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And Health Care for All?

Political Scientist Examines American Attitudes Toward Inequalities in Health and Health Care

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In March 2009, at a White House conference on health care, President Barack Obama claimed, "Since Teddy Roosevelt first called for reform nearly a century ago, we have talked and we have tinkered. We have tried and fallen short; we've stalled for time, and again we have failed to act because of Washington politics or industry lobbying." We need to look no further than the protracted and heated debate over health care reform in which the country has been embroiled over the past year for proof that health care is political—rife with issues of power—as much as it is about medicine or economics. Nevertheless, the subject is relatively under-studied in the field of political science, says Julia Lynch, the Janice and Julian Bers Assistant Professor in the Social Sciences.

One reason for this, she believes, is that health care is wrapped up in policy, and over the past few decades, policy studies have taken a back seat in the discipline. "Political scientists are supposed to study abstract questions," Lynch explains. "But increasingly we understand that power relations in society are central components in shaping people's health and the delivery of health care. It's the role of political scientists to unveil the power relations that lie behind the things we encounter every day."

Since joining Penn's political science faculty in 2001, Lynch has developed a body of research on the politics of health in advanced industrialized countries that both assesses nitty-gritty policy challenges—such as the impact of foreclosure on homeowners' health (see sidebar)—and explores big concepts such as inequality and justice. Currently, she is completing a study on the American public's attitudes toward health care inequalities. She wants to figure out which inequalities we consider natural or unproblematic and which ones we find profoundly unjust and what the implications of those perceptions are for health care policy.

Lynch has had a lifelong interest in questions of justice and fairness. "I'm the youngest child of three, so that probably has something to do with it," she jokes. "Some of this might also come from being raised in a

nonreligious household. Because we didn't have that background telling us what is the right thing to do or the right way to treat people, standards of fairness were the standards we would hold ourselves to, and we had to figure those out for ourselves."

By the end of freshman year at Harvard, Lynch was known among her peers as the "Justice Queen" for her passionate classroom discussions in a popular large lecture course on political theories of justice. She went on to earn her Ph.D. at the University of California, Berkeley, where she trained as a Europeanist, in part because she felt that political science research on the United States had become highly technical, centered on examining issues like voting or legislative behavior through statistical analysis.

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"Political scientists who worked on Europe," she says, "studied the stuff I was interested in, like the welfare state, labor parties and social mobilization around issues like wages and benefits. I felt like I couldn't do this in American politics, even though sociologists, historians, economists, were looking at these very subjects."

Lynch has since published extensively on the politics of inequality, social policy and the economy in Western Europe, and her book *Age in the Welfare State: The Origins of Social Spending on Pensioners, Workers, and Children*, was co-winner of the 2007 prize for the best book on European politics from the American Political Science Association. Although the United States was one of the countries she examined in that book, her health care research marks the first project in which she has ventured far into the terrain of American politics. The subject of health and health care, Lynch believes, provides especially fertile territory to glean insights into her longstanding questions about redistributive justice and beliefs about fairness.

"About 15 percent of variation in mortality is attributable to differences in health care," Lynch says. "Apart from natural differences in human biology, the rest of that variation in mortality comes from the social circumstances people find themselves in. Looking at health inequalities is an amazing way to explore how our society generates inequality, and the health care piece is one way to deal with this inequality on the back end."

With funding from Penn's University Research Foundation and an Investigator Award from the Robert Wood Johnson Foundation, Lynch designed and conducted a nationally representative, Internet-based survey. In one part of the survey, respondents were presented with a series of vignettes about inequalities in health status, health care access and health care quality. They were then asked to evaluate the fairness of the inequalities, to state their opinions on health care reform proposals and to choose a definition of fairness that resonated with them.

In a paper forthcoming in the *Journal of Health Politics, Policy and Law*, Lynch and co-author Sarah Gollust present findings that more than 70 percent of survey respondents thought that inequalities in access to health care and quality of health care were at least somewhat unfair—no matter the social group affected by these disparities. These perceptions of fairness strongly influenced their opinions about whether government or the private market should be providing health insurance, regardless of other influences on policy opinions, such as self-interest or political orientation. The more unfair respondents found health care inequalities to be, the more they supported government intervention.

However, Lynch also found that only 31 percent of respondents found inequalities in life expectancy to be unfair. These evaluations *did* vary depending on the social group presented in the survey vignettes—differences across groups defined by income were rated the most unfair, while those across racial and educational groups were rated more unfair than gender-group differences. Respondents' beliefs about the fairness of life expectancy inequalities did not directly influence their opinions about health care policy.

A second paper that Lynch and Gollust just completed reveals that beliefs about personal responsibility play a key role in generating the public's health policy preferences. For example, survey respondents' perceptions of whether people's behavior contributes to their own health outcomes—perceptions that were manipulated experimentally within the survey—strongly determined their beliefs about whether or not society should play a greater role in paying for health care. In a different vignette, survey respondents were allowed to make up their own minds about the likely contribution of personal behaviors versus other

contributors to health outcomes. Lynch and Gollust found that the social group described in the vignette (African Americans, low-income earners, people with less than a high school education or men) strongly influenced how much weight respondents accorded to personal behaviors as opposed to failures in the health care or economic system, or biological differences.

"On one hand," Lynch says, "Americans are generally not blaming racial minorities for their worse health, which, given the amount of influence these beliefs about personal responsibility have, is good news. On the other hand, we're seeing a potential biological reification of racial difference that may also lead people to perceive that racial disparities in health are inevitable. We can't identify who's to blame and there's nothing we can do about them."

Lynch continues to puzzle over why respondents find some inequalities to be morally unjust and worthy of social intervention and others to be inevitable or even deserved—particularly when it's clear from a sociological perspective that many of these disparities overlap. However, her findings do make the case that politicians and policy advocates who are interested in health care reform can better mobilize public support if they make the moral case for it. This goes counter to conventional wisdom—employed by Clinton and Obama administrations—to appeal to individual

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self-interest, such as the threat of losing one's health insurance and rising health care costs.

"If you think back to Obama's big health care speech," Lynch says, "he basically mentioned the moral component of health care once, and he used Ted Kennedy's words in order to do it. The rest of his speech was larded with references to personal responsibility and pocketbook concerns. Whereas I think it might be much more effective to have the overwhelming thrust of a speech like that be, 'In a civilized society, this is what people do.'"

From the perspective of her fairness research, Lynch is encouraged by the new health care reform law's potential to introduce Americans to the idea that a reasonable level of health care is a public right. However, she is concerned that it does not address several fairness issues, foremost of which is cost control. "We can't consume as much health care as we do," Lynch explains, "and have enough resources to go around. So we either have to radically change the way health care gets delivered or we have to confront that we're going to need to ration care in some way or another. We are currently rationing care through the market—people who can afford it get it, and people who can't don't. In health policy circles it's called the 'r' word, but we haven't had the conversation about what's the *right* way to ration care."

Lynch also worries that Americans' tendency to attribute health inequalities to personal responsibility or immutable biological differences will deflate momentum to address more systemic inequalities that create ill health or unequal access to health insurance. Nevertheless, she is optimistic that there is room for improvement.

"I was deeply pessimistic when I began this research," she says, "in thinking that people who didn't share my political beliefs didn't care about fairness. But increasingly I don't think that's the case. I've discovered that people from all walks of life really believe in fairness and find it to be an important motivating principle in their own lives. They may not share the same views about what constitutes fairness, but that's something we can talk about." ◆

Foreclosure's Health Toll

Along with exploring such abstract ideas as fairness and justice, political scientist Julia Lynch has also been conducting research about the tangible impact of the recent foreclosure crisis on the health of homeowners. In a paper published last fall in the *American Journal of Public Health,* Lynch and co-author Craig Pollack presented sobering findings culled from a survey of 250 Philadelphians who had sought credit counseling for home mortgage foreclosure.

More than one-third of study participants met screening criteria for major depression, and after adjusting for demographic and financial factors, people undergoing foreclosure had significantly higher rates of hypertension and heart disease than others in the community. They were also more likely to be uninsured and to have forgone filling a prescription. Additionally, nearly 60 percent reported that they had skipped or delayed meals because they couldn't afford food; nine percent reported that a medical condition in their family was the primary reason they were undergoing foreclosure, and a quarter said they owed money to medical creditors.

Although the study has garnered national media attention, Lynch says it has also been met with some head-scratching in political science circles because it sits in the crosshairs of a debate over how involved in policy-making political scientists should be. "For good reason," she explains, "many political scientists have been skeptical about a very engaged political science because they're worried about us coming down on the 'wrong' side and about compromised scientific rigor. I'm more confident in us as a science than that."

Lynch herself was on the fence about this issue until the foreclosure study, which made clear the hard times being faced by fellow Philadelphians. She and Pollack are now seeking funding for a much larger study using Kaiser Permanente HMO medical records to look at the effects of foreclosure on children's health.

"Because I've had this longstanding interest in justice," she says, "when I think about studying power, I think about studying the ways power relations in society affect people's life chances. When that's what's at stake, we have to get our hands dirty."

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