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# Equality, Trust and Universalism in Europe, Canada and the United States: Implications for Health Care Policy

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Equality, Trust and Universalism in Europe, Canada and the United States:  
Implications for Health Care Policy

by

P. Christopher Palmedo

A dissertation submitted in partial fulfillment of the  
requirements for the degree of

Doctor of Philosophy  
in  
Public Affairs and Policy

Dissertation Committee:  
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Portland State University  
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## ABSTRACT

A number of theoretical explanations seek to describe the factors that have led to the position of the United States as the last industrialized Western nation without a universal health care program. Theories focus on institutional arrangement, historic precedent, and the influence of the private sector and market forces. This study explores another factor: the role of underlying social values. The research examines differences in values among ten European countries, the United States and Canada, and analyzes the associations between the values that have been seen to contribute the individualism-collectivism dynamic in the United States. The hypothesis that equality and generalized trust are positively associated with universalism is only partially true. Equality is positively associated ( $\beta = .301, p < .001$ ), while generalized trust is negatively associated with universalism ( $\beta = -.052, p < .001$ ). Not only do Americans show lower levels of support for income equality and universalism than Europeans, but the effect of being American holds even after controlling for socio-demographic and religious variables ( $\beta = .044, p < .01$ ). When the model tests the association of equality and trust on universalism in each region, it explains approximately 17 percent of the variance of universalism for the United States, and approximately 13 percent in Europe and Canada.

## **Dedication**

This dissertation is dedicated to the memories of Dr. Craig Wollner and Dr. Elizabeth Kutza.

## Acknowledgements

I am most appreciative to my dissertation committee, each of whom has played a role in helping me advance through this labyrinthine process. Of course, no one spent more time with me than my chair, Dr. Mark Kaplan, with whom I shared observations, laughs, agreements, and disagreements about how values connect to public policy. We also shared some frustration as I struggled through the complexities of quantitative research while, understandably, not always meeting his expectations every step of the way. Thanks for sticking with me throughout the process, Mark.

Dr. Hyeyoung Woo was particularly helpful in our meetings together, with her generous time and patience, and her astute insights about regression analysis. Dr. Neal Wallace has always exuded an optimistic calm in my interactions with him. Despite his occasional critiques of my work, he always presented a “way out” of any problem, which I most appreciated. And I couldn’t ask for a more valued graduate studies representative than Dr. Vikki Vandiver, who has also been a friendly force of positivity and wisdom every time I’ve been in her presence.

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procedure was successful and that she will soon be helping many more students advance through their graduate programs in the future.

With my family and friends, the virtue I'm most grateful for over these past years is patience. My wife Kelly, son Tree, daughter Sage, my parents, and my wife's parents have, to a person, been extremely patient and loving with me as I took longer than I'd initially hoped to complete this degree. And thanks for the proof-reading, Dad!

One friend of mine who deserves particular appreciation is the illustrious "Illinois" Doug Tracy, who listened to me, chided me, and encouraged me throughout this process from beginning to end, but always in a productive, caring and helpful manner. He is the true definition of a friend.

I'm appreciative of Portland State University's College of Urban and Public Affairs for exposing me to the study of values and their connection to political ideology and public policy. Courses by Henry "Bud" Kass on Cultural theory and Elizabeth Kutza on the values underpinning political ideology exposed me to new ways of thinking, which inspired me to pursue the direction of study in this dissertation.

Beth Kutza and Craig Wollner both left us much sooner than they should have. Portland State was deprived of a passionate historian in Dr. Wollner and a fine scholar on the nature of human values in Dr. Kutza, who encouraged me to pursue this field of study while she was terminally ill and unable to serve on my committee.

Dr. George Hough was generous with his time and his expertise while he was at Portland State. He helped me ensure my data was properly transferred from the World Values Survey database where I could conduct my analysis using SPSS.

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My experience as public affairs director for Northwest Health Foundation was enjoyable and rewarding but always very busy, and my research lapsed significantly during my tenure there. But that was my own doing; I received meaningful encouragement from Thomas Aschenbrener, NWHF president, who clearly felt personally affected by my progress toward the degree (or lack thereof). Thomas, thanks for your ongoing support.

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## CHAPTER I: INTRODUCTION AND RESEARCH OBJECTIVES

Since redistribution plays a greater role in the health care systems of other countries than it does in the United States, there is an implication that a more egalitarian ethos holds sway in Europe and Canada ... From de Tocqueville to the present, many observers have commented on the stronger role of individualism in the United States than elsewhere, but there is no consensus regarding its explanation.

— Victor Fuchs, *New England Journal of Medicine*, December 1, 2010

### **Rationale and Significance**

Why has the United States lacked a universal system of health care provision for all citizens? Even with the prospect of the Affordable Care Act continuing to take effect in 2014, this recurring question continues to engage and perplex scholars and policymakers alike. Different hypotheses have been used to explain the phenomenon of the United States as the only industrialized Western nation without a universal health system. Some scholars have focused on how the U.S. differs from other industrialized nations in its formal institutional arrangements (Hacker, 1998; Wilensky, 2002) or its historical roots which differ from those of Canada (Lipset, 1990). Others point to the pluralistic structure of American politics, which has led to the enormous control over the system by the private sector and historically powerful special interests (Broder and Johnson, 1996; Fuchs, 2010; Gordon, 2003; Hoffman, 2000; Moran and Alexander, 1998; Quadagno, 2005; Skocpol, 1996). While each of these theoretical explanations have their proponents, none addresses the question posed by Victor Fuchs at the outset: the extent to which a distinctively individualist culture has played a role in historically preventing the U.S. from adopting a system of universalism in its delivery of health care benefits.

This research explores the role of underlying social values by examining the degree to which equality and generalized trust at the aggregate national level can explain a nation's support for universalist policies. The study also looks at the differences of support for universalist policy among Europeans, Americans and Canadians, and examines the effects demographic factors have in explaining these associations.

Assessing relationships among different values quantitatively helps us better understand the assumptions we make about these values. For example, Fein and Richmond (2005) hypothesize that American support for universalist welfare policy is predicated on support for reducing inequality. This hypothesis can be tested by quantitatively assessing the relationship between the values of universalism and equality among Americans. Comparing these relationships across Europe, Canada and the United States would further expand the insights and be valuable to this dialogue. Similarly, Berg and Bjornskov's hypothesis that "trust is high in universal welfare states, not because welfare state universality creates trust, but because trusting populations are more likely to create and sustain universal welfare states," (p.1-2) can be substantiated by examining the associations between levels of generalized trust and support for universalism among nations. If levels of generalized trust bear no relationship to levels of support for universalism, generalized trust may thus not be a factor in support for welfare policies. However, if there is a strong connection, generalized trust may be a variable to consider in explaining a nation's failure to adopt universalist policies.

As much as "values" are increasingly evoked in political discourse and the media, there remain relatively few cross-national empirical public opinion studies examining the

association between specific named values (i.e. generalized trust, equality) and support for universalism. As this dissertation argues, an empirical quantitative study examining the strength of these associations has implications about the extent to which a nation's population is willing to embrace a universal health care system (Maioni, 1998; Moran, 2000; Quagnagno, 2004).

### **Research Objectives**

#### **Objective One: Identify the strength of the relationships between values of equality and trust and support for universalism.**

The first objective of this research is to examine public opinion research data from the most recent wave of the World Values Survey (2005-2007) to determine if there is a statistically significant relationship among twelve Western nations between support for greater income equality and support for universalism (measured by the statement that “the government should take more responsibility to ensure that everyone is provided for”) and also to determine if there is statistically significant relationship between generalized trust and support for universalism.

#### **Objective Two: Identify how the values under study, and the associations between them, differ between the United States, Canada and Europe.**

This second objective of this research is to provide insight into how the U.S. may differ from Europe and Canada with respect to support for universalism and its

relationship with equality and trust. This research objective is particularly concerned with informing policy around universal health care in the United States, Canada and Europe. While discussions of individualistic values are not always central in the debate over health care policy, historical accounts have demonstrated that these values have had an effect in the United States on the ultimate outcome of health care reform proposals throughout the twentieth century — beginning with the rejection of the Progressive era health care reform attempt of 1916 and continuing through the defeat of the Clinton plan in 1996 (Hoffman, 2001; Nye, Zelikow, and King, 1996).

This study is thus intended to inform the debate on policies relating to universalism, and particularly around universal health care policy, which has become the cornerstone of universal welfare policy (Maioni 1998; Moran, 2000; Quadagno, 2004). The objective here is to examine the extent to which these levels of equality and universalism differ between Europe, Canada and the United States using statistical data about the relationship between equality, trust, and universalism. While there is a great deal of ethnic, religious and cultural commonality between Europe, Canada and the United States, this study seeks to provide a quantitative analysis for how these regions may differ in their attitudes toward universalism.

This dissertation is expected to provide insight to both academic scholars and public policy makers, particularly in the United States, by providing a deeper level of knowledge about universalism and other values that are associated with it, because of its implications on national health care policy. For example, the research conducted in this study may guide health care reform advocates in the United States to consider American

public opinion on fundamental values when seeking to develop a particular type of health care system for the United States. In other words, to what extent is the above introductory quotation by Victor Fuchs true? Providing statistical context to the individualism v. equality value may help policymakers better understand the public they are serving (compared to the “public” that is served in Europe and Canada) as American policymakers devise policy to appeal to serve a nationwide population in the United States.

In their book, *The Health Care Mess: How we got into it and what it will take to get out* (2005), Julius Richmond, M.D. and Rashi Fein, M.D. state that “we cannot expect to achieve universal health insurance without a collective decision that our value system calls for equity and that we are prepared to take the necessary redistributive steps to achieve it” (p.263). This dissertation seek to provide insight in determining how realistic this “collective decision” is by (1) measuring the American public’s value system of equality, and (2) determining the validity of the connection between the value of equality and that of universalism. This process requires measuring these values at a national level, testing the relationships between them, and then comparing the strength of the relationships between the United States and other nations. In the final analysis, the study is constructed to be able to propose an empirical answer to the question, “how far is the United States from Richmond and Fein’s simple directive?”

Likewise, as generalized trust has been linked to more efficient economies (Putnam 1993, 2000) flourishing civil societies (Fukuyama, 1995), higher levels of population health (Kawachi and Berkman, 2000) and greater economic equality (Knack



and Keefer, 1997), it makes sense to ask if this value can be used to predict the level of support for universalism in a society. Perhaps it is trust, and not the collective decision of equality that is more closely connected with universalism.

### **Control variables**

This study will also identify specific independent demographic variables and control for the extraneous, and potentially confounding, impact of these variables on the relationship between the values of equality and universalism and between trust and universalism. The literature review documents the demographic variables that have been identified by previous research as worthy of examining to determine if they have a statistically significant relationship with the dependent variable of universalism.

## CHAPTER II: LITERATURE REVIEW

This chapter provides a review of the literature surveying how values have been studied and understood within various academic and policy domains; which values have been understood to connect to well-functioning democracies; and how these values vary among different Western nations. Focus is placed on universal health care policy. The review includes a discussion of how values have been understood to have affected efforts to enact universal health care policy in the United States.

### **Values and Public Policy**

According to the Oxford English Dictionary, values represent “one’s judgment of what is important in life” (OED Online, 2012). The American Heritage Dictionary defines values as “beliefs of a person or social group in which they have an emotional investment, either for or against something” (Pickett, 2000). In this dissertation, importance is placed on the phrase “for or against” as an important part of the definition. This element of having a choice between two opposing directions is also underscored in the definitions provided by other key scholars on the domain of human values research (Rokeach, 1973; Haidt, 2012; Hechter, 1993; Hitlin and Piliavin, 2004).

In *Dictionary of Social Sciences* (1964), Gould and Kolb write “Social scientists for the most part have confined their attention to values as empirical variables in social life whose scientific importance is not so much dependent on their validity and correctness as upon the fact that they are believed by those who hold them” (p.744). This

dissertation also confines its attention to the mere empirical assumption that values are believed by those who hold them, and does not broach a normative exploration of whether some values are more beneficial than others for a society to hold.

The nature of conflict that emerges when comparing and contrasting values is essential to the idea that aggregated differences in individual values within a population yield to differences among populations (Inglehart 1977, 2000; Fancy, 2004). Thus, studying values differences among populations is also a fundamental element of this research study, which examines how these aggregate differences among populations can help predict attitudes about public policy, and shed light on the examination of health care policy in Europe, Canada and the United States.

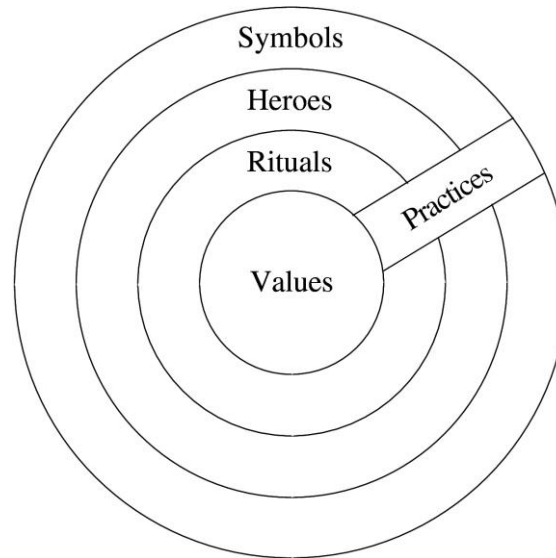
The definition of values provided by Milton Rokeach (1972) reflects the often oppositional, “for or against,” nature of human values: “To say that a person has a value,” Rokeach writes, “is to say that he has an enduring belief that a specific mode of conduct or end-state existence is personally and socially preferable to alternative modes of conduct or end-states of existence” (p. 159). Likewise, Rokeach (1973), in what is considered to be a landmark in its comprehensive exploration into the nature of human values, defines a “values system” as “an enduring organization of beliefs concerning preferable modes of conduct or end states of existence along a continuum of relative importance” (p.5).

This crucial aspect of the oppositional nature of human values can be contrasted with the notion of “universal values,” which hold the roughly equal worth for virtually all people (Schwartz, 1990). Universal values include the philosophical approach to

determining the nature of those universally intrinsic values that all of humanity is thought to embrace when it reaches its full potential, such as peace, love, and truth. The concept of universal values is a separate field from that explored by this research study.

Hofstede (2001) reinforces this oppositional nature of values differences when he states “values are feelings with arrows to them. Each has a plus and minus pole” (p.6).

According to Hofstede, values inform such conflicts as good versus evil, irrational versus rational, and moral versus immoral. Hofstede (1997) also demonstrates the rippling effect of these shared values through his “onion diagram,” which illustrates how a society’s shared values influence the positive attributions that may be used in government or commercial communications. As the diagram indicates, it is through “practices” that values are infused into these other societal elements. Such practices may include public subsidies for sports teams and stadiums, which reinforce the value of sports teams and their stars. Another practice may be the fashion in which public parks are financed and used by the public. And finally, government-provided universal health care would fall into the category of practice, if the society valued the need for such a policy.

**Figure 2.1.****Hofstede's "Onion Diagram" of Values Influence (1997)**

In his exploration of the psychology of human values, Mandler (1993) proposes the notion that a value is “some representation that shapes our likes, dislikes, preferences, prejudices, and social attitudes, and that informs (but does not constitute) our moral judgments” (p.233). The values that Mandler refers to here, as with the values analyzed in this research study, are not exclusively the likes, dislikes, and prejudices themselves, but those core beliefs of individuals that influence attitudes and opinions about supporting or opposing a policy or other social concept.

**Distinguishing Values from Attitudes and Beliefs**

Perhaps the first to argue for a distinction between values and attitudes was Smith (1969), who wrote about being “embarrassed with a proliferation of concepts akin to

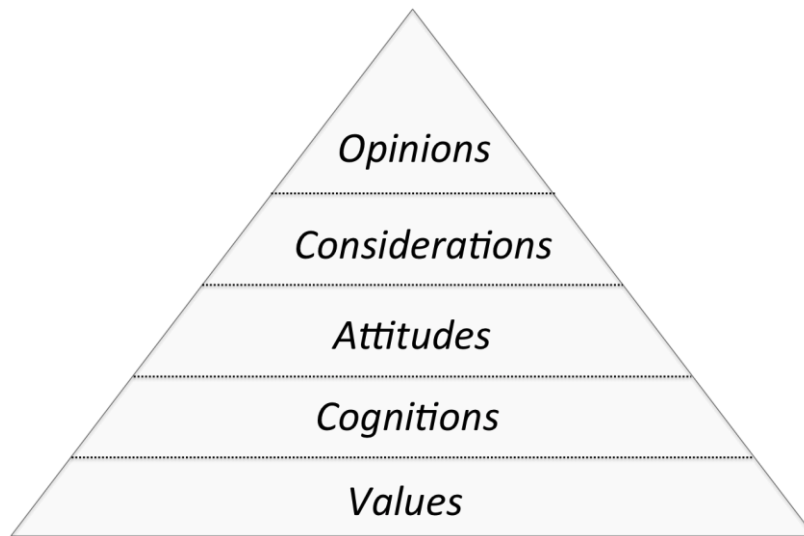
values: attitudes and sentiments (for example),” (p.97-98). Rokeach (1973) also expressed frustration with those who convolute values with other terminology, specifically, citing Converse (1964) and Campbell (1963) as violators of his more disciplined approach. Rokeach argued that while a value is a standard which transcends objects and situations, an attitude refers to an organization of beliefs which focuses on a specific object or situation. An attitude, according to Rokeach, is more of a manifestation of belief or opinion, while a value guides actions, judgments and comparisons across specific objects and situations and “beyond immediate goals to more ultimate goals” (p.18). This will serve as the accepted distinction for the purposes of this dissertation; specifically, that values are more abstract manifestations of opinion, and attitudes include an orientation toward specific objects, such as opinions about specific policies, political issues, situations, or individuals.

Bergman’s (1998) analysis on this subject is informative, as he reviews literature on this question of the difference between a value and an attitude. He concludes that the difference lies principally in the condition of abstraction; an attitude is how one feels about something specific and a value transcends specific things, issues, or policies. Others have expanded on this understanding, where it is now commonly agreed among scholars of values in such fields as psychology, social psychology, and sociology, that values address more philosophical ideals, while attitudes are generally applied to more concrete objects or issues (Hitlin and Pliavin, 2004; Hechter, 1993; Williams, 1979).

Consistent with the work of Rokeach (1973), Hofstede (1997), Bergman (1998) and others, this dissertation is also influenced by a hierarchical model originally proposed

by Lawrence (2006), which provides an illustration of the relationship between values, attitudes and specific public opinion issues:

**Figure 2.2. A Values – Opinion Hierarchy (Lawrence, 2006)**



The hierarchical structure of the model places factors that have greater variability over time at the top of the pyramid. Factors toward the bottom are more enduring and less subject to change and outside influences. An opinion about a specific presidential candidate or policy position can change from day to day, depending on developments reported in the news, for example. However, these opinions are also influenced by the more longstanding foundational factors found toward the bottom of the pyramid that are less likely to change over time.

Values, in this model, represent the foundational core beliefs held by an individual or community toward basic philosophic questions such as the importance of equality, freedom, or the nature of the relationship between government and society. Willingness to generally trust others can legitimately be categorized as a value, or as a cognition; nevertheless, the case made in this study and underscored by previous literature is that generalized trust, equality and universalism are all deeply held beliefs that hold steady over time, and are all understood here to be considered values.

Cognitions in this model refer to heuristics or assumptions taken from information we know (or think we know), and may include stereotypes, perceptions, schema, images and symbols (about terrorists, environmentalists, Republicans, immigrants, business executives, etc.)

As discussed later in Chapter II, attitudes refer here to an orientation to specific objects or issues. While values are more abstract manifestations of opinion, attitudes focus on specifics such as specific public policies, political issues, or situations.

Considerations in this model refer to cues representing experiences that can influence one's opinion in different directions, such as recent personal events (i.e.



experiencing a theft or being treated for disease) or viewing a compelling news story.

Considerations are often the ultimate influencing factor when people express an opinion and often interfere with the answer that would have been provided at another time and place (Bennett, 1985).

Preferences related to values can manifest themselves powerfully, or relatively unassertively, depending on an individual's personality traits, recent experiences, how strongly one holds each particular value, and how personally invested the individual may be in a particular issue. Indeed, realizing that individuals hold a "value system" is an important component to understanding how different values play against each other, and represents an important strand of scholarship on the nature of human values (Williams, 1968; Rokeach, 1973; Mander, 1993).

Although the specific influence of human values on public policy is mediated by the additional factors within the public opinion hierarchical pyramid listed above, a strain of public policy literature has sought to establish the influence of values on public policy (Lipset 1963, 1996; King, 1973; Rokeach, 1973). The basic argument across this body of scholarship is simply that research has shown that policy patterns and aggregated core values have some degree of congruence. While Skocpol (1992) and Steinmo (1993) have indicated that the exact mechanisms through which values actually affect public policy remain implicit and even unclear, it nonetheless remains established that, in the words of Anglund (2000), "the alignments between values and public policy are highly suggestive of values influence" (p.28).

The correlation between values and policy can also be understood in the way a society determines how a given policy area represents a “problem.” Core values are evoked and employed to translate conditions into problems that need to be addressed (Kingdon, 1995). If a community’s or society’s values are not aligned with an understanding of a particular issue as being a “problem,” the issue is unlikely to be dealt with. Thus, if a population of a particular political state has a strong cultural orientation toward individualism and free market economic policies, the society may be less likely to consider unequal health insurance distribution in the population as a concern compared with a society that places a comparably higher value on equality.

An adverse condition becomes an identifiable “problem” once the public decides that something needs to be done about it, and it draws upon its core values to make this decision (Kingdon, 1995, Wildavsky, 1987). Kingdon argues that problems often come to the attention of policymakers through a “systematic indicator,” which, in the case of health care policy, for example, may be unacceptable rates of uninsured, disease rates, mortality rates or price inflation.

The values held by an individual or group ultimately determine how to label or evaluate a given condition, and consequently, allow that individual or group to identify that condition as a “problem” that is required to be addressed (Wildavsky, 1987; Aaron, 1994b; Daniels, 1994).

## **Studying and Reporting Values in the Social Sciences**

“Problems with values appear in all fields of the social sciences, and value elements are potentially important as variables to be analyzed in all major areas of investigation” (p. 205).

– Robin M. Williams (1968)

Early conceptualizations of the nature of human values in the context of public policy emerged from the work of C. Kluckhohn (1951) and, subsequently F. Kluckhohn and Strodtbeck (1961). Research by these scholars in the field of cross-cultural psychology was instrumental in helping advance the understanding of the benefit to the social sciences of studying values using the group as the unit of analysis. These groups could be specific cultures living within a single region, such as a tribal organization, or they could be as vast as the population of an entire nation. Kluckhohn and Strodtbeck (1961) also generated a theory, largely influential in the development of scholars who followed, including those who created the World Values Survey, that there were five basic types of problems that drew upon values to solve. These were time (past, present or future), the relationship between humans and their natural environment, the relationship of individuals with each other (e.g. hierarchical, equal, etc.), motivations for behavior (e.g. spiritual, physical), and the nature of “human nature” (e.g. good, evil, selfish, or a combination).

Despite early work in the field of social and group psychology, much of the literature seeking to catalogue, define and measure values has, since 1951, proven to be somewhat incoherent (Hitlin & Piliavin, 2004). In fact, there remains a balkanized nature to the study of values, as the field has not been universally adopted into any one domain

of scholarship. Rather, it has been embraced by such fields as political science (Lipset, 1996, 1990, 1979; Dobbin, 2001), psychology (Mandler, 1993), sociology (Hechter, 1993; Inglehart & Baker, 2000), social psychology (Rokeach, 1972, 1973; Howard, 2005), and cognitive linguistics (Lakoff, 2004). The study of values in the realm of political science has also been categorized as the study of “political culture” by Feldman & Zaller (1992); Hood (1990); Lipset (1996); Thompson, Ellis & Wildavsky (1990); and Wildavsky (1987). Research on the impact of values in the realm of political science has been conducted in the field of moral psychology by Haidt (2012) and Tetlock (1986).

Values have also been studied within the field of biology (Cavalli-Sforza, 1993; Roccas et al., 2002); however the results of these studies demonstrate the divergence of opinions among scholars in this field. For example, while Rokeach (1973) concluded that humankind is the only animal that can meaningfully hold values, a later study performed on chimpanzees concluded that these animal subjects manifested differing social goals, which has been attributed to underlying value systems (de Waal, 1993; Hitlin and Pilliavin, 2004).

Although the term “value” has held different meanings in the field of economics, there have been scholars within this field who have engaged in the study of values as it is explored in this dissertation (Arrow, 1987; Etzioni, 1988; Scitovsky, 1993). Henry Aaron, an economist and health care policy scholar, stated that he reached his understanding and his definition of human values beginning with an exploration of the economic study of incentives (Aaron, 1994a). He argued that policymakers traditionally viewed incentives as the key variable in influencing public policy and public behavior. Aaron initially

believed that if behavior leads to undesirable policy outcomes, incentives should be changed. However, in time, he noticed a growing body of analysis suggesting the inadequacy of this approach, and began to develop an understanding that a different type of values and norms — shaped by experience, family, and community — condition the efficacy of public policies. In *Values and Public Policy* (1994a) Aaron argues that “the formation of preferences is as essential a subject of investigation for public policy analysts as incentives and behavioral responses” (p. viii).

Schwartz (1993) attempted to develop a “science of values,” concluding, however, that developing coherent biology- or science-based theories of values is not an adequate method for understanding this field. Such understandings, Schwartz asserted, would only be possible if the study of science was to include a thorough contextual understanding of history and culture. According to Schwartz, “people are situated in particular times and places, are influenced by particular social norms and institutions and contribute to the development of new norms and institutions,” (p.183) thus asserting that values may have biological influences, but that social and environmental influences are too significant to discount in any meaningful study.

Despite the apparent lack of coherence among disciplines within the study of human values, some common understandings, assumptions, and agreed upon areas of research and debate have emerged among scholars, many of which have helped to define the scope of study for this research project.

**Terminal v. instrumental values**

Along with previous analyses between values and attitudes (Woodruff, 1942; Allport, 1961; Watson, 1966; Rokeach, 1973), a distinction has also been made between “instrumental” values on one hand and “terminal” (Rokeach, 1973; Wright 1971) or “immanent” (Hechter, 1993) values on the other. According to Rokeach, equality represents one of the eighteen “end-state” or terminal values. Rokeach does not specifically list “trust” as a value, but being broadminded, forgiving and honest are all included in the “instrumental” category (see Table 2.1):

**Table 2.1. The Rokeach Value System: Instrumental v. Terminal (1973)**

<b>Instrumental Values</b>	<b>Terminal Values</b>
Ambitious	A comfortable life
Broadminded	An exciting life
Capable	A sense of accomplishment
Cheerful	A world at peace
Clean	A world of beauty
Courageous	Equality
Forgiving	Family security
Helpful	Freedom
Honest	Happiness
Imaginative	Inner harmony
Independent	Mature love
Intellectual	National security
Logical	Pleasure
Loving	Salvation
Obedient	Self-respect
Polite	Social recognition
Respectable	True friendship
Self-controlled	Wisdom

Despite the differences of opinion and of categorization among values scholars, the distinction between universal and terminal values has not been determined in the literature to have significant implications for public policy. While Rokeach (1973) and Hechter (1993) sought to make this differentiation between instrumental and terminal values, their final conclusions did not rely on this distinction as a critical element of their research. In reviewing the differences between instrumental and terminal values, Schwartz (1993) questioned the utility of differentiating between these two categories. Even though he explored it at length, Schwartz concluded that the same values can express motivations for means as well as ends. For the purposes of this study, the values

of equality, trust and universalism will not be further defined into terminal or instrumental categories.

Building upon the work of Rokeach, Schwartz and Bilsky (1990) presented a theory identifying ten motivationally distinct value orientations that people in all cultures recognize, specifying dynamics of conflict and congruence among these values. As with the work of Kluckhohn (1951), Kluckhohn and Strodtbeck (1961), and Rokeach (1973), the theory proposed by Schwartz and Bilsky is an attempt at moving toward a unifying model for better understanding the nature of human motivation. While the intent of the research in this dissertation is not to advance any of the aforementioned theories of human values, it is hoped that the results provide elaboration on the work of these theorists who helped shape the understanding and conceptualization of human values and how they motivate individuals and groups.

### **Measuring and Reporting Values**

Because values are not strictly observable, and partly because they rest in the domain of the social sciences, measurement of values remains challenging (Hitlin and Piliavin, 2004; Hechter, 1993). In past studies, values have been measured by asking people to describe their own values, or asking people to respond to questions where the answers are coded according to value definitions (Hitlin and Piliavin, 2004). Values have also been coded based on observed behavior (Hechter, 1993).

The ranking approach developed by Rokeach (1973), named the “Rokeach Values Survey,” set a standard for measuring values that continues to be in use today (Hitlin and



Pilavin, 2004), particularly in the fashion in which it recognizes that different human values are often found to be in tension or competition with other values (e.g. income equality v. individual incentives, universalism v. individual responsibility, trust v. caution, privacy v. security, etc.) (Schwartz, 1992).

The World Values Survey, which provides the dataset for this research study, also adheres to this model of values existing in a state of tension. In seeking value rankings for equality, the World Values Survey instrument asks respondents to weigh their preference for income equality against the preference for maintaining income differences in the interest of creating incentives. Likewise, in the World Values Survey, the value of generalized trust (“in general, most people can be trusted”) is contrasted with the statement that one “cannot be too careful in dealing with people.”

In addition, a distinction has been made in terms of the levels of analysis of values in explanations of social, political, and cultural phenomena. While empirical studies seeking to measure, document, and understand human values do so at the individual level, researchers, most notably Inglehart (1977, 2000) have produced studies which examine values survey data from individuals which has been aggregated into group categories by country, gender, and geographic region.

This research examines values from the perspectives of both individual and aggregate levels of analysis, using the World Values Survey, which collects and reports data at the individual level and also aggregates the data by country. More on the World Values Survey sampling design is discussed in Methodology section in Chapter III.

## **Measuring Values through Public Opinion**

Because this research study analyzes values captured through a worldwide set of public opinion data, some discussion of the relevance of the relationship between public opinion and public policy is in order. Public opinion is the study of how people form or share judgments about problems, goals, or issues, and changes across time and space (Bennett, 1980). Despite his contention that public opinion can be quantified, Bennett also warns of the “state of consciousness fallacy.” This is the assumption that some common principle or logic underlies the opinions of different individuals in the public and informs or shapes expressions of public opinion. Indeed, important questions about public opinion have a tendency to remain “unanswered and muddled” (Jacobs & Shapiro, 1994). Furthermore, it has also been shown that public opinion toward government can also differ across different policy domains (Feldman & Zaller, 1992; Page & Shapiro, 1983).

Among the findings that have been concluded, however, is that public opinion across a number of domains, including policy around government provided health care, does shape politician behavior (Jacobs and Shapiro, 1994). Opinion is also shaped by historical and institutional influences, such as the findings that Americans’ positive feelings about the universal Social Security program enacted in the late 1930s helped influence the passage of Medicare during the mid-1960s (Skocpol, 1994; Jacobs, 1993). Thus, public opinion can also be seen as a “feedback loop,” both influencing public policy, and also providing important information to politicians about existing policy. As such, public opinion can be seen as both an independent variable and a dependent

variable. In fact, it has been established that public opinion data is both an input to and an output of the American political system (Bennett, 1980).

There is a great deal of evidence to confirm that policymaking involving universalism and welfare is influenced by public opinion — specifically by the particular results yielded from opinion polling (Page & Shapiro, 1983; Jacobs and Shapiro, 1994; Skocpol, 1994). Public opinion research played a strong role in the development of the Clinton health plan (Johnson & Broder, 1996), beginning with the election to the Senate of Harris Wofford in 1993, who closely monitored poll results and even assembled focus groups specifically around health care policy (Skocpol, 1994).

### **Universalism: A value and a policy choice**

A central component of this study is the examination of public support for “universalism” in Europe, Canada and the United States. Universalism serves as the response variable in the statistical analysis, which examines the extent that equality and trust are associated with universalism and how these associations differ among western nations. The universalism variable is operationalized by examining the extent to which people believe that “the government should take more responsibility to ensure that everyone is provided for.” World Values Survey respondents are asked to state their level of support for this view as contrasted with the view that “people should take more responsibility to provide for themselves.”

This dissertation also includes an analysis of how values have influenced the politics of national health care throughout American history. The assertion that studying

the level to which universalism is embraced by the American public can provide informative insight into the study of health care policy in the United States will be further explored in Chapter V.

As a value, universalism can be understood in the context of the individualist-collectivist tension that has existed throughout human history, and certainly throughout American political history. As Henry David Thoreau wrote in “Civil Disobedience” (1849), “I heartily accept the motto, ‘That government is best which governs least’; and I should like to see it acted up to more rapidly and systematically.” As Quadagno and Street (2005) observe with regard to Thoreau, “this thesis is that any power given to the government is subtracted from the liberty of the governed, a concept best captured by the term “anti-statism” (p.52).

The term “universalism” has been employed in political science and political philosophy to define the policy of government providing for its citizens at an equal level of benefits for all. The nature of these “equal benefits” can be defined in different ways, from equality of opportunity, to equality of need, to equality in number, and can be measured in various ways as well. As Titmuss explained in 1968:

In any discussion of the future of what is called “the Welfare State,” much of the argument revolves around the principles and objectives of universalist social services and selective social services. Consider, first, the nature of the broad principles which helped to shape substantial sections of the British welfare legislation in the past, and particularly the principle of universalism embodied in such postwar enactments as the National Health Service Act. One fundamental historical reason for the adoption of this principle was the aim of making services available and accessible to the whole population in such ways as would not involve users in any humiliating loss of status, dignity or self-respect. There should be so sense of

inferiority, pauperism, shame or stigma in the use of publicly provided service; no attribution that one was being or becoming a 'public burden.' Hence the emphasis on social rights of all citizens to use as responsible people the services available by the community in respect of certain needs which the private market and the family were unable or unwilling to provide universally (p.40).

Universalism can thus be understood by what it is not as much as by understanding what it is. Universalism can be contrasted with a government's policy of providing no public benefits at all, with individuals providing completely for themselves. And it can also be contrasted with a policy seeking to reduce poverty by "targeting" benefits or services to individuals at levels commensurate with "need," or "means," however those needs are measured (Skocpol, 1991). Additional analysis of the contrast between universalism and means-testing is explored by Esping-Andersen (1990), who developed a typology of welfare states, consisting of liberal, corporatist-statist, and social democratic models. Among the dimensions explored by this typology is "the degree to which individuals or families can uphold a socially acceptable standard of living independently of market participation" (p. 37), as well as the level of social stratification and inequality that result from social policies. Thus, the connection Esping-Andersen makes between policies of universalism and the goal of affecting social equality supports the objectives of this dissertation which seeks to explore the connection between the values of universalism and economic equality in Western nations.

In 1949, T. H. Marshall wrote that the ideological foundation for universalism emerged from the evolution of civil rights into political rights, and then ultimately social rights, entitling individuals to "a certain standard of civilization which is conditioned

only on the discharge of the general duties of citizenship” (Marshall, 1964, p.24).

According to Marshall, these social rights were largely economic investments such as minimum wage laws, public education funding, and national health care programs, which were designed, in part, to reduce drastic inequalities within the population. As Hasenfeld & Rafferty (1989) argue, a great deal of research has revealed that popular support for universalist programs has been shaped to a significant level by the interplay between economic individualism, or the work ethic, on the one hand, and social equality or collective responsibility, on the other (Hasenfeld and Rafferty, 1989; McCloskey & Zaller, 1984; Wilensky, 1975).

Certain studies have attempted to isolate variables that most strongly correlate to support for the welfare state. For example, Rokeach (1973) concluded that these two values of equality and freedom alone significantly underlie similarities and differences in major ideological orientations. Furthermore, Rokeach argued that “if we know nothing more about a person than where he stands with respect to these two distinctively political values we should be able to predict his position with respect to all the major ideologies and toward the major reference persons and groups associated with the major ideologies” (p.190). This research is supported by similar studies and intellectual explorations before and since about the nature of collectivism versus individualism (Tocqueville, 2001/1835; Lipset, 1979; McCloskey & Zaller, 1984; Bellah et al., 1985), all of which examine the tension between the decidedly individualistic nature of the American public and the culture’s longstanding emphasis on respecting and ensuring economic equality among its citizenry.

Research thus far on the correlation between specific individual values and support for universalism has essentially concluded that societies and individuals both hold a mix of values which operate together to inform the overall level of support one holds for social welfare programs (Feldman and Seenbergen, 2001; McClosky and Zaller, 1984). However, the establishment of direct correlations between values and attitudes of support for the welfare state remains somewhat incomplete. Although some studies have shown relationships between the value of equality and attitudes for or against policies of universalism (Bobo, 1991; Lipset, 1990; Kuegel & Smith, 1986), other research has indicated a possible reinforcing effect of existing institutional arrangements and history on popular support for universalist welfare policies, with less of an influence coming from culture and values (Dobbin, 2001; Hacker, 1998). It is hoped that this study will contribute to this ongoing inquiry by examining the relationship between the equality, trust and universalism constructs, using the cross-national World Values Survey data set.

Studies investigating how the values of United States residents compare with those of other Western nations have led to disparate conclusions. Historical examinations of how the interplay of this mix of values operates within the United States often find that the individualist value preference overshadows America's commitment to equality (Micklethwait & Wooldridge, 2005; Lipset, 1996; Bellah et al., 1985; Hofstadter, 1944). However, this conclusion is certainly not unanimous. Other studies have concluded that the American tendency toward individualism may becoming less dominant than it has been in the past. Research has indicated that values such as humanitarianism and

egalitarianism may be more present than has previously been assumed or indicated from earlier research (Feldman & Steenbergen, 2001; Bobo, 1991; Mann, 1970).

In addressing the issue of health policy, Rowley (2003) asserted that the health care system in the United States is in need of transformation, but further argued that the underlying problems will not be addressed until the American public develops a consensus on the values it desires in any new system that is intended to meet societal needs. Anttonen (2012) also states that declaring universalism to be a societal value is a precondition for achieving policies of equality and, ultimately, reaching total equality among citizens. While previous studies have concluded that the “values mix” in the United States may not permit this consensus to occur, there is still work to be done in understanding the values that predict support for social programs such as universal health care, and learning how to more effectively stimulate or encourage those values in Western society.

### **Universalism: Implications for health care reform**

While the World Values Survey does not include a question specifically asking about support for universal health care, the literature confirms a close relationship between universalism generally and the policy of universal health care provision. As Antonia Maioni has written (1998), studies examining the universalism can be invaluable to the study of health policy in any given country or region. “Health insurance,” she writes, “represents a central pillar of the welfare state because it can be seen as a social right of citizenship and it is the largest social expenditure” (p. 2).



Moran (2000) has argued that health care policy should be considered the primary source of evidence related to the changing politics of the welfare state. Specifically, he also makes the case that health care should be the central element of any policy analyst's understanding of a nation's approach to universalism. Indeed, Moran argues, the experience of health care reflects, in every important way, the wider experience of the universal welfare state. Jill Quadagno used the universal social welfare policy and national health care interchangeably in her research publication (2004) "Why the United States has no National Health Insurance: Stakeholder mobilization against the welfare state 1945-1996."

If it can be shown that the values of equality and/or trust can be associated with value of universalism, and that these values are statistically significantly stronger in Europe and Canada than the United States, these findings will contribute to an explanation of why, in 2014, the U.S. continues to resist the implementation of a single national health care system.

### **Why the United States has lacked a universal health care system:**

#### **Theoretical explanations**

The earliest universal welfare policies began in Imperial Germany during the 1880s, when Kaiser Wilhelm and his chancellor Otto von Bismarck instituted programs such as health insurance, pensions and workplace regulations, to prevent the socialist party from winning majority power in Parliament (Hoffman, 2001). After the First World War, authors such as Thörnberg in Sweden and von Wiese in Germany began to argue

that every citizen could be the beneficiary of social policies (Anttonen and Stefansson, 2012). This view became dominant after the Second World War when British policymakers, chief among them William Beveridge, began using a new language of universalism and social justice (Anttonen & Stefansson, 2012). In 1948, the United Kingdom implemented its universal National Health Service, followed by universal health care programs introduced in Sweden, Norway, Denmark, and Finland between 1955 and 1965. Universal health insurance was implemented in Saskatchewan, Canada in 1962 followed by the rest of the nation during the late 1960s. Other European countries introduced universal health care mostly in the 1970s, with Switzerland adding its program in 1996.

Currently, all European Union member states provide universal health care to their populations. Coverage is provided to 100 percent of the population, although in Germany and the Netherlands some people rely on private insurance or are required to cover some portion of the costs themselves (Gevers et al., 2000).

Yet despite the adoption of universal health care policies throughout Western Europe and Canada, the United States of course never managed to adopt such a policy. While this has left a series of bitter and complex political battles in the wake of these failed efforts over the course of the 20th century, the failure to achieve universal health care in the United States. has also created an academic battlefield over the causes of this repeated breakdown in policy adoption.

Within the varied scholarly attempts to explain why the United States has no single national health care system for all its citizens, perhaps the most cited factor is the

power of private interests, which is also associated with the American tendency toward pluralism (Quadagno, 2005; Gordon, 2003; Krugman, 2005; Hoffman, 2000; Skocpol, 1996; Broder & Johnson, 1996; Marmor, 1994). As Beatrix Hoffman (2004) writes of Colin Gordon's book *Dead on Arrival: Why the U.S. has no Health Insurance* (2003), "His book is the first to attempt to synthesize for the entire twentieth century the answer to the classic 'Why no health insurance?' question. The answer, according to Gordon, rests on the privileged status enjoyed by economic interests in American politics" (p.269).

Over the course of the twentieth century, those interests have been influential and diverse. During the Progressive effort to reform the U.S. health care system from 1915 to 1920, commercial health insurers were extremely aggressive and ultimately successful, in opposing the plan (Hoffman, 2001).

During the 1930s, the American Medical Association (AMA) represented a strong opposing force to national health insurance. Because of this opposition, President Franklin D. Roosevelt refrained from considering the compulsory health insurance component of his social insurance package. His concern was that the presumed opposition of the AMA and their ideological allies would jeopardize the success of the bulk of his additional national programs, such as Social Security (Marmor, 1994).

In 1948, President Truman also attempted to reform the health care system and introduce a single national program. However, as Monty Poen writes in *Harry Truman Versus the Medical Lobby*, along with political opposition to his health insurance proposal, "it didn't help Truman's reform campaign that the AMA launched a multi-

million dollar lobbying blitz linking the president's proposal to Cold War fears about socialism" (p.164).

One of the 21st century's leading critics of what it labeled "socialized medicine," the AMA was particularly powerful in opposing the advent of Medicare in the 1960s. In 1962, the AMA employed Ronald Reagan, four years prior to his election as governor of California, to make a recorded statement warning that the Medicare plan was "like telling a lie, and one leads to another. One day we will awake to find that we have socialism" (Woodward, 2010, p. 12).

Perhaps the best chance for the United States to gain a single payer health care system came under Richard Nixon, who attempted to pass a bill in 1974 in order to gain popularity while under scrutiny for the Watergate affair. The legislation itself was largely developed and brought forward by Senator Edward Kennedy of Massachusetts. As Watergate placed increasing pressure on his administration, Nixon was forced to give up the health policy effort, and the Ford administration was ultimately unwilling to carry on with the goal of a national health care program (Starr, 1985).

Under the Clinton Administration's effort to reform the American health care system in 1993 and 1994, the Health Insurance Association of America ran the subsequently notorious advertisements featuring the fictitious characters "Harry and Louise," which drove into American families' psyches the fear of complexity, taxes and bureaucracy. By 1995, the insurance industry was joined by the managed care, pharmaceutical, for-profit hospital, outpatient surgery, and other health-related industries, along with the business lobby as a conglomerate in working to defeat the Clinton Plan

(Johnson & Broder, 1996). While the AMA had come around to favoring health care reform under the Clinton Administration, physicians ultimately organized in opposition to the Clinton proposal due to its proposed reliance on managed care plans as a core element of policy (Skocpol, 1996).

Whether special interest opposition has or has not been the most instrumental factor in the defeat of health care reform proposals in the United States, it has been a consistently troublesome issue for universal care advocates throughout the twentieth century. Historically, business has not only exerted financial and political influence, but it has enjoyed comparatively high levels of respect among the American public (Smith, 2000). Confidence in government, on the other hand, has been in a steady decline between the 1960s and 2000 (Micklethwait & Wooldridge, 2004; Brooks and Cheng, 2001). Consequently, the anti-government message enjoyed sustained, or even growing, influence in terms of public opinion, while corporate interests grew more politically and financially powerful as well (Wills, 1999).

According to several scholars, institutional structure (both government and private) and historical precedent represent the strongest historical rationale for the lack of adoption of universal health care in the United States (Alesina, Glaeser, & Sacerdote, 2001; Hacker, 1998; Nedelsky, 1999; Pierson, 2000). In fact, the argument that corporate and special interest power and influence is primarily responsible for the lack of national health care in the United States is an extension of the assertion that the unique evolution of America's economic and political institutions is primarily responsible for the recurrent defeat of national health care proposals.

Certainly, the private sector influence over its political and economic institutions gives the United States a different political culture from Europe and Canada. The distinctive features of American political institutions result from specific events in United States history, as the nation's emergence as a federation of independent territories leading to a federal structure that creates obstacles to centralized redistributive policies and governed by a constitution designed to protect property (Alesina, Glaeser, & Sacerdote, 2001; Lipset, 1990; Nedelsky, 1990).

Additionally, the United States does not have a parliamentary system's proportional representation for its political parties, which in Europe, Alesina, Glaeser, & Sacerdote (2001) argue, "has played an important role in facilitating the growth of socialist parties" (p.4). Furthermore, the United States continues to be governed by a constitution that places a priority value on private property. This enduring legacy of the property-centered formation of the United States Constitution, it has been argued (Nedelsky, 1990), represents an institutional system of embedded weakness in the democratic tradition and an ongoing affirmation of limited government.

Institutional structure has been cited as a factor in the defeat of a large scale progressive effort to enact national health insurance in 1920. Theda Skocpol (1992) has argued that the defeat of national health insurance at this time was related to the fragmentation of American political institutions, and the ongoing burden of pensions resulting from the Civil War which ended approximately fifty years earlier (Beland and Hacker, 2004).

Other theoretical arguments that attempt to explain the lack of national health insurance in the United States focus on timing and economic issues. During the economic expansion of the post–World War II “age of prosperity,” rapidly rising incomes generated revenue windfalls for governments, particularly those in post-reconstruction Europe. Those without existing national health plans began to provide them. With various impediments (political, corporate, cultural, institutional) preventing the adoption of universal health insurance in the United States during the second half of the 20th century, the country missed an opportunity that would prove to become more difficult to realize as the century progressed. As some scholars have argued, the conditions that would have permitted health insurance adoption during the period soon after World War II gradually degraded over the second half of the 20th century with such economic stressors as the Viet Nam war, the recession of the 1970s, an aging population, and the anti-government sentiments during the Reagan-Bush era of 1980-1992 (Callahan, 2006; Esping-Andersen, 1990; Wilensky, 1975).

## **The Role of Values in United States Health Care Reform Efforts**

While special interests have been successful in delivering messages of opposition against universal health care over the 20th century, the values mix held by the American public is what has allowed these messages to resonate. In fact, these values may be just as important in explaining the lack of universal insurance in this country as the voices of the corporate and other interests that made the anti-government appeals throughout the 20th century. This is one of the key assertions of this dissertation – private interests have connected into a body of sentiment that was, and still is, suspicious of government and of attempts to help people who would be better off helping themselves.

One important consequence of America's revolutionary history and its subsequent institutional commitment to property is the enduring legacy of the popular attitude of individualism and government suspicion. Indeed, this sentiment has been appealed to during numerous efforts over the 20th century to enact universal health insurance. During the Progressive effort to reform the U.S. health care system between 1915 and 1920, commercial health insurers created a front for opposing the national health insurance proposal, calling itself the New York League for Americanism. This organization claimed to champion not insurance companies but patriotic values such as freedom, and contrasted itself with such "anti-American" ideologies as collectivism and socialism (Hoffman, 2001).

During the Clinton Administration effort to enact health care legislation in the early 1990s, opponents also frequently labeled the plan "socialized medicine," which they found to be an effective message with the public (Johnson & Broder, 1996).



Opponents to the Clinton plan also emphasized the Administration's own use of the term "mandatory" to perpetuate the image of government intrusion into citizens' private lives and the value that individuals should provide for themselves instead of relying on a government to provide for them (Skocpol, 1996; Johnson & Broder, 1996).

Throughout the 20th century, Americans have held conflicted ideologies related to privatization and the provision of public benefits. Although American public opinion consistently shows strong support for Medicare, the public has also endorsed a market approach to health care, such as the popularity of commercial Medicare replacement and supplement programs that proliferated during the 1990s. Historians and political scientists have offered different views of these contradictions. Reporting during a popular peak of government liberalism soon after the passage of Great Society programs, Free and Cantrell (1968) noticed a "schizoid combination" of support among Americans for universal distribution of benefits compared to a belief in the free-market and individuals to carry out the wider society's goals. Other scholars attribute the distinctly American coupling of the private and public sectors in benefit redistribution to the "clash of competing commitments in American political culture" (Feldman & Zaller, 1992). This clash has been variously articulated as a conflict between the value of "individual freedom" and the value of "equality" (Bobo, 1991; Lipset 1990, 1979; Katz & Hass, 1988), freedom v. equality (Rokeach, 1973), equality v. efficiency (Okun, 1975), capitalism v. democracy (McClosky & Zaller, 1984), and individualism v. community (Bellah, et al., 1985), to name a few.

The American public's historic ideology toward individualism is certainly not the only cause of the nation's reliance on the private sector to provide public goods. Health care policymaking in the United States has also been highly influenced by the "politics of accommodation" (Starr, 1992). This view posits that, along with an ideological commitment to individual freedom and privatization, private interests in the United States have heavily participated in policy development by aggressively cultivating relationships with politicians and policymakers throughout the 20th century. These activities have included sophisticated lobbying efforts and complex public relations techniques. All these efforts have been conducted to ensure a strong role for the private sector in all aspects of health care delivery in the United States, and consequently a reduced role for government (Gordon, 2003; Hoffman, 2004; Starr, 1992).

In his autobiography, *The Audacity of Hope* (2006), Barack Obama wrote "This is one of the things that makes me a Democrat, I suppose — this idea that our communal values, our sense of mutual responsibility and social solidarity, should express themselves not just in the church or the mosque or the synagogue, not just on the blocks where we live, in the places where we work, or within our own families; but also through our government" (p.86).

In 2008, Obama won the American presidency after making health care reform a central pledge for his campaign. He promised to address rising costs, access, and insurance company abuse. He vowed to have a plan passed by the end of 2009, and called on Congress to enact the legislation.

However, a large portion of the American public, bolstered by Republican politicians, and the emerging Tea Party movement, began to protest the plan during the summer of 2009. Groups vocally opposed to reform confronted Democratic lawmakers at public meetings around the country, often denouncing the reform proposals as socialism.

Referring to health care reform in the *Wall Street Journal* in August of that year, Dorothy Rabinowitz (2009) wrote, “despite a great election victory, Mr. Obama, it becomes ever clearer, knows little about Americans. He knows the crowds—he is at home with those. He is a stranger to the country's heart and character” (p. A15).

On March 21, 2010, the United States House of Representatives approved a sweeping overhaul of the \$2.5 trillion U.S. health care system and sent along for Senate approval a package of changes made to an earlier Senate bill. Republicans subsequently used individualist rhetoric to connect with Americans opposed to national health care in order to win 2010 midterm elections. The result was the successful displacement of several Democrats who had been in support of the health care legislation. In January 2011, the House of Representatives voted to repeal the national health care bill, despite little chance of the repeal making it through the Senate and the President’s threatened veto.

Leading up to the 2012 presidential election, a great deal of policy dialogue consisted of candidates challenging the principles of universalism. Rather than portraying a government dedicated to serving the needs of a common populace, Republicans, in particular, often insinuated that there was a hierarchical arrangement between those who pay into the system and those who draw from it. As Vice Presidential Candidate Paul

Ryan said, “before too long, we could become a society where the net majority of Americans are takers, not makers” (Carter, 2012). In a *60 Minutes* interview one month before the election, Mitt Romney was asked a question similar in wording to the World Values Survey variable examined in this study: “Does the government have a responsibility to provide health care to the fifty million Americans who don't have it today?” Romney’s response was that individuals should be responsible to take care of themselves, but that in extreme cases, hospital emergency departments provide a safety net for people who otherwise might die (Devine, 2012).

As *New York Times* columnist David Brooks wrote during the 2012 campaign, “Republicans kept circling back to the spot where government expansion threatens personal initiative: you didn’t build that; makers versus takers; the supposed dependency of the 47 percent. Again and again, Republicans argued that the vital essence of the country is threatened by overweening government” (Brooks, 2012).

In 2013, the National Research Council and the Institute of Medicine published *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, produced by a panel convened to understand cross-national health differences among high-income countries (Woolf & Aron, 2013). Along with investigating the determinants of health disparities among countries, the panel considered the role of policies and social values in lack of universal health insurance and health outcomes. The authors asked, “Are there health implications to Americans’ dislike of outside (e.g. government) interference in personal lives and in business and marketing practices? Few quantitative data exist to answer these questions or to assert that these characteristics occur more commonly

among Americans than among people in other countries...For a variety of social or historical reasons, these values may have salience for a large segment of U.S. society and may be important in understanding the pervasiveness of the U.S. health disadvantage” (p. 209).

### **Income Equality: The value and its policy implications**

As Bellah, et al. (1985) point out, both biblical and republican historical traditions have measured their society by the extent to which it deals with the problem of economic inequality: “Classic republican theory from Aristotle to the American founders rested on the assumption that free institutions could survive in a society only if there were a rough equality of condition, that extremes of wealth and poverty are incompatible with a republic” (p.285).

In recent years, the concern over rising levels of income inequality have even grown stronger as scholars point to the detrimental effects throughout a society of rising income inequality. Studying 23 western nations, Wilkinson and Pickett (2010) revealed associations between income inequality and a long list of social problems, including obesity, mental illness, drug use, and incarceration, even controlling for ethnicity and education. Economist Joseph Stiglitz (2012) similarly makes a case that economically unequal societies are not as economically effective or stable and that people along the entire economic spectrum, including the wealthiest pay more when economic inequality increases.

The 2011 “Occupy” demonstrations illustrated that the concerns of economic inequality had become a popular movement throughout the world. These concerns were underscored in the October 14, 2013 announcement by Robert Shiller, upon receiving the Nobel Prize in economics, that the most important problem society faces “is rising inequality in the United States and elsewhere in the world” (Christoffersen, 2013).

Okun (1975) theorized that the institutional arrangements in the United States represent “uneasy compromises” rather than fundamental inconsistencies. He wrote that “the contrasts among American families in living standards and in material wealth reflect a system of rewards and penalties that is intended to encourage effort and channel it into socially productive activity. To the extent that the system succeeds, it generates an efficient economy. But that pursuit of efficiency necessarily creates inequalities. And hence society faces a tradeoff between equality and efficiency” (p.1). This is the tradeoff measured, to an extent, by the World Values Survey question for income equality.

Indeed, equality is often discussed in the context of “American exceptionalism,” as Americans have, in aggregate, always embraced a mix of values, perhaps the most recurring of which are the opposing concerns of equality and liberty (Bellah et al., 1985; Hartz, 1955; Lipset, 1996, and Rokeach 1973). These values have been integral to the American ethic since the founding of the nation. America’s exceptional policy circumstances, such as its lack of a universal health care system and its ongoing reluctance to accept socialism, have been connected to an exceptionally strong embrace of liberty above and beyond the commitment to equality. The notion of individual liberty, as explored as early as Tocqueville (1835/2001), was connected with a government

avoiding encroachment with individual freedom, the lack of an embrace of equality has been specifically connected to Americans' reluctance to embrace the welfare state many times since — including by Sombart (1906), and Micklethwait & Wooldridge (2005).

In the early research efforts on studying human values, equality was contextualized by Kluckhohn & Strodtbeck (1961) within the categorization of the five basic types of problems as the relationship of individuals with each other. If people felt individuals should relate to each other as equals, Kluckhohn & Strodtbeck referred to this as valuing a “collateral” relationship. If people felt individuals should relate to others according to a hierarchy this was seen as placing a value on a “lineal” relationship. This conceptualization may underlie why an individual is more likely to hold the value of accept inequality in society and also, to accept a natural lineal hierarchy among humans.

The conceptual definition of “equality” employed by the World Values Survey (WVS) provides us with an opportunity to examine the relationship between the values people place on equality and support for universalism. The more an individual, or a population, believes that “incomes should be made more equal” according to the WVS scale (1-10), the higher the value placed on “equality” as defined by this study. Among the goals of this research is to inform this theoretical discussion by comparing the value of equality held by Americans with the same articulated value held by Europeans and Canadians. The value of equality is entered into the model as an independent variable to predict public support for universalism.

Reducing inequality has been cited as an end goal for instituting universalist policies by Western social reformers throughout the 20th century (Korpi & Palme, 1998).

Various studies have sought to make the connection between the values of equality and support for universalism. Research conducted by Feldman (1983), Kluegel & Smith (1983), and Hasenfeld & Rafferty (1989) all have revealed linkages between a strong commitment to social equality and support for universal health care. However, each of these studies was limited to various subsets of the American population, and none of them addressed the values of Europeans and Canadians. To date, no study has examined the connection between equality and support for universalism on a multi-national level across the United States, Canada, and Europe.

Thus, the initial research question of this dissertation is as follows:

### **Research Question One: Equality**

Q1: Is there a positive association between support for greater income equality and support for universalism in the United States, Western Europe and Canada?

### **Hypothesis One: Equality**

H1: Individuals and countries that place a relatively higher value on income equality will be more likely to support more universalist social welfare policies than those individuals and countries placing a lower value on income equality (i.e. higher tolerance for maintaining income differences to create incentives). This study hypothesizes that these correlations will be statistically significant.



### **Generalized Trust: An introduction**

Generalized trust (defined as trust that one has in people, “generally speaking”) is an area of interest in the social sciences — in part because it is often found to correlate with other variables that are considered desirable in modern society, such as the “art of association” highlighted by Tocqueville (2001/1835). The question seeking to measure generalized trust employed by the World Values Survey was originally formulated by Morris Rosenberg: “Generally speaking, do you believe most people can be trusted or you need to be very careful in dealing with people,” (Rosenberg, 1956). Rosenberg was interested in the association between general political orientations and views on human nature, and composed survey items that raised questions about whether “most people” can be trusted or are out to take advantage, etc. The survey question continues to be used in the most widely cited instruments, such as the General Social Survey (GSS), International Social Survey Program (ISSP), Eurobarometer, and ZACAT social science surveys, and has been used in much of the research cited here, as well in a great deal of research studying the causes and effects of trust and social capital (Kinder and Burns, 2000; Putnam 1993, 2000; Rahn, Brehm & Carlson 2000).

This study introduces generalized trust as an independent variable. This category of social trust has been defined conceptually as a “standard estimate” of the trustworthiness of the average person – someone who is not a friend, not even an acquaintance (Paxton, 2007). As Stolle (1998) writes, generalized trust extends beyond the boundaries of private or personalized trust, which “results from cooperation experiences and repeated interaction with the immediate circle of known people” (p.503).

Generalized trust acts as a “social lubricant that makes a variety of forms of social interaction and cooperation possible in a wider community or region, and can therefore be selected as one of the main indicators of social capital” (Stolle, p.503).

As Rothstein & Uslaner (2005) explain, “people who believe that in general most other people in their society can be trusted are also more inclined to have a positive view of their democratic institutions, to participate more in politics, and to be more active in civic organizations” (p.41). Thus, it stands to reason that a society where people are more inclined to trust each other would be more likely to support universalism.

Is trust a “value”? Clearly there is a case to be made that it is more of a general outlook on the world. This is the view of Nannestad (2008), drawing on the field of social psychology. Nannestad suggests that the constituents of trust include optimism as well as religious values that are most strongly embodied in egalitarianism. These values and norms are learned early in life and are largely stable. Generalized trust is determined by these cultural norms which are transmitted through socialization. This deterministic understanding of generalized trust arguably allows it to be categorized as a value. Eric Uslaner’s book *The Moral Foundations of Trust* (2002) and its corresponding article “Trust as a Moral Value” (2001), further make the case that trust should be considered a value. Uslaner writes “The roots and consequences of trust are precisely what we would expect of a moral value. Values should be stable over time—and not dependent upon day-to-day experiences. This is precisely what I find for trust. Trust matters for the sorts of things that bond us to others without expectations of reciprocity—giving to charity,

volunteering time, tolerance of minorities, and promoting policies that redistribute resources from the rich to the poor” (p.1-2).

Thus, for the purposes of this research, trust will be considered to be a “value.” While it is recognized that a logical case can be made for categorizing trust as an attitude, influenced in large part on previous life experiences, it is not the purpose of this dissertation to form a conclusion on the question of whether trust is a “value” as values have been studied in the social sciences. This study treats it as a value, recognizing that there are opportunities to explore this issue by future scholars.

### **Generalized Trust: Policy implications**

In *Trust: The Social Virtues and the Creation of Prosperity* (1995), Francis Fukuyama argues that liberal political institutions depend on a healthy and dynamic civil society in order for them to flourish, and that civil society becomes healthy and dynamic to the extent that it is built upon trust among individuals, associations, and within families. Fukuyama further contends that “a nation’s well-being, as well as its ability to compete, is conditioned by a single, pervasive cultural characteristic: the level of trust inherent in the society” (1995, p.7).

Following the work of Fukuyama, as well as Putnam (1993), who revealed important linkages between levels of social trust and well-functioning regional governments in Italy, researchers began to identify correlations between social trust and societal factors such as population health (Kawachi & Berkman, 2000; Islam et al., 2006; Subramanian, Kim & Kawachi, 2003, and Pearce and Davey Smith 2003) and social and

economic equality (Knack & Keefer, 1997). Using World Values Survey data from 1995-1997, Carlson (2004) concluded that levels of interpersonal trust play a role in differences in self-rated health, although economic factors unrelated to trust were found to be more important contributors to health differences.

The connection between generalized trust and universalism is articulated by Rothstein & Uslaner (2005), who argue that “the roots of generalized trust lie in a more equitable distribution of resources and opportunities in a society. Countries with histories of greater equality such as the Nordic nations also had histories of less repressive and more honest governments. Greater equality leads to more universalistic social welfare programs and to greater generalized trust” (p.47). Yet while these associations have been made by comparing societies with each other, the relationship of the values held by those in Western societies has not, as of yet, been conducted to determine the strength of the relationship between the values of a population. It is well understood that northern European nations have high levels of trust as well as low levels of inequality; however, these statistics alone do not reliably demonstrate that there is a connection between these values as held by populations. This association between values within and among populations is what this dissertation investigates.

Knack & Keefer (1997) used World Values Survey data to explore the connection between trust and population health in 29 market economies and concluded that generalized trust was stronger in nations with higher and more equal incomes. Generalized trust was also higher in better-educated and ethnically homogenous populations. A Luxembourg Income Study Working Paper (Lynch, Davey Smith et al.,

2001), examined both trust and income inequality as predictors of health indicators in wealthier countries, and found, among its conclusions that higher income inequality was strongly associated with greater infant mortality for females and for males. In the same study, greater distrust was associated with lower CHD mortality among both females and males.

Yet, the selection of dependent variables can yield different relationships with the generalized trust, and some indications have demonstrated a negative relationship between trust and support for universalism. For example, using World Values Survey data, Aghion, Algan, Cahuc, & Shleifer (2010) looked at a cross-section of nations and concluded that support for increased government benefit programs is negatively associated with generalized trust. The authors conclude in their analysis of the study that distrust among individuals can create increased public demand for government programs because of a need for regulation of the challenges of interpersonal relations in a distrusting society. The study by Aghion et. al. (2010) provides an indication that perhaps higher levels of generalized trust may actually be associated with lower levels of support for universalism. Analyzing World Values Survey data for a dissertation on the political culture of individualism and collectivism, Yoon (2010) concludes that the individualistic culture seems to “encourage trust and tolerance while collectivistic culture seems to discourage these important social capital values. Moreover, individualism is positively linked with rather difficult forms of political engagement such as signing a petition, joining a boycott and attending peaceful demonstrations, in addition to membership” (p.167).

As Nannestad (2008) states, “because the universal welfare states are also high-trust countries, it is tempting to hypothesize that it is their high level of generalized trust

that has enabled them to solve the collective action dilemma created by their welfare systems.” (p.430). Nevertheless, he concludes that “so far, there is not much systematic empirical research in this field” (p.431).

Bergh & Bjørnskov (2011) argue that trust is high in universal welfare states because trusting populations are more likely to create and sustain universal welfare states, and connect the generalized trust variable to a set of established indices of regulatory freedom obtained from the Fraser Institute’s Economic Freedom of the World, concluding that there may be a positive relationship between trust levels and welfare state size and functionality. In the most relevant of these types of studies to this proposal, Svallfors (2002) identified a positive relationship between a seven-indicator index of trust and support for welfare state activities in Sweden; however, as the author writes, “it is unclear whether this applies to countries other than Sweden” (p188).

While Larsen (2007) theorizes that “the extremely high level of social trust in the social democratic welfare regimes can be attributed to the universal policy that encompasses all citizens in a broad national system of benefits and services rather than divides them between the majority and the bottom,” he provides no empirical analysis to support this contention. In light of the contrasting, and even contradictory conclusions in past studies, this research question is ever more vital today, as opinion is mixed in this field. The question of whether generalized trust can predict support for universalism serves as one of the key research questions for this study.

**Research Question: Generalized Trust:**

Q2. Is generalized trust positively associated with support for universalism in the United States, Western Europe, and Canada?

**Hypothesis: Generalized Trust:**

H1. In an examination of Western European countries, United States, and Canada, individuals / countries / regions with higher levels of generalized trust will be more likely to have greater support for a policy of universalism.

**Independent Control Variables: Regional, Demographic, and Religious**

In addition to exploring the aggregated relationships between citizen values of trust and equality with attitudes of social welfare policy, this study controls for the impact of separate individual predictor variables on the independent variable of universalism support. The model controls for demographic variables of sex, age, income, social class, education, town size and religion.

*Socio-Demographic and Religious Characteristics**Social Class*

A great deal of interest among sociologists studying the nature of values involves identifying patterns of values held by different demographic and cultural groups occupying varying social structural positions (Hitlin & Piliavin, 2004). The various

demographic variables to be examined in this study are “social class” as a self-reported variable in the World Values Survey, age, gender, level of education, income level, and town size of residence. Social class embodies a powerful and persistent predictor of accessibility to resources, potential for longevity and success as well as self-esteem, and has been a variable of interest to values scholars in various disciplines over the years (Hitlin & Piliavin, 2004; Scott, 2000; Kohn, 1976; Rokeach, 1973). While social class has been determined to be a significant determinant of individual decisions and social actions among adults as (Allen, 2004; Levine, 1998), it has also been found to have a powerful influence on children’s values as well (Kohn, 1976). The development of the universalist welfare states has been described in terms of class politics (Papadakis, 1993), and the issue of self-interest by middle and lower socio-economic classes has been explored extensively (Baldwin, 1990; Casles, 1985; Fry & Winters, 1970).

Rokeach (1973) identified mild differences in values based on education level and social class. The values discovered by Rokeach that changed most with changes in education and income were the value of “cleanliness” (the value of cleanliness in one’s life decreases as income increases) and the value of “a comfortable life” (also decreases as income rises). Rokeach did not identify variables that had major associative relationships with the value of equality; however, equality did increase modestly (less than one rank order unit difference of seventeen total instrumental values) as education level increased.

The World Values Survey begins its social class question with the statement “People sometimes describe themselves as belonging to the working class, the middle



class, or the upper or lower class. Would you describe yourself as belonging to (list five categories)?” An example of the use of this 5-level subjective measure, treated as a continuous measure across the five categories, is a recent analysis assessing public support for trade liberalization (Kaltenthaler & Miller, 2013).

Because social class is based on individual self-evaluation in the World Values Survey, issues of measurement validity may be a concern with this variable. It has been claimed, for example, that, compared with residents of other nations, more Americans tend to place themselves in a higher social class bracket than they actually are (Micklethwait & Wooldridge, 2005; Bénabour & Ok, 2001). Nonetheless, analysis of this variable will help inform the discussion of the relationship between social class and equality and trust, and to a lesser degree, the moderating role of this value on the central correlations between trust, equality and support for the welfare state.

### *Income Level*

Research conducted so far has indicated that individuals with greater income in the are more likely to oppose redistribution programs (i.e. Alesina & La Ferrara, 2005). The inclusion of “income level” as a control variable is expected to provide some additional perspective in determining patterns across economic lines. As with social class, income level in the World Values Survey, is self-reported.

*Sex*

Hitlin & Piliavin (2004) concluded that “links between gender, values, and social structure are surprisingly understudied” (p.369), and they also noted that the work conducted by Rokeach (1973) concluded that males and females ranked most values at similar levels to each other. In Rokeach’s study, equality was nearly identically ranked between men and women, with men placing a slightly higher ranking of this value than women. Prince-Gibson & Schwartz (1998) also found no significant differences in the area of values priorities between men and women.

Gender has been studied extensively as a factor correlating to all three of the variables examined in this study. In terms of universalism, Quadagno & Myles write that “for feminist theorists the question is not only one of how welfare states transform class relations but also whether and to what extent welfare states reproduce, alter, or transform gender relations. As Helga Hernes asks, can welfare states be women-friendly?” (Quadagno and Myles, 2002, p.14). As Quadagno & Myles point out, early formulations of the relationship between gender issues and universal welfare development were influential in stimulating a subsequent round of more nuanced historical and comparative case studies that highlight both the dramatically different ways in which welfare states are gendered and in the role of women in influencing these outcomes (Jenson 1986; Skocpol 1992; Pedersen 1993).

*Urban-Rural*

Within the general category of cultural demographic data that have been of interest in the study of values, some research has included variables that help illustrate trends from “traditional” cultures to cultures that are more associated with “modernity” (Fancy, 2004; Inglehart & Baker, 1997; Inglehart, 1997). Along with implications on the issue of modernity, differences among urban and rural residents have been studied within the areas of trust and social capital (Rothstein & Uslaner, 2005; Putnam, 2000), universalism (Esping-Andersen, 1990), and inequality and health (Pearce and Davey-Smith, 2003).

This study includes urban compared to non-urban communities in which survey respondents live in order to ascertain if urbanization plays a role in the relationships between the independent variables and universalism. This variable may be particularly relevant in relation to trust. While Putnam (2000) argues that trust is greater in small towns because such residents are more likely to get to know each other, small-town residents may be more likely to trust those in their own town, but less likely to trust outsiders (Uslaner, 2002; Alesina & La Ferrara, 2002). This research seeks to inform this question by investigating the moderating effect urbanization may play on the association between equality and trust and universalism.

*Religious Variables*

In an analysis of three waves of World Values Survey data covering approximately 75 percent of the world’s population, Inglehart & Baker (2000) concluded

that the “broad cultural heritage of a society — Protestant, Roman Catholic, Orthodox, Confucian, or Communist — leaves an imprint on values that endures despite modernization” (p.19). This conclusion has evolved in part, from previous research by Huntington (1993, 1996) and Weber (1904), both of whom demonstrated that traditional religious values have an enduring influence on the institutions created by society (Inglehart & Baker, 2000). With this in mind, examining factors of religiosity — from simple survey declaration that “I am a religious person” to the specific religious identification of Catholicism, is an element of this research project.

Religion has been shown, overall, to have somewhat contradictory linkages with trust and equality. For example, while more religious people have been found to participate to a higher level in volunteer and civic activities (Uslaner, 2002; Rokeach, 1973; Tocqueville, 2001/1835), highly religious people have also been found to insulate themselves from those outside of their own communities and their own religions (Uslaner, 2002; Putnam, 1993).

In a study of 65 nations, Inglehart & Baker (2000) concluded that “a protestant cultural heritage is associated with the syndrome of high levels of trust, tolerance, well-being, and post-materialism that constitutes self-expression values” (p.39). Similarly, Fukoyama (1995) found that, within Europe, low trust societies largely coincide with Catholic countries. Different measurement techniques have been associated with determining measures of religiosity. For example, number of days attending church as a unit of measurement, has been more strongly associated with values differences than denominational differences (Hitlin & Piliavin, 2004; Alwin, 1984).

This study examines two elements related to religion: the first asks if one is a religious person, while the other specifically examines the effect of being a Catholic, which includes both non-practicing Catholics as well as those currently practicing. While the World Values Survey includes Muslim, Jewish, Evangelical, and Protestant as categories, Catholicism was the only denomination that was represented in each of the twelve countries included in this study.

*The Region Variable: Comparing Europe, Canada, and the United States*

As the European Union continues to progress toward a greater degree of common policies, laws and institutions, it becomes more relevant to make the comparison between the United States and Europe as a single geopolitical region. Additionally, because Canada shares a common border with the United States, and shares its policy of a universal health care system with European nations, it holds a unique position as a separate geopolitical regional variable that can be contrasted against both Europe and the United States in this research. There have been other studies using World Values Survey data which have heeded Inglehart's (1999) caution that because different levels of economic development and religion can have a major influence on different nations' values that it makes sense on a number of levels to limit studies of universalism to wealthy capitalist nations that share a religious and cultural background (see, for example, Larsen, 2007).

Several studies have compared health-related or values-related data between the United States and various consolidated groupings of European nations. Additional studies

have included Canada as a regional variable compared with Europe and the United States. For example, Jordan (2010) used World Values Survey data to compare values and attitudes about environmental protection between the United States, Canada and Europe.

Theoretical and empirical studies have been conducted which examine differences in values between Europeans, Americans and Canadians and how these differences may have contributed to differences in health care policy. Lipset (1991, 1996) has argued that, based on historical and institutional developments, values differences between the United States Canada, and Europe have contributed to the resulting differences in political commitment to health care provision in these three regions. Adams (2003) has used public opinion data to make his case that the United States and Canada are not at all converging into a single culture with a single set of values. Buoyed by Lipset's theories that strong differences in values exist between the two nations, Adams has argued that the United States and Canada are culturally different in significant ways. Furthermore, according to Adams, differences in culture and values have led to the important North-South "continental divide" in health care policy that we see today.

Maioni (1998) has also examined the history of the U.S. and Canadian health care systems, and her conviction is that the demand for health reform in each country has been conditioned primarily by the political institutions that shape the party system in each nation. Maioni rejects the "cultural" explanation for the differences in health policy outcomes that permeates the work of Lipset and Adams. Maioni outlines an argument that cultural differences are not so significant to have had an effect on public policy. This

research seeks to inform this debate over the relative role of cultural as contrasted with institutional influences over universal health care.

Others have compared Western Europe to the United States and Canada in an effort to explain differences in health care policy (see Callahan, 2006; Myles & Quadagno, 2002). Examining the United States, Canada, and Europe, Esping-Andersen (1990) has identified three different types of Europe-North America welfare state regimes: the “market-oriented welfare state model,” into which he includes Canada, the U.S. and Great Britain; the “southern continental Europe model,” and the “Nordic social democratic policy model.” According to Esping-Andersen’s research, in market-oriented regimes, citizens are constituted primarily as individual market actors. Under the second type of regime social rights are extensive, and there is only a marginal role for private, market-based welfare arrangements. Social democratic welfare states, which include all Scandinavian nations, are also characterized by an extensive system of universalist social rights, with a marginal role for private welfare provision.

Studies examining Canada, Europe and the United States as regional comparative units of measurement can be found in various fields. For example, in clinical health research, cardiovascular disease treatment was compared among the three regions, allowing researchers to draw conclusions about how different levels of treatment are pursued more aggressively in North America than in Europe (Wolf-Maier, Cooper, and Banegas, 2003).

Kaplan, et al. (2004) compared national spending with self-reported health in Europe, Canada and the United States. In the resulting article, “Spending More Feeling

Worse,” the authors confirmed earlier research indicating that the more expensive and technologically advanced American system does not yield population health outcomes comparable to Europe and Canada, and concluded that “unequal and uncoordinated provision of care along with other inefficiencies in the US health system may explain why Americans spend more but feel worse” (p. 530). This dissertation builds upon that and other studies by examining the extent to which factors other than these efficiencies may influence why the United States is willing to “spend more” than European countries and Canada.

In a study comparing espoused values among charitable foundations in the United States, Canada and Europe, Whitman (2009) discussed the rationale for this comparative analysis, pointing out that the European Union has “enumerated a set of specific common values shared by its members throughout Europe,” as has the United States and Canada across their respective states and provinces. “Given commonalities and differences in social values across regions,” he writes, “we may learn more about the philanthropic enterprise by employing an inclusive, comparative approach rather than one concentrating only on a single region (p.308).” In his study, Whitman refers to the United States, Canada, and Europe as geopolitical “regions,” as is done in this study.

*In Summary: Demographic, religious and regional values*

Each of these individual variables, and each of these categories (nation/region, demographic, religious), have been explored here in the context of the value of universalism, specifically as it relates to universal health care policy. However, as of yet,



there has not been a research effort that has examined the effect these demographic variables may have in influencing the relationship between the values of trust, equality and universalism. This study examines these demographic variables in the context of the main effects by controlling for the potentially confounding impact of these variables on the relationship between equality, trust and universalism.

### **Research Question Three and Four: Demographic, Religious and Regional Variables**

Q3. How is the association between equality and universalism, and between trust and universalism, affected after controlling for potentially confounding socio-demographic and religious variables?

Q4. How do the associations between trust and equality differ between the United States, Canada and Europe?

### **Hypothesis Three and Four: Demographic, Religious and Regional Variables**

H3. After controlling for the socio-demographic variables, specifically age, sex, income, social class, size of town and religion, there will remain positive statistical associations between equality and universalism and trust and universalism. Socio-demographic variables within regions will play a more significant explanatory role in some regions than those same variables will play in other regions.

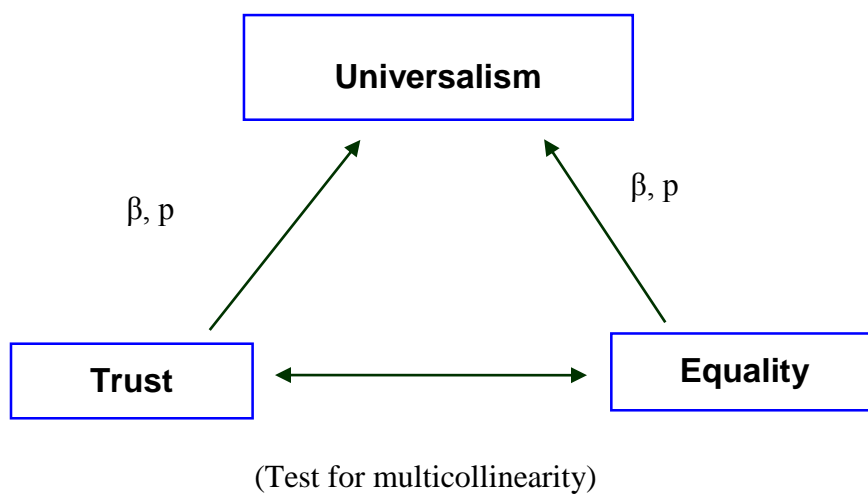
H4. After controlling for socio-demographic variables, a statistically significant “region” variable will indicate that there is a regional affect above and beyond the socio-demographic differences that will partially explain how the trust-universalism and equality-universalism associations differ between the United States, Canada, and Europe.

### CHAPTER III: STUDY DESIGN AND METHODOLOGY

#### Conceptual Model of Research

Support for equality and generalized trust were analyzed as independent variables with support for universalism entered as the dependent variable. Demographic and religious variables were included in the model in order to rule these variables as potential confounders in the relationships between the independent variables (trust and equality) and the dependent variable (universalism). The basic conceptual model is seen in Figure 3.1.

**Figure 3.1. Conceptual Model: Trust, Equality and Universalism**



As seen in Figure 3.2, levels of trust and equality were examined by region to determine how these relationships were different between the United States, Canada and Europe. Again, the model controlled for demographic and religious variables in order to rule these variables as potential confounders in explaining how regions differed from each other in their levels of support for universalism and the extent to which there was an association between trust, equality and universalism within each region.

**Figure 3.2: The Model by Each Region (United States, Canada, and Europe)**

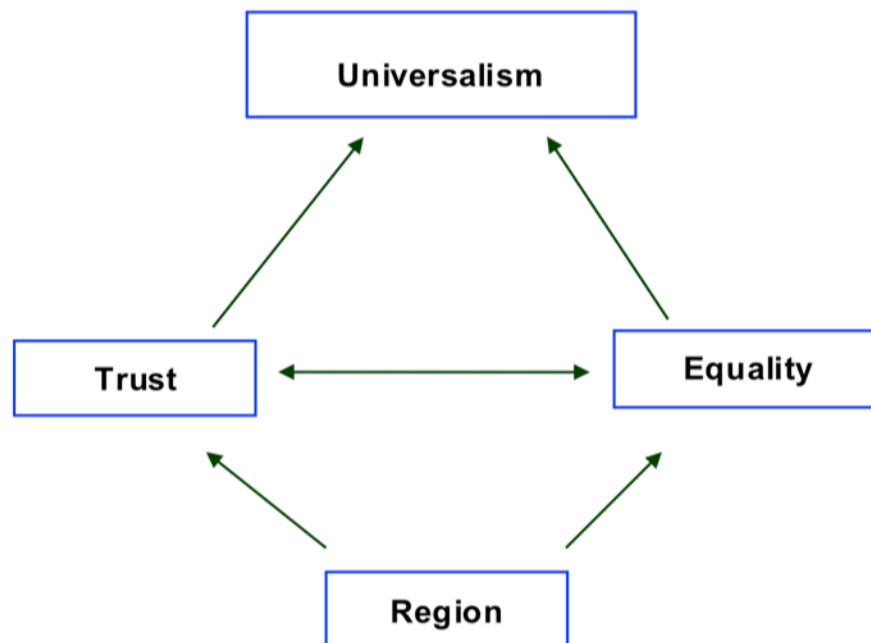
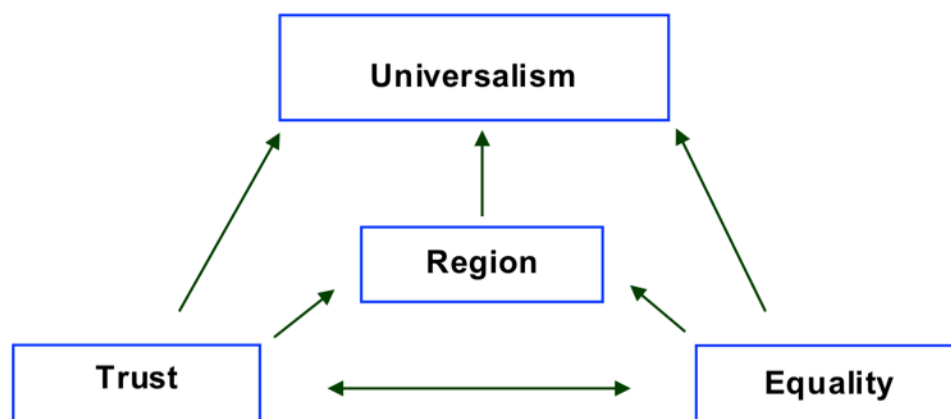


Figure 3.3 shows the how the model further examined the specific effect of region on the associations between trust, equality and universalism to determine the magnitude and statistical significance of this relationship after controlling for demographic and religious variables.

**Figure 3.3. Examining the Effect of Region Entered as a Control Variable**



**The equation for the model is as follows:**

$$\text{Universalism } Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + e$$

Y = Support for universalism

X<sub>1</sub> = Support for greater income equality

X<sub>2</sub> = Generalized trust

Control Variables:

X<sub>3</sub> = Demographic variables (sex, age, income, education)

X<sub>4</sub> = Religion variables

X<sub>5</sub> = Region variables

e = level of error unexplained by model

## **Research Strategy**

Following previous research studying secondary World Values Survey data (e.g. Bruni and Stanca, 2006; Inglehart and Baker, 2000) and specifically, research employing the variables examined in this study (e.g. Nannestad, 2008; Rothstein and Uslaner, 2005), this project analyzed 2005-2007 World Values Survey data using a hierarchical ordinary least squares (OLS) regression model. The OLS regression procedure was used here to estimate the effects of generalized trust and support for equality on support for universalism across the three “regions” of United States, Canada, and Europe after controlling for demographic and religious variables.

### **The Data Source: World Values Survey**

The World Values Survey is the largest investigation ever conducted studying attitudes, values and beliefs around the world, and covers 65 countries on all inhabited continents, thus addressing approximately 75 percent of the world's population (Inglehart & Baker, 2000).

The governing body responsible for the survey, the World Values Survey Association, describes the project as “a worldwide investigation of socio-cultural and political change, conducted by a network of social scientists at leading universities all around world” ([www.worldvaluessurvey.org](http://www.worldvaluessurvey.org)). Data from interview subjects feature a representative national sample of at least 1,000 people in each of the 65 nations. The project is guided by a steering committee representing countries from each continent of the world.

World Values Survey data have been used in hundreds of publications in more than twenty languages, and data have been used extensively in published scholarly works, dissertations, and for instructional purposes throughout the world (Inglehart & Basañez, 2004; Norris, 2007).

The World Values Surveys grew out of a study launched by the European Values Survey group in 1981. Since 1981, the group has conducted additional waves of research every five years through the 2005-7 wave. This study employs cross-sectional data from the 2005-7 wave, which includes surveys conducted in 2005, 2006 and 2007.

## **Sampling Design**

In the case of the European and North American countries examined in this study, the World Values Survey used stratified multistage random sampling to obtain representative national samples. In the first stages, a random selection of sampling points was made based on the nation's statistical regions, districts, census units, election sections, electoral registers, or voting stations, and central population registers. The population size and/or degree of urbanization of these Primary Sampling Units (PSU's) was taken into account using sampling methodology that varied from country to country (See Appendix A for sampling methodology for each of the 12 countries). Various methods were used to select respondents within a household, such as the Kish selection grid (determining interviewees based on randomly assigned numbers within a household), the Trolldahl and Carter-method (similar to Kish, also using a randomization instrument), last or next birthday method, quota sampling on the basis of gender and age, and sometimes also on education or profession (World Values Survey Group, 2008). Samples were drawn from the entire population of 18 years and older and no upper age limit was imposed. Response rates varied by country and depending on the sampling methodology, but generally ranged from 70 to 90 percent.

## **Weighting**

Weighting was used to adjust for oversampling and differences in the size of the sample of each country. First a weight was created based on the gender-age, rural-urban,



and educational attainment distributions. This weight was also normalized to preserve the original sample size and avoid over-inflation of the standard error. Next, it was adjusted for to equalize the sample size of for each county to  $N=1000$ . The weighting methodology for each country is determined by the chief investigators for each participant country (Díez Medrano, 2013).

The procedure to compute weighting factors is similar from country to country. Principle investigators for each country define the estimated proportion of each combination of categories that the sample should present. This estimation may come from census, country statistics, etc., and this is considered the target distribution. Subsequently, the distribution of the combination of categories is calculated for the fielded sample within each country. S018 is a weighting factor derived from S017 whose goal is to transform the sample's  $N$  to 1000, making all sample  $N$ s equal and making each nation count the same in the combined analyses (Díez-Medrano, 2013). Documentation is not available for the methodology the World Values Survey uses to make this calculation.

An example of World Values Survey weighting procedure is the development of weights within several countries to compensate for the deliberate oversampling of minority populations, such as Asian and white residents in South Africa, or French and Italian speakers in Switzerland, and those who identify as African-Americans, and these have been indicated to improve the representativeness of these samples (Dowley & Silver, 2000).

According to Jaime Díez-Medrano, director of the World Values Survey Data Archive and member of the World Values Survey Executive Committee, weights in each

country wave are intended to compensate for complex sampling differences, and that weights are measured, calculated, and double-checked. In some cases, samples are documented prior to fieldwork and sent to the World Values Survey for validation. In these examples, corrections are applied only exceptionally if the resulting data does not comply with available census data (J. Díez Medrano, personal communication, March 4, 2014).

More discussion on weighting and sampling issues is included in Chapter VII of this dissertation.

## **Measures**

### **Universalism**

The universalism variable was assessed by asking people to select any integer response on a ten-point scale where 1 means “you agree completely” that “people should take more responsibility to provide for themselves,” and 10 means “you agree completely” that “the government should take more responsibility to ensure that everyone is provided for.”

### **Equality**

Following previous studies, income equality is used to measure a population’s level of value for equality (Fancy, 2004; Kenney, 2001; Inglehart & Baker, 2000; Rothstein & Uslaner, 2005). The equality variable was assessed by asking people to select any integer response on a ten-point scale where 1 means “you agree completely”

that “we need larger income differences as incentives.” and 10 means “you agree completely” that “incomes should be made more equal.”

Measures of equality reflect reverse coding to maintain consistency with the trust and universalism indicators where higher values correspond to greater equality.

### **Generalized Trust**

The measure from the World Values Survey related to trusting others was originally formulated by Morris Rosenberg, and has been used in a variety of studies examining social capital (Kinder & Burns, 2000; Putnam 1993, 2000; Rahn, Brehm & Carlson 2000). The question is used in the most widely cited survey instruments, such as the General Social Survey (GSS), International Social Survey Program (ISSP), and the Eurobarometer social science survey.

Respondents were asked the following: “Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?”

Trust was recoded so the higher value (1) corresponds to “most people can be trusted,” with (0) coded as “you need to be very careful in dealing with people.”

## **Coding Demographic, Religious and Regional Control Variables**

Demographic and religious variables are described below:

*Sex:* Coded 0=male, 1=female

*Age:* Categorized into six groups (18-24, 25-34, 35-44, 45-54, 55-64, 65+) and treated as a continuous variable.

*Education:* Following Norris (2007), Education is treated as a continuous variable in six ascending groups:

- 1 = Did not complete elementary education
- 2 = Completed elementary education only
- 3 = Incomplete secondary / high school
- 4 = Complete secondary / high school
- 5 = Some university without degree
- 6 = University with degree and above

*Religious Person:* Yes = 1; No = 0.

*Region:* Canada = 1, Else = 0 (Canada)

Europe = 1, Else = 0 (Europe)

United States = Reference.

### **Missing Variables**

For the “Urban” and “Social Class” variables, the survey questions were not asked in Spain, Finland, Netherlands, or Switzerland (Town Size) and France, Netherlands and Great Britain (Social Class). To retain these countries in the analysis, a “missing” dummy was added in order to compensate for the fact that data for these countries were not included in the survey. Previous studies employing this practice include Kaplan, McFarland, Huguet, et al. (2008) and Ross, Garner, Bernier, et al. (2012).

#### *Size of Town:*

Using the United States Census Bureau definition of “urbanization” as 50,000 residents:

Residential areas with 50,000 residents or more = 1, Else = 0 (1st dummy: “Urban”)

Missing = 1, Else = 0 (2nd dummy: “Missing”)

Less than 50,000 residents = Reference.

#### *Social class:*

Categorical variables were coded as follows:

Higher / Middle = 1, Else = 0 (1st dummy: “Higher”)

Middle = 1, Else = 0 (2nd dummy: “Middle”)

Missing = 1, Else = 0 (3rd dummy: “Missing”)

Lower Social Class = Reference

*Level of Income:*

A dummy variable was created from the 10-point scale provided by each different country:

Higher (6-10) = 1, Else = 0 (1st dummy: "Higher")

Missing, = 1, Else = 0 (2nd dummy: "Missing")

Lower (1-5) = Reference

*Catholic:*

With approximately 38% missing from this category, categorical variables were coded as follows:

Roman Catholic, Greek Catholic, Non-practicing Catholic = 1, Else = 0 (1st dummy: "Catholic")

Missing = 1, Else = 0 (2nd dummy: "Missing")

Non-Catholic = Reference

## **Procedures**

### **Descriptive Statistics**

Descriptive statistical procedures were conducted to assess frequency, mean values and distributions of the trust, equality, and universalism variables as well as the socio-demographic and religious variables included in the study. Mean scores and standard deviations for ordinal/continuous variables and percentages (i.e. percentage of people who are “generally trusting of others”) for categorical variables were assessed in aggregate, as well as for each nation, and for Europe as a region. Distributions of the equality, trust and universalism variables were compared between Europe, Canada and the United States. Missing values were identified and assessed to ensure that, primarily, data was available to assess the main effects of the associations between equality, trust and universalism.

Means, frequency and percentage scores for trust, equality, and universalism were also examined to identify similarities and differences among individual countries. For example, within Europe, higher levels of trust in Scandinavian countries were observed as supporting previous research.

Skewedness and kurtosis calculations were conducted to assess whether the distribution of the equality and universalism variables was normal. Bivariate correlations were also conducted to examine the relationships between trust, equality, universalism and each of the socio-demographic and religious variables included in the study.

## **Multivariate Procedures**

The study used hierarchical Ordinary Least Squares (OLS) linear regression to determine the strength and direction of the associations between trust and equality and universalism.

The first area of analysis examined the main effect associations between the independent variables, trust and equality, and the dependent variable, universalism. Following previous research examining the variables employed in this study (e.g. Bergh & Bjørnskov, 2011; Norris & Inglehart, 2009), standardized beta coefficients were calculated and reported. Standardized measurements were the primary statistic for reporting regression coefficients because the measurement of the variables of universalism and equality on a 1-10 scale are not readily intuitive among those unfamiliar with the World Values Survey instrument.

The second model introduced the demographic variables (age, sex, income, social class, education, and size of town) to control for their potentially confounding effect on the associations between trust, equality and universalism across all twelve countries. In order to isolate the potentially confounding effect of religious control variables specifically, the third model introduced religious survey questions (Catholicism and whether one is self-described as a religious person) as control variables. Finally, the fourth model examined the effect of region (United States, Canada and Europe) to determine if a regional effect persists after controlling for the demographic and religious variables.



Separate OLS regression analyses were conducted for each region to determine standardized regression coefficients and p-values for the associations between trust, equality and universalism after controlling for the socio-demographics and religious variables. The same analysis was conducted separately for all twelve countries included in the study.

Interaction terms were introduced to further investigate whether the relationships between equality and universalism and between trust and universalism are moderated by the effect of United States, Canada, or Europe as regions. While the four hierarchical OLS linear regression models were designed to reveal the magnitude and significance of the effect of trust and equality on universalism by region, the interaction terms were introduced to determine if, and the extent to which, the relationships between the trust, equality and universalism varied depending on whether individuals lived in the United States, Canada or Europe, after controlling for demographic and religious variables.

R-square and R-square change statistics were calculated in order to assess the extent to which the model explains the variation among the variables, and to determine the confounding effect of the control variables.

While specific p-values are reported in the bivariate correlational and regression tables, the alpha level was set at the more conservative  $p < .01$  throughout the Results and Discussion narrative in order to compensate for any variance that may have resulted from possible design effect errors (as outlined in Chapter VII).

All analyses were conducted using SPSS<sup>®</sup> (Statistical Package for the Social Sciences), Version 21.

## CHAPTER IV: RESULTS

### Univariate (Descriptive) Statistics

The total sample size for the 12 countries, after applying the S018 weighting, was 11,989. Among the variables treated in the analysis as continuous (universalism, equality, age, and education), skewness scores, all within -1 and 1, and kurtosis scores, all between -2 and 2, indicate normal distributions. As shown in Table 4.1, aggregate universalism and equality scores for the entire sample both converge at around the mean of 5.5, and both universalism and equality have identical standard error statistics (SE = 2.55).

**Table 4.1. Universalism and Equality Distributions**

	N	Mean	SE	Skewness	Kurtosis
Universalism (1-10)	11,821	5.45	2.55	.116	-.877
Equality (1-10)	11,772	5.68	2.55	.094	-.931

Among the 11,617 individuals from the 12 countries who answered the trust question, 43.1% reported being generally trusting of others (Table 4.2). As a point of comparison, the set of these twelve nations is far more likely to have trust in others than the entire World Values sample of 65 countries. Among the world-wide sample, only 26% of individuals are reported as having trust in other people.

**Table 4.2. Distribution of Trust Responses**

Response	N	Percent
“People can be trusted”	5,006	43.0
“Need to be careful”	6,611	55.3
Missing	372	2.7
Total	11,989	100.0

As seen in Table 4.3, the sample is distributed evenly by sex, with females representing 51.5% of the sample. Age is also distributed evenly across the six categories with more than 10% of the sample falling into each of the six age categories. The World Values Survey imposes no upper age limit on its survey respondents.

As noted in Chapter III, the survey question for self-reported social class was not asked in France, the Netherlands and Great Britain, resulting in 30% missing from the total sample for this question. Categorical variables were created for three levels of social class shown in Table 4.3, with a dummy variable created to capture the “missing” data.

Distribution of the levels of income variable includes the 13.7% missing from this question due to non-response. The town size variable has approximately 34.2% missing data as the question for town size was not asked in Spain, Finland, Netherlands, or Switzerland. The distribution for 50,000 + residents and under 50,000 residents was distributed evenly after missing values were taken into account.

**Table 4.3. Distribution of Demographic Control Variables**

Variable	N	Percent
<b>Sex</b>		
Male	5,817	51.5
Female	6,172	49.5
<b>Age</b>		
18-24	1,297	10.8
25-34	1,969	16.4
35-44	2,496	20.8
45-54	2,065	17.2
55-64	1,925	16.1
65 +	2,227	18.6
Total	11,989	100.0
<b>Education</b>		
Incomplete Elementary	625	5.3
Elementary Only	1,699	14.3
Incomplete High School	1,880	15.8
Complete High School	4,396	37.0
Incomplete University	1,106	9.3
University Degree +	2,193	18.4
Total	11,989	100.0
<b>Self-Reported Social Class</b>		
Upper / Upper Middle	2,476	20.6
Lower Middle	3,358	28.0
Lower / Working	2,601	21.7
Missing	3,554	29.6
Total	11,989	100.0
<b>Income Level</b>		
Higher (6-10)	6,342	52.9
Lower (1-5)	4,010	33.4
Missing	1,637	13.7
Total	11,989	100.0
<b>Town Size</b>		
50,000+	3,950	32.9
Less than 50,000	3,934	32.8
Missing	4,105	34.2
Total	11,989	100.0

Approximately 49.5% of respondents stated that they were religious, while 48.5% responded that they were not. Among those who answered the religious denomination question, approximately 44.3% of those respondents identified as Catholic compared to 65.7% who answered no. People identifying as Catholic represented 30.2% of the total sample population (Table 4.4). The Catholic category included people who identify as Catholic even if they don't attend church regularly or follow all the rules that they view as prescribed by Catholicism.

**Table 4.4. Distribution of Religion Control Variables**

Variable	N	Percent
Religious Person		
Yes	5,564	49.5
No	6,172	48.5
Missing	253	2.0
Total	11,989	100.0
Catholic		
Yes	3,624	30.2
No	4,564	38.1
Missing	3,802	31.7
Total	11,989	100.0

### Trust, Equality and Universalism by Region

As shown in Table 4.5, the percentage of Canadians who tend to trust people (42.8%) is relatively similar to the percentage of people who trust others in Europe (43.5%). By contrast, the level of generalized trust in others in the United States is only 39.3%.

**Table 4.5. Percent Trusting by Region**

Response	Europe	Canada	United States
“People can be trusted”	43.5%	42.8%	39.3%
“Need to be careful”	56.5%	57.2%	60.7%
N	9,646	977	995

The reported mean for universalism support for Canada ( $M = 5.0$ ), the United States ( $M = 5.1$ ) and Europe ( $M = 5.5$ ), all fall within a small range relative to the 1-10 point scale measuring the variable.

**Table 4.6. Universalism and Equality by Region**

	Europe			Canada			United States		
	N	Mean	SE	N	Mean	SE	N	Mean	SE
Universalism	9,866	5.5	2.54	985	5.0	2.49	969	5.1	2.67
Equality	9,829	5.8	2.58	980	5.2	2.42	963	4.9	2.26

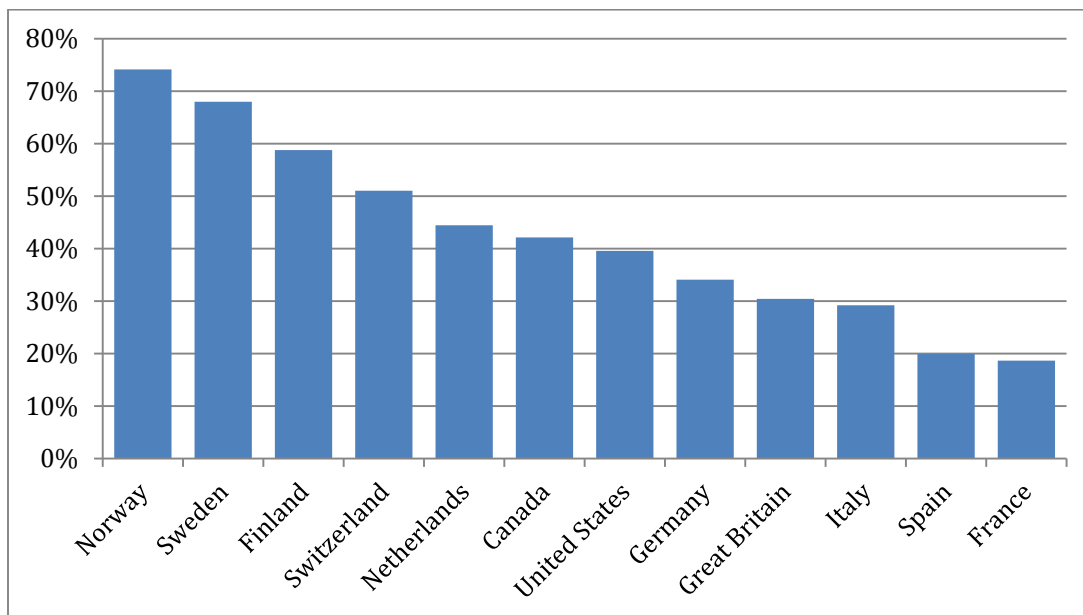
### Generalized Trust by Country

Northern European nations, and in particular Scandinavian countries, have the highest levels of generalized trust among the twelve nations included in this study, with Norway having the highest percentage of trusting people at 74 percent. The three nations with the lowest levels of generalized trust were the southern European nations of Italy, Spain and France (Figure 4.1).

**Figure 4.1. Generalized Trust by Nation**

*Percentage within each nation, responding “Generally speaking, people can be trusted”*

*(N = 11,617)*



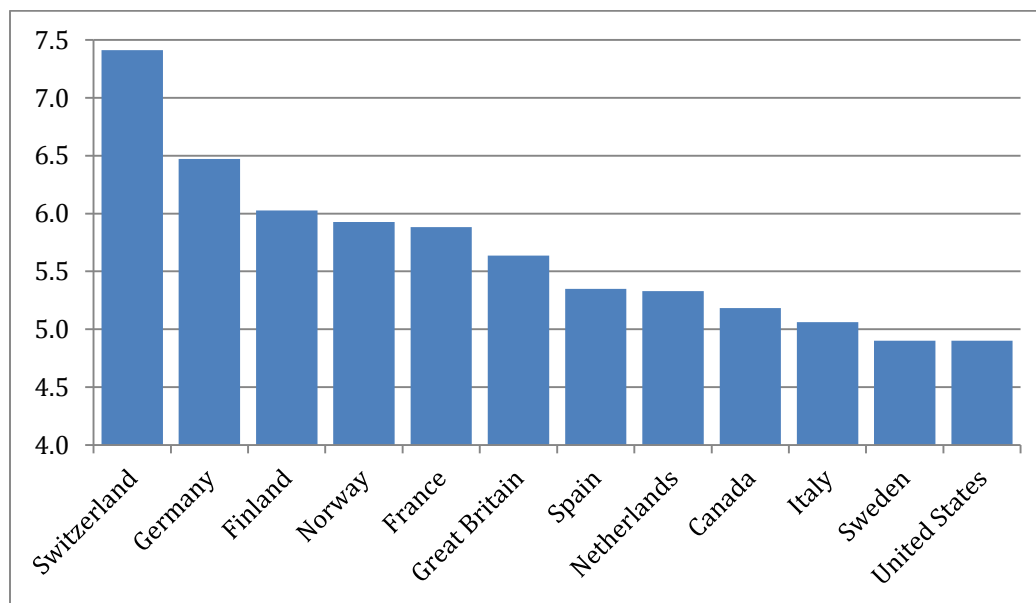
### Income Equality by Country

Across all countries included in the study, the mean values for support for greater income equality ranged from a high of 7.4 for Switzerland to a low of 4.9 for both the United

States and Sweden (Figure 4.2). Scandinavian countries do not cluster around the relatively high equality scores as they do around the higher levels of generalized trust. Nevertheless, the four highest equality-supporting nations are all from Northern Europe, with Canada and the United States falling in the bottom third among the twelve countries represented.

#### Figure 4.2. Mean Values of Equality by Country

*Based on a ten-point scale: 10 = "Completely agree that incomes should be made more equal." 1 = "Completely agree that we need larger income differences as incentives." (N = 9,829)*



#### Universalism by Country

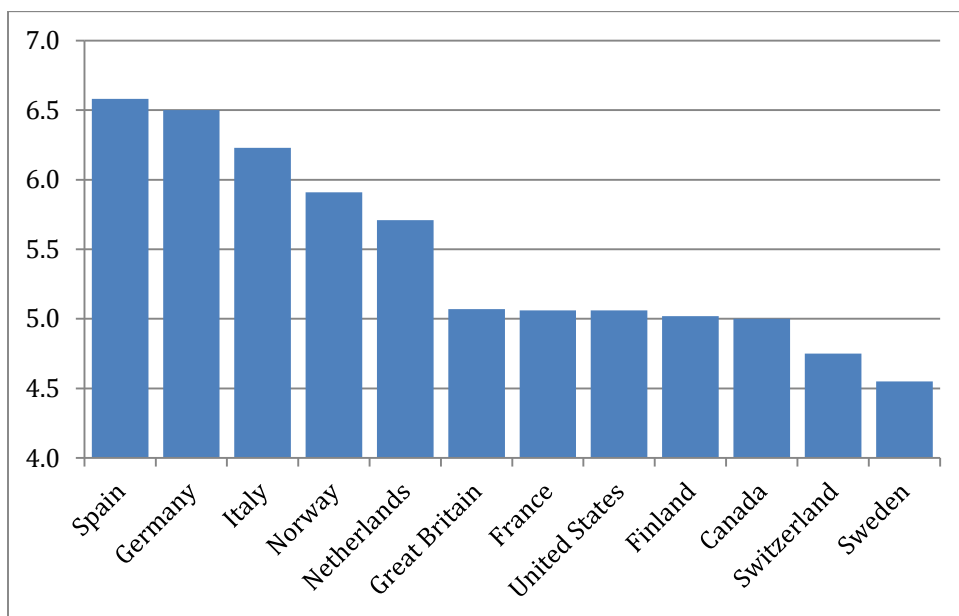
As shown in Figure 4.3, support for universalism by country ranges from a mean of 6.58 for Spain to a low of 4.55 for Sweden. Unlike the range of levels of trust by



country, where the most trusting countries are found in Northern Europe, the five countries with the highest levels of universalism — Spain ( $M = 6.58$ ), Germany ( $M = 6.50$ ), Italy ( $M = 6.23$ ), Norway ( $M = 5.91$ ) and Netherlands ( $M = 5.71$ ) — are widely distributed geographically. Five countries — Great Britain, France, the United States, Finland, and Canada — all have similar average scores for universalism, from 5.00 to 5.07. This group of five countries is also widely distributed geographically, with two from North America and three from Northern and Southern Europe.

**Figure 4.3. Mean Values of Universalism by Country**

*Based on a ten-point scale: 10 = “the government should take more responsibility to ensure that everyone is provided for.” 1 = “people should take more responsibility to provide for themselves.” (N = 9,866)*



**Table 4.7. Bivariate Pearson Correlations (2-tailed significance)**

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Universalism	–										
2. Equality	.301***	–									
3. Trust	-.052***	.008	–								
4. Sex	.029***	.058***	-.002	–							
5. Age	-.073***	.013	.030**	-.001	–						
6. High Soc. Class	-.103***	-.081***	.161***	-.016	.018	–					
7. High Income	-.129***	-.108***	.163***	-.063***	-.059***	.357***	–				
8. Education	-.088***	-.061***	.242***	-.019*	-.213***	.275***	.314***	–			
9. Urban	-.043***	-.069***	.021*	.006	-.047***	.052***	.123***	.156***	–		
10. Religious	-.036***	-.035***	.048***	.136***	.190***	.041	-.040***	-.063***	-.058***	–	
11. Catholic	.052***	-.067***	-.162***	.033***	.068***	-.026***	-.065***	-.126***	-.082***	.281***	–

*Note:* Age: 6 groups (15-24, 25-34, 35-44, 45-54, 55-64, 65+). Sex (0=male, 1=female). Urban = 50,000+, Rural = Under 50,000. Scale of incomes: High / Low (based on 10-level scale provided by each country) Social class: 3 categories. Education: 6 groups.  
\*p < .05. \*\*p < .01. \*\*\*p < .001

### **Bivariate Associations**

As hypothesized, Table 4.7 shows that there is a positive correlation between equality and universalism ( $r = .301, p < .001$ ). There is, however, a significant inverse relationship between trust and universalism ( $r = -.052, p < .001$ ).

While universalism has a statistically significant correlation with each independent variable included in the study, its strongest association is with income equality. Among all the variables, two of the strongest relationships is the negative correlation between universalism and higher self-reported social class ( $r = -.103, p < .001$ ), supporting previous findings (e.g. Esping-Andersen, 1990, Papadakis, 1992) that people in higher self-reported social classes consistently believe more strongly in individual responsibility and are less likely to support universalist welfare policies. Universalism is also negatively associated with higher income levels ( $r = -.129, p < .001$ ), as wealthier people report that they are less likely to support government policies compared to people at the lower ends of the income spectrum. As with universalism, support for greater income equality is also negatively associated with social class ( $r = -.081, p < .001$ ) and with income ( $r = -.108, p < .001$ ).

Although the association between universalism and trust is relatively small, the negative association found here supports the suggestion posed in earlier research (Aghion et al., 2010; Larsen, 2007), that generalized distrust in others can create the need for a strong welfare state. The logic here is that a widespread general distrust in people may require a government to solve issues that individuals cannot solve themselves.

While this study has shown that trusting people are slightly more likely to identify as religious ( $r = .048, p < .001$ ), generalized trust is shown here to have an even larger, and negative, association with Catholicism ( $r = -.162, p < .001$ ), confirming Fukayama's (1995) finding that in Europe, Catholic people, and Catholic societies, have both been found to be less trusting than Protestant people and their associated societies.

Even though education has a small, negative relationship with both universalism ( $r = -.088, p < .001$ ) and equality ( $r = -.061, p < .001$ ), the relationship between education and trust is much stronger ( $r = .242, p < .001$ ), indicating that more highly educated people are also more trusting, echoing a wide body of previous research on education, trust and social capital (e.g. Putnam, 1993; Putnam, 2000; Uslaner, 2002).

### **Multivariate Analysis: OLS Regression**

As trust and equality are treated as the key predictor variables for this study, testing for multicollinearity was conducted to determine if these two explanatory variables are highly correlated, to ensure that the two predictors measure different concepts.

Bivariate correlations indicate a non-significant relationship ( $p = .582$ ) between the two independent variables of trust and equality. In addition to the bivariate association test, the variance inflation factor (VIF) was included in the regression model to determine the level of variance each coefficient is increased due to collinearity. The VIF score for trust and equality in the model are both 1.001, indicating virtually no effect of multicollinearity between the two variables. Furthermore, VIF and tolerance scores were examined for every regression calculation conducted in this study, and none showed signs that there should be a concern for multicollinearity among any of control variables entered into the regression.

The ordinary least squares regression model (Table 4.8) shows that when trust was held constant, a strong association remained between equality and universalism ( $\beta = .296, p < .001$ ). After controlling for socio-demographic variables such as age, sex, education, income and social class, generalized trust is no longer a significant predictor of universalism. However, when religion is incorporated into the model, it has a statistically significant negative association, albeit a weak one, with universalism ( $\beta = -.022, p < .05$ ). This association holds when region is incorporated into the analysis ( $\beta = -.025, p < .01$ ).

**Table 4.8. OLS Regression: Factors Associated with Support for Universalism (Standardized)**

Variable	Model 1		Model 2		Model 3		Model 4	
	$\beta$	<i>p</i>	$\beta$	<i>p</i>	$\beta$	<i>p</i>	$\beta$	<i>p</i>
Equality and Trust	.296	<.01	.285	<.01	.289	<.01	.285	<.01
Equality, Trust, and Demographic	-.058	<.01	-.034	<.01	-.022	.02	-.025	<.01
Equality, Trust, Demographic, and Religion			.012	.19	.015	.10	.013	.10
Equality, Trust, Demographic, Religion, and Region			-.097	<.01	-.093	<.01	-.095	<.01
Higher Social Class			-.060	<.01	-.060	<.01	-.064	<.01
Middle Social Class			-.063	<.01	.017	.16	-.033	.06
Higher Income			-.083	<.01	-.083	<.01	-.082	<.01
Education			-.036	<.01	-.030	<.01	-.031	<.01
Urban			-.014	.19	-.012	.24	-.008	.44
Religious Person					0.20	.04	.055	.22
Catholic					0.89	<.01	.090	<.01
Canadian							-.025	<.05
European							.044	<.01
<i>R</i> <sup>2</sup>	.091		.115		.121		.125	
<i>F</i> for change in <i>R</i> <sup>2</sup> (df)	548.29 (2)		118.47 (10)		100.71 (3)		91.41 (2)	

*Note:* Age: 6 groups (15-24, 25-34, 35-44, 45-54, 55-64, 65+). Sex (0=male, 1=female). Urban: 50,000+. Incomes: 2 groups: Lower (reference), Higher. Social class: 3 categories: Low (reference), Middle, High. Education: 6 groups. Region: U.S. = reference. *F*(sig) is <.01 for each model.

The explained variance from model to model in Table 4.8 is relatively small, indicating that controlling for socio-demographic factors does not cause major changes in the main effects between equality and trust and universalism. With the addition of the socio-demographic variables, the model explains 12.1% of the variation for predicting support for universalism (R-square change = .01).

Introducing the U.S.-Canada-Europe region variables also added little to the explained variance of the model (R-square change = .01). In the fourth model, when the United States-Canada-Europe region variable was entered along with the demographic and religious variables, the effect of being European compared to American was significant ( $\beta = .044$ ,  $p < .01$ ). Thus, even when controlling for demographics, there is significant, albeit relatively small, effect whereby Europeans are more likely to support universalism than Americans or Canadians. This indicates that there does seem to be an American cultural factor that helps explain the larger levels of support for universalism that is seen in Europe compared to the United States. Furthermore, the regional effect that exists between Europe and the United States and universalism is not found with the effect of urbanization within the three regions. In other words Europeans have more in common with each other compared with Americans in their support for universalism than people who live in cities do across the three regions.

While the larger commitment to universalism among Europeans compared to Americans persisted even after controlling for demographic factors, the opposite effect was seen in Canada compared to the United States ( $\beta = -.025$ ,  $p < .05$ ). In other words, while the effect is small, and the significance is seen at the  $< .05$  level, Canadians are less



likely to support the concepts of universalism than Americans, and this effect remains after potentially confounding demographic variables.

Age, social class and income showed stronger associations with universalism than generalized trust when these variables were entered into the regression model together. When all demographic variables were controlled for, the effect of age on universalism remained negative ( $\beta = -.97, p < .01$ ), indicating that older people are less likely to be supportive of universalist policies than younger people even when controlling for income, education, class, etc. While the bivariate correlations in Table 4.7 indicate that females are slightly more likely to support universalism ( $r = .029, p < .001$ ), sex was no longer observed to be a significant predictor for universalism once other demographic variables were taken into account.

When the relationship between trust and universalism is examined within each country (Table 4.9), the relationships diverge from country to country, with some countries showing positive associations and others indicating negative associations. Within each country, the associations between trust and universalism were not statistically significant at the  $P < .01$  level. Even in the three Scandinavian countries where the world's most universalist policies are in place, and where trust levels are high, there was no significant relationship between trust and universalism. For example, in Finland the relationship appears to be positive, but is non-significant ( $\beta = .023, p = .117$ ); while in the Netherlands, the relationship appears to be negative but the association is also non-significant ( $\beta = -.112, p = .258$ ).

**Table 4.9. OLS Standardized Regression Coefficients by Country***Dependent variable: Universalism*

	Equality	Trust	R-Square
Canada	.229***	.072*	.120
Finland	.342***	.023	.117
France	.333***	.032	.145
Germany	.295***	-.215*	.231
Great Britain	.371***	-.008	.170
Italy	.334***	.037	.109
Netherlands	.447***	-.112	.258
Norway	.206***	.014	.056
Spain	.424***	-.041	.213
Sweden	.375***	.112	.181
Switzerland	.168 **	-.120	.068
United States	.284***	-.054	.189

Note: Results are shown after controlling for demographic and religious variables.

\*p < .05. \*\* p < .01, \*\*\*p < .001

### **OLS Regression Models by Region**

As the introduction of regional dummy variables in the Table 4.10 shows, the influence of demographic and religious differences between the U.S., Canada and Europe alone cannot explain the difference in support for universalism between Europeans and Americans. As illustrated in Table 4.10, there are several additional differences in multivariate relationships that exist among the three regions.

**Table 4.10. OLS Regression: Associations with Universalism by Region**

Variable	<u>Europe</u>		<u>Canada</u>		<u>United States</u>	
	$\beta$	$p$	$B$	$P$	$\beta$	$p$
Equality	.288	<.01	.229	<.01	.284	<.01
Trust	-.022	<.05	.072	<.05	-.054	.08
Sex (female)	.019	.06	.027	.39	.033	.292
Age	-.089	<.01	-.131	<.01	-.129	<.01
Higher Social Class	-.041	<.01	.038	.30	.018	.60
Middle Social Class	-.072	<.01	.070	.08	-.112	<.01
Higher Income	-.076	<.01	-.073	.07	-.100	<.01
Education	-.031	<.01	-.067	.06	.035	.26
Urban	-.039	<.01	.110	<.01	.076	<.05
Religious Person	-.021	.06	.077	<.05	-.050	.17
Catholic	.118	<.01	-.121	<.01	.014	.65
$R^2$	.129		.127		.171	

*Note:* Age: 6 groups (15-24, 25-34, 35-44, 45-54, 55-64, 65+). Sex (0=male, 1=female). Urban: 50,000+. Incomes: 2 groups: Lower (reference), Higher. Social class: 3 categories: Low (reference), Middle, High. Education: 6 groups. Region: U.S. = reference.

The positive association between equality and universalism is statistically significant when controlling for demographic and religious variables in Europe ( $\beta = .288$ ,  $p < .01$ ), the United States ( $\beta = .284$ ,  $p < .01$ ) and in Canada ( $\beta = .229$ ,  $p < .01$ ). Socio-demographic factors such as high education ( $\beta = -.031$ ,  $p < .01$ ) and being Catholic ( $\beta = .118$ ,  $p < .01$ ) have minor, but statistically significant effects on support for universalism in Europe. In the United States, by contrast, the control variables with a significant effect include middle social class ( $\beta = -.112$ ,  $p < .01$ ) and high income ( $\beta = -.100$ ,  $p < .01$ ). While Catholics in Europe are more likely to support universalism than non-Catholics, in Canada, they are less likely to do so ( $\beta = -.121$ ,  $p < .01$ ).

While the bivariate correlations shown in Table 4.7 and the independent variables previously shown in Table 4.8 indicate that social class is negatively correlated to universalism across the entire sample, this effect only held with a statistical significance in Europe ( $\beta = -.076$ ,  $p < .01$ ), where individuals identifying as part of a higher social class were less likely to support universalism.

Age had significant associations with universalism in Europe ( $\beta = -.089$ ,  $p < .01$ ), Canada ( $\beta = -.131$ ,  $p < .01$ ) and the United States ( $\beta = -.129$ ,  $p < .01$ ); older people everywhere are less likely to support the idea that government should take more responsibility in caring for its people.

Urbanization played opposite roles in the relationship with universalism in Europe compared to Canada and the United States. In Europe people living in larger urban areas were less likely to support universalism ( $\beta = -.039$ ,  $p < .01$ ), while in Canada ( $\beta = .110$ ,  $p < .01$ ), urban dwellers were less likely to support universalism than those living in less-populated areas. This demographic statistic may be worth noting in future waves of the

World Values Survey, as Europeans continue to flee the countryside for larger urban areas. Finally, less educated people in Europe are slightly likely to be supportive of universalism ( $\beta = -.031, p < .01$ ), whereas in North America the relationship between education and universalism is non-significant.

After controlling for the potentially confounding effect of demographic and religious variables, the relationship between equality, trust and universalism remained. The levels of variance explained by the model were, for the United States: (R-squared = .171; R-squared change = .06), Europe: (R-squared = .129; R-squared change = .07), and Canada (R-squared = .127; R-squared change = .07).

### Interaction Effects

Interaction terms were created in order to further analyze the relationship between equality, trust and universalism by assessing the combined effect, if any, of the two independent variables (trust and equality) on universalism. To rule out an equality x trust interaction term, the moderating effect (universalism = trust + equality + trust x equality) was tested to see if either of the coefficients for trust and equality changed from unconditional (no interaction term included) to conditional. As seen in Table 4.11, the interaction was not significant. ( $\beta = .018$ ,  $p = .72$ ).

**Table 4.11. OLS Regression: Universalism with Trust x Equality Interaction**

Variable	Equality and Trust		Equality, Trust, and Equality x Trust Interaction	
	$\beta$	$p$	$\beta$	$p$
Equality	.296	<.01	.293	<.01
Trust	-.058	<.01	-.051	<.01
Equality x Trust			.018	.72
$R^2$	.092		.092	
$F$ for change in $R^2$	577.17(2)2)		.132(1)	

*Note:* Results are presented after controlling for socio-economic and religious variables.

Next, the equality x trust interaction was explored by region to determine if an interaction is present within the populations of Europe, Canada or the United States. As seen in Table 4.12, there was seen to be a significant interaction between trust and equality in the United States ( $\beta = .377, p < .01$ ), providing evidence that, within the United States, the relationship between equality and universalism was moderated by whether or not people are trusting. While this effect did not hold true in Europe or Canada, among Americans, the positive relationship between equality and universalism became even stronger among trusting people even though the relationship between trust and universalism was negative. In fact, when controlling for the interaction, trusting people in the United States were seen to be less likely to support universalism than they were when the interaction term is not introduced into the model ( $\beta = -.376, p < .01$ ).

**Table 4.12. OLS Regression: Support for Universalism (Standardized) by Region with Equality x Trust Interactions**

Variable	<u>Europe</u>		<u>Canada</u>		<u>United States</u>	
	(N = 9,091)		(N = 913)		(N = 939)	
	$\beta$	$p$	$\beta$	$P$	$\beta$	$p$
Equality	.301	<.01	.186	<.01	.154	<.01
Trust	.012	.11	-.050	.51	-.376	<.01
Equality x Trust	-.040	.12	.138	.07	.377	<.01
$R^2$	.091		.065		.126	

*Note:* Results are presented after controlling for socio-economic and religious variables.



Finally, in order to further explore the regional effect seen in Table 4.12 (Model 4), where significant effects of being European ( $\beta = .044$ ,  $p < .01$ ) and Canadian ( $\beta = -.025$ ,  $p < .05$ ) compared to being American was observed, interaction terms were introduced for trust x region and equality x region. The result of this regression is seen in Table 4.13. When controlling for the trust x region and equality x region interactions, the relationship between equality and universalism became stronger ( $\beta = .345$ ,  $p < .01$ ). When region x trust interactions were controlled for, distrust became an even stronger predictor for universalism, although the result was not significant at the  $p < .01$  level ( $\beta = -.094$ ,  $p < .05$ ).

**Table 4.13. OLS Regression:  
Support for Universalism with Region Interaction Terms**

Variable	Equality, Trust, Demographic Religion and Region		Equality, Trust, Demographic, Religion and Interactions	
	$\beta$	$p$	$\beta$	$p$
Equality	.285	<.01	.345	<.01
Trust	-.025	<.01	-.056	<.05
Region				
Canada			-.025	<.05
Europe			.044	<.01
Interactions:				
Canada x Equality			-.027	<.05
Europe x Equality			-.058	.05
Canada x Trust			.042	<.01
Europe x Trust			.026	.37
$R^2$	.125		.126	
$F$ for change in $R^2$ (df)	515.09 (15)		421.19 (4)	

*Note:* Results are after controlling for socio-economic and religious variables. F(sig) is <.01 for each model.

The interactions between region and the two main independent variables showed a statistically significant effect with the Canada x Trust interaction ( $\beta = .042, p < .01$ ), while the Canada x Equality interaction ( $\beta = -.027, p < .05$ ) was minor and not significant at the  $p < .01$  level. These results reinforce the findings presented earlier that the relationship between trust and universalism is stronger among Canadians than it is among those who are from the United States. This again indicates that differences in associations between trust, equality and universalism exist by region, and those differences cannot be explained by demographic factors alone. It is hoped that these regional differences can be further explored in order to gain a better understanding of the relationship between trust, equality and universalism across Europe, Canada, and the United States.

## CHAPTER V: DISCUSSION

This study has contributed to the thesis put forth by Schwartz (2006) that research into the relationships between human values “makes it possible to study how whole systems of values, rather than single values, relate to each other and to other variables” (p. 3). As discussed in Chapter II, Schwartz and others (Haidt, 2012; Hofstede, 1990; Rokeach, 1973) have argued that studying the interrelationships among values and variables such as demographic traits and public policy attitudes and can help us better understand how humans understand morality and politics. Among the key findings from this research are insights into the relationships between equality, trust and universalism, and the regional differences that exist between Europe, Canada and the United States concerning the associations between these values.

### **On the Association between Equality and Universalism**

Advocates for universal health care should take note that one of the hypotheses of this study is supported — a meaningful relationship exists across Europe, Canada and the United States between support for income equality and support for universalism. This finding should be relevant to anyone interested in the fields of health policy, welfare state policy, and economic policy in Europe and North America.

For example, this research has implications for those developing communications and other public awareness campaigns, as well those who are involved in coalition-building around issues such as health care and economic reform. The finding that the two

values reinforce each other can help enhance public messaging around the fact that the two policies of universal health care and economic equality have a positive and reinforcing effect on each other (Korpi and Palme, 1998).

The association between universalism and equality is especially relevant in 2014 as the movement for greater awareness of income inequality grows stronger in the United States. This was made clear by the emergence of the “Occupy” movement in 2011, and by the nationwide release in 2013 of the film *Inequality for All*, narrated by former United States Secretary of Labor, Robert Reich. In that film, Reich argues that the approach to the problem of widening income inequality must come from several different directions. This dissertation shows that the “different directions” of the universal health care movement and the economic inequality movements share common value-based underpinnings. While Reich, and others (Christoffersen, 2013, Rothstein and Uslaner, 2005; Stiglitz, 2012; Wilkinson and Pickett, 2010) have concluded that growing income inequalities are detrimental to a nation’s health and its economic growth, this study has connected that large body of research with public opinion around values and beliefs. Those concerned with the social and economic devastation caused by rising income inequalities now have new research to support the premise that work to combat these inequalities and advocacy for universalism can reinforce each other.

### **On The Association between Trust and Universalism**

Although the association between universalism and trust in this study has been shown to be relatively small, the direction of the association is surprising, given the wide

body of research discussed in Chapter II, showing statistically significant and often strong positive associations between generalized trust and universalism in Western nations.

Nevertheless, the negative, albeit weak connection found in this study between generalized trust and universalism has been suggested in some earlier research (i.e. Larsen, 2007), where findings have indicated that general distrust in others in a society can promote the need for a government that takes responsibility for the welfare of its citizens. Previous studies, although not plentiful, have shown signs that a widespread general distrust in people can be associated with calls for a government to solve issues that individuals cannot solve themselves. For example, in a cross-sectional study of nations around the world, Aghion et al. (2010) concluded that support for increased government programs is negatively associated with generalized trust. These researchers found that distrust creates public demand for regulation, and regulation in turn discourages formation of trust. The authors further noted that individuals in low-trust countries demand more government intervention even if they are aware that their governments are corrupt. While the authors demonstrated that that distrust among individuals can lead to increased public demand for government programs, that study included non-western nations, with extremely high levels of generalized distrust, along with European and North American nations. The bivariate correlations from this dissertation indicate that this negative association may hold for Western nations when they are dis-aggregated from other countries around the world. However, because the link between universalism and distrust is counterintuitive and contradictory to so many

previous studies, more research will need to be conducted using different sources of data in order to explore a possible association between generalized distrust and support for more government programs in Western nations.

Previous research has also indicated that an individualistic culture can be found to encourage trust and tolerance while collectivistic culture can discourage these values (Yoon, 2010). The results of this dissertation may support Yoon's finding that low levels of generalized trust within a society can be connected to increased public demand for government programs. After all, it was theoretically out of a distrust of their own population's loyalty that Kaiser Wilhelm and his chancellor Otto von Bismarck created the world's first national health care system, in Germany, in 1883 (Hoffman, 2001).

These findings on the association between generalized trust and support for universalism are indeed a departure from previous research specifically seeking to find a causal link between the two values (Kumlin and Rothstein, 2005; Bergh and Bjørnskov, 2011). This study has found that a positive, predictive relationship between trust and universalism does not emerge when aggregating World Values Survey data across the twelve nations, nor when looking separately at the three regions of the United States, Canada and Europe. At the individual nation level, the association between trust and universalism is seen to be weak, with only Germany and the United States showing a statistically significant relationship between trust and universalism (after controlling for demographic and religious variables). In those two nations, the relationship is negative, i.e. generally trusting people are less supportive of universalism. Again, these results contradict much previous research demonstrating that high trusting societies generally

have strong universalist policies in place, and are somewhat counterintuitive when one considers that trust has long been considered a foundational element in a satisfying and well-functioning society.

Nevertheless, the results of this study may support Nannestad's (2008) warning that "because the universal welfare states are also high-trust countries, it is tempting to hypothesize that it is their high level of generalized trust that has enabled them to solve the collective action dilemma created by their welfare systems," and yet "so far, there is not much systematic empirical research in this field" (p. 427). Indeed, the weak and negative relationship between trust and universalism presented in this study, while far from conclusive, may indicate that more and different types of research will be necessary to better ascertain how trust in people relates to functioning welfare states.

The high rates of generalized trust among Northern European nations and the relatively low rate among the Southern European nations of Italy, Spain and France is consistent with previous research showing that Northern European countries, particularly Scandinavian nations, have consistently reported higher levels of interpersonal trust than their Southern European neighbors (Bergh & Bjørnskov, 2011; Edlund, 1999; Fukuyama, 1995).

Among the scholars who have dedicated a great deal of their professional lives to the study of trust — such as Putnam, Uslaner, Rothstein, and Fukuyama — all have argued that higher levels of generalized trust is associated with a well-functioning society associated with tolerance, confidence and happiness. These researchers have also found that a society with high levels of social trust tends to have strong markers for many other



social attributes, such as better education and lower crime. Nevertheless, trust is, even among these academic champions, a difficult concept to define and de-construct. Is it a value? The response to this question is somewhat scattered, even among the experts. Is it a dependent or independent variable? Putnam (2000) said that this is an impossible question, comparing the causal arrows of trust with “well-tossed spaghetti.”

In light of this study, trust seems to have a valid place in research models as either a dependent or independent variable. Generalized trust will certainly continue to be studied as the effect of other societal qualities, such as education and voluntary associations (Lock et al., 1999; Nannestad, 2008; Stolle, 1998). In addition, generalized trust will continue to be examined as a cause of many other desirable social outcomes such as approval levels of local government and well-functioning local economies (Paxton, 2007; Putnam, 1993; Rothstein and Uslaner, 2005).

The bivariate findings from this research between generalized trust and education validate previous studies which have also shown positive relationships between these two positive features of a healthy society (Nannestad, 2008; Putnam, 1993; Stolle, 1998). The fact that education increases exposure to different cultures and perspectives, which leads to higher tolerance and less suspicion of difference, has also been studied in the context of generalized trust (Putnam, 2000). Positive linkages have also been discovered between the levels of public investment in education and generalized trust (Uslaner, 2002).

The positive correlation found in this study between generalized trust and level of education can help support advocacy for more investment into the public education

system, for example, by validating message framing that emphasizes the connection between education and social cohesion. Because this study shows that educated people are more trusting across the entire sample population, education advocates can investigate ways to work with “generally trusting” people in seeking greater public investments in education. Neighborhood associations and other community-based organizations are examples of institutions found to have high levels of generalized and interpersonal trust (Putnam, 2000). Ultimately, finding opportunities to reinforce the connection between trust and education may help gain support, in the United States and in other Western nations, for greater public investments in the education system.

In a December 2013 speech on reduced economic mobility in the United States, President Barack used the positive association people have for trust to emphasize the importance of reducing inequalities. “Rising inequality and declining mobility are also bad for our families and social cohesion — not just because we tend to trust our institutions less, but studies show we actually tend to trust each other less when there’s greater inequality” (The White House, Office of the Press Secretary, 2013). Despite the President’s contention, this study did not find an association between generalized trust and support for reducing income equality among Americans, Canadians or Europeans. That finding does not, however, contradict previous research showing that high trusting societies correlate with lower levels of inequality because the research presented here examined values at the individual level. Thus, while connections between higher rates of generalized trust and lower levels of income inequality have been found across many societies, with inequality measured by the Gini Index (Knack & Keefer, 1997; Zak &

Knack, 2001), this study examined these issues in the context of a worldwide public opinion survey. As a result, this dissertation may provide a caution that making the case for income equality to high trusting individuals may not resonate as powerfully as one might otherwise assume.

Despite the variety of positive qualities that generalized trust offers a society, the finding from this research that trust and universalism are negatively (if weakly) correlated, may serve to remind us that distrust and suspicion have been important elements of evolutionary human survival (Haidt, 2012; Kahneman, 2011). Just as it has played an important role in the construction of American political institutions (Storing, 1981), distrust may play a positive, if still undefined, role in the relationships between values and attitudes toward government.

Nevertheless, given the positive correlations that have been found between generalized trust and universalism at the individual and the country level in previous research, the question must be asked if there are flaws in the World Values Survey data. Because of the findings revealed here can be seen as contradictory to previous studies, further research should be conducted, particularly using future waves of World Values Survey data, to investigate the negative relationship found in this research between generalized trust and support for universalism.

### **On the Differences between Americans, Europeans, and Canadians**

This study has shown that there is a significant and negative effect of being an American, compared to being a European, in support for universalism. While the research

presented here indicates that the average American is less likely to support universalism than the average European, this effect persisted even after the model controlled for demographic and religious variables. This unaccounted-for difference between the two regions suggests that cultural factors not explained by demographic and religious indicators alone may explain the difference between the levels of values between Europe and the United States. This finding supports the contention that the effect of “American Exceptionalism” may have been a factor in the repeated failure of the United States from adopting a European-style universal health care policy throughout the 20th century, and will continue to play a role in health policy development in the future.

Of course, this study is only the latest research supporting observations made as long ago as Tocqueville (2001/1835), and as recently as Skocpol & Williamson (2012), that there is a cultural effect of being an American on the values of equality and universalism. While this difference between the United States and Europe may never be perfectly quantifiable, scholarly attempts continue to uncover additional factors that play a role in these differences, such as racism and prejudice (Alesina et al., 2001), and the distinctive “echo chamber effect” of American media structure (Jamieson and Cappella, 2008; Skocpol & Williamson, 2012).

This study has shown that Americans are less likely to support government programs or efforts to reduce economic inequalities than Europeans are, and this effect cannot be explained by demographic or religious differences alone. One implication of these findings is that the United States may need to systematically address this difference in developing future government programs, particularly regarding health care policy. This

issue is particularly relevant in 2014, as health care remains a highly politicized and embattled topic.

In the past, there have been efforts made in the United States to better understand the values that underlie effective health care reform and bring this understanding to the development of a government-run health care system. For example, this occurred in Oregon in the 1990s, when representatives from State government convened community meetings and focus groups to explicitly seek out and articulate the values that may be used to create a new state-run health care system. One of the values researchers uncovered through this process was “prevention,” which ultimately led to policies regarding the prioritization of some treatments over others among the Medicaid population (Jacobs, Marmor and Oberlander, 1999).

Today, however, a respectful dialogue that acknowledges the values of both individualism and suspicion of government on one hand, and universalism and social justice on the other, is lacking in American health care policy development. What has mostly been seen throughout the Obama administration is a polarized political environment that remains strongly entrenched in party politics and, as a result, deeply partisan. While both sides are often consistent and clear about the values driving their policy positions, it is much less common to see the values of both sides of the debate presented fairly and respectfully in a shared forum.

One hypothesis of this research, illustrated in part by the quotation by Victor Fuchs on page 1 of this dissertation, was that a regional effect would also be shown between the United States and Canada, where Canadians would be revealed in this

research as being more supportive of universalism after controlling for the effect of demographic and religious differences. However, this effect was not affirmed in this study. In fact, the results here indicate a small, but significant opposite effect ( $\beta = -.025$ ,  $p < .05$ ); in other words, Canadians, despite their nationwide universal health care system, are slightly less likely to believe that the government should be responsible to take care of its citizens. These findings reinforce the contention that differences between the American and Canadian health care systems are more attributable to federal and parliamentary institutional structure than they are to differences in culture between the two nations (Maioni, 1998; Maioni, 2003). The findings of this research also support the theories of path-dependence (Hacker, 1998; Starr, 1982), which indicate that democracies find it much more difficult to dismantle policies than to continue with existing policies. In the case of Canada, despite the highly individualistic culture compared to Europe that is indicated in this research, there is no political movement in that country demanding the elimination of universal health insurance. Likewise, path dependence theory applied to health care in the United States implies that the health care system in this country has also been difficult to reform due to historical precedents establishing an entrenched and politically powerful private sector. Reinforcing previous research by Maioni (1998), the findings presented in this dissertation provide evidence to reject the argument by Fuchs (2010) and Lipset (1990) that a values difference between Canadians and Americans is a critical explanation for the discrepancy between the health care systems in place in the two bordering North American nations.

### **On Universalism and Equality in the United States**

As the univariate statistics in Chapter IV indicate, the United has the lowest mean result for supporting income equality ( $M = 4.8$ ) and the second-lowest mean result for supporting universalism ( $M = 4.9$ ) among all countries included in this study. The fact that Americans are on average, more suspicious of government and more tolerant of inequality than nearly every nation included in the study may indicate the effect of extreme conservatism in the media in the United States, from television to talk radio to the Internet. The proliferation of conservative voices across these American news media has been cited as a factor that has given rise to the recent Tea Party movement in the United States (Skocpol and Williamson, 2012), as well as the aggressive attack on the new national health care system that was seen in the U.S. Congress from its inception through the winter of 2013.

The low mean values for both equality and universalism validate previous research that individualism in the United States is stronger, and more extreme than it is in Europe. Determining how to address the difference between strongly held opinions and mere leanings within a population may help future public opinion researchers understand the extent to which extreme messaging and policymaking is effective within the United States compared to Canada and Europe.

## **CHAPTER VI: FURTHER IMPLICATIONS FOR HEALTH CARE REFORM**

In March 30, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act, the first successful passage of a comprehensive national health care plan in the United States. Amended and passed back and forth several times between the United States House of Representatives and the Senate, the Affordable Care Act (ACA) was politically partisan from the beginning. When the ACA came to a vote in March 2010, Republicans in both chambers opposed it unanimously. All but 34 Democrats voted to pass it in the House, and all but 3 Democrats voted for it in the Senate (Nivola, 2010).

Although the Affordable Care Act is now law, there remain three important reasons that public opinion data, such as the research presented in this study, has important implications on health policy in both North America and Europe. First, despite the landmark passage of the ACA, the system as it is currently planned does not have the same universal features as those that exist in Europe or Canada. Rather than being a single system serving an entire population, the ACA largely relies on the present American system of private insurance companies to cover most people, with mandates and regulations used to increase the number of Americans protected by health insurance over time. Thus, as advocates for a more equitable American health system seek to incorporate greater universalism into the model, it will continue to be important to bear in mind how any new system reflects American values.

Second, the ACA is still opposed by many Americans – and for different reasons. Public opinion polls show a widely divergent country in its reactions to the current



system: A CBS poll conducted in October 2013 found that 29 percent of Americans believe the ACA is acceptable, 22 percent think it is not strong enough, and 43 percent think it “goes too far” (Mitchell, 2013). Thus, as changes are made to the ACA over the next several years, what these features are, and how they are communicated to the American people, will affect the success of its implementation. Furthermore the success or failure of the ACA’s implementation will also have an effect on the presidential election of 2016, which, in turn will influence the future prospects of the ACA.

Third, even in Europe, health care systems continue to undergo adjustments and transformations. Between 2009 and 2012, Britain, France and Germany have all waged debates and made changes to their system in reaction to rising costs and aging populations (Flintoff, 2012). Whether this involves concrete policy changes or public awareness campaigns around prospective policy, European countries too will be well-served by better understanding how their populations stand in terms of basic values of support for government, equality, and universalism.

In the end, this study supports the contention by Fein and Richmond (2005) that “we cannot expect to achieve universal health insurance without a collective decision that our value system calls for equity and that we are prepared to take the necessary redistributive steps to achieve it (p.263).” However, the sobering news for universal health care advocates in the United States is that, according to this research and recent public opinion polling, Americans do not seem ready to make this collective decision that our value system calls for equity.

What Fein and Richmond neglect to explore is how feasible it is for an entire nation to change its “collective decision” about its values. The literature on values suggests that this cultural shift is not as easily achievable as these authors propose (Anglund, 2000; Alvarez & Brehm, 2002; Williams, 1979). As other reports from the World Values Survey suggest, values tend to change very slowly over time, often taking decades to see measurable evolutions in society’s values (Inglehart and Baker, 2000).

In addition, there seems to be little indication that the United State is collectively ready to make such a change. Rather than developing a system that works best for everyone – by determining how to make most efficient use of resources to ensure the best health for the most people and to treat disease most effectively – the current health policy debate in the United States is caught in a clash of values and ideologies. This can be seen as the conflict between social justice (“ensure that everyone is provided for”) and market justice (“people should take responsibility to provide for themselves”). Compounding the issue is the fact that this ideological battle around health care is occurring during what is, by many measures, one of the most partisan eras ever seen in American politics (Haidt, 2012; McCarty, Poole, & Rosenthal, 2008).

Strong evidence suggests that with the migration of more religiously inclined voters to the Republican Party, and of more secular voters to the Democratic Party, the voting public will continue to become even polarized, further widening the gulf between the parties on issues such as health care policy (Nivola, 2010). Moreover, the growth of overly partisan forms of media, including talk radio, cable television and social media has further nurtured partisan audiences. More than any time in history, Americans are more

likely now to get their information about the world from sources that echo and amplify their existing ideological positions (Jamieson & Cappella, 2008; Mitchell, 2013; Skocpol & Williamson, 2012).

While values of equity and fairness continue to be brought forward into the national dialogue by academics, social justice advocates and politicians alike, they have not yet been shown to eclipse the values of freedom and individualism that have set the United States apart from other nations around the world. And as this research project demonstrates, Canada itself may even be witnessing a slight tilt away from an overwhelming value of supporting equity, even if its health care system is not in jeopardy.

With regard to health care policy in the United States, this study has demonstrated that, while institutional arrangements and corporate opposition may have played a role in defeating national health care in the past, one cannot dismiss the effect of public values. This research supports the contention that these values have played, and continue to play, a role in this nation's stubborn refusal to establish a national health care system. Compounding the values information is the historical reality (Hacker, 1998) that, through historical precedent, America's existing institutional structures are organized to prevent major progressive social change from occurring. This reality, combined with the current levels of power enjoyed by special interests in the U.S. (Quadagno, 2005), only serve to further bolster the claim that establishing fair, equal and universal government-provided health care is an extremely difficult task in the United States today.

While it is clear from this and other research that the level of individualism within the United States has likely been a factor in the failure of this country to enact a national health care system, it does not mean that such a system cannot be successfully implemented. After all, as of this writing, the Affordable Care Act is now law in the United States. But in light of the contentious political environment in the country today, and given the administrative troubles experienced in the law's implementation, it is possible that conservatives, elected in 2014 and 2016, could dismantle the currently fragile system altogether.

So what can be done? Scholars of human values and moral psychology (Haidt, 2012; Lakoff, 1996; Sandel, 2009; Schwartz, 2012) argue that seeking a better understanding of differences in values is a more effective way to acknowledge policy differences than the combative manner currently employed in American politics. This does not mean that politicians and policymakers must learn how to agree; on the contrary, differences in values will usually lead to strong differences in opinion. In the chapter of his book *The Righteous Mind* (2012), titled "Can't we all disagree more constructively?" Jonathan Haidt asks "Does it have to be this nasty? ... nowadays, when the fiscal and political situations are so much worse, many Americans feel that they're on a ship that's sinking, and the crew is too busy fighting with each other to bother plugging the leaks" (pp. 275-276). Haidt and others argue that recognizing differences of opinions related to basic values (such as those studied in this dissertation) is a helpful way to get to more constructive policy discussions than by starting with contention, accusation and, ultimately, horse-trading.

As mentioned earlier, an example of attempting to begin a policy effort with a discussion of values can be found in the work conducted on the Oregon Health Plan in the early 1990s. A deliberate process to learn about values differences, and identify areas of consensus was the discovery that the value of “prevention” resonated among Oregonians across political party lines (Jacobs, Marmor, Oberlander, 1999). Seeking to gravitate policy around this value of prevention helped Oregon developed innovative policies, even though it ultimately can be seen as a compromise between those who wanted a more generous health system for all and those who argued for more fiscally responsible, less expensive public health plan for low-income Oregonians.

Bringing values into the policy process would likely lead to a consensus for system that could more likely work for a large majority of Americans. One result of such a process might a health system, similar to the nation’s education system, which features a public option as an alternative to the private insurance market. This model, which would feature both private and public systems to appeal to people leaning toward either collectivist or individualist values, was proposed during the early stages of the first Obama presidential campaign and during the early dialogues that led to the Affordable Care Act. While originally criticized by conservatives, such a system could actually be seen as being more satisfying to both conservatives and liberals if it includes a private option for those with a strong suspicion of government, similar to the nation’s current education system.

## **CHAPTER VII: LIMITATIONS AND STRENGTHS**

This study has several strengths that will help provide insights to previous studies on values, moral psychology, and political ideology related to universalism and health care policy in the United States. The large sample size of approximately 12,000 cases and the high response rate of 99% for the two independent variables of trust and equality and the dependent variable of universalism contribute statistical power to these findings.

The fact that this study was able to control for the potential confounding effects of a number of socio-demographic and religious variables on the association between trust, equality and universalism enabled a more thorough investigation of these relationships. Finally, the availability of approximately 1,000 cases for each of 12 Western nations enabled a robust comparison of effects differences between the United States, Canada and Europe.

The World Values Survey provides a dataset with a 25-year record of delivering survey information to academic institutions and governments in a variety of contexts. All World Values Survey investigators subscribe to a code of conduct committing to care in developing research designs and survey instruments and in collecting, processing, and analyzing data, taking all reasonable steps to assure the reliability and validity of results. Investigators pledge to immediately disclose any signs of distortions in the research, and make such information available to the media and appropriate regulatory agencies. In a systematic review of the globalization of comparative public opinion research, Norris (2007) stated that “the World Values Study remains the only academic global public

opinion survey with a standard instrument administered in countries in all world regions” (p.7). Nevertheless, this research must also be viewed in light of some limitations, which are listed here.

### **Complex Sampling Design**

Standard statistical methods were developed based on the assumption of simple random sampling, where each individual in a survey has the same probability of being chosen as any other, and each subset has the same probability of being chosen as any other any subset. However, most large scale research conducted by cross-national instruments such as the World Values Survey is conducted through complex sample design, where clustered sampling and stratification methods are used to reduce data collection costs and increase the efficiency of the sample. Stratification and clustering may result in relative homogeneities within clusters that negate the assumption of the independence of sample elements. This can reduce the precision that would otherwise be available from a simple random sample. (Kish and Frankel, 1974).

Complex sample design can involve unequal probabilities of selection, stratification of sampling units, and multistage selection. While software programs are able to adjust for errors resulting from complex sample design during the analysis stage, these adjustments require sample design information about primary sample units (PSU's), clusters, and strata (Lepkowski & Bowles, 1996). Because of ethical concerns about disclosure, it is becoming increasingly rare for international datasets released to investigators to identify the cluster information (Heath, Fisher, & Smith, 2005).

Currently, the World Values Survey does not make this information available. As a result, it is not possible to make adjustments to compensate for any variance that may result from the use of complex sampling design employed by the World Values Survey.

The variance between a variable collected through complex sampling and one that would have been obtained under simple random sampling is referred to as the “design effect” (Kish and Frankel, 1974). If such design effects are not accounted for, the most common risks include making Type I errors from violation of traditional assumptions of independence of observations and underestimating standard errors (Osborne, 2011).

Heath, Fisher, & Smith (2005) report that design effects tend to be relatively low in Western nations. These authors conclude that global public opinion survey researchers “tend to ignore the sampling error due to clustering, either because it is small or because they do not have the information to do so” (p.317). This is the case with the World Values Survey, which does not provide strata or clustering information within its documentation.

At the World Values Survey, principal investigators for each country determine the dimensions to compare with census data, and, because documentation of sampling variables was not made mandatory in the official specification given to the investigators, this sampling information is not available with the World Values Survey. While investigators are asked to provide sample procedure and stratification levels, the World Values Survey does not require an enumeration of their composition. This is much the same as is found in similar studies, such as barometers and the International Social Science Program (ISSP). Occasionally, samples are documented prior to fieldwork and



sent to the World Values Survey for validation. In this case, corrections are applied only exceptionally if the resulting data does not comply with available census data (J. Díez Medrano, personal communication, March 4, 2014).

Ariane Langsfeld, of the Foundation for the Analysis and Diffusion of Social Research, which processes the World Values Survey, states that World Values Survey samples are representative for the population at large. “While there might be small deviations in some socio-demographic characteristics such as gender, age or educational level, the WVS weight variable compensates for these possible variations. This is a common procedure in surveys of this type. Any other adjustments or corrections are not necessary (A. Langsfeld, personal communication, June 10, 2010).

In all countries, samples were drawn from the entire population of 18 years and older. After the fieldwork, data cleaning was carried out by the principal investigators. Cleaning for the European surveys was performed at Tilburg University and the Zentralarchiv in Cologne and by the Foundation for the Analysis and Diffusion of Social Research in Madrid.

Although representatives from the World Values Survey attest that the weighting function effectively increases the representativeness of the sample, the fact that strata information is not available makes it impossible to determine the true effectiveness of the weighting function.

See Appendix A for the available sampling information for each country.

## **Missing Data**

As previously discussed, this study benefitted from a near complete sample of data for the main effect variables of equality (.2% missing), trust (.3% missing) and universalism (.01% missing). While most demographic and religious control variables consisted of less than 5% missing data, the exceptions included the size of town and self-reported social class variables. These two variables had 30% of the data missing at random at the country level. Because these questions were not included in the survey for four countries, it can be assumed that there are no systemic factors accounting for the difference between the missing values and the observed values (Heitjan & Basu, 1996).

Data considered missing at random were the Catholic variable (31% missing) and the income level variable (13.7% missing). Because the missing data for these questions occurred despite the fact that these questions were included in the survey, it is possible that there may be systemic factors that explain the missing-ness and may have caused some bias in the final analysis. For example, embarrassment about income level may arise if family income is particularly low, or particularly high, relative to the community average. Similarly, the characteristics of people who choose not to answer the “Are you Catholic?” question may also bias the overall results (Sterne, White, and Carlin, 2009). However, the inclusion of control variables that correlate to the missing variables in the analysis (such as the correlation between education and social class or between “religious person” and Catholic, for example) may help to reduce the bias associated with the missing data for these control variables (Sterne, White, and Carlin, 2009).

A regression analysis and an examination of bivariate correlations using listwise

deletion were compared to the model employed in this study using missing data as a category. The results were comparable in terms of effect magnitudes and directions, and statistical significance.

### **Endogeneity Affecting Within-Country Responses**

One issue which may impede an accurate country-by-country comparative analysis is that of endogeneity. This is the potential for a “loop of causality” that can result between specific events in a country (such as newly enacted public policy) and how people in that country react to public opinion questions (Banaszak & Ondercin, 2009). The media can play a role in this phenomenon as well, particularly in smaller countries, as the amount of media attention devoted to particular issues can also affect public concern for these issues (Gabel & Scheve, 2007).

In the case of the questions used for this research, it is possible that the use of the word “more” in the question “incomes should be made more equal” may have influenced people in a particular country to react differently depending on policies or events specific to that country. For example, Sweden, a nation with some of the lowest rates of income inequality and highest levels of universalism in the world, scores lower than most of the other countries in this study in both equality and universalism. Is it possible that Sweden’s survey results are related to policies recently enacted in that country at the time of the survey? In 2005, the Swedish government instituted a guarantee that no patient should have to wait for more than three months to receive care within the national health care system once a diagnosis was determined. Because this new policy presented

financial challenges to the country, it received a great deal of coverage in the national media. Controversy ensued in Sweden, launching debates about the generosity of the country's health system (Anell, 2005). All this was occurring around the time that the World Values Survey was fielding questions for the 2006 wave.

Thus it may be asked whether recently-enacted policies can affect how people respond to a question about whether “the government should take *more* responsibility,” or “incomes should be *more* equal.” While it is well documented that values tend to be stable over time, they certainly can have the propensity to fluctuate, and drastic changes in national policy related to universalism may influence public opinion about universalism, equality, and even trust (Bjørnskov, 2006).

Fortunately, this study benefits from the inclusion of ten different European nations, which reduces the possible effect from recent events in any one country on Europe as a whole. Nevertheless, it remains possible that public opinion in a single country, including Canada and the United States, can be influenced by events or media attention within that country. While this study examined cross-sectional data from a single wave of research, longitudinal studies may be helpful to examine how values can fluctuate within specific countries over time.

### **Lack of Generalizability to Non-Western Countries**

Because this study was limited to twelve Western countries, the generalizability of applying this research to other countries is limited. For example, the people living in these twelve nations are far more trusting of others (43% believe “most people can be

trusted”) than the entire World Values dataset of 82 countries (Where only 26% believe “most people can be trusted”). Meta-analyses and studies from various disciplines have documented that Americans, Canadians and western Europeans share a number of characteristics that are much less common with other societies around the world. These differences have been found to include ways of seeing the world such as fairness, cooperation, visual perception, and analytic reasoning (Haidt, 2012; Henrich, 2010) as well as values related to individualism, collectivism and community (Bellah, et al, 1985; Hofstede, 2001; Lipset, 1996). As countries outside North America and Western Europe consider expanding welfare policies and adopting universal health care, a replication of this study may have value. However, because this study was limited to Western, industrial, democratic countries, the results may have little applicability to the majority of people in the world who live in non-Western societies.

## **CHAPTER VIII: RECOMMENDATIONS FOR FURTHER RESEARCH**

### **Explore New Methods to Examine the Relationship between Trust and Universalism**

Because past research seeking to connect trust with universalism has produced quite divergent results regarding the magnitude and the direction of the relationship, it is recommended that subsequent researchers seek to better understand the subtle differences in either variable that can lead to associations between trust and universalism. Are there different, more effective ways to measure trust beyond the generalized trust question employed by the World Values Survey? Are there different constructions for the dependent variable of universalism? Along with determining trust levels through different types of questions, specific elements of universalist policies may be articulated to reach a better understanding of how trust and universalism may be connected. Examples of this might include developing survey questions about universal health care, a public option in a national health care system, or economic equality.

### **Seek to Minimize Endogeneity**

Given the limitation related to endogeneity discussed above, it is worth considering how questions can be asked differently to remove the effect that “issues of the day” could have on survey responses. If the researcher’s goal is to gain a better understanding of values that tend to be relatively stable over time, the use of the word “more,” as in “incomes should be made more equal” should be avoided. Thus, rather than asking if incomes should be made more equal, a question can ask: “Which comes closer

to what you believe: “I favor a society where incomes are relatively equal,” or “I favor a society where extreme income differences are allowed as incentives.”

### **Conduct Similar Research Specifically Focused on Health Care Policy**

In order to gain a better understanding of how values of trust and equality connect to a nation’s willingness to embrace universal health care reform, it will be helpful to continue to collect data that specifically addresses the issue of health care. One example of such a question might include a continuous 1-10 scale which asks to respondents select between “health care is a right and government should provide it for all citizens” v. “health care is a responsibility best distributed through the free market.” Another example might ask to choose between a) “I believe the health system should be controlled outside the government by the private interests of patients, doctors, hospitals and insurance companies,” and b) “The government should be in charge of the health care system.”

A variety of questions specifically focused on health care policy would provide the additional insight which is needed today for citizens throughout Western nations, both those already providing universal health care, as well as those still grappling with the government’s role in providing this benefit. Currently some European survey instruments ask questions about health care policy, but these do not include Canada and the United States in the sample. The World Values Survey has not included a question about health care specifically since it was launched in 1981.

### **Revisit Values Mapping for the United States and Europe**

Much of the World Values Survey work involves the inclusion of “traditional” and “modern” societies, and comparing cultural and values trends across countries throughout the world (Inglehart, 1977; Inglehart and Baker, 2000). After reviewing the literature of values and conducting this research, there seems to be a vast opportunity to conduct more robust and expansive values mapping within the United States, Canada and Europe, along with other modern nations. Which countries in Europe are more closely aligned with the United States? What differences in values exist within the United States among individual states? New and updated survey questions can be used to update and challenge the existing heuristics cited in this dissertation, such as those developed by Rokeach (1973), Thompson, Ellis and Wildavsky (1990) and Schwartz (2012). For example, along with the “traditional-modern” maps developed by Inglehart and Baker (2000), maps can be developed related to trust/distrust, universalism/individualism, and such emerging issues as security/privacy. With the increasing interest we are seeing in understanding values and values differences as a part of deliberative democracy, it makes sense that there would be greater investment in the models and structures that help us better understand underlying values and values differences between people living together in the same country or region. For example, greater collaboration between survey instruments such as the World Values Survey, and public opinion research firms in the United States such as Gallop, should be encouraged, where questions could be identically worded, and research could be fielded simultaneously.



### **Expand Values Survey Research to Better Incorporate Race and Ethnicity**

Currently, the World Values Survey includes a limited number of demographic questions related to race and ethnicity, but only 25% of the countries include such questions and the response rate to these questions is approximately 65%. In addition, racial questions tend to focus on immigration, and therefore country of origin, rather than ethnic origin. For example, “African” is included as a category, while a category relating to African or Hispanic ancestry (i.e. applicable to the African American population) is not.

Despite differences found in this study between the twelve countries, it is important to bear in mind that common values can sometimes be seen more closely by ethnic groups within a country than by the aggregate population of a country. In fact, for a large number of people throughout the world, ethnic identities come before their national identities (Barber, 2001; Dowley & Silver, 2000; Geertz, 1973).

Recognizing how people within different ethnic and cultural groups agree on basic human and political values will become even more important in the future as nations seek to develop more responsive democratic institutions. With racial and ethnic migration continuing to play an important role in democracy in the 21st century, gaining an understanding of the values patterns associated with these migrations will be critical in order to for governments to completely understand their populations.

More and more, contemporary democratic politics is becoming more engaged in multicultural politics. As Europe, Canada and the United States change with new patterns of international migration, new political pressures and policy issues will include more

fairness questions about who has rights to programs and how equitably services are being distributed to those with access (Soroka, Banting, & Johnson, 2002).

One example of this can be found in the United States, where, over the past several years, numerous studies indicate that significant disparities exist in health status and health care access by race and ethnicity in the United States. These racial and ethnic disparities persist even when controlling for demographic factors such as income, education, and social class (Smedley, Stith & Nelson, 2002). As a result, political will, albeit gradual, is building to raise awareness and political accountability within the United States.

As survey instruments within the United States and other countries begin to address racial and ethnic disparities by developing more sophisticated methods for collecting this type of data, the World Values Survey should also consider improving the scope of these types of questions. While a number of such race and ethnicity survey questions may be most applicable to one or a few countries (such as identifying as American Indian or African American), gaining a deeper level of knowledge in this area will ultimately serve populations and their governments more effectively.

**CHAPTER IX: FINAL THOUGHTS:  
RECONCILING “DIFFERENCE” IN PUBLIC POLICY**

Ever since I began forming the ideas for a dissertation that explores fundamental political values, how they might differ between Europe, Canada and the United States, and how they have underpinned the struggles of our nation to develop a national health care system, friends and colleagues have commented on its timeliness. The idea was apropos six years ago, when, under the presidency of George W. Bush, Americans valuing limited government had a champion in the White House to resist the attempts to create a national health system. It has remained a pertinent issue since then, growing to even greater heights when the Obama administration passed the Affordable Care Act in 2010. The dissertation continues to be relevant today in 2014 when conservatives in Congress, on the airwaves, and in state government legislatures, threaten to sabotage, derail, and defund what they see as a policy disaster that conflicts with American values of individual liberty, personal responsibility, and suspicion of an over-reaching government.

The past five years have also seen a greater recognition of the causes and consequences of rising inequalities, especially those related to income, health, and education. In one example, the documentary *Unnatural Causes*, released in 2008, featured a longtime champion in the fight against inequalities, Dr. Michael Marmot, arguing that economic inequalities have severe effects throughout society, both on those at the lower ends of the economic spectrum, as well as those at the top. More mass media

and high profile examples followed in subsequent years, from the “Occupy” movements in cities throughout the United States, to new films, articles, and books.

But despite the fact that American life expectancy and infant and maternal mortality are now the worst among advanced nations, substantial proportions of Americans remain unconvinced that income inequalities present an important societal problem. The specific fact that many Americans still believe that “we need larger income differences as incentives,” inspired columnist Charles Blow, in 2011, to ask if income inequality is the becoming the new global warming, “as deniers attempt to reduce them to partisan opinions.” Regardless of one’s position on the issue, it has clearly received increasing attention in recent years, lending even more relevance to this research project than existed when the project was first conceptualized.

However, what may be most important to me in terms of the relevance of this dissertation is the acknowledgement by many political scientists and scholars that a better understanding of the deeper values that underlie our opinions is critical to moving forward as a democratic and pluralistic nation. Related to this is the increasing recognition that incorporating difference, both cultural and political, into our policies is essential to reach a more perfect union.

This recognition seems to have struck a chord in many, as witnessed by the popularity of the “Justice” course taught by Michael Sandel at Harvard University, and made available online in 2009. In one of his lectures, entitled “The Lost Art of Democratic Debate,” Sandel said “Today most of the political debates we see are shouting matches on cable TV or ideological food fights on the floor of Congress...

however, underneath our arguments over health care, lying just beneath the surface, with passions raging on all sides, are big questions of moral philosophy and justice. But we too rarely articulate and argue about those big moral questions in our politics (Chen, 2011)". If there is one editorial statement to be found in this dissertation, it is that we as a nation must articulate and respectfully debate these "big moral questions in our politics." In his 2012 book *The Righteous Mind: Why Good People Are Divided by Politics and Religion*, Jonathan Haidt similarly writes that his hope for the book is to "make conversations about morality, politics, and religion more common, more civil, and more fun, even in mixed company" (p.2).

So why has it been so difficult to do this? Or as Haidt asks in paraphrasing Rodney King, "Why can't we get along?" Haidt makes the case that America's obsession with "righteousness" is the normal human condition and a feature of our evolutionary design. Yet while the human's righteous mind has allowed human beings to produce large cooperative groups, it has also guaranteed that our groups will always be cursed by moralistic strife. Haidt's research seeks, by better understanding of the roots of ideological difference, to help reach a place where "competing ideologies are kept in balance, systems of accountability keep us all from getting away with too much, and fewer people believe that righteous ends justify violent means" (p.6). Although this dissertation was begun long before *The Righteous Mind* was published, it too has been an effort to help citizens and policymakers reach a place where competing ideologies are kept in balance, and where conversations about politics are more civil, more fun, and most importantly, more productive.

Along with the indication that this “righteousness” is hardwired within us, perhaps one reason we rarely articulate those moral questions is that we don’t have enough of the tools to do so in a cooperative manner. Among my hopes for this dissertation is that it may, in its small way, help us get to that place where we recognize that difference is not only acceptable, but should be celebrated as a feature that can, as diversity does in nature, help us as survive and thrive. In any society, it may be impossible to accommodate every political philosophy. Furthermore, racism, sexism, and other forms of intolerance are never desirable. However, tolerance must include the acceptance of differences in political values. This way, we are more likely to reach an accommodating solution to issues such as a productive health care policy than we would if we merely wait until “my party gets elected and we get rid of the other side.”

There are signs of this basic idea in other fields, and in other countries. In 2012, the nation of Iceland completely re-wrote its constitution beginning with a process of cooperatively defining the nation’s most important values and building a new constitution based on these discovered values. The effort randomly selected 1,200 citizens, and deliberately chose 300 more individuals from political institutions and relevant associations. The identification of nine significant “themes” including education, economy, equal rights, and family, led to the identification of the nation’s four key values of integrity, equal rights, justice, and respect. As Paul Blokker of the University of Trento in Italy wrote, “while these outcomes might seem abstract and general, and contain a highly universalistic flavor, the importance of the event lay much more in the deliberative and civic-participatory nature of the session” (Blokker, 2012, p.5).

In education, programs such as the Chicago-based Collaborative for Academic, Social, and Emotional Learning seeks to elevate emotional intelligence to a higher place in education and teach students how to incorporate the different perspectives of others into classroom activities. This movement is being studied at universities throughout the nation, including the Greater Good Science Center at the University of California in Berkeley, Yale University, and Rutgers University.

I also believe these are some of the same issues I saw gaining prominence while I served as public affairs director for Northwest Health Foundation. During this time, I learned that attaining health equity among different racial, ethnic, and other marginalized populations does not mean “treating everyone the same.” Just as America painfully learned that “separate but equal” was not going to work in the long run, we now seem to be in the process of understanding that “equity” does not equal “sameness.” The golden rule of treating others the way you would want to be treated doesn’t necessarily apply to cultural competence in health care, education, or social services, or even criminal justice. Public Health professionals seeking interventions aimed at the greater good, also find that these efforts can run counter to community values, which can include cultural dietary traditions or community transportation preferences. Conflicts around forced assimilation and the recognition of multiculturalism are related issues that arise when seeking to recognize and incorporate values differences in policy choices.

Ultimately, it is in recognizing, understanding, and then accommodating different perspectives, different cultures, and different ways of viewing the world, that all of us —

individually and as a nation — will benefit, whether it be through more effectively incorporating diversity into our political philosophy or into our culture.

As this dissertation has attempted to demonstrate, recognizing, acknowledging, and celebrating difference may ultimately make all the difference.



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## APPENDIX

### World Values Survey sampling information for countries included in this study

Accessed from WVS Website ([www.worldvaluessurvey.org](http://www.worldvaluessurvey.org))

#### Canada [2006]

**Title:** Canada [2006]

#### **Principal investigator(s):**

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#### **Data Collection Organization:**

Canadian Facts, Toronto

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**Survey Period:** 14-02-2006-08-04-2006

#### **Sample:**

In constructing a probability sample of this universe, the following conditions are met:

1. Each household in the universe has some known probability of selection.
2. No arbitrary judgment is exercised in determining which households are included, or which individual in each household is interviewed.

A total of 2164 households were selected from 346 primary sampling units (EAs) widely spread throughout Canada. The sampling operation was performed at four distinct stages:

1. Determination of the numbers of primary sampling units (EAs) to be selected in each stratum.
2. Selection of EAs.
3. Selection of households.
4. Selection of one individual per household.

1. Selection Of Primary Sampling Points Cumulative EA household counts are computed within each community and the required number of PSUs are systematically selected. A random start and fixed interval method allows each EA a chance of selection proportionate to the number of households therein.

2. Selection Of Households

Households are given an equal chance of selection in each EA. Statistics Canada EA maps are reproduced. Boundaries are clearly marked, start points, skip intervals and travel direction designated. Start points and start households are randomly chosen in each case.

### 3. Selection Of One Individual Per Household

The final stage involves the selection of the one individual in each household to be interviewed. The procedure involves listing all individuals 18 years of age and over in each household. Individuals were not specifically screened for Canadian citizenship. The random selection of one respondent is controlled by a selection grid.

### SAMPLE DISTRIBUTION

One of the general features of the sample design is the expectation that an equal number of completions will be achieved in each selected EA irrespective of its location in Canada. However, it is recognized that completion rates vary significantly across the country given a constant level of effort.

Prior to establishing the required number of EA's in total, decisions regarding anticipated completion rates for a specified level of effort are made. The total number of EA's drawn, the interval for household selection and the call back requirements are fashioned in anticipation of the sampling and interviewing effort required to maximize response rates and to ensure overall efficiency in the sampling and interviewing process.

### **Universe:**

Both sexes, 18 and more years

### **Survey procedure:**

Personal Face to Face Interview

### **Fieldwork:**

Call-back procedures were designed to optimize expenditures of field resources for this study. The number of call-backs was initiated at different times of the day and on different days of the week to maximize completion rates.

Completed questionnaires were always reviewed by supervisors prior to their return to head office. Incomplete or improperly conducted interviews were returned to the field for completion by either the same or, if necessary, a different interviewer.

Interviewers were required to complete report forms for each assigned location.

On-going tallies provided supervisory staff with the information necessary to re-assign work or address particular problems.

**Sample size:** 2164

### **Response rate:**

A total of 2,164 personal in-home interviews was completed. Based on total contacts of 8,192, a

response rate of 26.4% percent was achieved. All interviewing for the study was conducted between August 3 and September 24, 2000. 8192 A - Total issued 496 B – Not eligible (ill, dead, non-English speaking, not at this address ) 2164 C - Total eligible 2146 D - Total questionnaires received 4121 E - non-responses (including non-contact; see note above under “sample type”) 1411 F - Refusals (including questionnaires less than half filled in) 3975 G - Non-contact (included in “E”) 146 H – Other non-response (included in “E”)

**Weighting:**

According to age, gender, and region. The data for this project was weighted according to the most recent 2006 Statistics Canada figures. Weighting was undertaken to adjust the final, in-tab sample to reflect the total Canadian population of adults, 18 years of age and older, in terms of age within gender within community size within region.

**Finland [2005]**

Title: Finland [2005]

Principal investigator(s):

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Data Collection Organization:

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Survey Period: 28-08-2005-12-10-2005

Sample:

A representative sample of 18 years and older population in Finland excluding Åland (Ahvenanmaa). Multi-stage stratified sample, where primary stratification was based on municipality data and secondary stratification was based on zip code areas.

The first stage stratification was based on two dimensions:

1. The North-South dimension grouped the municipalities according to NUTS 2 into three groups: South, Central Finland and Northern Finland
2. Urban-rural dimension was used to form two groups: Urban municipalities and semi-urban and rural municipalities

By linking these two dimensions six primary level strata were obtained. The Capital Region (Helsinki, Espoo, Vantaa, Kauniainen) formed an individual stratum.

The second stage stratification grouped zip code areas within the first stage strata in such a way, that the second stage strata was as homogeneous as possible in terms of socio-economic dimensions. In total there were 16 second stage strata. The mean income in the capital region and proportion of apartment buildings in other regions were used as the stratification variables. At each first stage stratum the number of starting points was distributed as equally as possible amongst the second stage strata.

Capital region was divided into four second stage strata. Southern Finland was divided into four second stage strata. Central Finland was divided into four second stage strata. Northern Finland

was divided into four second stage strata.

Universe:

Both sexes, 18 and more years

Remarks about sampling:

The number of sampling points inside each stratum was in a direct relation to the number of inhabitants in each stratum. Therefore proportional allocation was used. Inside each stratum, clusters (zip code areas) was picked using PPS-sampling and inside each picked cluster the same sample size (8 interviews). Inside each sampled cluster a starting point was chosen randomly. From randomly drawn address the interviewers moved towards growing address numbers. Within the target households the respondents were chosen by sex and age quotas.

Survey procedure:

Personal Face to Face Interview

Sample size: 1016

Weighting:

Respondents were chosen by sex and age quotas.

**France [2006]**

**Title:** France [2006]

**Principal investigator(s):**

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**Data Collection Organization:**

GfK CUSTOM RESEARCH France, Rueil-Malmaison Cedex

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**Survey Period:** 30-01-2006-24-02-2006

**Questionnaire:**

Quota relevant questions and questions necessary for statistical reasons had been asked at the beginning of the interview. Here the actual order:

Statistical questions: Interview number, date of contact, type of contact, comments, number of quota sheet

Quota relevant questions: Region ZEAT, commune, size of town, v235, v236, v237, v241, v241\_1 (if people are currently not working, they had been asked, if they had a job in the past), v242,

Then the order of the WVS questions strictly followed the master questionnaire. No additional questions had been inserted in the programmed questionnaire.

The wording of v34 to v42 and v198 to v208 had been amended, because the original version was likely to offend minorities due to the special situation in France (protests in suburban areas etc.).

After question v256 some additional statistical questions, such as duration of the interview, name and address of respondent were inserted.

**Sample:**

Sampling procedure: Quota sample according to the following criteria: gender, age, profession of respondent, region, size of town.

As in most of the countries involved, quota sampling had been used to select the respondents, a brief description of the methodology at the beginning of the methodological report seems to be useful.

The respondent was selected using quota selection. Respondents were only selected if they matched the quotas given to the interviewers. Concerning substitution, any respondent fitting an appropriate quota profile could be interviewed instead of somebody with the same quotas, but who did not want to participate in the survey.

Concerning stratification factors, region and size of town were used to design the sample and select appropriate sampling points.

**Universe:**

Both sexes, 15 to 64 years

**Survey procedure:**

Personal Face to Face Interview

**Fieldwork:**

Face-to-face in-home interviews via CAPI (computer assisted personal interviews)

**Sample size:** 1001

**Weighting:**

During and after data collection, representativeness of the sample with respect to nationally based criteria has been checked. Deviations from the population's distribution on these criteria were observed. These deviations have been corrected by a weighting variable built with the RIM weighting procedure – see the RIM weighting theoretical basis paper entitled 'ON A LEAST SQUARES ADJUSTMENT OF A SAMPLED FREQUENCY TABLE WHEN THE EXPECTED MARGINAL TOTALS ARE KNOWN', by W. Edwards Deming and Frederick F. Stephan, in volume 11, 1940 of the Annals of Mathematical Statistics. It was realised with Quantum software of SPSS MR company.



**Germany [2006]**

**Title:** Germany [2006]

**Principal investigator(s):**

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**Data Collection Organization:**

infas Institut für angewandte Sozialwissenschaften GmbH

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**Survey Period:** 02-05-2006-21-06-2006

**Questionnaire:**

Country-specific questions added

**Sample:**

Random sample of the overall population in Germany aged 18 and older, sufficiently able to speak German  
Procedure: 400 sampling points; random-route; Kish-Selection Grid

Separate sampling for East and West Germany.

After the selection of municipalities, the sampling procedure consists of three stages. The probability of being selected is proportional to the overall population with principle residence.

- (1) Selection of constituencies: Strictly random selection of stratified constituencies
- (2) Selection of household: Random-Route
- (3) Selection of respondent: Kish-Selection-Grid

Separate sampling for East and West Germany: 200 sample points each, randomly selected from stratified constituencies (according to federal state, population size)

**Universe:**

Both sexes, 15 to 64 years

**Remarks about sampling:**

- a slight overrepresentation of women (4 percent points)
- a slight underrepresentation of those aged 25-39, a slight overrepresentation of those aged 65+ (4 to 6 percent points)

**Survey procedure:**

Personal Face to Face Interview

**Fieldwork:**

Face-to-face interviews

**Sample size:** 2064

**Response rate:**

4454 Total number of starting names/addresses 97 - addresses established as empty, demolished or containing no private dwellings 651 - no contact at selected address 26 - no contact with selected person 842 - refusal at selected address 770 - personal refusal by selected respondent 4 - other type of unproductive 2064 - full productive interview

**Remarks about non-response:**

2.064 (total): 988 in West Germany, 1.076 in East Germany

**Weighting:**

Yes, two different weights (1) Corrects for age, sex, federal state and size of municipality (2) Corrects for age, sex, federal state and size of municipality, plus East/West distribution for analyzing Germany as a whole

**Great Britain [2006]****Title:** Great Britain [2006]**Principal investigator(s):**

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**Data Collection Organization:**

GfK NOP UK, London

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**Survey Period:** 01-12-2005-18-12-2005**Questionnaire:**

The order of the questions strictly followed the master questionnaire. No additional questions had been inserted in the programmed questionnaire, not even quota relevant questions. Quota had been recorded by a separate quota sheet.

**WVS question number or description of question:**

V50 to V54  
V57 to V58  
V91 to V94  
V105 to V113  
V115  
V117  
V122 to V124  
V164 to V176  
V178 to V183  
V188 to V191  
V193 to V197  
V210 to V221  
V231 to V233  
V240  
V248 to V252

**Reason(s) not included:**

Short questionnaire, GfK survey

**Sample:**

NOP Random Location Approach, which is a quota sample of individuals with randomly selected sampling points. The sample design is essentially a 3-stage design, sampling first parliamentary constituencies, then enumeration districts within those selected constituencies and finally respondents within the enumeration districts:

- (1) Selection of parliamentary constituencies: The 639 parliamentary constituencies of Great Britain are classified into the Register General's ten Standard Regions. Within each Standard Region, constituencies are classified into four urban/rural types. From the file of 639 constituencies, a sample of 175 must be drawn by random numbers.
- (2) Election of enumeration districts: Within each selected constituency, an enumeration district is selected. These EDs are selected at random, but with some stratification control so that the sample of EDs drawn is representative of the sample of constituencies and therefore of GB in demographic terms. Once the Eds have been selected, the profile of the aggregated set of EDs is checked against the national profile to ensure that it is representative. Each ED is a small area, containing on average around 150 households. Each ED is therefore homogenous, with the people living within it being fairly similar in social grade terms.
- (3) Selection of respondents: For each selected ED, a list of all residential addresses is produced. This listing is taken from the Postal Address File, which is a listing of all addresses within Great Britain, and is updated monthly. The interviewer uses this list to identify the households at which they can interview.

As in most of the countries involved, quota sampling had been used to select the respondents, a brief description of the methodology at the beginning of the methodological report seems to be useful.

The respondent was selected using quota selection. Respondents were only selected if they matched the quotas given to the interviewers. Concerning substitution, any respondent fitting an appropriate quota profile could be interviewed instead of somebody with the same quotas, but who did not want to participate in the survey.

Concerning stratification factors, region and size of town were used to design the sample and select appropriate sampling points.

**Universe:**

Both sexes, 15 to 64 years

**Remarks about sampling:**

Quota sample according to the following criteria: gender, age, professional status of respondent.

For practical reasons, two constituencies (Orkney/Shetland and Western Isles) are not included in the sampling frame from which constituencies are selected.

From the file of 639 parliamentary constituencies, a sample of 175 must be drawn by random numbers. Within each selected constituency, an enumeration district is selected. These EDs are selected at random, but with some stratification control so that the sample of EDs drawn is representative of the sample of constituencies and therefore of GB in demographic terms.

**Survey procedure:**

Personal Face to Face Interview

**Fieldwork:**

Face-to-face in-home interviews via CAPI (computer assisted personal interviews)

**Sample size:** 1041

**Weighting:**

During and after data collection, representativeness of the sample with respect to nationally based criteria has been checked. Deviations from the population's distribution (criteria: gender, age, professional status of respondent, region, size of town) were corrected by a weighting variable built with the RIM weighting procedure. The population characteristics were obtained from GB mid 2003 population estimates; Office of National Statistics 2003 (class) and 2003 population estimates; FRS 2003.

**Italy [2005]**

**Title:** Italy [2005]

**Principal investigator(s):**

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**Data Collection Organization:**

Centro Ricerche Sociali (C.R.S) Milano (Italy)

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**Survey Period:** 10-05-2005-20-11-2005

**Questionnaire:**

WVS question number or description of question:  
V80-v89; v100-v103; v152-v161; v170-v176; v231-v233.  
Reason(s) not included:  
It is a long questionnaire

**Sample:**

1) Classification of population by region, dimension of municipality (small, medium, medium to large, large), geographical location (mountain or plain; cost or interior);  
2) Selection of 80 municipalities, taking into account their characteristics as point 1);  
3) Selection of a stratified sample of individuals within the 80 municipalities by systematic method; for large municipalities a preliminary chance selection of the electoral register was performed, stratified by location in center of the city, in the suburb and in the periphery. The stratification of the individuals sample was performed according to the nation-state strata dimensions. The population aged 18 to 74 was stratified by 20 regions, 2 genders and 3 age classes. In total the strata were 120.

**Universe:**

Both sexes, 18 and more years

**Remarks about sampling:**

The chance selection of the individuals by systematic method was performed in order to complete each of the 120 strata.

No stratification by education was possible; therefore after the interview campaign we realized that the people with lower education were under-represented and people with higher education were over-represented.

**Survey procedure:**

Personal Face to Face Interview

**Fieldwork:**

Our aim in drawing up the sampling design for this national survey was to follow procedures which gave the best possible representativeness to the 1000 statistical units to be selected from the population aged between 18 and 74.

To this end, we decided to adopt the following criteria:

- reduce the number of sampling stages to the minimum;
- stratify the reference population by means of discriminant values and certain values;
- during the survey phase, reduce as much possible refusals by the subjects initially selected at random.

As regards the stages, we discarded the idea of a preliminary sampling of regions and provinces, whose only purpose was to facilitate the survey by restricting it to a few areas of the country. From the point of view of statistical representativeness this would have meant introducing a sampling error already at this first level. In other words, the survey covered all the regions, with a quantity of interviews proportional to the population aged 18 to 74 in each region.

In the first stage, we selected 80 municipalities taking account of the distribution of the Italian population not only by region but also by degree of urbanization (small, medium, medium-to-large, and large municipalities). We also sought to select these municipalities so as to replicate the socio-economic and cultural characteristics of the geographical macro-areas which divide Italy into North-East, North-West, Centre, South, and Islands. For this purpose we considered the location of a municipality (in a mountainous area or on the plain, on the coast or in the interior, in an area with good or poor communications), its socio-cultural characteristics, and its main economic activity.

In the second stage we created a proportional stratified sample of the 80 samplepoints previously selected. The cases were extracted from the individual strata using the procedures of the systematic method, which involves calculation of a sampling interval in order to obtain a random sample.

To be pointed out, however, is that there were three stages for large municipalities:

before the subjects to be interviewed were extracted, we selected a number of electoral wards which adequately represented the various parts of the city. Generally selected were two wards in the centre, three in the suburbs, and two in the periphery.

We calculated the size of the individual strata with reference to the entire Italian population aged 18 to 74, after this had been stratified by region (20 classes), gender (2 classes) and age (3 classes).

These 120 classes represented the main benchmarks for the distribution of the statistical units. However, we sought to preserve stratification by size of municipality within each region as well.

These devices connected with stratification are important for reducing sampling error because they counteract the negative effect of variance. It is well known, in fact, that sampling error is directly proportional to the amount of variance.

In other words, if the variables used for the stratification are discriminatory and their values are known and certain, they should be reproduced in the sample consistently with the features of the universe. In this way their variance will not affect the sampling error. At the same time, all the other questionnaire variables significantly correlated with those used in the stratification of the population (gender, age, region, size of municipality of residence) will be more likely to furnish estimates which approximate the real datum.

We now give details of the modes and outcomes of this stratification.

To sum up, therefore, we may say that the variables used for the stratification enabled us to keep the extraction of the interviewees under control without affecting the randomness essential for statistical representativeness.

However, there was no guarantee that also the estimates of the other variables would closely approximate the reality. There are various factors that may alter the representativeness of a sample, above all the fact that some of the interviewees initially extracted, those whom we call 'effectives', must be substituted by 'reserves' for various reasons.

In order to reduce this risk as much as possible, we selected the reserves randomly from within the same stratum as the 'effectives'. Moreover, by monitoring the work of the interviewers and giving them appropriate advice, we were able greatly to reduce the percentage of subjects who refused the face-to-face interview. We were helped in achieving this result by a letter previously sent to the persons extracted which explained the importance of the research and urging their collaboration.

The result can be considered more than satisfactory, also because only a very small percentage of subjects refused to be interviewed (15.3%). These subjects, in fact, were those who could most easily have compromised statistical representativeness because the majority of them belonged to categories with shared social features.

The effect is that of producing underestimations in that particular social group. This is less likely to happen with other types of substitution, because they tend to be distributed among all social categories without marked differences for specific groups in the population.

However, even with this certainly positive outcome, the distortionary effect of substitutions cannot be entirely excluded, especially on certain characteristics of the real sample, which are favoured by other concurrent factors. We refer to the overestimation of graduates which occurs in almost all social or scientific surveys, because more highly-educated subjects more easily grasp



the importance of this type of research, distinguishing it from numerous other surveys conducted for commercial or political purposes.

Our survey, too, was subject to this kind of conditioning. One reason was that it was not possible to control for schooling through stratification because this information cannot be obtained from electoral registers, these being the usual sources for samples of the national population based on random extraction.

Having pointed out these features, which on the one hand reassured us as to the procedures followed and the substantial equivalence between the theoretical sample and the real sample, but which on the other required caution because of the indubitable presence of overestimations and underestimations at the level of schooling, we complete the description with information about sampling error.

To be stressed is that this aspect should be set in relation to the others considered, and not taken as absolute and indisputable information, because representative can only be regarded as certain for those variables where uniformity between the real population datum and the sample datum can be verified. The latter is only a preliminary estimate and its margin of error is always difficult to calculate.

In this regard, we repeat what has already been said about substitution of 'effectives' by 'reserves', while adding that the first sampling stage, the one relative to the selection of 80 municipalities, was carried out with 'reasoned' choice. Consequently, we can only presume that the population resident in those samplepoints was representative of the Italian population as a whole.

It is with this caveat that we calculate the sampling error. The formula used is the one applied when considering the percentage value estimated for a characteristic of the population and its opposite, i.e. the absence of that characteristics. This is therefore a formula that can be applied even when, as in our case, the variables are non-metric.

$$e = k \sqrt{pq/n}$$

where (e) is the sampling error of the estimates, (k) the width of the confidence interval, to which is generally attributed the value of 1.96, i.e. 95 probabilities in 100 that the sample datum does not contain error greater than that calculated; (p) is the proportion or percentage of occurrence of the feature for which the error is calculated; (q) the proportion in which that feature does not occur; and (n) the size of the sample.

In this formula, the product (pq) substitutes the variance value, which is not calculable for non-metric variables. However, it is a value that corresponds to the degree of homogeneity/inhomogeneity regarding the proportion in which a particular feature revealed by the survey is present or absent. A feature is present with no inhomogeneity when one hundred per cent of the statistical units possess that feature. By contrast, there is maximum inhomogeneity when the feature is present or absent to a proportion of 50%. In this case, the product (pq) corresponds to 0.50x0.50, i.e. 0.25. If this proportion in the population is already known before the survey, its maximum value (0.25) is assumed when it is not ruled out that this value can be reached. Otherwise, reference is made to the datum furnished by the survey.

For this research, if it is hypothesised that a feature may be present in 50% of the population, i.e. if the maximum value of the inhomogeneity index is considered, a sampling error of 3.1% is obtained.

$$e = 1,96 \sqrt{0,25/1000} = 0,31$$

For features present with proportions above or below 50%, the sampling error is less than 3.1%:  
proportion (in 100) 50 and 50 30 and 70 10 and 90  
error (%) 3.1 2.8 1.9

**Sample size:** 657

**Response rate:**

1000 Total number of starting names/addresses - addresses which could not be traced at all 17 -  
addresses established as empty, demolished or containing no private dwellings 22 - selected  
respondent too sick/incapacitated to participate 26 - selected respondent away during survey  
period - selected respondent had inadequate understanding of language of survey - no contact at  
selected address 94 - no contact with selected person - refusal at selected address - proxy refusal  
(on behalf of selected respondent) 153 - personal refusal by selected respondent 31 - other type of  
unproductive (please write in full details in the box below) 657 - full productive interview - partial  
productive interview

**Weighting:**

Yes

**Netherlands [2006]****Title:** Netherlands [2006]**Principal investigator(s):**

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**Data Collection Organization:**

INTOMART GfK, Hilversum

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**Survey Period:** 30-01-2006-10-03-2006**Questionnaire:**

The order of the questions strictly followed the master questionnaire. No additional questions had been inserted in the programmed questionnaire, not even quota relevant questions. Quota had been recorded by a separate quota sheet.

**WVS question number or description of question:**

V50 to V54  
V57 to V58  
V91 to V94  
V105 to V113  
V115  
V117  
V122 to V124  
V164 to V176  
V178 to V183  
V188 to V191  
V193 to V197  
V210 to V221  
V231 to V233  
V240  
V248 to V252

**Reason(s) not included:**

Short questionnaire, GfK survey

**Sample:**

Region; quota sampling according to the following criteria: gender and age

**Universe:**

Both sexes, 18 and more years

**Remarks about sampling:**

As in most of the countries involved, quota sampling had been used to select the respondents, a brief description of the methodology at the beginning of the methodological report seems to be useful.

The respondent was selected using quota selection. Respondents were only selected if they matched the quotas given to the interviewers. Concerning substitution, any respondent fitting an appropriate quota profile could be interviewed instead of somebody with the same quotas, but who did not want to participate in the survey.

Concerning stratification factors, region and size of town were used to design the sample and select appropriate sampling points.

**Survey procedure:**

Personal Face to Face Interview

**Fieldwork:**

Face-to-face in-home interviews via CAPI (computer assisted personal interviews)

**Sample size:** 1050

**Weighting:**

During and after data collection, representativeness of the sample with respect to nationally based criteria has been checked. Deviations from the population's distribution on these criteria were observed. These deviations have been corrected by a weighting variable built with the RIM weighting procedure – see the RIM weighting theoretical basis paper entitled 'ON A LEAST SQUARES ADJUSTMENT OF A SAMPLED FREQUENCY TABLE WHEN THE EXPECTED MARGINAL TOTALS ARE KNOWN', by W. Edwards Deming and Frederick F. Stephan, in volume 11, 1940 of the Annals of Mathematical Statistics. It was realised with Quantum software of SPSS MR company. Additional criteria used for weighting of the data: size of town

**Norway [2007]****Title:** Norway [2007]**Principal investigator(s):**

Ola Listhaug

**Data Collection Organization:**

Statistics Norway/ Department of IT and Data Collection/ Division for Sample Surveys

**Survey Period:** 05-03-2007-31-05-2007**Questionnaire:**

Language: Norwegian.

Deviations from WVS- questionnaire: The following adaptations were made to conduct the Norwegian survey:

- V43: Minority chosen was “Muslims”.
- V99 and V103 were omitted.
- V185: The Norwegian questionnaire made a distinction between the Church of Norway (Lutheran State church) and other protestant denominations.
- V188-V191: “Churches” was substituted with “The Church of Norway, or the denomination you belong to”.
- V213: The statement was changed into “I see myself as a European”.
- V222: List of languages consisted of “Norwegian” and “Other”.
- V233a was omitted.
- V253: Respondents were asked to estimate household’s gross income in 2006.
- V256 was omitted.

**Sample:**

Random sampling.

The sample was drawn using Statistics Norway’s standard sampling frame, which uses random sampling in two stages in order to establish a sampling frame for face-to-face interviews.

The standard sampling frame firstly divides the country into a number of primary sampling areas, which in turn are divided into 109 subpopulations, called strata. The criteria for stratification of primary sampling areas are economic classification<sup>3</sup>, population density and centrality. The aim is to create strata, which are as homogenous as possible, but still geographically concentrated. The

primary sampling units are municipalities or aggregates of municipalities. Municipalities with few inhabitants are grouped together with other municipalities to ensure that each sampling area consists of at least 7 per cent of the total number of inhabitants in the stratum the municipality belongs to. All municipalities with more than 30 000 inhabitants and some with 25 000 to 30 000 inhabitants constitute separate strata.

In the first stage, one primary sampling area from each stratum is selected. Sampling areas which constitute separate strata are drawn with a 100 percent probability, while the remaining areas are drawn with a probability proportional to the size of the area's population.

In the second stage, the respondents are randomly drawn from a population register. The persons in the population register are arranged by a family number and a personal code within the family. This is done to avoid that two or more persons within the same household are selected in the sample.

Respondents are drawn with a probability designed to make the sample self-weighting, i.e. all persons in the sampling frame have the same probability of selection.

**Universe:**

Both sexes, 18 and more years

**Survey procedure:**

Personal Face to Face Interview

**Fieldwork:**

Face-to-face interview, telephone interview.

The mode of data collection for the World Values Survey was primarily face-to-face interviewing. However, in several sampling areas there's only one interviewer present, and such areas may be too remotely located to send interviewers from other areas. Moreover, in some cases respondents refused to participate unless the interview was conducted by telephone. Therefore a small number of telephone interviews have been permitted. Altogether, 86.7 percent of the interviews were conducted as face-to-face interviews, while 13.3 percent were conducted by telephone.

Measures of coding reliability employed:

Firstly, all selections are done automatically by the programme, thus reducing the risk of errors in the selections done by interviewers. Secondly, all numeric variables have absolute limits for data entry.

For example when entering the number of hours worked per week it is impossible to enter numbers above 168. Thirdly, and similarly, there are built in checks (hard error), which are impossible to override. An obvious example is that year and date of birth is checked against the date of the interview. Fourthly, and lastly, there are signals (soft error) which give a warning to the interviewer if the answer is either unlikely because it is extreme or because it does not correspond to answers given to questions asked earlier. These signals can be overridden if the answer in question is confirmed.

No errors of any importance were detected in the data control posterior to the data-collection

period.

**Sample size:** 1665

**Response rate:**

1700 A Total issued 35 B Not eligible 1665 C Total eligible 1025 D Total questionnaires received  
640 E Non-responses (including non-contact; see note above under "sample type") 473 F Refusals  
89 G Non-contact 78 H Other non-response

**Weighting:**

No weighting.

**Other notes:**

Publications: Ola Listhaug and Tor Georg Jakobsen: "Verdiundersøkelsen 2007: Norske meninger om miljø - lokalt og globalt". Samfunnsspeilet nr. 1, 2008.

**Spain [2007]****Title:** Spain [2007]**Principal investigator(s):**

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**Data Collection Organization:**

Análisis Sociológicos, Económicos y Políticos and Intercampo (Madrid)

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**Survey Period:** 10-07-2007-24-07-2007**Questionnaire:**

WVS question number or description of question:

V100 TO V103 WERE EXCLUDED  
V108 TO V110 WERE EXCLUDED  
V166 TO V169 ONE OF THE ANSWER CATEGORIES WAS OMITTED: INADEQUATE  
EDUCATION

Reason(s) not included:



To reduce length of questionnaires it was an unfortunate error in editing the questionnaire

**Sample:**

- Sample stratification: The selection criteria was that of proportional distribution of interviews among the 17 Autonomous Regions according to their population and to community size within each region.

Those municipalities with more than 500,000 inhabitants are of compulsory selection; the rest come out from a random draw.

The same number of interviews per Autonomous Region is kept in each study. The only Autonomous Regions that always have interviews at all levels of community size are: Andalucía, Cataluña and País Valenciano. The strata of the other regions are drawn each month.

The number of interviews that proportionally corresponds to each province and type of community is also taken into consideration within each Autonomous Region. Moreover, we keep track of the population settlements that are selected so that they are not repeated, and in large cities we distribute the interviews among the districts.

- Household selection: once the number of interviews to be done has been established (by size of community and Autonomous Region), we use a computerised system to randomly extract municipalities and electoral sections within them. The number of electoral sections randomly selected is related to the total number of interviews to carry out in the municipality.

A random route system is applied for household selection; in all the buildings that the interviewer passes by (on either side of the street, depending on the side where the starting point is), one every three housings is selected; in case of refusal or non-contact, the interviewer goes to the next household.

- Respondents' selection: age and sex quotas are used for the respondent's selection. These quotas are established in each sampling point according to the cross between size of community and age and sex at national level and also at regional level in the three regions above mentioned (Cataluña, Andalucía, País Valenciano). In the other regions the distribution is proportional.

**Universe:**

Both sexes, 18 and more years

**Remarks about sampling:**

At the very end of the selection process, when interviewer is accepted into a household. Some sampling experts would not considered this as quota, but as another process of stratification of the sample.

Please write in: Distribution according to population in each region, and within the region, according to size of place, and at the household level, according to sex/age distribution of population in each region.

After three attempts to get the interview in a household, and substitution is always made within the same building. (Most housing is in apartments buildings).

Given the the sampling design that was used, multiple-stage stratified sampling, with random routes, the aim was to obtain 1,200 interviews, but interviewers were given a number of interviews higher, 1,300, counting on refusals and non productive contacts and counting also on substitution after three attempts. That is why the sum of non-completed interviews and completed interviews do no add up to the starting size of 1,300.

**Survey procedure:**

Personal Face to Face Interview

**Fieldwork:**

Face to face

**Sample size:** 1200

**Response rate:**

1300 Total number of starting names/addresses 27 - selected respondent too sick/incapacitated to participate 11 - selected respondent away during survey period 13 - selected respondent had inadequate understanding of language of survey 139 - no contact at selected address 24 - refusal at selected address 57 - personal refusal by selected respondent 1213 - full productive interview

**Weighting:**

By sex and age (4 categories), Weight includes as variable in data file

**Sweden [2006]****Title:** Sweden [2006]**Principal investigator(s):**

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**Data Collection Organization:**

ARS Research Stockholm

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**Survey Period:** 23-11-2005-17-02-2006**Questionnaire:**

Swedish

**Sample:**

Random sample from the Swedish population register

The sample for this research has been drawn with the following criteria's:  
We divided the number of sampling points by population figures in NUTS 2 areas.  
After that we selected the largest city in each NUTS 2 area, then we randomly (by computer) selected the designated number of sampling points in each NUTS 2 area based on the population figures provided by SCB.  
Our sampling program assigns random numbers to settlements, than rank orders it by this random number and it chooses the i.e. 6 uppermost town and/or village from the complete listing with in each area.  
This method has given us 60 sampling points that is spread statistically correct across Sweden.  
The number of conducted interviews is also statistically divided amongst the 60 selected city's in the sample so that the 60 sampling points is representative for whole Sweden.  
The selection of respondents is made by computerised random selection from the Swedish population registry, and is stratified according to size of the city.  
The designated number of respondents with in each one of the sampling points is separately drawn from this registry.

All statistical information is collected from SCB, and are dated 2004.

**Universe:**

Both sexes, 21 and more years

**Remarks about sampling:**

Slight skewness if ages groups 45 and above. In a first stage, 60 probability sampling units were selected. For each of these, a random sample of respondents were then sampled from the population register.

The selection of PSUs was based on a representative stratification over region and population size.

A slight underrepresentation of those aged 46 – 55, a slight overrepresentation of those aged 56-65, a slight underrepresentation of those aged 66-75.

Persons older than 85 were not included

**Survey procedure:**

Personal Face to Face Interview

**Fieldwork:**

Face to face interviews, non-capi

**Sample size:** 1003

**Response rate:**

Total number of starting names/addresses 2230 addresses which could not be traced at all 187 selected respondent too sick/incapacitated to participate 252 selected respondent away during survey period 82 selected respondent had inadequate understanding of language of survey 53 no contact with selected person 95 personal refusal by selected respondent 558 full productive interview 1003

**Weighting:**

A weight variable which corrects for the deviances in place of living in relation to the sample which includes those who refused to participate and those who were not possible to contact at the correct address (n = 1.756). The weight variable doesn't have much effect on the SES variables

**Switzerland [2007]****Title:** Switzerland [2007]**Principal investigator(s):**

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**Data Collection Organization:**

LINK Institute, Luzern

**Survey Period:** 15-04-2007-28-08-2007**Questionnaire:**

Between v21 and v22: "don't know" / "no answer"

Between v90 and v95: "What kind of country would you wish that Switzerland is? Would you wish that

Switzerland is a country with...

...large income differences or without large income differences?

...with low emphasis on full employment or with high emphasis on full employment?

...with equal chances for Swiss and foreigners or with better chances for Swiss?

...that integrates itself or that preserves its traditions?"

Between v124 and v125: "Sniderman: I fear that vandalism increases in my neighborhood" /

"Sniderman: I fear that economic situation worsens in my neighborhood" / "Sniderman: I fear that vandalism increases in

Switzerland" / "Sniderman: I fear that economic situation worsens in Switzerland" / "Sniderman: I fear that the

Swiss culture is threatened”

Between v208 and v209: “Are you Swiss citizen or not?”

Between v209 and v210: “Switzerland was criticized due to its attitude during the Second World War. Do you think that this critic was absolutely justified, justified, not justified, not justified at all?”

Between v211 and v212: “I identify myself with my canton.”

Between v212 and v214: “I identify myself with Europe.”

Between v216 and v221: “Were you born in Switzerland?”

Between v216 and v221: “Since how many years do you live in Switzerland?”

Between v221 and v223: “Requirements for naturalization:

...have Swiss ancestors.

...be born in Switzerland.

...adapt Swiss way of living.

...observe the law.

...acquire language of residence.

...attend school in Switzerland.

...know Swiss history.

...be member of an association.

...abandon old citizenship.”

Between v221 and v223: “Problem for naturalization:

...wearing a Muslim scarf.

...being social beneficiary.

...being unemployed.

Between v221 and v223: “Would you agree or disagree that naturalized foreigners loose their Swiss citizenship who become delinquent?”

Between v221 and v223: “Which language do you speak at home? (Swiss)german, French, Italian or other?”

Between v221 and v223: “Which language did you speak at home, when you were between 5 and 10 years old?

(Swiss)german, French, Italian or other?”

Between v230 and v231: “Are you entitled to vote?”

Between v231 and v234: “How large is the probability to vote the following party: CVP, FDP, SP, SVP, Grüne Partei?”

Between v234 and v235: “Would you vote for or against an entry of Switzerland to the European Union?”

Between v234 and v235: “Would you agree or disagree with the following statements? EU entry would bring loss in sovereignty. EU entry would be good for Swiss economics. EU entry would cause invasion of migrant workers.

EU entry would restrain civil rights as initiative and referendum.\*

Between v243 and v244: “Could you tell me in which sector your company is active?”

Between v247 and v248: “Do you have a partner in life?”

Between v247 and v248: “What is you partner’s highest education level?”

Between v247 and v248: “What is your partner’s employment status?”

Between v247 and v248: “Was your partner employed in past?”

Between v247 and v248: “What is your partner’s profession?”

Between v247 and v248: “What is your partner’s institution of occupation?”

Between v247 and v248: “In which sector is your partner’s company active?”

Between v248 and v249: “Highest education level of chief wage earner?”

Between v250 and v251: “Institution of occupation of chief wage earner?”

Between v250 and v251: “Sector of chief wage earner’s company?”

WVS question number or description of question:

v76 future changes: less importance placed on work

v77 future changes: more emphasis on technology  
 v78 future changes: greater respect for authority  
 v79 future changes: more emphasis on family life  
 v91 science and technology are making our lives healthier, easier, and more comfortable  
 v92 because of science and technology, there will be more opportunities for the next  
 v93 science and technology make our way of life change too fast  
 v94 we depend too much on science and not enough on faith  
 v194 politicians who don't believe in god are unfit for public office  
 v195 religious leaders should not influence how people vote  
 v196 better if more people with strong religious beliefs in public office  
 v197 religious leaders should not influence government  
 v217 requirements for citizenship: having ancestors from my country  
 v218 requirements for citizenship: being born on my country's soil  
 v219 requirements for citizenship: adopting the customs of my country  
 v220 requirements for citizenship: abiding by my country's laws  
 v232 which party would you vote for: second choice  
 v233 party that would never vote  
 v233a general party preference  
 v237 age

**Reason(s) not included:**

Due to the fact that some Swiss specific questions had to be included and that the questionnaire was already extensive, we had to leave out some of the WVS questions to be able to realize the interviews within an hour of time. The Swiss research team tried to drop only those questions that are covered with other included questions of the survey.

**Sample:**

All residents in German, Italian and French Switzerland aged between 18 and 85 years old, who speak and understand one of the three languages of the country.

The amount of the to-be interviews has been first stratified for the language regions (German=600, French=400, Italian=200). On this basis, the amount of sample points has been calculated under consideration of their distribution among the language regions. 131 sample points have been chosen considering their distribution in the economic regions and their community size according to the distribution in the main unit. Spatial criteria has been the post code of the locality.

Addresses within the sample points of the master sample were chosen on random from the official telephone number directory. 5'031 addresses were chosen in total.

**Universe:**

Both sexes, 18 and more years

**Remarks about sampling:**

- Randomized selection of telephone numbers.

- Randomized selection of target person in household with more than one potential target person.

**Survey procedure:**

Personal Face to Face Interview

**Fieldwork:**

face-to-face interview

**Sample size:** 1241

**Response rate:**

4876 Total number of starting names/addresses 333 - addresses which could not be traced at all 10 - addresses established as empty, demolished or containing no private dwellings 308 - selected respondent too sick/incapacitated to participate 220 - selected respondent away during survey period 258 - selected respondent had inadequate understanding of language of survey 529 - no contact at selected address 103 - no contact with selected person 1339 - refusal at selected address 478 - personal refusal by selected respondent 1241 - full productive interview

**Weighting:**

Weights for language regions: Swiss-German: 0.277984 Swiss-French: 0.708708 Swiss-Italian: 1.415877



**United States [2006]****Title:** United States [2006]**Principal investigator(s):**

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**Data Collection Organization:**Knowledge Networks - Government & Academic Research

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**Survey Period:** 19-09-2006-29-09-2006**Questionnaire:**

English Questionnaire.

some question(s) not included:  
V254 (how interested was respondent?)  
Reason(s) not included: Because the survey was self-administered and V254 is for the

interviewer.

V55 (Marital status)

V56 (Number of children)

V235 (Gender)

V236 (age)

V237 (age)

V238 (education level)

V241 (employment status)

V256 (Race/ethnicity)

Reason(s) not included: Knowledge Networks has similar information currently on file for the panelists and appended those and other supplemental demographic variables to the data file.

### **Sample:**

Sample was stratified by age (18-29, 20-44, 45-59, 60+), education (less than HS, HS, some college, Bachelor's +), ethnicity (white non-hispanic, black non-hispanic, other non-hispanic, Hispanic, 2+ races non-hispanic), and gender

The eight sources of deviation from epsem design are:

- 1 Half-sampling of telephone numbers for which we could not find an address,
- 2 RDD sampling rates proportional to the number of phone lines in the household,
- 3 Minor oversampling of Chicago and Los Angeles due to early pilot surveys in those two cities,
- 4 Short-term double-sampling the four largest states (CA, NY, FL, and TX) and central region states,
- 5 Under-sampling of households not covered by MSN TV,
- 6 Oversampling of minority households (Black and Hispanic),
- 7 Oversampling of households with PC and Internet access
- 8 Selection of one adult per household.

### **Universe:**

Both sexes, 18 and more years

### **Remarks about sampling:**

Once Panel Members are recruited and profiled, they become eligible for selection for specific surveys. In most cases, the specific survey sample represents a simple random sample from the panel.

The sample is drawn from eligible members using an implicitly stratified systematic sample design. Customized stratified random sampling based on profile data is also conducted, as required by specific studies.

The primary sampling rule is not to assign more than one survey per week to members. In certain cases, a survey sample calls for pre-screening, that is, members are drawn from a sub-sample of the panel (e.g., females, Republicans). In such cases, care is taken to ensure that all subsequent survey sample drawn that week are selected in such a way as to result in a sample that is representative of the panel distributions.

**Survey procedure:**

Self-filled interview

**Fieldwork:**

For client-based surveys, a sample is drawn at random from active panel members who meet the screening criteria (if any) for the client's study. The typical sample size is between 200 and 2000 persons, depending on the purpose of the study. Once selected, members can be sent an advance letter by email several days prior to receiving the questionnaire through their WebTV appliance or personal computer to notify them of an important, upcoming survey.

Once assigned to a survey, members receive a notification email on their WebTV or personal computer letting them know there is a new survey available for them to take. The email notification contains a button to start the survey. No login name or password is required. The field period depends on the client's needs, and can range anywhere from a few minutes to two weeks.

Email reminders are sent to uncooperative panel members. If email does not generate a response, a phone reminder is initiated. The usual protocol is to wait at least three days and to permit a weekend to pass before calling. Knowledge Networks also operates an ongoing incentive program to encourage participation and create member loyalty. To assist panel members with their survey taking, each individual has a personalized "home page" that lists all the surveys that were assigned to that member and have yet to be completed.

A few words about each feature:

- 1 Once the telephone numbers have been purged and screened, we address match as many of these numbers as possible. The success rate so far has been in the 70% range. The telephone numbers with addresses are sent a letter. The remaining, unmatched numbers are half-sampled in order to reduce costs. Based on previous research we suspect that the reduced field costs resulting from this allocation strategy will more than offset increases in the design effect due to the increased variance among the weights. We are currently quantifying these balancing features.
- 2 As part of the field data collection operation, we collect information on the number of separate phone lines in the selected households. We correspondingly down-weight households with multiple phone lines.
- 3 Two pilot surveys carried out in Chicago and Los Angeles increased the relative size of the sample from these two cities. The impact of this feature is disappearing as the panel grows.
- 4 Since we anticipated additional surveying in the four largest states, we double-sampled these states during January-October 2000. Similarly, the central region states were over-sampled for a brief period.
- 5 Certain areas of the U.S. are not serviced by MSN®. We select a smaller sample of phone numbers in those areas and use other Internet Service Providers for Internet access of recruited households in those areas.
- 6 As of October 2001, we began oversampling minority households (Black and Hispanic) to increase panel capacity for those subgroups.
- 7 As of August 2002, we began oversampling households with PCs and Internet access to reduce the cost of WebTV set-up and maintenance.
- 8 Finally, for most of our surveys, we select panel members across the board, regardless of

household affiliation. For some surveys, however, we select members in two stages: households in the first stage and one adult per household in the second stage. We correct for this feature by multiplying the probabilities of selection by  $1/a_i$  where  $a_i$  represents the number of adults (18 and over) in the household.

**Sample size:** 1201

**Response rate:**

Total number of starting names/addresses 1710 full productive interview 1201 partial productive interview 48

**Remarks about non-response:**

Knowledge Networks selected 1,710 members of its panel to participate in the survey. While 1,249 responded to the invitation to participate, forty-eight did not complete the entire self-administered Web survey. Because Knowledge Networks utilizes a panel methodology, we also report a separate panel recruitment response rate (AAPOR RR #3). This measure is the mean response rate for all panel recruitment cohorts from which these 1,710 panelists belong.

**Weighting:**

Whereas in principle the simple design is an equal probability design that is self-weighting, in fact there are several known deviations from this guiding principle. Furthermore, despite our efforts to correct for known sources of deviation from equal-probability design, there are several other sources of survey error that are an inherent part the process. We address these sources of survey error globally through the poststratification weights, which we describe below. The primary purpose of a post-stratification adjustment to survey weights is to reduce the sampling error for characteristics highly correlated with reliable demographic and geographic totals  $\alpha$  called population benchmarks. To implement post-stratification, we employed the following weighting techniques: 1. Calculate a base design weight for all sampled cases. 2. Modify this base design weight for the cases that completed the survey by calculating post-stratification weights against CPS population benchmarks for the adult age group. The raking variables are: • age: 18-29, 30-44, 45-59, 60 and over • gender: male, female • race/ethnicity: white (non-Hispanic), black (non-Hispanic), other (non-Hispanic), Hispanic • region: northeast, midwest, south, west • education - highest level achieved: less than high school, high school, some college, college degree or more. In order to calculate final weights, we derive weighted sample distributions along various combinations of the above variables. Similar distributions are calculated using the most recent U.S. Census Bureau's Current Population Survey data and the Knowledge Networks panel data. Cell-by-cell adjustments over the various univariate and bivariate distributions are calculated to make the weighted sample cells match those of the U.S. Census and the Knowledge Networks panel. This process, known as raking, is repeated iteratively until there is convergence between the weighted sample and benchmark distributions (CPS distributions). Occasionally, collapsing of post-stratification cells is necessary. This is dependent on the size of the sample and topology of the sample universe. Final post-stratification weights are provided. The final weights are censored at the extreme tails (1%, 99%). WEIGHT2 is scaled to the number of qualified completes cases.