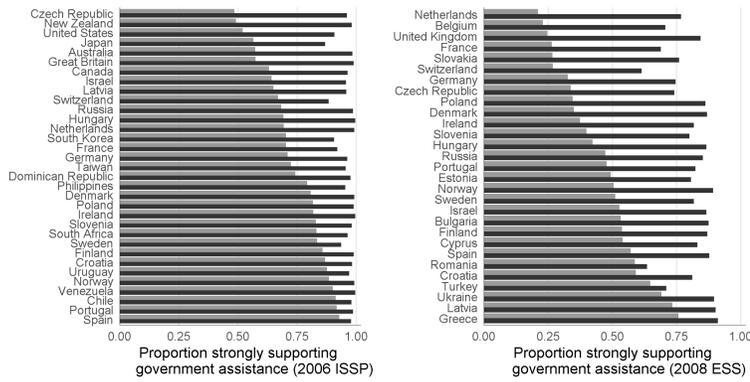


1. THE HEALTH CARE PUZZLE

Why is support for providing government assistance to the sick consistently higher and less variable across countries than support for assisting the unemployed, despite the relative sociodemographic similarity of both disadvantaged groups?



Note: Dark lines are estimated proportion strongly supporting public health care. Light lines are estimated proportion strongly supporting unemployment benefits.

2. THE FUTURE OF HEALTH AND UNEMPLOYMENT

Will this pattern persist if three major trends in health and employment continue?

- Skill-biased technological change generates unemployment and below-subsistence wages.
- Lifestyle choices account for an increasing share of medical needs.
- Morbidity risk continues to decline for the average sick individual as e.g. osteoarthritis prevalence grows.

3. THE EVOLVED PREDISPOSITIONS EXPLANATION (EPE)

Leading explanation for the Puzzle: evolved predispositions to believe sickness is uncontrollable and the sick deserving of help (Jensen and Petersen 2017)

- Sickness (e.g. infection) widespread, nearly randomly distributed, and grave threat to caloric intake of individuals and groups throughout our evolutionary history
- Selection on a system of reciprocal care for the sick to avoid loss of caloric consumption: evolutionary pressures \implies predisposition to believe sickness is uncontrollable \implies widespread support for assisting the sick
- Able-bodied unemployment rare until very late in evolutionary history \implies no evolved predispositions regarding beliefs about causes of unemployment and deservingness of unemployed \implies variable support for assisting unemployed
- Predicts enduring support for helping the sick, support likely continues to exceed support for helping unemployed

4. EVIDENCE FOR THE EPE

- **Implicit associations:** IAT shows stronger *implicit* (lexical) association between sickness and uncontrollability than unemployment and uncontrollability.
- **Explicit associations:** cross-national surveys shows public believes sickness less controllable than unemployment, participants rate hypothetical persons with lung cancer more deserving than unemployed persons of public assistance.
- **Heterogeneous effects of deservingness cues:** telling participants a hypothetical person expended effort to avoid misfortune increases support for providing assistance to person. Effect is smaller for sick than unemployed (evidence of predispositions).

5. PROJECT CONTRIBUTIONS

- Show EPE evidence fails to demonstrate bias of deservingness perceptions
- Develop alternative Need-Based Explanation (NBE) consistent with EPE evidence
- Develop observational and experimental studies to isolate EPE/NBE mechanisms
- Show strong evidence against EPE and mixed support for NBE
- Contra current wisdom, empirics suggest long-term trends in health and unemployment can produce dramatic transformation in composition of social expenditure

6. THE NEED-BASED EXPLANATION (NBE)

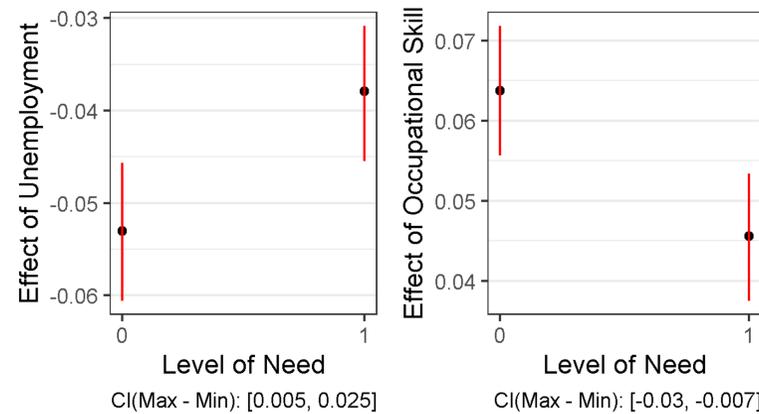
- **Where's the bias?** While sickness more strongly associated with uncontrollability, perhaps health status is less controllable than employment status: implicit/explicit associations weak evidence for EPE.
- **Evidence for the EPE is harm-confounded.** Sick persons in earlier experiments would suffer greatly without assistance (e.g. cancer patient) while harm of not assisting unemployed smaller or ambiguous.
- **Harmful acts are immoral.** Large psychologist consensus that *harmful* actions are immoral across cultures (Haidt 2007; Rai and Fiske 2011; Schein and Gray 2018). Some argue perceptions of harm *only* factor in moral judgment.
- **Moral judgments are intuitive,** implicit, and may override other considerations and heuristics, such as deservingness cues (Schein and Gray 2015).

Can moral obligation to help the needy better explain greater, less variable support for assisting the sick and heterogeneous effects of deservingness cues?

7. STUDY 1: PERCEIVED NEED CROWDS OUT OTHER CONSIDERATIONS

Hypotheses: Increasing perceived need of individuals (a) increases willingness to provide government assistance to those individuals and (b) attenuates magnitude of effect of other salient considerations (e.g. employability) toward zero.

Method: Re-analyzed conjoint experiment data from Bansak et al. (2016). 18,000 participants across 15 countries repeatedly choose to admit 1 of 2 hypothetical asylum applicants varying along several attributes, including need and employability.

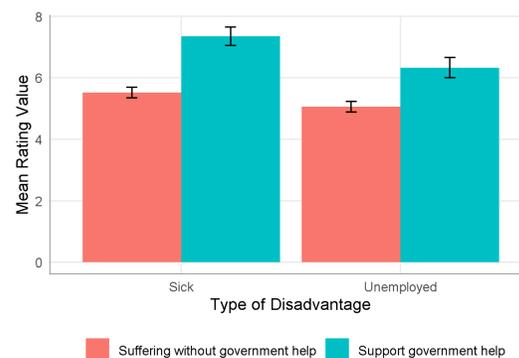


Note: Point estimates are average marginal component effects of describing an applicant as unemployed versus employed (left panel) or high skill versus unemployed (right panel) on willingness to accept asylum applicant. Estimates from hierarchical linear models with random participant intercepts. Lines are 95% confidence intervals. Level of need is high when applicant described as victim of torture, low when no description of vulnerability provided.

8. STUDY 2: SICK MORE NEEDY, DESERVING THAN UNEMPLOYED

Hypotheses: The sick are perceived to be more (a) deserving of government assistance and (b) likely to suffer greater harm without government benefits than the unemployed.

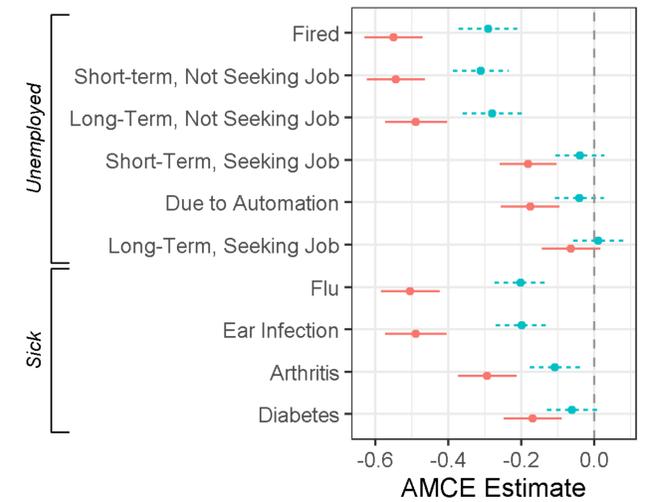
Method: Fielded survey to 303 MTurk participants capturing mean responses on 11-point scales measuring (1) beliefs about intensity of suffering of the disadvantaged (sick, unemployed) without government assistance and (2) support for government assistance to the disadvantaged through direct questioning. Item ordering randomized.



9. STUDY 3: UNDESERVING SICK, DESERVING UNEMPLOYED

Hypotheses: Support for helping some types of unemployed exceeds support for helping some type of sick. The magnitude of differences in support across types of disadvantage declines when perceived need is fixed across types.

Method: Study 2 participants chose the person more deserving of government assistance and the person who would suffer more without assistance for five pairs of profiles randomly assigned 1 of 11 types of disadvantage related to either sickness or unemployment. Differences in mean probabilities of choosing a person as more deserving of assistance across types of disadvantage were estimated while controlling for perceived need (blue, dotted) or not (red, solid). Baseline category is a person with cancer.



10. STUDY 4: THE EFFECTS OF DESERVINGNESS CUES

Hypotheses: The effect of cues about the deservingness of the disadvantaged on support for providing assistance to the disadvantaged is smaller for the unemployed than the sick and smaller for the high-need disadvantaged than the low-need disadvantaged.

Method: 387 participants read 5 vignettes about a sick/unemployed person in high/low need who expended high/low effort to avoid disadvantage, then rated each person as deserving of government help on 0 to 7 scale. The figure below models these ratings.

	(1)	(2)	(3)	(4)
High Effort	1.15*** (0.12)	1.23*** (0.11)	1.17*** (0.13)	1.27*** (0.18)
High Need	0.90*** (0.13)		0.72*** (0.10)	0.91*** (0.19)
High Effort x High Need	-0.11 (0.17)			-0.19 (0.25)
Sick x High Need				-0.26 (0.26)
High Effort x Sick x High Need				0.20 (0.36)
Sick		-0.91*** (0.12)	-0.75*** (0.13)	-0.62*** (0.17)
Sick x High Effort		-0.15 (0.15)	-0.08 (0.17)	-0.18 (0.24)
Constant	3.23*** (0.11)	4.16*** (0.11)	3.75*** (0.13)	3.65*** (0.15)

11. DISCUSSION

- Support for helping the unemployed often exceeds support for helping the sick - against the EPE.
- Perceived need can account for much of health-unemployment support gap, crowds out factors driving social policy preferences. NBE may explain Health Care Puzzle.
- Find little evidence effect of deservingness cues varies by type or intensity of disadvantage \implies little evidence for EPE, mixed for NBE.
- Future changes in the causes and disutility of disadvantage potentially flip the Health Care Puzzle - widespread, support for unemployment benefits.