

Knowledge of the Health Care Law as an Issue in Teacher Education

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Of all the collegiate majors that affect society, none is more critical than teacher education. If teacher education students are uninformed or misinformed about issues central to society, they are likely to be inept in responding to queries and opinions voiced by their future students regarding such issues. The current study investigated one such issue that has been brewing for the past several years and will likely continue to be debated indefinitely. This issue is without question one of the most con-

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tentious and polarizing political issues in recent times, and one that has been inundated with misinformation from various sectors of government and the public media. The major focus of our study was to determine how the political affiliations of our teacher education students related to their knowledge of the content and probable effects of the Affordable Care Act, henceforth referred to in this article as the Health Care Law.

Importance of Controversial Issues in Schooling

A primary function of higher education is to generate, transmit, and evaluate information critical to personal well-being and the quality of society. Especially important is examining information regarding highly debatable issues that have both immediate and long-term relevance in society. However, these educational ventures will not be without controversy and criticism from those who see the purpose of schooling as teaching the basics and reaffirming American values (Evans, 2007; Riley, 2006; Wills, 2006). That is all the more reason why issues related to sociopolitical controversy should be prominently featured in teacher-education programs (Kaviani, 2011; Lockwood, 1996). Nonetheless, many teachers are so fixated on “control and cover” instruction that the prospect of open discussion of sociopolitical controversies in their classes can be an intimidating prospect (Barton & Levstik, 2003).

Surprisingly, productive discussion of sensitive sociopolitical issues does not require students to express and defend their personal views in class discussion. Instead, a less threatening approach is to ask the student to identify independent evidence to support a particular view, irrespective of whether the student embraces that view (Coles, Carstens, Wright, & Williams, 2014). An approach called structured controversy would be applicable in this case (Kelly, 1989). A student or group would first find support for an assigned view on a controversial issue and then support for an opposing view. Finally, students would then combine the evidence for the two views and attempt to integrate that information into a supportable composite view. Most likely, the composite view will be a blending of the two original views, rather than a choice between the two views.

Although health care is a legitimate topic for discussions at most educational levels, it is particularly appropriate for discussion in a collegiate context. Even medical school students need increased exposure to health policy and health reform issues in their program of study (Askin & Moore, 2012; Winkleman, Atrel, Davey, Tilburt, & Song, 2012). Although Gross et al. (n.d.) reported that a college education is significantly related to support for the Health Care Law, college educators cannot assume that a liberal arts education will be sufficient for students to acquire valid and complete information regarding the specifics of the Health Care Law.

If teacher education students are to manage discussion of controversial sociopolitical issues, they must be well informed about those issues. Teachers who are uninformed or misinformed about critical issues in society are likely to be inept in responding to queries and opinions voiced by their students. The current study investigates knowledge of an issue that will likely continue to be debated indefinitely. Stance on this societal issue is not only highly polarized in our society, discussion of it has been inundated with misinformation from various sectors of the federal government, the news media, and the general public.

Assessment of Public Knowledge of the Health Care Law

Because we could identify no previous studies assessing teacher education students' knowledge of the Health Care Law, we examined the finding of two major public surveys investigating Americans' knowledge of the Law. The Kaiser Foundation developed the first of the survey instruments, a 10-item true/false quiz to assess the public's understanding of different provisions in the Law (Henry J. Kaiser Family Foundation, 2011). Data were initially collected by telephone interviews from a sample of over 1000 adults aged 18 and older during the month of December 2010. According to a Kaiser Public Opinion poll released in February of 2011, the distribution of scores on the quiz was relatively normal: 56% of the respondents scored between 4 and 6 on the instrument; 25% scored 7 or above; and 20% scored 3 or less. Two percent did not answer a single question correctly, and less than 1% answered all ten questions correctly.

A more recent assessment of public knowledge of specific provisions in the Health Care Law was conducted by a team of researchers from Stanford University, Utrecht University, University of Michigan, and Princeton University (Gross et al., n.d.). The data in the Gross et al. study were collected between August 3rd and 12th, 2012, from a sample representative of 97% of American adults. The survey consisted of 12 provisions included in the Law and 6 provisions frequently debated in Congress but not included in the Law. Respondents first indicated whether a particular provision had been included or not included in the Law and then rated the certainty of their judgment as to its inclusion or non-inclusion in the Law. The latter was indicated by choosing one of the following options: "extremely sure," "very sure," "moderately sure," "slightly sure," and "not sure at all." The first two options were coded as "certain" and awarded one point of credit, whereas the last three options were coded as "uncertain" and awarded zero credit.

This response format in the Gross et al. survey (n.d.) was devised to minimize the effect of guessing on scores. A majority of participants correctly identified the provision as in the Law or not in the Law for 15 of the 18 items. When the level of certainty was factored into the scoring system, a majority of participants were certain of their correct choice for only one of 18 items (“children under 26 can be included in parents’ insurance”). Less than 20% of the participants were certain of their correct choices for 8 of the 18 items, four of which were in the Law and four of which were not in the Law.

Political Contributors to Scores on Knowledge of the Health Care Law

The Henry J. Kaiser Family Foundation (2011) reported major political differences in respondents’ scores on its health-care quiz: (1) Democrats had the lowest percentage of low scorers and the highest percentage of high scorers of any political party; (2) Republicans had the highest percentage of low scorers and the lowest percentage of high scorers of any political party; (3) Independents’ scores were closer to the Democrats’ than to the Republicans’ scores; (4) the one specific item on which Republicans had more knowledge than Democrats (73% of Republicans and 63% of Democrats answered correctly) was the requirement to have health insurance or pay a penalty. Overall, these sociopolitical relationships suggest that support for the Law is substantially related to knowledge of the Law, which in turn would likely be related to accurate information versus misinformation propagated by political parties and political news sources.

The Gross et al. (n.d.) national representative sample yielded several findings consistent with those of the Kaiser survey (Henry J. Kaiser Family Foundation, 2011): (1) Democrats were significantly more accurate than Independents, who were significantly more accurate than Republicans in their knowledge of the Health Care Law; and (2) frequent exposure to MSNBC appeared to produce greater increases in knowledge and certainty of knowledge regarding the Health Care Law than frequent exposure to most other major news sources. Additionally, one of the strongest predictors of knowledge about the Law was attainment of a college education.

Framework for the Current Study

Most of the information regarding knowledge of the Health Care Law and support for the Law has come from public surveys rather than studies published in professional journals. Findings from these surveys

indicate that knowledge about the Law is generally related to political affiliation. These surveys show a strong political polarity, with Republicans evidencing less knowledge of the Law and less support for the Law than Democrats. However, the surveys did not compare ideological groups' (e.g., Liberals and Conservatives) knowledge of the Law, which may be a more telling comparison than party differences. When the Law was passed, 34 Democrats from Conservative districts voted with Republicans in opposing the Health Care Law

The major purpose of the current study was to determine differences in the knowledge of the Health Care Law among education students of different political persuasions. An important question was whether these students would show the same political polarity in their knowledge of the Health Care Law as had been confirmed in public surveys. Furthermore, we attempted to operationalize and quantify the extent and nature of knowledge polarity between (1) Republicans and Democrats and (2) Conservatives and Liberals in our educational sample.

Method

Participants

Students in entry-level education and psychology courses at two universities in different regions of the United States voluntarily participated in the study for a small amount of course credit (approximately 1% of total course credit). The two universities were located in the Southeast and Midwest: one was a large public university in a state that has voted Republican in presidential elections since 2000 and the other a private university in a state that has voted Democratic in presidential elections since 2000. The two universities were selected as convenience sites for the researchers, who were employed at the universities. Demographic information regarding the two samples was taken from brief demographic surveys completed at the beginning of the semester when we administered the two surveys on the Health Care Law.

Students in a Southeastern state university. This large public university had an undergraduate enrollment of approximately twenty-five thousand. Although the university had students from every state, close to 90% of its students came from the university's home state. All participants in the research were enrolled in a human development course required for entry into the university's teacher-education program. Students came from eight sections of the same course, with sections ranging in enrollment from 20 to 30 students. Across sections, 216 students in this course volunteered to participate in the study. The sample was predominantly female (181 females and 35 males). Although a majority of the students

were sophomores and juniors, several freshmen, seniors, and graduate students were also enrolled in the course.

Students in a Midwestern private university. This urban Catholic university in the Jesuit and Mercy traditions had an undergraduate enrollment of 5600 students at the time of data collection. A total of 110 students in six sections of an introductory psychology course in the College of Liberal Arts and Education participated in the study. Approximately 60% of the participants were females and 40% males. A majority of the students were freshmen and sophomores.

Assessment of Student Knowledge of the Health Care Law

The first 20 items in a larger sociopolitical inventory assessed knowledge of the Health Care Law. The first ten items came from the Henry J. Kaiser Foundation's (2011) national survey and the second ten items included claims regarding the Health Care Law that had been examined for accuracy by FactCheck.org. The Kaiser Foundation and FactCheck.org (henceforth identified as Fact-Check items) portions of the inventory contained an equal number of true and false items. Students responded out of class to the inventory early in the semester when President Obama was elected for a second term. Student responses on scan forms were directly scanned into a computerized database. Students responded to these items on the following scale: (a) definitely true, (b) probably true, (c) don't know, (d) probably false, and (e) definitely false.

The ten Kaiser-Foundation and ten Fact-Check items were scored in the direction of knowledge of the Health Care Law (i.e., higher scores represented greater knowledge and lower scores less knowledge). A plus score represented accurate knowledge regarding an item and a negative score represented misinformation about the item. A "don't know" response represented lack of knowledge about the item and was scored as zero. Thus, item statements counter to factual information about the Health Care Law were reversed scored (e.g., "definitely true" was computed as -2 and "definitely false" as +2). Differential credit was awarded for "probably" or "definitely" correct responses (+1, +2 points, respectively); and differential credit was subtracted for "probably" or "definitely" incorrect responses (-1, -2 points, respectively). No credit was earned or lost for "don't know" responses.

Taken together, these computations yielded a net knowledge score on the Health Care Law for each inventory, which could range from -20 (definitely incorrect rating for each item on either inventory) to +20 (definitely correct rating for each item on either inventory). The formula for each person's score on each inventory was Correct Total Score – Incor-

rect Total Score. The last two items in the overall survey (not included in the scoring of the inventories) asked students to indicate their party affiliation, Republican ($n = 136$), Democrat ($n = 64$), Independent ($n = 36$), Libertarian ($n = 18$), or No Party affiliation ($n = 60$), and their political ideology, Conservative ($n = 107$), Liberal ($n = 53$), Moderate ($n = 82$), Undecided ($n = 55$), or No Ideology ($n = 18$). Thus, the sample was heavily skewed toward a Republican/Conservative political orientation.

Results

Multidimensional analyses of variance yielded no significant demographic differences between schools, gender, or academic classification for either the Kaiser or the Fact-Check survey. Hence, we combined schools, gender, and academic classifications into one database and focused the analyses on the distinction between political affiliations in their responses to the Kaiser and Fact-Check items. In comparing knowledge of the Health Care Law across multiple political groups or classifications, we generally used one-way analyses of variance followed by post hoc comparisons. To determine the significance level of differences between percentages of correct responses for political affiliations, we used a proportions test described by Ferguson and Takane (1989).

Political Differences in Knowledge of the Health Care Law

Analysis of variance comparisons across the political parties yielded no significant differences between the parties on the total Kaiser scores, $F(4,307) = .659, ns$. In contrast, the political parties differed significantly on the Fact-Check means, $F(4,308) = 5.48, p < .001$. Post hoc comparisons yielded the following significant differences between political parties on the Fact-Check means: (a) Republican $M = -2.02 < Democratic M = 0.40, p < .001$; (b) Republican $M = -2.02 < No-party M = 0.08, p < .01$; and (c) Independent $M (-0.12)$ did not differ significantly from any of the other party means. The negative mean for Republicans indicated they had more misinformation than correct information about the Health Care Law.

Analyses of variance were also used to determine differences between the five ideological groups on the Kaiser and Fact-Check scores. Again, the scores did not differ significantly on the Kaiser totals, $F(4,307) = 1.809, ns$, but did differ significantly on Fact-Check totals, $F(4,308) = 9.883, p < .001$. Post hoc tests showed that Conservatives scored significantly ($p < .05$) lower on Fact-Check knowledge than all other groups: Conservatives ($M = -2.60$), Liberals ($M = 0.98$), Moderates ($M = -0.09$), Undecided ($M = -0.60$), and No-political ideology ($M = -0.28$). In addition to being significantly greater than the Conservative mean, the Liberal $M (0.98)$

was also significantly ($p < .05$) greater than the Undecided M (-0.60). The substantial negative mean for Conservatives once again indicated more misinformation than correct information about the Health Care Law.

Significant Item-Responses Differences across Political Groups

Significant differences on Kaiser items. Party means did not differ significantly for any Kaiser item. However, significant ideological differences in means occurred on four Kaiser items, with an even split between Conservative and Liberal superiority. Significant percentage differences for correct responses occurred between Democrats and Republicans on six Kaiser items, with three favoring Republicans and three favoring Democrats. Ideological percentages of correct responses differed significantly for six Kaiser items, with five of the six favoring Liberals. Thus, the ideological differences for the Kaiser items were more pronounced than the party differences. The most consistent differences favoring Republican and Conservative knowledge were for the first Kaiser item (K1) “penalty for not having insurance by 2014” (true); whereas the most consistent differences for an item favoring the Democratic and Liberal knowledge was K8 “tax credits for small businesses offering insurance coverage for their employees” (true). (Appendix A shows comparison data for all Kaiser items.)

Significant differences on Fact-Check items. Although party means did not differ significantly for six Fact-Check items, Democrats had higher means than Republicans on the remaining four items. Ideological differences in means were significant for six Fact-Check items, with the differences favoring Liberals in all six cases. Party difference in Ideological percentages favored Democrats over Republicans in four of the five significant differences on the Fact-Check items. Similarly, Liberals had higher percentages of correct responses in five of the six significant ideological differences on the Fact-Check items. The one Fact-Check (FC) percentage difference that favored Republicans and Conservatives was FC10 “The Health Care Law covers abortion only in the cases of rape, incest, or danger to the mother’s life” (true).

No Fact-Check item consistently favored Republicans and Conservatives, but three items consistently favored Democrats and Liberals: FC2 “Medicare premiums double by 2014” (false), FC4 “Law’s increasing taxes for a majority of Americans” (false), and FC6 “Law’s increasing cost of health care above projections without the Law” (false). (See Appendix B for comparison data for all Fact-Check item.)

Summary of Political Difference in Health Care Knowledge

The comparisons of means and percentages for Kaiser and Fact-Check data showed that Democrats and Liberals had significantly (.05 probability level and more stringent) better knowledge than Republicans and Conservatives in most comparisons:

- The political parties did not differ significantly on the total Kaiser means, but did differ significantly on the Fact-Check means, with the Democratic mean significantly higher than the Republican mean on knowledge of the Law.
- For the 15 significant party differences on individual-item means, 11 favored Democrats (73%) over Republicans.
- The five ideological groups did not differ significantly on the Kaiser items, but Conservatives scored significantly lower than all other Ideological groups on the Fact-Check knowledge means.
- For the 22 ideological differences on the individual items, 19 favored Liberals (86%) over Conservatives in their knowledge means.
- For the combined party and ideological differences, 30 out of 37 (81%) favored Democrats and Liberals over Republicans and Conservatives in their knowledge of specific provisions and probable effects of the Health Care Law.
- Of the total comparisons between parties and ideologies, 43 out of 80 (54%) yielded no significant party or ideological differences compared with 37 out of 80 (46%) that did produce significant party and/or ideological differences.
- In cases where no significant political differences were obtained (particularly those claiming that the Health Care Law contained provisions for government-run health insurance and rationing of patient care—both false), all political categories scored relatively low on health care knowledge.

Discussion

Despite considerable overlap in the party and ideological patterns, the political differences in this study were more pervasive for ideological perspectives (specifically Conservatives versus Liberals) than party affiliations (specifically Republicans versus Democrats). In the original passage of the Law, a number of Conservative Democrats (34) joined the Republicans in opposing the Law. To the extent that knowledge of the

Law predicts support for the Law, one would expect the Conservative sample to have a broader constituency than the Republican sample. However, both the Henry J. Kaiser Public Opinion Poll (2011) and the Americans' Attitudes toward the Affordable Care Act (Gross et al., n.d.) compared knowledge of the Law only for Republicans and Democrats rather than Conservatives and Liberals. Comparison of Conservatives' and Liberals' support for the Law, as was also done in the current study, is a more inclusive comparison than Republicans versus Democrats.

Philosophical Assumptions Regarding Health Care

What philosophical assumptions might have led the political right and political left to have such different perspectives of government-regulated health care? Although considerable research (Jost, Glaser, Kruglanski, & Sulloway, 2003; Jost et al., 2007; Thorisdottir, Jost, Liviatan, & Shrout, 2007) indicated that Conservatives are more likely than Liberals to be threatened by uncertainty, perceive the world as a dangerous place, and be closed to new experiences, the most critical philosophical notions that distinguish these groups' views on the Health Care Law appear to be assumptions regarding inequality in society and individual responsibility for personal outcomes. According to Napier and Jost (2008), Conservatives perceive inequality as part of a justifiable social and economic system. Issues related to individual versus societal responsibility in addressing human problems are worthy of extensive consideration within the field of teacher education.

To a great extent, Conservatives see medical treatment and health insurance as individual rather than societal responsibility (Lakoff, 2002). In fact, the government requirement that individuals have their own health insurance (what came to be known as the individual mandate) was championed by Conservatives long before Liberals embraced the notion (Cooper, 2012; Roy, 2012). Notwithstanding their support for this notion in the 1980s and 1990s, Conservatives strongly opposed this provision in the Health Care Law on the grounds that it violated personal choice and the U.S. Constitution (Roy, 2012). The Health Care Law puts greater emphasis on society's responsibility to provide equal coverage for health services, irrespective of serious illness levels and minimal resources (Rosenbaum, 2011). Consequently, many Conservatives regarded President Obama's health care plan as another attempt by the federal government to extend entitlement and preempt personal responsibility for one's health practices and health insurance (Anderson, 2011). The issue of personal responsibility versus personal choice should be another salient discussion topic in teacher education.

Contributors to Misinformation about the Health Care Law

Given the possibility that many Conservatives could oppose the Health Care Law on a philosophical basis, why did they resort to repeatedly misrepresenting the Law as a means of intensifying opposition to the Law? Certainly, some major components of the Law (e.g., broader accessibility to health insurance and protection against external cancellation of health insurance) appeared to be popular notions before intense political debate began about the Law (Jones, 2009). Jones noted that 56% of all Americans in mid-2009 favored major health care reform. But even then, support for health care reform was mainly coming from Democrats, with 79% of the Democrats favoring health care reform and 71% of the Republicans opposing health care reform.

When Americans were asked in 2009 whether expanding coverage or containing costs was the more important issue, 52% favored containing costs and 42% favored expanding coverage. Consequently, the majority support for health care reform in 2009 proved less strong than majority concern about the cost of health care reform (Jones, 2009). Much of the support for containing costs came from people with health insurance (57% favored “containing costs”), and much of the support for expanding coverage came from people without health insurance (62% favored “expanding coverage”). Thus, what they viewed as a humane plan to provide high quality health care even for the sickest and poorest came to be seen as a financial burden for a majority of Americans.

In addition to Conservatives’ philosophical opposition to the Law and a majority of public concern about containing health care costs than expanding insurance coverage, Conservatives launched an unrelenting program to discredit the Law on all counts (provisions of the Law, effects of the law on personal choice, and escalation of health care costs). Several informational constructs help explain how the opposition to the Health Care Law became intense and pervasive. Most of these constructs are embedded in a theory of information retrieval referred to as a “selective-exposure model” (Garrett, 2009b). Ancillary informational notions include opinion-reinforcing information, opinion-challenging information, multiple-opinion sources, echo chambers, backfire effect, and motivated reasoning (Garrett, 2009a; Nyhan & Reifler, 2010; Munro et al., 2002; Strickland, Taber, & Lodge, 2011).

Individuals inclined to oppose the Law could find abundant support for that notion from the Fox News Network (CMPA, 2010). In the lead-up to the Presidential signing of the Health Care Law, the Center for Media & Public Affairs (CMPA) at George Mason University reported that a majority of health-care reports in most major news outlets favored the Law (CMPA, 2010). In contrast, 61% of health-care reports on Fox

News were critical of the Law. The impact of this type of news coverage was multiplied by the fact that Fox news has historically been rated the most trusted of the three major news networks (Price, 2014). Sixty-nine percent of Republican voters have indicated that Fox news is their most trusted news source (Fung, 2014).

The type of information presented on Fox news regarding the Health Care Law could be characterized as opinion-reinforcing information, and the context for attending to that information is sometimes referred to as an echo chamber (telling viewers what they want to hear) (Garrett, 2009a). Garrett (2009b) claimed that opinion-reinforcing information shapes one's views to a greater extent than any other information-seeking strategy. Even exposure to opinion-challenging information may result in individuals' becoming more strongly committed to their original views (backfire effect) (Redlawsk, 2002; Sides & Citrin, 2007).

Another possible explanation for the misrepresentation of the Health Care Law could indirectly stem from misrepresentation of President Obama's suitability to be President. His birthplace, his religion, and his economic philosophy became the focus of much misrepresentation from the time he started his run for the Presidency. Less noted than any of these factors, but perhaps the most important of all, was the President's race. The racially-based negative perceptions of Obama extended to the policies he put forward. His competence was publically impugned more through implicit racism (e.g., traditional family values) than explicit racism (e.g., stereotypes of Black inferiority) (Pasek, Krosnick, & Tompson, 2012; Payne et al., 2009). In a series of assessments that spanned the 2008 presidential election and the early first term of President Obama, researchers found participants' implicit racism to be related to attitudes toward Obama, 2008 election choices, and perceptions of the Health Care Law (Knowles, Lowery, & Schaumberg, 2010).

Implications of our Findings for Teacher Education

Given the strong proclivity of teacher education students in our sample to be misinformed about political policies, how can we prevent that misinformation from being transmitted to the students who will be taught by the current students in teacher-education? A starting point is to incorporate controversial sociopolitical issues in classes taken by teacher education students (Kaviani, 2011). While one might expect these issues to be prominent in social-science courses, they could be important discussion issues in teacher-education courses as well. In our study, the issues were addressed in a course devoted to issues in human development taken by the prospective teacher education students. The students were not only exposed to such issues but also to

constructive ways of addressing them in a course unit dealing with sociopolitical values.

Correction of misinformed perspectives on ideologically-based issues is most likely to occur when dialogue about those issues is permitted, modeled, and reinforced in class discussion (Hess, 2009). However, dialogue per se does not insure that informed change will occur (Kelly, 1989; Lockwood, 1996). An extensive exchange of opinions per se may be as likely to lead to calcification of opinions as to modification of views. Thus, a question that needs to be addressed early in dialogue about a controversial issue is how to determine the supportability of various views about that issue. For example, determining unequivocally what is in the Health Care Law requires going to the actual Law (the primary source) rather than to FOX or MSNBC (secondary sources) to get their spin on what the Law contains.

In the absence of a primary data source, one can go to an independent source such as factcheck.org to get its rendering of the Law's effects. Kaviani (2011) describes this approach to information retrieval in the following fashion: "Inquiry is a question-driven lesson that models the scientific method where hypotheses are formed and revised several times based on examination of primary documents and other data . . ." (p. 285). The most essential element in constructive discussion about sociopolitical issues is critical dialogue, making sure that conclusions are based on the best available evidence rather than on political party or ideology and identifying the best evidence supporting each side of an issue (Apple, 2009).

Concluding Thoughts

Given the pervasive misinformation and lack of information about the Health Care Law, specific provisions in the Health Care Law surely are among the issues most deserving of extensive examination in a university's liberal arts and teacher-preparation programs. The investigation of factual information about the content of the Law should not focus exclusively on retrieving information that reinforces or challenges one's stance on the Law but rather incorporates the use of multiple information sources that equitably and reliably present evidence on both sides of the Health Care Law (e.g., Galston, 2010; Gruber, 2010; Rosenbaum, 2011). One-sided information, even if valid, will not likely win over the "loyal opposition."

With identification of valid and balanced evidence as a continuing quest, perhaps we may eventually decide that the Health Care Law passed in March, 2010 is neither totally good nor totally bad in American society, but rather contains beneficial policies, unworkable policies, and

crucial policy gaps. Teacher educators and the students they mentor could be a major force in helping society reach empirically-based rather than strictly ideologically-based decisions regarding the expanse and cost of health care coverage. Exploring a way to provide quality health care even to the most vulnerable members of society, while reducing the excessive costs of health care, represents a societal conversation in which teacher educators can play a vital role.

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Appendix A

Political Affiliation Differences on Kaiser Items

Parties:

Republican = R; Democrat = D; Ideologies: Conservative = C; Liberal = L

Significance levels for differences in means and percentages for the various political affiliations ranged from the .05 to the .001 level.

Kaiser (K) 1 The Health Care Law requires nearly all Americans to have health insurance starting in 2014 or else pay a penalty. (True)

Means: R = D, C > L; Percentages: R > D, C > L; Total mean = .75; Total correct = 64%

K2 The Health Care Law allows a government panel to make decisions about end-of-life care for people on Medicare. (False)

Means: R = D, C < L; Percentages: R = D, C < L; Total mean = .19; Total correct = 39%

K3 The Health Care Law cuts benefits that were previously provided to all people on Medicare. (False)

Means: R = D, C = L; Percentages: R < D, C < L; Total mean = -.09; Total correct = 32%

K4 The Health Care Law expands the existing Medicaid program to cover low-income, uninsured adults regardless of whether they have children. (True)

Means: R = D, C = L; Percentages: R > D, C = L; Total mean = .67; Total correct = 64%

K5 The Health Care Law provides financial help to low and moderate income Americans who don't get insurance through their jobs to help them purchase coverage. (True)

Means: R = D, C = L; Percentages: R > D, C = L; Total mean = .83; Total correct = 74%

K6 The Health Care Law prohibits insurance companies from denying coverage because of a person's medical history or health condition. (True)

Means: R = D, C = L; Percentages: R = D, C = L; Total mean = .64; Total correct = 60%

K7 The Health Care Law requires all business, even the smallest ones, to provide health insurance for their employees. (False)

Means: R = D, C < L; Percentages: R = D, C < L; Total mean = .07; Total correct = 39%

K8 The Health Care Law provides tax credits to small businesses that offer coverage to their employees. (True)

Means: R = D, C < L; Percentages: R < D, C < L; Total mean = .43; Total correct = 49%

K9 The Health Care Law creates a new government-run insurance plan to be offered along with private plans. (False)

Means: R = D, C = L; Percentages: R = D, C = L; Total mean = -.41; Total correct = 16%

K10 The Health Care Law allows undocumented immigrants to receive financial help from the government to buy health insurance. (False)

Means: R = D, C = L; Percentages: R < D, C < L; Total mean = .50; Total correct = 50%

Kaiser Total Item Counts

Means: R = D (10), R > D (0), R < D (0); C = L (6), C > L (1), C < L (3)

Percentages: R = D (4), R > D (3), R < D (3); C = L (4), C > L (1), C < L (5)

Appendix B

Political Affiliation Differences on Fact-Check Items

Parties: Republican = R; Democrat = D; Ideologies: Conservative = C; Liberal = L

Significance levels for differences in means and percentages for the various political affiliations ranged from the .05 to the .001 level.

Fact Check (FC1) The Health Care Law requires large restaurant chains to provide calorie counts on their regular menu items. (True)

Means: R = D, C < L; Percentages: R = D, C = L; Total mean = .36; Total correct = 49%

FC2 The Health Care Law stipulates that Medicare premiums will more than

double by 2014. (False)

Means: $R < D$, $C < L$; Percentages: $R < D$, $C < L$; Total mean = $-.21$; Total correct = 16%

FC3 The Health Care Law provides for the rationing of patient care. (False)

Means: $R = D$, $C = L$; Percentages: $R = D$, $C = L$; Total mean = $.10$; Total correct = 21%

FC4 The Health Care Law will result in tax increases for a majority of Americans. (False)

Means: $R < D$, $C < L$; Percentages: $R < D$, $C < L$; Total mean = $-.93$; Total correct = 13%

FC5 The Health Care Law sets some limits on the growth of Medicare funding over the next 10 years. (True)

Means: $R = D$, $C = L$; Percentages: $R = D$, $C = L$; Total mean = $.45$; Total correct = 48%

FC6 The Health Care Law will increase the overall cost of health care in the U.S. by at least 10% compared to what it would have been without the Health Care Law. (False)

Means: $R < D$, $C < L$; Percentages: $R < D$, $C < L$; Total mean = $-.42$; Total correct = 15%

FC7 The Health Care Law will substantially expand the private health insurance market. (True)

Means: $R < D$, $C < L$; Percentages: $R = D$, $C < L$; Total mean = $-.18$; Total correct = 26%

FC8 The Health Care Law provides some preventive health care under Medicare. (True)

Means: $R = D$, $C = L$; Percentages: $R = D$, $C = L$; Total mean = $.53$; Total correct = 52%

FC9 The Health Care Law constitutes a government-run system similar to that of Canada's. (False)

Means: $R = D$, $C < L$; Percentages: $R < D$, $C < L$; Total mean = $-.28$; Total correct = 20%

FC10 The Health Care Law covers abortion only in the cases of rape, incest, or danger to the mother's life. (True)

Means: $R = D$, $C = L$; Percentages: $R > D$, $C > L$; Total mean = $.01$; Total correct = 37%

Fact-Check Item Count

Means: $R = D$ (6), $R > D$ (0), $R < D$ (4); $C = L$ (4), $C > L$ (0), $C < L$ (6)

Percentages: $R = D$ (5), $R > D$ (1), $R < D$ (4); $C = L$ (4), $C > L$ (1), $C < L$ (5)