Agenda Setting: The Barriers to Preventative Healthcare Issue Attention in the United States Congress

By Jenny Corso*

My study examines the political and institutional barriers to preventative medicine in the United States Congress. It specifically analyzes the factors that influence congressional agenda setting and issue attention, including a previously understudied factor: social context. I devised a multi-level, hierarchical model that uses negative binomial regression analysis. Consistent with other studies of agenda setting, the model measures the influence of a handful of independent variables – NYT Mentions, President, Public Opinion, Fitness Centers, Fruit and Vegetable Availability – on Policymaker Attention to preventative medicine between the years 1995 and 2015. My dependent variable (Policymaker Attention), measures the number of references to "prevention" or "preventative medicine" recorded in The Congressional Record. The central finding of my study is that social context matters a great deal. The number of fitness centers was the greatest predictor of policymaker attention, highlighting the influence of cultural factors on issue attention.

Keywords: Agenda setting; heath care; health care policy; prevention; preventative medicine; United States Congress.

I. Introduction

Healthcare spending in the United States has been a heavily debated topic for decades. Per capita healthcare spending in the United States is nearly twice the average of other industrialized nations. In fact, according to the U.S. Centers for Medicare and Medicaid Services, U.S. healthcare spending has grown in recent years. In 2015, healthcare spending reached $3.2 trillion (roughly $9,990 per person). Accordingly, healthcare spending accounted for 17.8 percent of Gross Domestic Product in 2015 ("National Health Expenditure Data," 2016).

But despite spending so much on health care, the U.S. ranks 27th out of 36 such nations in terms of life expectancy (OEDC Better Life Index, 2014). This figure suggest that the U.S. healthcare system is not utilizing its resources efficiently. Unlike many other industrialized democracies, the U.S. healthcare system comprises both private and public elements. Specifically, 37.1% is the rate of U.S. government health insur-

* Corresponding email: jencorso20@gmail.com. This research was supported by United Technologies Corporation. I thank Professor Rob DeLeo for his dedication and expert guidance. I thank Jonathan Whittinghill for his assistance with the statistical analysis. I also express my gratitude to Professor Aaron Jackson, Professor Jeff Gulati, and the *Fusio* reviewers for their useful critiques.

ance coverage, while 67.2% is the rate of private insurance coverage, resulting in a total population insurance coverage of 90.9%[1] (Barnett & Vornovitsky, 2016).

This virtual mosaic of coverage presents distinctive challenges in terms of finding the most efficient spending allocation strategy. Specifically, policymakers have long debated the value of investing in preventative versus curative medicine. Whereas curative measures address existing ailments via inpatient or outpatient treatment (e.g., pharmaceutical drugs, surgery, physical therapy), preventative medicine strives to empower individuals to make healthier lifestyle choices and to screen for—and ultimately identify—potential problems before they blossom into a debilitating condition. Put differently, preventative medicine aims to mitigate patient reliance on curative medicine. The spending pendulum has historically swung toward curative, not preventative, medicine ("National Health Expenditure Data," 2016). In fact, Faust (2005) shows spending on medical treatment outpaces spending on preventative medicine by a ratio of 1:99 cents.

In recent years, however, public health experts have begun to question whether the American medicine's overreliance on curative medicine is the most efficient way to utilize resources. The American Public Health Association (APHA) concluded that a 10 percent increase in funding for community-based prevention programs could reduce deaths due to preventable disease by 1 to 7 percent (APHA, 2014). A 2009 study by the Trust for America's Health examined the annual savings and return on investment (ROI) that would result from per capita investments in prevention programs. This study shows that an investment of $10 per person, per year in community-based disease prevention programs could yield net savings of over $2.8 billion annually in health care costs in one to two years, over $16 billion annually within five years, and nearly $18 billion annually in 10 to 20 years (in 2004 dollars). This level of investment yields an ROI of 0.96 in the first one to two years, meaning that the country could recoup almost $1 over and above the cost of the program for every $1 invested. The ROI could rise to 5.6 for every $1 invested within 5 years and rise to 6.2 within 10 to 20 years. Equally important, this ROI only accounts for medical cost savings. It does not take into account the multitude of economic and social gains that would result from increased worker productivity, reduced absenteeism at work and school, and enhanced quality of life ("Prevention for a Healthier America," 2009).

Preventative medicine is especially well-suited for treating chronic diseases, like heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis, which, according to the Centers for Disease Control and Prevention are "the most common, costly, and preventable of all health problems" ("Chronic Disease," 2016). As of 2012, approximately half of all U.S. adults had one or more chronic health conditions. Seven of the top-10 causes of death in 2010 were chronic diseases, while two of these chronic diseases, heart disease and cancer, accounted for about 48% of all deaths.

[1] The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Risk behaviors, or unhealthy habits, cause much of the suffering, illness, and death related to chronic disease. Lack of exercise, poor nutrition, tobacco usage, and excessive drinking are among the most common health risk behaviors ("Chronic Disease," 2016). Over half of adults over the age of 18 did not meet recommendations for physical activity. Ninety percent of Americans consume too much sodium, increasing their risk of high blood pressure. After analyzing these troubling statistics, it is not surprising that eighty-six percent of all healthcare spending in 2010 was for people with one or more chronic medical conditions. In sum, many of these chronic conditions can be virtually eliminated through relatively low-cost lifestyle changes ("Chronic Disease," 2016).

The Affordable Care Act took an important first step towards implementing preventative healthcare spending. The ACA established the Prevention and Public Health Fund (the "Fund" hereafter), which must be used "to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public health care costs" (Patient Protection and Affordable Care Act of 2010). Much of 2015's healthcare spending growth can be attributed to the coverage expansion that began in 2014 because of the ACA.

However, since the faster growth in total healthcare spending was primarily due to increased spending for private health insurance, hospital care, physician and clinical services, Medicaid, and retail drug prescription, the effectiveness of the act in improving America's largest health issue of widespread chronic disease is questionable. Indeed, the Fund has the promising goal of funding "programs at the local, state and federal levels that fight obesity, curb tobacco use, and increase access to preventative care services," but its impact has been hindered by budget cuts ("Prevention and Public Health Fund," 2001). The ASA originally allocated $2 billion to the Fund in 2010. Significant budget cuts of $1 billion in 2012 and $68 million in 2016 left only $932 million to fund preventative public health activities in 2016. Cutting the Fund's budget by more than half of the amount originally allocated shows that preventative programs are clearly not a priority of Congress. In fact, only about 3 percent of U.S. health care spending focuses on prevention and public health.

It is against this backdrop that this study examines the political and institutional barriers to preventative medicine. My paper specifically analyzes the factors that influence agenda setting and issue attention in the U.S. Congress. Agenda setting refers to the process through which policymakers select some issues, but not others, for consideration within a decision making body (Kingdon, 2003). Previous research indicates that preventative measures are more desirable than curative measures for a number of reasons. From a physical and social perspective, it is better to stop diseases before they begin than endure suffering. From an economic perspective, investing in preventative initiatives would result in monumental cost savings, significantly increasing public welfare. Why, then, do policymakers fail to recognize these benefits and continue to devise health care laws aimed at maintaining a curative based system?

Policy scholars suggest that a number of factors influences agenda setting, including the nature of the problem itself, media attention, public opinion, political ideology and others (Kingdon, 2003). My research, however, assess these institutional and political variables alongside a new and noticeably understudied factor: social context. I am specifically interested in examining the relationship between the country's recent "fitness revolution" and health care policy, particularly in the area of preventative medicine. Many Americans are beginning to incorporate healthy habits into their everyday lives. More and more people are choosing heathy fast food options, like Panera, Sweetgreen, and Chipotle, over low-nutrition options, like McDonald's or Burger King. Group fitness classes, like CrossFit, Soul Cycle, and Zumba, are not only gaining popularity, but also becoming a social phenomenon. Americans are beginning to see the quality of life benefits that preventative medicine provides, yet public policy continues to lag behind in this revolution (Faust, 2005; OEDC Better Life Index, 2014).

This paper thus asks: To what extent have these larger social changes resulted in increased policymaker attention to preventative medicine? In doing so, my aim is to advance scholarly understandings of the barriers to proactive policy. Additionally, the results of my research could inform the formulation of a strategy to bring preventative health initiatives to the forefront of Congress's attention, allowing the United States to capitalize on the immense cost savings and quality of life improvements that these policies offer.

II. Literature Review

Agenda Setting

Agenda setting describes the process through which issue are selected for consideration by a decision-making body, be it a legislature, executive branch agency, or even a court. Because government institutions are limited in terms of the amount of time they can devote to any particular issue, agenda setting is considered an important, but not necessarily a sufficient, precursor to policy change (Birkland, 2011).

A number of factors influence whether or not an issue cracks the policy agenda. First, the various types of problems that the government is expected to address are each marked by distinctive features, which often correspond to different agenda setting processes. For example, whereas some problems reveal themselves slowly and across time through a gradual accumulation of statistics, numbers, and other forms of government "indicators," other problems reveal themselves rapidly through a focal event, which refers to large-scale, and often unexpected, disasters (Kingdon, 2003).

Domains prone to disaster, like earthquakes and hurricanes, "are most sensitive to policy change in the wake of disaster" (Birkland, 2006, p. 7). Attention to these domains is immediate but often short-lived, as individuals afford them attention only in the small window of time immediately following the disaster. Unlike a focal event, indicators by themselves do not induce *immediate* upticks in attention. Instead, interest

groups and government agencies must interpret and publicize these numbers in order to advocate for their policy goals. Problems characterized by indicators, such as the economic state or healthcare structure, tend to linger on the agenda, but are subject to resistance from opposing parties or interest groups (Kingdon, 2003).

The media is the main means by which slower-emerging indicators gain recognition. Research on agenda setting includes hundreds of studies on the news media's influence on attention to policy issues (e.g., Iyengar & Kinder, 1987; Krosnick & Kinder, 1990; Nelson & Oxley, 1999; Arceneaux, Johnson, Lindstädt & Wielen, 2016). Studies find consistent support for media influence on issue salience, a key trait to cracking the policy agenda. The amount of news coverage of an issue allows individuals to interpret its importance through comparison with salience cues of other issues. The theory at the core of the effect of salience on attention is "media priming," or the ability of the media to influence one's thoughts, beliefs, judgments, and behaviors (Berkowitz, 1984).

Several characteristics of the media, including its ubiquitous nature and range of topics, make it a powerful source of priming. News media priming has significant implications in the agenda-setting realm because it influences what people "think" about. Put differently, it helps set the systemic agenda, which comprises the various issues the public is currently concerned with (Birkland, 2011). For instance, McCombs and Shaw (1972) found a strong correlation between the dominant news stories leading up to the 1968 presidential election and the public's judgements of what the important issues were at the time.

Studies that are more recent have examined "dosage hypothesis," which is derived from news media priming theory and asserts that changes in the amount of media coverage of a particular issue changes the weight that citizens place on the issue. In a specific application of agenda setting analysis, Malhotra and Krosnick (2007) recorded the variance in volume of media coverage of the economy, Iraq war, and terrorism leading up to the 2004 presidential election. Their methodology comprised a survey asking respondents to rank the importance of each issue. Contrary to prior research, the results did not find consistent support for dosage hypothesis. Malhotra and Krosnick suggest that media priming only takes place when huge shifts in media volume coverage occur. The economy, Iraq war, and terrorism are all issues that the media had covered extensively over a long period, so there was not a large shift in media volume coverage of the topics at the time of the election. Thus, issues characterized by focal events rather than indicators may be better candidates for dosage hypothesis.

The link between the amount of media coverage and the perceived importance of an issue raises important questions about the sources of the media agenda. In particular, research about who sets the media agenda provides insight about the early stages of the communication process. For example, Wanta, Stephenson, Turk, and McCombs (1989) studied the president-press relationship by comparing the president's emphasis on issues during speeches to subsequent news coverage. Analysis of both President Franklin Roosevelt's and President Reagan's State of the Union addresses showed that the topics mentioned in the speeches influenced newspaper coverage. Weaver and El-

liott (1985) found similar results in their study of city council meetings and subsequent news coverage of the issues discussed. According to these two studies, public officials have the ability to influence significantly media agenda setting, which determines issue salience to the public. Since increased issue salience correlates with congressional attention, politicians could leverage this early-stage media communication to influence the media agenda, and then potentially crack the congressional agenda with a particular topic of interest.

Public salience is particularly important in a democratic nation because salience influences constituents' thoughts and preferences. Under a democratic political structure, constituents are the driving force behind political leadership, and thus, congressional agenda setting. Voting is the most common form of political participation among the public, and many view election results as indirect guidance in pursuing a particular policy. In some cases, like state initiatives or referenda, constituents even directly influence policy structure by voting on the policy proposal itself (Birkland, 2011). In his book *The Myth of the Rational Voter*, Bryan Caplan explains, "people vote for the politician whose position is closer to their own" (Caplan, 2007, p. 144). Then, theoretically, the politician will implement the promised policy once elected. This concept incentivizes politicians to match the electorate's preferences, which gives rise to the issue of voter rationality (Caplan, 2007).

From a series of experiments, Caplan concluded that irrational voter beliefs lead to inefficient policies. Many of these irrational beliefs stem from voter self-interest. For example, in regards to "smokers' rights," 61.5% of heavy smokers want looser antismoking policies, but only 13.9% of people who have never smoked agree (Caplan, 2007, p. 150). Considering the vast collection of scientific evidence highlighting the dangers of smoking, it is irrational that voters would support laxer smoking restrictions, especially when "social contract" is the foundation of a soundly functioning democracy (Rousseau, 1762). Caplan's theories and research point to the notion that most voters are irrational, which leads to inefficient policies, and ultimately, decreased social welfare (Caplan, 2007).

However, subsequent studies have shown that voters are not fundamentally irrational, but they may appear to be so due to lack of necessary information. Research on "blame attribution" after government failure sheds light on voters' ability to make informed judgments. Malhotra and Kuo (2008) conducted a study to determine how citizens apportion blame to public officials in the wake of government failure. They formulated a survey experiment that asked respondents to rank seven public officials in order of how much they should be blamed for the damage that resulted from Hurricane Katrina. Through the survey, the researchers tested the effects of two forms of information about public officials on blame attribution – political party affiliation and job titles, as well as their interaction. Malhotra and Kuo found that "party cues cause individuals to blame officials of the opposite party, but citizens make more principled judgments when provided with information about officials' responsibilities" (Malhotra & Kuo, 2008, p. 120). In other words, party cues serve has heuristics, but access to additional

relevant information mitigates these heuristics. Results from this study provide support for citizens' ability to use given information to make rational decisions. Further, Malhotra and Kuo observed that the study's results were consistent across those respondents with a high school diploma or less and those with education beyond high school. According to this study, citizens generally have the capacity to make unbiased blame attributions and do their best with the information they have (Malhotra & Kuo, 2009).

Once elected, the party in power largely controls the agenda setting process. Logically, the party that enjoys a majority presence in governmental positions often determines whether an issue reaches the crowded government agenda. Numerous studies have demonstrated that partisan polarization is somewhat prevalent at the voter level, but it is most dominant within Congress and the House of Representatives (SEE: Malhotra and Kuo, 2009; Harbridge, 2015; Baumgartner and Jones, 2015). It is fairly well established that conservatives and liberals differ in terms of their policy priorities. The United States is currently experiencing a decline in bipartisanship; public officials fall into two distinct categories with little agreement between the two parties.

In sum, polarization damages effective democratic governance by causing gridlock, hindering policy innovation, and diminishing responsiveness (Harbridge, 2015). Drawing upon her analysis of Congressional roll call votes over time, Harbridge (2015) asserts that the agenda for roll call votes in Congress changing with the degree of bipartisan voting provides evidence for strategic partisan agenda setting. Consequently, "less bipartisan agendas result in less bipartisan policy outputs and a lower rate of converting bills that pass the House into public law" (Harbridge, 2015, p. 82). For example, policies involving healthcare system improvement historically have been a liberal party priority, so if conservatives hold the majority power, it is unlikely that these policies will receive attention, despite their many numerically and scientifically proven benefits. According to the National Democratic Institute, "a capable and effective national legislature is a foundational pillar of democratic government"; the ability of representatives to communicate with citizens and shape laws that are in constituents' best interest is essential for effective national legislature (National Democratic Issue 2013). Polarization holds policymakers back from meeting these requirements and achieving optimal public welfare.

Myopic Voting in Legislative Settings

A growing body of literature has examined the challenges to placing so-called "anticipatory problems" on the legislative agenda (DeLeo, 2015). Anticipatory problems are predicted to occur at some point in the future, but the exact time of occurrence, or even whether or not the event will occur, is unknown. The uncertain nature of anticipatory problems generates debate as to the amount of resources that should be invested prior to actual occurrence of the possible event (DeLeo, 2015). This literature has focused primarily on disaster domains, a testament to the fact that disaster policy (much like health care policy) tends to emphasize reactive interventions—often times at the

expense of robust planning and preparedness measures (Birkland, 2006). A number of seminal works suggest this division is an outgrowth of retrospective voting, or voting based off of past performance (Healy & Malhotra, 2009; Malhotra & Marglit, 2014; Malhotra & Krosnick, 2007). Factors that affect retrospective voting behavior include expectations set by politicians, the outcomes of those expectations, the time horizon of events, salience, and observability.

First, expectations that public officials set in advance has shown to be a significant factor in the extent of retrospective voting behavior. Malhotra and Marglit (2014) developed a theoretical framework of how expectation setting affects voters' retrospective evaluations of incumbent performance. These expectation set by the public official and the outcome together determined the respondents' assessment of the leader's judgment, as well as whether the respondent would vote to reelect the official. Malhotra and Marglit (2014) showed that in domains where politicians have practical authority, or direct influence, the politician is punished with decreased political support for setting high expectations if the expected results are not attained. In domains where politicians have theoretical authority, or limited influence, the same concept holds true, except that the expectation setting sends a signal about the politician's judgment. In domains where politicians have neither practical nor theoretical authority, setting high expectations is beneficial, as there is no penalty for poor outcomes. Malhotra and Krosnick (2007) found further support for expectation setting as a determinant of voting behavior in their analysis of retrospective and prospective performance assessments during the 2004 election campaign. Specifically, Malhotra and Krosnick (2007) reaffirmed mediation hypothesis, that "domain-specific assessments of presidential job performance may not shape intended vote choice directly but may instead do so indirectly, by influencing overall job approval ratings and comparative prospective evaluations of the likely performance of the incumbent and the challenger" (Malhotra & Krosnick, 2007, p. 250). Thus, Malhotra and Krosnick (2007) refines Malhotra and Marglit (2014) through showing that assessments of performance may have even greater implications in indirect measures than in direct voting.

A politician's personality disposition has proven to be an especially important factor in expectation setting and, in turn, retrospective voting behavior. Malhotra and Marglit (2014) found that "optimism is valued by voters as a personality disposition" (Malhotra & Marglit, 2014, p. 1000). To achieve this level of optimism, policymakers often avoid problems that they cannot fix (Rochefort & Cobb. 1994). Further, Malhotra and Margalit contend that if voters expect politicians to be optimistic, "it can disincentivize campaigns from dealing with hard issues that might require appearing pessimistic" (Malhotra & Marglit, 2014, p. 1002). Because of their associated uncertainties, the issues that preventative policy can be applied to (i.e. terrorism, health care, natural disaster, climate change) comprise the bulk of the most daunting problems for policymakers. Since a preventative mindset requires some level of pessimism in terms of expecting disaster, voters may be reluctant to vote for candidates who support prevention. Oftentimes, policymakers are reluctant to invest in programs that might not

produce short-term benefits (Healy & Malhotra, 2009). If a politician, however, does invests in programs that does not produce short terms benefits, the only basis on which voters can assess the politician is his or her personality disposition. For this reason, policymakers pursue ready-made solutions, which adds to their air of confidence and optimism (Kingdon, 2003).

The time horizon of particular issues contributes to the relative importance voters place on them. In terms of retrospective voting, Malhotra and Krosnick (2007) tested the mediational effects of Bush's performance regarding Iraq, the economy, and terrorism. They found that overall approval completely mediated the relation between Iraq approval and intended vote choice, and partially mediated the relation of economy approval and intended vote choice. However, terrorism approval did not have a significant effect on intended vote choice. Thus, the 2004 election outcome depended more on voter opinions about Iraq and the economy than on terrorism (Malhotra & Krosnick, 2007, p. 263). Malhotra and Krosnick (2007), as well as DeLeo (2015), contend that the reason for this distinction relates to the timeline of the tangible effects of each topic. Iraq immediately and directly affects the lives of soldier and their families. The state of the economy does not have quite the degree of immediate impact that Iraq does, but it still affects citizens' employment status and spending behaviors. The outcomes of Bush's policies regarding Iraq and the economy are, comparatively, highly visible. Terrorism, on the other hand, is further removed from the realm of immediate observability, as most terrorism policy focuses on prevention. DeLeo (2015) adds that the passage of time improves policymakers' ability to manage low-probability, high-risk events, like terrorism. As time passes, more policy solutions for terrorism will become available. On the other hand, politicians immediately had to provide policy solutions for the Iraq war, making the Iraq war a more pressing issue in voters' minds. The timeline for terrorism policy is long spanning and rather ambiguous, while the timeline for Iraq war policy during the 2004 election was day-to-day and transactional.

Drawing upon both the literature on retrospection and the literature on the role of voters in the democratic political process, it is evident that preventative policy lacks incentive for agenda inclusion. Voters largely determine a policymaker's career success, so the policymaker will pursue policies that voters support over policies that voters do not support. Healy and Malhotra (2009) found that voters significantly reward disaster relief spending, but show no response at all to cost-effective preparedness spending. Healy and Malhotra further affirm that preparedness spending produces a large social benefit. They estimated that an investment of $1 in disaster preparedness reduces all future damage by about $15. Thus, voters are "myopic in the sense that they are unwilling to spend on natural disasters before the disasters have occurred," resulting in an immense loss in public welfare (Healy & Malhotra, 2009, p. 402). Parallel to their attitudes towards the time horizon of issues, voters are transaction-minded in terms of monetary investment. Voter responsiveness suggests that preparedness spending has virtually no electoral utility, while "about $27,000 in relief spending buys one additional vote" (Healy & Malhotra, 2009, p. 400). The collectiveness mechanism sheds

light on the rationale behind voters' preference for relief spending. In general, voters prefer private goods to public goods. Private goods that voter receive from relief spending are targetable and highly salient. Voters support relief spending because relief typically comes in the form of direct, individual-level payments, while the government usually delivers preparedness in the form of public, collective goods (Green, 1992; Lizzeri & Persico, 2001; Sears & Citrin, 1985). Thus, relief spending is virtually a means of purchasing votes based on voter preferences.

From the present literature, it seems as though a hurdle for voter support of certain preparedness policy is public observability, or the ability to see the effects of a particular policy or initiative. Healy and Malhotra (2009) discuss that the government does not underinvest in every type of preparedness. They highlight that after the September 11 terrorist attacks, the government made large investments in airport security in order to prevent another attack. Healy and Malhotra believe that "one clear difference between airport security and most natural disaster preparedness spending is that airport security is highly observable and salient" (Healy & Malhotra, 2009, p. 402). Any citizen who travels by plane directly experiences the effects of terrorism prevention policy through increased screening and carry-on restrictions. In addition, the government implemented the security increase immediately while news of the attacks was fresh in citizens' minds. In contrast, it is difficult to directly observe the impact of natural disaster preparedness (or preventative healthcare) because citizens are unable to experience how much worse the damage could have been had there been no preparedness initiatives in place. A natural disaster may not occur immediately after preparedness policy is enacted; in fact, a natural disaster may not occur for the next 20 or so years. If significant time passes between policy enactment and the occurrence of the disaster, the issue will no longer be salient is citizens' minds, making them less likely to reward the politicians originally involved in preparedness implementation.

Although it is clear that policymakers do not give preparedness adequate attention, largely due to myopic voting, many researchers caution against completely dismissing relief spending (Mays & Smith, 2011; Healy & Malhotra, 2009; DeLeo, 2015; Kunreuther, 2008; Sofgre, 2008). Healy and Malhotra (2009) and DeLeo (2015) contend that policymakers must find the optimal ratio of relief spending to preparedness spending to maximize efficiency. Many "anticipatory" problems (namely natural disasters, climate change, and healthcare) have both short-term and long-term implications. Healy and Malhotra (2009) explain that some negative effects of disasters are inevitable, so the government should provide some type of relief after a disaster occurs. At the same time, policymakers should pursue preparedness measures to mitigate destruction from future disasters. In analyzing the problem of climate change, DeLeo (2015) points out that climate change is "simultaneously a future problem and an immediate hazard" (DeLeo, 2015, p. 4). Like natural disasters and climate change, effective healthcare involves both the treatment of immediate illness or injury and the implementation of habits to increase healthful longevity. Therefore, an effective policy package requires a mix of short-term fixes and long-term mitigation. The problem,

though, is that voters incentivize politicians to provide the wrong ratio of preparedness to relief (Healy & Malhotra, 2009).

Political scientists have long characterized policy makers as being reactive and myopic. Specifically, policymakers are more likely to support policies that address immediate problems rather than those that mitigate future harms. Virtually all of the empirical research on legislative myopia and anticipatory policymaking has focused on disaster policy making, despite the fact that preparedness is a hallmark of other areas of public policy, including emerging technologies, health care, and even social security. This omission has effectively stunted scholarly understanding of the drivers of proactive policy making—however rare it may be—in non-disaster situations. My study fills this void by examining the political and institutional barriers to preventative medicine in the United States Congress. Most notably, my study analyzes these barriers in light of social context, which is a factor absent from the existing literature.

III. Methodology

As indicated above, the literatures on agenda setting and myopic voting provide an admirably clear depiction of the various factors that drive reactive voting in the U.S. Partisanship, the media, electoral outcomes, even the dimensions of the problem itself, have all been shown to induce a reactive policymaking sequence. However, missing from this analysis is any sort of explicit consideration of the way in which larger (and often non-political) social trends shape policy outcomes. Put differently, to what extent do changes in social norms shape policy outcomes? Kingdon (2003) and other studies of policy change suggest these types of exogenous factors can influence the policy process, but these scholars have yet to systematically examine their impact on the policy process, let alone their connection to reactive voting.

My study aims to fill this void. I essentially replicate the methodology used in other quantitative studies of the agenda setting process, although I add a series of independent variables that serve as proxies for social context. Broadly speaking, most studies of agenda setting and policy change measure the influence of a handful of independent variables (e.g., media attention, problem features, public opinion, etc.) on policy legislative attention (SEE: Birkland, 2006; Kingdon, 2003). Borrowing from this literature, my dependent variable (*Policymaker Attention*), measures the number of references to key words recorded in *The Congressional Record* between the years 1995 and 2015. *The Congressional Record* is a running record of all statements made on the floor of the U.S. Congress. The *Congressional Record* is thus widely used as a surrogate measure of agenda setting. Consistent with other studies of agenda setting, dependent variable data is measured at the quarter-year level. This approach corrects for lags in policy activity (DeLeo, 2018). The greater the number of references to an issue, the more likely it is that the issue has been granted space on the government agenda. I collected this data on January 8, 2018 from the U.S. Government Publishing Office website, which provides public access to a selection of federal government information.

My dependent variable consists of two levels of specificity. First, I filtered *The Congressional Record* for the words "health reform" or "healthcare" for the years 1995-2015. This search shows policymaker attention to the broad category of all health-related issues. Second, I filtered within those results for the words "prevention" or "preventative medicine." This more targeted search shows policymaker attention to health-related issues on preventative medicine specifically. This second layering of coding helps ensure that I am truly measuring attention to *preventative medicine*, as opposed to simply health care reform, a related but ultimately much broader topic.

My study includes five independent variables, three of which are consistent with previous models of agenda setting and two of which measure social context (in this case, the health and fitness revolution). The first previously studied variable, *NYT Mentions*, records the number articles published in the *New York Times* on the topic of preventative medicine between the years 1995 and 2015. The media is widely accepted as a means of message involvement or "the relationship between the individual and some form of communication" (Hollander, 2007, p. 379). In particular, political involvement is whether a political issue is important to oneself. Numerous studies show correlations between newspaper exposure and political involvement (e.g., Druckman, 2001; Johnson & Kellstedt, 2014; Reichert & Print, 2017), so I utilized *New York Times* articles as a proxy for political involvement regarding preventative healthcare. Using LexisNexus online database, I measured media coverage by filtering articles from the *New York Times* for the same key words as those of my dependent variable.

My second previously studied variable, *President*, uses partisan control of the presidency. Partisan control of the presidency serves as a predictor for the types of legislation that reaches the governmental agenda. This is especially true in the area of health care, which has historically seen a great deal of presidential involvement (Blumenthal, 2010).

My third and final previously studied variable, *Public Opinion*, measures public opinion on the topic of health care. Many public officials are accused of being "poll driven," as they look mainly to public opinion polling data to assess their political and policy options. Thus, public opinion polls are often a predictor of agenda setting (Birkland, 2011, p. 51). For data collection of public opinion on prevention, I utilized data from the Gallup Poll Series. The specific question I referenced is "What do you think is the most important problem facing this country today?" This question appears annually in the Gallup Poll Series.[2] I used the percentage of respondents who answered "healthcare" as a proxy for the level of priority that citizens assign to the issue of healthcare.

My remaining two variables work to measure the social environment. One trend that is particularly relevant to my study of preventative health policy is the public's exercise habits, a key aspect of chronic disease prevention ("Chronic Disease," 2016).

[2] Note: This question is consistent for all years of data series except for 1996. The question recorded for 1996 is "Asked of re-contacted registered voters: Now that Bill Clinton has been reelected president, what do you feel should be the top priority for the Clinton administration in his second term?"

Exercise habits also play into the concept of salience; individuals who incorporate preventative health measures into their daily lives may be more likely to recognize both their effectiveness and the need for greater incorporation of these measures in the healthcare system. Accordingly, my fourth variable, *Fitness Centers*, reports data for the number of fitness centers in operation as a proxy measure for the magnitude of the public's exercise habits. I used data from the 2015 U.S. Census, which includes the number of establishments in each industry according to the establishments' respective NAICS code. In the section entitled Geography Area Series: Country Business Patterns, I collected data for the number of establishments registered under NAICS code 71394 Fitness and Recreational Sports Centers.[3]

Another societal trend that is relevant to preventative health care is diet quality. According to the Centers for Disease Control and Prevention, the health risk behavior of poor nutrition "cause(s) much of the illness, suffering, and early death related to chronic diseases and conditions" ("Chronic Disease Overview," 2017). Thus, adequate fruit and vegetable consumption is a preventative healthcare measure. My final variable*, Fruit and Vegetable*, reports annual fruit and vegetable availability per capita. This data is from the ERS Food Availability (Per Capita) Data System (FADS) through the United States Department of Agriculture website. "Food availability estimates measure food supplies moving from production through marketing channels for domestic consumption. The food availability data series is a popular proxy for actual food consumption" at a national level ("Food Availability Documentation," 2018). Specifically, the data are commonly used to "assess changes in estimated food consumption relative to major nutrition or policy initiatives" ("Food Availability Documentation," 2018).

In order to test the relationship between social context and issue attention, I built a multi-level, hierarchical model that uses negative binomial regression analysis. Whereas my *New York Times* and *Policymaker Attention* data is granular and measured quarterly, all of the other data is reported yearly. Hierarchical modelling allows me to tease out the interactive effects between these various "levels" of data by nesting the quarter year data (*Policymaker Attention* and *New York Times*) *within* larger yearly trends in social context (*Fitness Centers* and *Fruit and Vegetable*), partisan control of the presidency, and public opinion. This approach provides a more comprehensive depiction of the ways in which these larger societal trends, which might take years to influence policymaker thinking about an issue, shape policy outcome. Note also that my dependent variable consists of count data, hence my decision to use negative binomial regression analysis. This is the approach that is consistent with other studies of agenda setting in public health domains (DeLeo, 2018).

[3] Prior to 1997, the number of fitness centers is recorded under SIC code 7991 Physical Fitness Facilities.

IV. Results

Table 1 below provides a summary of the variable definitions, as well as summary statistics.

Table 1
Variable Definitions and Summary Statistics

Variable	Definition	Obs.	Mean	Std. Dev.
Dependent Variable				
Policymaker Attention	The number of mentions of "prevention" and "preventative medicine" recorded in The Congressional Record.	84	27.68	18.17
Independent Variables				
NYT Mentions	The number articles published in the New York Times filtered for the key words "prevention" or "preventative medicine."	84	2.90	2.18
President	Dummy variable indicating the partisan control of the presidency through assigning numerical values of "0" (Democrat) or "1" (Republican).	21	-	-
Public Opinion	The percentage of respondents who answered "healthcare" to the annual Gallup Poll Series question, "What do you think is the most important problem facing this country today?"	21	9.10	4.54
Fitness Centers	The number of fitness centers in operation registered under NAICS code 71394 Fitness and Recreational Sports Centers, per the 2015 U.S. Census.	21	26,577	6,549
Fruit and Vegetable	Annual fruit and vegetable availability (in pounds) per capita, reported by the U.S. Department of Agriculture.	21	676.05	31.11

Table 2 shows the results of four negative binomial regression models. The reported coefficient is the incident-rate ratio, the percentage increase in the outcome associated with a unit increase in the predictor. Model 1 regresses *Congressional Record* mentions on mentions of health care in *the New York Times*. Model 1 predicts that for every added mention in the *New York Times*, there is a 7% increase in the number of

mentions in the *Congressional Record*. The constant value (22.4) is the baseline number of mentions in the *Congressional Record* in a quarter in which there were no mentions in the New York Times. As predicted, New York Times coverage is an important predictor of Congressional Record activity.

TABLE 2
NEGATIVE BINOMIAL REGRESSION ANALYSIS

Independent Variables	Model 1 Fixed-effects NYT	Model 2 Random-effects NYT	Model 3 Random-effects NYT & Fitness Centers	Model 4 Random-effects All Predictors
NYT Mentions	1.07* (0.04)	0.93** (0.03)	0.93** (0.02)	0.93** (0.02)
Fitness Centers			1.01*** (0.002)	1.00 (0.002)
Public Opinion				1.50 (3.78)
Fruit and Vegetable				0.99 (0.005)
President				1.49 (0.38)
Constant	22.4*** (2.77)	28.84*** (4.72)	29*** (3.70)	16.21* (7.49)
Log(alpha)	-0.92 (0.17)	-2.31*** (0.29)	-2.32*** (0.28)	-2.32*** (0.28)
Var(uj)		0.41** (0.15)	0.20** (0.075)	0.16* (0.063)
Chi-square	4.08	6.64	22.64	28.32
Log-likelihood	-350.2	-330.8	-323.7	-321.9

Standard errors in parentheses
$^{*}\ p < 0.05$, $^{**}\ p < 0.01$, $^{***}\ p < 0.001$

Since Model 1 ignores any yearly trend in Congressional Record mentions, the subsequent models fit a random-effects negative binomial regression in which the intercept is allowed to vary by year. Model 2 adds back *New York Times* mentions as a predictor. Each mention in the New York Times now decreases the predicted number of mentions in the Congressional Record by approximately 7%. This is a change in sign from the initial single level regression. This reversal is an example of Simpson's paradox, which denotes an inverse relationship between the predictor and outcome variance. This example of Simpson's paradox indicates that New York Times mentions and Congressional record mentions are related to a third variable, as revealed in Model 3.

[4] To improve interpretability the number of fitness centers is divided by 100, so a one-unit difference on the new variable represents a difference of 100 fitness centers operating in the US, and then centered at its mean.

Most importantly, Model 3 adds the number of *Fitness Centers* in the U.S.[4]. The coefficient on *New York Times* mentions remains virtually unchanged. The model predicts a 1% difference in the number of Congressional Record mentions between two years that differ by 100 in the number of fitness centers operating in the U.S. Accordingly, fitness centers show to be an integral predictor of congressional activity, suggesting that social trends do, in fact, play an important role in shaping policy outcomes. To my knowledge, this model represents the first time scholars of myopic voting and agenda setting have established a direct relationship between social trends—a variable that is rather exogenous to the policy process—and congressional activity.

Adding the Level 2 predictor of fitness centers decreases the variance of the random intercepts. That is, controlling for the number of fitness centers has the effect of making each year more similar to one another with respect to Congressional Record mentions. To compare Model 3 to Model 2, I employ a chi-square test using the difference in the log likelihood between two models. The change in log-likelihood (which measures the fit of the model to the data, with smaller values indicating a better fit) is statistically significant in comparison to Model 2 (chi-square = 18.96, $p < 0.01$). Thus, Model 3 is preferred over Model 2.

Model 4 adds the remaining Level 2 predictors of *Public Opinion*, *Fruit and Vegetable* availability, and a dummy variable indicating the political party of the *President*. Vegetable consumption did not have as robust of an effect on the legislative agenda as fitness centers. Adding the Level 2 predictors does not change the estimation of the effect of New York Times mentions; however, the coefficient on the number of fitness centers is no longer significant. None of the level 2 predictors are as significant in this model. Further, a chi-square test comparing the model fit of this model to Model 3 is not statistically significant (chi-square – 3.84, $p > 0.05$). Thus, for primary analysis, I select Model 3.

V. Discussion and Findings

This study intended to advance the literature on myopic voting and anticipatory policymaking through examining preventative healthcare policy attention, a previously neglected domain in this literature. I utilized a multi-level regression model to test the influence of a collection of social and political factors on preventative healthcare agenda setting. Unlike existing studies, my study placed an emphasis on the importance of social context in the policy environment. Social trends proved an integral part of Congressional agenda setting. Accordingly, my study yielded three important findings.

First, social context matters a great deal. Policy scholars have acknowledged that social context matters, but few have systematically analyzed the effects of social trends (Kingdon, 2003). The Fitness Revolution may not seem political on its surface, but policymakers are not immune to these trends. Specifically, my model shows that the independent variable that is most closely related to congressional record mentions is

the number of fitness centers, which is directly proportional to the number of mentions of healthcare in the congressional record. For every increase or decrease of 100 fitness centers, there is a 1% change, in the same direction, in healthcare mentions. This finding provides important insight into the ingredients of voter behavior. Of all independent variables, the measure for the public's exercise habits represents the variable that requires the highest level of involvement by voters. Further, the fitness revolution represents a lifestyle change for a significant portion of voters. With lifestyle change comes shifting voter priorities, which policy makers are receptive to, as my results reveal.

Second, my study calls into question whether all policy is truly problem driven. According to existing literature, agenda setting occurs in response to negative events. My research suggests a different path. The positive trends of the number of fitness centers and fruit and vegetable availability are closely related to issue attention. In this case, the relationship between a problem and policymaking occurs in the inverse. Instead of trying to fix a problem, policymakers are capitalizing on positive momentum or social trends. This is not to say that everyone is on board with the Fitness Revolution, but the pattern is fundamentally different.

Third, this study suggests alternative strategies for overcoming myopic voting. My results call into question literature on myopia's top-down strategy for encouraging greater preparedness or prevention. Policy scholars tend to talk about prevention as top-down, whereas the healthcare domain suggests that bottom-up, or culture-altering, strategy works better. Thus, the key to addressing inefficient policymaking is filling the gap between reactive and preparedness policy. Preventative healthcare cannot come from government policy alone—the most effective way to implement such activities is to create a culture of prevention. Congress followed the lead of the growing fitness culture through bottom-up strategy. Aldrich (2012) describes similar findings on the relationship between social capital and resilience. This study depicts how social networks and connections are largely the drivers of successful recovery after disasters. My study suggests that communal activities not only serve as a cultural building block, but also as predictors of policymaker behavior.

VI. Conclusions and Implications

My findings provide the frameworks for streamlining policymaking efforts. First, policymakers must assess social context. Second, policymakers should look to positive social trends for legislative guidance before devising solutions to problems. In other words, it is more effective to capitalize on existing positive momentum rather than to attempt to implement an entirely new approach to domain improvement. Voters are more receptive to riding a positive trend than to accepting a proposed problem solution that up-ends current social behavior. Third, policymakers should take a bottom-up, cultural-altering approach rather than a top-down approach. They should look to influence the underlying cultural norms and trends instead of simply adding a top layer of constraining laws.

This study suggests the possibility of new sub streams of research within agenda setting literature. However, there are three key areas for future research that my study does not address. Firstly, my study only examines the area of healthcare. Future research of other areas could answer the question of to what extent social context shapes other policymaking domains. For example, substance abuse policy has shaped social marketing restrictions for smoking and drinking. "Cigarette advertisements on television and radio were banned in 1970," and the nation has since seen a dramatic reduction in cigarette smoking behavior (Durbin, 2014). Due to this legislative success, many are calling for similar restrictions on electronic cigarette advertising (Durbin, 2014). Further supporting this social context-focused policymaking strategy, alcohol advertising restrictions have proven to reduce the prevalence of hazardous drinking (Bosque-Prous et al., 2014). Domestic violence policy is another example of an area that may have implications in social changes as a means of policymaking strategy. The Jeanne Geiger Crisis Center has developed a nationally recognized framework of individualized intervention plans focused on "increasing victim safety and offender accountability" ("Jeanne Geiger," 2018). Such culture-altering programs may be successful in the form of national policy in the domestic violence policy domain. In these three domains, policymakers seem to aim to alter societal trends through changing the very root of the problem – the culture that emulates it. Future research can seek to confirm these notions through systematic analysis similar to my model.

Secondly, my analysis does not consider the dynamics of policy change—it only looks at issue attention and agenda setting. The vast majority of the issues that are included in the Congressional agenda never pass through the legislation phase (Kingdon, 2003). Future studies could examine preventative healthcare in the later stages of the policymaking process. Thirdly, it will be interesting to see if the effects of the fitness revolution wane across time, or if congressional interest dies with citizen interest. Currently, the fitness revolution is a novel trend in the social, economic, and political spaces. Once these fitness habits and lifestyles become commonplace, they may influence congressional attention to a lesser extent.

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