



FLORIDA MEDICAID EXPANSION

Author: John Ray, Senior Adviser, Data for Progress · May 24, 2018

KEY FINDINGS

- Medicaid expansion likely enjoys majority support in all of Florida's state legislative and Congressional districts. While the variation in our estimates is high, especially in Florida's numerous State House districts, the average level of support for Medicaid expansion across all three chambers is about 65%.
- Support for Medicaid expansion is highest among self-reported likely voters who are women, black, and voters who are low-income (earning less than \$30,000 per year), but Medicaid expansion also enjoys majority support among traditionally conservative-leaning subgroups like white males, roughly 53% of whom reported supporting Medicaid expansion.
- In context, Medicaid expansion enjoys a higher level of approval in Florida than Rick Scott (~50% statewide), Marco Rubio (~55% statewide), or Bill Nelson (~58% statewide).

METHODOLOGY

During the 2015-2016 cycle, the St. Leo University Polling Institute conducted a survey with several attractive features for our purposes:

- A survey item directly tapping into the concept of interest (Medicaid expansion);
- An array of typical demographic covariates (age, race, ethnicity, sex, education, income, party ID);
- A geographic identifier for each survey respondent (their IP address).

The Medicaid item, being the outcome of interest for this project, served as the dependent variable. In the original survey, the Medicaid item was worded as follows:

"Medicaid is a government health care program for poor people and the disabled that is funded using both federal and state tax money. Some states are expanding Medicaid programs by making more people eligible for health insurance through Medicaid and are using federal tax dollars to pay for it through the Affordable Care Act, also known as Obamacare. Do you support or oppose expanding the Medicaid program using federal money to cover more people in Florida?"

Among respondents who responded to the item, 39% strongly supported expanding Medicaid, 29% somewhat supported expanding Medicaid, 11% somewhat opposed expanding Medicaid, 17% strongly opposed expanding Medicaid, and 4% responded "don't know/unsure." The results presented here are robust to encoding don't know/unsure respondents as opposing Medicaid expansion, supporting Medicaid expansion, or simply being dropped from the analysis. The response was recorded as a 0/1, binning "somewhat oppose" and "strongly oppose" together as 0, and "somewhat support" and "strongly support" together as 1.

¹ In line with common practices, we coded don't know/unsure respondents as opposing Medicaid expansion.



The demographic covariates used here are important for the ability to poststratify the survey sample over district-level covariates at the various levels of the Florida legislature and Florida Congressional districts. The model was constructed off of survey covariates and then poststratified over covariates estimated from the Florida voter file, which included self-reported measures of race, ethnicity, sex, age, and party ID. For the remaining demographic covariates, education and household income, we imputed respondents' values from Census data. Specifically, we recorded a low level of geography's (ZCTA) household income to follow the same household income brackets as the data, assigned each voter file respondent to their respective ZCTA's bracket. We then created bins for the population counts in each ZCTA that had a college degree or above, and assigned each voter file respondent to their ZCTA's median. Florida has 651 ZCTAs, enough to provide some variation across these measures. For each level of analysis, we then aggregated voter file respondents into either their State House, State Senate, or Congressional districts and created cell proportions within each.

The survey respondents' IP addresses were then used to geocode respondents to their State House, Senate, and Congressional districts. About 8% of respondents could not be geocoded on this basis because their IP addresses located them outside of Florida, often to a metropolitan hub like New York City, San Francisco, or London, which is typically associated with the use of common VPN services. Respondents were apparently screened off of a list of Florida addresses, giving us confidence this is the case rather than the survey inappropriately including non-Floridians, which is not a common practice. Respondents who could not be geocoded were randomly assigned to a district. For the level of the State House, which has 120 districts, respondents were randomly assigned to the subset of districts that previously contained fewer than five respondents. The analysis used here is robust to rerunning any stage of this random assignment process any number of times as tested by the coder.

Our modeling procedure followed a mixed-effects approach, with random intercepts for multilevel terms and fixed intercepts for dichotomous terms. The dependent variable was coded as a dichotomous term. Each version of the model included a random intercept for the State House, State Senate, or Congressional district. For each model, we included an informative prior for μ consisting of the Democratic party's two-party vote share in the previous election, and the mean level of support for Medicaid expansion in the survey.

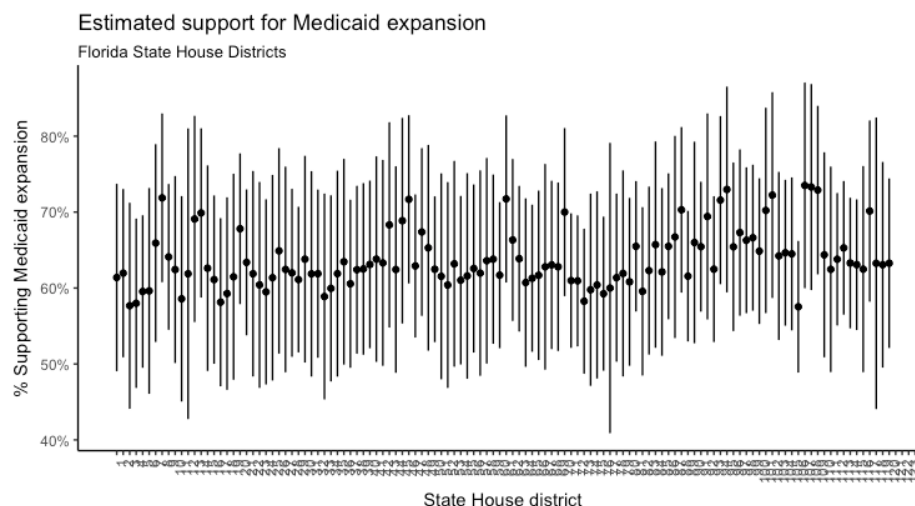
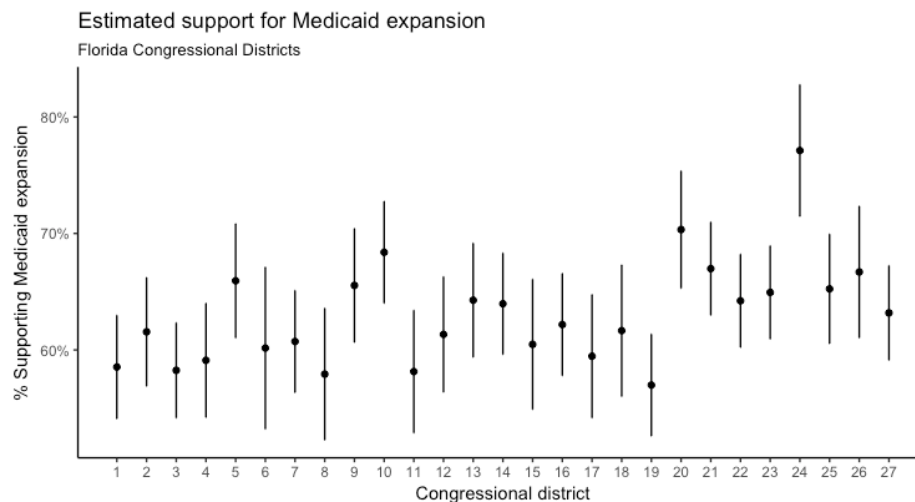
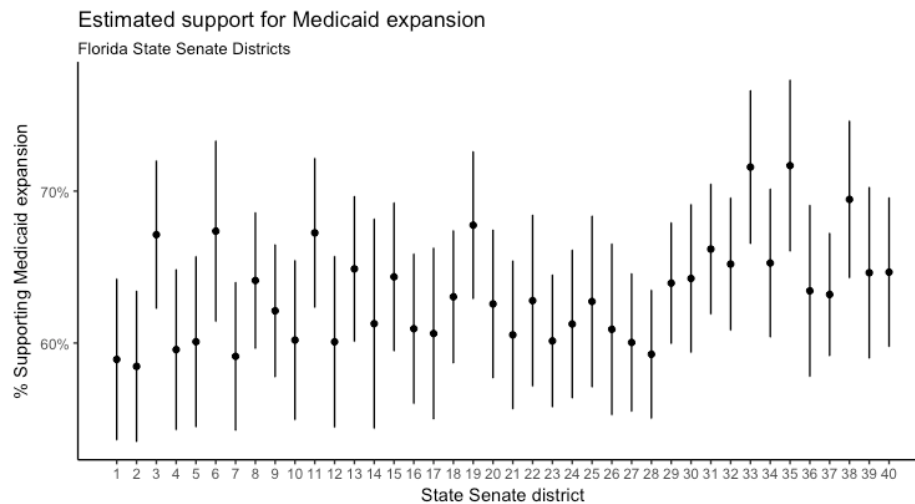
The fixed and random effects generally indicate that Medicaid expansion is popular among those who would benefit from it: Survey respondents who were low-income reported higher support for Medicaid, as did respondents who identified as Black. Respondents who identified as female and respondents who identified as Democrats were more likely to support Medicaid expansion as well. Republicans and whites were less likely to support Medicaid expansion.

Across each level of analysis, the district intercepts contributed almost no covariance to the overall model. Our analysis can't conclusively attribute this result to a true lack of spatial variance, or to an inadequate sample size. The table in Appendix A summarizes the coefficients of the fixed effects, and the intercepts of the random effects.



RESULTS

Across all three levels of geography, the district-level intercepts were small and not significant. Thus, there is not much overall variation across districts, and most estimates are not statistically distinguishable from the overall survey mean. Generally speaking, public support for Medicaid expansion in Florida is in the high 60s-mid 70s percent in blue districts, and in the low 60s-mid-50s in red districts. The following figures summarize the model results at each level of geography.





Appendix A: Mixed-effects model coefficients

Covariate or Intercept	Congressional Model	State Senate Model	State House Model
Education	-.04	-.05	-.05
Female	.25	.24	.24
Democrat	.65	.64	.65
Other Party	-.1	-.1	.1
Republican	-.58	-.55	-.56
Black	.07	.09	.09
Latino	-.03	-.05	-.05
Other Race	.05	.06	.06
White	-.08	-.1	-.11
Income <\$5k	-.0007	-.0004	-.0005
Income \$5k-25k	.027	.011	.012
Income \$25k-75k	-.08	-.003	-.004
Income \$75k-125k	-.01	-.005	-.004
Income \$125k-175k	-.001	-.0007	-.006
Income >\$175k	.006	.003	.003
Mean District Coefficient	-.0002	-.00001	-.00001