The Affordable Care Act:

Political perception and real world consequences viewed through the lens of Obamacare

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The average person's life is busy and fast paced, often leaving very little time to be up to date with the constantly shifting political world. People are then forced to develop an opinion on a hot button topic, such as the Affordable Care Act, without the time to gather the necessary information to fully understand the issues involved. To alleviate this stress, they look to their already established political ideology and follow the trend of their party to simplify their vote. This study uses quantitative analysis to ascertain if a Cal Poly Pomona student's political ideology determines their opinion on the Affordable Care Act, regardless of their knowledge or other factors self-interests on the matter.

Many members of the general public do not consider the idea that political bias has developed an ever-increasing importance in our decision-making processes. Political polarization is becoming rampant in the United States; it has affected everything from an individual's voting behavior to how they view the U.S healthcare system, and how they believe it should progress from here on out. This research paper will discuss the issue of political bias and how it has shaped a person's perception of the Patient Protection and Affordable Care Act (ACA), or otherwise known as "Obamacare." It will delve into an even narrower scope by specifically targeting Cal Poly Pomona students.

This topic holds great importance because it highlights the fact that our healthcare system, along with many other aspects of our lives, has become increasingly politicized. The dangers to this trend cannot be underestimated. Ideological bias has become the baseline of our decision-making processes; and therefore, acts as the key element in the formation of a person's opinions, while ignoring the relevant facts of the given issue. This trend is incredibly shortsighted and dangerous if left undiagnosed. While this paper cannot prove the dangers of this phenomenon, due to its narrow scope, it will showcase how political perception, as seen through party affiliation, can play a key aspect in how we perceive and interact with our everyday lives, specifically in how we interpret the quality of our healthcare system.

This concept falls within the subfield of American Politics. This paper will be expanding on previous research and contributing to the overall study of this issue by demonstrating that by the time a person reaches the age for higher education, political bias, as a basis of decision making, has already taken root to act as

the main influencer in the formation of opinions. This is especially disheartening because this is the age in a person's life when they are supposed to welcome new ideas to be able to grow as a student and as an individual; in turn, allowing them to be more open to discussions about alternative options. This research paper will be focused through the lens of a simple question: does Cal Poly Pomona students' political views determine their opinion on the Affordable Care Act?

This thesis will prove that political views, as determined by party affiliation, does affect the opinions Cal Poly Pomona students have on the Affordable Care Act. Students who consider themselves to be more liberal in ideology will see the U.S healthcare system, as represented by "Obamacare", in a favorable light; while students' whose political ideology aligns with the right will see the system as too socialized and especially think less of "Obamacare" than their Democrat counterparts. The reason for this is, as a person's political ideology moves to the left the more they will approve of "Obamacare"; while alternatively, as a person's ideology moves to the right the more they will disapprove of "Obamacare". The concepts relate to one another because the U.S healthcare system has become politicized and highly polarized as well, since the introduction of this legislation. The logic behind this idea rests in the fact that, since the Affordable Care Act is a step toward socialized medicine, Democrats and those on the left will find it more appealing because they usually champion a more liberal and socialized society; while Republicans and other conservatives will disapprove of it because they desire a more individualist society with less governmental interference and oversight.

It is possible that other factors can be used to attempt to answer my question such as: age, gender, or ethnicity. These elements have been stated to also play a role in the development of a person's perception on the Affordable Care Act. These are valid concerns that will be accounted for in the course of my research through several alternative hypotheses. A possible criticism of my argument would state that political ideology is only a small part of a person's identity and that many other factors play into the overall psyche of an individual. Even with a corresponding political view, every person has their own thoughts, feelings, and motivations which cause them to take certain actions and come to a particular conclusion; however, political orientation is a mode in which to externalize all of those internal driving points. The true effect of this hardening of party lines comes from an individual limiting the sources of information they take in based on their preference of party affiliations, thus driving in the point that po-

litical bias plays a key aspect in decision making.

For this research paper, the evidence needed to prove my argument was collected in the form of a survey experiment. One survey form, the control group, had general questions about their opinions on the Affordable Care Act. This first group's form had no references to "Obamacare", and only at the end were asked about their political ideology. The treatment group had obvious mentions and ties to "Obamacare"; and, the participants' political ideology was invoked at the beginning of the survey. With the data that was gathered from this survey experiment I used SPSS to organize and test my results. I accomplished this by using the independent sample T-Test as well as the Chi-Square test. Throughout this thesis, I will prove that regardless of multiple influencing factors, party affiliation is the best determining factor for a Cal Poly Pomona student's perception of "Obamacare".

Literature Review

Partisan bias is a powerful tool in predicting a person's worldview on certain key aspects of life. It plays, arguably, the most important role in determining the reasons for a person's opinions on a wide variety of issues such as the intensely debated and highly controversial Patient Protection and Affordable Care Act. Much has been done in the way of research on this topic, and many scholars have argued about the importance of party identification versus the self-interest of a person on a more basic demographic level in the development of their opinions on the ACA. This thesis contributes to the debate by asking if partisan bias affects the views Cal Poly Pomona students' have on the current health care system in the United States.

Polarization in the U.S is becoming more common with each election cycle. People are tending to search for information that simply confirms their own world views on subjects instead of carefully researching a topic before coming to a definitive conclusion. The specific line of research in this analysis will be considering this trend at the university-level age group. This is a critical time in an individual's life when they should be open to criticism and new ideas to grow as a student and as a functioning member of society, However, if this trend holds it could foreshadow a dangerous and turbulent future. The polarization of politics only makes having substantive conversations with those who hold differing views more difficult and thus progress is almost impossible.

The following literature review discusses three key aspects in this line of scholarship. These ele-

ments are constantly working together and against one another making it difficult to parse them out completely. The first aspect that will be discussed is symbolic perception in the formation of an individual's opinions on the ACA. This is defined as a person's partisan bias or political ideology being the strongest indicator of their intended actions. Often times, seen as a counter view to symbolic perceptions, self-interest is the next aspect that has been heavily researched in regards to the formation of the perceptions people form in deference to the world around them. Self-interest is used by scholars to determine motivations on how individuals come to certain conclusions based on their personal experiences and demographic information. The final aspect that helps to fit all the pieces together is the level of knowledge a person has on the topic of health reform in the United States. As stated above, these three key aspects are interconnected and as such will not be discussed separately but in connection with one another throughout this section. Each concept competes and acts upon the others to form an individual's opinion on the ACA.

It is easy to see why many scholars have researched the role of partisan bias as the foundation of the development of an individual's opinion on the ACA. In a 2014 poll on the ACA, 83% of Republicans surveyed opposed the bill and 56% wanted it to be repealed (Dalen, Waterbrook, & Alpert, 2015). In that same poll, however, only 19% of Democrats disagreed with the act while 4% wished for it to be repealed (Dalen et al., 2015). Political ideology helps people sort themselves into the parties that most align with their way of thinking. Ideology is as an important factor in regards to the formation of opinions on the ACA. Many Democrats believe that "universal coverage is a core value, so they are more likely to support reform regardless of other factors. By contrast, Republicans may have an ideological opposition to national health insurance" (Oakman, Blendon, Campbell, Zaslavsky, & Benson, 2010). Once these allegiances are formed it creates an easy method of obtaining information about topics, such as on the ACA, that would correspond to their own preconceived notions of the world. Partisan elite, within the each of the political parties, help shape an individual's opinions on healthcare reform through rhetoric distributed by the mass media (Kriner & Reeves, 2014). Research has shown that the "public responds to the changing of content of elite debate in Washington", that is to say, people may be open to new information about health care reform, but generally from their own side of the political spectrum (Kriner & Reeves, 2014).

Knowledge and symbolic perception in opinion formation go hand in hand. Partisanship plays a key role in the perceptions one holds about the world around them. For example, in 2008, after the election of President Obama, Democrats switched roles with Republicans in having a favorable view of the economy (Hindman, 2012). This could be due to, in part, the partisan information sources that most people retrieve their knowledge about issues from. In past studies, it was found that whichever side that gets their message out first has the advantage when introducing a new policy topic. The initial piece of information given to the public helps set the tone of information that people are likely to look into further (Druckman, Fein, Leeper, 2012). This only strengthens the symbolic perceptions argument because Republicans are more likely to go to conservative sources for their news than Democrats, and likewise Democrats are more likely to seek out their information from liberal sources than Republicans. This is also key for "our prior beliefs and feelings guide what we perceive and how we process it" (Strickland, Taber, & Lodge, 2011). By using the media to control the level and type of information that is pushed out to the public, political elites are able to strengthen their respective sides. These elites "redefine knowledge as partisan beliefs and beliefs about knowledge. News media distribution and amplification of partisan beliefs help transform knowledge into a strategy for political gain" (Hindman, 2012).

Demographic reasoning based on association with knowledge are also hard to distinguish from symbolic perceptions. In a study of medical school students, 63% of those surveyed supported the ACA (Winkelman, 2015). Medical students were more likely to approve of the ACA in higher proportions than the general public and, as a whole, their knowledge of the bill was greater as well (Winkelman, 2015). Students with higher knowledge were more likely to support the ACA over students who knew less about it, a pattern that has followed the general public (Winkelman, 2015). Interestingly enough, it was the self-reported political ideology that played the role in determining views toward the ACA. Those who reported themselves as liberals and moderates were more likely to support the bill over conservatives (Winkelman, 2015). It is important to note that this survey also had a skewed population in terms of Democrats and Republicans counted; a large proportion of the students self-identified as Democrats. This helps to explain the large discrepancy in approval numbers for medical students as compared with the general public.

Information gathering and ideological exposure are responsible for influencing people's opinions about a wide range of subject matters, including healthcare. Studies have indicated that the amount

of information people receive about a political issue affects the way they act and feel toward that issue (Pasek, Sood, Krosnick, 2015). It has been found that "media coverage of political controversies serve to transmit social identification cues to citizens, and that group identification may override knowledge that is contrary to those beliefs" (Hindman, 2012). The journal article, "Misinformed about the Affordable Care Act?", depicted the difference between individuals that had misperceptions and individuals that were simply ignorant about the ACA (Pasek et al, 2015). This article defines misperceptions as "holding an incorrect belief with confidence" and ignorance as "lacking a correct belief on an issue" (Pasek et al, 2015). A study has found that Republicans are more likely to misinterpret "uninsured" as "unemployed" or in families where the adults do not work. This interpretation leads the Republicans to be against the ACA on the grounds that they do not wish to aid the creation of a welfare state (Oakman et al., 2010). Those who are ignorant can be informed, but those who have misperceptions are difficult to correct, they can be stubborn in their convictions.

Ignorance can make it difficult to determine the actual opinions people hold on the ACA. It has been found that individuals who have a lower socioeconomic status are more likely to give an "I don't know" response when confronted with their opinions on health care reform (Berinsky & Margolis, 2011). By asking the question in different angles, however, a person's views can be seen indirectly in regards to the ACA. It was discovered through these means that people making $30,000 per year or less were far more likely to be in favor of policy ideas in the ACA, while less than half of those who make more than $100,000 per year approve of the same reform (Berinsky & Margolis, 2011). With this, it would seem that socioeconomic status would be a good indicator of one's attitude toward the ACA, however individuals with higher incomes have a stronger association with voting Republican (Gelman, 2011).

A person's fear over the future of the health care system was also seen as an indicator of public opinion. Out of their own self-interest, seniors who used Medicare were concerned about the ACA. In 2013, a survey of Medicare recipients showed that 38% had an antagonistic view of the ACA because they feared that it would affect their insurance in a negative way (Brodie, Hamel, & Norton, 2015). It has been found, in a survey from 2008 – 2010 by the Associated Press, Republicans were significantly less likely to oppose universal health care if they were personally concerned about their own medical expenses (Henderson & Hillygus, 2011). It was also found that

self-interest can play an important role in opinion formation and change against partisanship when the stakes are large and the effects would be noticeable (Henderson & Hillygus, 2011). Interestingly enough, most Americans have a favorable view of Medicare and some have suggested that the best health care delivering system for the U.S would be "Medicare for all" (Dalen et al., 2015).

The trust in the federal government can play a factor in the formation of opinions and attitudes on the ACA. It was discovered that "an individual's degree of trust in the federal government was positively associated with approval of the federal government taking an active role in Americans access to health care" (Richardson & Konisky, 2013). There is a strong indication that Republican's trust the federal government to a much lesser degree than their Democrat counterparts and are thus less likely to support strong governmental interference with the health care system (Richardson & Konisky, 2013). There is a fear among some Americans of the possible creation of a stronger centralized government, and they do not want to see their government assume a more prominent role as a dictator of individual decisions (Grande, Gollust, & Asch, 2011).

The ACA is a highly-polarized issue in the U.S and, as such, symbolic perceptions are an important indicator of the public's attitudes. Research has shown that many Americans are in favor of individual policies in the ACA but are largely against the law as a whole or at least see it in a negative light, even if they were to benefit from it (Grande et al., 2011). It was discovered through survey research that the way a question was asked drastically changed the response given by the participants. By using trigger phrases and words such as "Obamacare", an overall negative opinion base was received by the respondents, however, when the neutral wording was used there was much more approval for similar types of reforms that the ACA had to offer (Grande et al., 2011). This depicted that there is an unconscious partisan bias in regards to the ACA as it is a highly-polarized issue. In fact, not a single Republican in congress voted to pass the ACA, it was passed by a Democrat Congress and signed by a Democrat president (Henderson & Hillygus, 2011). In highly-polarized governments that control both the Congress and the Presidency the legislation has a risk of being less thought through or less deliberately designed because it is not subject to partisan checks and balances (Pildes, 2011). When this is the case, it is easy for opinions on the issue to take on a partisanship divide with one side resenting the legislation because they feel they had no say in its creation. Instances like this have caused the two

political parties to shift their views and move farther from the center (Pildes, 2011).

Some scholars have stated that gender and race along with partisan bias are the best indicators on the formation of beliefs and attitudes on the ACA. One study found that women were far more likely to support the ACA than men and they did it for both symbolic and self-interest related reasons (Lizotte, 2016). This author found that women were more likely to support the ACA for humanitarian and socioeconomic justifications; they were naturally more concerned about the welfare of others and because of their gender were more worried about the economic strains of insurance on their income (Lizotte, 2016). Even with this information, symbolic perceptions were still a good indicator of their opinions. This author explained this by stating that women are more likely to be Democrat because of their humanitarian tendency and as such approve the creation of a larger safety net for society. In another study, it was found that 50% of white Americans disapproved the ACA (Fiscella, 2016). When the survey used triggering phrases such as "Obamacare" rather than the Affordable Care Act, the views instantly became more negative. Kevin Fiscella, author of the article "Why do so many white Americans oppose the Affordable Care Act?", claims this to be accounted for by the, sometimes, unconscious racism associated with "Obamacare" (2016). It was found in another survey that while African Americans were more likely to support the ACA than white individuals, they were also more likely to keep their support over time as compared to other races (Henderson & Hillygus, 2011).

Partisian bias is the strongest indicator of opinion formation on the ACA. It has been stated by scholars that partisan "loyalties have a pervasive effect on perceptions of the political world" (Bartels, 2002). People do not usually have the time or convenience to rigorously research a wide range of topics, and as such they resort to listening to an easily accessible information from their party elite making partisan bias a "pervasive and dynamic force shaping citizens' perceptions of and reactions to, the political world" (Bartels, 2002). Self-interest can help indicate how an opinion was created, but it is not the best tools for it can be limited by the lack of knowledge a person possesses. In a series of surveys administered from 2010-2015, more than 60% of all Democrat respondents stated that they favored ACA compared to only 13% of Republicans, however, "during this same period, about half of the public has indicated that they do not have enough information to understand how the law will impact them personally" (McCabe, 2016). If the public does not understand the tangible consequences the ACA would have on their lives then "it is unlikely for other factors, such as self-interest, to have a major influence" in their opinion formations (McCabe, 2016). People with direct experience with the ACA will use that experience to help inform their opinions over their partisanship. This may temper their bias; however, it does not affect the overall cause of their "partisan motivated reasoning" (McCabe, 2016).

There are regional patterns to opinions. On a regional scale, partisan bias is the strongest and only factor that mattered in the formation of opinions on the ACA. Residents in New England and the Pacific States are constantly more likely to approve of the ACA, however, those in the East South Central and the West North Central regions are more likely to see the law negatively (Brodie, Deane, & Cho, 2011). The opinions in these regions correlate to the proportions of registered Democrat and Republicans in each. Even when other factors were taken into account, such as age and race, all indications point to them being irrelevant and symbolic perception being the most constant indicator (Brodie et al., 2011). When considering the income of these regions there still remained no effect. The coverage expansions in the ACA are geared toward the uninsured and low-income individuals or families; however, "there is no correlation... between the percentage of each division's population that is either uninsured or living below the federal poverty level and that region's support for the ACA" ((Brodie et al., 2011). In fact, these figures were often reversed, with the region that had the most residents living under the poverty line having the least positive views on the ACA and those with the most insured individuals having the highest regard for the law. This study concluded that "health reform for many Americans to be an issue evaluated through the lens of political ideology and partisan affiliation and less through the lens of real-world experience" ((Brodie et al., 2011).

Symbolic perceptions, self-interest, and knowledge on the ACA all work together to help individuals create their own personal opinions on the legislation. Above them all, it is a person's symbolic perceptions that paves the way to understanding the base reasons to explain why a person possesses their particular view. Knowledge and self-interest are secondary factors that help push and maintain an individual in their ideological understanding of the world, but once these symbolic perceptions are formed a person's partisan bias becomes the easiest route to opinion formation.

Affordable Care Act Survey (Control)

1. Have you heard of the Affordable Care Act?
    a. Yes
    b. No
    c. Unsure

2. How much do you know about the Affordable Care Act?
    a. Knowledgeable
    b. Slightly knowledgeable
    c. No knowledge

3. Does the Affordable Care Act allow young adults to stay on their parents' insurance until the age of 26?
    a. Yes
    b. No
    c. unsure

4. Does the Affordable Care Act require large companies to provide health insurance to all employees?
    a. Yes
    b. No
    c. Unsure

5. Did the Affordable Care Act help to expand Medicaid?
    a. Yes
    b. No
    c. Unsure

6. Do you have Healthcare insurance?
    a. Yes
    b. Yes, but under my parents
    c. No
    d. Unsure

7. Which of the following best describes your thoughts on the Affordable Care Act?
    a. Approve
    b. Disapprove
    c. Indifferent
    d. Unsure

8. Should the Affordable Care Act be repealed?
    a. Yes
    b. Yes, but it should be replaced with something else
    c. No
    d. No, but it should be improved upon

9. Does your employer offer medical benefits?
    a. Yes
    b. No
    c. Unsure
    d. Not applicable

10. Has the Affordable Care Act affected you or anyone you know?
    a. Yes, in a positive way
    b. Yes, in a negative way
    c. No
    d. Unsure

11. Do you agree with a government program aimed at improving the quality of health care for the poor?
    a. I agree
    b. I somewhat agree
    c. I somewhat disagree
    d. I disagree

Methodology

The evidence in this study used quantitative date to determine the relationship between partisan bias and how it affects opinions on the Affordable Care Act. This data was gathered through the means of an experimental survey which was distributed to students of Cal Poly Pomona (CPP). CPP is a public university that is a part of the California State University System and is located in Southern California, within the borders of Los Angeles County.

Surveys were chosen as the vehicle for data gathering in this research for the reason that they are able to gather information on a large participatory base in a generally short amount of time. In this regard, it allows the study to have a higher external validity in explaining how partisan bias affects an individual's opinion on the Affordable Care Act. When survey research is properly done, the results are then able to be generalized to an even larger population. In these same regards, however, survey research does not explain why partisan bias affects people's opinions on the Affordable Care Act, thus it has limited internal validity. This shortcoming aside, surveys were the best approach because it allowed for the conduction of an experiment to isolate political bias as the key element in the formation of an individual's attitude on the health care bill. The object of the control group in this experiment was to confirm that concepts of health care in the ACA, once removed from the sting

Affordable Care Act Survey (Control)

12. Do you agree with a government program aimed at improving access to healthcare for the uninsured?
  a. I agree
  b. I somewhat agree
  c. I somewhat disagree
  d. I disagree

13. Do you believe the government should require all individuals to have healthcare insurance?
  a. Yes
  b. No
  c. unsure

14. Do you agree with the idea of guaranteeing individuals with preexisting conditions cannot be discriminated against by insurance companies?
  a. I agree
  b. I somewhat agree
  c. I somewhat disagree
  d. I disagree

15. Do you agree with payment limits to doctors and hospitals?
  a. I agree
  b. I somewhat agree
  c. I somewhat disagree
  d. I disagree

16. Should the government work on reducing the cost of Medicare?
  a. Yes
  b. No
  c. Unsure

17. What is your age?
  a. 18-19
  b. 20-21
  c. 22-23
  d. 24-25
  e. Other_____

18. What is your political party affiliation?
  a. Democrat
  b. Independent
  c. Republican
  d. Unaffiliated
  e. Other party

19. What is your ideological views?
  a. Very Liberal
  b. Liberal
  c. Somewhat Liberal
  d. Moderate
  e. Somewhat Conservative
  f. Conservative
  g. Very conservative

20. What is your ethnicity?
  a. White (non-Hispanic)
  b. Latin/Hispanic
  c. African-American
  d. Asian/Pacific Islander
  e. Other_____
  f. mixed

21. What is your combined family income?
  a. 0-$25,000
  b. $26,000-$50,000
  c. $51,000-$75,000
  d. $76,000-$100,000
  e. ^ $100,000

22. What is the highest level of education completed by either of your parents?
  a. No High school diploma/ GED
  b. High School/ GED
  c. Associate Degree
  d. Bachelors Degree
  e. Masters Degree
  f. Doctorate Degree
  g. other

23. What is your gender?
  a. Male
  b. Female
  c. Other

of political ideology, are thought of in general to be necessary and beneficial to the U.S healthcare system. The experimental group confirmed that once partisan bias was added to the situation people defaulted to their de facto beliefs without thinking about the individual concepts of the Affordable Care Act.

The survey experiment was conducted by separating the participants into two groups by the type of survey they were given. The first group was the control group. This group was given a general survey that asked for basic demographic information such as race, gender, and socioeconomic status. This information was used to determine that, regardless of these factors, partisan bias was the most important indicator of a person's attitude on the Affordable Care Act. This group was asked their political affili-

ation: Democrat, Independent, or Republican. Their particular feelings about the act were derived by a series of questions that addressed concepts covered by the bill without actually stating its name. Such issues inquired upon involved their attitudes on: improving the quality of healthcare for the poor, access to healthcare for the uninsured, and access for those with preexisting conditions, to name a few.

The second group, the experimental group, was given a similar survey as the first, except that it used triggering phrases such as "Obamacare" and individual mandate to bring to the surface the participants' subconscious ideological views. This survey also used iconographic symbols of both the Democrat and Republican parties such as the donkey and elephant respectively. At the top of this form, participants in the experimental group were able to see a quote on the Affordable Care Act given by President Obama at Prince George's Community College in Maryland during a speech in 2013, "in the wealthiest nation on Earth, no one should go broke just because they get sick". The experimental group was also asked the same questions as the first group in regards to their demographic information. All questions given on both surveys were close ended questions of varying types; asking for yes or no answers to choosing an idea that best fit their own opinions.

These surveys were distributed in paper form to students of CPP at several random times a day at varying location including, but not limited to, the Library, the Bric, and the Bronco Student Center. It was also distributed on at least every day of the week to ensure the greatest diversity of students to be sampled as possible. As a result of the time restraints enacted on this study, a convenience sample was used to gather this data. This caused the data to not be a perfect representation of the student population of CPP as a whole. This, in turn, reflects the ability of these findings to be extrapolated to different populations.

The data gathered by these two surveys were then coded using SPSS. This coded data was then put through two main tests, the independent sample T-Test as well as the Chi-Square test, to isolate partisan bias as the single most important factor in the formation of attitudes on the Affordable Care Act. By using the demographic information provided in the survey, several alternative hypotheses, in addition to my primary hypothesis, were tested in this study to further prove that partisan bias was the best indicator of a CPP student's opinion on the ACA over any factors of self-interest or knowledge on the bill itself.

Affordable Care Act Survey (Experimental)

1. Have you heard of "Obamacare"?
  a. Yes
  b. No
  c. Unsure

2. How much do you know about "Obamacare"?
  a. Knowledgeable
  b. Slightly knowledgeable
  c. No knowledge

Hypotheses:

Primary hypothesis:
The political perceptions of a Cal Poly Pomona student have an effect on their opinion of the ACA.

Alternative hypothesis 1:
The ethnicity of a Cal Poly Pomona student has an effect on their opinion of the ACA.

Alternative hypothesis 2:
The gender of a Cal Poly Pomona student has an effect on their opinion of the ACA.

Alternative hypothesis 3:
The age of a Cal Poly Pomona student has an effect on their opinion of the ACA.

Alternative hypothesis 4:
The amount of knowledge a Cal Poly Pomona student has on the ACA has an effect on their opinion of the ACA.

Affordable Care Act Survey (Experimental)

3. Does "Obamacare" allow young adults to stay on their parents' insurance until the age of 26?
    a. Yes
    b. No
    c. unsure

4. Does "Obamacare" require large companies to provide health insurance to all employees?
    a. Yes
    b. No
    c. Unsure

5. Did the "Obamacare" help to expand Medicaid?
    a. Yes
    b. No
    c. Unsure

6. Do you have healthcare insurance?
    a. Yes
    b. Yes, but under my parents
    c. No
    d. Unsure

7. Which of the following best describes your thoughts on "Obamacare"?
    a. Approve
    b. Disapprove
    c. Indifferent
    d. Unsure

8. Should "Obamacare" be repealed?
    a. Yes
    b. Yes, but it should be replaced with something else
    c. No
    d. No, but it should be improved upon

9. Does your employer offer medical benefits?
    a. Yes
    b. No
    c. Unsure
    d. Not applicable

10. Has "Obamacare" affected you or anyone you know?
    a. Yes, in a positive way
    b. Yes, in a negative way
    c. No
    d. Unsure

11. Do you agree with a government program aimed at improving the quality of health care for the poor?
    a. I agree
    b. I somewhat agree
    c. I somewhat disagree
    d. I disagree

12. Do you agree with a government program aimed at improving access to healthcare for the uninsured?
    a. I agree
    b. I somewhat agree
    c. I somewhat disagree
    d. I disagree

13. Do you believe the government should <u>force</u> all individuals to have healthcare insurance?
    a. Yes
    b. No
    c. unsure

14. Do you agree with the idea of guaranteeing individuals with preexisting conditions cannot be discriminated against by insurance companies?
    a. I agree
    b. I somewhat agree
    c. I somewhat disagree
    d. I disagree

15. Do you agree with payment limits to doctors and hospitals?
    a. I agree
    b. I somewhat agree
    c. I somewhat disagree
    d. I disagree

16. Should the government work on reducing the cost of Medicare?
    a. Yes
    b. No
    c. Unsure

17. What is your age?
    a. 18-19
    b. 20-21
    c. 22-23
    d. 24-25
    e. Other_____

Affordable Care Act Survey (Experimental)

18. What is your political party affiliation?
      a. Democrat
      b. Independent
      c. Republican
      d. Unaffiliated
      e. Other party

19. What is your ideological views?
      a. Very Liberal
      b. Liberal
      c. Somewhat Liberal
      d. Moderate
      e. Somewhat Conservative
      f. Conservative
      g. Very conservative

20. What is your ethnicity?
      a. White (non-Hispanic)
      b. Latin/Hispanic
      c. African-American
      d. Asian/Pacific Islander
      e. Other_____
      f. mixed

21. What is your combined family income?
      a. 0-$25,000
      b. $26,000-$50,000
      c. $51,000-$75,000
      d. $76,000-$100,000
      e. ^ $100,000

22. What is the highest level of education com pleted by either of your parents?
      a. No High school diploma/ GED
      b. High School/ GED
      c. Associate Degree
      d. Bachelors Degree
      e. Masters Degree
      f. Doctorate Degree
      g. other

23. What is your gender?
      a. Male
      b. Female
      c. Other

Results

Within this section I will demonstrate the evidence I have gathered, by way of my survey experiment, to test my primary hypothesis as well as my four alternative hypotheses. I expected to find that political perception, as determined by a person's political party affiliation, would act as the best indicator to their opinions on the Affordable Act. My alternative hypotheses, which were generated from competing ideas from the literature review, were to act as back up explanations if my primary hypothesis was proven invalid. After gathering my one hundred participants for the survey experiment, I imputed the data into SPSS, a statistical program, to test my hypotheses. By means of crosstabs, independent-sample T-Test, and the Chi-Square test I was able to determine that political perception was the best indicator to predict an individual's attitude toward the Affordable Act above the other possible indicators such as factors of self-interest and knowledge of the bill itself. Over the course of these next few pages, I will use several graphs and tables to effectively demonstrate how I came to prove my primary hypothesis and reject my alternative hypotheses. After imputing my results from the one hundred respondents of my survey ex-periment, I first checked the spread of my partici-pants' demographic information.
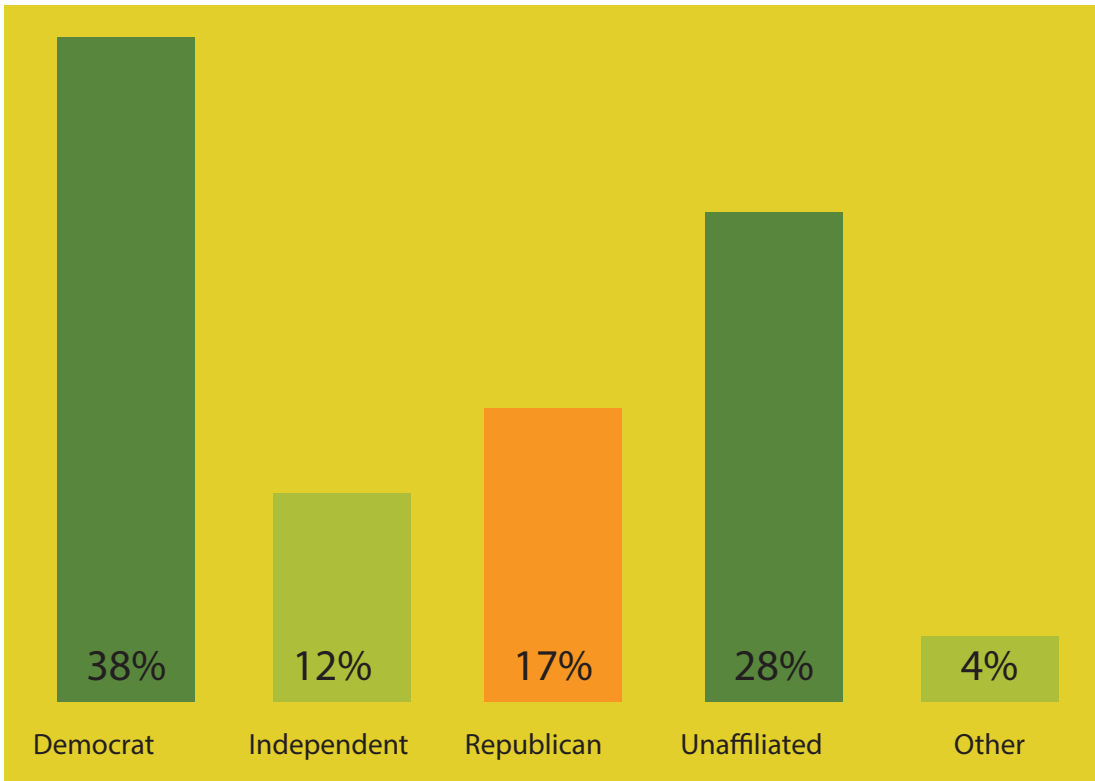
Political Party Affiliation

Graph 1, opposite top, is a simple bar graph that easily conveys the frequencies of my participants' political party affiliation. Out of the sample I was able to gather from the general population of Cal Poly Pomona students, I found that: 38 identified as Democrats, 12 as Independents, 17 as Republican, 28 as unaffiliated or not belonging to a political party, and 4 identified as belonging to a different political party than those that were listed.

Ethnicity

Graph 2, opposite below, is a simple bar graph that depicts the ethnic diversity that was present in my sample population. From the individuals that provided information about their ethnicity, I found that: 28 identified as white (non-Hispanics), 35 iden-tified themselves as Latin/Hispanic, 7 identified as African-American, 11 identified as Asian/Pacific Is-lander, 9 individuals did not identify with any of the previously mentioned ethnicities, and 10 identified as

Graph I: Demographics / Party Affiliation

38%	12%	17%	28%	4%
Democrat	Independent	Republican	Unaffiliated	Other

Graph 2: Demographics / Ethnicity

|					
28%	35%	7%	11%	9%	10%
White (non-Hispanic)	Latin/Hispanic	African-American	Asian/Pacific Islander	Other	Mixed
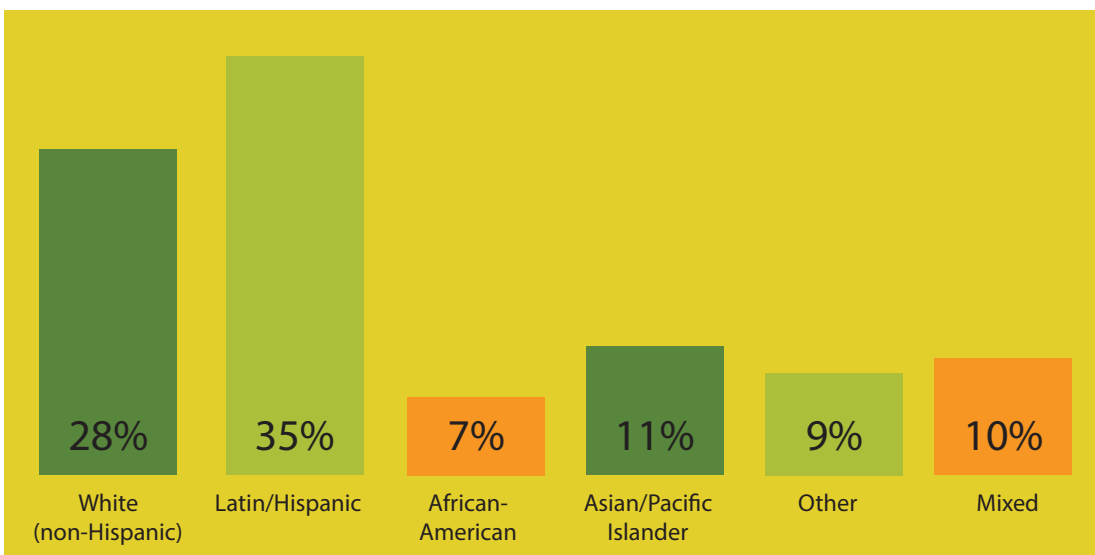
mixed between two or more of the aforementioned ethnicities.

Gender and Age

Graph 3, right, is a simple bar graph that is able to illustrate the spread I gathered in regards to my participants' gender. From the individuals that provided information regarding their gender, I found that: 48 identified as male, and 48 identified as female. I must point out that it is unusual to get such an even spread when randomly walking up to students and asking them if they would agree to participate in my survey experiment, but these results were not engineered to appear like this.

Graph 3: Gender
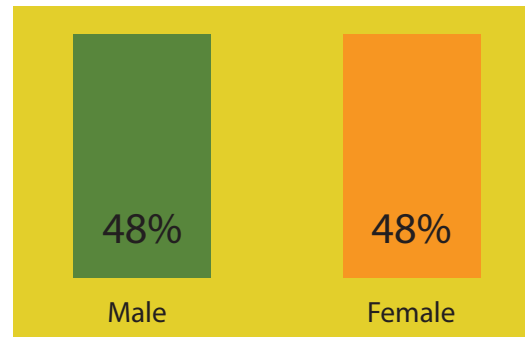
Graph 4: Age
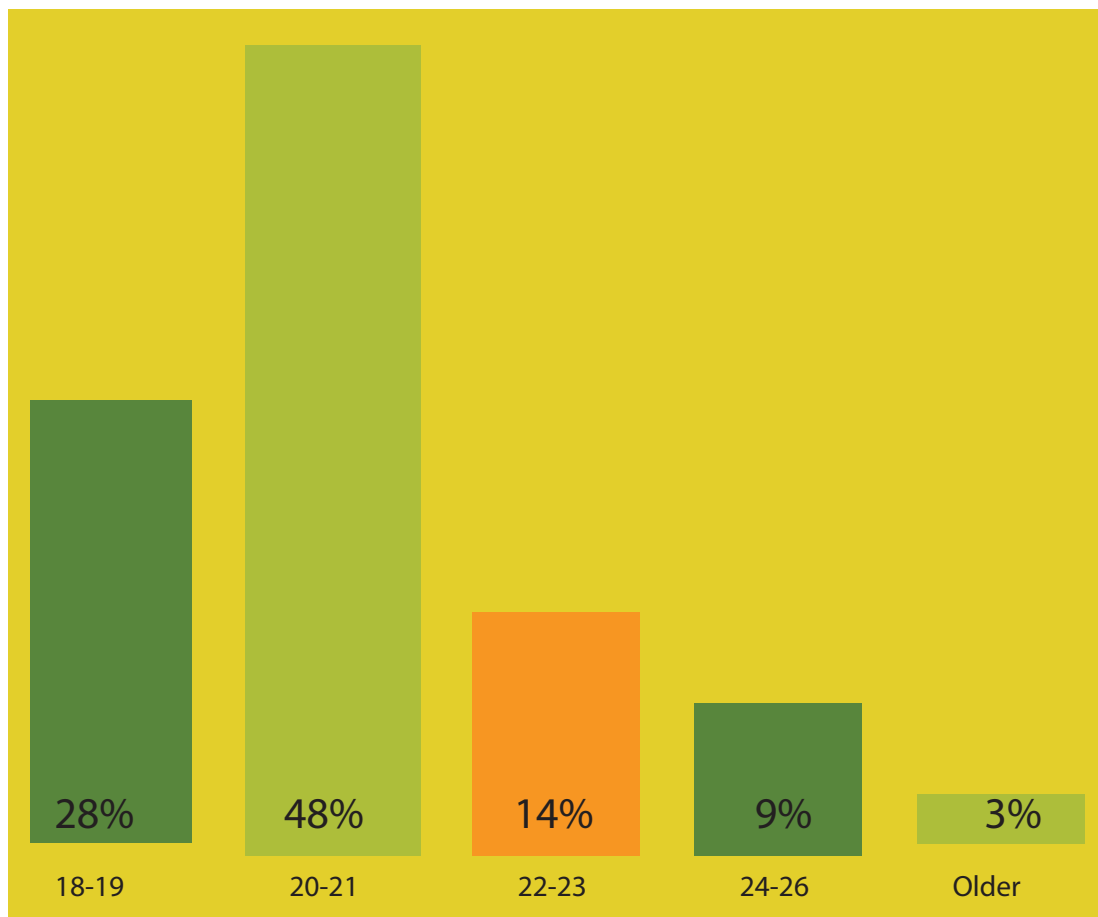
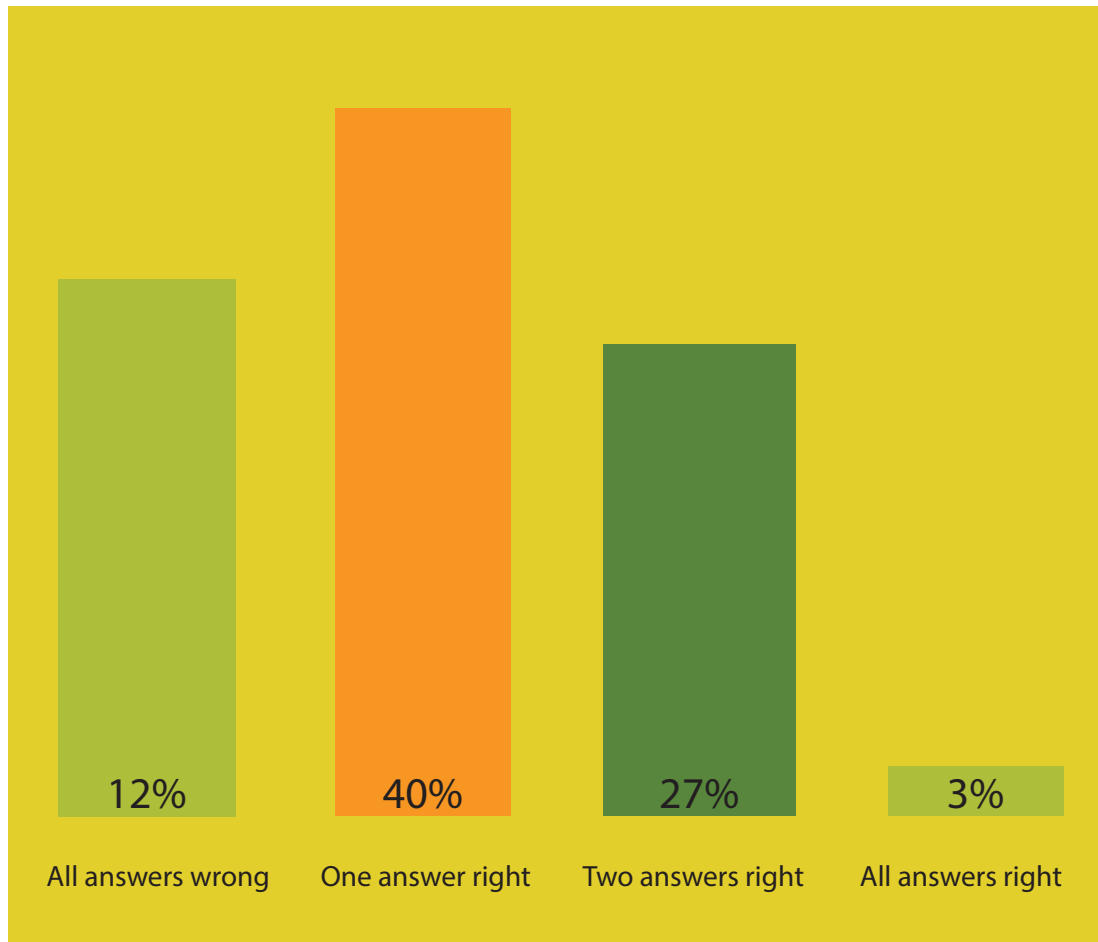Graph 4, which is listed above, is a simple bar graph that depicts the variety of age groups that participated in my survey experiment. Every student that agreed to take my survey also provided information on their age. My data shows that 26 individuals aged 18-19, 48 individuals aged 20-21, 14 individuals aged 22-23, 9 individuals aged 24-25, and 3 individuals who claimed to be older took part in this experiment.

Graph 5: Demographics - General Knowlege of the ACA/OC

All answers wrong	One answer right	Two answers right	All answers right
12%	40%	27%	3%

Graph 5, which is listed above, is a simple bar graph that indicates the general knowledge on the Affordable Act the students who participated in the survey experiment possessed at the time they answered the questions. I calculated this variable by asking three simple questions that should be common knowledge about the bill (these questions, and the possible choices attributed to them, can be found on the sample survey used for this thesis which can be located in the appendix). In SPSS I recoded the questions as right or wrong. I gave the correct answers a value of 1 and the incorrect answers a value of 0. I was then able to add all of the questions together in order to obtain a range. Individuals that had a score of 3 answered all 3 questions correctly and individuals that obtained a score of 0 did not answer any of the questions correctly. Students that ranged between those two values answered both correctly and incorrectly on some of the questions. Using this model for determining a Cal Poly Pomona student's general knowledge on the Affordable Act, I found that 30 individuals did not answer a single question right, 40 answered only one question correctly, 27 answered two questions correctly, and 3 answered all three questions correctly.

Once all of my data was coded in SPSS and I determined the frequencies of all of my relevant demographic variables, the first item I needed to test was my survey experiment itself. I wished to see if there was a difference in responses between my control group and my treatment group (an example of these two survey forms can be located in the appendix). I tested my survey form against three separate variables using an independent-sample T-Test, I also included a crosstab of my data to effectively demonstrate the spread of my results.

Table 1.1: Survey Effect on Recognition of the ACA/OC			
Survey Form	Have you heard of the ACA/OC?		
		Yes	No	Unsure
	Affordable Care Act	36 (41.9%)	11 (100%)	3 (100%)
	Obama Care	50 (51.8%)	0 (0.0%)	0 (0.0%)

Table 1.1, which is listed above, is a crosstab that compares the survey form a Cal Poly Pomona student received and their corresponding answer to the question asking if they had ever heard of the Affordable Act or "Obamacare". The data table above shows that only 36 of the 50 students who took the control survey had heard of the Affordable Act before. 11 students claimed that they had never heard of the bill before and 3 were unsure. The treatment group, on the other hand, had a starkly different spread with all 50 respondents claiming to have heard about "Obamacare" before they took this survey. This data spread would suggest that the survey form and the language used on it did have an influencing effect on the student's answers.

Table 1.2, at right, is a simple data table that shows the results of the independent-sample T-Test that was preformed between these two variables. The T value   was -2.442. The most important item on this table, however, is the significance value. My significance value for this particular test was .017. This means that there is only a 1.7% probability that the relationship between these two variables was caused by chance. This proves that there is a significant relationship between the survey form a student was given and their corresponding answer.

Table 1.2: T-Test for Survey Form and Recognition of the ACA/OC	
	Value
T-Test	-2.442
Significance	.017

Table 2.1: Survey Effect on Having an Opinion on the ACA/OC		
Survey Form	People who are Unsure vs Sure	
		Unsure	Sure
	Affordable Care Act	20 (80.0%)	30 (40.0%)
	"Obamacare"	5 (20.0%)	45 (60.0%)

Table 2.1, which is listed above, is a crosstabs table that compares the variables of the survey form with students who had an opinion on the bill or not. In this case, individuals who said they either approved, were indifferent, or disapproved of the bill were marked as sure, while students who said they were unsure about their opinion on the bill were kept as unsure. In total, 75 individuals gave some form of an opinion on the bill with 25 individuals giving an answer of being unsure about their stance on the matter. The table shows that students who were given the control survey form, the form that calls the bill the Affordable Act, were more likely to be unsure of their opinion with 20 students answering as such and 30 students actually having an opinion. The treatment group, on the other hand, were much more likely to have some form of an opinion with 45 participants having an opinion and only 5 stating that they were unsure about their stance on the bill. This would suggest that the treatment survey succeeded in generating more responses that contained an opinion on the bill, while the respondents

with the control survey were more likely to be less decisive.

Table 2.2, which is listed above, is a simple table that contains the results from the independent-sample T-Test preformed on the survey forms and the variable in which it was determined if the students who participated in the survey experiment had an opinion on the bill or not. The T value for this test was 4.056 and the significance value was .000. This means that there is a 0.0% probability that the relationship between these two variables was caused by chance. I can state with certainty that my survey form had a significant effect on whether a Cal Poly Pomona student had an opinion on the bill or not.

Table 2.2: T-Test Survey Form on Having an Opinion on the ACA/OC	
	Value
T-Test	4.056
Significance	..000

Table 3.1: Survey Effect on Thoughts on the ACA/OC				
Survey Form	Thoughts on the ACA/OC			
		Yes	No	Unsure
	Affordable Care Act	22 (53.7%)	7 (22.6%)	1 (33.3%)
	Obama Care	19 (46.3%)	24 (77.4%)	2 (66.7%)

Table 3.1, which is listed above, is a crosstab that depicts the relationship between the survey form a student received and their opinion on the Affordable Act or "Obamacare" itself. This table shows that students who received the control survey form were more likely to approve of the bill than students who were given the treatment survey who were more likely to be indifferent to it. 22 individuals out of the 30 who gave an opinion on the Affordable Act approved of the bill with 7 being indifferent and only 1 disapproving of it. The students in the treatment group, on the other hand, were more likely to be indifferent on the bill with only 19 students approving of "Obamacare", 24 being indifferent to it, and 2 disapproving of the bill. This would suggest that the control survey form brought out more positive opinions on the bill while the treatment form caused people to be more cautious.

Table 3.2, right, is a simple table that shows the results of the independent-sample T-Test that looked at the relationship between the survey forms and the opinions of the Cal Poly Pomona students who took the survey. The T value for this test was -3.656. The significance value was .000. This means that there is a 0.0% probability that the relationship between these two variables is caused by chance. This indicates that

my survey experiment had a significant effect on Cal Poly Pomona students' opinions on the bill.

After testing the effect my survey forms had on several variables, I switched gears and focused on testing my hypotheses. I began with my primary hypothesis and used the party affiliation variable to represent a Cal Poly Pomona student's political perception. To test the effect party affiliation had on an individual's opinion on the Affordable Act or "Obamacare" I used two different variables. The first was the simple self-reported answers about their opinions on the bill itself and the second was a summation of their opin-

Table 3.2: T-Test for Survey Form and Thoughts on the ACA/OC	
	Value
T-Test	-3.656
Significance	..000

ions on the individual policies within the bill. To test my primary hypothesis, I used crosstab and the Chi-Square test.

Table 4.1: The Effect of Party Affiliation on Thoughts on the ACA/OC			
Party Affiliation	Thoughts on the ACA/OC		
		Approve	Indifferent	Disapprove
	Democrats	27 (65.9%)	4 (12.9%)	1 (50.0%)
	Independents	5 (12.2%)	3 (9.7%)	1 (50.0%)
	Republicans	2 (4.9%)	10 (32.3%)	0 (0.0%)
	Unaffiliated	6 (14.6%)	14 (45.2%)	0 (0.0%)
	Other Party	1 (2.4%)	0 (0.0%)	0 (0.0%)

Table 4.1, which is listed above, shows a crosstab table that compares a person's political party affiliation, the independent variable, and their opinion on the Affordable Act or "Obamacare", the dependent variable. This table depicts that a student who identified as a Democrat was much more likely to approve of the bill over any other party affiliation. Out of those who identified as Democrats, 27 approved of the bill, which made up 65.9% of all approval respondents, only 4 claimed to be indifferent to the bill and 1 said they disapproved of it. From the 9 independents that gave information on their opinion, 5 approved of the bill, with 3 being indifferent and 1 disapproving it. Republicans were much more likely to be indifferent to the bill with only 2 individuals approving the bill and 10 claiming to be indifferent, no Republicans claimed outright that they disapproved of the bill. Students that claimed to not belong to a political party acted similar to Republicans in being more likely to be indifferent to the bill. Only 6 out of the 20 individuals in this category stated that they approved of the Affordable Act or "Obamacare" while the remainders stood indifferent to it. There was only 1 individual who belonged to another political party that answered the question about their opinion on the bill, and they approved of it. This supports my primary hypothesis that states political perception does have an impact on a Cal Poly Pomona student's opinion on the Affordable Act or "Obamacare". This also supports my argument that students that lean to the left on the political spectrum would support the bill more often than those who lean to the right.

Table 4.2, right, is a simple table that depicts the results of the Chi-Square test between the variables of party affiliation and a students' self-reported opinion on the Affordable Act or "Obamacare". The Chi-Square value for this test was 29.920. The significance value was .000. This means that there is a 0.0% chance that the relationship between these two variables was caused by chance. Thus, I can conclude that a students' party affiliation does have a significant effect on their opinion toward the Affordable Act or "Obamacare".

Table 4.3, on the facing page, is a crosstab table that still looks at the effect of party affiliation on a student's opinion on the bill; however, this time I separated the test between the two survey forms to determine if the survey had any additional effect between this already significant relationship. There was a significant relationship between these three

Table 4.2: Chi-Square Part Affiliation vs Thoughts	
	Value
Chi-Square	29.920
Significance	..000

variables, but only in regards to the treatment survey form. The control survey showed no effect between party affiliation and a student's opinion on the bill. The data spread was similar to that in table 4.1 with more Democrats being in favor of the bill and more Republicans being indifferent toward it; in fact, in this table not a single Republican said they approved of it. The table shows 13 Democrats, which made up 68.4% of this column, approved of the bill and the remaining 4 were indifferent. Independents were evenly

Table 4.3: The Effect of Party Affiliation on Thoughts on the ACA/OC on the Obama Care Form			
Party Affiliation	Thoughts on the ACA/OC		
		Approve	Indifferent	Disapprove
	Democrats	13 (68.4%)	4 (16.7%)	0 (0.0%)
	Independents	2 (10.5%)	2 (8.3%)	1 (100%)
	Republicans	0 (0.0%)	9 (37.5%)	0 (0.0%)
	Unaffiliated	3 (15.8%)	9 (37.5%)	0 (0.0%)
	Other Party	1 (5.3%)	0 (0.0%)	0 (0.0%)

split on this table with having 2 respondents in both categories of approval and indifference. All 9 respondents of the Republican category were indifferent to the bill. Out of those who claimed to have no party affiliation, only 3 approved of the bill while the remaining 9 stayed indifferent toward it. In similar fashion as table 4.1 only one individual claimed to be of a different political party and they approved of "Obamacare" . These results suggest that my survey form succeeded in drawing out the students' political ideology that is based on their party affiliation to help them determine their opinions on "Obamacare" .

Table 4.4: Chi-Square Party Affiliation vs Thoughts on the Obama Care Form	
	Value
Chi-Square	25.794
Significance	.001

Table 4.4, which is listed above, is a simple table that depicts the results of the Chi-Square test on the effect of a students' party affiliation on their opinion toward the Affordable Act or "Obamacare" with the added effect of my treatment survey form. The Chi-Square value for this test was 25.794. The significance value for this test was .001. This means that there is only a 0.1% probability that the relationship between these three variables was due to chance. This proves that the survey form had an added effect on

the relationship between these two factors. This helps to further prove my hypothesis, that political perceptions can act as an indicator for a person's opinion on the Affordable Act or "Obamacare" , because my treatment form was meant to draw on a person's political ideology. To make them invoke their political ideologies and think along their own party lines.

Table 5.1, on the next page, depicts a crosstab table between a student's party affiliation and their personal views on the individual policies within the Affordable Act or "Obamacare" itself. The way in which I measured the later variable was by asking six different questions regarding actual policies within the bill itself without invoking the name. I then gave them a range to answer from beginning with strongly agree and ending with strongly disagree (an example of the survey questions, both control and treatment forms are available in the appendix). I then gave each answer a value with strongly disagree at 0 and strongly agree at 5, the values in between being taken up by the rest of the choices. I then added their answers together creating a new variable. The higher their score the more supportive they were on the individual policies within the Affordable Act or "Obamacare" . I then separated the total scores into factions, not supportive, somewhat supportive, and supportive. It turned out that no one in the data set was not supportive of the individual policies within the Affordable Act or "Obamacare" . The data spread is not as clear to read as the previous tables. Those who identified as Democrats were more likely to be supportive of the policies with 31 being supportive and only 5 being somewhat supportive. Independents also followed

Table 5.1: The Effect of Party Affiliation on Views of Individual Policies within the ACA/OC

Party Affiliation	Views on Individual Policies of ACA/OC		
		Somewat Supportive	Supportive
	Democrats	5 (27.8%)	31 (41.9%)
	Independents	2 (11.1%)	9 (12.2%)
	Republicans	7 (38.9%)	10 (13.5%)
	Unaffiliated	3 (16.7%)	23 (31.1%)
	Other Party	1 (5.6%)	1 (1.4%)

this trend with 9 being supportive and only 2 being somewhat supportive. There were 10 Republicans that were supportive of the policies in the bill with 7 being som   e value for this test was 8.037. The significance value for this test was .090. This significance value, however, determines that there is no significant relationship between these two variables because it is above the .050 threshold it needed to be under in order to for this relationship to be seen as significant. The lack of a significant relationship between these two variables also provides more support for my primary hypothesis which states that political perception has an impact on the views of a Cal Poly Pomona student's opinions on the Affordable Act. It supports my hypothesis because in this test they were not looking at the bill as a whole, there was no party brand name to invoke. The participants were simply answering for themselves without the guide of their political ideologies. After testing my primary hypothesis, I set about testing my alternative hypotheses.

Table 6.1, facing page, is a crosstabs table that shows the relationship between the ethnicity of Cal Poly Pomona students and their opinions on the Affordable Act or "Obamacare". Out of those who self-identified as White (non-Hispanic), 8 approved of the bill, with 11 being indifferent and only 2 disapproving of it. From the largest self-reported ethnic

Table 5.2: Chi-Square Party Affiliation vs Views on Individual Policies

	Value
Chi-Square	8.037
Significance	.090

group, Latin/Hispanic, 19 individuals approved of the bill with only 8 being indifferent and no one disapproving it. Out of the 5 respondents that said they were of African-American heritage, 2 approved of the bill, while 2 others were indifferent and only 1 being in disapproval of it. From the Asian/ Pacific Islander category 6 individuals approved of the bill while 5 were indifferent and no one disapproving of it. From those who did not identify with the previously mentioned ethnicities only 1 approved of the bill with the remaining 2 being indifferent. Finally, of those who claimed to be of mixed heritage 5 approved of the bill with 3 being indifferent to it. At a glance, there seems to be no strong relationship between ethnicity and a student's opinion on the Affordable Act or "Obamacare", but the first Chi-Square test must be looked at to state that with confidence.

Table 6.2, which is listed on the facing page, is a simple table that depicts the results of the Chi-Square

Table 6.1: The Effect of Ethnicity on Thoughts on the ACA/OC				
Ethnicity	Thoughts on the ACA/OC			
		Approve	Indifferent	Disapprove
	White (non-Hispanic)	8 (19.5%)	11 (35.5%)	2 (66.7%)
	Latin/Hispanic	19 (46.3%)	8 (25.8%)	0 (0.00%)
	African-American	2 (4.9%)	2 (6.5%)	1 (33.3%)
	Asian/Pacific Islander	6 (14.6%)	5 (16.1%)	0 (0.0%)
	Other	1 (2.4%)	2 (6.5%)	0 (0.0%)
	Mixed	5 (12.2%)	3 (9.7%)	0 (0.0%)

Table 6.2: Chi-Square Ethnicity vs Thoughts	
	Value
Chi-Square	11.628
Significance	.311

test on the effect of the ethnicity of a student and their opinion on the Affordable Act or "Obamacare". The Chi-Square value for this test was 11.628. The Significance value for this test was .311. This means that there is a 31.1% chance that the relationship between these two variables was due to chance. This is much too high to be deemed to have any effect. Even after recoding ethnicity into several different variables to focus on the individual ethnic category, for example creating a variable looking only at White (non-His-panic) and coding every other group as non-white, there was still no significant relationship between ethnicity and a Cal Poly Pomona student's opinions on the bill. These results help to reject my first alternative hypothesis that claims ethnicity has an effect on a student's opinion on the Affordable Act.

Table 7.1, which is listed below, is a crosstabs table that shows the relationship between Gender and a student's thoughts on the Affordable Act or "Obamacare" . The data showed that out of the male respondents 16 approved of the bill, with 13 being indifferent toward it, and 3 stating that they disapproved of the bill. The Female category, on the other hand, had 24 individuals claim to approve of the bill with 15 stating that they were indifferent toward it, and no one disapproving it. It is difficult to determine any relationship without looking at the results of the test, as was the case with ethnicity.

Table 7.1: The Effect of Gender on Thoughts on the ACA/OC				
Gender	Thoughts on the ACA/OC			
		Approve	Indifferent	Disapprove
	Male	16 (40.0%)	13 (46.4%)	3 (100%)
	Female	24 (60.0%)	15 (53.6%)	0 (0.0%)

Table 7.2, right, is a simple table that depicts the results of the independent-sample T-Test on the effect of the gender of a Cal Poly Pomona student and their opinion on the Affordable Act or "Obamacare". The T value for this test was 1.520. The significance value was .133. This means that there is a 13.3% probability that the relationship between these two variables was caused by random chance. This is far above the .050 significant value range it must be below to be considered significant. Thus, we can conclude that there is no significant relationship between gender and a student's opinion on the Affordable Act or "Obamacare". This acts as evidence against my second alternative hypotheses.

Table 7.2: T-Test Gender vs Thoughts

	Value
T-Test	1.520
Significance	.133

Table 8.1: The Effect of Age on Thoughts on the ACA/OC

Age	Thoughts on the ACA/OC		
		Approve	Indifferent	Disapprove
	18-19	9 (22.0%)	6 (19.4%)	1 (33.3%)
	20-21	18 (43.9%)	19 (61.3%)	2 (66.7%)
	22-23	7 (17.1%)	3 (9.7%)	0 (0.0%)
	24-25	5 (12.2%)	2 (6.5%)	0 (0.0%)
	Older	2 (4.9%)	1 (3.2%)	0 (0.0%)

Table 8.1, which is listed above, is a crosstabs table that shows the relationship between the age of the students and their opinion on the Affordable Act or "Obamacare". For the variable of age, I started at the age of 18 and continued upward separating the choices into five distinct categories. Out of the individuals that reported being in the age range of 18-19, 9 of them claimed to approve of the bill, with 6 being indifferent and only 1 stating to disapprove of it. For those who stated they were between the ages of 20-21, 18 approved of the Affordable Act or "Obamacare" with 19 being indifferent and 2 claiming to disapprove of it. Out of the 10 individuals who fell in the 22-23 age range, 7 claimed to be in approval of the bill with 3 stating that they were indifferent toward it. Only 7 individuals claimed to be in the age group of 24-25, 5 of them approved of the Affordable Act or "Obamacare" with the remaining 2 being indifferent toward it. Finally, out of those who were older than

Table 8.2: Chi-Square Age vs Thoughts

	Value
Chi-Square	3.724
Significance	.881

25, 2 approved of the bill, with 1 being indifferent and no one disapproving of it. As with the last two test, no conclusion can be drawn without first looking at the significance value.

Table 8.2, which is listed above, is a simple table that shows the results of the Chi-Square test on the effect of a Cal Poly Pomona student's age on their opinion of the Affordable Acre Act or "Obamacare". The Chi-Square value for this test was 3.724. The significance value for this test was .881. This means

Table 9.1: The Effect of General Knowledge on Thoughts on the ACA/OC				
General Knowledge of the ACA/OC	Thoughts on the ACA/OC			
		Approve	Indifferent	Disapprove
	No Answers Right	5 (12.2%)	9 (29.0%)	1 (33.3%)
	One Answer Right	16 (39.0%)	15 (48.4%)	2 (66.7%)
	Two Answers Right	18 (43.9%)	7 (22.6%)	0 (0.0%)
	All Answers Right	2 (4.9%)	0 (0.0%)	0 (0.0%)

that there is an 88.1% probability that the relationship between these two variables was caused by chance. This signifies that there is no significant relationship between a student's age and their opinion on the Affordable Act or "Obamacare". This is strong evidence against my third alternative hypothesis that claimed age had an effect on a student's opinion of the bill.

Table 9.1, which is listed above, is a crosstab table that depicts the relationship between a Cal Poly Pomona student's general knowledge on the Affordable Act or "Obamacare" and their opinion on the bill itself. The method in which I determined their general knowledge on the bill can be found above, just below graph 5. Out of the individuals that answered not one of the three questions write, 5 approved of the bill, 9 claimed to be indifferent toward it, and 1 disapproved on it. From the students that answered only one question correctly, 16 approved of the bill, with 15 being indifferent and 2 claiming to disapprove of it. Out of the individuals that answered two of the three questions correctly, 18 approved of the bill with 7 being indifferent toward it and not a single person stating they disapproved it. Finally, from the two that answered all three questions correctly, both approved of the Affordable Act or "Obamacare". As with the previous three test, it is difficult to determine the relationship between these variables without the Chi-Square test.

Table 9.2, right, is a simple table that depicts the results of the Chi-Square test on the effect of the general knowledge a student had on the Affordable Act

Table 9.2: Chi-Square General Knowledge vs Thoughts	
	Value
Chi-Square	8.604
Significance	.197

or "Obamacare" and their opinion on that same bill. The Chi-Square value for this test was 8.604. The significance value was .197. This means that there is a 19.7% probability that the relationship between these two variables was caused by chance. This significance value is above the .050 threshold it needs to be below in order to be considered significant. Therefore, there is no significant relationship between a Cal Poly Pomona student's general knowledge on the Affordable Act or "Obamacare" and their opinion on that same bill. This acts as evidence against my fourth alternative hypothesis. The full impact and conclusions that have been drawn from the completion of these various tests will be discussed in detail in the next section.

Conclusion

There is no doubt that a person is the culmination of many identifying factors; however, it is only one of those identifying factors that best describes how a person forms their opinion on the Affordable Care Act. The results of the data analysis from my survey experiment clearly show that political perception, as

determined by party affiliation, is the best indicator in predicting a person's opinion on the ACA. Even when taking in to account those other factors of self-interest, such as: ethnicity, gender, and age, as well as a person's knowledge of the bill, it was only party affiliation that had any significant relationship with a person's opinion on the ACA.

My survey experiment helped to prove this point to a further extent by demonstrating that people were much more inclined to think along party lines when their political ideology was invoked. When individuals were given the control survey, they did not typically see the polarization of the bill. Many of them were not sure what the ACA was, but when the participants were given the treatment survey, which used the highly-polarized term of "Obama Care", every single person had heard of it, and they used their party alliance to determine their opinion. I must note that it seems odd that not a single Republican disapproved of the bill, even when the majority of them did not approve of it. There could be many possible explanations for this. I believe, however, it would be of interest to the topic of research to determine if there is a difference in views held on health care by Republicans in California in comparison to those within other states. Since California is an extremely Liberal state, Republicans in the area may be more agreeable to some form of a governmental healthcare program while still not completely being satisfied with the current Affordable Care Act legislation. As such, more research is needed to be done on this particular subject.

In conclusion, I was able to accept my primary hypothesis, which states that the political perception of a Cal Poly Pomona student does affect their opinion on the Affordable Care Act. In conjunction, I was also able to reject my alternative hypotheses. The rejection of my alternative hypotheses only helped to strengthen my primary hypothesis. This exemplifies that political perception is used as a basis of decision making.

People use political perception as a basis for their decision-making processes because it is easy. It is no surprise that in our world today people are simply too busy either from: work, school, or some other aspect of their complex lives, to stay abreast on the constant changing environment of the political world. By taking cues from their party elite and following the party lines, a person can mitigate the strain of needing to know the issues and their limited time to research them. This, however, can have real world consequences.

People vote based off of their opinions on certain issues. This can be considered natural, however, there is danger in this situation when that person's opinion was not created with the backing of facts, but with their already preconceived political ideologies. This would mean this person was not voting because they understood the issues at hand, but instead, voted based on what they thought their political party would do. It is in situations like this were voters could truly hurt themselves. When people vote blindly, not truly understanding how a given bill or proposition would affect them, they could end up passing legislation that could have a negative impact on them; or conversely, striking down a bill that would have benefited them because they did not know what they were actually voting on. This is a serious matter that should be addressed and have further research done on its effect on society; for, it is a situation that effects everyone who lives in this country

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"In the wealthiest nation on earth, no one should go broke just because they get sick"

– Barack Obama

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