5	3.6	467
\$35-\$60,000	78.4	16.5	5.1	467
\$60-\$75,000	75.4	21.7	2.9	175
\$75-\$90,000	74.8	23.5	1.7	119
More than \$90,000	70.9	26.6	2.5	323

Financial Help for Low-Income Individuals

Support was also strong for subsidizing health insurance for low-income individuals who do not get coverage through their jobs. More than two-thirds were favorable to this provision of the ACA overall, and levels of support were similar in all five states (Table 5).

There were racial differences on financial subsidies but, as with Medicaid expansion, solid majorities of both African Americans (88.3 percent) and non-Hispanic whites (61.2 percent) favored expansion.

Self-identified liberals (84.5 percent) and moderates (76.5 percent) solidly favored financial subsidies,

and even a majority of conservatives were favorable to financial subsidies for low-income individuals (54.3 percent). A large majority of Democrats (90.1 percent) and a substantial majority of independents (65.2 percent) were favorable to the subsidies, while Republican identifiers were the only subgroup unfavorable (46.5 percent favorable and 48.3 percent unfavorable). Class differences were similar to those seen for Medicaid expansion, with those with the least education and lowest income levels most favorable toward financial subsidies for low-income individuals and those in the highest education and income groups least favorable. Nonetheless, a majority of all education and income subgroups favored financial subsidies for low-income individuals to purchase health insurance.

TABLE 5

I'm going to read you some elements of the health reform law. As I read each one, please tell me whether you feel favorable or unfavorable about: the law will provide financial help to low- and moderate-income Americans who don't get insurance through their jobs to help them purchase coverage.

	Favorable (%)	Unfavorable (%)	DK/RA (%)	(N)
Total	68.8	27.9	3.4	2500
Alabama	70.2	27.8	2.0	500
Georgia	66.2	30.6	3.2	500
Louisiana	67.8	28.6	3.6	500
Mississippi	69.2	26.8	4.0	500
South Carolina	70.4	25.6	4.0	500
Black	88.3	8.9	2.8	685
White	61.2	35.4	3.4	1583
Other	74.7	23.0	2.3	87
Men	65.2	32.1	2.8	1117
Women	71.7	24.5	3.8	1383
18-24	77.0	21.3	1.7	239
25-44	72.5	25.3	2.1	746
35-64	67.1	29.8	3.1	927
65+	63.3	31.3	5.4	479
Liberal	84.5	13.7	1.9	432
Moderate	76.5	20.8	2.7	910
Conservative	54.3	41.6	4.1	933
Democrat	90.1	7.6	2.4	847
Independent	65.2	32.7	3.2	836
Republican	46.5	48.3	5.2	652
Less than HS	83.0	14.4	2.7	188
HS Graduate	72.5	24.1	3.4	698
Some College/Tech	68.9	28.3	2.8	743
Bachelor's Degree	62.7	34.4	2.9	488
College Degree+	63.7	32.3	4.0	251
Less than \$15,000	87.2	9.9	2.8	282
\$15-\$35,000	79.2	18.6	2.1	467
\$35-\$60,000	70.2	27.4	2.4	467
\$60-\$75,000	64.0	33.7	2.3	175
\$75-\$90,000	56.3	38.7	5.0	119
More than \$90,000	56.3	41.5	2.2	323

SUPPORT FOR MEDICAID EXPANSION: DETAILED QUESTION

Survey participants were given full details of the Medicaid expansion provision in the ACA and the U.S. Supreme Court's ruling that individual states may opt in or out of the expansion. They were then asked what they thought their state should do—either keep Medicaid as is or expand it (Table 6). A small majority of all respondents (53.8 percent) thought their states should expand Medicaid; 34.8 percent thought their state should keep Medicaid as it is. A majority favored Medicaid expansion in each of the five states.

A large majority of African Americans (78.4 percent) favored Medicaid expansion, compared to just a small plurality of non-Hispanic whites (44.2 percent). A majority of women favored expansion (57.2 percent), but only a plurality of men did (49.6 percent).

Self-identified liberals (71.5 percent) and moderates (59.7 percent) solidly favored Medicaid expansion, but a plurality of conservatives (47.9 percent) wanted to keep Medicaid as it is; only 39.4 percent of conservatives supported expansion. A large majority of Democrats (80.0 percent) and a plurality of independents (49.2 percent) wanted to expand Medicaid coverage, but by more than two-to-one Republicans wanted to keep Medicaid as is (58.1 percent vs. 27.1 percent). Again there were class differences, with a majority of those with some college or less and those with household incomes less than \$75,000 supporting Medicaid expansion, compared to only a plurality of those with a college degree or an advanced education and a minority of those with household incomes greater than \$75,000.

TABLE 6

The new health care law expands Medicaid to provide health insurance to more low income uninsured adults, including adults with no children whose incomes are below about \$16,000 a year. The federal government will initially pay the entire cost for 3 years, and after that states will pay 10 percent and the federal government will pay 90 percent. The Supreme Court ruled that states may choose whether or not to participate in this expansion. What do you think your state should do: keep Medicaid as it is today, with no new funding from the federal government and no change in who will be covered by the program or expand Medicaid to cover more low income uninsured people, with the federal government initially paying the entire cost of the expansion and your state eventually paying 10 percent.

	Keep Medicaid As Is (%)	Expand Medicaid (%)	DK/RA (%)	(N)
Total	34.8	53.8	11.4	2500
Alabama	30.6	54.8	14.6	500
Georgia	39.0	51.6	9.4	500
Louisiana	33.2	55.4	11.4	500
Mississippi	37.4	52.6	10.0	500
South Carolina	33.8	54.6	11.6	500
Black	14.9	78.4	6.7	685
White	42.6	44.2	13.3	1583
Other	26.4	65.5	8.0	87
Men	39.7	49.6	10.7	1117
Women	30.9	57.2	11.9	1383
18-24	30.5	62.3	7.1	239
25-44	33.4	54.2	12.5	746
35-64	35.3	56.2	8.5	927
65+	35.9	48.2	15.9	479
Liberal	18.5	71.5	10.0	432
Moderate	31.0	59.7	9.3	910
Conservative	47.9	39.4	12.6	933
Democrat	14.0	80.0	5.9	847
Independent	38.2	49.2	12.7	836
Republican	58.1	27.1	14.7	652
Less than HS	16.0	74.5	9.6	188
HS Graduate	29.2	59.6	11.2	698
Some College/Tech	36.9	52.0	11.2	743
Bachelor's Degree	40.8	47.1	12.1	488
College Degree+	41.8	47.4	10.8	251
Less than \$15,000	12.1	78.7	9.2	282
\$15-\$35,000	27.0	63.0	10.1	467
\$35-\$60,000	38.8	50.1	11.1	467
\$60-\$75,000	40.6	52.0	7.4	175
\$75-\$90,000	52.9	32.8	14.3	119
More than \$90,000	50.2	41.5	8.4	323

STRENGTH OF ARGUMENTS FOR MEDICAID EXPANSION

In order to determine whether there was an effective case to be made to reduce opposition to Medicaid expansion, respondents who expressed opposition to the expansion were presented with the following five arguments and/or factual reasons to support it. For the most part, the opponents of Medicaid expansion remained resistant to the change.

What if you heard that this would mean many low income people in your state would be left without health insurance, and your state would be giving up additional federal dollars for covering its uninsured residents?

This argument persuaded only one in six opponents of the expansion (Table 6.1). Respondents from Alabama were most favorable to this argument (20.9 percent), and those from Louisiana least favorable (12.7 percent). In all five states save Louisiana, African Americans responded more favorably to the argument, but the number of African Americans opposed to Medicaid expansion is so small that their views do not materially influence the overall responses to this argument.

If your state rejects Medicaid expansion, taxpayers in your state would be subsidizing health care in states that do expand Medicaid coverage.

TABLE 6.1 [IF NO TO MEDICAID EXPANSION]

What if you heard that this would mean many low income people in your state would be left without health insurance, and your state would be giving up additional federal dollars for covering its uninsured residents? Would you still prefer to keep Medicaid as it is today, or would you prefer to expand Medicaid to cover more low income uninsured people in your state?

	Keep Medicaid As Is (%)	Expand Medicaid (%)	DK/RA (%)	(N)
Total	77.0	16.8	6.2	870
Alabama	73.2	20.9	5.9	153
Black	66.7	33.3	-	12
White	74.8	20.0	5.2	115
Georgia	78.5	15.9	5.6	195
Black	46.7	43.3	10.0	30
White	83.9	11.4	4.7	149
Louisiana	77.1	12.7	10.2	166
Black	78.6	14.3	7.1	14
White	76.1	14.2	9.7	134
Mississippi	80.7	15.5	3.7	187
Black	60.9	26.1	13.0	23
White	84.9	14.5	0.7	152
South Carolina	74.6	19.5	5.9	169
Black	43.5	43.5	13.0	23
White	80.6	14.5	4.8	124

This argument persuaded only 21.0 percent of expansion opponents (Table 6.2). Respondents from South Carolina were most favorable to this argument (24.9 percent), and again those from Louisiana were least favorable (18.7 percent).

After the first three years when the federal government pays for all of the costs of Medicaid expansion, [AL, GA, LA, MS, or SC] can withdraw from the program any time it wants.

This argument persuaded only 17.1 percent of expansion opponents (Table 6.3). Respondents from Mississippi were most favorable (20.3 percent), and those from Louisiana were least favorable (13.9 percent).

The nonpartisan Kaiser Family Foundation and the Urban League calculated that states will get \$9 from Washington for Medicaid expansion for every \$1 they spend on the expansion. Would knowing this make you more or less likely to support Medicaid expansion?

TABLE 6.2 [IF NO TO MEDICAID EXPANSION]

If your state rejects Medicaid expansion, taxpayers in your state would be subsidizing health care in states that do expand Medicaid coverage. Knowing this, would you still prefer to keep Medicaid as it is today, or would you prefer to expand Medicaid to cover more low income uninsured people in your state?

	Keep Medicaid As Is (%)	Expand Medicaid (%)	DK/RA (%)	(N)
Total	71.4	21.0	7.6	870
Alabama	74.5	19.0	6.5	153
Black	66.7	25.0	8.3	12
White	76.5	18.3	5.2	115
Georgia	68.2	22.1	9.7	195
Black	43.3	50.0	6.7	30
White	72.5	16.8	10.7	149
Louisiana	73.5	18.7	7.8	165
Black	71.4	21.4	7.1	14
White	73.9	20.1	6.0	134
Mississippi	73.3	20.3	6.4	187
Black	52.2	30.4	17.4	23
White	76.3	19.1	4.6	152
South Carolina	68.0	24.9	7.1	169
Black	34.8	56.5	8.7	23
White	72.6	19.4	8.1	124

TABLE 6.3 [IF NO TO MEDICAID EXPANSION]

After the first three years when the federal government pays for all of the costs of Medicaid expansion, [STATE] can withdraw from the program any time it wants. Knowing this, would you still prefer to keep Medicaid as it is today, or would you prefer to expand Medicaid to cover more low income uninsured people in your state?

	Keep Medicaid As Is (%)	Expand Medicaid (%)	DK/RA (%)	(N)
Total	77.7	17.1	5.2	870
Alabama	79.1	15.7	5.2	153
Black	83.3	8.3	8.3	12
White	78.3	16.5	5.2	115
Georgia	76.9	17.4	5.6	195
Black	53.3	46.7	-	30
White	81.9	11.4	6.7	149
Louisiana	81.9	13.9	4.2	166
Black	50.0	42.9	7.1	14
White	85.1	12.7	2.2	134
Mississippi	72.7	20.3	7.0	187
Black	69.6	30.4	-	23
White	73.7	18.4	7.9	152
South Carolina	78.7	17.8	3.6	169
Black	52.2	43.5	4.3	23
White	83.1	13.7	3.2	124

This argument was somewhat more effective than the others, with 26.8 percent saying it would make them more likely to support Medicaid expansion (Table 6.4). Respondents from Alabama were most favorable to this argument (28.8 percent), and those from Louisiana were least so (21.1 percent).

A side benefit of the Medicaid expansion is that it would create thousands of new jobs and large amounts of economic activity and new tax revenue in your state. For example, the state of Alabama estimated that the Medicaid coverage expansion would reduce the state's uninsured population by 232,000 individuals while generating \$20 billion in new economic activity and a \$935 million increase in net state tax revenue. Would knowing this make you more or less likely to support Medicaid expansion?

TABLE 6.4 [IF NO TO MEDICAID EXPANSION]

The nonpartisan Kaiser Family Foundation and the Urban League calculated that states will get \$9 from Washington for Medicaid expansion for every \$1 they spend on the expansion. Would knowing this make you more or less likely to support Medicaid expansion?

	More Likely (%)	Less Likely (%)	DK/RA (%)	(N)
Total	26.8	60.9	12.3	870
Alabama	28.8	58.8	12.4	153
Black	25.0	66.7	8.3	12
White	27.0	64.3	8.7	115
Georgia	28.2	63.1	8.7	195
Black	50.0	33.3	16.7	30
White	24.8	67.8	7.4	149
Louisiana	21.7	62.0	16.3	166
Black	35.7	42.9	21.4	14
White	20.1	65.7	14.2	134
Mississippi	26.7	58.8	14.4	187
Black	34.8	26.1	39.1	23
White	26.3	63.8	9.9	152
South Carolina	28.4	61.5	10.1	169
Black	56.5	34.8	8.7	23
White	22.6	66.9	10.5	124

This argument was clearly the most persuasive of the five presented. One-third of those originally opposed to Medicaid expansion said this information would make them more likely to support it (Table 6.5). Respondents from South Carolina (37.3 percent) and Alabama (36.6 percent) were most favorable to this argument, and those from Louisiana (25.3 percent) least so.

In all five states, a majority of African Americans who had previously opposed Medicaid expansion responded favorably to the argument; whites in Alabama (36.5 percent) liked this argument the most (perhaps since the information came from the government of Alabama), while whites in Louisiana were least persuaded (23.1 percent).

TABLE 6.5 [IF NO TO MEDICAID EXPANSION]

A side benefit of the Medicaid expansion is that it would create thousands of new jobs and large amounts of economic activity and new tax revenue in your state. For example, the state of Alabama estimated that the Medicaid coverage expansion would reduce the state's uninsured population by 232,000 individuals while generating \$20 billion in new economic activity and a \$935 million increase in net state tax revenue. Would knowing this make you more or less likely to support Medicaid expansion?

	More Likely (%)	Less Likely (%)	DK/RA (%)	(N)
Total	33.3	56.2	10.5	870
Alabama	36.6	56.2	7.2	153
Black	58.3	41.7	-	12
White	36.5	57.4	6.1	115
Georgia	31.8	58.5	9.7	195
Black	56.7	26.7	16.7	30
White	26.8	63.8	9.4	149
Louisiana	25.3	58.4	16.3	166
Black	50.0	35.7	14.3	14
White	23.1	61.2	15.7	134
Mississippi	35.8	56.1	8.0	187
Black	56.5	34.8	8.7	23
White	32.2	59.2	8.6	152
South Carolina	37.3	51.5	11.2	169
Black	60.9	30.4	8.7	23
White	33.9	54.0	12.1	124

REASONS FOR SUPPORTING MEDICAID

Survey participants were presented with four reasons why Medicaid might be important to them, and asked whether the reason presented was a major reason, a minor reason, or not a reason. Three of the reasons presented were personal and the fourth was abstract. Interestingly, the abstract reason garnered the most support, since it was the only reason that received much support from higher-income individuals.

You or someone you know has received health coverage through Medicaid.

A plurality of all respondents (44 percent) thought this was a major reason why the Medicaid program is important; 24 percent thought this was a minor reason and 25 percent did not view it as a reason why Medicaid is important (Table 7.1). Differences between the five states were minimal, but racial differences were statistically significant, with a majority of African Americans (57 percent) believing this a major reason why the Medicaid program is important but only a plurality of non-Hispanic whites (40 percent).

A majority of self-identified liberals (56 percent) and Democrats (58 percent) said this was a major reason why the Medicaid program is important, as did a solid plurality of moderates (46 percent) and independents (40 percent). Conservatives and Republicans were fairly split on whether this was a major reason or not a reason at all that the Medicaid program is important.

Class differences in response to this question were strong. A majority of respondents with a high school degree or less said that this was a major reason why the Medicaid program is important, as did more than 60 percent of those from households with incomes less than \$35,000. Almost as many respondents with a college degree said this was not a reason why Medicaid is important (33 percent) as said it was a major reason (38 percent); a plurality of those with more than a college degree said that this was not a reason they believed the Medicaid program is important. Further, a plurality of respondents from households making more than \$75,000 said this was not a reason why they thought the Medicaid program is important.

You or someone you know has received nursing home or long term care services paid for by Medicaid.

TABLE 7.1

I'd like to ask you some questions about Medicaid, which is the government program that provides health insurance and long-term care to certain low-income adults and children. Please tell me if the following is a major reason, a minor reason, or not a reason why you feel the Medicaid program is important: you or someone you know has received health coverage through Medicaid.

	Major Reason (%)	Minor Reason (%)	Not A Reason (%)	DK/RA (%)	(N)
Total	44	24	25	6	2500
Alabama	48	19	24	9	500
Georgia	42	26	28	4	500
Louisiana	46	25	24	5	500
Mississippi	48	27	22	3	500
South Carolina	42	23	28	7	500
Black	57	26	14	6	685
White	40	25	29	4	1583
Other	49	15	31	5	87
Men	42	25	27	6	1117
Women	48	23	23	6	1383
18-24	40	41	18	1	239
25-44	41	35	21	3	746
35-64	49	17	29	5	927
65+	46	15	27	12	479
Liberal	56	23	18	3	432
Moderate	46	29	20	4	910
Conservative	37	21	34	7	933
Democrat	58	24	15	4	847
Independent	40	23	31	7	836
Republican	34	27	32	6	652
Less than HS	70	12	8	10	188
HS Graduate	52	21	21	6	698
Some College/Tech	42	33	21	4	743
Bachelor's Degree	38	24	33	6	488
College Degree+	32	21	43	4	251
Less than \$15,000	62	20	13	5	282
\$15-\$35,000	65	24	17	4	467
\$35-\$60,000	44	24	27	6	467
\$60-\$75,000	42	23	31	5	175
\$75-\$90,000	33	30	35	3	119
More than \$90,000	32	24	42	3	323

A modest plurality of all respondents (39 percent) thought this was a major reason why the Medicaid program is important; 24 percent thought this was a minor reason and 31 percent did not view it as a reason (Table 7.2). There were small differences between the five states, with Alabama (43 percent) having the most respondents identifying this as a major reason why the Medicaid program is important, and Georgia (34 percent) having the fewest; equal numbers of Georgians identified long-term care as a major reason and as not a reason why they viewed Medicaid as important.

Racial differences were statistically significant, with a near majority of African Americans (49 percent) believing this a major reason why the Medicaid program is important, compared to just 35 percent of non-Hispanic whites.

A near majority of self-identified liberals (49 percent) and a bare majority of Democrats (50 percent) said this was a major reason why the Medicaid program is important. A weak plurality of moderates (39 percent) and independents (36 percent) likewise said this is a major reason. A plurality of conservatives (39 percent) and Republicans (39 percent) said that long-term care is not a reason why they think the Medicaid program is important.

There were again strong class differences in responses to this question, with a majority of respondents with less than a high school degree and a strong plurality of high school graduates believing long-term care is a major reason why the Medicaid program is important. A majority of respondents from households with income less than \$15,000 (51 percent) said long-term care is a major reason why Medicaid is an important program, as did a strong plurality (46 percent) of respondents from households with income between \$15,000 and \$35,000. A plurality of respondents with a college degree or more than a college degree believed that long-term care was not a reason why Medicaid is important (37-39 percent). Roughly equal numbers of respondents from households with incomes between \$35,000 and \$90,000 thought long-term care was a major reason or not a reason why the Medicaid program is important. A solid plurality of respondents from households with incomes greater than \$90,000 (45 percent) said that long-term care was not a reason why they felt that the Medicaid program is important; only 28 percent from this subgroup said long-term care was a major reason.

You think that you or someone in your family may need to rely on Medicaid benefits in the future.

TABLE 7.2

I'd like to ask you some questions about Medicaid, which is the government program that provides health insurance and long-term care to certain low-income adults and children. Please tell me if the following is a major reason, a minor reason, or not a reason why you feel the Medicaid program is important: you or someone you know has received nursing home or long term care services paid for by Medicaid.

	Major Reason (%)	Minor Reason (%)	Not A Reason (%)	DK/RA (%)	(N)
Total	39	24	31	6	2500
Alabama	43	16	31	10	500
Georgia	34	28	34	4	500
Louisiana	40	23	32	5	500
Mississippi	41	28	27	4	500
South Carolina	39	24	30	7	500
Black	49	25	21	4	685
White	35	24	34	6	1583
Other	35	21	38	7	87
Men	37	25	33	6	1117
Women	42	23	29	6	1383
18-24	34	35	27	3	239
25-44	35	34	27	4	746
35-64	43	18	35	4	927
65+	41	15	36	13	479
Liberal	49	24	23	4	432
Moderate	39	30	27	5	910
Conservative	35	20	39	7	933
Democrat	50	24	21	5	847
Independent	36	25	34	5	836
Republican	29	24	39	7	652
Less than HS	58	14	19	10	188
HS Graduate	45	19	30	7	698
Some College/Tech	37	30	28	5	743
Bachelor's Degree	31	27	37	6	488
College Degree+	33	24	39	4	251
Less than \$15,000	51	21	21	7	282
\$15-\$35,000	46	23	27	5	467
\$35-\$60,000	35	25	34	5	467
\$60-\$75,000	36	25	33	7	175
\$75-\$90,000	35	29	32	3	119
More than \$90,000	28	23	45	4	323

A plurality of all respondents (46 percent) thought this was a major reason why the Medicaid program is important; 26 percent thought this was a minor reason and 24 percent did not view it as a reason (Table 7.3). There were modest differences between the five states, ranging from a majority of 52 percent in Alabama to a plurality of 43 percent in Louisiana. A majority of African Americans (60 percent) felt that this is a major reason why the Medicaid program is important, but only a plurality of non-Hispanic whites (40 percent) gave that response.

A solid majority of self-identified liberals (57 percent) and Democrats (60 percent) and a plurality of moderates (45 percent) and independents (43 percent) said this was a major reason why the Medicaid program is important. While a modest plurality of conservatives (40 percent) felt that this was a major reason, equal numbers of Republicans felt future need was a major reason and was not a reason why Medicaid is important.

Solid majorities with a high school degree or less and those from households with incomes less than \$35,000 said that future need was a major reason why the Medicaid program is important; a plurality of respondents from households with income between \$35,000 and \$75,000 had similar feelings. Those with a college degree or more were fairly evenly split between feeling future need was a major reason or not a reason. Finally, a plurality of respondents from the highest income subgroup said they felt that future need was not a reason why they thought the Medicaid program is important for them.

You like knowing that the Medicaid program exists as a safety net to protect low income people who can't afford needed care.

TABLE 7.3

I'd like to ask you some questions about Medicaid, which is the government program that provides health insurance and long-term care to certain low-income adults and children. Please tell me if the following is a major reason, a minor reason, or not a reason why you feel the Medicaid program is important: you think that you or someone in your family may need to rely on Medicaid benefits in the future.

	Major Reason (%)	Minor Reason (%)	Not A Reason (%)	DK/RA (%)	(N)
Total	46	26	24	4	2500
Alabama	52	21	20	7	500
Georgia	44	30	24	2	500
Louisiana	43	25	26	6	500
Mississippi	46	29	23	2	500
South Carolina	46	24	25	5	500
Black	60	25	13	3	685
White	40	27	28	5	1583
Other	55	17	24	3	87
Men	45	27	25	4	1117
Women	48	25	23	5	1383
18-24	39	37	20	3	239
25-44	41	35	21	3	746
35-64	52	20	24	4	927
65+	47	16	30	7	479
Liberal	57	25	16	3	432
Moderate	45	31	21	3	910
Conservative	40	23	31	5	933
Democrat	60	23	13	3	847
Independent	43	27	27	4	836
Republican	33	29	33	5	652
Less than HS	79	11	7	3	188
HS Graduate	57	20	19	4	698
Some College/Tech	41	32	24	3	743
Bachelor's Degree	36	28	31	6	488
College Degree+	33	31	34	3	251
Less than \$15,000	66	20	10	4	282
\$15-\$35,000	54	22	22	3	467
\$35-\$60,000	46	26	24	4	467
\$60-\$75,000	39	27	30	3	175
\$75-\$90,000	32	38	29	2	119
More than \$90,000	31	31	35	3	323

A solid majority of all respondents (57 percent) in five of the most conservative states in the country favored the safety net argument and thought this was a major reason why the Medicaid program is important; 25 percent thought this was a minor reason and only 15 percent did not view it as a reason why Medicaid is important (Table 7.4). There were modest differences between the five states, ranging from Alabama (63 percent) to Louisiana (54 percent), in the shares that felt this was a major reason why the Medicaid program is important. Racial differences were statistically significant but substantively modest, with a majority of both African Americans (67 percent) and non-Hispanic whites (53 percent) feeling the “safety net” is a major reason why the Medicaid program is important.

A solid majority of self-identified liberals (69 percent) and Democrats (71 percent) said this was a major reason why the Medicaid program is important, as did majorities of moderates (56 percent) and independents (55 percent). A bare majority of conservatives (50 percent) felt the same, as did a plurality of Republicans (43 percent).

While there were significant class differences in responses to this question, unlike the earlier questions a majority of all income groups and nearly all education groups said they felt that the provision of a safety net was a major reason why the Medicaid program is important. Majorities were strongest among respondents with a high school degree or less and with household incomes less than \$60,000.

TABLE 7.4

I'd like to ask you some questions about Medicaid, which is the government program that provides health insurance and long-term care to certain low-income adults and children. Please tell me if the following is a major reason, a minor reason, or not a reason why you feel the Medicaid program is important: you like knowing that the Medicaid program exists as a safety net to protect low income people who can't afford needed care.

	Major Reason (%)	Minor Reason (%)	Not A Reason (%)	DK/RA (%)	(N)
Total	57	25	15	3	2500
Alabama	63	19	14	4	500
Georgia	55	29	14	2	500
Louisiana	54	26	17	3	500
Mississippi	60	26	13	1	500
South Carolina	55	26	15	4	500
Black	67	23	8	2	685
White	53	27	17	3	1583
Other	68	18	10	3	87
Men	54	26	17	3	1117
Women	60	24	13	3	1383
18-24	44	35	18	2	239
25-44	45	37	16	3	746
35-64	65	20	13	2	927
65+	70	13	13	4	479
Liberal	69	20	10	1	432
Moderate	56	29	12	3	910
Conservative	50	26	21	3	933
Democrat	71	21	7	2	847
Independent	55	25	16	3	836
Republican	43	30	23	4	652
Less than HS	86	7	5	2	188
HS Graduate	63	22	12	3	698
Some College/Tech	49	32	16	3	743
Bachelor's Degree	52	29	17	3	488
College Degree+	57	23	18	2	251
Less than \$15,000	73	18	6	3	282
\$15-\$35,000	62	23	14	2	467
\$35-\$60,000	57	24	15	3	467
\$60-\$75,000	54	27	18	2	175
\$75-\$90,000	51	33	15	1	119
More than \$90,000	50	25	23	3	323

RESPONDENTS' HEALTH INSURANCE STATUS

Most of the respondents (83.7 percent) in the survey said they were covered by health insurance; 15.5 percent said they were not (Table 8). There were no differences in percentage of insured across states, and racial differences were modest: 86.1 percent of non-Hispanic whites and 79.0 percent of African Americans reported being insured. Among those without health insurance, 53.7 percent were white and 36.7 percent were black. Seniors (who are eligible for Medicare) had the highest insurance rates (93.7 percent); young adults (18-24 years) the lowest (75.7 percent).

As expected, there were strong class differences in health insurance rates, ranging from 71.8 percent among those without a high school degree to 96.4 percent among those with more than a college degree, and from 68.8 percent of respondents from households with incomes less than \$15,000 to 95.7 percent from households with incomes more than \$90,000.

TABLE 8

Are you, yourself, now covered by any form of health insurance or health plan or do you not have health insurance at this time?

	Yes (%)	No (%)	DK/RA (%)	(N)
Total	83.7	15.5	0.8	2500
Alabama	84.8	13.8	1.4	500
Georgia	81.2	18.2	0.6	500
Louisiana	86.0	13.4	0.4	500
Mississippi	83.4	16.2	0.4	500
South Carolina	83.2	15.8	1.0	500
Black	79.0	20.7	0.3	685
White	86.1	13.1	0.8	1583
Other	82.8	17.2	-	87
Men	82.9	15.8	1.3	1117
Women	84.4	15.2	0.4	1383
18-24	75.7	23.4	0.8	239
25-44	81.4	18.2	0.4	746
35-64	83.2	16.7	0.1	927
65+	93.7	5.8	0.4	479
Liberal	82.9	17.1	-	432
Moderate	82.9	16.3	0.9	910
Conservative	86.8	12.1	1.1	933
Democrat	82.5	17.4	0.1	847
Independent	82.8	15.6	1.7	836
Republican	87.7	11.5	0.8	652
Less than HS	71.8	27.7	0.5	188
HS Graduate	78.4	21.3	0.3	698
Some College/Tech	84.3	15.3	0.4	743
Bachelor's Degree	90.0	9.4	0.6	488
College Degree+	96.4	2.4	1.2	251
Less than \$15,000	68.8	30.9	0.4	282
\$15-\$35,000	73.4	26.3	0.2	467
\$35-\$60,000	87.4	12.6	-	467
\$60-\$75,000	92.0	6.9	1.1	175
\$75-\$90,000	93.3	5.0	1.7	119
More than \$90,000	95.7	4.3	-	323

KNOWING THE UNINSURED

The respondents were asked whether they had any close friends or family members who were uninsured. Responses were fairly evenly divided, with 48.6 percent saying they did not have any friends or family members who were uninsured and 43.1 percent saying they did (Table 9). Respondents from Alabama were the least likely to report that they had close friends or family members who were uninsured (37.2 percent), while a plurality of respondents from Louisiana (46.2 percent) reported that they did. There were no racial differences on this question, but a majority of men (52.4 percent) said they had no close friends or family members who were uninsured while a plurality of women (47.1 percent) said they did.

A plurality of the youngest respondents (46.9 percent) and a majority of seniors (58.9 percent) reported they had no close friends or family members who were uninsured. A plurality of respondents between 25 and 64 years said they did have close friends or family members who were uninsured.

Those with less education and those from poorer households were more likely to have close friends or family members who were uninsured, while a majority of respondents with at least a college degree or from households with incomes greater than \$60,000 said they had no close friends or family members who were uninsured.

TABLE 9

Do you have any close friends or family members who are currently uninsured?

	Yes (%)	No (%)	DK/RA (%)	(N)
Total	43.1	48.6	8.3	2500
Alabama	37.2	49.8	13.0	500
Georgia	44.5	49.4	6.1	500
Louisiana	46.2	43.0	10.8	500
Mississippi	44.2	48.8	7.0	500
South Carolina	43.4	51.8	4.8	500
Black	43.1	47.6	9.3	685
White	44.2	48.6	7.2	1583
Other	39.1	48.3	12.6	87
Men	38.2	52.4	9.4	1117
Women	47.1	45.5	7.4	1383
18-24	42.7	46.9	10.5	239
25-44	48.8	44.8	6.4	746
35-64	47.2	46.4	6.4	927
65+	30.9	58.9	10.2	479
Liberal	44.4	47.2	8.3	432
Moderate	43.1	48.6	8.4	910
Conservative	41.8	50.3	7.9	933
Democrat	43.8	46.8	9.4	847
Independent	45.5	46.8	7.8	836
Republican	39.4	53.2	7.4	652
Less than HS	47.9	44.1	8.0	188
HS Graduate	41.7	49.4	8.9	698
Some College/Tech	46.4	45.0	8.6	743
Bachelor's Degree	42.2	51.4	6.4	488
College Degree+	39.0	54.6	6.4	251
Less than \$15,000	48.2	43.3	8.5	282
\$15-\$35,000	48.2	44.5	7.3	467
\$35-\$60,000	45.2	46.9	7.9	467
\$60-\$75,000	40.0	53.7	6.3	175
\$75-\$90,000	42.9	54.6	2.5	119
More than \$90,000	44.9	50.8	4.3	323

PERSONAL/FAMILY HEALTH INSURANCE STATUS AND POLICY VIEWS

The respondents' health insurance status and whether they had close friends or family members who were uninsured might be expected to have some impact on the views on the policy issues examined here, especially given the class influence on policy documented earlier. In the following tables, policy issues covered in Tables 2, 3, 5, 6, and 7.1 are examined according to health insurance status and whether one has close friends or family members who are uninsured.

ACA Tax Penalty

Respondents who do not have health insurance (22.0 percent) are less likely than those who do (32.8 percent) to support the ACA's tax penalty for not buying health insurance (Table 10a). This is perhaps not surprising, since those without insurance are more likely to be younger, poorer, and a member of a minority group and so the tax penalty represents at minimum a loss of income. Of course, many of these types of individuals would potentially receive Medicaid (for free) or a subsidy to purchase insurance, but the tax penalty likely is intimidating to many of them.

Expand Medicaid (General Question)

Respondents who do not have health insurance are more likely (74.4 percent) to support expanding Medicaid than are those who do have health insurance (60.3 percent) (Table 10b). Also, respondents who have close friends or family members who are uninsured are more likely (65.6 percent) to support Medicaid expansion than are those who do not (58.6 percent).

Subsidies to Purchase Insurance

Respondents who do not have health insurance are more likely (82.4 percent) to support subsidies to purchase health insurance for low-and-moderate income Americans who do not get coverage through their jobs than are those who have insurance (66.4 percent) (Table 10c). Respondents who have close friends or family members who are uninsured are more likely to support subsidies (72.6 percent) than are those who do not (65.6 percent).

Expand Medicaid (Detailed Question)

Respondents who do not have health insurance are more likely (73.6 percent) to support Medicaid expansion for low-income adults than are those who have insurance (50.4 percent) (Table 10d). Respondents who have close friends or family members who are uninsured are more likely (58.9 percent) to support subsidies than are those who do not (49.3 percent).

Reasons to Support Medicaid: You/Someone You Know Received Medicaid Coverage

Respondents who do not have health insurance are more likely than those who do have insurance (54.8 percent vs. 43.4 percent) to say that a major reason they feel the Medicaid program is important is because they or someone close to them have received coverage through Medicaid (Table 10e). Respondents who have close friends or family members who are uninsured are more likely than those who do not (48.7 percent vs. 41.6 percent) to say that a major reason they feel the Medicaid program is important is because they or someone close to them have received coverage through Medicaid.

TABLE 10A

I'm going to read you some elements of the health reform law. As I read each one, please tell me whether you feel favorable or unfavorable about: the law will require many Americans who don't have health insurance as of 2014 to get it or else pay extra tax.

	Has Health Insurance		Has Family & Friends Uninsured		(N)
	Yes (N=2093)	No (N=387)	Yes (N=1078)	No (N=1214)	
Favorable	32.8%	22.0%	28.1%	32.8%	774/2500

TABLE 10B

I'm going to read you some elements of the health reform law. As I read each one, please tell me whether you feel favorable or unfavorable about: the law will expand the existing Medicaid program to cover more low-income, uninsured adults.

	Has Health Insurance		Has Family & Friends Uninsured		(N)
	Yes (N=2093)	No (N=387)	Yes (N=1078)	No (N=1214)	
Favorable	60.3%	74.4%	65.6%	58.6%	1558/2500

TABLE 10C

I'm going to read you some elements of the health reform law. As I read each one, please tell me whether you feel favorable or unfavorable about: the law will provide financial help to low- and moderate-income Americans who don't get insurance through their jobs to help them purchase coverage.

	Has Health Insurance		Has Family & Friends Uninsured		(N)
	Yes (N=2093)	No (N=387)	Yes (N=1078)	No (N=1214)	
Favorable	66.4%	82.4%	72.6%	65.6%	1719/2500

TABLE 10D

The new health care law expands Medicaid to provide health insurance to more low income uninsured adults, including adults with no children whose incomes are below about \$16,000 a year. The federal government will initially pay the entire cost for 3 years, and after that states will pay 10 percent and the federal government will pay 90 percent. The Supreme Court ruled that states may choose whether or not to participate in this expansion. What do you think your state should do: keep Medicaid as it is today, with no new funding from the federal government and no change in who will be covered by the program or expand Medicaid to cover more low income uninsured people, with the federal government initially paying the entire cost of the expansion and your state eventually paying 10 percent.

	Has Health Insurance		Has Family & Friends Uninsured		(N)
	Yes (N=2093)	No (N=387)	Yes (N=1078)	No (N=1214)	
Expand Medicaid	50.4%	73.6%	58.9%	49.3%	1345/2500

TABLE 10E

I'd like to ask you some questions about Medicaid, which is the government program that provides health insurance and long-term care to certain low-income adults and children. Please tell me if the following is a major reason, a minor reason, or not a reason why you feel the Medicaid program is important: you or someone you know has received health coverage through Medicaid.

	Has Health Insurance		Has Family & Friends Uninsured		(N)
	Yes (N=2093)	No (N=387)	Yes (N=1078)	No (N=1214)	
Major Reason	43.4%	54.8%	48.7%	41.6%	1127/2500

CONCLUSION

This five-state survey of the politically conservative Deep South shows strong support for the Medicaid expansion provision of the Affordable Care Act. On the general question about Medicaid expansion, 62.3 percent of respondents supported it, including majorities in all five states as well as a majority of non-Hispanic whites. The detailed question on Medicaid expansion also received majority support—53.8 percent—from all respondents and in all five states. A majority of non-Hispanic whites did not support Medicaid expansion on the detailed question, but a plurality did.

Only one-third of those surveyed had a favorable view of the ACA overall. However, when asked about the specific provisions of the ACA, only one was unpopular—the tax penalty. The other three provisions—Medicaid expansion (62.3 percent favorable), insurance exchanges (75.0 percent), and subsidies (68.8 percent)—were all broadly popular.

Finally, there were unmistakable racial and class differences that clearly influenced the respondents' views. Respondents who were well-educated, earned good incomes, and had health insurance—and mostly knew other people with health insurance—were cooler to the ACA and its provisions than those who were less well-off and those who had friends and family without insurance.

METHODOLOGY APPENDIX

The survey was designed and the questionnaire developed at the Joint Center for Political and Economic Studies. The overall study consists of five statewide random samples of 500 adults. The states surveyed included Alabama, Georgia, Louisiana, Mississippi, and South Carolina; that is, the states of the “Deep South.” The survey results are based upon (random digit dialing) landline and cellphone telephone interviews with a total of 2,500 adults conducted between March 5, 2013 and April 8, 2013. Two-thirds of the interviews were conducted over landlines and one-third by cellphones. The field work was done by Research America of Philadelphia, PA. Randomized procedures were used to select respondents within each household reached by telephone, and after the initial call there were at least eight >call-backs= if no interview was completed.

The results of this survey for all respondents (N=2,500) should be interpreted with a statistical margin of error of approximately plus or minus 2.0 percentage points; findings for individual states have a margin of error of plus or minus 4.4 percentage points. That is, one can say with 95 percent confidence that the statements made based upon the procedures employed have a random error (sampling error, random measurement error, etc.) component of plus or minus 2.0 (or 4.4) percentage points. The margin of error for subgroup analysis is larger due to the smaller sample size. During the field-work phase of the survey, an effort was made to use same-race interviewers when possible.

The sample data from the overall survey are weighted in the analyses to population parameters for a variety of demographic factors, including age, gender, and race. The parameters used in this weighting are from the U.S. Bureau of the Census, November 2010 Current Population Survey.

NOTES



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