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AGENDA SETTING AND THE ROLE OF LEADERSHIP IN NATIONAL HEALTH CARE REFORM DURING THE EARLY 1990s

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Health care reform was the dominant issue on the political agenda during the early 1990s. Few issues during the decade persisted on the public agenda for so long. Why did it resonate so loudly? And why did it emerge then, from 1991 to 1994, rather than earlier or later? Did public opinion drive political leaders to address health care reform, or did political leaders convince the public of health care reform's importance?

First, I examine how the problem of health care reform reached the national agenda. Previous work on the subject focuses on the relationship between political leaders and public opinion only after the issue achieved prominence (circa 1991 to 1994). In other words, most studies probe how political leaders reacted to and attempted to influence public opinion after policymakers and public opinion alike were focused on health care. This orientation ignores how public opinion may have helped the issue reach the national agenda in the first place. Looking at the post-agenda setting stage of policymaking also may overstate the influence of political leaders on public opinion. It examines public opinion where it is least confident, choosing among policy proposals at a specific level, and neglects public opinion where it is most confident, thinking about what general sociopolitical problems are most important. By contrast, I focus squarely on the agenda setting of national health care reform—how and when the issue reached national prominence.

Second, previous research on political behavior tends to portray the relationship between political leaders and public opinion as unrealistically one-sided in either direction. On one hand, some political science work presents political leaders as highly influential in moving public opinion and nearly unconstrained by it (Zaller, 1992). These studies depict public opinion primarily as a malleable target of elite influence, rather than itself an independent influence on political leaders. This work overlooks important trends in public opinion that helped make health care reform an attractive issue for political leaders to address and therefore helped the issue arrive on the national agenda. Health care reform did not appear on the agenda simply as a function of leadership preferences and initiative.

On the other hand, other research in political science tends to assume that public opinion inevitably bends political leaders to its will. Public concern or interest about an issue builds up over time. Political leaders have incentive to respond to public opinion. As a result, leaders find and address issues about which public interest has grown. The implicit assumption is that an issue arrives on the public agenda simply because people want it addressed. Political leaders, in this view, are primarily responding to public opinion, rather than trying actively to manage it. In this analysis, there is insufficient attention to the role that leaders play in setting the agenda and picking among the many public concerns at a given moment.

I argue that both views of the political leadership-public opinion relationship are partly correct and partly incorrect. I use the issue of health care reform as a case study for understanding this relationship. Public concern about health care conditions did build up over a decade, beginning during the mid-1980s and helping to create public receptivity for the issue in the early 1990s. Objective health-care conditions worsened, and the public took notice, both responding to their personal experiences with the system and absorbing news reporting about health care conditions. The public registered significant concern about the issue, which contributed to the issue's ascendance in the 1990s.

However, it was simply not the case that public concern mounted to an apex that political leaders could not ignore in 1991. It mounted by the mid-1980s—half a decade before it became the most important issue of the 1992 presidential campaign. The fact is that public concern about health care sat constant and unaddressed by political leaders for years. Although the public reported extreme personal concern

about the health care system, only a negligible percentage of the public actually felt that health care reform was an important political issue.

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The public did not regard the issue to be politically salient until Harris Wofford and other policymakers squarely addressed and catapulted it to the center of the public agenda. Strong leadership proved essential to bring health care reform to the fore, as long-standing public concern about the issue was insufficient.The issue might have gone unaddressed for much longer, regardless of the public's underlying concern. Public concern is a prerequisite to salient agenda status for an issue; but leaders play crucial, irreplaceable role in connecting public concerns to political relevance. They select one issue among several as the most important of the day.

Leadership in national agenda setting, under this view, is an exercise in coordination. The public comes to its own conclusions about pressing problems in the world, based on its intimate connection with domestic conditions. The public makes up its own mind about what issues are important and will excite public opinion when addressed. However, a number of issues warrant the public's concern without any public demand for leadership direction or policymaking attention. The public often does not connect its concern with domestic issues to the need for policymaking solutions. Under conditions of relative uncertainty, political leaders pick and choose strategically among many potential issues that the public might respond to. When they pick successfully, political leaders coordinate the public on a particular issue and educate the public to prioritize the issue as both the most important and appropriate for government action. When leaders choose successfully, they set the nation's agenda.

HARRIS WOFFORD AND THE ASCENDANCE OF HEALTH CARE REFORM

In August 1991, health care reform had not yet arrived on the public agenda. According to one survey of public opinion about health care, less than 1% of the public felt that it was the most important problem facing the country. Instead, the country focused its attention on a lagging economy in recession. During the first half of 1991, health care was regarded by policy experts and political pundits as an important policy issue—but a complex, politically complicated one unlikely to become prominent in the upcoming presidential election.

All this changed suddenly during the fall of 1991. Harris Wofford's surprising victory in an off-year Senate election in Pennsylvania, campaigning largely on support for national health insurance, catapulted the dormant issue, little talked about in the public discourse, into the dominant issue of the early 1990s. Wofford's campaign launched health care reform into the national spotlight and helped make it one of the most important issues of the 1992 presidential election and President Bill Clinton's first term.

Wofford's campaign began inauspiciously. During the late summer and early fall of 1991, at the start of the race to finish the unexpired term of the late Senator John Heinz, Wofford's Republican opponent Richard Thornburgh was the heavy favorite and expected to cruise to victory. Wofford had never before run for public office, while Thornburgh was well-respected and well-known as a former two-term governor of the state and United States Attorney General under then-President George H.W. Bush. Wofford was the incumbent only because he had been appointed to fill Heinz's vacant seat until the special election on November 5. He remained little known in the state. Fewer than 15 percent of

Pennsylvanians even recognized Wofford's name. In July 1991, before the campaign had even begun, internal polling found that Wofford trailed Thornburg 67% to 20% (Matalin & Carville, 71; Greenberg, 1991). In September, Wofford still trailed Thornburgh by almost 50% in the polls (Laham, 1993). Thornburg led by such a wide margin that his campaign slogan said nothing more than "Thank Goodness for Dick Thornburg."

Wofford's fortunes quickly turned around in late September 1991. The campaign surged on the strength of a famous television advertisement that announced health care reform as the centerpiece of his campaign. The advertisement showed Wofford in a hospital emergency room and ended with him declaring his support for national health insurance—"I'm Harris Wofford, and I believe there is nothing more fundamental than the right to see a doctor when you're sick." Wofford declared, "If criminals have the right to a lawyer, I think working Americans should have the right to a doctor" (Cook, 1993, 3303). Within a couple weeks, Wofford cut Thornburg's big lead in half. A poll at the end of the month, conducted by the *Pittsburgh Post-Gazette*, found Thornburgh leading by only a 50-38 % margin (Barone, 1991). Wofford's advertisements announcing his support for health care reform converted a blowout campaign into a competitive race within a few weeks.

Throughout the fall campaign, Wofford's emphasis on health care struck a resonant chord with Pennsylvania voters. Thornburgh, for his part, tried to avoid the issue, opposed universal health insurance, and cited the high costs of such a program. Late in the campaign, he ran an advertisement that accused Wofford of supporting a Canadian-style system under which "Canadians have died because they were forced to wait their turn for surgery" (Mackenzie, 1991).

Emphasizing universality and security, Wofford won the election by a decisive 55-45% margin and became the first Democrat Senator from Pennsylvania in almost thirty years. In his concession speech, Thornburgh admitted, "The uncertainty and anxiety about the cost and coverage of health care obviously went further than we anticipated" (Laham, 1993, 127). As one commentator observed, Wofford's victory on November 5 "revealed political paydirt" in the issue of health care reform (Greenberg, 1991).

Wofford's campaign shied away from policy specifics and instead stressed broad themes of security and a right to health care, but Wofford's rhetoric resonated with an anxious electorate. In one poll, half of the electorate cited national health insurance as one of the two most important issues in deciding how to vote, far outpacing all other issues including taxes (29%) and the recession (21%). More than 20% cited it as their single most important issue (Blendon, Szalay, Altman & Chervinsky, 1992). Another poll found that health care was identified a major concern by 64% of Wofford voters and 39% of Thornburg voters (Greenberg, 1991). Wofford adviser Paul Begala explained, "This issue is strong enough to turn goat spit into gasoline" (Kemper & Novak, 1992).

Wofford's unexpected victory unleashed an immediate torrent of activity on health care. The day after the victory, Senator Edward Kennedy announced on the Senate floor that "Harris Wofford's dramatic win in the Pennsylvania Senate campaign makes clear that the American people want comprehensive health care reform, and they want it now" (Laham, 1993, 126). House Speaker Thomas Foley declared that "the American people signaled, I think particularly in the Pennsylvania election, that they want some attention to this problem" (Rovner, 1991). The same day, President George H.W. Bush notified his Health and Human Services Secretary Louis Sullivan that he would introduce a health-care reform plan the following year (Laham, 1993). President Bush had steadfastly resisted comprehensive reform during the first three years of his presidency, against the urging of several of his senior advisers. But on November 8, he told reporters that "[he]'d like to have a comprehensive health-care plan that [he] can vigorously take to the American people" (Rovner, 1991). A senior Bush adviser was quoted as recognizing that the lesson

from Wofford's successful campaign is "the sudden saliency of the health care issue" (Kramer, 1991).

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Congress was quick to respond as well. Two days after the Pennsylvania election, Republican Senator John Chafee, chairman of a Republican task force on health care, introduced a reform proposal that had languished for months. Within a week, the House Democratic Caucus unanimously voted in support of a resolution calling for "comprehensive national health insurance legislation" that would control costs and guarantee universal coverage. The House Democratic Caucus also announced a weeklong series of 285 town meetings to be held nationwide during early January 1992 to publicize the party's commitment to reform. Democratic leader Vic Fazio announced, "Our aim is fundamental reform of our health-care system. And the goal is enactment of a sweeping reform bill that will make quality health-care affordable and accessible to anyone and everyone" (Rovner, 1992, 114). Senate Democrats organized a similar series of "road show" hearings on health care- related issues, to be held in a number of cities nationwide during December (*Nation's Health*, 1992).

Once on the national agenda, health care reform remained at the forefront of American politics for the next three years. Helped by Wofford's victory and President Bush's inaction on health care, Democrats enjoyed a major advantage in public opinion on the issue. A Chilton poll conducted in December 1991, shortly after Wofford's election, found that voters trusted Democrats to do a better job of providing "affordable health care" by a 57-23% margin over Republicans. Later Gallup polls, conducted in January 1992, found that Democrats held a 60-27% margin of approval over Republicans on the issue and that 66% disapproved of Bush's handling of it (Laham, 1993).

During early 1992, health care had become the second-most important issue in national politics. It ranked behind the economy (50%) as one of the top two issues for the upcoming presidential election, but well ahead of taxes (11%), jobs (8%), education (7%), and foreign policy (5%) (Smith, et al., 1992).

Health care was equally important to the public for the 1992 congressional elections. Again, the economy ranked first, with 34% regarding it as one of the two most important issues for the congressional races. Health care placed second, with 19% reporting it as one of the two most important issues, followed by taxes (12%), education (11%), and jobs (6%). When people were asked overall how important health care would be in determining their votes for federal office, nearly four out of five respondents (79%) felt health care was "very important." An additional 18% felt that it would be "somewhat important," whereas just 3% felt it was "not important" or did not know.

As the 1992 presidential campaign heated up, candidate Bill Clinton continued the Democratic advantage by adopting universal health care as a major campaign theme. Wofford's political advisers James Carville and Paul Begala joined the Clinton campaign and patterned the 1992 campaign after their successful strategy for Wofford the year before. They stressed security and promised that "affordable, quality health care will be a right, not a privilege" (Clinton & Gore, 1992, 228). Clinton criticized Bush for failure to prioritize the issue and vowed that if elected, his administration would send a health care reform bill to Congress in the first year of his term. "For the past dozen years, he's done nothing while health care costs have risen like a patient's fever chart. Millions more live in fear that they'll have to pay more for less insurance or lose their insurance completely. And he's done nothing" (Laham, 1993, 143). The Clinton campaign tapped public sentiment made clear by the Wofford victory and translated it into support for universal coverage and Clinton's leadership on the issue.

WHY 1991? THE DOMINANT ACCOUNT AND THE FOUNDATION OF PUBLIC CONCERN

Why did health care reform suddenly dominate the national agenda so abruptly in the fall of 1991? And why then, rather than earlier or later? The agenda setting question explores why an issue like health care reform becomes salient, gains in public importance, and becomes considered as the most important problem facing the country by the public and political leaders.

The dominant account is that health care emerged as a blockbuster issue because a gradual buildup of public concern during the 1980s came to a head during the early 1990s until the issue could not be ignored any longer. Conditions worsened. People became increasingly anxious about their health care. Politicians responded by offering reform proposals and using the issue in their campaigns. One health policy expert explained in 1991, after Wofford's election, that "a long-term crying need has developed into a national moral imperative and now into a pragmatic necessity as well" (Lundberg, 1991, 2567). The expert claimed that reform was around the corner in 1992, and "an aura of inevitability [for reform] is upon us." The notion is that health care reform was an idea whose time had arrived in 1991.

Jacob Hacker (1997), in one of the leading works on health care reform during the early 1990s, subscribes to this assessment of health care reform's sudden ascendance. Hacker cites growth in public discontent with the health care system in the years leading up to Wofford's victory in 1991. This dissatisfaction with the system combined with a declining economy from 1989 to 1991 contributed to what Hacker sees as considerable increases in public support for comprehensive health care reform during the period. The recession fed into the public's anxiety about rising health costs and uncertainty about health insurance coverage, particularly associated with job insecurity. Hacker argues that "all the factors associated with economic slumps—unemployment, disenchantment with the business community, and economic anxiety—increase public support for government involvement in health care" (Hacker, 1997, 19). In other words, by 1991, the recession reinforced anxiety about declining conditions in health care to build a negative public consensus about the health care system that people wanted reformed.

There is some truth to this account of health care reform's ascendance. Wofford did not singlehandedly convince the public that it should suddenly be concerned about health care in the fall of 1991. Indeed, Wofford was instantly successful with health care reform precisely because he tapped people's salient real-world concerns. The issue exploded onto the agenda, not because Wofford alerted the public about an obscure real-world problem, but because Wofford successfully identified an issue on which the public already harbored concerns about underlying changes to the health care system.

There had been a longstanding decline in public confidence in the health care system and a longstanding increase in public concern about it. As Hacker (1997, 17) explained, by 1991, "it was no secret that public discontent with the cost of health care and the vagaries of insurance coverage was substantial and growing." In 1985, 58% of survey respondents reported that they were "very satisfied" with their health insurance coverage and only 10% expressed dissatisfaction. By June 1991, months before Wofford's campaigning began, only 49% felt "very satisfied" and 17% felt dissatisfied their coverage. By January 1992, the "very satisfied" dropped again to 32%, while the "dissatisfied" grew to 28% (Jacobs, Shapiro & Schulman, 1993).

Likewise, the percentage of the public that felt "the health care system works pretty well" dropped from 29% in 1987 to just 7% by August 1991. Over the same period, the percentage that felt the "health care system has so much wrong with it that we need to completely rebuild it" grew from 19% to 40% (Jacobs, Shapiro & Schulman, 1993; Hacker, 1997). By fall 1991, people increasingly sensed that there were problems in

American health care. Americans were receptive to efforts by policymakers to address those problems and by candidates to talk about them. Nationally, public support for increased government spending on health care increased from 64% in 1986 and 67% in 1988, to 80% by May 1991 (Jacobs, Shapiro & Schulman, 1993).

Not only had public satisfaction about health care declined during the late 1980s, but these declines were reflective of declining objective conditions in the American health-care system. Overall, that system was operating less well from 1983 or 1984 onward. Two major problems emerged during the period and hung over the health care system by no later than 1988. First, the number of Americans lacking health insurance steadily increased and then hovered between 30-40 million. Second, the costs of health care surged during the late 1980s, putting pressure on individuals and employers to pay more for health insurance and health care. In other words, the core of the problem was that America was spending more and more on health care, even while leaving more and more people uninsured.

"Contrary to the widely accepted account of the politics of health care reform, the public generally reached its consensus about health care reform well before 1991."

During the latter half of the 1980s, a substantial percentage of Americans were without health insurance. Between 1987 and 1989, more than one in four Americans lacked it at some point, despite a robust economy (Friedman, 1991). According to the Robert Wood Foundation, approximately 31.6 million people lacked health insurance in 1988. The figure either increased or remained steady each year, with annual estimates ranging between 31 million and 37 million from 1988 to 1991. In 1989, the Department of Health and Human Services sparked controversy when its estimate of 31 million uninsured was lower than most estimates of the time (*National Journal*, 1989). The Urban Institute estimated 33.5 million. By 1991, 8 million children were growing up without medical or dental care. Seventeen percent of Americans suffering from diabetes and high-blood pressure went without treatment (Castro, 1991).

While the number of uninsured reached record highs, health care costs were increasing. Even for those with health insurance, costs were skyrocketing at five times the rate of inflation (Skocpol, 1996). Per capita costs had expanded from $1,016 in 1980 to $2,425 in 1990 (Blendon & Donelan, 1991), but the bulk of the increase in costs and spending occurred during the late 1980s. In fact, the sudden acceleration in health care costs came after a period when health care costs seemed under control during the early 1980s. Health care expenditures as a percentage of the Gross National Product had actually declined from 1983 to 1984, decreasing from 10.7 to 10.6% of GNP (Anderson, 1985). Moreover, the rate of increase for health care costs had slowed, increasing in 1985 at the smallest rate of increase in twenty years, with little increase in average out-of-pocket payments for personal health services (Anderson, 1986).

In sum, the dominant account of the health-care reform's rise to the national agenda in 1991 holds that the issue gradually gathered steam and reached its apex in 1991 when it could no longer be resisted. The issue's time had come, as the public grew more and more concerned about health insurance and the viability of the health care system. I argue that this dominant account is largely mistaken.

THE MYSTERY OF 1991: PUBLIC OPINION FROM 1985 TO 1991 AND THE ROLE OF LEADERSHIP

Contrary to the widely accepted account of the politics of health care reform, the public had generally reached its consensus about the issue well before 1991. Public concern did not build up steam during the

late 1980s and did not peak in 1991 when the issue hit the national agenda. True, objective conditions in health care continued to worsen during the late 1980s and public concerns about several aspects of the system grew during the late 1980s. However, public opinion reached its conclusions about the issue as early as 1987. Rather than building to an apex of discontent and demand for reform in 1991, public concern remained stable during the late 1980s until Harris Wofford discovered the issue in August 1991.

The emergence of the issue in 1991 was not the inevitable culmination of trends in public opinion; nor did the recession provide a critical push to public support for health care reform and Harris Wofford. (Indeed, the popular explanation that the recession helped push the public in the direction of reform conflicts with deeper analysis of public opinion during the period.) Public support for reform had little to do with self-interest about people's personal situations. Instead, public opinion responded to global assessments about the health care system and the national importance of health care problems relative to other issues.

Public opinion in 1991 was remarkable only for its similarity to the preceding years. One could not have predicted any change in the politics of health care reform would occur in 1991 by looking at public opinion. The story of public opinion on health-care between 1987 and 1991 was one of continuity, not change. The data described in the following sections are also displayed in the Appendix in Figures 1 through 9.

Health Care Spending

Asked whether the country was spending enough on health care, public opinion shifted significantly in the years leading up to 1987, but remained constant in the years following. In 1983 through 1986, the public was relatively happy with the resources that the country dedicated to "improving and protecting the nation's health." As measured by the annual General Social Survey, the percentage of the public that felt the country was spending too little was around 57% in 1983, with 34% feeling that the country was spending the right amount on health care. About the same percentage held during the following three years, including 1986, when 59% believed too little was spent and 34% believed that spending was about right. The big shift occurred between 1986 and 1987. By March 1987, just one year later, the numbers changed suddenly. The percentage that felt the country was spending too little had jumped to 68%, a one-year gain of almost 10%. The percentage that felt the country was spending the right amount fell to 26%, a one-year drop of 8%. The year of 1987 marked a clear shift in people's feelings about the health care system.

Once shifted downward in 1987, public opinion on this question remained quite steady from 1987 to 1991. Over the next four years, both figures remained virtually constant. In March 1988, 66% felt the country was spending too little on the nation's health, whereas 28% felt we were spending the right amount. In 1989, 68% felt there was too little spending, and 25% felt it was the right amount. In 1990, 72% felt there was too little spending, while 23% felt it was about right. In March 1991, 69% felt the country was spending too little, while 26% again felt the country was spending the right amount—nearly identical to the figures in 1987. Public support for dedicating resources to improving the nation's health remained consistently high from 1987 to 1988, but if anything, it dipped very slightly in 1991.

Willingness to Pay

There was similar consistency from 1988 to 1991 about willingness to pay taxes for government action on health care, a willingness that many cite as critical to the emergence of the issue in 1991. In 1988 exit polling, 69% of respondents reported that they thought the next president should "do more to make sure

everyone has adequate health care, even if it would result in higher taxes." In 1989 and 1991, the same 68% agreed that they would be willing to pay "higher taxes" to provide adequate health care for Americans. In August 1991, Gallup found that only 61% would be willing to pay higher taxes for "a national health care plan." Although the question wording varied slightly across these surveys, there was not dramatic movement in the figures and only small change, if any, in the direction of unwillingness to pay taxes for reform. Commentators cited the public's self-reported willingness to pay for health care reform in 1991 as an important signal of the issue's newfound viability that year. However, Americans showed no increased willingness to pay in 1991, at least no more than during the 1988 elections when health care reform was not a prominent issue.

Government Responsibility for Universal Coverage

Similarly, when asked about government responsibility for providing universal coverage, the public shifted only slightly from 1988 to 1991. In November 1987, 76% thought that the government should be responsible for providing medical care for those unable to pay for it. Only 21% disagreed. In June 1991, the percentage who believed the government should be responsible had increased only marginally almost four years later, from 76% to 80%. The percentage who disagreed decreased from 21% to 13%. Although the data is less abundant here, public opinion shifted from 1987 to 1991 on government responsibility for universality. However, the shift was marginal—only 4% between those two data points.

Satisfaction with Personal Health Care

On measures of public sentiment about personal health care situation, there was almost no change at all throughout the 1980s and early 1990s. For instance, personal satisfaction with one's own medical care remained consistently high throughout the 1980s and into the early 1990s. During the 1980s, approximately four out of five Americans reported that they were happy with the quality of their personal health care. According to the annual surveys by the Health Insurance Association of America (HIAA), the percentage reporting satisfaction with the quality of care received from doctors ranged between 84% to 88% from 1978 to 1990 (Jacobs & Shapiro, 1994). The percentage reporting satisfaction with the quality of care received from hospitals ranged from 79% to 84% during the same period. In August 1991, just before Wofford's campaign began to champion health care, 80% reported that they were satisfied "with the quality of health care available to [the respondent and his or her] family." Over the 1980s and early 1990s, satisfaction regarding people's experiences with their doctors remained consistently high across several other indicia (Harvey, 1993).

Even on more specific measures about people's personal care, the story of general and unchanging satisfaction throughout the period continues. For instance, the percentage who were satisfied with the "way the doctor explained things" during their last visit hovered in the mid-80% range from 1978 to 1991, and even through 1994. The percentage who agreed that their "doctor usually explains things well to me" reached 87% in 1991. The percentage satisfied with the "amount of time you had to wait before seeing the doctor" ranged from 70% to slightly over 80% during the same period.

Similar percentages expressed satisfaction with their health insurance coverage. In 1985, 86% of respondents said that they were satisfied with their insurance coverage. The percentage dipped only marginally to 81% in June 1991 and 80% in July 1991. People were generally happy with personal health care situation. This satisfaction did not vary throughout the period and certainly did not build to any major change proximate to Harris Wofford's victory in 1991.

Confidence About Meeting Costs

Personal confidence about being able to meet the costs of a major illness remained steady from 1985 to 1991. From 1978 to 1983, Roper polls found that about 70% of respondents reported confidence that they would be able to meet the costs of a major illness in the household, considering their health insurance and other resources (Jacobs, Shapiro & Schulman, 1993). Their confidence level dipped by 1985 to 62%, but remained steady in subsequent years, moving to 60% in 1988 and 61% in 1989. A poll taken in December 1991, after Wofford's campaign heightened public awareness of the health care issue, found that public confidence still held firm at just under 60% (59.4). In fact, confidence may have even increased shortly before the fall of 1991. At least one poll, taken in August 1991, found that 72% of respondents reported confidence about meeting costs of a major illness, an increase of over 10% from 1989.

In fact, public satisfaction about the cost of medical care did not appear to shift significantly during the 1980s. The public was highly dissatisfied with the cost of medical care throughout the 1980s and into the 1990s. However, there was little increase in dissatisfaction, or decrease in satisfaction, during the late 1980s. As demonstrated by Figure Seven, the percentage of the public that reported satisfaction with the cost of medical care appeared to rise gradually, albeit only very slightly, during the late 1980s, from 26% in 1984 to 34% in 1989. This percentage dipped slightly to 31% in 1990, only to increase a bit to 34% again in 1991. Likewise, the percentage of the public reporting dissatisfaction with costs actually decreased slightly from 73% in 1984 to 63% in 1989. The percentage dissatisfied rose only slightly to 66% in 1990, and returned to 63% by 1991.

State of the Health Care System

Proponents of the dominant account of the politics of 1991 like to note that the most significant shift in opinion occurred on whether the health-care system must be completely rebuilt. This measure is particularly salient in relation to health care reform because it suggests the level of support for fundamental reform and ultimate dissatisfaction with the system as it was. In 1988, only 29% believed that the system "has so much wrong with it that we need to completely rebuild it." The figure dropped to 24% in 1990, but then soared to 40% in August 1991. The percentage that felt that "there are some good things in our health care system but fundamental changes are needed" went from 60% in 1988 to 50% in August 1991. The percentage that felt the system works "pretty well" remained relatively constant. In other words, from 1988 to 1991, approximately 10% of Americans seemed to change their minds from thinking that the system was imperfect but salvable, to thinking that the system needed to be completely restructured.

Hacker (1997) argues that there was a massive shift in public opinion between 1989 and 1991. He relies on different data for the last polling question presented above, asking whether the health care system needed to be completely rebuilt. Hacker explains that between October 1989 and November 1991, the percentage expressing support for a complete reconstruction of the system jumped from 23 to 42%, while those supporting minor changes dropped from 21 to 6% (Hacker, 1997, 19). Hacker theorizes that public discontent with health care surged from 1989 to 1991 because dissatisfaction was linked to the national economic recession during that period. "By promoting a sense of economic insecurity, the recession heightened public anxiety about the escalating cost of medical care and the fragility of employer-sponsored health insurance" (Hacker, 1997, 19). He notes that by November 1991, "more than 90% of Americans believed the health care system needed to be fundamentally changed or completely rebuilt—roughly 20% more than had felt that way two years earlier." This assertion was widely cited by reformers during the early 1990s as signaling a critical turn in public support for reform.

However, as noted above and illustrated in Figures Eight and Nine, data from polling by Louis Harris suggests that far less change occurred than Hacker argues. Hacker relies on the same November 1991 Harris poll that I cite above, but our baseline figures from 1988 and 1989 are different. A poll conducted in October 1988 found that only 10% felt that only minor changes were needed, whereas 60% wanted fundamental changes made and 29% want a complete reconstruction of the system. In other words, from October 1988 to November 1991, there was little change in the percentage that felt only minor changes are needed—a small reduction from 10 to 6%. Moreover, the percentage that believed that the health care system needed fundamental change or total reconstruction barely moved, ticking upward from 89 to 92%.

In fact, the largest shift in public opinion, at least on this question, occurred between 1987 and 1988. In 1987, 29% believed that the system needed only minor changes, whereas 47% felt fundamental changes were needed and just 19% felt the system needed to be completely rebuilt. By October 1988, a year later, public opinion soured badly on health care. The 29% who felt that system needed only minor changes had shriveled to only 10%, a decline of nearly 20%. The 19% who felt that the system needed to be completely rebuild grew by 10% to 29%, and now 60% felt fundamental changes were necessary, an increase of 13%. That is, the segment of the population that felt the system needed to be reformed significantly grew from 66% to almost 90% in one year. This big change, however, occurred in 1988, long before Wofford's victory in November 1991.

Objective Conditions

There was no precipitous change in objective conditions from 1987 to 1991 that would lead one to expect a major change in public opinion. One scholar explained later that "the rise in the number of uninsured citizens, the spread of preferred risk selection, and the rise of employer contributions to health insurance were trends that had advanced steadily and incrementally" (Brown, 1994). In fact, the increase in the uninsured reversed slightly during the late 1980s. Medicaid expanded to cover a larger percentage of the poor and covered about half the poor by 1991 (Hacker, 1997). Similarly, increases in health care costs had stabilized as the result of growth in managed care. The expansion of enrollment in health maintenance organizations (HMOs) and preferred provider organizations (PPOs) helped decrease the rate of growth in health costs. By 1990, nearly four out of ten insured employees were enrolled in managed care (Hoy, Curtis & Rice, 1991). In 1990, for the first time since 1987, the rate of increase in employer-sponsored health premiums declined (Sullivan & Rice, 1991). The average premium increase was 14%, compared to an average increase of 24% during the previous year. Rather than building to a head, the worsening conditions stabilized somewhat by 1991.

LEADERSHIP IN 1991

Health care reform emerged suddenly as a blockbuster political issue in 1991, not because the public changed its opinion about health care or became more concerned about it, but because political leadership by Harris Wofford changed fundamentally the political relevance that the public placed on the issue. The public did not change its mind in 1991. It was already concerned about the state of the system, health care costs, and the uninsured. However, Wofford's leadership, followed by that of Bill Clinton and others, changed the way that the public framed and thought about the issue. Wofford transformed health care from a mundane, real-world concern into a political problem that policymakers were expected to address.

What changed in 1991 about Wofford's leadership? From 1980 to the summer of 1991, no more than 2% of the public agreed that health care was the "most important problem facing the country." Indeed, at any single moment during the entire period, only a couple issues register more than 5% of the public's agreement at the same time. In August 1991, 1% of the country felt that health care was the most important issue facing the country. Health care ranked behind 21 other issues. Although the public seemed to think that the health care system was ailing, it also seemed convinced that many other issues were more significant issues for government to address. For example, while 73% of the public in March 1991 wanted Congress to devote "major attention" to national health insurance, nearly as many respondents wanted Congress to devote the same or more attention to national energy policy, stricter regulation on transportation of hazardous materials, and tax reform (Mayer, 2001). People who were satisfied with their health care and those who were not were indistinguishable in their disregard for health care reform as a government priority.

"Health care reform emerged suddenly as a blockbuster political issue in 1991, not because the public changed its opinion about health care but because political leadership by Harris Wofford changed fundamentally the political relevance that the public placed on the issue."

But suddenly during the fall of 1991, identification of health care as the most important problem in the country began to increase rapidly. The public regarded health care as an important political problem. In November 1991, after Wofford's victory, 6% felt health care was the most important problem, an increase of several fold from the summer. As politicians and media attention followed Wofford's lead, momentum built around the issue. By March 1992, 12% of the public felt health care was the most important problem. This trend is illustrated in Figure Ten. The percentage grew over the 1992 presidential campaign until it reached 31% by January 1993 after Clinton's election. By September 1993, two years after Wofford's victory in the fall of 1991, the Democrats, led by Bill Clinton, had championed the issue as the centerpiece to their agenda. This public discourse on health care reform changed people's minds on the level of importance placed the issue.

On September 22, 1993, health care reform reached its zenith of support as Clinton gave a nationally televised speech to inaugurate his push to enact a comprehensive program by the end of the following year. Clinton addressed Congress and the nation, offering the overarching theme of "Security for All" and brandishing a "health security card" before the television audience. The speech was an unqualified success. Shortly afterward, more than half the country supported the Clinton plan (Jacobs & Shapiro, 2000). Of those who supported the plan, almost two-thirds cited universal coverage as the primary reason (*Los Angeles Times*, 1993). Clinton's pollster, Stanley Greenberg, happily reported that Clinton's plan was "enthusiastically received by voters who viewed the speech [and that it enjoyed] almost unanimous support" (Jacobs & Shapiro, 2000, 115). A *Los Angeles Times* poll conducted a few days after Clinton's speech found that more Americans believed health care was the most important issue facing the country than for any other issue.

The public's newfound prioritzation of health care as an important political problem did not stem from changed opinion about health care. People's satisfaction with their personal care from doctors and hospitals did not change from 1990 to 1993. Satisfaction with the cost of medical care actually began increasing modestly from the fall of 1991 through June 1993. Confidence about meeting costs of a major illness in the family decreased from August 1991 to 1992 and 1993, but decreased only to the levels prevailing in 1988 through 1990. That is, confidence about costs remained constant from 1985 through 1993,

except for a temporary improvement in August 1991. Moreover, between August 1991 and September 1993, there was almost no change in ratio of people who wanted fundamental change in the system compared to people who thought the system works well. At both the beginning and end of the period, 7% reported in surveys that the system works well, and 90% believed that fundamental change or completely reconstruction of the system was necessary.

"Leaders make important choices that structure political choices for individual citizens."

What is more, public opinion about whether there was crisis in American health care actually moved in the anti-reform direction from August 1991 to September 1993. Respondents were asked to choose whether "we are headed toward a crisis in the health care system, or even though costs are rising, we are not headed toward a crisis." In August 1991, almost four out of five Americans—79% of the public—felt that the health care system was headed toward a crisis. But by March 1993, the figure dropped a little to 76%. Half a year later, in September 1993, despite the immense publicity given to the issue during the preceding two years, the figure stayed steady, remaining at 77% who felt that the system was headed for crisis. Like overall views about the health care system, public opinion about whether there was a crisis hardly changed at all over the busy two-year period. After Wofford's victory in 1991, people suddenly saw health care as a government priority, but they did not change their minds about national conditions in health care, nor did they change their minds significantly about their own health care situations.

During the two years between August 1991 and September 1993, health care reform had transformed from an issue that virtually no one found to be the political priority of the moment to exactly that. Public perceptions about the nation's health care situation changed too little in that time to explain the overwhelming change in opinion about health care's importance. Instead, what shifted from was the degree to which people saw health care reform as an important political issue.

What accounted for the increased perception that health care was the most important problem facing the nation? Between 1991 and 1993, political leaders convinced the country that public concerns about health care were justified by objective conditions and that objective conditions warranted intense government attention. In 1991, the public was alarmed by national conditions in healthcare, but nonetheless rated the issue as less important than dozens of others. By 1993, the public felt the same way about national conditions in health care but became convinced that those conditions required prioritization. As illustrated by Figure Eleven, between 1991 and 1993, the percentage of the public that felt that "because of rising costs, [we are] headed toward a crisis in health care" hardly changed.

Political leaders led on the issue and helped make it a priority for government and the public. Leaders make important choices that structure political choices for individual citizens. E.E. Schattschneider explained that the people are a sovereign that "can speak only when spoken to," and "whose vocabulary is limited to two words, 'Yes' and 'No'" (Schattschneider, 1942, 52). Political leaders, like Wofford and Clinton, treated the issue as a major priority and gave the public the opportunity to agree.

I conducted multivariate logit regression on respondents' beliefs as to whether health care was the most important problem facing the country in September 1993. The results are reported in Table 1. The data is from a CBS/*New York Times* survey conducted following President Clinton's national television address on September 22, 1993.

TABLE 1 MULTIVARIATE ANALYSIS OF A BELIEF THAT HEALTH CARE IS THE "MOST IMPORTANT PROBLEM FACING THE COUNTRY TODAY" (CBS NEWS/*NEW YORK TIMES* MONTHLY POLL, SEPT. 1993)

	COEFFICIENT	STD. ERROR	Z	P>Z	[95% CONFIDENCE INTERVAL]	
Health Care (HC) Satisfaction	-0.11	0.09	-1.33	0.19	-0.28	0.06
HC Awareness	0.18	0.13	-1.45	0.15	-0.07	0.43
Income	0.08	0.08	1.05	0.29	-0.07	0.24
Ideology	0.18	0.13	1.37	0.17	-0.08	0.43
Race	-0.72	0.28	-2.58	0.01*	-1.26	0.17
Party Identification	-0.03	0.12	-0.24	0.81	-0.27	0.21
Assessment of HC System	0.15	0.17	0.90	0.37	-0.18	0.47
Interaction btwn. Assess. of HC System and Approval of Clinton	0.38	0.08	4.59	0.00*	0.22	0.55
Constant	-2.73	0.62	-4.39	0.00*	0.22	0.55

Log Likelihood = -405.85

Pseudo R^2 = 0.06

N = 816

Dependent variable:
Most important problem ("What do you think is the most important problem facing the country today?" 0=anything other than health care, 1=health care.)

Independent variables:
Health Care Satisfaction (0-3 scale adding responses to three questions about personal satisfaction with the quality of health care, insurance coverage, and cost of health care.)

Health Care Awareness ("How much have you heard or read about the Clinton health care reform plan–a lot (1), some (2), or not much (3)?")

Income (1=less than $30,000, 2=between $15,000 and $30,000, 3=between $30,000 and $50,000, 4=between $50,000 and $75,000, 5=more than $75,000.)

Ideology (1=conservative, 2=moderate, 3=liberal)

Race (0=white, 1=minority.)

Party Identification (1=Republican, 2=Independent, 3=Democrat.)

Assessment of the Health Care System ("Which of the following three statements comes closest to expressing your overall view of the health care system in the United States?" 1="On the whole, the health care system works pretty well and only minor changes are necessary to make it work better," 2="There are some good things in our health care system but fundamental changes are needed," 3="Our health care system has so much wrong with it that we need to completely rebuild it.")

Approval of Clinton ("Do you approve or disapprove of the way Bill Clinton is handling his job as President?" 0=Don't approve, 1=Approve.)

Belief that health care was the most important problem was not driven primarily by people's political predispositions or views about health care. When controlling for other significant independent variables, ideology, income, and party identification were not significantly related to such a belief. Nor were awareness about health care, or satisfaction with one's own health care, significantly related to a belief that health care was the most important problem facing the country. What is more, surprisingly, a belief about the severity of problems in America's health-care system, by itself, was not significantly predictive of a belief that health care was the country's most important problem. That is, negative assessments of the state of American health care were not significantly correlated with a belief about the importance of health care as a political issue. People who thought the health-care system needed to be rebuilt were not necessarily more likely to feel that health care was the most important problem.

Belief that health care was the most important problem was overwhelmingly connected to Bill Clinton's political leadership. Negative assessments of American health care became predictive of such a belief only when combined with approval for Clinton. The interaction term, coupling negative assessments of health care conditions and positive approval of Clinton, was statistical significant in predicting a belief that health care was the most important problem in the country, as presented in Table 1. In other words, Clinton's advocacy on the issue effectively activated the issue in his supporters' minds and made politically relevant their negative views about objective conditions in health care. People who rated health care as the most important problem facing the country felt that way only because of Clinton's efforts.

Bill Clinton, Harris Wofford, and other political leaders channeled Americans' personal concerns about health care into political ones. The ascendance of a blockbuster national agenda issue, like health care, is often a matter of connecting these personal-level perceptions into collective ones. When people discover that an issue that affects them personally also affects many others, the issue becomes a deeply resonant one on which the public focuses collectively and about which the public voices strong feeling.

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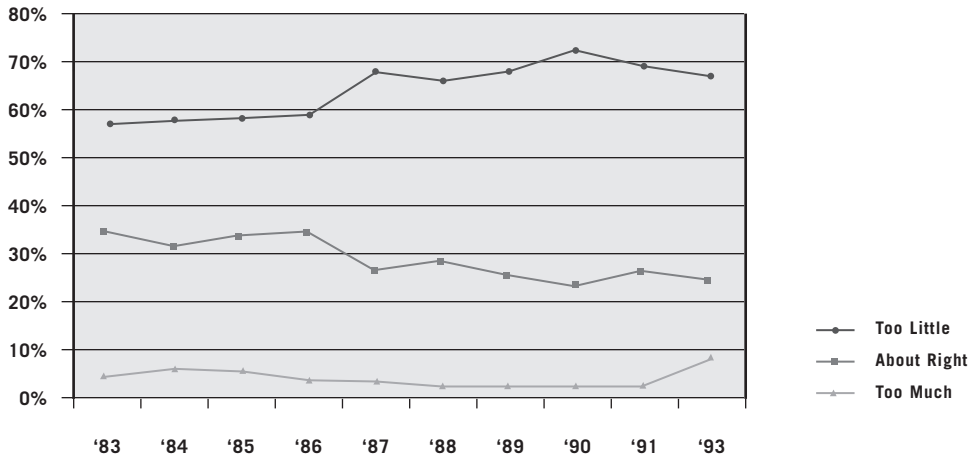
APPENDIX

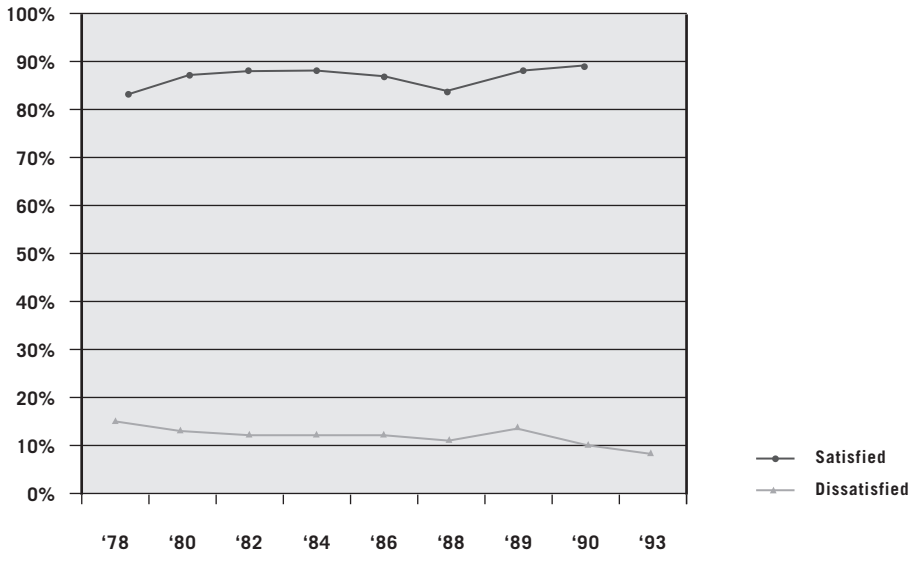
Much of the data in the figures that follow is available in summary form in L.R. Jacobs, R.Y. Shapiro & E.C. Schulman (1993), Medical care in the United States–an update, *Public Opinion Quarterly*, 57: 394-427, 423.

FIGURE 1 OPINION ON GOVERNMENT SPENDING FOR "IMPROVING AND PROTECTING THE NATION'S HEALTH"



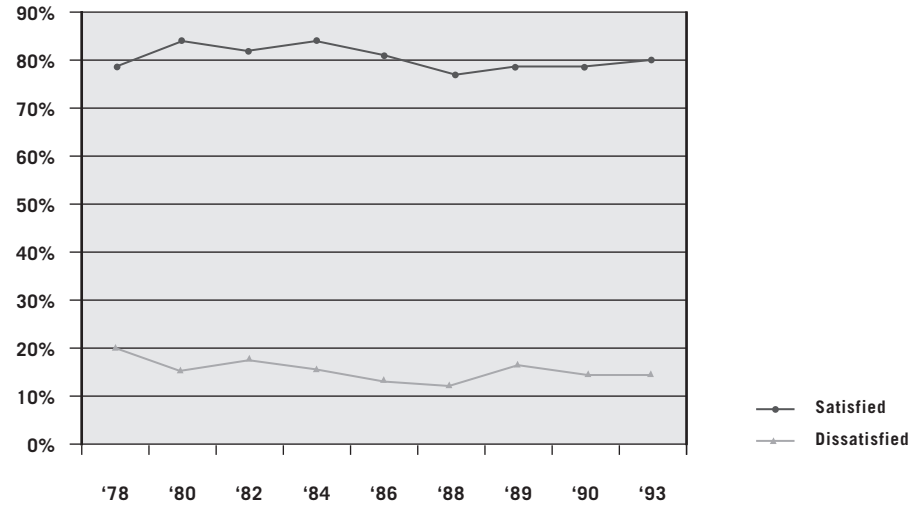
Source: GSS-NORC

FIGURE 2 SATISFACTION WITH CARE FROM DOCTORS



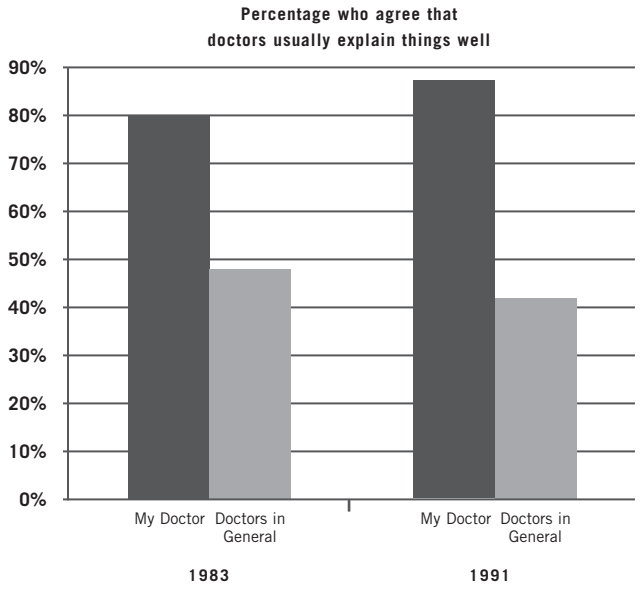
Sources: Roper, Marttila & Kiley

FIGURE 3 SATISFACTION WITH CARE FROM HOSPITALS



Sources: Roper, Marttila & Kiley

FIGURE 4 ASSESSMENTS OF DOCTORS



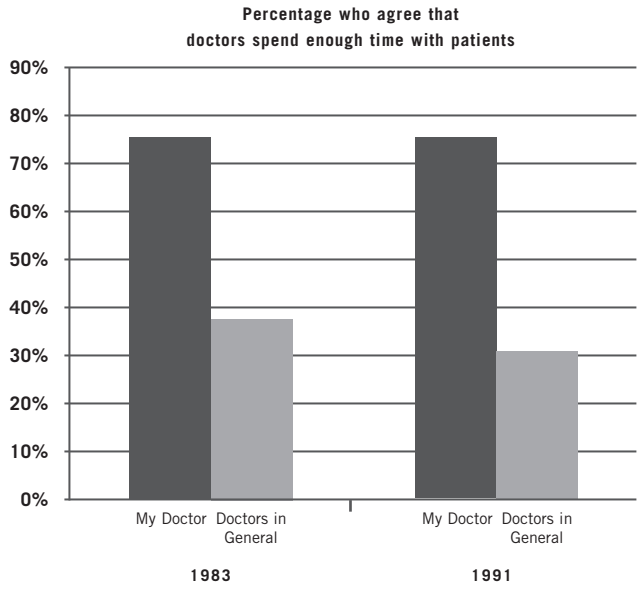
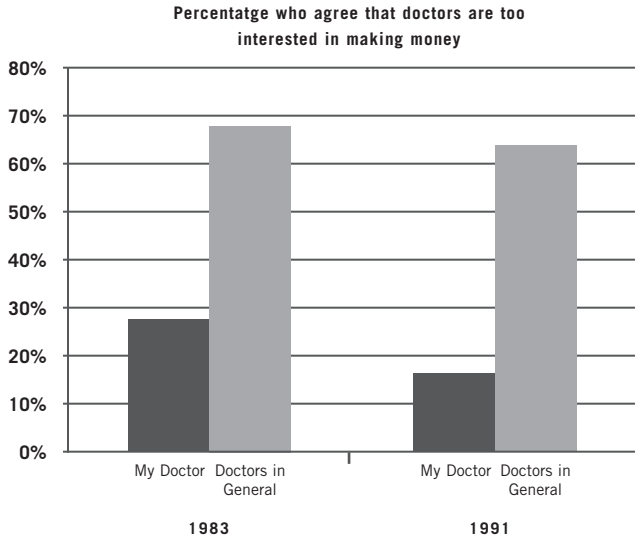


FIGURE 5 MORE ASSESSMENTS OF DOCTORS



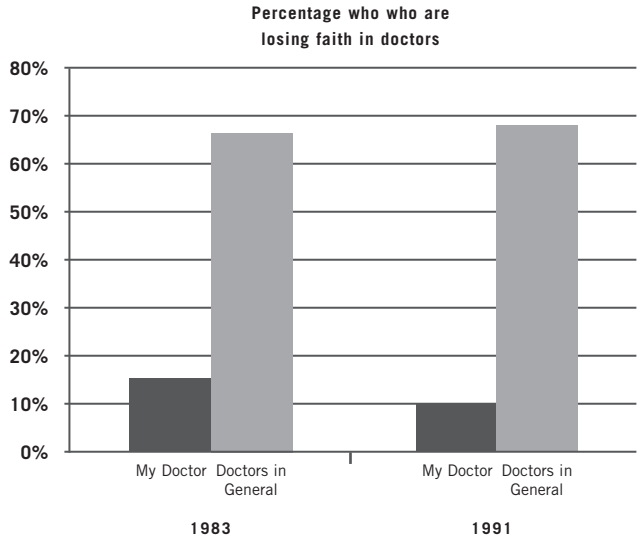
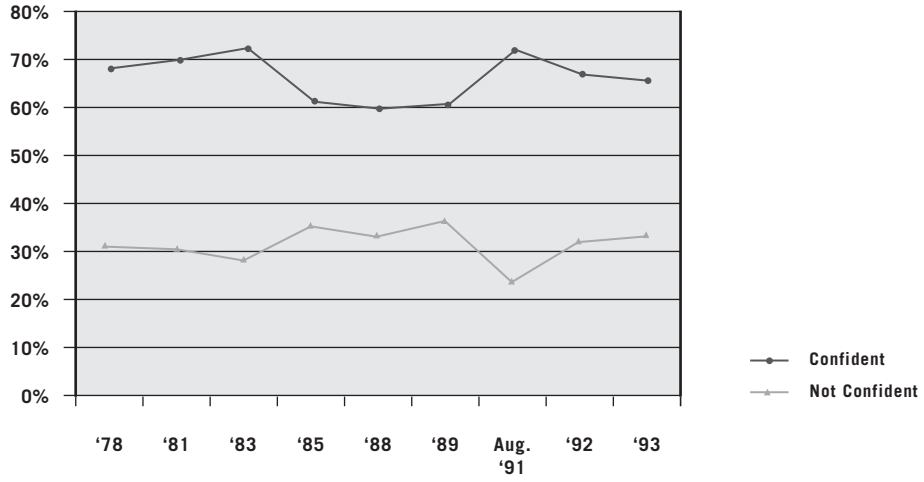
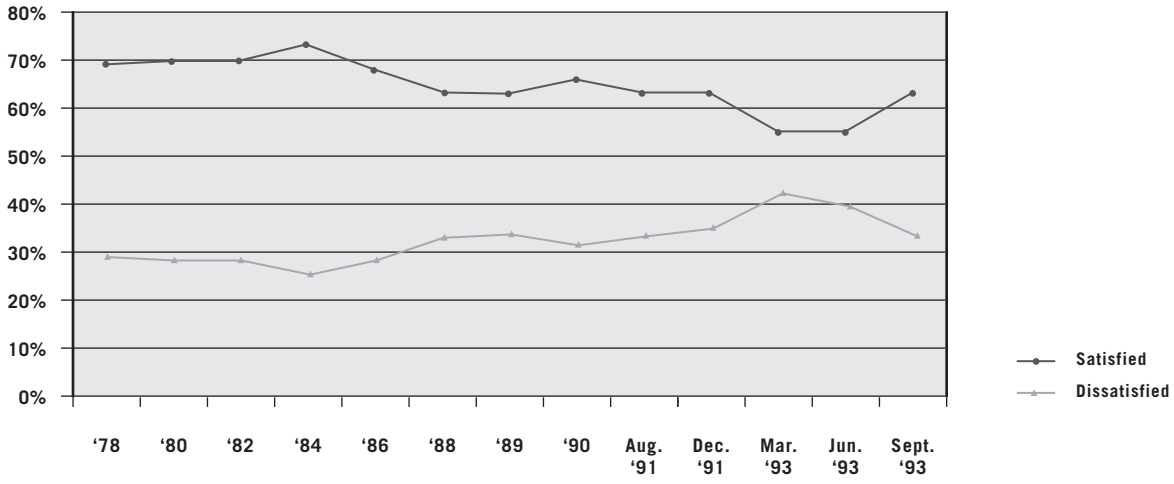


FIGURE 6 CONFIDENCE ABOUT MEETING COSTS OF A MAJOR ILLNESS IN THE FAMILY



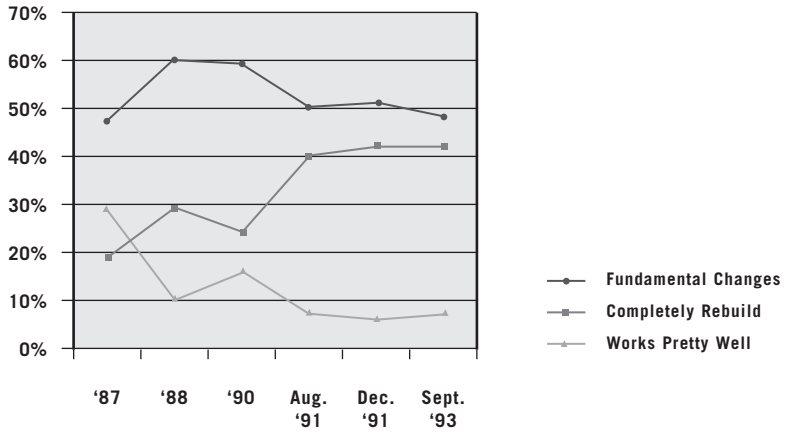
Sources: Roper, Gallup, CBS/*New York Times*

FIGURE 7 SATISFACTION WITH THE COST OF MEDICAL CARE



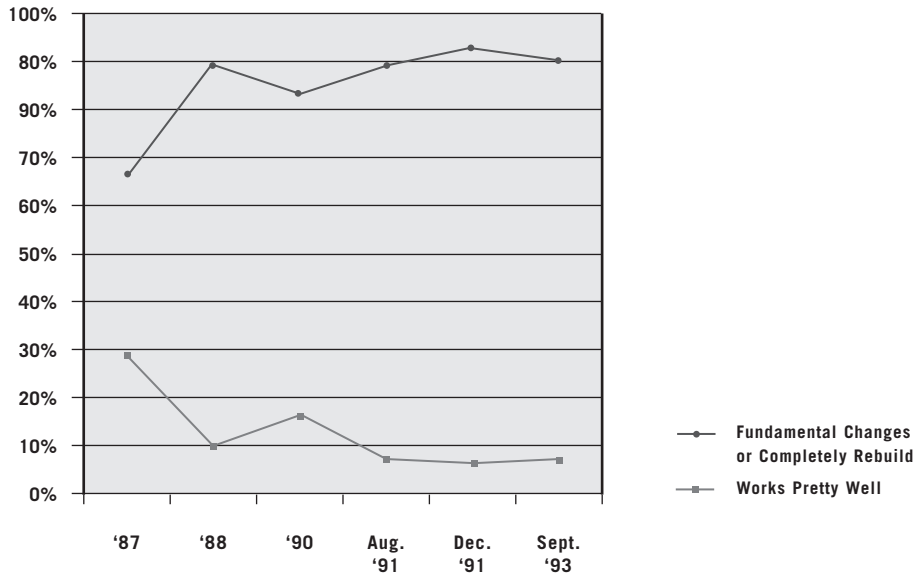
Sources: ABC/*Washington Post*, CBS/*New York Times*

FIGURE 8 VIEW OF THE HEALTH CARE SYSTEM



Source: Harris, CBS/*New York Times*

FIGURE 9 VIEW OF THE HEALTH CARE SYSTEM



Source: Harris, CBS/*New York Times*

FIGURE 10 PERCENT NAMING HEALTH CARE AS THE "MOST IMPORTANT PROBLEM FACING THE COUNTRY"

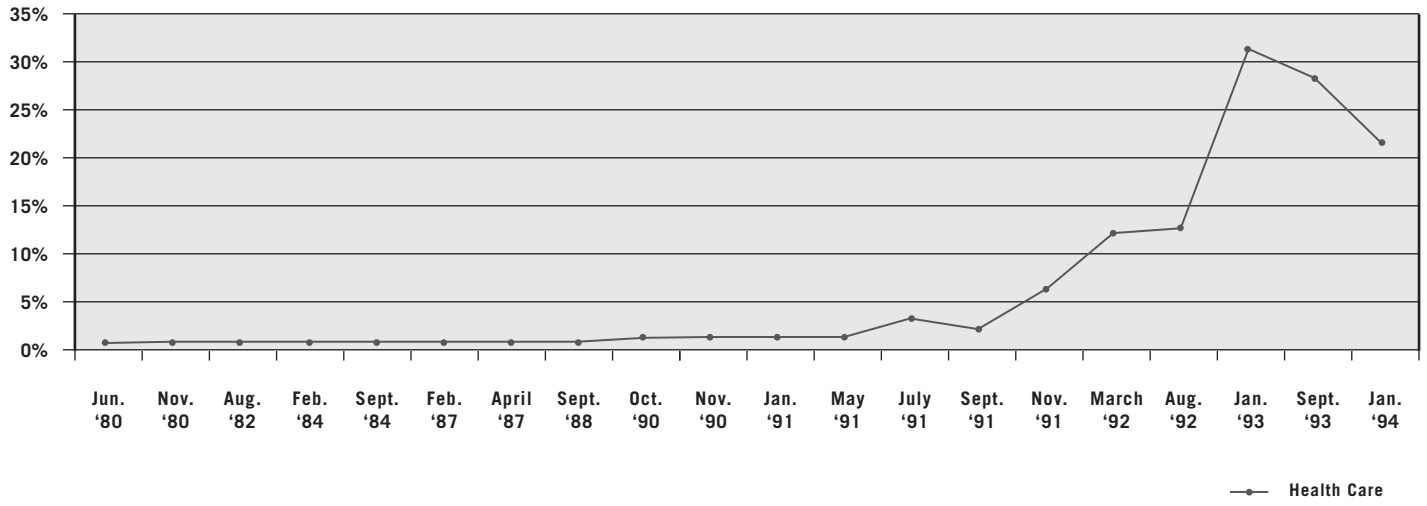
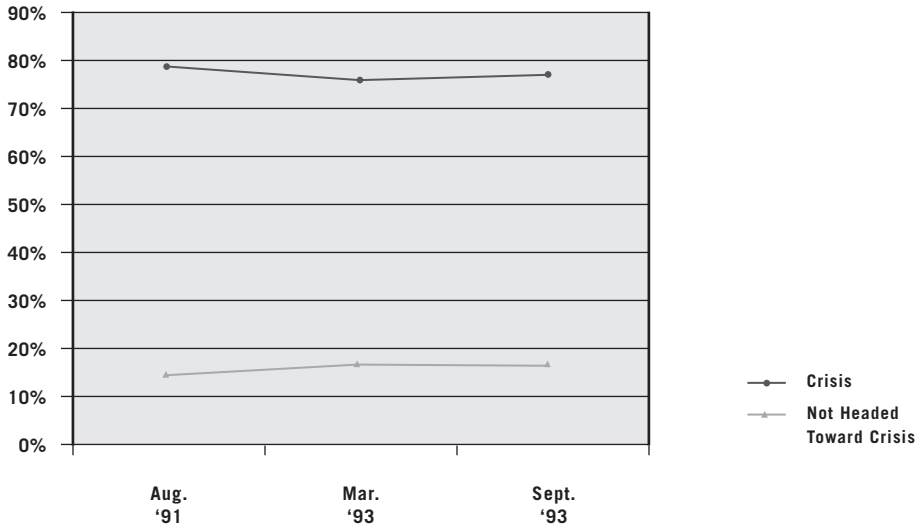


FIGURE 11 BECAUSE OF RISING COSTS, ARE WE HEADED TOWARD A CRISIS IN HEALTH CARE?



Source: CBS/*New York Times*