



**Public Opinion and Social Insurance:
The American Experience**

Fay Lomax Cook

Director and Faculty Fellow, Institute for Policy Research
Professor of Human Development and Social Policy and Political Science

Meredith B. Czaplewski

Graduate Student
Department of Political Science
Graduate Research Assistant
Institute for Policy Research

DRAFT

Please do not quote or distribute without permission.

Abstract

Although both Social Security and Medicare have experienced enormous public support in the past, in the last decade critics have called the programs into question as bad investments, financially unsustainable, and ready for major reforms. At the policy elite level, the discussion about Social Security and Medicare has gone from a *politics of consensus* in which there was widespread support and relatively few public expressed differences of opinion to what might be called a *politics of dissensus* where disagreement has been heated. At a time when the debates about Social Security and Medicare are likely to continue and when various reform proposals are being discussed, the purpose of this paper is to step back and assess where the public's views of the two programs stand and what reforms, if any, the public favors. To what extent do the two "pillars of public opinion" on which the programs rest — commitment to the purpose of the programs and belief that they are affordable public expenditures — remain strong? Using dozens of public opinion polls over a number of years, we find that members of the public are highly committed to the two programs but have concerns about the programs' financial situation. To address their financial concerns, members of the public have voiced support for a few incremental changes and opposition to a number of others. We conclude by suggesting that it behooves policymakers to take a careful look at where the public stands and build on that support in order to overcome the current politics of dissensus.

Public Opinion and Social Insurance: The American Experience

Fay Lomax Cook and Meredith B. Czaplewski

Generations of Americans have come to think of Social Security and Medicare as part of the lexicon of the American experience – programs to which they have contributed and on which they or their parents or grandparents rely. Since their enactment — Social Security in 1935 and Medicare in 1965 — both programs have grown incrementally in response to changing needs and changing times. Both programs have experienced enormous public support in the past (Cook and Barrett, 1992; Page and Simmons, 2000), but in recent years critics have harshly criticized Social Security and Medicare and called them into question as bad investments, financially unsustainable, and ready for major reform (Kotlikoff and Burns, 2004; Peterson, 2004). Proponents have argued just as strongly that Social Security and Medicare remain excellent investments and financially sustainable with reasonable adjustments and incremental reforms (Marmor and Mashaw, 2006; Baker and Weisbrot, 1999).

At the policy elite level, the discussion about Security and Medicare has gone from a *politics of consensus* in which there was widespread support and relatively few publicly expressed differences of opinion to what might be called a *politics of dissensus* where disagreement is heated and a tremendous amount of political rhetoric is being espoused about the state of the programs (Oberlander, 2003; Cook, 2005). Where does the public stand?

With rhetoric flying about the “crises” surrounding the programs, political commentators, interest group spokespersons, and policy makers often invoke what they claim are the views of the public to make the points they want to make. The problem is

that the claims they make are often wrong (Cook, Barabas, and Page, 2002). At a time when the debates about Social Security and Medicare are likely to continue and when various reform proposals are being forwarded, it is useful to step back and assess where public views of the two programs stand and what reforms, if any, the public favors. That is the purpose of this paper.

Public support for Social Security and Medicare are often said to rest on two pillars of public opinion: (1) a belief in the purpose of the programs and a commitment to them and (2) a belief that the programs are affordable public expenditures (Marttila, 2005; Cook and Barrett, 1992). Given the claims about the “bankruptcy” that the programs face as well as the debates about the programs that have played out in the mass media, to what extent has there been an erosion in these two sets of beliefs? Proponents of reform often rest their arguments for change on the charge that the public is losing confidence in the programs and that the lowered confidence will produce an erosion in public support, reflecting a loss of belief in the purpose of the programs. Further, the claims of bankruptcy that buttress reform proponents’ demands for change could well undermine the public’s belief that Social Security and Medicare are affordable public expenditures. Using a wide range of public opinion polls, this paper examines the extent to which the public actually holds both sets of beliefs in the purpose of the programs and in the viability of each as public expenditures.

Public opinion toward Social Security and Medicare needs to receive careful evaluation. Particular attention should be paid to survey items that were worded in identical or similar ways over a long period of time. As survey researchers know, poll results are very sensitive to how questions are worded because even slightly different

wording can sometimes result in different responses. Examining identically or similarly worded questions from several surveys over time allows real trends and patterns in public opinion to be identified. In this paper, we present a review of dozens of separate public opinion survey items. The review demonstrates that members of the public remain highly committed to the two programs but have concerns about the programs' financial situations.

FROM THE POLITICS OF CONSENSUS TO THE POLITICS OF DISSENSUS

Until the mid-1990s, the politics of both Social Security and Medicare were marked by relative consensus with, for the most part, deliberative, bipartisan support of incremental policy changes (Cook, 2005; Oberlander, 2003). For Social Security, the Republican Congressional landslide in 1994 brought with it attacks on Social Security as unaffordable and an unwise financial investment. Since then, critics have claimed that the way to “save” Social Security is to partially privatize it by allowing people to invest some or all of their Social Security payroll taxes in the stock market, while defenders have often argued that the program is “sacrosanct” and that any tinkering would be destructive (Marmor and Mashaw, 2006).

The Social Security debate began during the second term of the Clinton administration and came to a head during the second term of the Bush administration when President Bush made reforming Social Security the major item on his domestic policy agenda. In his 2005 State of the Union address, he called the Social Security system “unsustainable,” “in crisis,” and “bankrupt” (Bush, 2005). He advocated incorporating within Social Security a system of personal retirement accounts into which

workers would invest a certain percentage of their payroll Social Security contributions (four was proposed by his Commission). President Bush's proposal to partially privatize Social Security stalled in Congress in 2005 and 2006, but in 2008 each of the initial six Republican candidates said they supported private accounts. The initial eight Democratic presidential contenders offered a variety of incremental policy changes such as higher payroll taxes on higher wage earners and raising the age of eligibility (AssistGuide Information Services, 2007). Clearly, the debate will continue to be marked by divisions between the leadership in the Republican and Democratic parties.

Similar to Social Security, until the mid-1990s Medicare politics was marked by consensus, with deliberative bipartisan support of major policy reforms and implicit acceptance of the idea that Medicare should be operated as a universal government program (Oberlander, 2003). However, this consensus fell apart abruptly in 1994 as elites became ideologically differentiated over the understanding of the program's philosophy. This division occurred primarily along the view of whether medical care should be considered a market good or a medically determined need (Oliver, Lee, and Lipton 2004). And while there was common acceptance among elites in the 1990s that the Medicare program needed adjustment (Marmor, 2000), advocates for healthcare reform were ever more dividing into "marketist" and "medicalist" camps (Glied, 1997). Earlier politics of Medicare focused on technical issues concerning the most efficient ways to pay for the program while accepting the program's existing structure, but new political battles were overwhelmingly fought over the idea of Medicare and the role of markets in social insurance provision (Oberlander, 2003).

Oberlander suggests three main factors that combined to shift Medicare politics to a state of dissensus. First, projections of a “trust fund crisis” became salient after reports in 1995 stated that Medicare would be solvent for only seven more years. Second, the Republican Party’s “Contract with America” emphasized large spending cuts to balance the budget. Third, the nature of health care systems was undergoing a change, with “managed care” plans becoming the dominant form of insurance (Oberlander, 2003). This politics of dissensus continued into the new century, making Medicare reform a hot topic in political debate.

Public opinion must be seen within the context of the dissensus created by the political debate about the future of Social Security and Medicare. Has the dissensus at the elite level caused public support to weaken? Or has public support splintered such that what was once “one public” has become “many publics” with divisions by partisanship, ideology, and age? As we will note in the three sections that follow, the recent literature on such divides among the public cause us to think it is important to examine support for Social Security and Medicare along these lines.

Partisanship: Republicans versus Democrats

American politics in the past few decades has grown increasingly polarized, as parties, once thought in decline, have undergone a resurgence (Fiorina, 2002). Though researchers differ over whether the behavior of elites or the mass electorate first drove the increasing polarization (Jacobson, 2000; Layman, Carsey, and Horowitz, 2006), the realization is that politics at the beginning of the 21st century is party politics and that the public has grown more polarized in their party preferences.

This increasing polarization has resulted in a public for which party identification is a very real force on their voting behavior and on the construction of policy preferences. Using data from the National Election Studies survey, Bartels (2000) finds that the proportion of respondents who claim to be “strong party identifiers” has increased significantly since 1976. Further, this identification has had a real effect on voting behavior with levels of party affect are higher than they have been in the recent years (Hetherington, 2001). Such dynamics were strongly felt in the 2004 presidential election that saw turnout levels among partisan voters higher than the average for elections between 1972-2000, strong partisan differences in responses to almost every polling question regarding which party would better handle policy issues of the day, and a nearly eighty percent difference in presidential approval between Republicans and Democrats (Jacobson, 2005).

The effect of increasing partisan polarization is not only an electoral phenomenon expressed at the ballot box. More importantly for our purposes, partisanship has increasingly differentiated policy preferences. Individuals are dramatically more likely to perceive differences between the parties on many issues since the 1970s, and the difference between the policy positions of Democrats and Republicans on seven out of eight issues¹ was higher in the 1990s than in the 1980s and 1970s (Brewer, 2005). Additionally, the average correlation between policy positions and party ID on every one of these issues has increased from 1972 to 2004 (Abramowitz and Saunders, 2005). Furthermore, research has found that party identification influences beliefs on equal opportunity, self-reliance, and limited government in the social welfare domain across all

¹ These issues came from the National Election Study and included health care, support for guaranteed jobs, civil rights, government insured school integration, aid to African Americans, role of women in society, school prayer, and abortion

levels of political sophistication (Goren, 2004). To what extent are these partisan differences seen in support for Social Security and Medicare?

Ideology: Liberals versus Conservatives

While political scientists have found that the mass public is unlikely to exhibit ideological consistency in their belief systems (Campbell, et al., 1960; Converse, 1964; Zaller, 1992), there is evidence that suggests that individuals will use ideology as an aid in constructing their preferences. Self-placements on ideological continuums can help predict policy preferences (Jacoby, 1991) and when ideology is defined as a “symbolic predisposition” (or a stable, affective position) it is a strong predictor of individuals’ attitudes (Sears, 1993). Not only has research shown that ideology plays an important role in the formation of attitudes on *individual* issues (Jacoby, 1994; Sears, Huddy, Schaffer, 1986; Lau, Brown, Sears 1978), but also across distinctly different policy domains (Jenkins-Smith, Mitchell, Herron, 2004).

There is also evidence that ideological thinking may be on the rise. As Jost proclaims, those scholars who declared the end of ideology may have done so too quickly (Jost, 2006). Instead, politics has become much more ideological than it had been when scholars were discrediting the role of ideology in the construction of individual preferences. Using NES data, Jost finds that three-fourths of respondents since 1996 placed themselves on bipolar liberalism/conservative scale with a reasonable degree of accuracy, stability and coherence. Additionally, self-identification of liberalism or conservatism had a correlation effect of over .9 on voting decisions (Jost, 2006).

The question for this paper is whether ideological differences are evident in the public's beliefs about Social Security and Medicare – that is, whether the extent to which the level of liberal or conservative views that members of the public hold shape the way they feel about these programs.

Age: Younger versus Older Age Groups

An examination of recent literature on age differences in public opinion finds that older and younger respondents vary in their attitudes on a wide range of policies. These include punitive responses to crime (Payne, et al, 2004), education financing (Tedin, Matlin, and Weinher, 2001), affirmative action (Gimpel, Morris, and Armstrong, 2004), gay rights (Gimpel, Morris, and Armstrong, 2004; Delli Carpini and Keeter, 1996), abortion (Delli Carpini and Keeter, 1996), the role of women in society (Delli Carpini and Keeter, 1996), and social programs for the poor (Schlesinger and Lee, 1994).

However, two programs for which both younger and older Americans have consistently shown high levels of support in the past are Social Security and Medicare. Recent research has found that not only do younger Americans express considerable support for Social Security and Medicare (Huddy, Jones, and Chard, 2000), but also they do so at higher levels than seniors (Campbell, 2003). Studies using data from the General Social Survey in the 1980s, 1990s, and the year 2000, have found that younger Americans consistently exhibit more support for increasing or maintaining current levels of spending on Social Security than do seniors (Street and Cossman, 2006; Hamil-Luker, 2001).

Yet the political debates of the last few years may have affected the solid support from the young that Social Security and Medicare experienced in the past. Despite the passage of the prescription drug package in the Medicare reforms of 2003 and the Bush administration's failure to win over voters to privatization schemes in 2004 and 2005, Social Security reform and Medicare reform have remained important issues on the political landscape. Recent debates overwhelmingly focus on whether or not current contributors will receive benefits once they become eligible to collect, and in so doing, often portray Social Security and Medicare as programs in crisis needing to be fixed (Jerit, 2006; Baker and Weisbrot, 1999). Many of the claims single out younger voters as having no confidence in the two programs. In particular, it is often claimed that young people are more likely to believe in UFOs than to think they will get Social Security when they retire (Cook, Barabas, and Page, 2002). In many of his public statements, President Bush made clear that the young were correct not to doubt the viability of the current Social Security system (Bush, 2006).

According to research by Jerit and others (Jerit, 2006), the way in which these programs are framed in the media promote a sense of crisis in the minds of individuals. Particularly targeted are younger Americans. In a telling example during the Democratic debate for the 2008 New Hampshire primary, the moderator prefaced a question to the candidates regarding Social Security by quoting alarming statistics linking what she described as the bleak future of Social Security and Medicare to the swelling ranks of Baby Boomers and noted "many young Americans simply assume there will be nothing left for them to guarantee the security of their old age" (Stark, 2008). With increasingly

prevalent portrayals such as this, it may well be that younger adults have become less supportive over time.

RESEARCH METHODS

In order to address our research questions on the strength of the two pillars of public opinion for Social Security and Medicare, we conducted a search of the archives of the Roper Center for Public Opinion Research using RoperExpress and iPoll (search functions provided by the Roper Center). All surveys had to meet our criteria that they were national random samples of adults aged 18 or over. We found that the General Social Survey (GSS) conducted by the National Opinion Research Center (NORC) has conducted surveys at least every two years (and often more frequently) that have consistently included a question asking respondents their preferences regarding Social Security spending. This consistency allows us to track trends in support for Social Security over time. To examine support by partisanship, ideology, and age, we conducted our own analyses of the 2006 GSS survey.

As for Medicare, we found no single series of surveys that consistently polled the American public on Medicare spending preferences over time as NORC has done for Social Security. Therefore, we had to rely on multiple surveys with similarly worded questions to gauge Medicare support over time. To find these surveys, we searched Roper archives for survey questions that contained the words “Medicare” along with “spending” or “funding” or “support” in order to be consistent with our examination of Social Security. We found similarly worded, though not identical, questions asking respondents whether spending on Medicare should be increased, decreased, or maintained at current

levels. In examining age, partisanship, and ideology, we analyzed one of the most recent comprehensive surveys we found on Medicare policy preferences, the 2006 survey from the Kaiser Family Foundation and Harvard School of Public Health, entitled, “The Public’s Health Care Agenda for the New Congress and Presidential Campaign.”

To find questions on what has been referred to as the second pillar of public support — the belief that Social Security and Medicare are affordable public expenditures — we searched the Roper archive for either Social Security or Medicare along with the words “trouble” or “problem” or “crisis” in addition to the words already included in the search.

ASSESSING THE STRENGTH OF THE TWO PILLARS OF PUBLIC SUPPORT

Support for the Purpose of Social Security and Medicare

Social Security

How much support exists for the first pillar of public opinion — a belief in the social purpose of Social Security and a commitment to the program? Using data from the General Social Survey (GSS) from the National Opinion Research Center (NORC), we operationalize commitment to the purpose of Social Security as believing that we are spending either the right amount or too little on Social Security. Specifically, the question is:

"We are faced with many problems in this country, none of which can be solved easily or inexpensively. I'm going to name some of these problems, and for each one I'd like you to tell me whether you think we're spending too much money on it, too little money, or about the right amount. Are we spending too much money, too little money, or about the right amount on Social Security?"

Operationalized this way, we find tremendous support over time for the purpose of Social Security. The data are in Figure 1. Since 1984, over 90 percent of respondents

report that the United States spends too little or the right amount of money on Social Security. In 2006, the most recent year in which the question was asked, 95 percent of respondents favor maintaining or increasing program funding. When we disaggregate the support variable and raise the threshold by only considering whether Americans think that we spend too little on Social Security, we find that the majority of Americans think that we do not spend enough on this program. As can be seen in Figure 1, in 14 of the 16 years in which this question was asked since 1984, the majority of respondents said that too little was spent on Social Security.

[See Figure 1]

The data in Figure 1 indicate that overall support for Social Security is extremely high. But is this indicative of a single public opinion, or do the politics of dissensus infiltrate the public view on Social Security spending such that there are marked differences between Republicans and Democrats, conservatives and liberals, and young and old? To learn the answer, in Table 1 we break down overall support along the three factors that often divide the public: partisanship, ideology, and age.

Looking first at partisanship, are the divisions as stark as some political scientists might predict? Commentators might interpret the findings differently. On the one hand, they might argue for few differences. Majorities of Republicans, Independents, and Democrats think that too little money is being spent on Social Security and less than 10 percent ever say that too much is spent. Further, when support is operationalized as thinking that the United States spends “too little” *or* “the right amount” on Social Security, 92 percent of self-identified Republicans support increasing or maintaining

current levels of Social Security spending, compared to 95 percent of self-reported Independents and 98 percent of self-identified Democrats.

[See Table 1]

On the other hand, clear differences can be found when we compare Republicans and Democrats who think too little money is being spent. Democrats are 16 percent more likely than Republicans to think that too little money is being spent. A similar difference, though not as large, is found between Democrats and Independents. Here, then, are the divisions that the partisanship literature would lead us to expect. Do these marked differences mean that trouble is on the horizon regarding the first pillar of support for Social Security? We think not: Most of the Republicans and Independents who don't say that too little money is being spent are the very ones who report that "about the right amount" is being spent. We interpret this response as commitment to the program.

A second division seen to splinter consensus among the public is ideology. Liberals and conservatives are often at odds about a range of issues from capital punishment to welfare reform to universal health care, and so commentators might expect similar differences in regard to social insurance programs like Social Security and Medicare. As with the story on partisanship, commentators can see ideological divisions two ways. Majorities of conservatives, moderates, and liberals believe too little is spent on Social Security. When we combine those who believe that either "too little" or "about the right amount" is spent, 91 percent of conservatives, 97 percent of moderates, and 97 percent of liberals supported increasing or maintaining current levels of spending for Social Security. These majorities reflect strong commitment to the purpose of Social Security.

However, as with partisanship, differences emerge when we examine the majorities who think “too little” is being spent. As expected, liberals are more likely than conservatives to think too little is being spent, but somewhat surprisingly moderates are more likely than both conservatives and liberals to report this view. So, those who argue that ideological beliefs predict social policy divisions have data to support their argument, but for our purposes, the vast majorities who favor current spending or worry about too little represent commitment to the program.

Finally, we examine differences by age. Conventional wisdom has become that the young are less likely to be supportive of Social Security than the old because they do not think it will be there for them when they retire. As Table 1 shows, the data dispute the conventional wisdom. Not only do majorities of all age groups think that too little is spent on Social Security but also young adults aged 18 to 29 are more likely than adults 65 and over to say too little is spent on Social Security.

Conventional wisdom can claim support from one finding shown in Table 1: Young adults are more likely than other age groups to say too much is being spent on Social Security. However, the differences are small (only 8 percent hold this view). The larger finding is that a resounding 92 percent of individuals between the ages of 18 and 29 support maintaining or increasing current levels of spending on Social Security. Similarly, 94 percent of individuals between the ages of 30-49, 98 percent between the ages of 50 and 64, and 97 percent of individuals aged 65 or older support maintaining current levels or increasing America’s spending on Social Security.

Overall, it appears that public support for the first pillar of support on Social Security is overwhelmingly consensual. While there are disparities in the extent to which

partisanship, ideology, and age affect views about whether or not there is too little money spent, the overall patterns of support are very similar by party identification, ideology, and age. While we are only reporting data on these factors for the most recent year, 2006, these patterns are consistent in support over time since 1984.

Medicare

Similar to our operationalization of belief in and commitment to the purpose of Social Security, we measured level of commitment to the purpose of Medicare as support for increasing spending, maintaining spending, or decreasing spending. Unfortunately, we could only find exactly the same question asked by a survey organization in three years — 1997, 2001, and 2002 (In each of these years, the Pew Research Group asked: “If you were making up the budget for the federal government this year, would you increase spending for Medicare, decrease spending, or keep spending the same?”). In other years between 1984 and 2006, we found four years in which similar but not identical questions were asked.

As was the case with Social Security, overall public support for Medicare spending was extremely high over the past twenty years. With the exception of two years, public support for increasing or maintaining current levels of spending on Medicare did not dip below 90 percent. And even in those two years, 1993 and 1997, public support for was still high at 76 percent and 88 percent of the public supporting an increase or maintenance in current levels of spending on Medicare. The most current survey, 2006, indicates sustained support for Medicare spending with 91 percent of respondents favoring an increase or maintaining current levels in spending. Looking only at those who say they want to increase spending, 50 percent or more of the public in all but one year

report that they would like to see the federal government spend more on Medicare. Only small percentages ever say they want to decrease spending. The exception was 1993 when 20 percent said they would like to decrease spending, but the question was a bit different that year and asked respondents if the federal government should spend more on Medicare “even if your own taxes should increase.” Sixty-one percent wanted higher spending despite the consideration that their taxes might increase.

[See Figure 2]

Clearly, these are high levels of support. But to what extent is this public support consensual? Using the 2006 survey from the Kaiser Family Foundation and Harvard School of Public Health, we examine the extent to which support for Medicare breaks down along partisan, ideological, and age divisions. Respondents were asked, “In order to help reduce the federal budget deficit, would you favor or oppose slowing the rate of growth in Medicare spending?” Note that slowing the rate of growth in Medicare is linked to reducing the federal budget deficit, raising the bar on support. We operationalize answers that *opposed* a slowing of the rate of growth in Medicare spending to be support for the purpose of the Medicare program.

In regard to partisanship, Medicare’s enactment back in 1965 was seen as a victory for a Democratic president Lyndon Johnson and a Democratically controlled Congress that resulted from massive electoral victories in 1964 (Marmor, 2000), and some still see the program in partisan terms, despite a politics of consensus that existed for many years. With the increasing dissensus and disagreement about Medicare, have differences in support increased between Democrats and Republicans within the public?

Table 2 shows differences in support by party identification. Democrats are 13 percent more likely to oppose cuts to Medicare than Republicans. But the more important story is that the vast majority of Democrats, Independents, and Republicans all show high levels of support for Medicare, with 79 percent of Democrats, 78 percent of Independents, and 66 percent of Republicans reporting that they oppose cutting Medicare spending.

[See Table 2]

The story is much the same with ideology. Although a larger percentage of liberals and moderates oppose cuts to Medicare than do conservatives, the more important story is that large majorities of each group believe in and are committed to the program: 80 percent of self-identified liberals, 76 percent of self-identified moderates, and 68 percent of self-identified conservatives oppose cutting Medicare spending.

Finally, we consider the extent to which age groups differ in their support. Adults age 65 and over are 9 percent more likely than young adults age 18-29 to oppose cuts with 78 percent of seniors opposing cuts as compared to 69 percent of those in the youngest age group. However, the differences across age are not great, and the big story is that clear majorities oppose cuts.

While we do see differences by partisanship, ideology, and age, there is more support than opposition among all groups. The overall story gleaned from this examination is that regardless of age, partisanship, and ideological identification, the public seems relatively united in its support for Medicare.

Belief that Social Security and Medicare are Affordable Public Expenditures

Social Security

The second pillar of public support on which Social Security and Medicare rests is the belief that the two programs are affordable public expenditures. In our extensive search of questions that have been asked about the two programs, we found no specific questions that asked respondents about how “affordable” they think the programs are. Specifically, respondents have been asked the following question about Social Security: “Which of the following do you think best describes the financial situation of Social Security today — it is in crisis, it is in serious trouble but not in crisis, it is in some trouble, or it is not really in trouble at all?”

Using four surveys with identical questions that were asked between January 2005 and October 2007, we measure perceived fiscal problems as answers of “crisis” or “serious trouble.” The results suggest that Americans are alarmed about the future of Social Security. In January 2005, 14 percent of Americans said they thought Social Security was “in crisis.” By October of 2007, that figure had doubled. In 2007, 66 percent of Americans thought that the program was either in a “crisis” or in “serious trouble.”

[See Table 3]

Medicare

Are the public’s concerns equally strong for Medicare? To answer this question, we analyzed three surveys from August 2002, January 2003, and January 2005 to determine whether the public considers the Medicare program to be in danger (we were not able to find any surveys with a similar question after 2005). All surveys asked similarly worded questions gauging whether respondents thought that Medicare was in

crisis, had major problems but not in crisis, had minor problems, or had no real problems. As was the case with Social Security, we measured perceived fiscal problems as answers of “crisis” or “major problems.”

During the time period we examined, the results suggest that Americans are equally, if not more, concerned about the future of Medicare than they are Social Security. Compared to the 52 percent of Americans who thought Social Security was in a crisis or was in serious trouble in January of 2005, 64 percent of Americans felt that Medicare was in crisis or experiencing major problems. In fact, when NBC News and the Wall Street Journal surveyed the public in March 2005 and asked, “Which program do you believe is in more trouble and needs more attention from lawmakers — Social Security or Medicare? If you think that neither is in trouble, feel free to say so,” 50 percent of respondents reported that Medicare was in more serious trouble, compared to 23 percent of Americans who thought Social Security needed more attention.² Tellingly, only 3 percent of Americans thought neither program was in danger, while 19 percent of Americans thought both programs were equally troubled.

So far, we have seen that the first pillar of public opinion on which the two programs rest is strong: The vast majority of the public believes in and is committed to the programs as expressed by their willingness to spend money on them. However, the second pillar of public opinion is shaky. The majority of the public sees the financial situation as troubling for both Social Security and Medicare. So far, their concerns have not undermined their support. But as policymakers debate various changes that might be

² Survey by NBC News, Wall Street Journal. Methodology: Conducted by Hart and McInturff Research Companies, March 31-April 3, 2005 with a national adult sample of 1,002.

made to both programs, it is important to try to understand what it is exactly that the public is willing to sanction in order to strengthen the programs for the future.

ASSESSING WHAT CHANGES THE PUBLIC FAVORS

Various policy changes have been proposed for both Social Security and Medicare. Which changes does the public favor?

Social Security

During the late 1990s in the last years of the Clinton administration, several Republican Congress members proposed partially privatizing Social Security by allowing people to put part of their Social Security taxes into private accounts that would be invested in the stock market. In 1995, President Bush made privatizing Social Security the domestic policy centerpiece of his State of the Union address. Since the late 1990s, many claims have been made that the public supports private accounts (see Cook, Barabas, and Page, 2002; Cook, 2005).

The facts are not so clear. There are two patterns. First, when not reminded of the risks associated with stock market investments or with the costs of transitioning to a privatized system, more members of the public support partial privatization (namely, being able to invest a portion of their Social Security taxes into personal retirement accounts) than oppose it. However, the level of support has diminished over time. The first third of Table 4 shows responses in seven surveys between June 1998 and May 2005. In June, 1998, when the public was just hearing about the privatization proposal, 69 percent supported privatization while only 20 percent opposed it — a difference of 49

points. However, by 2005, support had declined considerably, and less than half the public supported it (although there were still more supporter than opponents by 47 percent to 40 percent). What caused support to plummet between 1998 and 2005? We think that support for privatization declined as the public learned more about it between 1998 when it was just being introduced and 2005 when the concept had been around for awhile.

[See Table 4]

Second, when respondents are told more about privatization — either that it represents a change to the Social Security system or that risks are involved — their support for individual accounts declines markedly. In the middle segment of Table 4, the data show that the majority of respondents are opposed to partial privatization when the question to them is framed this way: “In general, do you think that it is a good idea or bad idea *to change the Social Security system* to allow workers to invest their Social Security contributions in the stock market?” (italics added for emphasis) In other words, when they are told that investing their contributions in the stock market would mean changing the Social Security system, 57 percent said they were opposed, and only a third were in favor.

When respondents are told that investing some of their Social Security taxes in the stock market and bonds “would reduce the guaranteed benefits they get when they retire,” 61 percent say they are opposed individual accounts (see the responses in the bottom third of Table 4).

Clearly, then, in regard to support for partial privatization, question wording matters. Regardless of question wording, however, support for partial privatization has diminished since the 1990s when few understood the implications of the proposal.

Some Social Security experts have recommended more incremental changes than the system-change of partial privatization – such as lowering cost-of-living adjustments or COLAs, reducing benefits for the wealthy elderly, increasing the payroll tax, raising the earnings ceiling or “cap” that exempts all income above a certain level from payroll taxation, raising the age of eligibility for full retirement benefits to 70, and raising the minimum age for receiving full benefits to 70, and raising the minimum age for receiving reduced benefits from 62 to 65 (see, for example, Baker and Weisbrod, 1999; Page and Simmons, 2000, chapter 3; Social Security Advisory Board 1998, pp. 25-26). The results of four Princeton Survey Research Associates surveys about such options are given in Table 5. Only two of the six proposals — raising the earnings ceiling and reducing benefits for the wealthy elderly — received support from more than half the respondents (60 percent and 58 percent, respectively). Support and opposition are about equally divided on another proposal — increasing the early eligibility age from Social Security from 62 to 65.

[See Table 5]

Medicare

To address the financial problems facing Medicare, a range of policy proposals have been suggested. In a survey conducted by International Communications Research for the Kaiser Family Foundation and Harvard School of Public Health, the public has been asked about nine of these: rolling back tax cuts to strengthen Medicare funding,

requiring higher premiums from high income seniors, reducing doctor and hospital payments for treating Medicare beneficiaries, reducing Medicare payments to HMOs and private insurers, increasing payroll taxes for workers and employers to fund Medicare, gradually raising the age of eligibility for Medicare from 65 to 67, limiting eligibility to low income seniors rather than all seniors, cutting back Medicare drug benefits to save money, and requiring all seniors to pay larger shares of Medicare costs out of pocket.

[See Table 6]

A majority of the public support only one of these proposals — rolling back tax cuts to strengthen Medicare funding. As can be seen in Table 6, the public is fairly evenly split on another three of the proposals. On another five, the public is strongly opposed.

The public is concerned about the financial situation of both Social Security and Medicare, as the data in Table 3 clearly show. However, as the data in Tables 5-7 reveal, there are relatively few proposals to strengthen Social Security and Medicare that a majority of the public favors. We turn now to what these and our earlier findings can be taken to mean for the pillars of public opinion on which the two programs rest.

CONCLUSION

Social Security and Medicare have often been called two of America’s most successful social programs. They have helped millions of Americans to be more financially secure in their old age and to receive necessary medical care (Page and Simmons, 2000). For many years, the politics of both programs were described as a “politics of consensus.” However, beginning in the mid-1990s, the politics of consensus was replaced by a politics of dissensus. The debates have often been noisy and fractious

with claims and counter claims made about the extent to which the programs were experiencing financial crises and near bankruptcy and about the actions that should be taken to deal with the problems. This paper has asked whether the dissensus at the elite level has caused public support for Social Security and Medicare to weaken.

Two pillars of public opinion that have long undergirded support for Social Security and Medicare are, first, belief in and commitment to the purposes of the programs and, second, belief that the programs are affordable public expenditures (Marttila, 2005; Cook and Barrett, 1992). Using data from dozens of public opinion surveys over time, we have examined the extent to which these pillars remain strong in the face of sometimes fractious debate among policymakers, interest groups, and political commentators. The findings are revealing.

The public's belief in and commitment to the purposes of Social Security and Medicare are strong. The vast majority support the amount being spent on the programs with many actually wanting to increase spending. Only very small percentages — usually less than 10 percent — think too much is being spent and want to decrease spending. Moreover, this support is similar across many groups where we often find division. Regardless of party identification, ideology, and age, the pattern of support is very similar: Republicans and Democrats, conservatives and liberals, and young and old are united in their commitment to the two programs. Thus, the first pillar of public opinion on which Social Security and Medicare rest appears to be strong.

The second pillar of public opinion is weaker. The majority of Americans describe the financial situation of both Social Security and Medicare as either in crisis or serious trouble. So far the weakening of the second pillar has not undermined support for

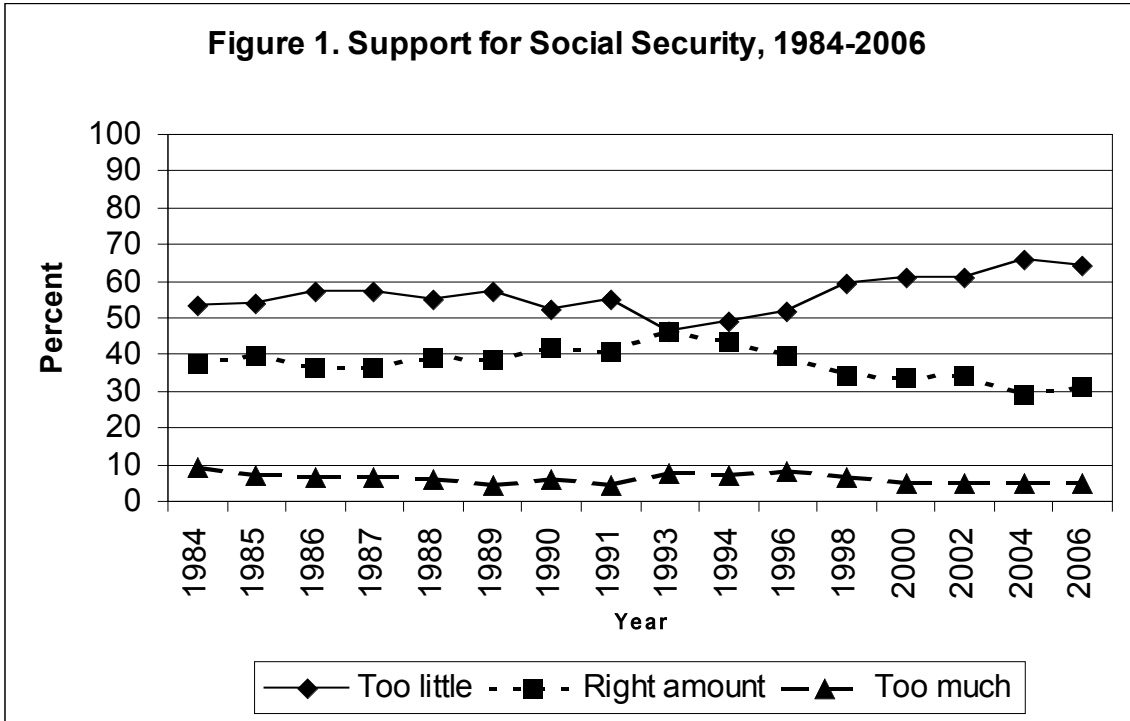
the purposes of the program. Whether it will or not depends on a number of factors. One of these is surely whether Americans see their Congress members tackling the programs' financial difficulties in thoughtful, effective ways.

Do Americans see a clear pathway to strengthening the programs? Public support for partial privatization of Social Security was high when privatization proposals were first introduced in the late 1990s, but support plummeted as the public learned more about the tradeoffs that would be involved in implementing such reforms. And while some elites still call for reforms that would privatize Social Security benefits, our analysis finds that most members of the public are not in favor. Instead, they express support for incremental changes. For Social Security, the majority of Americans support raising the earnings ceiling and reducing benefits for wealthier older Americans. To keep Medicare financially sound in the future, a strong majority of Americans support rolling back tax cuts to strengthen financing. Both sets of these changes involve recalibrating existing policy instruments, rather than fundamentally changing the structure of the programs. Thus, although policy elites continue to debate the merits and detriments of privatization and marketization of Social Security and Medicare, the American public seems to be committed to the existing structures of these programs, preferring incremental changes to the system as it currently exists.

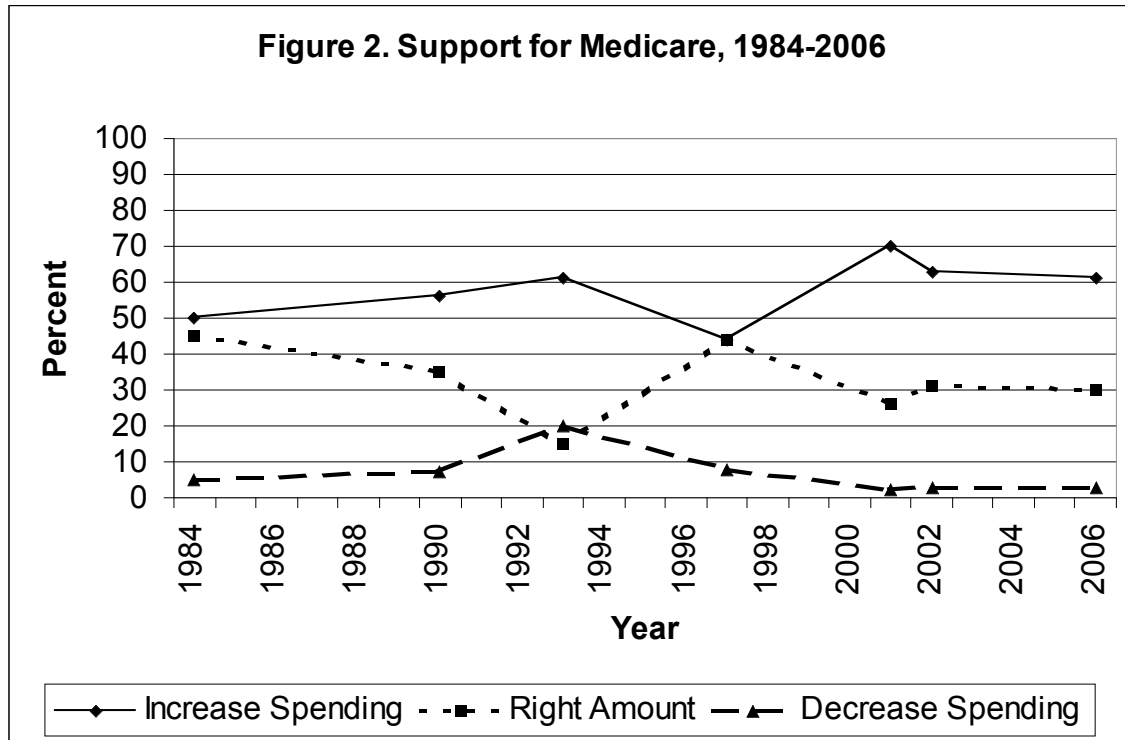
The findings of this paper pose a real challenge to anyone who argues that support for Social Security and Medicare may be declining in the face of dissensus at the elite level. Clearly, support is high. However, the findings also point to the very real concern among the public about the financial future of the two programs. To address their financial concerns, members of the public have voiced support for a few incremental

changes and opposition to a number of others. In order to overcome the current politics of dissensus, it behooves policymakers to take a careful look at where the public stands and build on that support.

Figure 1. Support for Social Security, 1984-2006



Source: The data are from NORC General Social Surveys. The question was: "We are faced with many problems in this country, none of which can be solved easily or inexpensively. I'm going to name some of these problems, and for each one I'd like you to tell me whether you think we're spending too much money on it, too little money, or about the right amount. Are we spending too much money, too little money, or about the right amount on Social Security." Note: This question was not asked in 1992, 1995, 1997, 1999, 2001, 2003, or 2005. These percentages do not include "Don't know" and other volunteered responses.



Source: Since we were unable to find a single series of surveys that consistently polled the American public on Medicare spending preferences, we had to rely on multiple surveys with similarly worded questions to gauge Medicare support over time. We report these questions, indicating the year and survey methodology associated with each.

For the 1984 survey, the question read, “Should federal spending on Medicare be increased, decreased, or kept the same?” Source: National Election Study, 9/5/84 - 1/5/84; N = 1,989.

For the 1990 survey, the question read, “Do you think that federal spending this year should be increased, decreased, or remain the same for each of the following?...Medicare” Source: Marist College Institute for Public Opinion, 1/29/90-1/31/90; N = 1,044.

For the 1993 survey, the question read, “Let’s talk for a few minutes about government spending on various programs. I’m going to read you a list of programs. For each one just tell me, in your opinion, whether the federal government should spend more or should spend less on each program. (Even if your own taxes increase?)...Medicare” Source: Wirthlin Group, 12/5/93-12/9/93; N = 1,013.

For the 1997 survey, the question read, “If you were making up the federal budget this year, would you increase spending for...Medicare, decrease spending for Medicare, or keep spending the same for this?” Source: Pew Research Group, 5/15/97-5/18/97; N = 1,228.

For the 2001 survey, the question read, “If you were making up the budget for the federal government this year, would you increase spending for...Medicare...decrease spending for...Medicare...or keep spending the same for this?” Source: Pew Research Group, 4/18/01-4/22/01; N = 1,202.

For the 2002 survey, the question read, “If you were making up the budget for the federal government this year (2002), would you increase spending for...Medicare, decrease spending for...Medicare, or keep spending the same for this?” Source: Pew Research Center, 2/12/02-2/18/02; N = 1,199.

For the 2006 survey, the question read, “(For each of the following budget items, please state whether you think the new budget should increase spending on this item from the previous budget, decrease spending on this item from the previous budget, or keep it the same.)...Medicare” Source: ICR, 1/4/06-1/9/06; N = 1,026.

Table 1: Support for Social Security by Party Identification, Ideology, and Age

	Too Little	About Right	Too Much
Party			
Republican	54%	38%	8%
Independent	65%	30%	5%
Democrat	70%	27%	2%
Ideology			
Conservative	57%	34%	8%
Moderate	70%	27%	3%
Liberal	64%	33%	2%
Age			
18-29	60%	32%	8%
30-49	69%	25%	6%
50-64	66%	32%	3%
65+	54%	43%	3%

Source: NORC General Social Survey. The question was: "We are faced with many problems in this country, none of which can be solved easily or inexpensively. I'm going to name some of these problems, and for each one I'd like you to tell me whether you think we're spending too much money on it, too little money, or about the right amount. Are we spending too much money, too little money, or about the right amount on Social Security." N = 2804, percentages do not include "Don't Knows".

Table 2: Opposition and Support for Cutting Medicare Spending by Party Identification, Ideology, and Age

	Oppose Cutting Medicare	Support Cutting Medicare
Party		
Republican	66%	34%
Independent	78%	22%
Democrat	79%	21%
Ideology		
Conservative	68%	32%
Moderate	76%	24%
Liberal	80%	20%
Age		
18-29	69%	31%
30-49	69%	31%
50-64	75%	25%
65+	78%	22%

Source: Kaiser Family Foundation and Harvard School of Public Health, "The Public's Health Care Agenda for the New Congress and Presidential Campaign, November 9, 2006-November 19, 2006. Question read, "In order to help reduce the federal budget deficit, would you favor or oppose slowing the rate of growth in Medicare spending?". N = 1689, percentages based on those that answered and do not include "Don't Knows".

Table 3: Public fears about problems in Social Security and Medicare

	Crisis	Serious Trouble/ Major Problems	Some Trouble/ Minor Problems	Not in Trouble/ No Problems
Social Security				
January 2005 ^d	14%	38%	38%	7%
March 2005 ^c	17%	37%	36%	7%
June 2005 ^b	17%	38%	37%	5%
October 2007 ^a	30%	36%	26%	5%
Medicare				
August 2002 ^g	25%	49%	23%	1%
January 2003 ^f	18%	52%	23%	2%
January 2005 ^e	12%	52%	29%	2%

^d NBC News, Wall Street Journal. Methodology: Conducted by Hart and McInturff Research Companies, January 13-January 17, 2005. N =1,007.

Question wording for all Social Security questions: “Which of the following do you think best describes the financial situation of Social Security today--it is in crisis, it is in serious trouble but not in crisis, it is in some trouble, or it is not really in trouble at all?”

^c NBC News, Wall Street Journal. Conducted by Hart and McInturff Research Companies, March 31-April 3, 2005. N=1,002.

^b CBS News/New York Times, June 10-June 15, 2005. N =1,111.

^a CBS News, October 12-October 16, 2007. N =1,282.

^g Survey by Washington Post, Henry J. Kaiser Family Foundation. Methodology: Conducted by Princeton Survey Research Associates, August 2-September 1, 2002. Survey oversampled those age. N = 2,886. Results are weighted to be representative of a national adult population.

Question wording for 1/2003 and 8/2002 Medicare question, Now I have a few questions about Medicare, the government program that provides health insurance for seniors and some disabled people.... Please tell me which one of the following four statements comes closest to your view of the Medicare program.

Would you say...the program is in crisis, the program has major problems, but is not in crisis, the program has minor problems, or the program has no problems?”

^f ABC News/Washington Post, conducted by TNS Intersearch, January 30-February 1, 2003. N = 855.

^e Quinnipiac University Polling Institute, January 25-January 31, 2005 N = 2,100, sample of nationally registered voters. Question worded, “Which of these statements do you think best describes the Medicare system?...It is in a state of crisis, it has major problems, it has minor problems, or it does not have any problems?”

Table 4: Support for Privatization as Framing of Policy Option Changes

	Support	Oppose	Difference	No Opinion/ Don't Know
<i>Privatization</i> ^a				
June 1998	69%	20%	49	11%
Sept. 1999	70%	20%	48	8%
Dec. 2004	54%	30%	24	16%
Feb. 2005	46%	38%	8	16%
Mar. 2005	44%	40%	4	16%
Mar. 2005	46%	44%	2	10%
May 2005	47%	40%	7	13%
<i>Privatization as a change to the system</i> ^b				
Dec. 2004	38%	50%	-12	12%
Jan. 2005	40%	50%	-10	10%
Mar./Apr. 2005	35%	55%	-20	10%
May 2005	36%	56%	-20	8%
July 2005	33%	57%	-24	10%
<i>Privatization as a change to the system with risks</i> ^c				
Jan. 2005	40%	55%	-15	5%
Feb. 2005	40%	55%	-15	5%
Feb. 2005	36%	60%	-24	4%
Mar. 2005	33%	59%	-26	8%
Apr. 2005	33%	61%	-28	6%

^a Princeton Survey Research Associates International for Pew Research Center. Question read, "Generally, do you favor or oppose this proposal (which would allow younger workers to invest a portion of their Social Security taxes in private retirement accounts, which might include stocks or mutual funds)?" Surveys conducted June 4, 1998-June 8, 1998 (N = 1,012); July 4, 1999-September 9, 1999 (N = 3,973); December date needed; February 16, 2005-February 21, 2005 (N = 1,502); March 17, 2005-March 21, 2005 (N = 1,090); March, 17, 2005-March 21, 2005 (N = 1,505); May, 11, 2005-May 15, 2005 (N = 1,502).

^b Hart and McInturff Research Companies for NBC News. Question read, "In general, do you think that it is a good or bad idea to change the Social Security system to allow workers to invest their Social Security contributions in the stock market?" Surveys conducted December 9, 2004-December 13, 2004 (N = 1,003); January 13, 2005-January 17, 2005 (N = 1,007); March 31, 2005-April 3, 2005 (N = 1,002); May 12, 2005-May 16, 2005 (N = 1,005); July 8, 2005-July 11, 2005 (N = 1,009).

^c Gallup poll for CNN/USA Today. Question read, "As you may know, one idea to address concerns with the Social Security system would allow people who retire in future decades to invest some of their Social Security taxes in the stock market and bonds, but would reduce the guaranteed benefits they get when they retire. Do you think this is a good idea or a bad idea?" Surveys conducted January 7, 2005-January 9, 2005 (N = 1,008); February 4, 2005-February 6, 2005 (N = 1,010); February 7, 2005-February 10, 2005 (N = 1,008); March 18, 2005-March 20, 2005 (N = 909); April 1, 2005-April 2, 2005 (N = 1,040).

Table 5: Public Support for Incremental Changes in Social Security

Policy Option	Aug. 1998 ^a	Feb. 1999 ^b	May 1999 ^c	Feb. 2005 ^d
Raise Earnings Ceilings ^e				
<i>Favor</i>	60%	59%	61%	60%
<i>Oppose</i>	29%	28%	29%	33%
Reduce Benefits for the Wealthy ^f				
<i>Favor</i>	54%	54%	58%	58%
<i>Oppose</i>	40%	40%	37%	36%
Increase Early Eligibility Age from 62 to 65 ^g				
<i>Favor</i>	47%	43%	46%	-
<i>Oppose</i>	47%	52%	48%	-
Increase Payroll Tax From 6.2% to 6.7% ^h				
<i>Favor</i>	40%	44%	44%	38%
<i>Oppose</i>	54%	50%	50%	56%
Lower COLA ⁱ				
<i>Favor</i>	34%	37%	40%	30%
<i>Oppose</i>	61%	56%	53%	64%
Raise Age of Soc Sec Eligibility to 70 ^j				
<i>Favor</i>	23%	24%	22%	35%
<i>Oppose</i>	74%	74%	74%	64%

^a Princeton Survey Research Associates (PSRA) data, 8/6/98-8/27/98, N = 2,008.

^b Princeton Survey Research Associates (PSRA) data, 2/2/99-2/14/99, N = 1,000

^c Princeton Survey Research Associates (PSRA) data, 5/3/99-5/17/99, N = 1,001

^d Princeton Survey Research Associates (PSRA) data, 2/16/2005-2/21/2005, N = 1,502.

Question wording for 1998/1999 PSRA questions: "Now I'd like to get your opinion on some specific proposals for how Social Security might be changed in the future. If I ask you anything you feel you can't answer, just tell me. Do you favor or oppose the following proposals...(INSERT - READ AND ROTATE)...Do you strongly favor/oppose this proposal, or moderately favor or oppose it? Question wording for 2005 PSRA questions: "I am going to read you a list of some ways that have been suggested to address concerns about the Social Security program. Please tell me if you would favor or oppose each one..." See specific wording below.

^e 1998/1999: "... Collecting payroll taxes on earnings up to \$100,000 per year, instead of the current cut-off of about \$72,000"; 2005: "...Collecting Social Security taxes on all of a worker's wages, rather than just the first \$90,000 they earn per year."

^f 1998/1999: "... Reducing Social Security benefits for people who have retirement incomes over about \$60,000 per year"; 2005: "...Limiting benefits for wealthy retirees."

^g 1998/1999: "... Gradually increasing the early retirement age for collecting reduced benefits from age 62 to 65"

^h 1998/1999: "... Increasing the payroll tax that workers and employers each pay into the Social Security system from 6.2% to 6.7%"; 2005: "...Increasing Social Security payroll taxes for all workers."

ⁱ 1998/1999: "... Cutting the amount that Social Security benefits go up each year for changes in the cost of living"; 2005: "...Lowering the amount of Social Security benefits go up each year for changes in the cost of living."

^j 1998/1999: "... Gradually raising the age when a person can collect Social Security benefits to age 70"; 2005: "...Raising the retirement age."

Table 6: Public Support for Incremental Changes in Medicare

Policy Option	Favor	Oppose
Roll back some tax cuts to strengthen Medicare funding	74%	23%
Require higher premiums from high income seniors	49%	47%
Reduce doctor and hospital payments for treating Medicare beneficiaries	47%	47%
Reduce Medicare payments to HMOs and private insurers	44%	45%
Increase payroll taxes for workers and employers to fund Medicare	38%	59%
Gradually raise age of eligibility from 65 to 67 for future retirees	28%	70%
Limit eligibility to low-income seniors rather than serving all seniors	24%	73%
Cut back Medicare drug benefits to save money	14%	84%
Require all seniors to pay larger share of Medicare costs out of pocket	9%	90%

Source: Kaiser Family Foundation/Harvard School of Public Health. Methodology: Conducted by International Communications Research, November 9 to November 16, 2006 and based on telephone interviews with a national adult sample of 1867. The question read, "I'm going to read you some proposals to keep the Medicare program financially sound in the future. Please tell me whether you would generally favor or oppose each one (First/Next) would you favor or oppose (Insert)? (To keep the Medicare program financially sound in the future?) Is that strongly or somewhat?" The policy options were divided and asked to approximately half of the respondents. The first group, N = 932, were asked the following policy options in the following order: "requiring higher income seniors to pay higher Medicare premiums", "Reducing payments to doctors and hospitals for treating people covered by Medicare", "Increasing the payroll taxes workers and employers now pay to help fund the Medicare program", and "Gradually raising the age of eligibility for Medicare from 65 to 67 for future retirees". The second group, N = 925, were asked the following policy options in the following order: "Requiring all seniors to pay a larger share of Medicare costs out of their own pockets", "Reducing Medicare payments to HMOs and other private insurers", "Rolling back some tax cuts and using the money to help keep the Medicare program financially sound", "Cutting back the Medicare drug benefit to save money", and "Turning Medicare into a program that only serves low-income seniors instead of serving all seniors". "Strongly support" and "somewhat support" responses were combined to make a single "support" indicator; "strongly oppose" and "somewhat oppose" were combined to make a single "oppose" indicator. Responses do not include refusals and "do not know" responses.

Bibliography

- Abramowitz, A. I., and Saunders, K.L. (1998). Ideological realignment in the U.S. electorate. *Journal of Politics*, 60, 634-652.
- Abramowitz, A. I. and Saunders, K. L. (2005). Why can't we all just get along? The reality of a polarized America. *The Forum*, 3(2), 1-22.
- AssistGuide Information Services (2007). '08 Presidential candidates' on Social Security. Retrieved February 15, 2008 from <http://carestation.agis.com>
- Baker, D. and Weisbrot, M. (1999). *Social Security: The phony crisis*. Chicago: University of Chicago Press.
- Bartels, L. M. (2000). Partisanship and voting behavior, 1952-1996. *American Journal of Political Science*, 44(1), 35-50.
- Binstock, R. H. (2002). The politics of enacting reform. In S. H. Altman and D. I Shactman (Eds.), *Policies for an aging society* (pp. 346-377). Baltimore, MD: The Johns Hopkins Press.
- Brewer, M.D. (2005). The rise of partisanship and the expansion of partisan conflict within the American electorate. *Political Research Quarterly*, 58, 219-229.
- Bush, President George W. (2005). State of the union address. Washington, DC. February 2, 2005. Retrieved on February 22, 2008 from <http://presidentialrhetoric.com>
- Bush, President George W. (2006). Address on the 2007 budget. Manchester, New Hampshire, February 8, 2006. Retrieved on January 25, 2008 from <http://presidentialrhetoric.com>
- Campbell, A. L. (2003). *How policies make citizens*. Princeton, NJ: Princeton University Press.
- Campbell, A., et al. (1960). *The American voter*. New York: John Wiley & Sons, Inc.
- Converse, P. (1964). The nature of belief systems in mass publics. In D. Apter (Ed.), *Ideology and discontent* (pp. 206-261). New York: Free Press.
- Cook, F.L. (2005). Navigating pension policy in the United States: From the politics of consensus to the politics dissensus about social security. *The Tocqueville Review*, 26(22), 37-66.
- Cook, F.L., Barabas, J., and Page, B. (2002). Invoking public opinion: Policy elites and Social Security. *Public Opinion Quarterly*, 66, 235-264.
- Cook, F.L and Barrett, E.J. (1992). *Support for the American welfare state: The views of Congress and the public*. New York: Columbia University Press.
- Delli Carpini, M.X. and Keeter, S. (1996). *What Americans know about politics and why it matters*. New Haven, CT: Yale University Press.
- Fiorina, M. (2002). Parties and partisanship: A 40-year retrospective. *Political Behavior*, 24, 93-115.
- Gimpel, J. G., Morris, I. L., Armstrong, D. R. (2004). Turnout and the local age distribution: Examining political participation across space and time. *Political Geography*, 23, 71-95.
- Glied, S. (1997). *Chronic conditions: Why health reforms fail*. Cambridge, Massachusetts: Harvard University Press.
- Goren, P. (2004). "Political Sophistication and Policy Reasoning: A Reconsideration" *American Journal of Political Science*, 48, 462-478.
- Hamil-Luker, J. (2001). The prospects of age war: Inequality between (and within)

- age groups. *Social Science Research*, 30, 386-400.
- Hetherington, M. J. (2001). Resurgent mass partisanship: The role of elite polarization. *American Political Science Review*, 95, 619-631.
- Huddy, L., Jones, J. M., and Chard, R. E. (2001). Compassionate politics: Support for old-age programs among the non-elderly. *Political Psychology*, 22, 443-471.
- Jacobson, G. (2000). Party polarization in national politics: The electoral connection” in J.R. Bond and R. Fleischer (Eds.), *Polarized politics: Congress and the President in a partisan era*. (pp. 9-30). Washington, DC: CQ Press.
- Jacobson, G. (2005). Polarized politics and the 2004 Congressional and Presidential Elections. *Political Science Quarterly*, 120, 199-218.
- Jacoby, W. G. (1991). Ideological identification and issue attitudes. *American Journal of Political Science*, 35, 178-205.
- Jacoby, W. G. (1994). Public attitudes toward government spending. *American Journal of Political Science*, 38, 336-361.
- Jenkins-Smith, H., Mitchell, N. J., and Herron, K. G. (2004). Foreign and domestic policy belief structures in the U.S. and British publics. *The Journal of Conflict Resolution*, 48, 287-309.
- Jerit, J. (2006). Reform, rescue, or run out of money?: Problem definition in the Social Security reform debate. *The Harvard International Journal of Press/Politics*, 11(6), 9-28.
- Jost, J. T. (2006). The end of the end of ideology. *American Psychologist*, 61, 651-670.
- Kotlikoff, L. and Brown, S. (2004). *The Coming Generational Storm: What You Need to Know about America's Future*. Cambridge: MIT Press.
- Lau, R. R., Brown, T. A. and Sears, D. O. (1978). Self-interest and civilians' attitudes toward the Vietnam War. *Public Opinion Quarterly*, 42, 464-483.
- Layman, G., Carsey, T. M. and Horowitz, J. M. (2006). Party polarization in American politics: Characteristics, causes, and consequences. *Annual Review of Political Science*, 9, 83-110.
- Marmor, T. R. (2000). *The politics of Medicare*, 2nd Ed. Hawthorne, New York: Aldine De Gruyter, Inc.
- Marmor, T. R. and Mashaw, J. L. (2006). Understanding social insurance: Fairness, affordability, and the ‘modernization’ of Social Security and Medicare. *Health Affairs*, 25, 114-134.
- Marttila, J. (2005). Are voters paying attention? *American Prospect*, 16(2), 17-20.
- Oberlander, J. (2003). *The Political Life of Medicare*. Chicago, Illinois: University of Chicago Press.
- Oliver, T. R., Lee, P. R. and Lipton, H. L. (2004). A political history of Medicare and prescription drug coverage. *The Milbank Quarterly*, 82, 283-354.
- Page, B.I. and Bouton, M. (2006). *The foreign policy disconnect*. Chicago, IL: University of Chicago Press.
- Page, B.I. and Simmons, J.R. (2000). *What government can do*. Chicago, IL: University of Chicago Press.
- Payne, B. K., et al. (2004). What drives punitive beliefs?: Demographic characteristics and justifications for sentencing. *Journal of Criminal Justice*, 32, 195-206.

- Peterson, P. G. (2004). *Running on empty: How the democratic and republican parties are bankrupting our future and what Americans can do about it*. New York, NY: Farrar, Straus, and Giroux.
- Schlesinger M. and Lee, T. (1994). Is healthcare different? Popular support of federal health and social policies. In J.A. Monroe and G. S Belkin (Eds.), *The politics of health care reform* (pp. 297-374). Durham, NC: Duke University Press.
- Sears, D. O. (1993). Symbolic politics: A socio-psychological theory. In S. Iyengar and W. J. McGuire (Eds.), *Explorations in political psychology* (pp. 113-149). Durham, NC: Duke University Press.
- Sears, D. O., Huddy, L. and Schaffer, L. G. (1986). A schematic variant of symbolic politics theory, as applied to racial and gender equality. In R. R. Lau and D. O. Sears (Eds.), *Political Cognition* (pp 159-202). Hillsdale, NJ: Lawrence Erlbaum.
- Social Security Advisory Board. (1998). *Why action should be taken soon*. Washington, DC: SSAB.
- Stark, B. (2008). ABC News/Facebook/WMUR Democratic Debate. <http://abcnews.go.com/Politics/Vote2008/>, January 5, 2008.
- Street, D. and Cossman, J. S. (2006). Greatest generation or greedy geezers? Social spending preferences and the elderly. *Social Problems*, 53, 75-96.
- Tedin, K. L, Matlin, R. E. and Weinher, G. R. (2001). Age, race, self-interest, and financing public schools through referenda. *Journal of Politics*, 63, 270-294.
- Zaller, J. R. (1992). *The nature and origins of mass opinion*. New York: Cambridge University Press.