

SPECIAL ARTICLE

ELECTION 2004

Health Care in the 2004 Presidential Election

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ABSTRACT

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BACKGROUND

We examined the importance for voters of health care as an issue in the presidential election of 2004, how this ranking compares with the importance of health care in past elections, and which issues voters regard as the most important health care issues in the months before the election.

METHODS

We studied data from 22 national opinion surveys, 9 of them conducted as telephone surveys during the 2004 presidential campaign, 10 conducted as telephone surveys during the previous three presidential elections, and 3 conducted as national exit polls of voters.

RESULTS

Voters ranked health care as the fourth most important issue in deciding their vote for president in 2004. The top health care issues for voters were the costs of health care and prescription drugs, prescription-drug benefits for the elderly, the uninsured, and Medicare. Bioterrorism and abortion were also important issues for voters. The voters most concerned about health care were older persons and those who identified themselves as Democrats. Four issues less salient to voters were racial disparities in health care, aid to developing countries to prevent and treat human immunodeficiency virus infection and the acquired immunodeficiency syndrome, medical malpractice, and the quality of care.

CONCLUSIONS

Although health care ranks higher in importance among voters than most other domestic issues, it is only fourth in importance in deciding their vote for president. The health care issues of greatest concern are the affordability of health care and health care insurance. Health care issues do not appear likely to play a decisive role in the presidential election in 2004, but they might make a difference in some swing states if the race is close.

THE ENVIRONMENT OF THE PRESIDENTIAL election campaign of 2004 is very different from that of the past several elections. Since the election in 2000, the United States has experienced its first attack on American soil since Pearl Harbor, has participated in war in Afghanistan and Iraq, and was the object of an unresolved bioterrorist attack in which several persons in the nation's capital were infected with anthrax. Moreover, in 2000 there was a large federal budget surplus, whereas in 2004 the federal budget is in deficit.

In the field of health care, Congress enacted legislation in 2003 to provide a prescription-drug benefit for people receiving Medicare benefits that accounted for the largest expansion of the program since it began in 1965. Yet since 2000, the number of Americans without health insurance has risen from 39.8 million to 45.0 million.¹

Previous studies have shown that the position of a presidential candidate on issues such as health care is only one of the many criteria voters use to decide how they will vote. Other factors include the candidates' perceived leadership ability, character, and experience, as well as voters' political-party loyalties.²⁻⁴ To understand the role that health care is likely to play in the 2004 presidential election, we addressed three sets of questions: How important is health care as an issue in this election, and how does voters' ranking of its importance compare with their ranking of this issue in the elections of 1992, 1996, and 2000? What are the most important health care issues for voters in 2004, and how do these priorities vary among demographic groups? During the summer before the election, how satisfied were potential voters with the health care system, the new Medicare prescription-drug law, and the nation's preparedness to deal with acts of bioterrorism?

METHODS

SOURCES OF DATA

We obtained data from 22 national opinion surveys. We designed two of these surveys, which were the principal sources of data for this article. Fieldwork for one of the studies was conducted by Princeton Survey Research Associates from June 4 through June 8, 2004, as a nationwide telephone survey of 1202 randomly selected adults (including 1015 registered voters).⁵ Fieldwork for the other study was conducted by International Communications Re-

search from June 16 through July 21, 2004, as a nationwide telephone survey of 973 randomly selected adults 65 years of age and older.⁶ Of the 20 other surveys, 7 were conducted by telephone by national media polling organizations during the current presidential election campaign. We used the most recent data on each topic covered in this article. Ten telephone surveys were conducted by national media polling organizations during the past three presidential elections, with responses from an estimated 979 to 1633 randomly selected adults, including registered voters. The remaining three surveys were national exit polls conducted on election day in 1992 by Voter Research and Surveys (a consortium that conducts exit polls for major television networks and newspapers) and on election days in 1996 and 2000 by the *Los Angeles Times*.⁷⁻⁹ In these exit polls, questionnaires were distributed to randomly selected voters at voting places across the country. Voters filled out the questionnaires after casting their ballots. Each survey included between 5723 and 8365 voters. These were the only exit polls that consistently asked questions regarding the role of the issues of health care and abortion in voters' decisions in the past three presidential elections.

SURVEY QUESTIONS

In all the surveys included in this study, as an aid to voters in identifying the issues that were most important to them in deciding their vote for president, voters were given a list of the campaign issues that had been most widely covered in the media. In 1992, voters were given a list of 9 issues, in 1996 and 2000, a list of 11 issues, and in 2004, a list of 7 issues. In the exit polls, voters were asked to choose the one or two most important issues. In 2004, in the telephone survey conducted by Princeton Survey Research Associates, voters were asked to identify the single most important issue. In 2000 and 2004, voters' responses for two items, "health care" and "Medicare and prescription drugs," were combined, so that rankings were reported for 10 (rather than 11) and 6 (rather than 7) issues, respectively.

In 2004, registered voters were asked in two different ways to identify the health care issues that were most important in deciding their vote for president. The first question was open-ended: voters were asked to name the one or two most important health care issues that were affecting their voting choice. The second question was posed to registered voters who had been given a list of 11 health

care issues that had been mentioned in the media as important national problems during the previous year; the voters were asked to rank the importance of the issues in deciding their vote for president. Our analysis was limited to data obtained from the proportion of respondents who ranked an issue as “extremely” important in deciding for whom they would vote.

In addition, for subgroups of voters, we assessed the salience of an issue by determining which issue, if any, was most important to the respondent. This analysis was based on responses from voters who said that only one issue was “extremely” important and on responses from those who chose one issue as “most” important among all the issues they said were extremely important.

The surveys ascertained voters’ views on the functioning of the health care system and its various components (e.g., hospitals), the availability and affordability of health care, the nation’s preparedness for acts of bioterrorism, and the Medicare prescription-drug law. With regard to questions about the prescription-drug law, respondents who had a favorable opinion of the new law were asked whether each of five factors was a major reason, a minor reason, or not a reason for the respondent’s favorable view of the law. Respondents who had an unfavorable view of the law were asked whether each of four factors was a major reason, a minor reason, or not a reason for the respondent’s unfavorable view. Results are shown for the response of a “major” reason.

The results include responses of white voters and black voters, on the basis of voters’ identification of themselves as black (or “African American”) or white among those who did not identify themselves as Hispanic or Latino. No other race or ethnic background was included in the analysis, because the samples were too small. Registered voters were those who identified themselves as currently registered to vote.

STATISTICAL ANALYSIS

Like all surveys, ours were subject to sampling error. The results may therefore differ from those that would have been obtained if the whole population of registered voters and other adults had been interviewed. For example, an analysis of a sample of 1000 persons will, with a 95 percent degree of confidence, have a statistical precision of approximately ± 3 percentage points; for a sample of 8500 persons, the comparable precision would be ± 1 percentage point.

National polling organizations that engage in pre-election surveys of voters do not release their rates of response, nor in many cases do they calculate them, because this single measure, in their view, is not the best way to evaluate the accuracy of the poll. Surveys conducted over a short period (such as those reported here) yield lower response rates but more up-to-date information than surveys conducted over a long period.¹⁰ Forecasts of voters’ choices in previous pre-election polls showed that outdated information may introduce more errors into predictions of the results of an election than low response rates do.¹¹ Several independent studies have shown that the results of statistical reweighting of the data are similar to those of an analysis based on the higher response rate in opinion surveys of long duration.¹²⁻¹⁵ In presidential elections since 1956, pre-election polls of short duration that were analyzed with the use of reweighted data have accurately predicted the voting distribution, with an average error of ± 1.9 percentage points.¹⁶ The results of the surveys presented here were statistically reweighted to reflect the actual composition of the population of the United States, calculated on the basis of data from the Census Bureau, according to age, sex, educational level, region, race or ethnic background, household size, and number of land telephone lines.¹⁷ To examine differences among subgroups or between years, we compared responses by testing for differences in proportions, taking into account the effect of the design of the study.¹⁸

RESULTS

HEALTH CARE AS AN ISSUE IN 2004

In June 2004, health care, including Medicare and prescription drugs, ranked fourth among issues that voters saw as the single most important issue in deciding their vote for president. The economy, the war in Iraq, and the campaign against terrorism led the list of issues affecting voters’ choices in the election.¹⁹ However, health care was ranked higher than education and Social Security — both issues that Americans have often cited as important for the government to address (Table 1).^{19,20} Voters identifying themselves as Democrats were more likely to cite health care as the single most important issue in deciding their vote for president (19 percent) than were those identifying themselves as Independents (13 percent) or Republicans (9 percent) (data not shown). Americans 65 years of age or older were more likely than those 18 to 64 years of age to cite health care as the single most

Table 1. The Most Important Issues for Voters in the Presidential Elections of 1992, 1996, 2000, and 2004.*

Rank	1992 (N=8326)	1996 (N=5723)	2000 (N=8218)	2004 (N=997)
	<i>issue (percent of respondents)</i>			
1	Economy, jobs (43)	Moral or ethical values (40)	Moral or ethical values (35)	Economy, jobs (25)
2	Federal deficit (21)	Economy, jobs (35)	Economy, jobs (26)	War in Iraq (21)
3	Health care (19)	Education (24)	Education (25)	Campaign against terrorism (19)
4	Family values (15)	Taxes (16)	Social Security (21)	Health care, Medicare, prescription drugs (14)
5	Taxes (14)	Health care (12)	Taxes (17)	Education (8)
6	Education (13)	Federal deficit (12)	Health care, Medicare, prescription drugs (16)	Social Security (4)
7	Abortion (12)	Abortion (9)	Abortion (14)	—
8	Foreign policy (8)	Environment (6)	Environment (9)	—
9	Environment (5)	Crime, drugs (6)	Budget surplus (6)	—
10	—	Foreign affairs (5)	Foreign affairs (5)	—
11	—	Poverty (3)	—	—

* The data for 1992 are from Voter Research and Surveys,⁷ those for 1996 and 2000 from the *Los Angeles Times*,^{8,9} and those for 2004 from ABC News/*Washington Post*.¹⁹ In 1992, 1996, and 2000, voters' responses were obtained in exit polls on election day. From lists of issues that varied in length, respondents were asked to name up to two issues as most important in deciding their choice for president. Totals may not sum to 100 percent because respondents could rank two issues as the most important. In 1992, the list contained 9 issues, and in 1996 and 2000, 11 issues. In 2004, responses were obtained from registered voters who were interviewed several months before the election. From a list of seven issues, respondents were asked to rank one as the most important issue in deciding their choice for president; 9 percent of the respondents did not name any of the issues on the list. In 2000 and 2004, responses to two items, "health care" and "Medicare/prescription drugs," were combined, so that there were 10 issues (rather than 11) on the list in 2000 and 6 (rather than 7) in 2004.

important issue (21 percent and 12 percent, respectively).¹⁹ As in the past three presidential elections, in 2004 health care is an important issue, but it is ranked behind one or more other issues. In each of the past three elections, abortion as an issue independent of health care was ranked seventh.⁷⁻⁹

TOP HEALTH CARE ISSUES

When asked to say in their own words which health care issues were most important in deciding their vote in the presidential election in 2004, registered voters cited three issues: the cost of health care and prescription drugs (24 percent), Medicare and health care issues with regard to the elderly (24 percent) and the uninsured and access to health care (14 percent). Only 1 percent of voters cited quality of care as the most important health care issue (data not shown).⁵ Voters who were given the list of 11 health care issues and asked to rate the importance of each in deciding their vote for president cited issues similar to those they had included as the most important in their responses to the open-ended question — the cost of health care and health insurance, the cost of prescription drugs, prescription-drug benefits for the elderly, the number of Americans without health insurance, and Medicare (Table 2).⁵

The three issues that voters ranked lowest were racial disparities in health care, medical malpractice, and aid to developing countries to prevent and treat human immunodeficiency virus (HIV) infection and the acquired immunodeficiency syndrome (AIDS). No subgroup of voters categorized according to demographic characteristics or political affiliation ranked these issues among the top three health care issues.⁵ For about one third of registered voters, health care is not very important as a voting issue: 36 percent did not cite any of the 11 health care issues listed as extremely important to their voting decision. The group that was most concerned about these issues was the elderly, three fourths (76 percent) of whom cited one or more of these issues as extremely important. White male voters cared least about health care issues, with 45 percent not citing any of the 11 issues as extremely important.⁵

TOP HEALTH CARE ISSUES ACCORDING TO SUBGROUPS OF VOTERS

Black voters and white voters agreed on the top three health care issues — the cost of health care and prescription drugs, Medicare and health care issues with regard to the elderly, and uninsured persons and their access to health care. However,

Table 2. Importance of Health Care Issues in Deciding 1015 Voters' Preferences in the 2004 Presidential Election, According to Demographic Characteristics.*

Rank	Issue	Total Registered Voters (N=1015)		Age		Race		Health Insurance Status		Political-Party Affiliation		
		Male (N=480)	Female (N=535)	18-64 yr (N=774)	≥65 yr (N=230)	White (N=838)	Black (N=84)	Insured (N=919)	Uninsured (N=91)	Republican (N=338)	Democrat (N=344)	Independent (N=249)
1	Cost of health care and health insurance	33	35	32	36	31	49†	32	38	24	42‡§	29
2	Cost of prescription drugs	30	32	28	37¶	29	51†	30	32	27	38‡§	24
3	Prescription-drug benefits for the elderly	29	33	28	35	27	52†	28	36	25	37‡§	22
4	The uninsured	28	32	28	29	25	45†	28	33	18	38‡§	27§
5	Medicare	26	29	25	32	24	48†	26	28	23	32‡§	21
6	Bioterrorism	25	27	25	26	23	37†	25	22	26	26	21
7	Abortion	22	27	23	22	23	25	23	17	30‡**	20	16
8	Quality of health care	20	23	20	20	18	39†	20	25	14	26‡§	18
9	Racial disparities in health care	16	19	16	18	14	41†	15	21	12	23‡§	10
10	Medical malpractice	15	16	14	16	13	27†	15	13	15	15	11
11	Aid to developing countries to prevent and treat HIV and AIDS	13	12	12	15	10	35†	12	22	9	19‡§	9
—	No issue named	36	41	39¶	24	37	28	37	36	37	32	42**

* The data are from the Kaiser Family Foundation and Harvard School of Public Health.⁵ Respondents were asked to rank the importance of 11 issues in determining their vote for president. The percentages shown reflect only issues respondents ranked as "extremely important." Political-party affiliations were self-identified. HIV denotes the human immunodeficiency virus, and AIDS the acquired immunodeficiency syndrome.

† P<0.05 for the comparison with white voters.
 ‡ P<0.05 for the comparison with voters identifying themselves as Independents.
 § P<0.05 for the comparison with voters identifying themselves as Republicans.
 ¶ P<0.05 for the comparison with voters 18 to 64 years of age.
 || P<0.05 for the comparison with male voters.
 ** P<0.05 for the comparison with voters identifying themselves as Democrats.

with regard to 10 of the 11 health care issues listed in the questionnaire, black voters were more likely than white voters to say that the issue was extremely important. Black voters were about three times as likely as white voters to say that racial disparities in health care and infection with HIV and AIDS among persons in developing countries were extremely important.^{5,21} Similarly, female and male voters agreed on the top three health care issues. However, on five issues — including abortion — women were more likely than men to say that the issue was extremely important. There were no issues that men were more likely than women to say were extremely important in deciding their vote.⁵

When voters were asked to choose the most important issue from the 11 health care issues, there were differences among subgroups. Male voters cited the costs of health care and health insurance as the most important health care issue in deciding their presidential vote.⁵ For two subgroups, white voters and voters with health insurance, two issues were statistically tied as most important (i.e., the difference in rank between the issues was less than the confidence interval for the group responding): the costs of health care and health insurance and abortion.⁵ For two other subgroups, women and uninsured voters, three issues were statistically tied as the most important: the costs of health care and insurance, uninsured persons, and abortion.⁵

With regard to nearly all 11 health care issues listed, voters identifying themselves as Democrats were more likely than those identifying themselves as Republicans or Independents to say that the issue would be extremely important in deciding their vote.⁵ The costs of health care and health insurance and uninsured persons were statistically tied as the single most important health care issue among Democrats and Independents; abortion and bioterrorism were statistically tied as the single most important issue among Republicans.⁵

SATISFACTION WITH THE HEALTH CARE SYSTEM

In the summer of 2004, voters reported substantial dissatisfaction with aspects of the nation's health care system, but a majority of voters did not favor completely rebuilding the system. Approximately 6 of 10 voters (62 percent) said that they were dissatisfied with the availability and affordability of health care in this country.⁵ At the same time, only about one third (36 percent) believed that there was so much wrong with the health care system that it needed to be rebuilt completely.²² According to

these responses, Americans are less critical now than they were near the time of the presidential election in 1992 (Table 3).²³⁻²⁶

Public satisfaction with the managed-care industry and the pharmaceutical industry has declined since 1996. As the presidential election of 2004 approaches, a majority of American voters do not believe that these two industries are doing a good job for their consumers, and a majority of voters think that government should regulate both these industries to a greater extent. In contrast, only about one third think government should regulate hospitals to a greater extent.^{29,30} With regard to the quality of health care in this country, nearly half the voters report being dissatisfied. Current views on the quality of care are not very different from those expressed by Americans soon before the presidential elections in 1992 and 2000.^{27,28}

MEDICARE

The opinion surveys revealed two types of concern with regard to Medicare: concern about the availability of benefits in the future, and concern about the recently enacted Medicare prescription-drug law. A survey conducted in 2003 showed that three fourths of Americans fear that they will not continue to receive Medicare benefits at the current level or that the current level of benefits will not be available when they retire.³¹ After a landmark Medicare prescription-drug bill was passed this year, many older persons reported concern about the legislation. Nearly half of those polled (48 percent) have an unfavorable impression of the bill, only 27 percent have a favorable impression of it, and one person in four (25 percent) has no opinion (Table 3).⁶

Among those who have a favorable impression of the new law, the most frequently cited reasons for their view are that the law will be helpful to those with high drug bills (79 percent) and that it will help people with low incomes who receive Medicare benefits (78 percent). Among those with an unfavorable impression of the law, the most frequently cited reasons for their view are that the law does not provide enough help with drug costs to people on Medicare (80 percent), that it is too complicated to understand (71 percent), and that it will benefit health plans and pharmaceutical companies too much (70 percent).⁶ When asked about the coming elections, 27 percent of the older persons polled said that the passage of the new law would have an effect on their vote for president and 38 percent said that it would have an effect on their vote for members of Congress.⁶

Table 3. Americans' Views of the Health System and Health Care Industries, 1991–2004.

Issue and Response	1991–1993	1996	2000	2004
<i>percentage of respondents</i>				
Availability and affordability of health care*				
Satisfied	23	—	32†	35†
Dissatisfied	77‡§	—	67§	62
Don't know	0	—	1	3
Health care system¶				
Works pretty well	6	11†	14†	13†
Some good things; needs fundamental changes	50	52	53	50
So much wrong, need to rebuild completely	42‡§	35‡	29	36‡
Quality of health care**				
Satisfied	51	—	54	50
Dissatisfied	46	—	44	47
Don't know	3	—	2	3
Industry does a good job serving its consumers††				
Hospitals	—	77‡§	72	70
Pharmaceutical companies	—	79‡§	59§	44
Managed-care companies	—	51‡§	29	30
Industry should be more regulated by government‡‡				
Managed-care companies	—	—	—	55
Pharmaceutical companies	—	—	—	55
Hospitals	—	—	—	35
Impression of Medicare prescription-drug law (among voters ≥65 yr and older)§§				
Favorable	—	—	—	27
Unfavorable	—	—	—	48
Don't know	—	—	—	25
Preparedness of United States for acts of bioterrorism¶¶				
Satisfied	—	—	—	53
Dissatisfied	—	—	—	39
Don't know	—	—	—	8

* The data are from Blendon and Benson²³ and the Kaiser Family Foundation and Harvard School of Public Health.⁵

† P<0.05 for the comparison with 1992.

‡ P<0.05 for the comparison with 2000.

§ P<0.05 for the comparison with 2004.

¶ The data are from Harris^{24,25} and Harris Interactive.^{22,26}

|| P<0.05 for the comparison with 1996.

** The data are from the Kaiser Family Foundation and Harvard School of Public Health,⁵ Gallup/CNN/USA Today,²⁷ and Gallup.²⁸

†† The data are from Harris Interactive.²⁹

‡‡ The data are from Harris Interactive.³⁰

§§ The data are from the Kaiser Family Foundation and Harvard School of Public Health.⁶

¶¶ The data are from the Kaiser Family Foundation and Harvard School of Public Health.⁵

BIOTERRORISM

In addition to the traditional health care issues that have arisen in elections since 1992, a new one to emerge is terrorism, specifically bioterrorism. Since September 11, 2001, voters have ranked terrorism

as the third most important issue in deciding their presidential vote.¹⁹ Terrorism has become, at least in part, a public health issue, because when people think about terrorism, bioterrorism is the kind of terrorism that worries them most. In 2004, nearly

half of Americans polled (48 percent) said that bioterrorism worried them a great deal or quite a lot.³² In contrast to voters' dissatisfaction with the availability and affordability of health care, a majority (53 percent) were satisfied with the nation's preparedness to deal with bioterrorist acts; 39 percent were dissatisfied (Table 3).⁵

DISCUSSION

Because health care is the fourth most important issue among voters, it will be a subject of debate during this election season. But on the basis of the data presented here, we conclude that health care is not likely to play a decisive role in the outcome of the 2004 presidential election, although it might make a difference in some swing states if the election is close. Dissatisfaction with health care is high, but not as high as it was in 1992, when the election immediately preceded the debate on health care reform under the administration of President Bill Clinton.³³ But in 2004, other issues, such as war and the economy, rank much higher in the public mind, and issues in and of themselves are only part of the reason people decide to vote for a presidential candidate.

Even though the recently enacted Medicare law resulted in the largest expansion of the program since 1965, the law remains controversial. As a result, it is likely to be an issue among older voters in 2004. The polls also show clearly that worries about health care costs and the affordability of health insurance pervade voters' concern about health care. Policymakers and health care experts tend to see health care as a collection of discrete issues, such as prescription drugs, Medicare, and the uninsured.

Our interpretation of the data, however, suggests that the public's concern with respect to health care may best be viewed not as a separate issue but as one dimension of the overall economic and pocket-book worries.

The survey data suggest that voters are not focused heavily on the problem of the nation's 45.0 million people who do not have health insurance.³⁴ Pre-election polls have shown that although that problem is an important health care issue, it is ranked below the costs of health care and health care insurance, Medicare, and prescription drugs. Surprisingly, even among uninsured voters, the subgroup most affected, this issue is seen as only slightly more important than other health care issues, and it is not significantly more important for these voters than for voters who have health care insurance. If the issue of the uninsured does not come to be ranked higher among voters, overcoming the obstacles to a comprehensive solution to this problem will prove difficult under the next administration.

Despite the report from the Institute of Medicine on medical errors, the quality of care is not a top health care issue among voters.^{5,35} Three other important issues of concern to health care experts — racial disparities in care, the prevalence of HIV and AIDS in developing countries, and malpractice — are also not important issues in the coming election. In 2004, the dominant health care issue in the presidential election is the cost of health care and health care insurance. Abortion and bioterrorism are also likely to play a greater role for some voters than many other health care issues.

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REFERENCES

1. Census Bureau. Income, poverty, and health insurance coverage in the United States: 2003. Table C-2: health insurance coverage by age: 1987 to 2003. (Accessed August 27, 2004, at <http://www.census.gov/prod/2004pubs/p60-226.pdf>.)
2. Niemi RG, Weisberg HF. What determines the vote? In: Niemi RG, Weisberg HF, eds. *Classics in voting behavior*. Washington, D.C.: CQ Press, 1993:93-106.
3. Markus GB, Converse PE. A dynamic simultaneous equation model of electoral choice. In: Niemi RG, Weisberg HF, eds. *Classics in voting behavior*. Washington, D.C.: CQ Press, 1993:140-59.
4. Fiorina MP. *Retrospective voting in American national elections*. New Haven, Conn.: Yale University Press, 1981.
5. Kaiser Family Foundation/Harvard School of Public Health poll. Storrs, Conn.: Roper Center for Public Opinion Research, June 4, 2004.
6. Kaiser Family Foundation/Harvard School of Public Health poll. Storrs, Conn.: Roper Center for Public Opinion Research, June 16, 2004.
7. Voter Research and Surveys national election day exit poll. Storrs, Conn.: Roper Center for Public Opinion Research, November 3, 1992.
8. Los Angeles Times national election day exit poll. Storrs, Conn.: Roper Center for Public Opinion Research, November 5, 1996.
9. Los Angeles Times national election day exit poll. Storrs, Conn.: Roper Center for Public Opinion Research, November 7, 2000.
10. Brady HE, Orren GR. Polling pitfalls: sources of error in public opinion surveys. In: Mann TE, Orren GR, eds. *Media polls in American politics*. Washington, D.C.: Brookings Institution, 1992.
11. Mosteller F, Hyman H, McCarthy PJ, Marks ES, Truman DB. *The pre-election polls of 1948*. New York: Social Science Research Council, 1949.
12. The Pew Research Center for the People and the Press. Polls face growing resistance, but still representative: survey experiment shows. (Accessed August 19, 2004, at <http://people-press.org/reports/display.php3?ReportID=211>.)
13. Keeter S, Miller C, Kohut A, Groves RM, Presser S. Consequences of reducing nonresponse in a national telephone survey. *Public Opin Q* 2000;64:125-48.
14. Curtin R, Presser S, Singer E. The effect

- of response rate changes on the Index of Consumer Sentiment. *Public Opin Q* 2000; 64:413-28.
15. Blendon RJ, Benson JM, Desroches CM, Weldon KJ. Using opinion surveys to track the public's response to a bioterrorist attack. *J Health Commun* 2003;8:Suppl 1:83-92.
 16. Traugott MW. Assessing poll performance in the 2000 campaign. *Public Opin Q* 2001;65:389-419.
 17. Voss DS, Gelman A, King G. A review: pre-election survey methodology: details from eight polling organizations, 1988 and 1992. *Public Opin Q* 1995;59:98-132.
 18. Daniel WW. *Biostatistics: a foundation for analysis in the health sciences*. New York: John Wiley, 1991:225-6.
 19. ABC News/Washington Post poll. Storrs, Conn.: Roper Center for Public Opinion Research, June 17, 2004.
 20. Harris Interactive poll. New York: Harris Interactive, June 23, 2004.
 21. Taylor-Clark K, Blendon RJ, Benson JM. African Americans' views on health policy: implications for the 2004 elections. Bethesda, Md.: Health Affairs, 2003. (Accessed August 19, 2004, at <http://content.healthaffairs.org/cgi/reprint/hlthaff.w3.576v1.1>.)
 22. Harris Interactive poll. New York: Harris Interactive, May 25, 2004.
 23. Blendon RJ, Benson JM. How Americans view their lives: an annual survey. *Challenge* 2004;47:6-26.
 24. Harris poll. Storrs, Conn.: Roper Center for Public Opinion Research, November 13, 1991.
 25. Harris poll. Storrs, Conn.: Roper Center for Public Opinion Research, December 12, 1996.
 26. Harris Interactive poll. New York: Harris Interactive, May 2000.
 27. Gallup/CNN/USA Today poll. Storrs, Conn.: Roper Center for Public Opinion Research, May 10, 1993.
 28. Gallup poll. Storrs, Conn.: Roper Center for Public Opinion Research, September 11, 2000.
 29. Harris Interactive poll. New York: Harris Interactive, May 28, 2004.
 30. Harris Interactive poll. Storrs, Conn.: Roper Center for Public Opinion Research, February 16, 2004.
 31. Kaiser Family Foundation/Harvard School of Public Health poll. Storrs, Conn.: Roper Center for Public Opinion Research, April 25, 2003.
 32. Council for Excellence in Government poll. Storrs, Conn.: Roper Center for Public Opinion Research, February 5, 2004.
 33. Johnson H, Broder DS. *The system: the American way of politics at the breaking point*. Boston: Little, Brown, 1996.
 34. Committee on the Consequences of Uninsurance, Board on Health Care Services, Institute of Medicine of the National Academies. *Hidden costs, value lost: uninsured in America*. Washington, D.C.: National Academies Press, 2003.
 35. Kohn LT, Corrigan JM, Donaldson MS, eds. *To err is human: building a safer health system*. Washington, D.C.: National Academy Press, 2000.

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