

## The Controversy Over Socialized Health Care in the U.S.

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President Obama of the U.S. is seeking to introduce socialized health care for the general population in the U.S. Unlike many industrialized countries, the U.S. has steadfastly hung onto the idea of a private health-care system. If Obama had his way, things would change. While many support Obama's position, in varying degrees of support and commitment, many others are against his plans, also with varying degrees of commitment. Both sides to the debate have identified advantages and disadvantages to the new approach, but to date, each side has shown little likelihood of changing the respective positions. Remember, the selection and use of medical services fall within the realm of consumer behaviour.

**Focus:** Social Judgment Theory, latitude of acceptance (evoked set), latitude of non-commitment (inert set), latitude of rejection (inept set), own attitude position, assimilation effect, contrast effect, attitude, attitude change, involvement, ego-involvement, own categories approach to the measurement of ego-involvement, ordered alternatives approach to the measurement of ego-involvement, beliefs, importance of beliefs, weighted and unweighted expectancy-value attitude models, lexicographic attitude model, 1-sided vs. 2-sided communication, immunization (inoculation) effect, fear appeal, communicator effect (positive, negative, and neutral communicator), sleeper effect.

### Questions:

1. Define each of the concepts identified above. Explain how each concept applies to the described situation.
2. Review the literature on the socialized health-care issue in the U.S. What different groups that have an interest in this issue and what are their views? Prepare a one-page summary of your findings in these areas.
3. Form a four-member group, consisting of two class members who are in favour of changing to socialized health care and two who are not. Have each member discuss the reasons for his or her position (i.e., beliefs). Have each member identify the importance of the held beliefs using a scale from Very Important (10) to Very Unimportant (1). Using the same 10-point scale, have each member identify how important it is for the country to change to the socialized approach to health care. Share all member information with each other. As a group, based on this information, summarize why you think each member holds the position taken on the issue.

4. Set up two subgroups within your group, with each subgroup consisting of members with opposing views on the issue. Have each member of each subgroup attempt to change the position and associated attitude of the other member of the subgroup. Prepare a one-page summary of how you attempted to change the attitude and position of the other member of the subgroup. How successful were you? Why do you think you succeeded or failed?
5. As a group of four, develop a *pro-socialized health care to anti-socialized health care* scale comprising 9 scale positions, in sequence, going from “pro“ to “anti” [e.g., Scale position (1): “I am totally in favour of a completely socialized health-care system;” Scale position (9): I am totally against any form of socialized health-care system. Have each member identify which scale position(s) he or she accepts [latitude of acceptance (LA)], rejects [latitude of rejection (LR)], and toward which is noncommittal [latitude of non-commitment (LNC)]. All scale positions must be selected. Calculate the level of ego-involvement of each member  $[(LA/LR)(1.0 - LNC)]$ , where LA, LNC, and LR represent the proportion of scale positions placed within each latitude (e.g.,  $LA = 3/9 = 0.333$ ). A smaller number reflects higher involvement. Compare the involvement levels of your group members. Which member would be the least likely to change? Which member would be the most likely to change?
6. Using the weighted and unweighted expectancy-value attitude models and the lexicographic attitude model, explain how you would you go about trying to change the attitude and position of someone on the health-care issue.
7. What is the difference between level of involvement and the position taken on an issue?
8. Explain why assimilation and contract effects will make it difficult to change the attitude one has on the socialized health-care issue.
9. As the marketing communication manager for a lobbying group on each side of the issue, prepare the script for a 30-second radio advertisement promoting your side of the debate (i.e., prepare a two one-sided communication for each side of the debate). This ad will run during the morning and afternoon-drive time periods. Using the appropriate theories and concepts, prepare a one-page summary of what you are trying to accomplish in each ad. Include a discussion of both ads in this one-page summary.
10. Knowing that the “other side” to the socialized health-care debate will be putting out communications that will attack your side of the issue, you decide to prepare a two-sided communication. Prepare the script for a 30-second radio commercial that will run during the time slots previously identified. Also, prepare the actual 30-second commercial for broadcast.

11. What does the research on using fear appeals in communications indicate? What fear appeals are being used by both sides of this health care debate? Will such appeals work? Explain.
12. Based on those who have made statements about the plans for socialized health-care in the U.S. (i.e., those who have taken a position), to what extent are communicator effects relevant? Is the communicator a positive, neutral, or negative communicator and to whom?
13. To what extent has either side to the socialized health-care debate made use of the sleeper effect?