Democracy and the Disengaged: A Multi-dimensional Study of Voter Mobilization in Alabama

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ABSTRACT

This thesis investigates if and how poor, mostly minority citizens can be mobilized by a campaign whose principal policy objective would materially enhance their lives by including them in a major public program. The question is put to the test through a multi-dimensional study of voter mobilization in Alabama during the 2014 election for Governor. At stake in the election was whether Alabama would expand Medicaid through the Affordable Care Act in Alabama, an issue emblematic of "submergedness" (Mettler, 2011). In order to understand the extent to which the policy was submerged—measured by knowledge and awareness of the policy, along with its key provisions—I distributed a survey to 868 Alabamians weeks before the election. The survey used the experimental design of conjoint analysis to test which aspects of the policy were most persuasive among the target population. Additionally, I performed a randomized field experiment across the four major metropolitan areas of Alabama, micro-targeting 6,021 registered voters living in the "Coverage Gap," citizens who could gain health insurance if Medicaid were expanded. The campaign yielded negligible effects on voter turnout among subjects in the Coverage Gap, even though the interventions shifted voter knowledge, "surfacing" the policy. In addition to the survey and field experiments, this research benefits from qualitative insights gathered in 22 semi-structured interviews conducted among poor Alabamians, many of whom were uninsured. From these interviews, it became clear that the political disengagement of the poor is deeply entrenched, prohibitive of policy-based mobilization. Disengagement is driven by a complex mix of barriers to registration and perceptions of political inefficacy based on interpretations of extant policy designs. These results have important implications for our understanding of the limitations of policy-based mobilization, suggesting that more attention must be paid to how current policies shape predispositions for mobilization.

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Nigel Bowles has been a terrific guide through the DPhil journey. When I began the DPhil program, Nigel asked me to visit the Ashmolean and spend some time looking at "The Hunt in the Forest." In vivid detail, the fifteenth-century painting by Paolo Uccello depicts several men, horses, and dogs engaged in the pursuit of an unidentifiable creature. Though the object of the hunt is obscured from view, there can be no question as to its location; all the energy of the painting is directed toward a focal point in the heart of the forest. Nigel used the piece as a metaphor, analogizing that the central, organizing focus of "The Hunt" is emblematic of the research process, where researchers must be relentlessly resolved to concentrate on a single question that animates all else. As I conclude this dissertation, this vignette seems illustrative of both a formative time in my learning process and as an example of Nigel's unique delivery of counsel. I am very grateful for Nigel's expert guidance, consummate professionalism, and the humor that he presented even in comments on chapter drafts.

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CHAPTER ONE: INTRODUCTION

Weaving together two strands of literature that have previously remained separate—policy design theory and the campaign mobilization literature—this research asks if and how poor, mostly minority citizens can be mobilized by a campaign whose principal policy objective would materially enhance their lives by including them in a major public program.[1] Poor citizens consistently turn out to vote at a lower rate than their peers (Verba *et al.*, 1995; Leighley and Nagler, 2014). Political scientists have put forward many arguments to explain quiescence among the poor, including comparatively low political resources (Campbell *et al.*, 1960; Verba and Nie, 1972); structural and institutional limitations (Piven and Cloward, 1988; Brown, 2010); disenchantment with the political landscape (Schattschneider, 1960; Zipp, 1985); along with campaign outreach strategies that do not seek to mobilize poor voters (Rosenstone and Hansen, 1993; Verba *et al.*, 1995). One argument that has gained traction in explaining low turnout among poor voters is policy feedback theory. Policy feedback asserts that public policies can be constructed in ways that encourage or impede feedback, determining levels of support or opposition by establishing the visibility and scope of a policy effect (Pierson, 1993; Schneider and Ingram, 1997; Mettler and Soss, 2004).

However, policy designs are, in and of themselves, insufficient determinants of subsequent political action for two reasons. First, policies must be effectively

[1] Here, and throughout the dissertation, I use the term "poor" to describe the people who are the subjects of this research. In both the survey and the field experiments, respondents and subjects were specifically identified as living at or below 135% of the Federal Poverty Line (FPL) through a matrix that uses both household size and annual income to determine a poverty designation. Through the Affordable Care Act's (ACA), adults in families that were living below 135% of the FPL were declared eligible for Medicaid under expansion. To determine whether someone was eligible for Medicaid via the expanded option, I used annual income levels and corresponding household size published to compare with the corresponding 2014 FPL levels published in the "Notices" of the *Federal Register* (detailed in Table 1.1). Though the participants in the interviews were not pre-screened with explicit income and household questions, I met with each of them in locations that served people who were confronting serious economic challenges. I use "poor" rather than "low-income," because the FPL index quantifies poverty as it relates to both income and anticipated spending on necessary household expenditures.

communicated to the mass public, and specifically, the policy's target population.[2] Yet, when policies are embedded in within complex arrangements in the layered American polity, or are made contingent upon political decisions across diffused systems, policy designs become buried in what Mettler (2011) characterized as the "submerged state." Second, for a policy design to generate participation among the target population, policy targets must be both willing and able to mobilize for that policy. These two related arguments could be summarized in the following assumption: if voters discover that a given policy has a proximal and salient impact on their lives, they can be mobilized to support it. This research tests this assumption—which lies at the nexus of policy design scholarship and voter mobilization literature—by assessing the conditions of political feedback through providing targeted, policy-based mobilization interventions using different economic voting frames.

Can poor, minority citizens be mobilized by a campaign that advocates a policy shift which would equip them with public benefits? I put the question to the test by assessing the voting behavior of poor citizens during the 2014 election for Governor in Alabama. At stake in this election was whether the state would expand Medicaid coverage as outlined in the provisions contained within the Patient Protection and Affordable Care Act (hereinafter, the ACA), affecting an estimated 332,000 Alabamians (out of 4.8 million total, 3.5 million of whom were of voting age, Becker and Morrissey, 2012). The Republican incumbent chose not to expand Medicaid under the ACA's provisions while the Democratic challenger made expansion a central pillar of his campaign. I used three methods of inquiry to learn if and how poor Alabama voters who would directly benefit

[2] Following Schneider and Ingram (1993, 1997), I use the terms "target population" and "policy targets" throughout this dissertation to refer to the specific members of the citizenry a given policy was crafted to affect directly.

from Medicaid expansion could be mobilized to support the policy in the 2014 Gubernatorial election.

First, in order to understand if, and to what extent, the Medicaid expansion policy was submerged—measured by knowledge of the political context of the policy decision and awareness of its key provisions—I distributed a survey to 868 Alabamians just weeks before the Gubernatorial election. The survey contained an experimental element that enabled me to test which aspects of the policy were most persuasive within the target population. I used conjoint analysis, a design that randomizes attributes of profiles in a series of discrete choice tasks to empirically determine which components of an argument were selected as the most compelling reasons to support Medicaid expansion. The results of the survey confirmed that Medicaid expansion was indeed submerged, but the experiment also revealed that once members of the target population learned about the policy, they were more likely to support it.

Second, I designed and executed a randomized field experiment across the four major metropolitan areas of Alabama in an attempt to "surface" Medicaid expansion and mobilize support for the policy.[3] The field experiment micro-targeted registered voters who were living without health insurance but would gain access to public health insurance if Medicaid were expanded under the ACA. These voters, the subjects of this study, are said to be living in the "Coverage Gap."[4] Their incomes were too low to be deemed eligible for subsidies on the health insurance exchange, but they earned too

[3] Here, and throughout the dissertation, I use the term "surface" to describe the act of informing citizens about a policy that is submerged. The goal of surfacing is to counter the submergedness of policy designs by making the policy more visible.

[4] At 16% of the Federal Poverty Line (FPL), Alabama has one of the lowest thresholds in the nation for Medicaid eligibility for parents with dependent children. The threshold is 0% of the FPL for adults with no dependents. 135% of the FPL is $16,105 for a single adult or $32,913 for a family of four in 2014. As a part of the ACA, The federal government will pay 100% of the cost to cover new beneficiaries under Medicaid and the share gradually declines after 2016 to 90% in 2020.

much money to qualify for Medicaid at Alabama's 2014 Medicaid eligibility threshold. In 2014, eight million Americans lived in the Coverage Gap. The field experiment was designed to test whether voters who were made aware of the Coverage Gap and the fact that they were in it (and would therefore ostensibly gain health insurance if the Democratic candidate won) would be more likely to vote than those not contacted by the campaign. And, if so, would targeted voters vote for the candidate who supported Medicaid expansion?

The randomized experiment used best practices from the Get-Out-The-Vote (GOTV) literature to mobilize policy targets of Medicaid expansion, deploying canvassers to deliver messages to the target population. In two of the three treatments, canvassers walked subjects through a flow chart at their doorstep. The flow chart identified subjects as living in the Coverage Gap, and canvassers then notified them of their eligibility for Medicaid under expansion, describing the stakes of the policy in the Gubernatorial election. Despite this evidence-based approach to surface the policy, policy targets in Alabama's Coverage Gap were not mobilized to vote; the results of the field experiment yielded null effects on voter turnout among subjects in the Coverage Gap. Even after the policy was surfaced, policy targets were unwilling or unable to mobilize for the Medicaid expansion policy. Moreover, out of the 332,000 voter-aged citizens in the Coverage Gap, the research discovered that nearly two-thirds of them were not registered to vote.

Third, concurrently with the field experiment, I conducted extensive, semi-structured interviews with poor Alabama residents, the results of which shed some light on why the targeted mobilization campaign failed. From these in-depth interviews, it became clear that the political disengagement of the poor was entrenched, prohibitive of policy-based mobilization. The null results of the field experiment, combined with the qualitative

evidence I provide to describe reasons for the campaign's failure, have important implications for our understanding of mobilization efforts among profoundly disengaged populations. Primarily, the data suggest that the policy-based GOTV mobilization tactics of the campaign were incommensurate to the predispositions toward non-participation among subjects in Alabama's Coverage Gap. As García Bedolla and Michelson (2012) do, so I argue that more attention must be paid to the conditions that shape voting predispositions among the poor. Specifically, I contend that poor citizens are not passively disengaged; rather, they actively interpret existing public policies, and those interpretations inform their orientation toward political participation. In the case of voters in Alabama's Coverage Gap, subjects observed that they were consistently excluded them from many public benefits, and as a result, their incentive to mobilize was stifled even upon being informed about the policy's direct consequences for their lives.

This chapter proceeds by discussing participatory inequality, along with its persistence and importance, before introducing the policy design framework that constitutes the theoretical focus of this research. Then, I argue that the selected case—Medicaid expansion in Alabama—provides a useful illustration of a submerged policy design, and the context of my investigation offers a unique approach to measure the efficacy of policy-based mobilization efforts. Next, I discuss the multi-method approach I pursued to conduct the research, outlining why I sought to triangulate my findings with qualitative and quantitative evidence and describing how the methodological strategy connects to the theory. Finally, I conclude the chapter by discussing the theoretical implications of my findings and defining the framework for the dissertation, supplying a detailed summary of each chapter.

The Puzzle of Participatory Inequality

T.H. Marshall (1951) argued that the notion of citizenship in a democracy exists upon a continuum, beginning first with economic rights, then civil, then political rights that guarantee the opportunity to engage in political action to invoke social rights such as social security, housing, education, and healthcare. The unstated assumptions in Marshall's theory are first, that voting rights would engender mobilization; and second, that political action of poor citizens in a capitalist society would eventually create a broader and more generous welfare state. These assumptions imply that poor citizens will not only vote, but also vote in his or her own interest or in the interests of his or her class. Furthermore, political economists from Karl Marx to Milton Friedman have argued that prolonged economic stress or inequality will prompt a political response from the disadvantaged classes (Friedman, 1962; Marx and Engels, 1848). Yet, while some cases validate this theoretical proposition (as with India in Keefer and Khemani, 2004) empirical data on voting in the United States consistently demonstrate that poor citizens turn out to vote less frequently than their more affluent peers (Campbell *et al.*, 1960; Verba *et al.*, 1995). That empirical data on voter turnout sit awkwardly with theories of democratic participation, indicating that Marshall's continuum of citizenship is somehow interrupted. If suffrage is a basic right to citizenship, why do a substantial number of poor citizens choose not to exercise that right?

A standard approach to researching mass political behavior and representativeness has been to view the political process as one that flows in a linear fashion where the political preferences of the electorate create demands of candidates who then seek to enact policies that satisfy those demands in order to maintain power (Verba and Nie, 1972). In this view, the electorate ostensibly helps to form the policy agenda of candidates as office-seekers attempt to maximize votes by promoting the interests of engaged voters.

However, as Skocpol (1992) and Pierson (1993) have argued, this framework denies the political effects of policies, which serve to engage some portions of the electorate while inducing passivity in others (Mettler and Soss, 2004).

In 1980, Wolfinger and Rosenstone published *Who Votes?*, a demographic analysis of those who cast ballots and those who did not. The authors argued that the proper voter turnout question is not "*how many* voted?" but "*who* voted?" implying that the composition of the voting and non-voting populations relative to one another could have more meaning than the size of each group. Using survey data to analyze demographic characteristics of voters and non-voters, they concluded that education and age are the most important determinants of voting behavior, with marriage status, race, and income of less significance. In *Who Votes Now*?, Leighley and Nagler (2014) argue that Wolfinger and Rosenstone were justified in shifting scholarly focus to the turnout question, and that many of the demographic distinctions of voters and nonvoters remained the same as they had when that earlier work was published. However, Leighley and Nagler (2014) find that the most important factor in determining voter mobilization is socioeconomic status (SES) or class, confirming the Verba and Nie (1972) thesis.

In this dissertation, I use the term "participatory inequality" to describe the persistent gap that exists between voter turnout among the rich and the poor, where more affluent citizens vote at a higher frequency than their lower income peers. Leighley and Nagler (2014) refer to this gap in participation between the rich and the poor as "income bias," noting that whereas 80% of high-income citizens vote fewer than 50% low-income citizens do so (1). According to data from the 2014 midterm elections, voter turnout for

individuals who lived in families with an income of less than $20,000 was 30.8% compared to 56.6% of voters who lived in households earning $150,000 or more.[5]

Though there is scholarly consensus on the inequality in participation, the policy consequences of such inequality are disputed. Some scholars argue that although affluent citizens constitute a disproportionate share of those who vote, their views on matters of public policy are typically the same as poor people who abstain (Wolfinger and Rosenstone, 1980; Rosenstone and Hansen, 1993). Soroka and Wlezien (2008) use survey data to argue that the policy preferences of voters resemble those of non-voters. Others have argued that increasing turnout at the aggregate level will result neither in different election outcomes for Senate (Citrin, *et al.*, 2003) and Presidential elections (Sides, *et al.*, 2008) nor alternative policy outputs (Highton and Wolfinger, 2001).

Other scholars disagree, arguing that the over-representation of upper income voters distorts policymaking in favor of the affluent since lawmakers are more responsive to those citizens who turn out to vote (Gilens, 2003). Gilens (2009) presents evidence to argue that a more balanced voting population in general elections leads to positively different outcomes, including alternative winners, and Schlozmon *et al.* note the impact these alternative candidates would have on concomitant policy decisions (2012). Hacker and Pierson (2010) argue that in the context of campaign finance laws in the United States—which expanded permissible lobbying expenditures and activities through the 2010 Supreme Court Decision in *Citizens United v. Federal Electoral Commission*—participatory inequality has severe policy consequences; policies are developed to benefit wealthy voters who are well-organized and represented by powerful interest groups,

[5] Thom File. July 2016. "Who Votes? Congressional Elections and The American Electorate: 1978-2014." *U.S. Census Bureau*, Table 2, pp. 7. <http://www.census.gov/content/dam/Census/library/publications/2015/demo/p20-577.pdf>. Accessed 17 Aug. 2016.

thereby diminishing the power of the average voter to have an impact on a candidate's policy agenda (Gilens and Page, 2014).

How participatory inequality affects policy outputs in the aggregate remains a matter of scholarly debate. However, with respect to social policies, there emerges a clear pattern. Leighley and Nagler (2014) observe that while voters and non-voters are generally in agreement on cultural issues, their views frequently contrast on economic issues. This results in a "consistent overrepresentation of conservative views" on the economy and welfare issues, including healthcare (2014, 4).[6] Hill *et al.*, (1995) use pooled, time series analysis to compare welfare generosity among states with respect to voters' class composition. The authors find that states with greater benefit levels for the poor have comparatively higher turnout among poor and working-class voters. The variation appears to result from underrepresentation of the poor, as opposed to overrepresentation of the rich (Hill, *et al.*, 1992). This relationship between the mobilization of poor voters and broader social spending supports has been validated empirically in international settings as well (Larcinese, 2007).

In addition to and because of policy outputs, participatory inequality has important ramifications for the development of active political engagement. Voting can become habit-forming (Goldstein and Ridout, 2002), and participation is in itself educative (Goldstein and Holleque, 2010). As Pateman (1970) argues, political participation creates political consciousness, and if a voter is mobilized for a given election, the likelihood of that individual voting in a subsequent election is substantially higher (Denny and Doyle, 2009). Likewise, quiescence is similarly repeated, forming an opposite pattern of non-

[6] See Table 6.3: Preferences of Nonvoters and Voters on Redistributive Issues (169). The table notes a 14% difference in opinion on offering health insurance for government workers, with 82.1% of non-voters in favor compared to 68.1% of voters.

participatory behavior (Gaventa, 1980). Moreover, in an era of profound income and wealth inequality, evidence suggests that participatory inequality becomes even more pronounced. Soss and Jacobs (2009) argue that "rather than provoking a sharp increase in political engagement and demands for redistributive policies," rising income inequality has created political quiescence among the working-class and poor with "a growing participatory tilt toward the economically advantaged" (124-125).

Beyond the implications for policy output and political engagement, participatory inequality has implications for current campaigning techniques. As V.O. Key argues, "politicians and officials are under no compulsion to pay much heed to classes and groups of citizens that do not vote" (1949, 527). Campaigns target likely voters (Hillygus, 2010), and therefore, poor voters attract less campaign contact than their more affluent peers (Verba, *et al.*, 1995, 147). Likewise, the question of "who votes?" matters in terms of how campaigns structure their policy priorities and mobilization tactics.

Participatory inequality has profound implications for policy outputs and, via those policy feedback effects, subsequent political engagement and campaign strategy. In what Bartels (2008) labeled an "unequal democracy," how do public policies work to create or maintain the political identities of citizens who are located in target populations? I argue that political quiescence among the poor citizens and the persistent gap in participation it creates, is perpetuated—and perhaps, exacerbated—by the policy designs and the feedback processes engendered by those designs.

Theoretical Framework: Policy Feedback and Policy Design

Policies are an important producer of politics, providing recipients of public benefits with both material resources and powerful interpretive effects that substantiate their role

as citizens (Pierson, 1993). Public policies can be constructed in ways that encourage or impede feedback, effectively determining levels of support or opposition by establishing the visibility and the scope of a policy effect (Meyer *et al.*, 2005). Therefore, the design of public policies—and the notions of citizenship they imply for the target populations for which they are intended—influences political participation.[7] Consequently, policy design—and the behavior of target populations within those policy designs—is a useful method for analyzing mass political behavior, and hence, participatory inequality.

Designs should be analyzed in two ways. First, features of policy designs can make them more or less salient to the broader public based on eligibility criteria and the generosity of benefits received. A key argument of policy feedback and policy design theory is that policies with low visibility and a higher level of complexity create a "degenerative politics" that lowers levels of participation and promotes disengagement rather than empowerment (Ingram and Schneider, 2007), while the opposite participatory effect occurs for highly visible, clearly defined policy arrangements (Campbell, 2012). Therefore, researchers should investigate the extent to which policy visibility induces political action in the mass public. Second, policies are deliberately designed to affect particular segments of the overall population, either bestowing benefits or burdens. By defining the boundaries of that target population and distributing these benefits or burdens, policymakers allocate values. Accordingly, these policies—and the deservedness they imply—affect political mobilization (Mettler and Soss, 2004). To understand how and why they do so, scholars must find creative methods to test how specific policy issues affect the voting decisions of a target group.

[7] I develop this argument more fully in chapter two of the dissertation.

Though Schneider and Ingram's (1993, 1997) research yielded valuable insights by connecting public policy to subsequent political behavior (and consequently, participatory inequality), they insufficiently explored the limits of policy feedback and the specific conditions under which policy feedback occurs. Patashnik and Zelizer (2013) argue that the capacity for policies to refashion politics is "contingent, conditional, and contested" based upon a number of variables that produce or prevent durable change in political contexts (1072). Policy designs generate feedback effects that have both produced participatory inequality (Soss, 2000) and reduced it (Mettler and Welch, 2004; Campbell, 2002). However, we lack comparable understanding about those processes and designs that might induce positive or negative policy feedback.

Furthermore, according to Schneider and Ingram (1997, 2005), the poor are clearly divided into two categories: deserving and undeserving. Yet, Schneider and Ingram's binary distinction between those who deserve and those who do not—the "worthy" and the "unworthy"—is clearer in some cases than in others. Federalism renders these distinctions of deservedness malleable at state borders or even within city jurisdictions. Health insurance in the United States offers a compelling case for comparing segments of the population deemed "deserving" and "undeserving." With more than 100 million people on public health insurance and nearly 50 million without insurance of any kind, healthcare in the United States presents an interesting case study of the fluidity of deservedness, particularly when Medicaid expansion decisions fundamentally altered publicly financed insurance coverage along state borders.

I argue that the definition of deservedness is ephemeral, shifting across both time and geography. Texarkana, a small town that sits on the Arkansas and Texas border, is illustrative of Schneider and Ingram's indefinite classification scheme. While Arkansas

expanded Medicaid under a Democratic Governor in 2013, Texas' Republican Governor did not; thus, within a matter of city blocks, citizens of the same age, household size and income level would have access to care if they lived on the Arkansas side of Texarkana but not on the Texas side (Lowery, 2014). Texarkana's disparate Medicaid enrollments offer a single empirical case of a larger phenomenon: how might shifting notions of deservedness affect political participation among the poor, and consequently, participatory inequality?

A Case of Submergedness in Policy Design: Medicaid Expansion and the ACA

Suzanne Mettler (2011) argues that polices, and the visible presence of those policies in the lives of citizens, are increasingly buried in the "submerged state." Mettler (2011) notes that the "hallmark" of the submerged state is when policies "obscure government's role from the general public…render[ing] the electorate oblivious and passive" (5). Mettler argues that due to submergedness, "majorities of Americans remained unaware" of major public policies, and "they lacked a basic understanding of how they and their families might be affected by them" (2011, 1). Policies that remain submerged can confound citizens, promoting distrust and preventing them from obtaining basic information that would allow them to formulate proper positions on government and its actors. Lenz argues, "Since knowledge about politics is scarce, voters should find judging politicians on issues harder when those issues require more knowledge" (2012, 10).[8] Submerged policies that address complex issues make it difficult for voters to ascertain the content and application of laws, a challenge exacerbated for poor voters (Delli Carpini *et al.*, 1996). Therefore, the act of voting itself becomes more difficult in a

[8] Analyzing survey data pertaining to the 1948 election between Harry S Truman and Thomas Dewey, Lenz (2012) observed that although the two candidates took straightforward positions on price controls to curb inflation that were in direct opposition to one another, only 16% of survey respondents knew where the candidates stood.

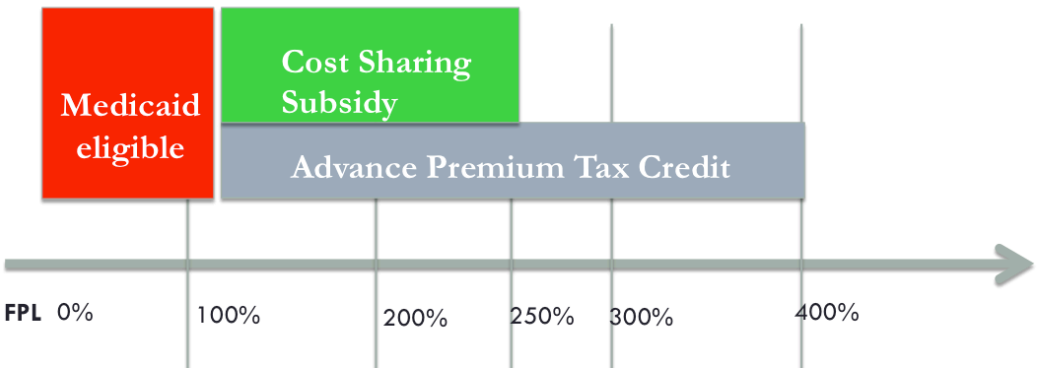
submerged state as obtaining accurate and reliable information becomes an important challenge for voters.

A core argument of the submerged state thesis is that the opacity of policymaking—and the complexity of policy designs, along with the peculiarity of policy features nested in those designs—constrains political support from core constituencies by reducing visibility and rendering policy knowledge difficult to comprehend or even acquire. This limited policy visibility inhibits support among potential beneficiaries, the policy's target populations. Mettler argues that the ACA was an ideal case to explain the attributes of submerged state policies:

> "The complexity of the health care system—involving different sets of arrangements for different people, sometimes even within the same household—certainly makes it more difficult to explain health care policy to the public than other policies," preventing many Americans from "grasp[ing] key details of the policy" (2011, 104-105, 106).

Passed in 2010, the ACA knitted together a combination of federal matching grants for Medicaid expansion with subsidies and tax credits for private insurance that could be purchased on a federal marketplace. The resulting law was an agglomeration of policy provisions associated with disparate eligibility groups represented in Figure 1.1.

FIGURE 1.1: ELIGIBILITY CATEGORIES FOR THE ACA



Families earning between 135 and 250% of the FPL were eligible for subsidies on the healthcare marketplace established by the law, along with advance tax credits for health insurance premiums. Households with annual earnings between 250 and 400% of the FPL qualified for advance tax credits with the purchase of a health plan on the healthcare exchange, though they were not eligible for additional subsidies. For people in households earning between 0 and 135% of the FPL, the ACA expanded Medicaid eligibility thresholds to provide access at no cost to the individual. The poverty levels that dictated the coverage categories to which people belong are outlined in Table 1.1.

TABLE 1.1: 2014 FEDERAL POVERTY GUIDELINES[9]

Number in Household	Federal Poverty Line (FPL)*	135% of FPL**
1	$11,670	$15,754
2	15,730	21,235
3	19,790	26,716
4	23,850	32,197
5	27,910	37,678
6	31,970	43,159
7	36,030	48,640
8**	40,090	54,121

**All figures are based on annual household income before taxes*
***For families/households with more than 8 persons, add $4,060 to the FPL for each additional person*

However, in *National Federation of Independent Business v. Sibelius* (2012), the Supreme Court decided that states could not be ordered to expand their Medicaid eligibility thresholds by the ACA, otherwise leaving the bulk of the law in tact. The Supreme Court's decision to decouple the Medicaid provision from the remainder of the policy devolved the decision of Medicaid expansion to each individual state, serving to further submerge the policy. Thus, the law became even more complicated and its impact, unevenly distributed.[10] In the original ACA design, 16 million Americans were anticipated to receive health insurance coverage via the expansion of Medicaid (Emanuel, 2014), but

[9] "Notices," *Federal Register* 79, no. 14 (2014): 3593-94.
[10] Mettler published *The Submerged State* in 2011, just before the Supreme Court decision. Ironically, she noted Medicaid expansion as the foremost way the ACA created more visibility in government provision of health benefits, but with this provision excluded, the ACA was buried deeper in the layered polity (108).

when 25 states opted not to expand the policy after the Supreme Court decision, eight million Americans were placed in the Coverage Gap (Dickman *et al.*, 2014).

The various expansion decisions contributed to further confusion about a policy that was already confounding to many Americans. Four years after the law passed and two years after the Supreme Court ruling, 44% of Americans said they did not understand how the ACA affected their families, and the confusion was more pronounced among the uninsured where 66% said they were unsure of how the law would impact their lives.[11] Similarly, in a survey administered to Alabama voters in December 2013, just 16% of respondents said that they "knew a lot" about the ACA and its policy features (Morrissey, 2013).[12] Epstein *et al.* (2014) found that though 80% of poor citizens in three Southern states supported Medicaid expansion after learning about its benefits, those same citizens also had a limited knowledge of the decisions their respective states had made about expansion. This reflects similar findings from Garfield *et al.* (2014) who observed that a majority of citizens in the Coverage Gap maintained little knowledge or awareness of the policy. This suggests that although the citizens in the Coverage Gap viewed health insurance as an important benefit, they were unaware of the political context upon which Medicaid expansion (and thus their eligibility for public health insurance) depended.

In the wake of the Supreme Court decision, there were three options for the Governors. First, they could accept the terms and conditions of full expansion under the ACA, expanding eligibility to all persons earning below 135% of the FPL. In exchange, the

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[11] "Kaiser Health Tracking Poll: January 2014." *Kaiser Family Foundation.* <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-january-2014/>. Accessed 14 Jun. 2014.

[12] Although more than half did not support the ACA in general, there was popular support for many of its provisions, including Medicaid expansion where nearly two-thirds of respondents expressed support (Morrisey, 2013).

federal government would pay 100% of costs for new beneficiaries until 2017, with support declining gradually and settling with the federal share covering 90% of additional costs in 2020 and beyond while states would be held responsible for the remaining 10%. Second, they could reject the terms of expansion, keeping eligibility levels and coverage generosity at their currently established rates. The decision not to expand would prevent states from receiving any additional funding to enhance coverage options or add recipients to their Medicaid program. Moreover, federal funding for state-provided charity care—Disproportionate Share Hospital (DSH) allotments—was pared back due to the expected savings produced by increased coverage anticipated through the ACA, so states that chose not to expand lost money that had previously received for uncompensated healthcare for the uninsured. The third option for Governors was to file a waiver with the Obama Administration to seek an alternate form of expansion. Although the waivers and proposals are applied for and granted on a case-by-case basis, they each effectively sought a "private option," which would allow states to use Medicaid funds to purchase qualified health plans on the marketplace. This approach allows states to accept additional funding with flexibility, but some states with waiver programs have still denied the expansion of coverage to those who make between 100 and 135% of the FPL.

Table 1.2 represents the decisions taken by all 50 states and the District of Columbia on Medicaid expansion.

TABLE 1.2: STATE ACTION ON MEDICAID EXPANSION (AS OF JANUARY 2014)

Full Expansion (23)	Partial Expansion: Waiver Approved (3)	No Expansion (25)
AZ, CA, CO, CT, DE, DC, HI, IL, KY, MD, MA, MN, NV, NJ, NM, NY, ND, OH, OR, RI, VT, WA, WV	AR, IA, MI	AK, AL, FL, GA, ID, IN, KS, LA, ME, MO, MS, MT, NE, NH, NC, OK, PA, SC, SD, TN, TX, UT, VA, WI, WY

In general, Republican Governors opposed Medicaid expansion while Democratic Governors were proponents, though there are clear exceptions. More than a quarter of states that expanded Medicaid had Republican Governors. Seven Republican governors chose to expand Medicaid during their term.[13] Only one Democratic Governor chose not to expand Medicaid.[14] Some Governors, such as Republicans Bill Walker of Alaska, Gary Herbert of Utah, and Bill Haslam of Tennessee, along with Democrat Terry McAuliffe of Virginia all sought to expand Medicaid, but each was denied authority by his respective state legislature.

In the fall of 2014, 33 states held Gubernatorial elections. For candidates in Alabama and throughout the country, both Republican and Democratic, a central issue was the decision about whether or not the state would expand Medicaid under the provisions made available through the ACA. In those Gubernatorial elections, nearly 80% (56 of 71) of candidates mentioned healthcare explicitly on their website (Scott *et al.,* 2015). 49% of Democrats and 28% of Republicans explicitly mentioned Medicaid expansion, but the policy was "especially highlighted by Democrats who lost in the 15 non-expansion states with elections" (Scott *et al.,* 2015, 2). Republicans held the Governor's Office in all 15 non-expansion states with Gubernatorial races, and they maintained control of all but one of these offices after the November elections.[15]

[13] Republican Governors Jan Brewer (AZ), Terry Branstad (IA), Rick Snyder (MI), Brian Sandoval (NV), Chris Christie (NJ), Jack Dalrymple (ND), and John Kasich (OH), each decided to accept some form of Medicaid Expansion plan under the ACA, and five of these opted for comprehensive expansion.
[14] Jay Nixon (MO) was the sole Democratic Governor who chose not to expand Medicaid. Additionally, Democrats Mike Beebe (AR) opted for modified version of expansion through the waiver process.
[15] The one exception was in Pennsylvania, where Democrat Tom Wolf was elected. Governor Wolf initiated the replacement of a partial expansion plan with full expansion within the first month of his administration.

In Alabama, Republican incumbent Governor Robert Bentley consistently asserted that he would not expand Medicaid, reinforcing his opposition through campaign ads and speeches.[16] His challenger in the General election was Democrat Parker Griffith. Griffith was an advocate of Medicaid expansion and made the policy a principle plank in his campaign platform.[17] Studies indicated that over 332,000 Alabamians of voting age were living in the Coverage Gap in 2014 because the incumbent Governor had decided not to expand Medicaid (Becker and Morrissey, 2012), a subset of the eight million citizens nationwide.

In order to learn more about the voting behavior of the citizens living in the Coverage Gap, I executed a mixed-method approach to study the 2014 Gubernatorial election in Alabama. The poor subjects of this study would be considered the "undeserving poor" (unworthy of the benefits of generous social policies, such as health insurance), until a change in federal law (via Medicaid expansion in the ACA), made them eligible to move into the category of the deserving poor. I wanted to understand how a potential policy shift was perceived by the citizens it would directly affect. Did citizens in the Coverage Gap understand the Medicaid expansion policy decision and the political context that influenced the outcome of that decision? To the extent the policy was submerged, could it be surfaced among Alabamians in the Coverage Gap such that policy targets understood the policy's potential to provide material resources (via health insurance) that would directly enhance their quality of life? How might this information affect voting behavior?

[16] In the 2014 State of the State address the Governor stated, "It is not my goal to put more people on Medicaid but to have less. It is not my intent to put able-bodied individuals on a government dependency program" (Bentley, 2014).
[17] The Griffith for Governor campaign published the candidate's policy platform in a widely distributed pamphlet. The materials placed Medicaid expansion would be the top priority for a Griffith administration.

Multi-method Approach

The research design leveraged three distinct methods to learn if and how voters in Medicaid expansion's target population could be mobilized by policy-based interventions. Each method was designed to study how features of a policy design (Medicaid expansion) influenced voting behavior in the target population (Alabama's Coverage Gap). The experimental research was designed to test policy-based mobilization by deploying economic voting message appeals, seeking to account for how these subjects conceived of self and sociotropic interests in the voting decision. I triangulated the quantitative findings with insights collected from semi-structured qualitative interviews. Seldom are quantitative field experiments integrated with the experiences of voters through in-depth qualitative interviews, yet combining these two modes of inquiry can lead to promising research that boosts the strength of studies with relatively small sample sizes (Paluck, 2010).

The survey data for this research uncovered that confusion about the Medicaid expansion policy could be linked to an absence of the political knowledge necessary to mobilize the target population. Just 245 of the 868 respondents (28.2%) knew the correct candidate positions on the Medicaid expansion issue, despite the fact that the two candidates for Governor took clear and opposing stances on Medicaid.[18] Therefore, without effective interventions to inform and persuade policy targets about the merits of Medicaid expansion, one could expect that there would be little mobilization in specific support of the policy. The submergedness of the policy design obscured the benefits to the target population. To test if and how policies could best become surfaced and thus provide a motivation to vote by making the Medicaid expansion policy proximal and

[18] Insured respondents were only slightly more likely to identify the correct candidate positions. Among those who had private insurance, 28.8% could identify the appropriate candidate stance while just 26.4% of uninsured respondents could do so.

salient to the target population, I employed a conjoint survey experiment design. The experiment randomly varied components of the Medicaid expansion argument to determine which individual attributes were most successful at persuading policy targets to support the policy. These attributes are then evaluated against the attributes selected for the field experiment scripts, revealing that neither the self-interest message nor the sociotropic appeal was more effective in mobilizing voters in the Coverage Gap.

The second method I incorporated into the research design was a randomized GOTV field experiment. In cooperation with the campaign of the Democratic candidate for Governor in 2014, I conducted a field experiment across the four major metropolitan areas of Alabama, micro-targeting 6,021 subjects in the Coverage Gap. Subjects were block-randomly assigned to one of three treatment groups or the control group. In the two weeks prior to the election, trained canvassers visited subjects in the treatment groups with the Griffith for Governor campaign. Canvassers delivered an economic voting message along with a handout that primed self-interest, sociotropic interests, or a combination of the two in an effort to inform, persuade and mobilize the subject to support Medicaid expansion and the candidate that advocated the policy. Additionally, canvassers initiated "vote planning" conversation with subjects in accordance with the campaign mobilization literature. The field experiment revealed that though treated subjects were more informed about the Medicaid expansion policy, they were not mobilized by the campaign's intervention.

Finally, the research benefits from qualitative insights taken from 22 semi-structured interviews of poor Alabama voters and non-voters, many of whom were living without health insurance. The qualitative evidence provides a more detailed perspective of this election through the lens of a poor voter in Alabama. This research was designed to

contribute to a broad understanding of the voting behavior of poor citizens by describing underlying conceptual frameworks that were expressed by participants. Through the interviews, I learned how participants viewed the voting process, the Alabama election context, and the Medicaid expansion policy. Also, given the inexorable link between policies and political behavior, I learned how participants viewed policies in terms of their ability to shape notions of political identity by creating, redefining, or maintaining social standing. Though the survey and field experiments explored policy design and submergedness through a positivist approach, the qualitative analysis follows an interpretive tradition by describing the external systems and processes—alongside the internal attitudes and beliefs—that influence the prevalence of non-participation among the poor. The core theme that emerged from the interviews was that participants were committed spectators of public policy, and they understood that many existing policies were drawn to exclude them, implicitly sending a message that their political efficacy was limited.

As Collier and Elman argue, integrating qualitative and quantitative research designs can enable both approaches to become "more methodologically grounded and more rigorous" (2008, 791). Likewise, this research unites quantitative and qualitative research designs to analyze subjects in Alabama's Coverage Gap. The survey experiment uncovered that Alabamians in the Coverage Gap were not informed about the political context of Medicaid expansion, however, the economic voting frames appeared to persuade respondents of the policy's importance (though no frame was significantly more effective than another). The field experiment then identified that despite the persuasive and informative effects of the messaging frames, targeted subjects in treatment groups were no more mobilized to support the policy than members of the control group. By identifying systematic issues that presented barriers to mobilization,

the interviews help explain the null results on turnout and the variance of treatment effects between information and turnout. Therefore, this research supports the work of many scholars who have determined that qualitative and quantitative modes of inquiry can be usefully combined (Brady *et al.*, 2004).

Theoretical contributions

From a theoretical perspective this research is designed to contribute to an understanding of participatory inequality by substantively building upon the elements of policy design theory using the case of Medicaid expansion in Alabama to test policy-based mobilization. Specifically, I analyze three dimensions of policy design theory through this case. First, in an increasingly "submerged state," to what extent are policy targets informed about policies and the political contexts that influence them? Berelson *et al.* (1954) referred to "position issues" to indicate those questions that might induce voters to act from direct self-interest. However, if a voter is unaware that he or she could potentially benefit from a given policy, they are unlikely to be mobilized by position issues. Therefore, the ways in which policy designs are communicated to a target population is a principal mechanism for influencing political participation. The results of the survey experiment reflect previous survey data that indicates that, along with the general population, the knowledge of policy targets in the Medicaid expansion was quite limited. Moreover, even after survey respondents were primed to recognize the Medicaid expansion policy as valuable, they were unaware of the political context that shaped the outcome of the decision.

Second, through repeated interactions with policy designs, policy feedback shapes voting behavior of the mass public (Ingram and Schneider, 2005), but how might campaign interventions shift citizen orientations toward political participation, particularly when

citizens may benefit directly from a policy shift? Elinder *et al.* (2015) demonstrate that voters can be mobilized by prospective campaign policies that appeal to pocketbook interests. Similarly, I designed and executed a field experiment that sought to mobilize voters with one of three treatment messages outlining economic voting arguments in favor of Medicaid expansion. Despite following best practices from the GOTV literature, the null results indicate that economic voting messages were unsuccessful in mobilizing policy targets in Alabama's Coverage Gap. The evidence from the field experiment suggests that compared to the control group, subjects in the treatment group were potentially more informed about the policy and its benefits, but they were no more likely to turnout to vote.

Third, to the extent that voting behavior is shaped by predispositions, how are these predispositions formed? Using Schneider and Ingram's (1997) distinction, the "undeserving poor" could effectively become "deserving poor" by becoming eligible for public health insurance through expanded Medicaid. How might previous classifications as "undeserving" affect the vote decision or feelings of political efficacy for an individual subject? In the qualitative interviews, I uncovered how current policies shape citizen understandings and interpretations of themselves, their interests, and those of their community. By focusing on the interview participants' descriptions of their individual voting decisions at a micro-level, I was able to synthesize patterns of disengagement that were rooted in past experiences. Specifically, the poor people I interviewed were observant that the parameters of existing public policy were often drawn to exclude them, and they interpreted this exclusion as emblematic of their limited political efficacy. Repeated observations, experiences, and interpretations of a constellation of extant policy designs form predispositions toward participation. Before canvassers knock on their door or campaigns reach them with new information, citizens harbor a conception

of themselves in relation to electoral politics. This research puts forward the theory that poor policy targets have been conditioned to think of themselves as outsiders to politics, rendered as passive spectators to the democratic processes that govern their lives. I argue that due to the limits of policy-based mobilization I discovered through the experiments, more attention must be paid to the conditions that structure citizen orientation toward participation before a campaign intervention occurs.

Plan of the dissertation

In chapter two, I present policy feedback and policy design theory as a heuristic for investigating the puzzle of participatory inequality. Using past scholarship as a foundation, I develop a concrete analytical framework to examine policy designs and their potential to affect mobilization. I also address how past GOTV experiments have produced disparate turnout effects between the general population and subjects of low-socioeconomic status, along with efforts seeking to explain this variance (Enos *et al.*, 2014; García Bedolla and Michelson, 2012). I then unite the policy design and GOTV mobilization literature, exposing the current gap in scholarship that exists in understanding how target populations—specifically, poor policy targets—are informed about policies that directly affect their interests in an era of submergedness and the extent to which they can be mobilized by policy information.

Based on the findings of this research, I build upon current work to propose a straightforward theory for understanding the limits of policy-based mobilization among poor citizens in the United States. Rather than experiencing disengagement due to apathy or ignorance over policy applications, I argue that poor voters are astute observers of current public policy. Through indirect policy feedback, poor citizens have "learned disengagement." As a result, in seeking to mobilize poor policy targets, campaigns

confront an abiding and profound recognition among policy targets that the parameters of extant public policy have been drawn to exclude them. Experiences with and interpretations of current policy designs suppress political participation among the poor who are already disbarred from public benefits, even when they learn about the potential for policy shifts that could materially improve their well-being.

Chapter three of the dissertation begins the empirical examination, offering an overview of the design, results, and analysis of the survey experiment. I begin the chapter by describing how campaigns cultivate messages, discussing how framing effects—economic voting frames in particular—can be used to surface the Medicaid expansion policy. I establish the rationale for using a conjoint survey design to evaluate different dimensions of the economic voting arguments for the Medicaid expansion policy before outlining the specific contours of the survey design. I present responses to multiple-choice questions that tested voter knowledge and intentions in the 2014 Gubernatorial election, including questions that provided an assessment of support for Medicaid expansion, comparing responses from both the target and general populations. Furthermore, I discuss the results of the conjoint tasks, exhibiting the attributes selected by respondents as the most persuasive components of the Medicaid expansion argument before comparing these attributes with those selected for the field experiment scripts.

The results of the multiple-choice question set clearly indicate that the political context of Medicaid expansion was submerged. Members of the Coverage Gap demonstrated high levels of support for expansion after responding to the conjoint tasks that outlined the arguments advocating the policy, however, they were much less likely to vote than members of the general population. In a question that tested the economic voting frames against one another by randomly distributing a hypothetical candidate's message to the

respondent, I discovered a null result. The self-interest, sociotropic and combined messages were equally effective in persuading survey respondents in the target population. These results are somewhat validated in the field experiment discussed in chapter four, where the self-interest message appeared slightly more effective in mobilizing turnout despite diminished turnout effects overall. I also present the results of the conjoint analysis for comparison to the scripts used in the experiment.

The randomized GOTV field experiment is the subject of chapter four. This chapter addresses the core of the research question: can poor voters be mobilized by an appeal to a policy that directly affects their interest? I begin this chapter by describing the campaign mobilization literature with attention directed toward evidence-based practices of generating turnout. I then describe how the experimental design comports with previous research by using trained canvassers to deliver one of three economic voting messages advocating Medicaid expansion to randomized targets in the days leading up to the election.

The results of the field experiment demonstrate that the campaign's targeted intervention with registered voters in the Coverage Gap produced null results on turnout. Although the campaign appears to have shifted voter knowledge considerably, increasing the likelihood of support for the Democratic candidate while recognizing the self-interested benefits of Medicaid expansion, subjects who received treatment were generally no more likely to vote than subjects in the control group. The field experiment delivers evidence of the limits of policy-based mobilization. Additionally, I discuss the challenges of conducting a field experiment with low-propensity voters in Alabama.

If the results of chapter four uncover the campaign's failure to mobilize voters in Alabama's Coverage Gap, chapter five describes some of the reasons why the campaign was unsuccessful. Chapter five outlines my approach to collecting and analyzing the qualitative data supplied for the research project. I conducted 22 semi-structured, in-depth interviews with poor Alabamians leading up to the 2014 elections. From the interview data, a core theme of learned disengagement emerged.

Learned disengagement is the term I use to characterize a particular type of political orientation that led participants to withdraw from electoral politics based on past experiences, observations, and socio-political interactions. Generally, participants reported disengagement that was rooted in interpretations of current policy designs that legitimized their feelings of social exclusion. There were two primary reasons participants were disengaged. First, they faced significant legal and procedural barriers to voting, and second, participants described a diminished sense of political efficacy. These qualitative insights bolster my theory of how current policies limit the effects of targeted mobilization based on prospective benefits.

I conclude the dissertation in chapter six by reviewing the methodological and theoretical contributions of this research. I begin by describing the data that was generated by the various methodological designs, along with the specific questions that formed the basis for employing those designs. In many ways, the results overlap and reinforce one another across the different modes of data collection. I then integrate my empirical findings with previous research to develop the theoretical framework outlined in chapter two. I advance this theory in an attempt to understand both the limits of policy-based mobilization and the variance in GOTV effectiveness among poor populations. I argue that this work has important implications for understanding how current policy

arrangements affect political participation. Finally, I contend that health insurance—or critically, a lack thereof—may uniquely determine social and political standing, and I call for further research to investigate the extent to which this finding may be true.

CHAPTER TWO: THEORY

This research contributes to a broad literature on participatory inequality in the United States by merging the mostly theoretical scholarship on policy design with experimental work on voter mobilization to determine whether policy targets who are poor—in this case, low-propensity voters in Alabama's Coverage Gap—will be motivated to vote for a particular policy that promises material benefits. Participatory inequality arises from a number of causes, many of which are institutional.[19] To be clear, I make no argument here that policy designs are the primary cause for abstention among poor voters, a disproportionate number of whom are minorities. Rather, I argue that policy design theory complements institutionalist arguments concerning voter suppression, and, in some cases, the racially discriminatory behavior of agents within those institutions. The structural barriers to political participation faced by poor, minority citizens cannot be overlooked, particularly in a region where state and local governments have historically stifled voting rights. As political theorist Iris Marion Young (1990) argued, institutional contexts condition people's ability to "determine their own actions" and "develop and exercise their own capacities" ([2011], 22). Indeed, structural conditions have profound effects for the electoral process, and consequently, policymaking vis-à-vis elected representatives.

Within the policymaking process, policy designs are "produced through a dynamic historical process involving the social constructions of knowledge and identities of target populations, power relationships, and institutions" (Schneider and Ingram, 1997, 5). I argue that political quiescence among the American underclass and the persistent gap in

[19] Indeed, qualitative evidence presented in chapter five of this dissertation lends support to key institutionalist arguments put forward by Piven and Cloward (1988), Brown (2010) and others.

participation it creates, is perpetuated—and perhaps, exacerbated—by the policy designs and the exclusionary feedback processes engendered by those designs.

Policies are sources of meaning for the individual and for collective groups as they convey messages to individuals about their rights, responsibilities, and orientations to the state and to other members of society. As Campbell (2007) notes, "The design of public policies…are [*sic.*] a key factor in determining who enters the [political] struggle and how they fare" (121). Similarly, Pierson argues that policies shape the electorate by producing "cues that help them develop political identities, goals and strategies," (1993, 619). Mettler and Soss (2004) build upon Pierson's work by arguing that public policy defines the "boundaries of political community" by actively constructing and positioning social groups with respect to subsequent political action (61). By structuring citizen orientation to the polity and influencing incentives for political engagement, policy designs can ameliorate or exacerbate political inequality.

At the core, this is a dissertation concerned with voter mobilization. When a low-propensity voter is in a target population, what information compels them to act and how does this information interact with their previous conceptions of political identity? I consider how policy designs construct Pierson's (1993) different "learning effects" for various members of the electorate and how these interpretations of public policy shape subsequent political engagement. My particular concern is with how these effects distribute political resources among beneficiaries and non-recipients by defining social standing relative to one another. These findings furnish new evidence to scholarship concerning participatory inequality by focusing on how policy designs affect the voting decisions of poor citizens, how these citizens learn (or do not learn) about policies that affect their direct interests, and the extent to which the turnout decision can be

influenced by campaign messages that prime particular interests. In short, I argue that through indirect policy feedback, poor citizens have learned disengagement by observing that the current parameters of many public benefits were drawn to exclude them. Therefore, campaigns confront stubborn predispositions that are difficult to overcome, despite using targeted, policy-based mobilization tactics.

This chapter provides the foundational theoretical motivations for engaging in this research. I begin by outlining the key tenets of current literature on policy feedback and policy design theory, which I then use to develop a detailed analytical framework to evaluate policy design theory in tandem with a multi-method mode of inquiry. I argue that Medicaid expansion, particularly in contrast to Medicare, is an ideal case through which to study the participatory effects of policy design. Through applying this analytical framework to the study of policy design and uniting those analytical insights with the GOTV literature, I uncovered results that led me to propose a theory to help explain the limits of policy-based mobilization among poor voters. I conclude by introducing this theory, briefly discussing its implications and potential limitations given the context of my results.

Policy Design Theory

The politics and policies of citizen engagement are mutually reinforcing. Scholars have identified the "policy feedback process" to characterize the effects that the structure, implementation, and distribution of policies have upon politics (Pierson, 1993). Policy feedback suggests that, once enacted, policies may transform subsequent political contexts through bolstering or threatening state capacities and altering the identities, political goals, and capabilities of individuals and their social groups (Skocpol, 1992). Pierson (1993) argues that this feedback is operationalized when major public policies

equip individuals and groups with both material resources and the political incentive to vote to protect the "spoils" they have been granted by mobilizing to "lock in a particular path of policy development" (599, 606). Policy design theory notes that two primary features of designs interact to shape mass politics: the actual structure of the social policy (including whether eligibility is means-tested or universal) and the concomitant social construction of the target population within that structure.

Generally, social policy programs are designed to benefit either the population writ large or everyone within a certain demographic category—a universal design—or alternatively, to benefit individuals whose economic means dictate their eligibility—a means-tested design. These designs are then implemented at either the national, state, or local levels. The federal government administers universal programs, while means-tested programs are frequently placed under the purview of state governments. Referring to the "participation-policy cycle," Campbell (2007) argues that the effects of universal programs tend to be positive, "fostering participation among client groups whereas the effects of targeted programs tend to be negative" (123, 122). Universal policies have clearly defined recipient groups and lend themselves to greater political engagement of the target group (Campbell, 2012). Conversely, means-tested designs blur eligibility determination, obscuring the boundaries of the target populations and delineating the poorer members of society according to notions of "deservedness." The extent to which those means-tested policies induce political mobilization is dependent upon the construction of the policy (Schneider and Ingram, 1993).

Schneider and Ingram argue that "elements of policy design impart messages to target populations that inform them of their status as citizens," and that over time, each target group "begins to take on its own distinctive expectations and conceptions of citizenship,

democracy, [and] justice," while these conceptions orient their political participation (1997, 141, 104). They become either atomized individuals, with narrow political interests and little traction to bring forward their claims to government, or they join a cooperative group with broad, collective interests whose interests matter to those in political power. The interaction between program design and social constructions is both dynamic and mutually reinforcing. This has important implications for political participation because as Soss (2005) argues, "positive social construction is essential" for members of the mass public who receive public benefits to develop "a sense of efficacy related to participation and social mobilization" (287). As Schneider and Ingram (1997, 2005) argue, it is precisely these social constructions, embedded in the architecture of public policies, which manifest themselves in the political behavior of citizens.

Social constructions of policy designs interact with other socio-political contexts. In America, and certainly within the American South, socioeconomic status cannot be decoupled from race. This research is primarily concerned with the mobilization of poor voters in Alabama. Accordingly, a significant number of the subjects and participants in the research were African-American, and therefore, the study sits alongside literature on racial politics and inequality in the United States. The historical examples of racialized political disenfranchisement—along with racial inequality in the economy[20] and education[21] outcomes—are abundant, and these persistent gaps are products of

[20] In 2012, white, non-Hispanic median income was $57,009 while median income for blacks was $33,321, reflecting a gap that has remained steady since this data was collected beginning in 1960 (US Census Bureau, Current Population Survey, 2013). In terms of the wealth, the disparity is even wider. While median wealth for white households was $141,900 in 2013, the median wealth for black households was $11,000; on average, white households were 13 times wealthier than black, a gap exacerbated by the 2008 recession (Kochhar and Fry, 2014). In terms of employment, the African American unemployment rate is twice that of Caucasian Americans (Bureau of Labor and Statistics Reports, August 2014. "Labor Force Characteristics by Race and Ethnicity." Chart 4, p. 5).

[21] According to analysis of the National Assessment of Education Progress (NAEP) scores in 2008, black eighth graders averaged 31 and 26 points lower than their white counterparts on math and reading tests, respectively (Vanneman *et al.*, 2009). In the 2011-2012 school year, 67% of black students graduated from high school, while 84% of white students did. In Alabama, the gap between races was a bit smaller (15%),

institutions, actors, and policies that have prevented racial parity (King and Smith, 2011). However, to understand how these disparities were created and have been maintained, one must analyze not only historical institutions and the policies that were enacted to deliberately abridge the rights of African Americans, but also the current policy designs generated within and because of these institutions; these designs have participatory consequences that continue to sculpt the electorate today.

Fording *et al.* (2008, along with Soss *et al.*, 2011) put forward a Racial Classification Model (RCM) to describe how generalized stereotypes infuse racialized politics into decisions about social policies, particularly when key policy decisions are devolved to state control. The RCM is premised on the idea that implicit stereotypes are created and perpetuated by directive policy designs that negatively construct minorities in disproportionate numbers.[22] The RCM complements the work of Hochschild and Weaver (2007), King and Smith (2011), and others who have sought to explain how race plays both direct and indirect roles in the policy decisions of elite actors. As Fording (2001) argues, the salience of black policy targets in a given social policy directive "reduces perceptions of deservingness," generally decreasing political support for the overall policy (120). Accordingly, the RCM model could be further explicated at the elite policymaking level through a case study of the Medicaid expansion decisions in the Alabama, Arkansas, and Kentucky.[23] However, the focus of this research is not on the

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but the overall graduation rate was 7% lower than the national average (National Center for Education Statistics, April 2014. "Public High School Four-Year On-Time Graduation Rates and Event Dropout Rates: School Years 2010–11 and 2011–12." Table 1, p.7)

[22] These constructions are borne out in surveys showing that Americans believe the majority of welfare recipients to be black, whereas African Americans comprise just 35% of welfare enrollment (Lieberman, 1998).

[23]At a minimum, there is a correlation between these states' decision to expand and the percentage of African Americans in that state. Kentucky, where 8.2% of the population is black, opted for full expansion, while Arkansas, which has a 15.6% African American population, chose the waiver process for a partial expansion. Alabama, with more than a quarter of its population as African American citizens (26.7%), chose not to expand Medicaid. The African American populations of each state were derived from the

behavior of elite actors but on how policy designs create political feedback effects among the mass public in an effort to understand how particularized policy designs might contribute to participatory inequality. Indeed, the qualitative data discussed in chapter five reveal that racialized policymaking has lingering consequences that subdue feelings of political efficacy among black citizens. In order to understand how policy designs influence participation across racial and class identities in the mass public, I proceed by examining how current scholarship conceives of the linkages between policies and the participatory effects they engender.

Campbell (2002) examines the influence the Social Security program has exerted on the political engagement of senior citizens. Campbell notes the universal social insurance program created a "political identity for what [was] otherwise merely a demographic category" (2007, 125). Social Security is available to everyone over age 62, clearly defining the target population and constructing senior citizens as deserving of public benefits. While senior citizens were no more politically active than other subgroups of the electorate in the 1950s, Social Security equipped them with both the material resources and political incentive to protect their interests as individuals and as a collective group (Campbell, 2002). Thus, seniors were transformed into one of the most politically active subgroups in the American electorate, galvanized by a powerful interest group formerly known as the American Association Retired Persons, now AARP.

In contrast to the universal design of Social Security, welfare in the United States is means-tested. Means-tested designs encounter target populations differently, because eligibility is often determined at the state level. Consequently, scholars have argued that

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"Black Alone" category in Census data available via the Census' Quick Facts tool: <http://quickfacts.census.gov/qfd/index.html>. Accessed 15 July 2015.

means-tested designs provide uneven political learning effects. Seeking to identify a process-oriented account of how welfare policies produce political consequences, Soss (2000) studied recipients of Aid for Families and Dependent Children (AFDC), a program later changed to Temporary Assistance to Needy Families (TANF). TANF—colloquially, welfare—is a means-tested program that was restructured in 1996 to equip states with broader authority over eligibility determinations and more discretion over which benefits would be provided. Though the contours of delivery vary by state, TANF conditions program benefits on a series of actions that must be completed by the recipient. According to Soss (2000), the TANF program is heavily stigmatized, constructing recipients as lazy and dependent, and program beneficiaries demonstrate a reduced capacity for collective action because the negative social constructions of welfare recipients embedded mistrust among those who were enrolled. Validating Turner (1987), Soss (2000) found that most TANF recipients perceived very little shared political interest as a group (just 36% responded that they did so), often classifying themselves as temporary interlopers in the TANF system, wholly dissimilar from other recipients in the program.

Existing research, typified by Campbell (2002) and Soss (2000), has yielded valuable insights by connecting public policy to subsequent political behavior, but it has insufficiently explored the limits of policy feedback and the specific conditions under which feedback occurs. I have identified three primary areas where current policy design scholarship can be advanced. First, though the distinction between means-tested and non-means-tested programs is clearly an important determinant of subsequent political participation, it is too blunt to fully comprehend the variation in the participatory effects of policy designs. Indeed, some means-tested programs have mitigated participatory inequality by driving engagement among poor voters (see, for example Soss (2005) for

his findings on the positive political engagement of Social Security Disability Income (SSDI) recipients). Furthermore, Caputo (2010) compared recipients of the means-tested Earned Income Tax credit and the non-means-tested home mortgage deduction, and he found no significant differences in civic engagement between the two target populations.

Second, the same program may have different effects on political engagement, depending upon beneficiaries' experiences and their interpretation of them. Bruch *et al.* (2010) argue that means-tested programs can have positive effects on political engagement if they are structured according to democratic principles. When an individual participates in a public program where the active engagement of recipients is intentionally and explicitly built into the design of the policy, they experience a spillover effect of political efficacy (Campbell, 2007). For example, Soss and Schram (2007) discovered that TANF recipients were not a homogeneous group; those who were concurrently involved in Head Start, a program that mandates parents of enrolled children to actively participate in local decision-making processes and policy councils, were more willing to engage politically than those who were not.

Third, policy feedback effects of target populations for the same policy may be significantly differentiated between states. Since means-tested policies are often implemented at the state level, they afford latitude for adjusting eligibility thresholds and modifying the composition of the target population by conditioning the receipt of benefits on the fulfillment of certain criteria. According to Schneider and Ingram (1997, 2005), the poor are clearly divided into two categories: deserving and undeserving. However, Schneider and Ingram's binary distinction between those who deserve and those who do not, the "worthy" and the "unworthy," is clearer in some cases than in

others. I argue that federalism renders these distinctions malleable at state borders or even within city jurisdictions.

Health insurance in the United States offers a compelling case for comparing segments of the population deemed "deserving" and "undeserving" and challenges the rigid distinctions put forward by Schneider and Ingram. With more than 100 million people on public health insurance and nearly 50 million without insurance of any kind, delineations of deservedness seem arbitrarily drawn across state lines to members at or near the eligibility level for the target population. The lines of Medicaid program eligibility are ephemeral, shifting from state to state and from year to year. Illustrative of Schneider and Ingram's indefinite classification is the small town of Texarkana, which sits on the Arkansas and Texas border. Texarkana's disparate Medicaid enrollments offer a single empirical case of a larger phenomenon. Scholars must take into account how shifting notions of deservedness affect political participation among the poor, and consequently, participatory inequality.

I draw upon findings of existing policy design scholarship to form a concrete analytical framework for assessing how policy designs affect political participation. I proceed by providing an overview of this analytical framework before explicating it through comparing the Medicaid and Medicare program designs and offering an assessment of the social constructions of target populations embedded within those designs. I then describe how the tools of policy design theory may be advanced in combination with empirical voter mobilization literature. I integrate these two areas of scholarship by studying the policy-based mobilization of poor policy targets in Alabama. Based on the results of this research, I propose a straightforward theoretical argument for understanding the limits of policy-based mobilization among poor target populations. I

conclude by submitting this argument while acknowledging the potential limitations of its generalizability and recognizing the need for further investigations using comparative designs.

A Framework for Policy Design Analysis

Policy designs are a principal mechanism for transforming the voting behavior of target populations, but determining the ways in which they make those transformations requires a concrete analytical framework. I propose that, in terms of generating subsequent feedback, social policy designs should be evaluated along three dimensions. First, scholars should assess the structure and set of criteria that determine which segments of the polity the policy is designated to punish or reward. As Mettler (2011) has insightfully demonstrated, many program beneficiaries are simply not aware that they are either eligible for—or in receipt of—public benefits.[24] Is the target population made clear in the design and are members of the target population aware of the policy and associated benefits? Second, the policy should be appraised in terms of the generosity of the benefit or stringency of the burden it delivers to the target population. Based upon this distribution of material resources and relevant socio-political contexts, is the target population positively or negatively constructed? Third, scholars should rigorously test the policy design by exploring the extent to which it influences political participation among the target population. Does the policy induce political passivity or participation in the target population for which it is designated? I continue by developing the context each of these dimensions to policy design theory analysis, before applying this framework to compare the policy designs of the two major public health insurance programs in the United States: Medicare and Medicaid.

[24] Mettler (2011) presents data to shows that an appreciable number of beneficiaries of various public policies are not aware that they have used a "Government Social Program" (Table 2.1, p. 38).

Policy visibility: defining the target population

Features of policy designs can and do affect their visibility within the target population as well as the general public. The assumption of policy design theory is that policies with low visibility and a higher level of complexity create a degenerative politics that lowers levels of participation and promotes disengagement rather than empowerment (Ingram and Schneider, 2007). Yet, thus far, policy design scholarship has failed to account for how citizens become aware of public policies that affect them directly. When the benefits of a policy program are obscured from the target population, the program in question risks failing to build a political clientele, crucially interrupting the policy feedback process (Mettler, 2011). While some policy programs have clearly defined target populations, high visibility, and public familiarity—as with many universal policies—means-tested policies are generally less visible and often subject to complex eligibility determinations; this limited visibility frequently results in lower policy-based mobilization than universal policies (Campbell, 2007). Though it is clear that poor voters can be mobilized by public policies that directly affect their lives,[25] the process of informing policy targets of these programs—the mechanism of mobilization—is not well understood (Patashnik and Zelizer, 2013).

The designs of public policies, and the channels through which those designs are communicated, can make it more or less clear to voters that they are benefitting—or have the potential to benefit from—a public program. An example of a highly visible policy is Social Security (Mettler, 2011). The Internal Revenue Service (IRS) notifies taxpayers when they are eligible to receive Social Security funds. In this case, the direct

[25] As discussed later in this chapter, this is particularly true when the social construction of that policy program is generally positive.

implications for the policy target are spelled out in a letter from a government agency. In contrast, some policies—including those contained within the ACA—do not have "clear programmatic identit[ies]," operating without "well defined populations of beneficiaries" and with diffused recipient populations (Oberlander, 2012, 2167). These programs create fragmented constituencies that are more difficult to define. Therefore, when analyzing the political impact of a policy design, scholars must pay careful attention to the policy's visibility among the target population and the mass public. However, assessing the visibility of all public programs is not such a straightforward matter. To measure policy visibility and assess levels of submergedness, researchers should ask questions to ascertain the level of information voters have about the policy in question. Are members of the target population aware of the policy and its potential benefits? Are voters aware of the political context within which the policy is made conditional?

Constructing the target population

As lawmakers define the parameters of that target population, they create political constituencies. Moreover, by creating target populations based on shared attributes, granting them benefits or saddling them with burdens, policymakers allocate values in society (Edelman, 1964). These values include notions of "deservedness," where citizens granted benefits are considered "deserving" and those who do not qualify for benefits are considered "undeserving" (Schneider and Ingram, 1993). As Schneider and Ingram (1997) argue benefits are affirming for citizens who receive them, and subsequently, those citizens demonstrate a higher propensity to participate in the electoral process. Over time, these constructions are internalized as the deserving population learns that its interests are of worth to the policy process (Schneider and Ingram, 1997). Soss (2005), Campbell (2002), along with Mettler and Stonecash (2008) have each demonstrated how the social constructions of target populations function as a determinant of political

participation in the target populations of particular policies. When a policy shift proposes to alter the composition of a target population significantly and simultaneously redefine social constructions of newly eligible beneficiaries, how might this affect participation?

Mobilizing effects of policy design

Evidence demonstrates that some policy designs can reduce participatory inequality by promoting engagement among the economically disadvantaged. Generally, if the policy delivered a materially important benefit, poor recipients were highly mobilized to support it at the polls (Mettler and Welch, 2004; Campbell, 2002). Campbell (2002) has proven this by analyzing how Social Security successfully mobilized low-income senior citizens to protect and maintain old-age insurance. Similarly, Mettler and Welch (2004) argue that the Servicemen's Readjustment Act of 1944—the GI Bill—had long-term political consequences. Through the GI Bill, soldiers gained access to government-subsidized higher education. This publicly financed education sent an implicit message to veterans that their interests were important to policymakers, and therefore, their political participation mattered. Mettler and Welch found that the GI Bill engendered the greatest participatory effects among low-income soldiers (2004).

Additionally, I argue that the feedback effects of a particular policy design should be evaluated beyond the designated target population. If becoming eligible for a positively constructed policy leads to a positive feedback for participation, then being rendered *ineligible* for a desired policy benefit may constitute a negative effect. Citizens that lie outside the boundaries of eligibility may form interpretations of policies that construct them as "undeserving" and therefore reduce their propensity for participation. In a situation such as the ACA, where many citizens expected to gain access to health insurance through a major policy shift, a recognition of ineligibility could have a

particularly negative effect. Accordingly, researchers should collect data on the mobilization patterns of both eligible populations and those in a similar demographic who are not eligible.

To better understand how the designs of policies and their attendant social constructions act as determinants of subsequent political engagement, I compare and contrast the features of Medicaid and Medicare using the analytical framework outlined above in order to describe the visibility of the policies, the various target populations and social constructions of those policies. The third element of the framework, mobilization, I take up in the following section as I provide the rationale for the accompanying methodological approach. America's two public health insurance programs have distinct designs and target populations, and a comparison of these two programs provides a useful heuristic for understanding the context of political engagement engendered by policy feedback.

Medicare and Medicaid: A Case Comparison of Policy Designs

The year 2015 marked 50 years since Medicare and Medicaid were added to the Social Security Act of 1935. Though the Act has been amended since its original passage, the basic designs and original target populations of both Medicare and Medicaid—and hence their political constituencies—have remained the same. I begin by comparing the visibility of each policy's respective target population along with the eligibility requirements that determine these target populations. I then develop the social constructions of these target populations by using past research and comparing the generosity of the programs' benefits relative to one another. Finally, I assess the social construction of the uninsured in America, since they are excluded from public health insurance eligibility.

Policy Design and Visibility

Medicare is a universal social insurance program, offering health insurance to all individuals over the age of 65 and certain people with disabilities under the age of 65. In 2012, Medicare provided health insurance to nearly 50 million Americans, or 14% of the population.[26] Conversely, Medicaid is a needs-based, means-tested program, providing coverage for low-income children, pregnant women, or mothers of poor children and people with disabilities.[27] The eligibility levels and the generosity of benefits for both CHIP and Medicaid are established by the states. Before Medicaid was expanded in many states through the ACA, Medicaid and CHIP covered nearly 60 million people, or just under a quarter of the country's population.[28]

Since states establish their own thresholds for Medicaid eligibility, there are essentially 56 different Medicaid programs—one for each state, territory, and the District of Columbia. Consequently, there is a diverse range of eligibility requirements to determine whether children qualify for CHIP or pregnant women and low-income mothers are eligible to enroll in Medicaid. For someone between the ages of 19 and 64 seeking Medicaid, a table comparing household size and modified adjusted gross income—indexed against the federal poverty level (FPL)—determines eligibility (see Table 1.1). For parents with dependent children, Alabama has the lowest threshold in the nation.[29] A single parent with one dependent child must make less than 13% of the FPL to receive Medicaid. In 2014, the FPL was $15,730 for a family of two, so if the parent's annual income exceeded $2,045, they were insufficiently poor to receive Medicaid in Alabama. The comparison

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[26] "Total Number of Medicare Beneficiaries," *The Henry J. Kaiser Family Foundation.* <http://kff.org/medicare/state-indicator/total-medicare-beneficiaries/>. Accessed 14 Apr. 2015.
[27] The program for children is called the Children's Health Insurance Program (CHIP).
[28] "Income, Poverty and Health Insurance in the United States: 2010." (Pp. 23, 24). *U.S. Census Bureau.* . <http://www.census.gov/prod/2011pubs/p60-239.pdf>. Accessed 15 Apr. 2015.
[29] "State Medicaid and CHIP Eligibility Standards." *Centers for Medicare and Medicaid Services.* <http://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/medicaid-and-chip-eligibility-levels-table.pdf>.

with Minnesota is instructive: there, in 2014, Medicaid coverage was extended to parents whose incomes were 200% or less of the FPL. The same family that could not qualify with an annual income of $2,050 in Alabama would be eligible for Medicaid in Minnesota with an income of $31,460. With prohibitive healthcare costs and few public or private options for affordable coverage, an estimated 16% of Alabamans are uninsured, while just 4.9% of Minnesotans lack health coverage.[30]

The size of Medicaid's political constituency varies according to eligibility levels established by individual states. Likewise, Medicaid programs in states with generous eligibility levels have larger clienteles and broader political constituencies. 18.8% of Minnesotans are enrolled in Medicaid compared to 17.6% of Alabamans. *Prima facie*, this might appear a small difference, but when one considers that Alabama has a median income of $43,253 and a poverty rate of 18.6% compared to Minnesota's $59,836 median income and 11.5% poverty rate, it becomes clear that there are far more economically marginalized citizens in Alabama. Furthermore, childless, non-elderly adults without disabilities cannot qualify for Medicaid in Alabama. In Minnesota, however, more than 200,000 adults without dependents were enrolled in Medicaid based on a determination of their need.[31] Since Alabama has the lowest threshold for Medicaid eligibility among parents with low-income children, only 52,004 non-elderly adults without disabilities qualified, rendering children—below the age of voting eligibility—as a majority of Alabama's Medicaid beneficiaries.[32] Moreover, coverage for pregnant

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[30] For the Minnesota figure see "Minnesota's adult uninsured rate falls to lowest level yet" Minnesota Department of Public Health. 17 Dec 2014. <http://content.govdelivery.com/accounts/MNMDH/bulletins/e3b810>. Accessed 11 Aug. 2015.

[31] "Monthly medical care programs enrollment counts statewide and by county: By programs and by program components." *Minnesota Department of Human Services Reports and Forecasts Division*. 9 Jul 2015. <http://mn.gov/dhs/images/Medical-Care-Programs-Eligibility-0715.pdf>. Accessed 14 Apr. 2015.

[32] These numbers are from the Alabama Medicaid Agency projections in September of 2013. 21452 adults were eligible through SOBRA Maternity (pregnant women under 133% of the FPL), and 30,552 were eligible through Medicaid for low-income families (MLIF).

women and mothers is also temporary, usually a year to 18 months. As a result, only 17% of Alabama's Medicaid recipients were adults, compared to 36% of Minnesotans.[33] Therefore, Alabama Medicaid lacks a sizeable voter-aged recipient group, and of those who are eligible to vote, their coverage is often limited to an 18-month window, yielding an inconsistent political constituency. This is not the case in Minnesota, where an appreciable number of Medicaid beneficiaries are voters and the structure of the program is constant for many enrollees. In Minnesota, as with many states that expanded Medicaid, the existing threshold for Medicaid eligibility is generous, the clientele is larger, and by its very composition, able to exercise political influence through the ballot.

The Medicaid benefit package is also defined by each state. Each state Medicaid program must cover "mandatory services" identified by Centers for Medicare and Medicaid Services (CMS) regulations. In addition to covering the mandated services, state Medicaid programs may choose if and to what extent they will cover 33 optional services for program beneficiaries. As a result of this discretion, there are substantial variations between states regarding not only which services are covered, but also the amount of care provided within specific service categories, including the amount, duration, and scope of services provided. For example, a Medicaid recipient in Alabama who requires eyeglasses would be forced to pay for them (or, forgo them altogether if they could not afford the out-of-pocket cost), while the same patient in Mississippi would receive the glasses for free if a doctor prescribed them. Thus, even among those who qualify for Medicaid, the generosity and importance of the benefit has a wide variation throughout the country. In contrast, Medicare has comparatively broad coverage and because it is a federally administered program, states do not have the discretion to omit services.

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[33] "Distribution of Medicaid Enrollees by Enrollment Type." *Kaiser Family Foundation.* <http://kff.org/medicaid/state-indicator/distribution-of-medicaid-enrollees-by-enrollment-group/>. Accessed 14 Apr. 2015.

Social Construction of Medicaid and Medicare

Medicaid provides coverage to three distinct groups through means-tested eligibility: long-term care for older Americans and individuals with disabilities, supplemental coverage for low-income Medicare beneficiaries for services not covered by Medicare, and health insurance for low-income families with children. Moreover, states are given discretion to establish both eligibility criteria and level of generosity for each of these groups. Because Medicaid covers such a broad constituent group that varies within and among states, the social construction of the program is neither homogenous nor consistent, yet it is generally positive. Compared to Medicare, Gilens (1998) found that 73% of Americans opposed cuts in Medicaid compared to 80% who were against cuts to Medicare. These findings suggest that even though slightly less than Medicare, Medicaid is broadly supported among the general population despite the fact that eligibility was once closely tied to a negatively constructed welfare program.[34]

Medicaid is also viewed positively by a majority of program enrollees. 86% of people who receive Medicaid benefits describe the experience as somewhat or very positive, and 69% of Americans earning less than $40,000 a year rate the program as important to them or their families.[35,36] Epstein, *et al.* (2014) interviewed nearly three-thousand low-income citizens in three Southern states, and discovered that three in four respondents

[34] Historically, financial eligibility for Medicaid was linked to receipt of federally assisted income maintenance payments such as Aid to Families with Dependent Children (AFDC) and starting in 1972, Supplemental Security Income (SSI). Over time, however, legislative changes in welfare, and in particular with the Personal Responsibility Work and Opportunity Reconciliation Act (PRWORA) of 1996, eligibility determination was passed to the states through a combination of household size and annual income.
[35] "Kaiser Health Tracking Poll: 2011." *Kaiser Family Foundation*. <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8190-c.pdf>. Accessed 14 Apr. 2015.
[36] "Kaiser Health Tracking Poll: July 2012." *Kaiser Family Foundation*. <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8339-c.pdf>. Accessed 14 Apr. 2015.

viewed Medicaid as equal to or better than the quality of care one could obtain with private insurance.[37]

This research seeks to develop an understanding of the participatory consequences that may occur when citizens can potentially shift categories of social construction. In this case, Alabamians in the Coverage Gap could essentially move from being uninsured—and therefore unworthy of public assistance—to Medicaid recipients—deserving of access to public insurance. Therefore, it is important to investigate the social constructions of the uninsured.

The Social Construction of the Uninsured in the United States

Prior to the passage of the ACA, the unemployed, part-time workers (those working fewer than 30 hours a week), and those who had returned to school to develop skills or training, had few options for obtaining insurance because the United States has an employer-based health insurance system. For people between the ages of 19 and 64—the adult working age population—the pathway to coverage was generally accessed through employer-sponsored health insurance (ESI) plans, where 49% of Americans obtained insurance (Emanuel, 2014). Just six percent of Americans could afford private plans not offered by an employer, leaving 49.9 million Americans without access to coverage in 2010.[38] Possessing insurance, therefore, became associated with stable employment (a positive construction) while not having insurance was associated with chronic unemployment (a negative construction).

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[37] See Exhibit 4 in Epstein (2014), "Low-income Adults' Perceptions of Medicaid Insurance Coverage Versus Private Insurance, November and December 2013" (5).

[38] "Income, Poverty and Health Insurance in the United States: 2010." *U.S. Census Bureau*. Table 8 and Figure 7 (23). <http://www.census.gov/prod/2011pubs/p60-239.pdf>. Accessed 15 Apr. 2015.

Hacker (2002) characterizes the employer-sponsored health insurance system as an "inherited legacy" that creates an implicit social construction that many of the uninsured are not working or cannot hold a job. Uninsured Americans are often considered "undeserving" as a collective group, because, as Campbell (2012) notes, their "neediness appears to be their own fault" (964). This construction is apparent in survey results, where more than half of Americans incorrectly believed that the uninsured are in families where no one is employed (Blendon *et al.*, 1999, 207). However, 57% of those who are eligible for Medicaid under expansion were working and 72% were in families with at least one worker (Altman, 2015). The social construction of the uninsured as unemployed nevertheless persists (Blendon *et al.*, 2006).

As a result of this construction, in 2015, Florida indicated to CMS that they would expand Medicaid only if its receipt were made conditional upon work requirements similar to the "workfare" programs initiated with the welfare reform packages passed in 1996.[39] Alabama's Governor, Robert Bentley, expressed his view of this construction in the 2014 State of the State address by denying expansion outright stating that he would not expand Medicaid because he would not "put able-bodied individuals on a government dependency program," instead saying he would find ways to incentivize the uninsured to find "opportunity for education and employment" (Bentley, 2014). Despite Bentley's assertions, a report estimated that of the 332,000 uninsured Alabamians that would benefit from Medicaid expansion, 185,000 were working full or part-time jobs, with many more in education or workforce training programs (Mahan, 2014).

[39] In the pending lawsuit, *Scott v. United States Department of Health and Human Services*, Florida Governor Rick Scott asserts that CMS and the Department of Health and Human Services (HHS) are improperly withholding funds. HHS will not grant funding for the Low Income Pool (LIP) program in Florida because the Agency redirected that service through Medicaid expansion. However, Governor Scott's work requirements for expansion were not approved by the agency.

Importantly, social constructions of the uninsured interact with the important racial dynamics. Of the 41.3 million uninsured Americans in 2013, more than half were low-income adults earning below 200% of the FPL, 57% were ethnic minorities (Emanuel, 2014, 45).[40] These racialized constructions likely manifest themselves in local decisions supporting or opposing Medicaid expansion (Fording, 2001).[41]

Mobilizing Policy Targets

The third dimension of the analytical framework proposed to assess policy designs calls for researchers to assess how particular designs influence mobilization. Policy designs are, in and of themselves, insufficient determinants of political action. Designs must be communicated to the target population, a learning process that facilitates or inhibits policy feedback. When policies have little visibility among the target population, as I have demonstrated is the case with Medicaid expansion, it is important to understand how policies may be surfaced to promote political participation. I hypothesized that when voters find that a given policy has a proximal and salient impact on their lives, they will be more inclined to mobilize to protect it. I put this hypothesis to the test by providing different interventions in the learning process of citizens living in the Medicaid Gap in Alabama.

Hitherto, the extent to which political behavior is influenced by policy designs has been studied either through survey data (Campbell, 2002; Mettler and Welch, 2004) or interviews with program beneficiaries (Soss, 2000, 2005). In each of these past studies,

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[40] Kaiser Family Foundation Analysis of the 2014 ASEC supplement to the Current Population Survey.. <http://kff.org/slideshow/who-is-impacted-by-the-coverage-gap-in-states-that-have-not-adopted-the-medicaidexpansion/?utm_campaign=KFF%3A+The+Latest&utm_source=hs_email&utm_medium=email&utm_content=18242612&_hsenc=p2ANqtz-88msbI-R3jxnUZVdOPlJkINt8j5PPZ-2yV5BGkz3tYr86lkLfQaLFLFiWmPs0v9R8YsLXDSwCiRzeHq1zH7LsAQtaihA&_hsmi=18242612>. Accessed 1 July 2015.

[41] Though resource constraints prevented testing this proposition experimentally, the semi-structured interviews provide an opportunity to assess racialized constructions with qualitative data.

researchers relied on one source of data collection, and the subjects were identified precisely because they were already the recipients of a particular program; thus, their level of awareness and information was a presumptive factor in the analysis. Though these methodologies have generated important insights, by themselves, they are not able to accurately distinguish how targets of a policy design obtain information about the policy that directly affects them and how this information may shape mobilization.

Patashnik and Zelizer point out an important constraint in policy feedback, noting that policy designs with low visibility fail to create "incentives for constituency mobilization" because "social identities" are not shifted in ways that "strengthen constituent support" (2013, 1076, 1077). Indeed, previous studies offer little information about how the visibility of the policy affects subsequent mobilization. I argue that a policy target's learning process is a key mechanism influencing mobilization, and I propose a methodology to appropriately measure policy-based mobilization.

Understanding the extent to which a particular policy affected the turnout decision is difficult to determine using observational data because there are numerous unobserved confounders. Voters contacted by campaigns in an election cycle are often chosen because they have a higher propensity to vote and they are likely to support the candidate. Therefore, researchers who rely on observational data such as surveys by the American National Election Studies (ANES) may overstate the impact of voter contact. Additionally, asking voters to self-report voting records may also result in skewed data.[42] Field experiments seek to disentangle mobilization effects from campaign contact bias by randomizing voter outreach efforts, thereby generating outcome data via random

[42] The American National Election Studies and Census Population Survey both provide self-reporting voting data on individuals. They record higher turnout than actual vote counts and reflect systematically different patterns between one another and voter file accounts (Burden, 2000).

assignment of presumed causal variables. Following the lead of scholars who have conducted GOTV experiments within campaigns to improve the validity of findings by constructing real-world interventions, I study policy-based mobilization through a randomized experimental design (Green, 2004, Nickerson *et al.*, 2006; Bailey *et al.*, 2013).

Rather than either distributing a survey instrument or conducting interviews to determine how a policy mobilized certain portions of the population, I used both methods in combination with a randomized GOTV field experiment to establish if and how infrequent voters in Alabama's Coverage Gap would be affected by policy-based mobilization.[43] Multi-method approaches are becoming increasingly popular in political science (Fearon and Laitin, 2009). As Fearon and Laitin describe it, "multi-method research combines the strength of large-*N* designs for revealing irregularities and patterns and the strength of case studies for revealing the causal mechanisms that give rise to the political outcomes of interest" (2009, 1168). Likewise, I reinforce the findings of this single case study by collecting data from multiple sources.

Since this research follows an experimental approach to testing the voter mobilization of Alabama's Coverage Gap, it also contributes to an emerging literature concerning if and how poor voters can be mobilized to participate in elections. Gerber and Green's path-breaking work in 2000 renewed interest in field experiments as a method to form causal inferences, and as a result, political scientists have conducted numerous field experiments over the past two decades that have contributed significantly to our understanding of campaign effectiveness (Davenport *et al.*, 2012). Nevertheless, evidence suggests that the

[43] A study of subjects in the Coverage Gap was particularly interesting from a conceptual standpoint; while they were prospectively members of Medicaid expansion's target population, as poor citizens, they had been excluded from other forms of publicly provided healthcare. Though a 20-year-old just lost CHIP eligibility (aging out of eligibility at 18), a 50-year-old in the Coverage Gap could have been living on the outside of the health insurance system for more than 30 years and was 15 years away from Medicare eligibility.

tactics these experiments show to be effective also risk exacerbating participatory inequality (Bailey *et al.*, 2013). Enos *et al.* (2014) reassessed 24 experiments to determine their effect on political participation in various demographic groups. Sixteen of the tests they re-analyzed widened the participation gap; eight of those sixteen were statistically significant. Conversely, of the eight experiments that reduced the gap, only two were statistically significant.[44] Their findings have important ethical implications for scholars and highlight the difficulty of performing experiments in poor areas, while calling for creative research that will enable the field to develop a better understanding of how to reduce participatory inequality by improving turnout among poor voters.

Furthermore, by reducing participatory inequality, mobilizing poor voters who vote infrequently has normative implications for democracy, in addition to practical implications for vote-seeking progressive candidates. Moreover, research from Hill and Kousser (2016) along with García Bedolla and Michelson (2012) suggests that GOTV interventions aimed at "unlikely voters" could yield similar returns to those targeting likely voters (47). However, there is limited research on the effects of targeting low-income voters for mobilization.

There are three practical reasons why little research has been conducted to investigate the variance of mobilization effects upon the poor: first, of the more than 40 million unregistered American citizens, many are poor minorities.[45] Therefore, even for registered voters who reside in poor neighborhoods, the local turnout is so low that campaigns calculate it a poor use of campaign resources to target them. Second, poor

[44] Interestingly, of the two interventions that reduced the participation gap with statistical significance, both "targeted citizens in communities with large African American populations" (Enos *et al.*, 2014, Appendix, 22). The authors find the high-propensity black voters were actually *demobilized* by the treatment.
[45] "Voting and Registration in the Election of November 2014-Tables." *US Census Bureau.* <http://www.census.gov/hhes/www/socdemo/voting/publications/p20/2014/tables.html>. 4 Aug 2015.

voters' propensity to move frequently and change mobile numbers makes them difficult to track for researcher (DeLuca *et al.*, 2011). Perhaps because of this difficulty, many experiments have focused on turnout effects in the general population as opposed to targeting voters from lower socioeconomic strata (Green *et al.*, 2013; Bailey *et al.*, 2013; Enos *et al.*, 2014). Third, using strategic mobilization, campaigns target likely voters (Hillygus, 2010). Since little is known about how campaign contact mobilizes the poor—a disproportionate number of whom are ethnic minorities—campaigns are incentivized to continue to reach out to those likely to vote and to core supporters (Holbrook and McClurg, 2005), and given the income distribution of the average voting population, poor voters receive substantially less campaign contact than their more affluent peers (Verba *et al.*, 1995, 147), and this generates a cycle that leads to participatory inequality. Thus, researchers who work directly with campaigns are seldom working with large subject samples of poor voters to test mobilization efforts.

In recent years, however, scholars have sought to address the participatory gap in research (Green *et al.*, 2004; Green and Michelson, 2009). García Bedolla and Michelson (2012) discuss the results of several randomized GOTV experiments in California designed to increase turnout among ethnic minority voters. Studying 268 experiments performed in conjunction with the California Votes Initiative (CVI), García Bedolla and Michelson (2012) noted that although a majority of the GOTV interventions were successful in raising turnout—with an average mobilization effect of between seven and twelve percentage points—there were significant variations in turnout effects. One experiment raised turnout by 40 percentage points in comparison to the control group. What explains this variance in mobilization effects? And, as Enos *et al.* 2014 found, what makes poor voters more difficult to mobilize than the rest of the population?

García Bedolla and Michelson (2012) attributed the variation in experimental outcomes to two primary mechanisms. First, though not all interventions were successful in motivating turnout among low propensity voters, the "majority of door-to-door mobilization efforts resulted in significant increases in participation" (Michelson *et al.*, 2009, 207). These findings reflect Gerber and Green's (2000) results, which discovered that live conversations with voters could raise turnout by as much as four to seven percentage points, while the effects of direct mailings were negligible. Since the seminal GOTV Gerber and Green (2000) study, several scholars have confirmed that door-to-door canvassing is the most successful method of mobilizing voters (Arceneaux *et al.*, 2006; Nickerson, *et. al.*, 2006; Green and Gerber, 2008; Green *et al.,* 2013).[46]

Forming the second explanation for variance in mobilization effects, García Bedolla and Michelson (2012) propose a sociocultural cognition model (SCM) to explain differences in the efficacy of GOTV interventions. Drawing upon scholarship from psychology and sociology, García Bedolla and Michelson put forward the SCM frame to argue, "GOTV effectiveness is rooted in the effect it has on individual-level cognition and that that cognition, in turn, must be situated within its sociocultural context" (2012, 3). Using the SCM, the authors assert that the key to the mobilization of a targeted subject lies in how they filter the GOTV interaction through their pre-formed cognitive schemas (2012, 6-10).

García Bedolla and Michelson's (2012) SCM offers important theoretical insights that help explain why poor voters may be more difficult to mobilize than others. Specifically, the SCM theory points to pre-existing conditions that shape how a GOTV intervention

[46] Likewise, in accordance with the literature, I chose to perform all mobilization interventions for the experiment for this research using door-to-door canvasser conversations rather than phone calls or direct mail-outs.

may or may not activate a citizen to vote. However, though García Bedolla and Michelson (2012) say that they engaged in hours of qualitative observation, they do not outline how those observations informed their formation of the SCM. Indeed, they acknowledge that they "cannot provide direct evidence of the schematic changes that we posit are the root cause of the behavioral changes that we observe" (2012, 10).

Furthermore, while the experimental work of Michelson *et al.* (2009) and García Bedolla and Michelson yielded valuable findings about the mobilization of ethno-racial voters (many of whom were of low-income, 2012, 2), the non-partisan messaging limits the application of those findings. Partisan campaigns organize and execute the majority of mobilization efforts. While there have been numerous field experiments on the effectiveness of various mobilization tactics, research on the efficacy of campaign message content has been limited. A particular question of interest both for campaigners and for researchers is how message content should be tailored to different audiences, particularly when a campaign advocated policies that are advantageous to a designated group of voters. The latter question has become increasingly important because political parties have been able to gather more information about potential voters through micro-targeting (Schipper and Woo, 2014). Many poor citizens qualify for public support programs, yet these programs' designs—including eligibility and generosity—vary significantly across states and from year to year, becoming politically contentious. As campaigns support expanded policy provisions (such as Medicaid expansion), policy-based mobilization will become an integral part of their strategy as they target potential beneficiaries to build political constituencies. Likewise, this research used partisan campaign messages to explicitly test whether poor voters might mobilize for a policy designed to supply them with a direct benefit.

Similar to the SCM, I found that preconditions were crucial in shaping subject attitudes toward participation, regardless of the nature of the canvassing conversation. However, the in-depth qualitative interviews offered a unique opportunity to explore the participants' predispositions in great detail. Drawing on policy design theory, I propose that the turnout decision is shaped by how a voter interprets the messages sent by existing public policies and the extent to which *de facto* barriers to their participation have been erected. Following Enos *et al.* (2014), I put forward this theory to explain why many poor voters are comparatively difficult to activate, as demonstrated by the results of my field experiment that attempted policy-based mobilization techniques. Using qualitative interview data as the evidentiary basis for the theory, I propose that the effects of policy-based GOTV mobilization for poor voters are constrained by the factors that shape voting propensities before the intervention occurs. The extent to which interview participants were willing to engage politically was shaped by their observations of—and experiences with—extant public policy, structuring their orientation toward the political institutions that governed them.

A Theory of Mobilizing Policy Targets

This research contributes to a broad literature on participatory inequality in the United States by merging the mostly theoretical scholarship on policy design with experimental work on voter mobilization to determine whether poor policy targets—in this case, low-propensity voters in Alabama's Coverage Gap—will be motivated to vote for a particular policy that promises material benefits. The survey experiment (chapter three) proves that the political context of Medicaid expansion was submerged, though when members of the Coverage Gap learned of the policy's potential benefits, they were persuaded to support it. However, the field experiment (chapter four) demonstrated that despite positively shifting voter knowledge about Medicaid expansion, voters did not mobilize in

support of it. The poor policy targets in Alabama's Coverage Gap assigned to a treatment group were no more likely to vote than subjects in the control group. Furthermore, the field experiment sample only represented one third of citizens in the Coverage Gap, since two-thirds of Medicaid expansion's policy targets had not registered to vote. Through the qualitative interviews (chapter five), I spoke with several poor Alabamians to understand the origins of the disengagement evident in both the voter registration records and the field experiment results. Among interview participants, a complex mix of structural barriers to registration and perceptions of political inefficacy drove their disengagement. The ability of poor citizens to mobilize for specific policies is significantly limited by procedural and institutional restrictions, perceptions of constrained political efficacy and social exclusion shaped by interpretations of extant public policy.

In general, these findings could be interpreted with the rational choice model of voting behavior. Downs (1957) introduced the "calculus of rational voting" using the equation following equation:

$pB - C > 0$

where the costs of voting (C) are subtracted from the expected benefits of voting (B) weighted by the probability (p) that one's vote will be influential. Riker and Ordeshook (1968) proposed socialization (D) as an important missing variable to the Downsian model:

$pB + D - C > 0.$

Using this model, one could assume that when a policy is submerged, voters have a vague understanding of the prospective benefits (B) of a policy. Therefore, the campaign treatments were designed to shift subjects' perception of the benefits and provide them with additional incentive to vote (Matsusaka, 1995). However, the results demonstrate

that subjects were not mobilized. This could be because they believed their ability to influence the outcome (p) was small, or it may imply that the costs of voting for members of Alabama's Coverage Gap were greater than the expected benefits. As detailed with the qualitative data in chapter five, from procedural laws that make re-registration cumbersome to the arduous process of legal restitution, interview participants outlined several costs associated with voting. Moreover, participants did not appear to receive social pressure to participate, and indeed, socialization seemed to have had the opposite effect, suppressing participation. Though this research makes no claim as to which of these variables (costs, efficacy, or socialization) is most important in determining the quiescence of voters in Alabama's Coverage Gap, I expose how the variables of the rational voting equation are affected by current policy designs, and how that influence is difficult to overcome with targeted interventions that describe policy benefits.

Through the evidence presented in this dissertation, I argue that existing policy arrangements can establish a sense of political efficacy for citizens, influencing the cost of voting, and imbuing a culture of participation or quiescence for particular subgroups of the electorate. Here, I follow King *et al.* (1995) by submitting "a slightly more complicated theory" to help explain "more of the world," or in this case, policy design theory (105). If positive policy feedback was identified by Campbell (2002) along with Mettler and Welch (2004) by analyzing how seniors and veterans were more engaged politically after benefitting directly from policy arrangements, the potential for negative policy feedback was identified by Soss (2000) in TANF recipients whose propensity to take political action fell because of their experience with directive government programs. My research points to a different, more indirect, type of policy feedback that also produced negative consequences for subsequent participation. The indirect policy

feedback I observe in this dissertation results from how citizens interpret current policy designs when they are deliberately excluded from benefits. I argue that excluding citizens from public health insurance programs has an inordinate effect on how they view themselves in relation to the polity. Based on the evidence presented in this dissertation (and particularly in chapter five), the power of indirect policy feedback is formidable, and it deserves further investigation.

This theory is not without limitations, the foremost of which is straightforward: a single case study is a poor method for establishing empirical patterns that form the basis of a theory. For this reason, I recognize that the extent to which the findings are generalizable is called into question, despite using a multi-method approach, because these data analyze voting behavior of the citizens in the Coverage Gap in a single state. Moreover, the state under investigation has a uniquely harsh history of voter suppression, and particularly, denying the franchise for poor people of color.[47] Future research should explore the limits of policy-based mobilization of poor voters from a comparative perspective.

Second, the sample sizes that form the results from which this theory derives are small and not necessarily representative. The survey experiment over-represented white respondents by a significant margin, and the field experiment over-represented black subjects. Also, due to resource constraints, I eliminated an important investigative lens by not analyzing how urban citizens might behave differently than rural ones.

[47]However, Alabama resembles many of the non-expansion states (many of which are in the South) in terms of history, political ideology, and racial compositions.

These limitations notwithstanding, the research findings can be synthesized into concrete theoretical insights that advance our understanding of policy design theory through discovering limits to policy-based mobilization. Moreover, the theoretical foundation helps explains the variation GOTV effectiveness between poor, mostly minority citizens and the general population. Notably, more attention must be paid to the predispositions that shape voting behavior before GOTV interventions are attempted.

CHAPTER THREE: SURVEY EXPERIMENT

Policy feedback defines how the architecture of policies influences subsequent political participation by providing resources and interpretations that inform political participation (Pierson, 1993; Skocpol, 1992). However, in an increasingly "submerged state" where complex policy arrangements directly affect the lives of citizens, little is known about the process of how a given policy's target population become informed about policies that affect their lives (Mettler, 2011). This is a critical gap in scholarship since we know from the framing literature that the ways in which policies are presented can substantially influence public opinion (Tversky and Kahneman, 1981; Iyengar, 1991; Druckman, 2001a,b, 2004; Chong and Druckman, 2007). The challenge for campaigns seeking to mobilize citizens in a target population, particularly targets who are unlikely voters, is to make issues proximal and salient to them with the object of winning their support (Matsusaka, 1995). How can this be achieved?

The most obvious means of surfacing a policy to spur mobilization is through tailoring campaign messages to specific audiences or target groups. However, scholarship on the frames and other rhetorical strategies that campaigns use to persuade and mobilize voters is scarce (Riker, 1996; Jerit, 2004). Gerber and Green (2000) conclude that varying message content has little effect on voter mobilization, and their findings have been validated by subsequent experiments (Arceneaux and Nickerson, 2011). Nonetheless, the economic voting literature suggests, "the message matters" (Vavreck, 2009), but how campaign messages are developed, both for research inquiry and campaign outreach, is thinly developed. Focus groups, pilot questionnaires, and polling firms test specific messages and run cross-tabulations to identify strategies for specific demographic groups, but this micro-targeting process is poorly documented and insufficiently explored by scholars (Issenberg, 2013). In order to rigorously test the effectiveness of

various campaign messages, researchers must develop methods to assess the efficacy of alternative messages for the field.

This chapter describes the design, distribution, and findings of a survey experiment conducted to learn more about how the submergedness may be countered to influence the voting decision for policy targets of Medicaid expansion in Alabama. Less than a month prior to the 2014 Gubernatorial election, I distributed a survey experiment to 868 voting-aged Alabamians to test respondents' knowledge of the political context of Medicaid expansion along with awareness of key dimensions of the policy design. The survey served three primary goals. First, I sought to estimate the extent to which the policy issue was submerged by asking respondents a series of multiple-choice questions that elicited both knowledge of and support for Medicaid expansion among members of the Coverage Gap as well as the general population. Second, within the Coverage Gap, my goal was to identify those message frames that were most effective in mobilizing support for expansion. I conceived of two categories of arguments that would make Medicaid expansion appealing to people living in the Coverage Gap. Testing a classic economic voting framework, one argument for expansion compelled sociotropic interests and the other, self-interest. The third goal of the survey was to determine which individual components of the arguments compelling self-interest and sociotropic interest were most persuasive among the target population using a conjoint analysis experimental design. In contrast to classical survey designs that are limited to measuring the effects of the manipulation as a whole, conjoint designs creates vignette experiments that permit testing of specific components of a message by estimating individual treatment effects.

The results of the survey reveal three important findings. First, as hypothesized, the political context of the Medicaid expansion policy was submerged among members of

both Alabama's Coverage Gap and the general population, reflecting similar findings elsewhere (Epstein *et al.*, 2014; Garfield *et al.*, 2014). Just over a quarter of all respondents could appropriately identify the candidate positions on this key issue in the campaign despite the clear and opposing stances each candidate maintained. Furthermore, the results of the multiple-choice questions indicate that when compared to the general population, respondents in the Coverage Gap were twice as likely to support the policy and recognize its importance to their lives, but they were far less likely to vote. These findings bolster my theory that although poor voters may understand the ramifications of a given policy and support it, they judge that their vote cannot change its direction so they do not think it rational to participate. Second, the direct comparison of the economic voting frames yielded a null result; neither the self-interest, sociotropic interest, nor the combined message was significantly more persuasive to respondents in the target population than the other frames. However, in all three message frames, a majority of respondents in the Coverage Gap (nearly 60% in each category) said that they were very likely to support a candidate who advocated the Medicaid expansion message. These results indicate that the GOTV economic voting messages were effective in persuading respondents in the Coverage Gap to support the candidate proposing Medicaid expansion. Finally, I present the results of the conjoint analysis, which determined those individual attributes most effective in persuading voters of Medicaid expansion's benefits. These attributes are then compared to those that were randomly selected for the field experiment to contrast the relative effectiveness of the interventions.

Beyond these substantive findings, this research also makes a methodological contribution to the study of how campaigns develop rhetoric to convey policy benefits. Campaigns invest considerable resources in determining how to deliver their message most persuasively to constituents (Jacobs and Shapiro, 2000), but there has been little

scholarly attention directed to how these messages are formed. Jerit (2004) defines the effectiveness of campaign rhetoric in terms of its durability over the course of a campaign (565). Following Riker's (1996) logic, she assumes that since candidates have experience in persuasion, the arguments they sustain can be believed to be effective. Rather than determining message efficacy based on endurance or repeated use by candidates, I propose testing rhetorical content and policy framing by applying conjoint analyses to constituent responses. And, as opposed to a classically designed survey, I deploy an experimental design using the conjoint analysis method, which enables researchers to test a variety of messaging composites. Bechtel *et al.* (2013b) describes conjoint analysis as "having respondents rank or rate two or more hypothetical choices that have multiple attributes with the objective of estimating the influence of each attribute on respondents' choices or ratings" (13763). Since conjoint designs enable respondents to evaluate multiple components of an argument simultaneously, they resemble real-world campaign communiqués. Second, I distributed the questionnaire to members of Medicaid expansion's target population in an effort to test mobilization incentives among policy targets, unlikely voters who would presumably benefit from campaign information. Furthermore, since the economic voting frames closely tracked the design of the field experiment, I am able to compare how economic voting evaluations in an online survey experiment compare to real-world political participation.

The chapter proceeds by providing an overview of how campaigns frame and otherwise communicate key policy issues to voters, including appeals to economic voting interests. Second, I describe why I used a conjoint design to test which components of the Medicaid expansion message were most effective in informing and persuading respondents. Third, I will describe the design and distribution of the survey experiment, offering a summary of the methods I used to collect and analyze the data. Following this

methodological discussion, I discuss the results of the multiple-choice questions, examining how the empirical measurements of voting propensity and submergedness advance the theoretical argument I put forward in this dissertation: GOTV interventions designated for poor policy targets are limited by the predispositions that shape their voting propensity before the interventions occur. Next, I discuss the results of the question that compares the relative efficacy of the economic frames against one another. I then display the results of the conjoint analysis and discuss the theoretical implications of the findings. Finally, I compare the results of the survey experiment with the attributes of the argument used in the field experiment scripts. I conclude by noting that though the survey data clearly reveal the Medicaid expansion policy was submerged, the economic voting arguments appear to have been effective in surfacing the policy. I then contrast the voting propensities of the uninsured with the insured to argue that despite these information interventions for respondents in the Coverage Gap, they were predisposed to non-participation.

Campaigns, issue framing, and economic voting motivations

Voter mobilization is predicated on voter information. Past research clearly demonstrates that those with access to information about candidates and issues are substantially more likely to participate in elections (Lodge *et al.*, 1995). As Robert Putnam (2000) observes, "political knowledge" is a "critical precondition" to participation (35). Voters are politically effective when they have a clear understanding of their own political interests, and act on causes they believe important (Campbell *et al.*, 1960). Likewise, mobilization is dependent on how voters assess this information in terms of their own interests, including self-interest, concern for the broader community, or some combination of the two. Yet, the process of identifying actionable political knowledge can be challenging for voters, a challenge that is exacerbated for the economically disadvantaged whose

participation is infrequent (Delli Carpini *et al.*, 1996). As Achen and Bartels (2004) argue, voters may have difficulty "accurately assessing 'changes in their own welfare,'" quite apart from the further difficulty of identifying the candidate most likely to achieve those changes (6). The process of obtaining relevant political information is perhaps even more challenging when a policy is submerged (Mettler, 2011).

The foremost conduit of relevant political information for many citizens is campaigns (Iyengar and Simon, 2000). Campaigns are designed to convey messages of interest to voters, raising the profile of issues at stake in elections and providing a mechanism through which to offer support. Key (1966) understood electoral campaigns analogously: "The voice of the people is but an echo. The output of an echo chamber bears an inevitable and invariable relation to the input"(1). Voters, and the issues they care about, are motivated by the subjects to which candidates direct their attention in an election cycle, the proximity and salience of those policies within the voter's daily life, and the systems by which citizens obtain information about issues.

Providing awareness of the benefits of a program is difficult to accomplish, particularly when the target population is complexly defined, and residing across different locations in a federalist system. The need to reduce the complexity of policies as presented to voters makes framing essential (Gans, 1979). With respect to the target populations of many social policies, survey data show that many citizens eligible for public programs are unaware of candidate positions on major policies that ostensibly affect them directly (Schneider and Ingram, 2007). Similarly, The ACA's target populations are diffused, developed through a convoluted combination of subsidies and politically contingent Medicaid coverage enhancements that yield a fragmented political clientele (Oberlander, 2012). Likewise, the ACA—and more specifically, Medicaid expansion—is exemplary of

a policy that benefits from messaging through frames that simplify the policy intentions and benefits for voters. Therefore, in terms of mobilizing support for these policies, campaigns must find effective frames to inform, persuade, and mobilize the very constituents they benefit, their natural "political constituencies" (Campbell, 2012). It is well established that candidates seek to set the agenda of campaigns by framing particular issues (Chong and Druckman, 2007; Druckman *et al.*, 2009). However, how campaigns frame issues for electoral success is a matter of debate.

For policy targets to be mobilized by a specific program, there are two major questions to consider. First, are members of the target population aware that they will benefit from the specific policy program? If voters fail to recognize that a program is helping them, it is unlikely that they will mobilize to protect it. Moreover, to generate a clientele that actively defends its benefits, programs must be able to deliver resources that recipients find valuable such that the target population will be mobilized. When seeking to mobilize citizens based on the prospective benefits of a target policy, the second major question to consider is what interests the targeted voters take into account when deciding whether to cast a ballot. The benefit must be of sufficient weight as to motivate political action from the policy target, but what information generates that motivation is unclear. In terms of catalyzing political action, are citizens motivated by the benefits members of their community might receive or is the motivation primarily of self-interest?

Experimental evidence demonstrates that extended healthcare coverage in the form of Medicaid expansion has resulted in reduced mortality (Sommers, *et al.* 2012) as well as improved financial stability and mental health of the newly insured (Baicker, *et al.* 2013). Moreover, as Epstein *et al.* (2014) have demonstrated, Medicaid recipients claim that the program provides them with significant value. Yet, in trying to persuade potential

beneficiaries of the importance of securing Medicaid expansion, which kind of arguments are more effective: those that emphasize the benefit to the individual (the "self-interest frame") or those that emphasize the benefit to others (the "sociotropic frame")?

As empirical research conducted by Campbell (2002) and Mettler and Welch (2004) has shown, poor citizens will become politically active to press for social policies that they deem important. Furthermore, Erikson and Stoker (2011) contend that citizens can react powerfully when government constructs policy that directly affects their lives (221). This necessarily links the voting decision to economic voting motivations conditioned upon policy designs. Therefore, the research design tests how priming self-interests or sociotropic interests may impact the voting decision for low-income voters. When a policy issue has a direct effect on the poor population, does framing the information in terms of economic self-interest or sociotropic concerns affect mobilization incentives of that target population?

Downs (1957) developed the rational choice model for voting behavior, holding that individuals vote only if the expected benefits they can obtain from casting a ballot outweigh the total costs of participation. Many scholars have built upon Downs' economic voting model (Riker *et al.*, 1968; Shabman *et al.*, 1994; Cox, 1997). However, other scholars have questioned the fundamental Downsian assumptions that citizens are egoistic, rational, utility maximizers, arguing instead that the act of voting is inherently expressive of a desire to contribute to civic life and not a method to enhance the voter's pocketbook (Mueller, 1989; Brennan *et al.*, 1993; Brennan and Hamlin, 2000; Funk, 2000). This social concern, or community consideration, is often broadly described as sociotropic voting (Kinder and Kiewiet, 1981).

Political scientists have debated whether self-interest or sociotropic interests are more influential in shaping vote choice, yet observational data has left the question largely unsettled.[48] Survey data have been used to support both the sociotropic thesis (Lewin *et al.*, 1991) and the self-interest model (Tufte, 1978). Perhaps, as Kiewiet and Lewis-Beck (2012) assert, the difference between sociotropic and self-interested incentives is a false dichotomy. Some scholars argue that the two voting motivations are not incompatible, depending on the context of the election (Feldman, 1984), and, in many cases, sociotropic voting may also be in a voter's self-interest (Lewis-Beck, 1988; Kramer, 1988). Nadeau *et al.* (2011) argue that the question of economic voting is a positional issue and should be understood in terms of a subject's own economic circumstances and not as an abstract choice. Similarly, Chong *et al.* (2001) determine that pocketbook considerations bear little weight in the voting decision unless actors are primed to think about their own economic position. Likewise, this experiment does not explicitly evaluate whether voters engaged in self-interested or sociotropic voting behavior, because for respondents in the Alabama Coverage Gap who support expansion, sociotropic voting *is* effectively pocketbook voting. Rather, I am testing how policy targets may be motivated to vote when the issue is presented to them using different frames by testing which group of respondents will be more likely to support the Medicaid expansion policy: those who were primed by self-interest, messages that promoted community welfare, or a combination of the two.

Finally, much of the economic voting literature implies that voters reward politicians for policy shifts that they have found beneficial or advantageous, and that this retrospective

[48] Lewis-Beck *et al.* (2007) review over 400 economic voting studies and note that the evidence generally supports the pocketbook-voting thesis, though there is not clear consensus.

voting logic is often applied myopically (Duch and Stevenson, 2006) leading to pandering from incumbents immediately before an election (Achen and Bartels, 2004). However, Elinder *et al.* (2015) find evidence to suggest that campaign promises can be more important than incumbent performance in determining vote choice, suggesting that prospective voting is more powerful than retrospective voting. Likewise, the Medicaid expansion policy tests prospective economic voting.

Experimental Approach

This research seeks to understand which components of the Medicaid expansion argument would be most useful in informing, persuading, and mobilizing the target population, thereby surfacing the policy. Thus, I devised a population-based survey experiment with a manipulative design for respondents in Alabama's Coverage Gap (Mutz, 2011; Sniderman, 2011). The core of the analysis drew upon respondent choices within an experimental conjoint framework, a design that has long been used in both psychology and business marketing. For example, Green and Wind (1975) observed that conjoint designs add value to companies who are marketing products by "sorting out the relative importance of a product's multidimensional attributes"(108). Only recently have political scientists begun to employ the conjoint framework (Bechtel *et al.*, 2013a,b; Hainmueller *et al.*, 2014; Hainmueller *et al.*, 2015a). Furthermore, recent breakthroughs from Hainmueller *et al.* (2014) and Strezhnev *et al.* (2014) have proposed a new causal estimand, producing the possibility for more robust causal inferences while testing multiple treatment effects through a variety of composites. This scholarship "enables researchers to nonparametrically identify and estimate the causal effects of many treatment components simultaneously" through a causal estimand that Hainmueller *et al.* have called the average marginal component effect (AMCE) (2014, 2).

In this research, I used conjoint analysis to ascertain which specific attributes of the Medicaid expansion argument were most compelling to members of the Coverage Gap. Since one could conceive of a multitude of both egocentric and ethnocentric reasons to argue for Medicaid expansion, I wanted to learn which individual elements of those arguments were most persuasive in the target population. There were three practical advantages to employing a conjoint design for this research. First, typical survey experiments are limited to testing unidimensional effects; therefore, it is difficult to trace the causal effects of the individual attributes in multidimensional arguments. The primary aim of this survey experiment was to learn which attributes effectively surfaced Medicaid expansion for subjects living in Alabama's Coverage Gap. Similar to many policy issues, Medicaid expansion has several distinct attributes of the policy design, which could be constructed into a persuasive argument for the target population. The conjoint experimental design addresses this problem by enabling researchers to test a range of messages under a variety of conditions to isolate treatment effects by offering respondents a series of discrete choices in a randomized sequence.

Second, because the conjoint design equips the researcher with the ability to test multiple hypotheses within a single study, it creates cost efficiencies. When working with a commercial survey distributer such as Survey Sampling International (SSI) or Amazon Mechanical Turk, each additional question typically comes with a marginal cost to the researcher. The conjoint design facilitates the testing of multiple manipulations simultaneously, providing a cost-efficient alternative. Given limited financial resources, the conjoint design permitted me to test multiple competing frames without requiring costly additional questions.

Third, because conjoint designs permit the analysis of individual attributes in multidimensional discrete choice tasks, they resemble real-world decision-making processes. For example, voters are given a choice between two candidates with multiple aspects that compose each candidate's profile, but to determine which of these aspects exerts the most influence on respondent selection is difficult to untangle with typical survey designs. Additionally, as Bechtel *et al.* (2013b) observe, conjoint analysis can also be used to identify which attributes of a policy design are most appealing to respondents. Similarly, this real-world determination of which combinations of a policy's benefits were most compelling to the target population is precisely what my research is constructed to explore.

Survey Design

The survey was programmed in Qualtrics with assistance from the Centre for Experimental Social Science (CESS) at Nuffield College.[49] In this experiment, I employed a choice-based conjoint design within a sample of Medicaid expansion's target population to determine which attributes of the policy were most appealing to respondents. I created the conjoint design by following the Conjoint Survey Design Tool (SDT) outlined by Strezhnev *et al.* (2014) and produced as a companion to Hainmueller *et al.* (2014).[50] The Conjoint SDT uses embedded data to produce randomized conjoint designs that can be incorporated into an online survey experiment, including those hosted on independent sites. Furthermore, the output of the Conjoint SDT questions then lends itself to analysis in basic statistical analysis programs.

[49] I owe special gratitude to Professor Ray Duch and Dr. Aki Matsuo at CESS for their expert guidance on survey design and implementation. Additionally, CESS provided institutional membership access to Qualtrics, which enabled me to execute the survey experiment.
[50] The Conjoint SDT is written in Python 2 and can be downloaded and unpacked using links in the manual compiled by Strezhnev *et al.* (2014).

The survey was designed with four distinct blocks. While the first and last blocks featured the same questions for all respondents, the two middle blocks were designated for specific respondent profiles, following one of two paths using branching logic. Respondents either saw generic polling questions pertaining to the Alabama Gubernatorial election, or they were asked to complete ten discrete choice tasks with a conjoint design. These paths were dictated by responses to questions in the first block, which required general demographic information while simultaneously defining a respondents' subsequent survey path. The final block of questions was a uniform set of questions that sought to ascertain respondents' voting intentions and perceptions of the context of Medicaid expansion in the Alabama election. I proceed by describing each block of questions in detail, describing the dual paths of the survey where applicable. The entire survey experiment—including some of the display logic—is included as Appendix A to the dissertation.[51]

The first block of questions gathered demographic information about each of the respondents. The survey asked respondents to identify their gender, age range, ethnicity, health insurance status, income level, and household size, in that order. Survey respondents were identified via SSI, a global marketing firm that recruits and authenticates subjects for online survey panels.[52] I was particularly interested in responses to the gender and ethnicity questions in the first block so that I could build a representative subject sample. After launching the survey to Alabamians in the SSI panel, I corresponded with SSI daily to ensure that we were seeing the same panel response rates in terms of race and gender. SSI understood my goals of balancing the subject sample and agreed to conduct "pushes" to sub-segments of their panel population in an

[51] All of the branching and display logic could not be captured in the printed version of the survey.
[52] More details on SSI's method for recruiting and authenticating online survey panels can be found on their website under their Consumer Online Panel services: <https://www.surveysampling.com/audiences/consumer-online/>. Accessed 23 Mar. 2016.

effort bring balance to the subject pool. Pushes were specific messages designed to target underrepresented demographic groups. Despite these efforts to balance the subject pool, the subject sample skews heavily toward women and white respondents (see Table 3.3 and the accompanying discussion).

In addition to race and gender, I also asked about age early in the survey. The age question had a dual effect. Not only did it provide me with an age spread that could be compared to the broader population, but it also acted as a screening mechanism. The survey could only be completed by respondents who were between the ages of 19 and 64. I chose these ages because respondents 18 or younger would be eligible for health insurance through CHIP, while participants 65 and older would qualify for Medicare. Therefore, any respondent who marked "18 or younger" or "65 and older" was immediately directed to the end of the survey with no further responses to contaminate the results.

The fourth question of the survey asked respondents to identify their health insurance status, and this question served as an important guidepost in the survey path. Respondents who were uninsured would continue through some additional demographic questions to sort whether they would be eligible for Medicaid under expansion, while those who were insured—either by private of public plans—moved to the next block of questions. Importantly, someone who is uninsured is not automatically eligible for Medicaid through expansion. Indeed, though an estimated 448,400 non-elderly Alabamians were living without health insurance in 2014, only 332,000 were expected to be living in the Coverage Gap.[53] Respondents whose personal characteristics indicated

[53] "State Health Facts: Health Insurance Coverage of the Total Population, Alabama, 2014." *Kaiser Family Foundation*. <http://kff.org/other/state-indicator/adults-19-64/?state=AL>. Accessed 12 Jan. 2016.

that they fell into the Coverage Gap were directed to the conjoint sets.[54] Of 220 respondents who saw the household size and income questions, 191 were declared eligible for Medicaid through expansion. Respondents learned that they were in the Coverage Gap after the following message was displayed before moving to the second block of survey questions:

> "Our questionnaire indicates that you could be eligible for healthcare coverage if Alabama chooses to expand Medicaid. In the November 4th election for Alabama's Governor, Medicaid expansion is a defining issue. One candidate supports expansion while the other is against it. The following questions will give you an opportunity to tell us which aspects of Medicaid you find most appealing or which elements are the most important to your life."

There were two distinct tracks of questions for respondents in blocks two and three. Which set of questions respondents viewed was dependent upon whether they were determined to be in the Coverage Gap via the eligibility questions in block one. The first branch was designated for subjects in the Coverage Gap and the second for those who either had insurance of another type or whose income prevented them from being declared Medicaid-eligible under the expansion. Although the second branch was useful for the campaign as polling resource for a variety of state policy issues, those responses offer no value to the present study.

In blocks two and three, respondents in branch one were given ten choice tasks in two separate sets of conjoint analysis. The primary purpose of these two sets of conjoint

[54] In order to determine which survey participants were eligible for Medicaid, I used the display logic function of Qualtrics. 220 survey respondents noted that they did not have health insurance. Each of them was then asked his or her household size and income level. Using the values contained within Table 3.1 above, I designed a logic model to match corresponding income levels and household size with Medicaid eligibility as dictated by the 2014 Federal Poverty Guidelines (Table 1.1). Based on the embedded logic, respondents' answers to the household size and annual income questions determined which direction the respondent would take in the second and third blocks of the survey. For example, an individual whose annual income was less than $20,000, would not be eligible for Medicaid expansion if she lived alone (135% of the FPL for a single-person household was $15,754), but she would be eligible if she were living with another person with no additional income (she earned under the $21,325 maximum for a family of two).

questions was to identify distinctive components of mobilization incentives for voters in the Coverage Gap along two dimensions: self-interest and sociotropic interests in Medicaid expansion. The experiment asks Coverage Gap respondents to evaluate various composites of attributes that describe either personal or social benefits of Medicaid expansion, comparing two randomly generated profiles in each question. All choice tasks were displayed on a new screen, with attributes randomly varying between established levels. Each of the individual attributes is a specific feature that Medicaid expansion would confer. Respondents were then required to choose one combination of attributes over the other. The choice of these discrete tasks is the primary outcome variable.

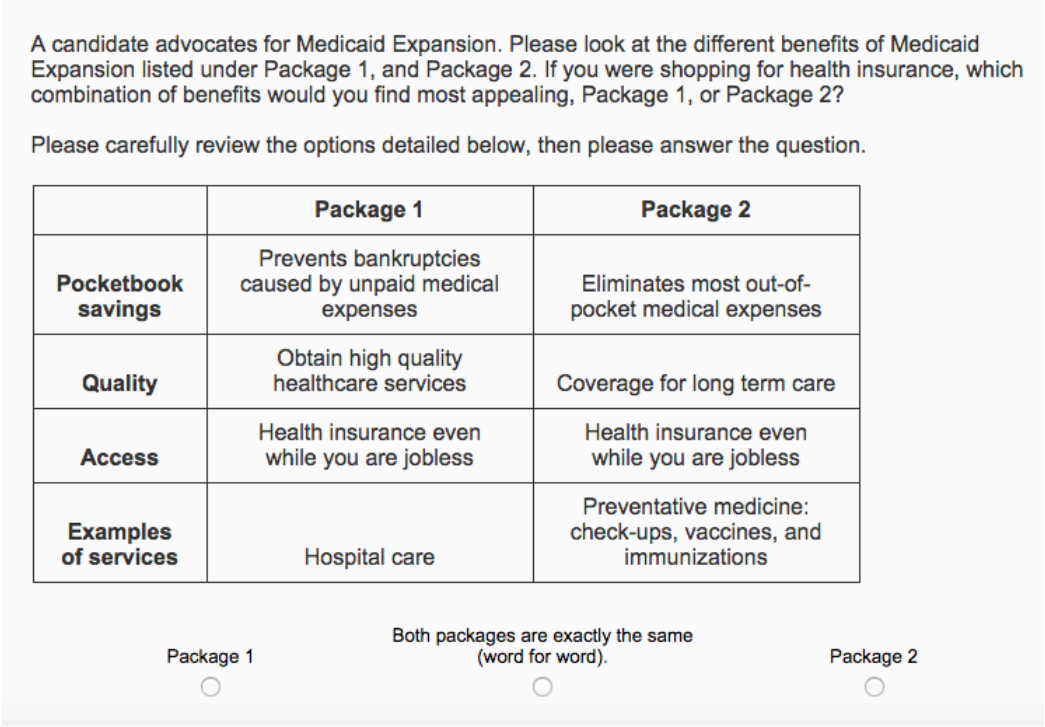
To identify the appropriate levels for the conjoint analysis and determine which benefits of Medicaid expansion were included as attributes in the experiment, I consulted relevant policy guides and experts on the Medicaid expansion policy.[55] I also developed the language for each of the attributes by coordinating with the Democratic campaign for Governor. Block two contained conjoint questions for the self-interest argument for Medicaid expansion. The self-interest conjoint set tested four levels of benefits: pocketbook interests, quality of care, access to care, and examples of services that would be available to an individual with Medicaid that were unavailable to the respondents living in the Coverage Gap. Table 3.1 displays each of these four levels along with the associated attributes that were randomized across those levels.

[55] Specifically, I spoke about the benefits of the policy with Jim Carnes, the Policy Director for Alabama Arise. Alabama Arise is a think-tank that has led grassroots campaigns to expand Medicaid in the state. Additionally, I discussed the policy at length with Dr. Max Michael, Dean of UAB School of Public Health and former CEO of a charity care hospital in the Birmingham area.

TABLE 3.1: SELF-INTEREST CONJOINT SET FOR SURVEY EXPERIMENT	
Levels (4)	**Attributes (18)**
Pocketbook (4)	Saves an average of $4,600 a year
	Prevents bankruptcies caused by unpaid medical expenses
	Saves you money spent on healthcare when you were uninsured
	Eliminates most out-of-pocket medical expenses
Quality (4)	Visit doctors who take private insurance
	Obtain high-quality healthcare services
	Access treatments given to patients with private insurance
	Coverage for long term care
Access (5)	Free or low cost healthcare
	Health insurance even while you are jobless
	Access to top doctors and nurse practitioners
	Visit doctors and hospitals whenever you need
	Access to top doctors and nurse practitioners
Examples of services (5)	Typical doctors' appointments
	Laboratory and X-ray services
	Transportation to receive medical care
	Hospital care
	Preventative medicine: check-ups, vaccinations, and immunizations

The conjoint design randomly rotated each of these attributes across levels to create different combinations of profiles. Respondents then saw two profiles composed of different sets of attributes and were asked to choose which message combination was most persuasive to them. Importantly, the question puts respondents in the position of evaluating the policy in terms of different packages—and its concomitant benefits—as opposed to a set of candidates. A randomly generated example of one choice task for respondents in the self-interest set can be found in Figure 3.1.

FIGURE 3.1: SAMPLE SELF-INTEREST CONJOINT SURVEY QUESTION



A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. If you were shopping for health insurance, which combination of benefits would you find most appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	Package 2
Pocketbook savings	Prevents bankruptcies caused by unpaid medical expenses	Eliminates most out-of-pocket medical expenses
Quality	Obtain high quality healthcare services	Coverage for long term care
Access	Health insurance even while you are jobless	Health insurance even while you are jobless
Examples of services	Hospital care	Preventative medicine: check-ups, vaccines, and immunizations

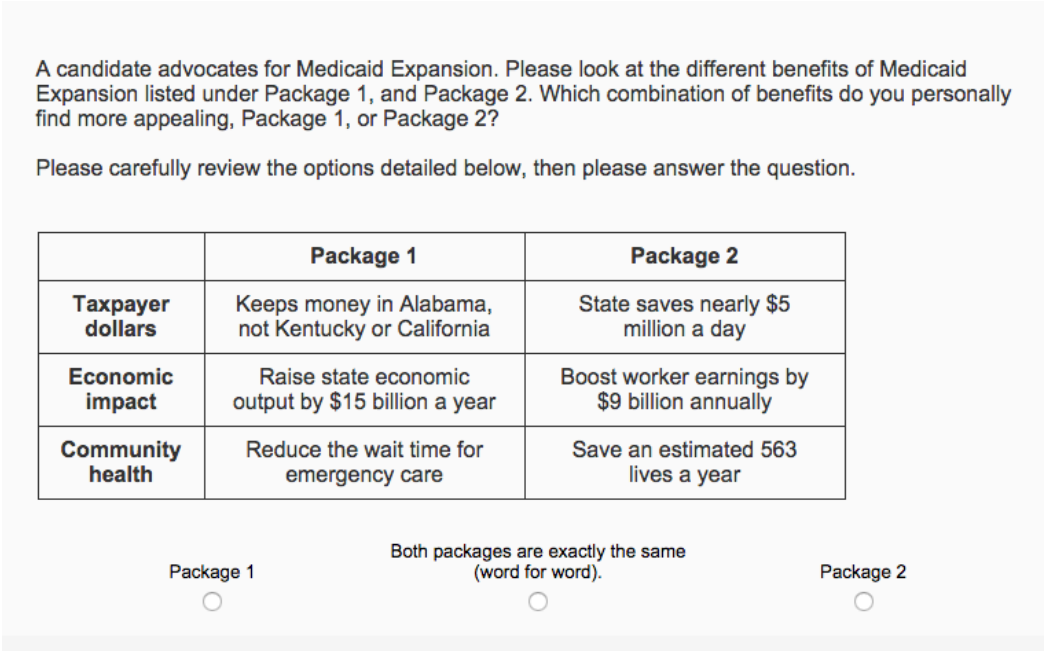
Package 1 | Both packages are exactly the same (word for word). | Package 2

Block three posed the sociotropic choices tasks to respondents. For the social set, the following conjoint attributes were tested across three levels: community health, economic impact, and taxpayer dollars. The levels and associated attributes are listed in Table 3.2.

Table 3.2: SOCIOTROPIC CONJOINT SET FOR SURVEY EXPERIMENT	
Levels (3)	**Attributes (11)**
Community Health (3)	Reduce the wait time for emergency care
	Keep open an estimated 20 Alabama hospitals
	Save an estimated 563 lives a year
Economic Impact (5)	Creates 30,000 jobs
	Raise state economic output by $15 billion a year
	Boost worker earnings by $9 billion annually
	Limit personal bankruptcies and boost consumer spending
	Improve economic development by keeping hospitals open
Taxpayer dollars (3)	State saves nearly $5 million a day
	Saves the state $1.8 billion this year
	Keeps money in Alabama, not sent to Kentucky or California

Figure 3.2 displays a randomly generated choice task for the sociotropic interest set. As with the question in the self-interest set, the wording was intentional. This question notes that a singular candidate was advocating for expansion, but it then asks respondents to objectively weigh the relative social benefits of the policy against one another. This prevents respondents from associating individual features with one candidate or another, instead focusing them on distinct benefits of the policy design.

FIGURE 3.2: SAMPLE SOCIAL INTEREST CONJOINT SURVEY QUESTION



A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. Which combination of benefits do you personally find more appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	Package 2
Taxpayer dollars	Keeps money in Alabama, not Kentucky or California	State saves nearly $5 million a day
Economic impact	Raise state economic output by $15 billion a year	Boost worker earnings by $9 billion annually
Community health	Reduce the wait time for emergency care	Save an estimated 563 lives a year

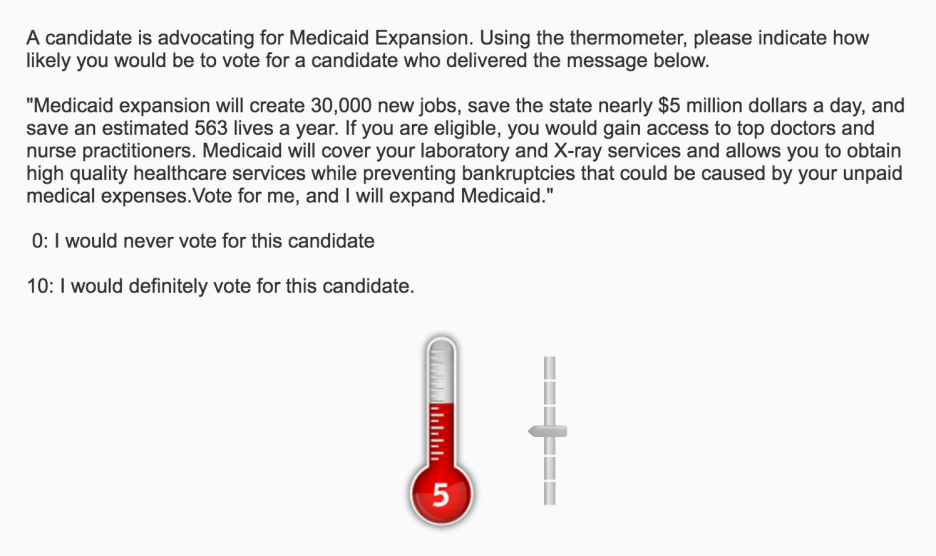
Package 1 | Both packages are exactly the same (word for word). | Package 2

The final question designated solely for Coverage Gap respondents in branch one tests the economic voting frames against one another. A number of studies have demonstrated that political attitudes and behavior can be shaped mightily by the way particular issues are framed (Druckman *et al.*, 2013). The survey experiment tested these framing effects to identify which economic voting frame was most compelling to the target population. Rather than clicking a button to select a specific choice profile, this question required respondents to actually adjust the thermometer up or down after reading a hypothetical candidate's message. The thermometer offered a symbolic gauge

of their willingness to support a candidate based on the particular economic voting frame the candidate used to advocate Medicaid expansion, and in doing so, it shifted respondents from evaluating features of policy design to evaluating and taking action for or against a candidate who offered a specific message on a policy. Likewise, it serves as a point of comparison to the results of the field experiment.

The thermometer was used to determine the level of support a respondent would offer a candidate who espoused one of three randomized messages in favor of Medicaid expansion. Respondents were asked to shift the thermometer after being presented with just one of three questions. The first question included randomly selected attributes of the self-interest argument, the second randomly selected benefits to the community, and the third question type combined random features of both self- and sociotropic interests. Figure 3.3 displays a sample thermometer question with a hypothetical candidate who delivered a message in support of Medicaid expansion using the "combined" argument of both sociotropic and self-interests. The thermometer was displayed at a level 5 and respondents were asked to use their mouse to move the thermometer in the direction of their choice.

FIGURE 3.3: THERMOMETER SURVEY QUESTION



After completing the thermometer question, respondents moved to the fourth and final block of questions. The final questions of the survey were formulated to collect data on a range of questions relating to the 2014 Gubernatorial election in Alabama, and the questions were distributed to all survey respondents regardless of whether they were in the Coverage Gap. The fourth block measured voting propensities among both the general population and respondents pre-screened for the Coverage Gap. Additionally, by testing the extent to which respondents understood correct candidate positions on the Medicaid expansion, these questions also provided a proxy for comparing levels of visibility and political knowledge among the general population and the Coverage Gap.

These multiple-choice questions were designed to collect observational data about respondent knowledge and awareness of the political context surrounding the Medicaid expansion policy, and therefore did not require randomization of wording or conjoint options. The wording of each of these questions can be located in Appendix A, but I aimed to understand: if respondents could correctly identify candidate positions on expansion, whether the respondent supported the policy, and the extent to which they perceived that Medicaid expansion would affect their lives. Additionally, I asked voters about their intentions to vote in the upcoming election for Governor, and if they intended to vote, for whom. The order of the questions was randomized at the block level to eliminate any biases that may have confounded the results because of information included in a pre-defined sequence of previous questions. The intention of the final block of questions was to provide a measure of submergedness for the Medicaid expansion policy.

Survey Distribution

The respondents for the survey were selected via SSI's online survey panel. As respondents gain experience with Internet surveys by joining commercial panels, some may perceive an incentive to complete subsequent questionnaires as quickly as possible to collect the maximum benefits established by the SSI incentive scheme. This satisficing behavior erodes the quality and authenticity of survey responses. Political science and psychology researchers have determined that the amount of time spent on a survey page is a good measure of respondent effort (Malhotra, 2008). Therefore, in order to ensure that respondents properly evaluated the conjoint options to achieve more reliable survey results, I leveraged the timing function of the survey question design, delaying the display of answer choices for fifteen seconds after the question appears. This resulted in two very different average completion times in the two branches. Average response time for respondents who did not see the conjoint questions was approximately eight minutes, while average response time for respondents who did see the conjoint sets was 14 minutes.

The survey experiment was launched on October 7, 2014, and responses were collected through October 15, 2014. Detailed in Table 3.3, the subject sample contained 868 respondents, all of whom were Alabamians from ages 19 to 64. Women comprised 60% (521) of the subject sample. Furthermore, the survey experiment also over-represented white respondents (77%), leaving an under-representation of black and Latino respondents (16% and 2%, respectively).[56]

[56] According to the Census, the 2014 racial distribution in Alabama is estimated at 70% white, 27% black, and 4% Latino or Hispanic. <http://www.census.gov/quickfacts/table/PST045215/01>. Accessed 12 Jan. 2016.

TABLE 3.3: SURVEY EXPERIMENT SUBJECT SAMPLE DEMOGRAPHICS: GENERAL POPULATION		
Gender	**Number**	**Percentage**
Male	521	60%
Female	347	40%
Ethnicity	**Number**	**Percentage**
African-American	139	16%
Asian or Pacific-Islander	17	2%
Caucasian	672	77%
Latino or Hispanic	16	2%
Other	16	2%
Prefer not to say	8	1%
Age Range	**Number**	**Percentage**
19-25	121	14%
26-35	191	22%
36-45	174	20%
46-55	217	25%
56-64	165	19%
Insurance Status	**Number**	**Percentage**
Private Insurance	495	57%
Public Insurance	182	21%
Uninsured	191	22%

Nearly one in four (220) of the respondents in the subject sample declared that they did not have health insurance. Detailed in Table 3.4, I observed a slightly higher proportion of uninsured citizens in the subject sample than the actual proportion of non-elderly adults who are without insurance in Alabama (16%).

TABLE 3.4: ALABAMA NON-ELDERLY ADULT (AGES 19-64) INSURANCE COVERAGE, 2014[57]		
Insurance Status	**Number**	**Percentage of Total**
Private Insurance	1,870,500	64%
Public Insurance	546,000	20%
Uninsured	448,400	16%
TOTAL	2,864,900	100%

[57] "State Health Facts: Health Insurance Coverage of the Total Population, Alabama, 2014." *Kaiser Family Foundation*. <http://kff.org/other/state-indicator/adults-19-64/?state=AL>. Accessed 12 Jan. 2016.

Of the 220 survey respondents who were uninsured, 191 (22% of the subject sample) were determined to be living in the Coverage Gap based on responses to the Medicaid expansion eligibility screening questions in block one. Table 3.5 provides details on the demographic breakdown of the Coverage Gap survey subjects.

TABLE 3.5: SURVEY EXPERIMENT SUBJECT SAMPLE DEMOGRAPHICS: COVERAGE GAP

Gender	**Number**	**Percentage**
Male	53	32%
Female	114	68%
Ethnicity	**Number**	**Percentage**
African-American	37	22%
Caucasian	124	74%
Latino or Hispanic	2	1%
Other	3	2%
Prefer not to say	1	1%
Age Range	**Number**	**Percentage**
19-25	27	16%
26-35	45	27%
36-45	37	22%
46-55	35	21%
56-64	23	14%

The demographic profile of survey respondents in the Coverage Cap differs from the profile of Alabamians in the Coverage Gap. Compared to data on the non-elderly uninsured in Alabama (Table 3.6), the survey experiment over-represented women and white respondents. The figures in Table 3.6 were collected on all the non-elderly uninsured in the state, including individuals whose income level placed them above the level required for Medicaid eligibility under expansion. However, based on this data that provides an approximation of the demographic composition in Alabama's Coverage Gap, it is clear that the survey did not receive a representative amount of responses from men, African-Americans, and Latino individuals.

TABLE 3.6: DEMOGRAPHICS OF NON-ELDERLY UNINSURED ADULTS (AGES 19-64), ALABAMA 2014		
Gender[58]	**Number**	**Percentage**
Male	246,000	55%
Female	202,400	45%
Ethnicity[59]	**Number**	**Percentage**
African-American	182,500	36%
Caucasian	254,200	50%
Latino or Hispanic	57,200	11%

To prevent fraudulent responses from external users, respondents could only take the survey if they were sent a link. Furthermore, through the response indexing function, respondents were forbidden to take the survey more than once. In total, there was a 12% dropout rate from the survey.[60] Although part of this attrition was due to screening questions that prevented respondents from continuing the survey if they were outside the appropriate age range, some respondents simply quit the survey before finishing. Therefore, responses to earlier questions have a higher sample size than those at the end. Out of the 191 respondents determined to be in the Coverage Gap, 167 completed the survey in its entirety (87%). However, survey attrition did not affect the results of the conjoint analysis because attributes were randomized with each discrete choice.

Measurement of the Conjoint Analysis

This research uses conjoint designs to make causal inferences about how individual attributes of the Medicaid expansion argument are perceived by respondents in Alabama's Coverage Gap. Hainmueller *et al.* (2014) put forward two statistical estimators

[58] "State Health Facts, Alabama: Distribution of Non-elderly Adults by Gender, 2014." *Kaiser Family Foundation*. <http://kff.org/other/state-indicator/adults-19-64/?state=AL>. Accessed 12 Jan. 2016.
[59] "State Health Facts, Alabama: Distribution of Non-elderly Adults by Ethnicity, 2014." *Kaiser Family Foundation*. <http://kff.org/uninsured/state-indicator/distribution-by-raceethnicity-2/?state=AL>.
[60] Interestingly, nearly a quarter of all respondents who began the survey but did not complete it dropped out after the fourth question that asked about their insurance status.

to enable researchers to develop causal inferences: the average marginal component effect (AMCE) and the average component interaction effect (ACIE). This research focuses on measuring the AMCEs of each conjoint set, because the ACIEs offered little insight given the low sample size of responses.[61] The AMCE provides a statistical estimate of the marginal effect of a given attribute on respondent choice, averaging across the distribution of all other attributes. Given the complete randomization of the attributes in the conjoint design, the AMCE can be nonparametrically identified. The AMCE is estimated using a regression of a desired outcome variable against a set of dummy variables measuring each attribute. Due to the complete random assignment of attributes, we can safely assume that attributes were randomly varied at each level and therefore evenly distributed across choice tasks. I use a linear probability model to estimate the elasticities of the attributes (Bechtel *et al.,* 2013a). To estimate the uncertainty surrounding the AMCE, I cluster standard errors by respondent similar to Hainmueller *et al.* (2015a) because the "observed choice outcomes are not independent across the profiles rated by a single respondent" (537).

Assumptions of the Conjoint Survey Design

Despite offering many practical advantages, conjoint designs operate with four important assumptions identified by Hainmueller *et al.* (2014, 8-9). Though most of these assumptions are addressed by various elements of the survey design, it is important to

[61] The ACIE measures the average expected effect on respondent choice when two attributes from different levels are paired together. Expressed in terms of conditional expectations of observed outcomes, ACIE is the average difference of the AMCE of one attribute when paired with an attribute from a different level (Hainmueller *et al.*, 2014, 12-13). An example of these interaction effects using attributes from the sociotropic argument would measure how an attribute in the community health level (i.e. "reduce wait times in the emergency room") interacts with an attribute in the economic impact level (i.e. "limits personal bankruptcies and boosts consumer spending") to produce a difference in the average AMCE of both attributes. I've attached the ACIE grid plot graphs as appendices to the dissertation (Appendices B and C). However, due to a relatively low response rate in among Coverage Gap respondents, the results offer little value to the research findings.

acknowledge them as potential limitations to interpreting the results. First, conjoint designs assume that there are no carryover effects from one discrete choice to the next. The discrete choices appear sequentially, so conjoint designs assume that the information presented in one choice does not affect judgment in succeeding choices, therefore enabling respondents' potential outcomes to remain the same throughout the experiment. One key aspect of my research design mitigates the limitations of the carryover effects assumption.

As opposed to some conjoint designs in political science that ask respondents to choose between two profiles of people, attributes in this conjoint design were associated with policy packages instead of a particular candidate. Hainmueller *et al.* (2014) ask respondents to make binary selections by choosing one of two immigrant profiles in choice-based sequences. This design risks that respondents mistakenly associate some attributes as a fixed quality with one individual or another, because as Gee (2000) argues, people evaluate human identity and human actions in association with a particular "kind of person" (99). Therefore, while attributes can remain fixed as a part of identity if they are linked to humans, dehumanized policy design features are perhaps more transitory and thus better suited for conjoint evaluations. Likewise, I follow Bechtel *et al.* (2013b) by asking respondents to evaluate profiles based on different features of a particular policy design. Rather than respondents perceiving that they are evaluating between two people, this conjoint design emphasizes the evaluation of attributes of a single policy design. Although the wording of the question notes that a single candidate is advocating Medicaid expansion, it does not present the respondent with a choice of candidates, instead offering a choice of composite policy packages in an effort to remove the human element that may induce identity attachment to produce carryover effects. Though respondents may also associate fixed traits with one policy package or another as they

progress through the conjoint set, this possibility is less likely than if the attributes were connected to humans.

Despite these efforts to limit any bias that may have resulted from carryover effects, the assumption is not entirely eliminated by the survey design. All respondents were asked to answer the set of questions appealing to self-interest before examining the choice profiles of the sociotropic set or the randomized thermometer question. Therefore, it is theoretically possible that a respondent could have used information from previous frames to evaluate choices in the sociotropic set along with the thermometer question. Consequently, while randomization assures that this assumption holds among choices within each independent conjoint frame, and dehumanized evaluations of policy designs limit the extent to which attributes may remain fixed in the minds of respondents, the assumption does not necessarily hold between frames. Based on the sequence in which questions appeared to respondents, the carryover effects assumption is weakest as it applies to the results of the thermometer question. For example, in each of the economic voting frames, 60% of respondents indicated that they were very likely to support a candidate who delivered that message. It is reasonable to interpret those results to imply that a majority of respondents were willing to support a candidate who favored expansion regardless of which frame they used to communicate the policy. Indeed, that respondent would have seen all of the arguments (both from a self-interested frame and sociotropic frame) before arriving at that question.

Secondly, conjoint analysis assumes that there are no profile-order effects. This assumption maintains that the order of the levels—and the sequences of attributes within those levels—does not affect the potential outcomes for respondents within a given choice task. Stated another way, one row of information does not affect judgment in subsequent rows. The conjoint design randomizes attributes within designated levels, but

it does not randomize the order in which those levels are presented. This assumption is fundamental to the efficiency of the conjoint design because disregarding the order in which profiles are presented enables the researcher to "pool information across profiles when estimating causal quantities" (Hainmueller *et al.,* 2014, 9). Therefore, though this assumption is difficult to address, it is endemic to the conjoint design.

The third major assumption of conjoint designs identified by Hainmueller *et al.* (2014) is that potential outcomes are statistically independent of one another due to randomization. As detailed above, I followed the techniques outlined by the Conjoint SDT to ensure that the design is properly randomized while assigning attributes to profiles (Strezhnev *et al.*, 2014). Therefore, I remain confident that the attributes for each choice task were properly randomized for respondents.

Finally, as with all survey experiments, the measurable outcome is the stated preference of the respondent as opposed to an observable action. Because the primary outcome variable is a stated preference rather than an observed action, some scholars have suggested that survey experiments fail to provide externally valid responses. The argument goes that while people say that they would take a particular course of action in a hypothetical situation, in reality, they might behave differently. Hainmueller *et al.* (2015b) cleverly designed a study to test this external validity assumption and found that the results of their conjoint analysis "performed remarkably well in recovering the effects of the same attributes in the behavioral benchmark" (2395). Similarly, in this research, I am able to test how responses in a survey experiment compare to real-world behavior in the field experiment. Survey respondents in the Coverage Gap were asked whether they would mobilize to support a candidate who espoused one of the three arguments for Medicaid expansion (based on self-interested, sociotropic, or a combination of the self

and social appeals). These survey responses are compared to the results of the field experiment's mobilization outcomes in the conclusion chapter of the dissertation.

Results

I present the results according to the three distinct questions this survey was designed to illuminate. First, I demonstrate the results of the multiple-choice questions that were formulated to determine if, and to what extent, the Medicaid expansion policy and the associated political context were submerged among respondents. Second, I display the results of the question set that measured the efficacy of the economic voting frames against one another. Third, I exhibit the results of the conjoint analysis, including which individual attributes of the economic voting arguments were most persuasive to the target population. I conclude by contrasting the attributes that were selected by survey respondents in the conjoint tasks with those that were randomly chosen as the attributes that formed the treatment scripts for the field experiment.

Multiple-choice Questions: Medicaid Expansion and Voting Intentions

The final block of questions was intended to measure the extent to which the Medicaid expansion decision, and the political context of that decision, was submerged among Alabamians. I measured voting intentions, knowledge of candidate position on Medicaid expansion, level of support for Medicaid expansion, and perceptions of how expansion would affect the life of the individual respondent. I asked each of these questions to respondents in both the general population and the Coverage Gap. The results to this question set are displayed in Table 3.7.

TABLE 3.7: MULTIPLE CHOICE QUESTIONS: MEDICAID EXPANSION AND VOTING INTENTIONS IN THE 2014 GUBERNATORIAL ELECTION

		Which of the following statements most accurately resembles the actual candidate positions [on Medicaid expansion] in Alabama's race for Governor (held November 4, 2014)?					
		Governor Robert Bentley is for expanding Medicaid, and the challenger, Congressman Parker Griffith is also for expansion.	**Governor Robert Bentley is against expanding Medicaid, and the challenger, Congressman Parker Griffith is for expansion.**	Governor Robert Bentley is for expanding Medicaid, and the challenger, Congressman Parker Griffith is against expansion.	Governor Robert Bentley is against expanding Medicaid, and the challenger, Congressman Parker Griffith is also against expansion.	I am not sure.	Total
Insurance Status	Insured in the Private Market	21	141	22	17	271	472
	Insured with a Government Plan	14	46	3	8	105	176
	Uninsured	7	58	7	8	140	220
	Total	42	245	32	33	516	868

Correct candidate positions are in bold.

		Do you plan to vote in the upcoming election, and if so, for whom do you plan to vote?				
		Yes, I plan to vote for Robert Bentley.	Yes, I plan to vote for Parker Griffith.	Yes, I plan to vote, but I am undecided.	No, I do not plan to vote.	Total
Insurance Status	Insured in the Private Market	125	90	198	59	472
	Insured with a Government Plan	32	31	82	31	176
	Uninsured	32	40	94	54	220
	Total	189	161	374	144	868

		Which of the following statements most closely describes how you feel about Medicaid expansion in Alabama?				
		I am for expansion.	I am against expansion.	I am for a modified version of expansion.	I am unsure.	Total
Insurance Status	Insured in the Private Market	130	114	94	134	472
	Insured with a Government Plan	66	23	35	52	176
	Uninsured	105	13	24	78	220
	Total	301	150	153	264	868

		Due to the Affordable Care Act, states have the option of expanding Medicaid to provide healthcare...				
		Not at all	Little	Somewhat	Significantly	Total
Insurance Status	Insured in the Private Market	158	78	103	55	394
	Insured with a Government Plan	31	23	44	38	136
	Uninsured	20	20	44	80	164
	Total	209	121	191	173	694

The results of the multiple-choice questions offer three main analytical insights. First, I was able to discover the extent to which subjects understood which Gubernatorial candidate supported Medicaid expansion, offering a proxy for voter knowledge of the issue. This question appeared after respondents in the target population were notified of their eligibility for Medicaid expansion and then asked to complete choice tasks related to the benefits of expansion via conjoint analysis. Importantly, despite outlining the various arguments for Medicaid expansion, the conjoint analyses did not inform Coverage Gap respondents about which candidate supported the policy in the 2014 Alabama Gubernatorial election. Each candidate in the conjoint set and the thermometer question were hypothetical. Therefore, all respondents were ostensibly on equal footing in answering questions about which candidate supported expansion and which was against it regardless of the questions they had seen previously.

The results in Table 3.7 indicate that knowledge of correct candidate positions on the policy was low across the entire subject sample. 28.8% of respondents with either a public or private plan accurately identified candidate positions on the policy, and 26.4% of uninsured respondents understood where the Gubernatorial candidates stood on expansion. The survey results are similar to the Kaiser Family tracking poll of the ACA, which discovered that Americans were generally unaware of the law's major provisions; in January of 2014, Kaiser found that just 58% of the general public understood that states had new authority to expand Medicaid, and less than half of uninsured that were surveyed recognized the potential for Medicaid expansion.[62] Though Medicaid expansion was a key issue in this campaign and in many Gubernatorial races across the country in

[62] "Kaiser Health Tracking Poll: January 2014." 30 Jan. 2014. *The Henry J. Kaiser Family Foundation*. Figure 2. A lack of knowledge about key provisions may have contributed to the disapproval among the uninsured. Among uninsured respondents, unfavorable views of the ACA outnumbered favorable views by a 2-to-1 margin despite the tax credits, subsidies and expansion efforts designed to increase access among the uninsured.

2014 (Scott *et al.*, 2015), and despite the clear and opposing stances each candidate maintained in Alabama's contest, the survey data reveal that citizens remained unaware of the political context that fundamentally determined the expansion decision.

Crucially, Medicaid expansion was an entirely unique issue in the 2014 election. Though states determine their own eligibility levels for Medicaid, under ordinary circumstances the Governor is not equipped with the unilateral authority to alter the fundamental eligibility criteria. This unprecedented opportunity came about because of the Supreme Court ruling that decoupled the Medicaid expansion decision from the remainder of the ACA. As described earlier in the chapter, healthcare policy is generally submerged, however, the expansion decision represents a unique case where the benefits of a policy change for a large voting block were obscured by the submergedness of a particular policy design.

Second, these questions enabled me to test how voters perceived the ways in which Medicaid expansion impacted their lives personally and how those perceptions shaped their level of support for the policy. Critically, respondents in the target population were primed to recognize expansion's potential effect on their lives and the community well-being, so they could be expected to view the policy as personally important. Likewise, I hypothesized that since Coverage Gap respondents had been notified that they could be eligible for Medicaid via expansion and they had seen questions that informed them of an array of benefits to the policy design, those respondents would hold a higher level of support for the policy than the general population. Though not a precise measure of efficacy, these questions also provided a proxy for determining if the general arguments for Medicaid expansion—outlined in composite choice profiles for respondents in the

Coverage Gap—were effective in informing respondents of the policy and persuading them of its importance.[63]

The results demonstrate that Medicaid expansion was more important to the uninsured respondents than to those who had insurance. While just 27.5% of insured respondents were in favor of Medicaid expansion, 47.7% of uninsured respondents supported the policy. Conversely, while only 5.7% of uninsured respondents were against expansion of any type, 24.2% of insured respondents were against expansion. Similarly, Epstein *et al.* (2014) found that though respondents in the Coverage Gap were generally uninformed about what action their state had taken toward Medicaid expansion, they were overwhelmingly in favor of the policy. The survey data reveal substantial differences between respondents in the Coverage Gap and the general population, and they also suggest that the Medicaid expansion arguments outlined in the conjoint analyses were effective in informing the target population of the benefits of the policy.

Additionally, the results provide evidence that uninsured respondents understood that the Medicaid expansion policy had important implications for their lives, particularly in comparison to the insured respondents. 75.6% of uninsured respondents indicated that Medicaid expansion would affect their lives either "significantly" or "somewhat," compared to only 40.4% of insured respondents who noted significant or somewhat significant implications for their lives. These results parallel responses to the distinct levels of support for Medicaid expansion between based on insurance statuses.

[63] This is not an exact measure of the efficacy of the Medicaid expansion arguments outlined in the experiment because I compare responses from participants in the Coverage Gap against those in the general population who have declared they are insured. Though it is certainly possible that respondents in the general population support the policy because of the sociotropic benefits it provides (or the impact it potentially has for family and friends), it is less likely that they will perceive a direct benefit for themselves.

Third, I also tested the voting intentions of both insured and uninsured respondents. By asking respondents if they intended to vote—and if so, for whom—I was able to compare predispositions for political participation among those who were in the Coverage Gap versus participants who had health insurance of some type. Consistent with the data I collected in the qualitative interviews, uninsured voters clearly demonstrated a lower voting propensity than those who had insurance.[64] The survey supplies evidence that indicates voting intentions were much lower among the uninsured than those that had health insurance. Only 13.8% of respondents with health insurance indicated that they would not vote in the Gubernatorial election while the percentage of uninsured voters who said they did not plan to vote was nearly twice that (24.5%). This indicates an appreciable difference in orientations toward political participation between the two groups.

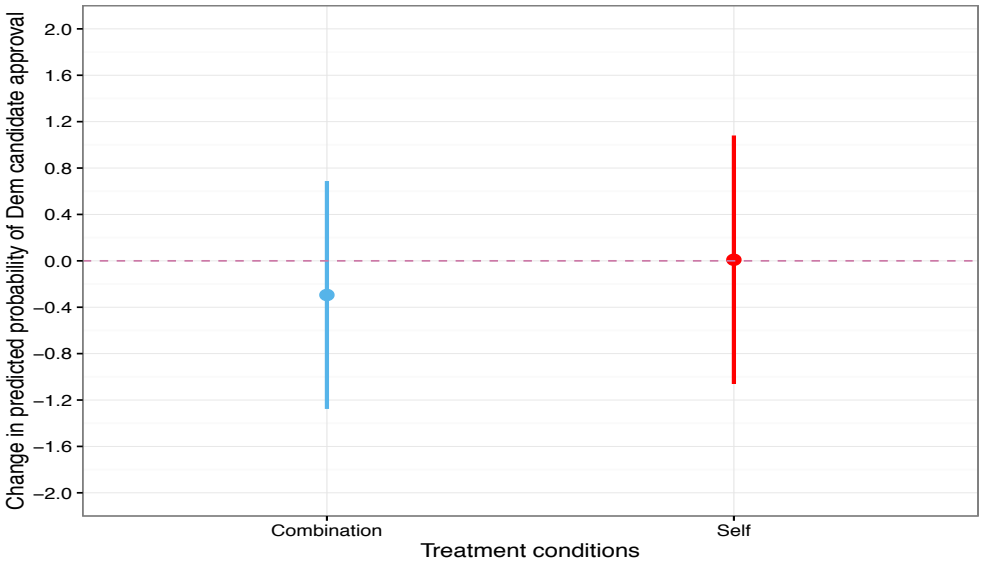
Furthermore, there was a major difference in vote choice among the insured and the uninsured. Though majorities of both insured and uninsured respondents were undecided (42 and 43%, respectively), significantly more insured respondents intended to vote for the incumbent who opposed expansion, Robert Bentley, (26.5%) than uninsured respondents (14.5%). Among decided voters who were uninsured, Parker Griffith—the challenger who advocated expansion—led, while he trailed substantially among insured voters who had already made a voting decision. These results confirm previous work that suggest there may be substantial differences in policy preferences of voters and non-voters, particularly concerning social welfare issues including healthcare (Hill *et al.*, 1992; Leighley and Nagler, 2014).

[64] The qualitative interviews are explored more fully in chapter six of the dissertation. Of the 22 interviews I conducted, 15 participants were uninsured. Just four of those 15 participants had registered to vote, and none of them could identify their current poll location, indicating that their registration status had likely lapsed. Of the seven voters with health insurance, five were registered to vote and only one of those registered could not locate their current precinct.

Comparing the Economic Voting Frames Against one Another

The economic voting frames were compared via responses to the thermometer questions, an example of which is displayed in Figure 3.3. Essentially, respondents in the Coverage Gap were informed that a candidate was advocating Medicaid expansion. Respondents then saw one of three randomly generated economic voting messages (self-interest, sociotropic, or combined appeals) with randomly selected attributes, and they were asked to adjust the thermometer to reflect their level of support for a candidate who espoused that message. Importantly, this was the only question in the survey that was not multiple-choice, requiring slightly more effort from the respondent. In Figure 3.4, I present the results of the responses that compared the hypothetical mobilization of respondents after seeing one of three economic voting messages, where the sociotropic appeal served as the baseline.

FIGURE 3.4: COMPARISON OF THE ECONOMIC VOTING MESSAGES AND CANDIDATE SUPPORT



As the figure indicates, all three treatment messages generated a similar level of support among the randomized respondents, so no message was more effective than the others in terms of persuading online voters. The null effects between messages are also

comparable to the results of the field experiment where, in a real-world test of mobilization effects, I find overall null effects.[65]

Despite the null effects between the economic voting messages, there was overall support for the candidate who supported Medicaid expansion. Respondents were asked to adjust the thermometer up or down from the default position of level 5 to indicate their support for a candidate who delivered the message. As Table 3.8 indicates, across all messages, a majority of respondents rated their likelihood of supporting the candidate between an 8 and a 10, where 10 indicated, "I would definitely vote for this candidate."

TABLE 3.8: COMPARISON OF THE ECONOMIC VOTING MESSAGES AND CANDIDATE SUPPORT

Sociotropic	**White**	**Black**	**Other**	**Percentage**
0-4	4	0	0	10%
5-7	10	2	1	31%
8-10	16	7	2	60%
Total	*30*	*9*	*3*	
Self-interest	**White**	**Black**	**Other**	**Percentage**
0-4	2	1	1	12%
5-7	7	2	0	27%
8-10	16	3	1	61%
Total	*25*	*6*	*2*	
Combined	**White**	**Black**	**Other**	**Percentage**
0-4	8	0	0	17%
5-7	5	5	0	22%
8-10	22	5	1	61%
Total	*35*	*10*	*1*	

Table 3.8 breaks down the respondents of each category according to race, and despite a small sample size, the results do not indicate sizeable differences for Medicaid support across races. To test whether race was independent of support for Medicaid expansion

[65] The field results are discussed in greater detail in the following chapter, and I set out a more thorough comparison of results from the field and survey experiments in the conclusion chapter. The overall campaign effect in the field experiment was null, despite a small turnout effect in the self-interest treatment.

among respondents in the Coverage Gap, I performed chi-squared tests within each treatment condition, and these results are displayed in Table 3.9.

TABLE 3.9: CHI-SQUARED TEST USING MEDICAID SUPPORT RESPONSES BY RACE

Treatment	Chi-squared	P-value	Chi-squared with Combined Table	P-value
Sociotropic	2.0647	0.626	2.4683	0.2911
Self-interest	3.6471	0.4559	1.661	0.4358
Combined	7.7684	0.1004	6.3495	0.0418

The right two columns in Table 3.9 represent the values generated by a chi-squared test after combining the responses from participants who self-identified as a person of color in comparison to the white participants. I combined the categories of "black" and "other" to raise the number of responses that could be compared against white respondents. Before collapsing the non-white responses into a single category, no p-values were significant, and after merging the responses only one p-score was significant at the .05 level. The fact that I do not observe a relationship between race and support for the candidate who advocated Medicaid expansion indicates that the survey may not have been representative of the target population (Alabamians living in the Coverage Gap). However, the overall level of support among survey respondents offers an interesting point of comparison to results of the field experiment, which I discuss in the concluding chapter of the dissertation.

Conjoint Analysis: Assessing the individual efficacy of attributes in the arguments

Figures 3.5 and 3.6 display the results of the conjoint analysis for the self-interest argument sociotropic message, respectively. In total, 4,636 individual choice profiles were rated out of 45 unique profiles for the sociotropic set and 320 unique profiles for the self-interest set. Although each combination of attributes could have theoretically been displayed (and this is more likely in the sociotropic set) the sample size of interaction

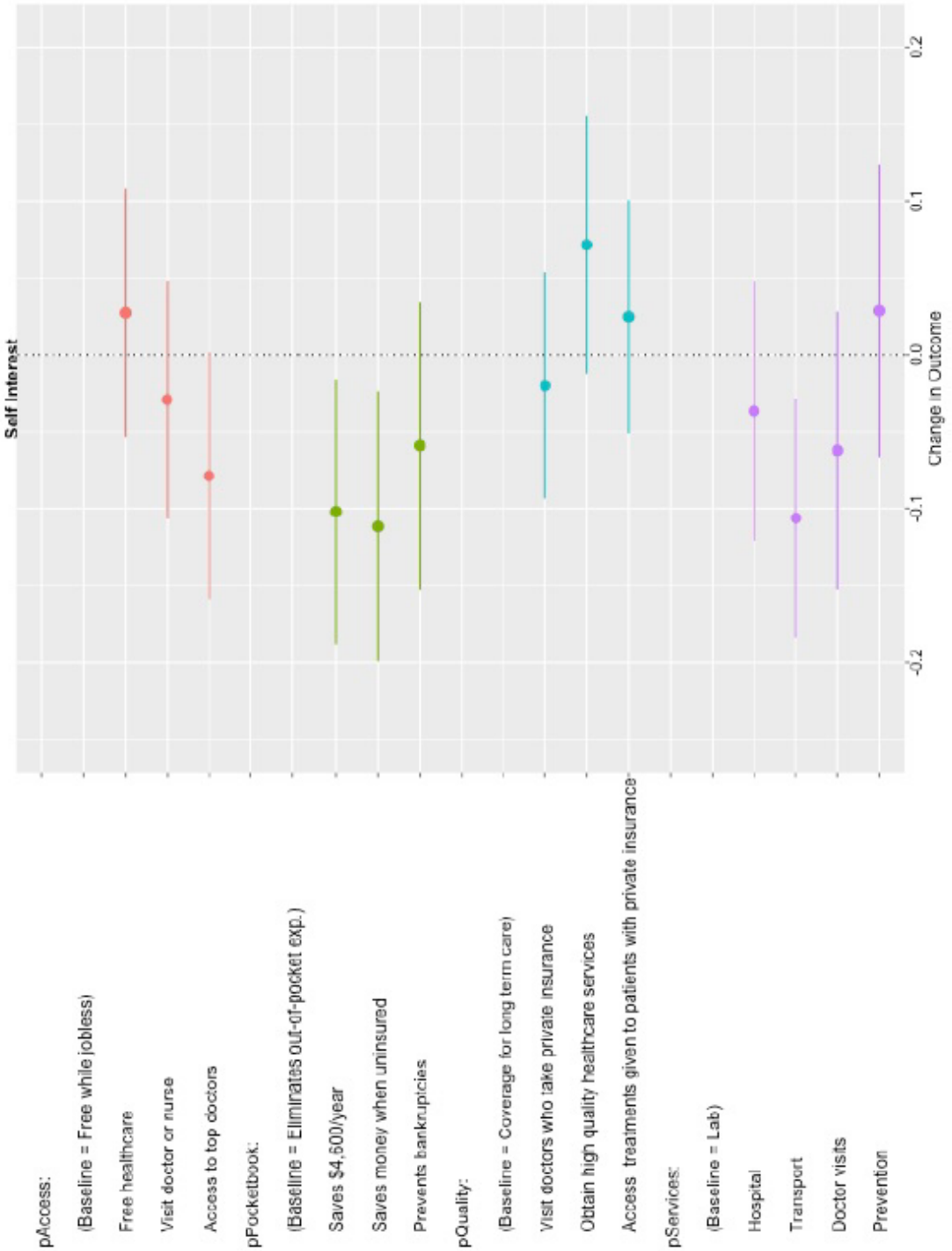
effects is quite small. In determining the affects of individual attributes, I am interested in the marginal effects of each attribute in contributing to the choice of respondents, called the AMCE (Hainmueller *et al.,* 2014). The AMCE can be interpreted as the average shift that could be expected in respondent choice of a profile when a given attribute replaces the baseline attribute.

Estimations of the AMCEs are straightforward due to the randomized design, which ensures an orthogonal relationship between the attributes within each conjoint set. The completely independent randomization of attributes ensures that treatment groups are comparable with respect to observable and unobservable confounders. Therefore, I am able to evaluate the relative importance of Medicaid expansion by following an adapted potential outcomes framework outlined by Hainmueller *et al.* (2014). Below each figure, I discuss the empirical results by each level before drawing attention to the broader theoretical implications of those results. In each figure, the dots represent the point estimate and the bars indicate the 95% confidence interval.

In general, the conjoint set did not produce statistically significant effects across attributes. Though across each level some attributes certainly appear to be more persuasive than others, the only statistically significant I find between attributes is in the economy level of the sociotropic set, where "Create 30,000 jobs" was significantly more persuasive than "Limits personal bankruptcies and boosts consumer spending." I discuss the results of each conjoint set before discussing their limitations and potential implications for the framing literature. Figure 3.5 represents the AMCE estimates of the self-interest conjoint analysis. There were four levels measured: access, pocketbook, quality and types of services. The first attribute listed in each level of the figure served as

the baseline. I continue this discussion of the results by analyzing the empirical results of each level.

FIGURE 3.5: AMCE RESULTS OF THE SELF-INTEREST CONJOINT SET



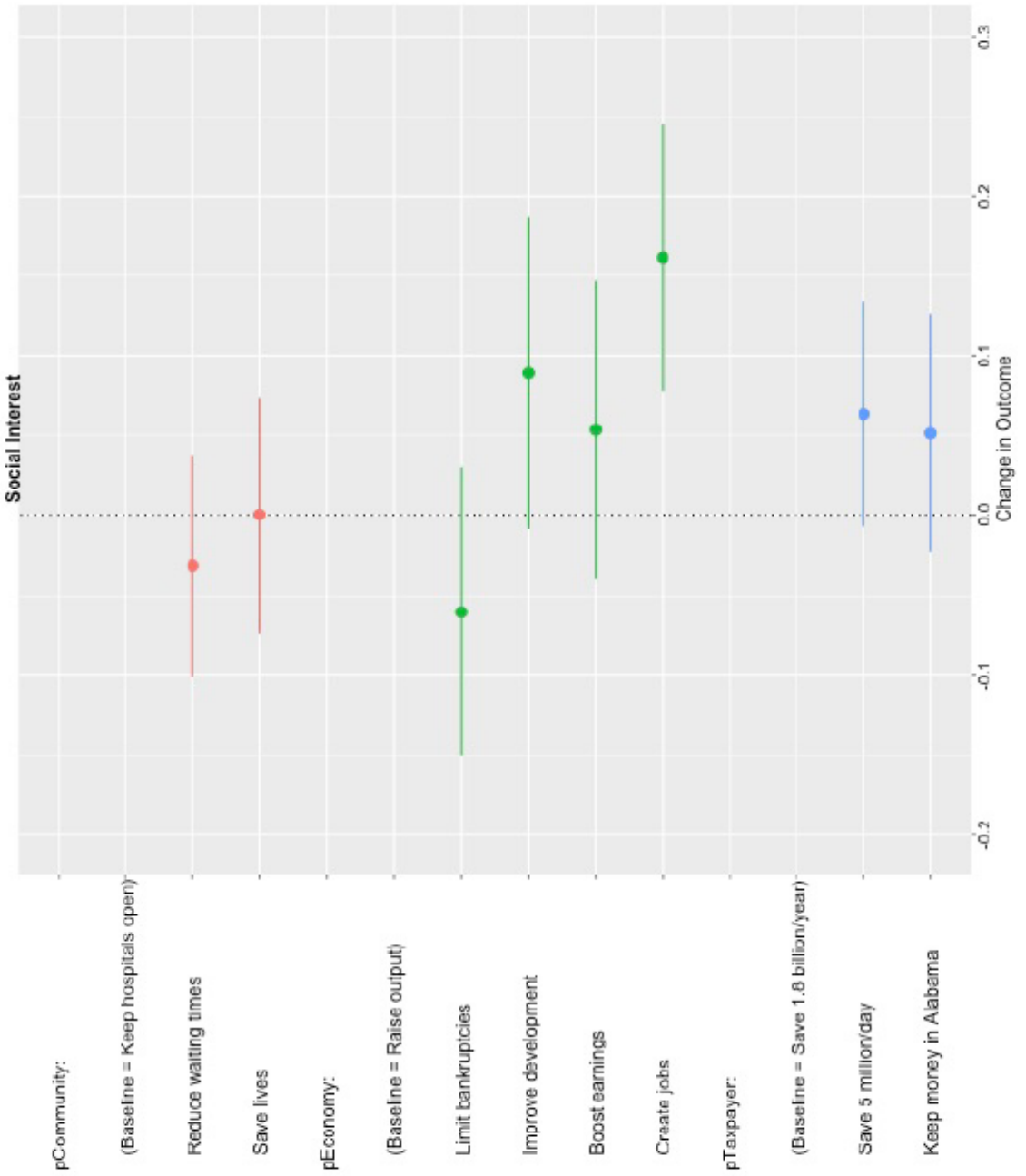
In the access level, the most persuasive attribute was "free or low-cost healthcare," ten percentage points more likely to win the support of respondents than the attribute selected as least persuasive, "access to top doctors and nurse practitioners." Respondents were also more likely to select a profile that included "health insurance while jobless" than "visit doctors whenever you need," the second and third ranked attributes, respectively. These responses indicate that expressions of broad healthcare access were more persuasive than specific elements included with expanded access.

Similar to the access level, respondents favored broad language among attributes in the pocketbook level. This level sought to make salient the personal financial costs that could be avoided through Medicaid access. Though one attribute cited a specific figure, telling respondents that Medicaid saves an average of $4,600 per year, "Eliminates out-of-pocket medical expenses" was selected the most persuasive element of the pocketbook argument. Indeed, it was more than five percentage points more likely to be chosen than the second-most persuasive attribute, "Prevents bankruptcies caused by unpaid medical expenses."

At the quality level, respondents selected "Obtain high quality healthcare services" as the most persuasive attribute, again preferring broad language to specificity. Perhaps the most compelling finding at this level, two attributes included language that attempted to equate the benefits of private insurance with those that could be obtained through Medicaid; a deliberate attempt to understand whether there might be powerful social constructions associated with private insurance. Despite the framing that analogized Medicaid with private forms of insurance, respondents did not appear to find those attributes any more persuasive than generic language about high quality services.

In the final level of the self-interest argument, respondents were asked to examine the types of services that could be provided with Medicaid. Perhaps most surprising, while transportation is often cited as an impasse to adequate healthcare among the poor (Syed *et al.*, 2013), respondents found "transportation to receive medical care" to be the least persuasive element of the level. Instead, respondents selected "Preventative medicine" as the most desirable type of service to be included in Medicaid access. Interestingly, a lack of preventative medicine (immunizations, regular check-ups, and screenings) among the uninsured is often noted as the primary cost driver in the American health system (Emanuel, 2014).

FIGURE 3.6: AMCE RESULTS OF THE SOCIOTROPIC INTEREST CONJOINT SET



Across all the levels of both the sociotropic and the self-interest arguments, the AMCEs of attributes at the community level were clustered most closely together. Two attributes ("Save an estimated 563 lives a year" and "Keep open an estimated 20 Alabama hospitals") were virtually indistinguishable in terms of the influence they exerted on profile choice. Importantly, in addition to providing social benefits, all of the attributes at the community level could be interpreted by respondents as having some instrumental value as well. For example, it is reasonable to assume that people would be in favor of reduced wait-time at the emergency room for both themselves as well as other members of the community. Nonetheless, there was just a 3% range in the AMCEs for attributes selected at the community level.

At the economy level, "Create 30,000 jobs" was approximately 20% more favorable to respondents than "Limit personal bankruptcies and boost consumer spending." This difference represents the largest gap between attributes across all levels of both conjoint sets, and the only statistically significant finding in the conjoint design. Despite the fact that three in five bankruptcies in America are due to an inability to afford medical costs—often because a patient lacks health insurance or a patient cannot afford high out-of-pocket costs (Himmelstein, *et. al.*, 2009)—the evidence from the conjoint results clearly demonstrate that the job creation frame was more important to respondents. For a majority of Americans, health insurance is linked directly to employment. One in three Alabamians in the Coverage Gap were jobless (Becker and Morrissey, 2012). Therefore, for respondents who were unemployed, the prospect of a job perhaps offered a compounded benefit of work and employer-sponsored health insurance.

In the final level of the social interest conjoint, respondents were asked to evaluate the relative persuasiveness of attributes concerning how taxpayer dollars are used with regard

to Medicaid expansion. Implicitly, this level tested the effects of equivalence framing, a concept broadly attributed to Tversky and Kahneman (1981), who observed that two values which are objectively equivalent can be stated in alternate ways to influence subjective perception of what is otherwise the exact same value. Scholars have noted "the base rate fallacy" as a human tendency to pay more attention to the numerators of a ratio than the denominators (Kahneman & Tversky, 1973). For example, Yamagishi (1997) demonstrated this bias by observing that subjects were more likely to think cancer was risky when it was described as killing "1,286 out of 10,000 people" than when it was described as killing "24.14 out of 100 people." The conjoint results from the taxpayer level further prove this tendency of respondents to focus on the numerator. The most widely favorable attribute among respondents was that the "State saves nearly five million dollars a day" with Medicaid expansion, while the least favorable was that Alabama could save "1.8 billion dollars a year." These statements represent the same value expressed in two different ways (i.e. in terms of $5 million for 365 days or $1.8 billion for one year).

Overall, the null results of the conjoint analysis could have implications for two major areas of scholarship that warrant further investigation. First, it could be argued that one of the reasons I observed few statistically significant results between attributes is because the attributes were too similarly framed. The individual attributes for the conjoint arguments were developed in consultation with the campaign and relevant health policy literature, but they were not designed in accordance with current scholarship on framing effects, and particularly, the purposeful construction of valence and emotion (Levin *et al.*, 1998; Jerit *et al.*, 2001; Brader, 2005). Kahneman *et al.* (1982) discover that people lend greater weight to emotionally compelling arguments because of innate cognitive biases. Likewise, Jerit (2004) demonstrates that though the specific content of campaign appeals

may vary with the idiosyncratic issues and contexts, the tenor of successful appeals is usually negative, "evok[ing] emotions such as fear, anxiety, and anger" (563).

As an interesting counterpoint to the value of negative framing, Riker (1996) argued that it is incumbent upon politicians pressing for major policy transformations to engage in positive framing, avoiding negative rhetoric in an attempt to encourage constituents to optimistically embrace potential changes. Similarly, none of the attributes I tested were of a negative valence, because they each described the potential that could be realized via a policy shift. However, future research should investigate whether a prospective policy can be framed against the status quo, casting *inaction* in negative terms and how this shift in framing may alter the level of support an argument receives.

Second, as an alternative to framing implications, the null results of the conjoint analysis may simply validate findings from Gerber and Green (2000) and others who have suggested that message content does not affect mobilization decisions; rather, they argue that the act of intervening or the conversation itself, as opposed to the substance of the dialogue, is the most important driver turnout effects. Likewise, Arceneaux and Nickerson (2009) determined that message content is inconsequential in direct voter outreach. Presented in this way, the null results would also counter evidence from previous economic voting studies that have shown message content does matter (including previous online surveys to test economic voting considerations (Stevenson and Duch, 2013)). In this case, the conjoint method proposes a novel way to develop and test campaign message content, but the results may call into question why campaigns should expend scarce resources to ensure they are conveying their positions with optimal language.

Comparing field experiment scripts and conjoint analysis results

In designing the research, I acknowledged that there were numerous potential components to the arguments for Medicaid expansion, particularly when seeking to mobilize voters who would be directly affected by a policy shift. Furthermore, since I intended to test two frames against one another (self-interest appeals v. sociotropic appeals), I understood that it was possible that one message frame would simply be more effective than the other, presenting a fundamental design flaw that skewed results toward the more effective frame. Consequently, I sought to introduce a design innovation using conjoint analysis to identify the most effective attributes of the Medicaid expansion argument to then be leveraged in crafting the scripts for the field experiment. I intended to perform the conjoint analysis before deploying treatments for the field experiment, so that I could use the attributes that had been empirically selected as the most persuasive in each treatment script. However, due to time constraints and the timing of the survey, I was unable to correctly identify the attributes that had been selected via the conjoint analysis before deploying canvassers in the field experiment. Instead of using the attributes chosen by respondents in the survey experiment, I randomly selected one attribute from each level in both the sociotropic and self-interest scripts to compose the scripts for the field experiment. Table 3.10 notes the selected attributes for the self-interest script, and Table 3.11 details the attributes chosen for the sociotropic script. In both tables, the far right column indicates where each attribute ranked in its respective level, and the bold attribute indicates which attribute was chosen for the field experiment script.

TABLE 3.10: COMPARING ATTRIBUTE SELECTION BETWEEN FIELD EXPERIMENT AND CONJOINT OUTCOMES: SELF-INTEREST MESSAGE		
Levels	**Attributes: Field attributes in Bold**	**Conjoint Analysis Rank**
Pocketbook (4)	Saves an average of $4,600 a year	3
	Prevents bankruptcies caused by unpaid medical expenses	2
	Saves you money spent on healthcare when you were uninsured	4
	Eliminates most out-of-pocket medical expenses	**1**
Quality (4)	Visit doctors who take private insurance	4
	Obtain high quality healthcare services	**1**
	Access treatments given to patients with private insurance	2
	Coverage for long term care	3
Access (4)	**Free or low cost healthcare**	**1**
	Health insurance even while you are jobless	2
	Visit doctors and hospitals whenever you need	3
	Access to top doctors and nurse practitioners	4
Examples of services (5)	Typical doctors appointments	4
	Laboratory and X-ray services	2
	Transportation to receive medical care	5
	Hospital care	**3**
	Preventative medicine: check-ups, vaccinations, and immunizations	1

TABLE 3.11: COMPARING ATTRIBUTE SELECTION BETWEEN FIELD EXPERIMENT AND CONJOINT OUTCOMES: SOCIOTROPIC MESSAGE		
Levels	**Attributes: Field attributes in Bold**	**Conjoint Analysis Rank**
Community Health (3)	Reduce the wait time for emergency care	3
	Keep open an estimated 20 Alabama hospitals	1
	Save an estimated 563 lives a year	**2**
Economic Impact (5)	Creates 30,000 jobs	1
	Raise state economic output by $15 billion a year	4
	Boost worker earnings by $9 billion annually	3
	Limit personal bankruptcies and boost consumer spending	**5**
	Improve economic development by keeping hospitals open	2
Taxpayer dollars (3)	State saves nearly $5 million a day	1
	Saves the state $1.8 billion this year	**3**
	Keeps money in Alabama, not sent to Kentucky or California	2

As Tables 3.9 and 3.10 indicate, the attributes that were randomly selected to compose the self-interest message in the field experiment were substantially more effective than those that formed the sociotropic treatment. In the self-interest script I used the top attribute in three of the four levels, while in the sociotropic script, none of the top attributes were selected. In fact, in two of the sociotropic levels, the lowest ranking attributes were randomly chosen.

Conclusion

This research is designed to explain how policy designs influence mobilization by analyzing if and how a specific design affects a segment of poor voters living in Alabama's Coverage Gap. Accordingly, I distributed a multi-modal survey to answer three primary research questions. First, the survey contained four multiple-choice questions that served to approximate the level of submergedness of the Medicaid

expansion policy in both the target population and the general public, while providing an indication of voting propensities. Second, based on previous survey data, I anticipated that the policy would be submerged, so, using conjoint analysis, I took an experimental approach to learn what components of the Medicaid expansion argument effectively surfaced the policy for the target population using economic voting appeals. Finally, I wanted to be able to compare messages in the survey experiment with those in the field experiment in terms of mobilizing support. Therefore, each respondent in the target population was asked to rate his or her level of support for a candidate who espoused one of three randomly generated economic voting messages.

The multiple-choice results are important for two primary reasons. First, respondents who had health insurance were more likely to vote, but they were much less likely to support Medicaid expansion. Also, while respondents in the Coverage Gap were generally in favor of the expansion policy, they were much less likely to vote. Importantly, the findings confirm that poor voters—like those respondents in the Coverage Gap—may support a policy and be keenly aware of its benefits, but they are unwilling to vote on its behalf. This finding lends support to the claim that policy-based mobilization is limited by predispositions that shape notions of efficacy before any interventions occur.

Second, across all of the respondents, there was little knowledge about where candidates stood on the principal issue of this campaign. Governor Bentley had taken a hard stance against Medicaid expansion while the challenger had placed the policy as the first priority on his agenda. The lack of information about this policy provides evidence for the claim that healthcare policy, and Medicaid expansion specifically, is illustrative of a submerged state policy design. Despite being unaware of the political context of expansion, voters in

the Coverage Gap supported the policy and knew of its implications for them. These results imply that the economic voting arguments in the conjoint set were at least somewhat effective in shifting respondent knowledge and sentiment, surfacing the policy in the target population.

Because the Medicaid expansion policy was submerged, I was able to introduce many respondents to the policy for the first time by using various economic voting messages to frame its potential benefits. I used conjoint analysis to determine which specific components of the self-interest and sociotropic messages were the most persuasive elements in each frame. Based on aggregate choices from respondents, I calculated the average marginal component effect (AMCE), the fundamental unit of analysis in conjoint analyses. I discovered only one statistically significant finding, demonstrating that although some attributes appeared to be more favorable than others, they were quite similar in terms of their ability to persuade respondents to support Medicaid expansion. Furthermore, the results comparing the relative efficacy of the self-interest, sociotropic, and combined messages suggest that none of the arguments was more effective than the others at mobilizing support among voters in the Coverage Gap; however, on the whole, all frames were successful in drawing a majority of respondents' support.

Since policy knowledge is difficult to acquire (as demonstrated by the submergedness of Medicaid expansion), it is important for researchers to deepen understanding the nature of how policy targets encounter information about policies that affect them. Campaigns are the primary vehicle for connecting candidates to voters and they often do so by targeting voters who might benefit from specific policies they advocate, policy targets. Accordingly, it is important to study campaign strategy as a part of the policy feedback process, specifically when those campaigns are sponsoring policies designed to engage a

target population and their opponent is not. Underlying theories of targeted mobilization is the assumption that individuals are receptive to appeals that would either enhance their personal welfare or the welfare of their community. Likewise, as campaigns seek to mobilize policy targets, testing whether pocketbook or sociotropic appeals are more effective at mobilizing policy targets is of importance both to researchers and to practitioners.

This chapter submits an innovative methodological approach to test and develop message content for both campaigns and researchers. I deployed the experimental design of conjoint analysis to rigorously test rhetorical content among a target population. However, given the null results presented here, my findings suggest that campaigns should carefully evaluate what can be accomplished by spending resources on developing optimal rhetorical strategies for direct contact with voters.

CHAPTER FOUR: FIELD EXPERIMENT

In order to connect policy design theory with experimental scholarship on GOTV, I conducted a campaign to surface the Medicaid expansion decision among Alabama's Coverage Gap using policy-based mobilization. Previous policy design research has focused on the political participation of target populations through survey and interview data, where a subject's knowledge of the policy was a presumptive factor in the analysis. As Mettler (2011) has demonstrated, policy knowledge cannot be assumed in a submerged state, particularly in the case of policy arrangements as complex as those in the ACA. Indeed, if the target population of a policy is not informed about the conditions that jeopardize the distribution of that policy's benefits, they will not mobilize to defend or expand those benefits. Though previous GOTV studies have embedded themselves in campaigns to conduct partisan outreach, current research has not micro-targeted policy targets to explicitly test policy-based mobilization.[66] Candidates and campaigns who advocate social policies contingent upon impending electoral outcomes—particularly those policies that concern the less politically engaged, including poor individuals and their communities—have a political incentive to become effective conduits of information for policy targets. This research, therefore, seeks to establish a critical link between campaign mobilization strategy and policy design theory.[67]

In cooperation with the Democratic candidate for Governor, I conducted a randomized GOTV experiment with partisan, interactive messages designed to inform, persuade, and

[66] For example Green (2004) partnered with the NAACP National Voter Fund to micro-target African Americans with appeals that were crafted to appeal to racial concerns (245). However, despite this issue orientation, the campaigns were not embedded with a particular candidate. Likewise, a number of other experiments have worked within partisan campaigns to conduct GOTV efforts (for an early example, see Nickerson *et al.*, 2006), but as of yet, the literature on GOTV mobilization does not contain a case study of the partisan mobilization of specific policy targets.

[67] Dr. Florian Foos provided direct contributions to this chapter. Dr. Foos' most important contributions came in the development and design of the experiment, along with the analysis of the results. In sections that follow, footnotes accompany the design and analysis sections to detail his input more thoroughly.

mobilize voters in Alabama's Coverage Gap. To identify subjects who would benefit directly from Medicaid expansion, I built a model to micro-target 6,021 registered Alabama voters determined to be in the Coverage Gap by using income and household data available in the SmartVAN voter file. Across the four major metropolitan areas of the state, subjects were randomly assigned to one of four experimental groups: three of these groups received treatment—one of three economic voting messages that advocated Medicaid expansion—and the fourth was the control group. Paid canvassers and volunteers with the Griffith for Governor team delivered treatments compelling economic voting interests in the two weeks prior to the election, priming each conversation with a corresponding cue. While some subjects in the study were explicitly made aware that they were in the Medicaid Gap and would thus directly benefit from expansion under a Democratic administration, others were told about the anticipated impact of expansion from a community perspective, and it was left to them to infer how the policy might affect their own lives. Testing three independent variables (information, persuasion, and mobilization) I measured outcomes with two primary instruments. The first measurement tool was a post-treatment survey of subjects who were assigned to either treatment or control groups. The survey was administered by phone, and it tested whether subjects understood the Medicaid expansion policy and whether they supported the candidate who was in favor of the policy. The second measurement mechanism was the voter file that indicated whether subjects had turned out to vote.

The results of the field experiment yielded null effects on voter turnout among subjects in the Coverage Gap. Though campaign treatments improved voter knowledge and slightly affected persuasion (ceiling effects prevented substantial shifts in persuasion), they did not increase turnout in comparison to the control group. Even after the policy was "surfaced," policy targets were unwilling or unable to mobilize for the Medicaid

expansion policy. Indeed, out of the three treatment groups, only one treatment script (self-interest) reflected a higher turnout than the control group. Moreover, out of the 332,000 voter-aged citizens in the Coverage Gap, the micro-targeting model discovered that nearly two-thirds were not registered to vote. Additionally, canvassing practices revealed that many voters in the Coverage Gap had incorrect registration records on file.

The experimental data have consequential substantive, theoretical, and methodological implications. Substantively, the results identify the limitations of policy-based mobilization among poor voters in Alabama. The experiment leveraged best practices from the GOTV literature to design interventions that made the Medicaid expansion policy proximal and salient to voters in Alabama's Coverage Gap, yet the turnout effects were minimal. Similarly, these results support Enos *et al.* (2014) who find that poor voters are not only less likely to vote but also perhaps less responsive to mobilization campaigns. Likewise, the findings lend support to the theoretical argument developed in this dissertation. The face-to-face canvassing conversations that detailed the material benefits of a policy were not enough to overcome the predispositions toward non-participation maintained by the subjects of this study. Finally, the difficulties experienced in executing the experiment are illustrative of methodological challenges that arise when coordinating GOTV experiments to study the voting behavior of poor, mostly minority, citizens.[68]

This chapter provides an overview of current research that links policy design to political participation, highlighting that gaps that exist due to policy submergedness. I propose linking policy design research with the experimental literature to test how knowledge and

[68] Many of the challenges I encountered were also identified by García Bedolla and Michelson (2012), who analyzed more than 200 experiments targeting low-income, ethno-racial voters in California.

framing of policy designs might influence participation among the target population, and I note where current GOTV mobilization scholarship has been used to inform the design of this study. I then supply a detailed overview of the experimental design, including the processes used to identify subjects and randomly assign them. I follow the design by discussing the execution of the experiment along with the concomitant challenges that emerged. Next, I discuss how I analyzed the data before I present the results. Finally, I conclude by considering the various implications the results hold for the theoretical argument advanced by this research.

Policy Design, Campaigns, and Mobilizing Policy Targets

This research on the political participation of the poor lies at the nexus of scholarship on policy design theory and GOTV mobilization. To date, policy design scholarship has not been explicitly linked to mobilization with experimental data. Soss (2000) conducted interviews among welfare recipients to determine how social constructions influenced the direction of voting behavior, and Campbell (2002) and Mettler and Welch (2004) both used observational and survey data to link patterns of political participation among policy targets. In both cases, direct policy feedback (both negative and positive) was observed as a result of a citizen's status in a target population. However, these studies overlook how policy targets become aware of policies that affect their material interests and the extent to which that learning process drives changes in political behavior. Scholars have argued that voters may become politically engaged when policies tangibly affect their lives (Dahl, 1956). Yet, as Mettler (2011) has demonstrated, the policymaking process has increasingly resulted in policies that lie submerged beneath the collective political consciousness, buried in a thicket of lengthy, esoteric legislation without clearly defined recipient groups. This research contributes to policy design theory by shifting focus to how policy targets become initially informed about the policies that affect them

directly, and how that learning process—along with the frames through which the information is presented—directs voting behavior.

Voters cannot be expected to cast a vote in their own self-interest if those interests are neither clearly reflected in the candidates nor easily defined by policy issues (Key, 1966). In other words, without a basis of knowledge about the ramifications of a policy, and the knowledge of the political context surrounding that policy, policy targets will not recognize the incentive to be politically motivated and the policy feedback process will be interrupted; the feedback process is disrupted when policies become submerged. Emblematic of submergedness is the ACA, which cobbled together subsidies to make health insurance more affordable for the workers on the private exchange while extending Medicaid eligibility for the poor. Since states were given the option to both create independent exchanges and implement Medicaid expansion on their own terms, the effects of the law vary substantially by state and socioeconomic group, leading to disparate and diffused political constituencies (Oberlander, 2012). Consequently, the ACA is illustrative of the political implications for submerged state policy designs. Indeed, the survey data in the previous chapter reveal that the Medicaid expansion policy was submerged, rendering many citizens—some of whom were directly affected—unaware and uninformed of the ramifications of the political decision. The question is whether highlighting the policy consequences of the election, and thus surfacing the policy issue, could affect the beliefs and voting behavior of citizens the policy would affect.

Campaigns play a crucial role in providing political information to voters, often acting to surface policies they are advocating and notifying potential recipients of policy benefits. Yet, when campaigns use different channels to communicate their policy platforms

(Ansolabehere and Iyengar, 1995), some voters make more information gains than others (Nadeau, *et al*., 2008). Carmines and Stimson (1980) assert that, in order to be successful, candidates and their campaign teams need to make issues easily comprehensible for voters. This task is established in the submerged state only with difficulty but, if candidates can create a proximal and salient impact for voters, they are likelier to be mobilized.

Contending that mobilization is the "key that unlocks the puzzle to electoral participation in America," Rosenstone and Hansen (1993) find that individuals are significantly more likely to vote when contacted by candidates or political parties prior to an election (161). Likewise, many candidates invest heavily in field operations to boost mobilization (Green and Gerber, 2008; Davenport, *et al*., 2012). However, campaign contact is not made at random. Campaigns engage in strategic mobilization, actively targeting likely voters (Hillygus, 2010). Leighley (2001) argues that targeted mobilization efforts cannot be decoupled from socioeconomic status, often leading candidates to concentrate campaign outreach on upper- and middle-class voters. Conventional campaign wisdom, then, is to spend resources contacting regular voters, forming a strategy that effectively avoids mobilizing poor citizens (Verba, *et al.,* 1995, 147). In addition to normative implications for participatory inequality, this pattern of campaign behavior has posed questions for political science research methodology.

Until recent decades, the field had generated little understanding of the effects of targeted mobilization tactics. Strategic mobilization led researchers to overstate the impact of campaign contact in the aggregate because, in terms of voting propensity, there was selection bias among those voters whom campaigns chose to contact compared to those they did not. Therefore, research that has relied on observational data—such as

surveys by the American National Election Studies (ANES) that ask respondents to self-report contact—overstates the impact of voter mobilization efforts, while offering few insights into the behavior of low-propensity voters who are seldom targeted, a disproportionate number of whom are poor, minorities.

In recent years, however, pioneering studies in randomized field experiments have addressed this crucial problem through the random assignment of campaign contact. Field experiments are randomized studies that take place in real-world settings and are designed to address the inferential problems that arise with self-selection in observational methods (Green *et al*., 2013, 28). Gerber and Green (2000) published the first major field experiment in political science since Gosnell (1927) or Eldersveld (1956), and this study renewed scholarly interest in field experiments as a method for causal inquiry. Since Gerber and Green's (2000) study the use of field experiments in political science has experienced somewhat of a renaissance, and in recent years, GOTV field experiments have frequently been employed to study campaign efficacy (John *et al*., 2011; Gerber and Green, 2012). In many cases, researchers are partnering with campaigns to improve external validity and enhance knowledge of the field through embedded experiments (Nickerson *et al*., 2006).

From this body of experimental research, the evidence suggests that the success of campaign mobilization efforts is primarily dependent upon the mode of contact (Green and Gerber, 2008) and the message delivered (Vavreck, 2009). Campaigns deploy a variety of tactics to reach voters directly but among the most common are direct mail, phone call, and door-to-door canvassing. From their field experiment comparing these three modes of contact, Gerber and Green (2000) concluded that door-to-door canvassing was the most effective, despite being the most expensive. Even as

technological capacities of campaigns have improved over time, these findings have been confirmed by hundreds of studies undertaken since (Davenport *et al.*, 2012). While dynamic, personalized interactions continue to generate higher turnout—even to some extent with longer phone conversations (Arceneaux *et al.*, 2006)—mass emails and impersonal messages consistently have proven ineffective (Nickerson, 2006).

Despite this surge in experimentation, evidence suggests that GOTV experiments can potentially worsen participatory inequality. Enos *et al.* (2014) reassessed 24 experiments to determine their effect on political participation in various demographic groups. Sixteen of the tests they re-analyzed widened the participation gap; eight of those sixteen were statistically significant. Conversely, of the eight experiments that reduced the gap, only two were statistically significant. Their findings have important ethical implications for scholars, and they call upon future researchers to develop a better understanding of how to reduce participatory inequality by understanding the foundations for the variation of outcomes in mobilization efforts targeted at the poor.

To address participatory inequality, scholars have conducted GOTV experiments to investigate the mobilization effects of non-partisan campaigns targeting poor, minority voters (Hill and Kousser, 2016; García Bedolla and Michelson, 2012; Green and Michelson, 2009; Green *et al.*, 2003). While these research projects yielded substantive findings—and in some cases, methodological insights, by highlighting the difficulty of performing experiments with samples of poor citizens—the non-partisan treatments of these experiments limit the application of those studies. Partisan campaigns organize and execute most mobilization efforts, targeting citizens with policy positions designed to appeal to them directly (Nickerson *et al.*, 2006).

Partisan messages differ substantially in content and in structure from non-partisan messages. Non-partisan messages seldom discuss specific campaign issues and avoid messages about specific candidates. In contrast, partisan mobilization messages place issues and candidates at the fore, asking whether poor citizens are mobilized by candidates and messages that target specific issues affecting their lives and their community. Importantly, Nickerson *et al.* (2006) find evidence that voters respond differently to partisan messages than non-partisan messages. However, the field has produced few experimental studies using partisan messaging to target poor voters. For example, the non-partisan mobilization messages in the García Bedolla and Michelson (2012) study encouraged voting based on a sense of civic duty and community solidarity. In contrast, partisan mobilization is a different message structure because it normally includes both elements of mobilization ("get out and vote!") and persuasion ("vote for our candidate because...").

This field experiment tests the relative efficacy of campaign mobilization efforts among the poor using policy-based outreach. Specifically, I performed a randomized GOTV field experiment to test if and how voters in Alabama's Coverage Gap could be informed, persuaded, and mobilized by messages that inform them of the benefits of Medicaid expansion using distinct economic voting frames. The objective of the experiment is to determine whether targeting potential program recipients (voters in Alabama's Coverage Gap), and providing them with information on a submerged policy decision that affected their material interests (Medicaid expansion), would mobilize them to vote in an election that ostensibly determined the fate of the policy (the 2014 Gubernatorial election).

To both provide information about the policy and compel interest in mobilizing to support it, I constructed three scripts as treatments for the GOTV intervention designed to appeal to subjects' self-interests, sociotropic interests or a combination of the two. By using these three different frames eliciting votes for the same policy, I am able to compare the relative effectiveness of each treatment group against one another as well as the control group in an effort to determine whether policy targets are more compelled by issues that have a clearly identifiable impact on their pocketbook, or when issues are framed in terms of their impact on the community at large. Likewise, the experiment was designed and executed to answer two straightforward questions about policy-based mobilization of the poor. First, of subjects in Alabama's Coverage Gap, would those assigned to receive treatment be more mobilized than those in the control group? Second, of the three treatment group conditions, which frame is most effective in the target population?

Experimental Design

By randomizing information interventions as treatments, manipulating if and how voters were informed about their status as a policy target, this experiment offers an experimental test of policy design theory using the case of Medicaid expansion in Alabama.[69] In the context of the 2014 Gubernatorial election, Medicaid expansion was supported by one candidate (the Democratic challenger, Dr. Parker Griffith), and opposed by the other (the Republican incumbent, Dr. Robert Bentley). These contrasting and consistent policy positions should provide an incentive for subjects to mobilize, because as Leighley and Nagler (2014) argue, "[w]hen citizens are offered distinctive choices on public policies, they are more likely to vote because these policy

[69] During the design of the experiment, I worked closely with Dr. Florian Foos to develop the cluster and block randomized design, define the parameters of the study, and perform randomization inference to ensure a balanced sample.

choices are a component of the benefits offered to those who vote"(6). However, it is incumbent on the campaign proposing a shift from the status quo to inform and subsequently mobilize those policy targets that might gain from a policy change (Gans, 1979).

This experiment worked with the Democratic campaign to mobilize policy targets of Medicaid expansion by deploying three scripts that appealed to economic voting interests: self, sociotropic, and combination. I compare the mobilization of all treatment groups to the control group to determine whether the campaign had an effect on turnout. I then compare results between treatment groups to determine which of the scripts was most effective in mobilizing voters. The combination script allowed me to determine whether the self and social frames were substitute or complementary messages. I also assess spillover effects that may occur if subjects in the treatment groups affect the mobilization of other members in their household. I begin by describing how subjects were identified and discussing the randomization process I used to assign them to treatment or control.

Subject sample

The experimental sample was selected by narrowing down the number of Alabamians who were registered to vote in Alabama (nearly three million) and eligible for Medicaid (estimated at 332,000). Potential subjects were identified using a model developed with the criteria for Medicaid eligibility (age, income level, household size, and employment status) to determine the propensity of an individual's eligibility under expansion. The model was developed in conjunction with TargetSmart—a third party agency that produces voter models in the United States—using the available voter file from the Alabama Secretary of State's office (as of July 2014) and a combination of publicly

available consumer data. This data is held in SmartVAN and the researchers were given access through Empower Alabama, a progressive voter registration organization. In order to prevent other campaign contact from contaminating our results, I coordinated with several other Alabama Democratic Party campaigns that were using the same voter file.[70] The results revealed that of the 332,000 Alabamians who would directly benefit from Medicaid expansion, only 104,522 were registered voters, revealing that fewer than one-third of potential Medicaid beneficiaries had ever entered the electoral process, quite apart from regularly participating in it.

Due to resource constraints and the logistical challenges encountered by sending canvassers into rural areas, this experiment focuses only upon those living in the four major metropolitan regions: Birmingham, Huntsville, Montgomery, and Mobile for a total sampling frame size of 32,528. Furthermore, one subject per household was selected to be included in the experimental sample in order to maintain the integrity of the non-interference assumption. After randomly sampling one individual per household, the total sample was 16,248. Narrowing the subject pool to individuals who had working phone numbers, yielding a final block-randomized sample of 11,900, further stratified the sample. Names were replaced with uniquely coded number identifiers, and the Griffith for Governor campaign manager had sole access to the key. The anonymized number identifiers prevented me from interacting with personalized data at any point in the experiment.[71]

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[70] Specifically, I secured agreements with the statewide candidate for Lieutenant Governor as well as four candidates for the state legislature in constituencies where many subjects were residing. Subjects of the study were identified with an "activist code" so that they did not receive campaign contact from other candidates. In exchange for this partnership, I passed out relevant literature for each of the campaigns to subjects in the treatment groups within their respective districts.

[71] Maintaining anonymized data was an important component to my application for ethical approval to conduct this experiment. On 13 October 2015, I received approval from University of Oxford's Department of Politics and International Relations Departmental Research Ethics Committee to perform this experiment and all research associated with this dissertation (Reference number: DPIR/C1A/13-041).

All of the subjects in the experiment were of low-income backgrounds, uninsured, and most were minorities. Since the Griffith for Governor campaign resources were primarily concentrated in urban rather than rural areas, the field experiment was performed solely within metropolitan areas. Therefore, it should be noted that the subject pool is not an accurate reflection of the uninsured residents of Alabama. Nearly 80% of the field experiment subjects were black and most of the remaining subjects were white with a negligible amount of other ethnicities represented. Compare the composition of the subject sample to that of Alabama's uninsured population in 2014, where 60% were white, 35% were black (while blacks made up 27% of the general population), and 5% were Latino.

Although concentrating the campaign in cities was an optimal strategy to increase sample size, it introduces limitations to the findings for two reasons. First, it altered the study's racial composition such that it complicated a measurement of persuasion effects. In a 2012 NBC exit poll of Alabama voters, 95% of black voters supported the Democrat while just 15% of white voters did. Therefore I anticipate a ceiling effect of persuasion effects among African American voters who constitute the majority of the subject sample. Therefore, to the extent I could expect to find a treatment effect on persuasion and vote choice, it would be the white subsample only. However, despite an *a priori* effort to oversample white subjects in the post-treatment survey, I was unable to draw statistically significant conclusions about if and how voters were persuaded due to the limited number of white subjects in our total sample and low statistical power. Second, past research has demonstrated a focus on urban rather than rural areas may not provide an appropriately representative depiction of the voting behavior of the poor. For example, Duncan (2001) argues that there is a lower propensity for political engagement

among rural communities because rural residents are isolated from civic groups leading to lower social capital, and Shingles (1981) notes that rural citizens have a weak sense of political efficacy because their interactions with government are limited.

Randomization

This research design used random assignment to ensure that there were no systematic differences between the treatment and control groups, enabling an unbiased estimate of the average treatment effects of each script (Gerber and Green, 2012). I block-randomly assigned the randomly sampled experimental subject per household, located within 74 canvassing turfs–geographic regions designated for canvasser contact–into one of four experimental groups: self-interest treatment, social interest treatment, a combination of self- and social interest, or the control group. Of the 74 canvassing turfs that were carved out using the "turf cutting" function included as a targeting tool in SmartVAN, 30 were located in Birmingham, the state's largest city, 8 in Huntsville, 23 in Mobile, and 13 in the state capital of Montgomery. Each turf encompassed approximately 150 households. This left me with a total of 11,900 households included in the experiment. For purposes of treatment administration, I conducted complete random assignment within each of these turfs. One individual per household was assigned to either one of three treatment groups (self-interest, sociotropic, or combination) or the control group. Complete randomization occurred within each of these clusters.

Subjects were block-randomized in each of the four cities, and geographic regions were designated for canvasser contact in randomly assigned turfs. Details of the blocked randomization scheme can be found in Appendix D, and Table 4.1 outlines the original assignment of the experiment. Probabilities of assignment to the three treatment groups and the control group were approximately equal in each of the 74 turfs. Experimental

subjects within each turf had a .225 probability of being assigned to each of the three treatment groups, and a .335 probability of being assigned to the control group. Moreover, the order in which turfs were released for canvassing in each of the four cities was also randomized. Volunteer canvassers were randomly assigned to treatment scripts as they walked into the staging location.

TABLE 4.1: EXPERIMENTAL ASSIGNMENT OF HOUSEHOLDS

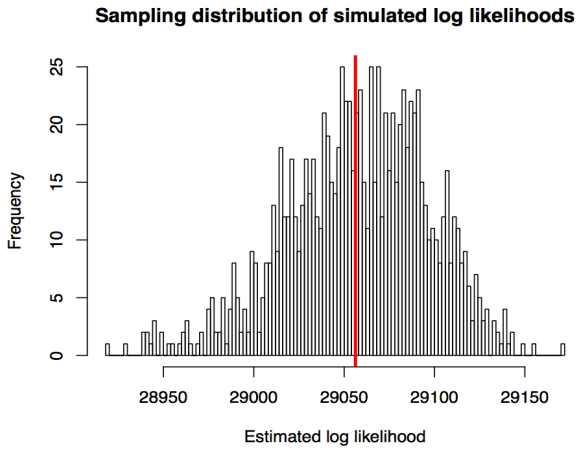
City	Total	Self	Social	Comb.	Control	Canvassing Shifts	Turfs
HSV	1,332	287	287	287	471	24	8
BHM	4,842	1086	1086	1086	1584	90	30
MGM	2,117	474	474	474	695	42	13
MOB	3,609	810	810	810	1179	69	23
Total	*11,900*	*2657*	*2657*	*2657*	*3929*	*225*	*74*

Balance Check

Using all available pre-treatment covariates included in the SmartVAN database such as turnout in the last seven Presidential and Midterm Elections, the last ten Democratic Primary Elections, and demographic information including gender and ethnicity of the subject, I performed a balance check using randomization inference to estimate p-values. This balance check protects the research against bias that might occur if subjects were systematically related to covariates (Gerber and Green, 2012). In order to perform the balance check, I first extracted the log likelihood statistic resulting from a multinomial logistic regression of treatment assignment on all available pre-treatment covariates. In Figure 4.1, I compare the extracted log likelihood to the distribution of all log likelihoods that I obtain after simulating cluster and block random assignment within each experimental block 1000 times. The resulting p-value of 0.53 indicates that I cannot reject the sharp null hypothesis that pre-treatment covariates are not systematically

related to treatment assignment. I am therefore confident about the balanced nature of treatment and control groups.

FIGURE 4.1: BALANCE CHECK USING RANDOMIZATION INFERENCE



Measurement Tools

The experimental data was collected via two measurement tools. The first measurement instrument was a post-treatment survey that was conducted by a third party vendor via telephone and administered to a subset of the subject pool, including both treatment and control groups. The survey questionnaire (Appendix E) tests a respondent's knowledge of the Medicaid expansion issue, its perceived impact on their lives and the community, and asked questions related to turnout and vote choice. In the survey, I measured six dependent variables that were scored and coded according to the following scale:

- Information about candidate positions: 0 correct answers, 0; 1 correct answer, 1; 2 correct answers, 2.
- Support for Medicaid expansion: -1 against; 0 undecided or don't know; 1 for
- Personal Benefit: 0 not at all; 1 not benefit much; 2 don't know; 3 benefit a little; 4 benefit a lot.
- Social Benefit: 0 not at all; 1 not benefit much; 2 don't know; 3 benefit a little; 4 benefit a lot.
- Vote intention: 1 if Democrat; 0 for all other candidates.
- Turnout: 1 if voted; 0 if abstained.

The post-treatment survey aimed to generate 1000 responses. However, Alabama's voter file had a substantial number of incorrect contact information listings, a problem that was likely exacerbated by working with poor, and minority subjects. Indeed, the post-treatment polling firm reported an overall response rate to the post-treatment survey was below 2%. Due to the low response rate, I also sampled household members. Thus, I received just 506 responses to the post-treatment survey instrument in turfs that were part of the experiment, 356 of which were conducted with subjects directly assigned to treatment and control (the remaining 150 were interviews with household members).

The second measurement tool was the voter file, which tracks whether individual subjects voted in the 2014 General election. This data file was updated by the Alabama Secretary of State's office after the election and uploaded to SmartVAN, which I accessed through Empower Alabama, a non-profit designed to register eligible Alabama voters. Because I used the voter file, I was not dependent on subjects to self-report turnout, which could have resulted in data with both a lower sample size and questionable reliability (Holbrook *et al.*, 2010).

Execution of Experiment

Resource constraints prevented the campaign from releasing all turfs for canvassing.[72] However, because the design anticipated this complication and block-randomly assigned households to treatment and control groups within turfs, I can exclude those turfs that were not reached by the canvassing contact without introducing bias to the analysis.

[72] The turfs were less dense than a traditional canvassing area. Where a standard campaign's turf assignment would include 50 doors and take three hours to complete, a canvasser assignment for this experiment comprised 36 doors and took four hours to complete. Given the limited financial resources of the campaign, I was unable to recruit enough volunteers or pay an adequate number of canvassers to reach all of the turfs that were originally randomized.

Therefore, failure to treat due to resource constraints resulted in a final experimental sample of 11,900 households in 44 turfs as outlined in Table 4.2.

TABLE 4.2: FINAL EXPERIMENTAL SAMPLE: EXCLUDING TURFS THAT WERE NOT RELEASED

City	Self	Self	Social	Combo.	Control	Canvassing Shifts	Turfs
HSV	602	131	134	131	206	12	4
BHM	1,790	355	373	374	688	42	13
MGM	1,625	330	304	346	645	39	12
MOB	2,004	380	405	450	769	48	15
Total	*6,021*	*1196*	*1216*	*1301*	*2308*	*141*	*44*

Treatments

Prior to canvassing, I developed three scripts to compel voters to support Medicaid expansion. In consultation with the campaign and relevant literature, I conceived of two broad categories of arguments might persuade a member of the Coverage Gap to support expansion: self-interest and sociotropic. These categories, levels, and associated attributes are listed in Tables 3.1 and 3.2 in the previous chapter. In the self-interest category, I randomly selected four attributes across each of the four levels, and in the sociotropic frame, I randomly chose three attributes across three levels. These randomly selected attributes formed the basis of the different treatment scripts by priming different economic voting frames according to pocketbook interests (the self-interest script), community interests (sociotropic script) and a combination of the two in an effort to surface the policy within the target population. The three scripts are included as appendices (see Appendices F, G and H). All three scripts were comprised of five sections: introduction, assessment of Medicaid support, treatment delivery, commit to vote questions, and a standard GOTV message customized for the subject's specific precinct. Additionally, each conversation between canvasser and voter was primed with a cue. The cue was a single page document given to each voter with whom canvassers

made contact, often delivered with some sort of campaign material of both local and statewide Democratic candidates. Each of the cues handed out to subjects are appended to the dissertation (see Appendices I and J, and note the combination cue was a front and back copy of each of these cues).

The construction of the scripts draws upon components of economic voting literature and policy design theory. The self-interest script explicitly draws upon pocketbook interests for the subjects before presenting the subject with a cue that directs their attention to the fact that they are indeed in the Medicaid Gap. The canvasser says, "you could obtain high-quality health care services at free or low cost," and "if you are eligible Medicaid expansion will eliminate most of your out-of-pocket medical expenses, and provide hospital care for you." Each of them highlights the savings that Medicaid expansion could potentially bring to the subject. Following the pocketbook appeals, canvassers then asked, "Do you and your family currently have health insurance?" before explaining the pocketbook appeals. Subjects were then probed, "Do you want to see if you'd be eligible for Medicaid under an expanded plan?" as the canvasser turned over the handout to walk them through the flow chart that made clear their eligibility and thus their membership in the target population. Therefore, this approach highlights aspects of policy design theory that specifically identify the subject's location within the target population, making the policy both visible and salient to the individual.

In contrast, the sociotropic script primes a voter to think about the impact Medicaid expansion could have on the community at large. Canvassers display the Medicaid fact sheet to subjects stating, "Medicaid expansion would save the state an estimated $1.8 billion this year, limit personal bankruptcies and boost consumer spending, all while saving an estimated 563 lives." In contrast to the self-interest cue, the sociotropic cue

presents the policy issue without explicitly locating the subject within the target population. Importantly, the sociotropic message does not probe whether the subject has health insurance or whether they would like to see if they were eligible for Medicaid under expansion. Thus, the policy is made visible to the subject, but is not connected directly to the subject's life. This lies in contrast to the self-interest and combined treatments. Though a subject might infer that he or she is a member of the target population, the canvasser did not explicitly draw this connection.

The combination message was the lengthiest of the treatment scripts, merging the economic voting elements of both the sociotropic and self-interest scripts while using a two-sided cue to guide the conversation. Subjects who received the combination treatment were first given the Medicaid fact sheet (sociotropic cue) and told about the potential community benefits that could be realized through Medicaid expansion. Immediately following this message, the canvasser probed whether the subject and his or her family currently had health insurance. The canvasser then led the subject through the flow chart locating the subject in the Medicaid Gap before explaining that Medicaid expansion is the priority of one candidate and not the other. Each of the scripts concluded with a GOTV message asking support for Griffith and the Democratic ticket on Election Day. Furthermore, the canvassers asked subjects to "commit to vote" creating a detailed plan of how they would cast their ballot on Election Day. All canvassers were given the polling locations of each of their subjects so that they could assist with vote planning where necessary.

Paid staff members at all four experimental sites delivered a majority of the treatments. Each site had a canvass director and three canvass trainers. The three canvass trainers each specialized in one version of the script (self, social, or combination) so that they

were not asked to alternate between scripts, limiting the risk of a canvasser delivering a message that mixed elements of other treatments. All canvassing was performed in the 15 days prior to the election. In addition to delivering the treatment, canvassers asked questions to determine the voter's level of awareness of the Medicaid expansion issue and their voting intentions for the Gubernatorial election, held November 4, 2014. In each canvassing conversation, these questions were asked before treatment was delivered. These data were captured and recorded nightly to monitor data integrity.

On the weekends, a number of unpaid volunteers were trained and mobilized to deliver treatments. Volunteers were randomly assigned to deliver the treatments in an effort to prevent varying levels of volunteer knowledge about Medicaid expansion from unduly influencing treatment delivery. Therefore, each volunteer was trained with only one script, so that they might remain blind to the other possible treatments. Weekday shifts began at 1 PM and were completed at dusk, near 6 PM. Weekend shifts began at 9 AM and concluded at 6 PM. Canvassers were unaware of subjects in the control group, and subjects in the control group were not contacted.

Analysis

In order to test the effects of the three treatment messages in terms of their ability to inform, persuade, and mobilize poor voters in the Alabama electorate, the experimental data was analyzed by taking into account the blocked random assignment of households within canvassing turfs, where complete randomization occurred within each block.[73] The causal effect of assignment to treatment on the outcome is called the Intent-to-Treat

[73] Based on his experience, Dr. Foos guided me through the analysis of the results by both performing and teaching me statistical approaches to analyzing the experimental data. Additionally, Dr. Foos contributed some of the written analysis for variations of this chapter prepared as a co-authored paper presented at the American Political Science Association's annual conference in September 2015 and the Midwest Political Science Association conference in April 2016.

effect (ITT) (Gerber and Green, 2012). When every subject assigned to treatment actually receives the treatment, ITT=ATE. However, many GOTV experiments encounter non-compliance (as this experiment did), because all subjects assigned to treatment did not receive the treatment. Failure to treat subjects who were assigned to treatment is called non-compliance. In my experiment, these subjects were not treated because they were either not at home or had left the address.[74]

Under conditions of non-compliance, the average treatment effect (ATE) cannot be estimated, so researchers use an alternative estimate, the Complier Average Causal Effect (CACE). Before testing the hypotheses with data, I conducted a test to confirm success in the parallel administration of treatments (i.e. contact rates were similar across treatment groups, Table 4.7). I used randomization inference to test if the differences in contact rates were larger than what would be expected to occur from sampling variability alone and could not reject the assumption that contact rates were identical between treatments. Therefore, I am able to compare compliers directly to each other using both randomization inference and linear regression (Table 4.5) through the CACE.

The CACE is the average treatment effect for a specific subset of the subject pool, those who would "comply" with, and therefore receive, treatment when assigned to treatment (Gerber and Green, 2012). The CACE ratio is formally expressed as:

$CACE = ITT / ITT_D$

where ITT_D is the effect of treatment assignment on receiving the treatment. To obtain parameter estimates for the ITT and the ITT_D, I use both the differences-in-proportions estimator accompanied by randomization inference to estimate p-values and confidence-

[74] Unfortunately, volunteer capacity was only sufficient to attempt treatment once for each of the assigned subjects.

intervals, as well as ordinary least squares (OLS) regression. To estimate the CACE, I use a two-stage linear instrumental variable (IV) regression.

Furthermore, I estimate the ITT and CACE effect across each block by estimating the weighted average of the ITT effects using inverse probability weighting. I calculate p-values and confidence intervals using randomization inference due to the superior small sample properties of that approach. I account for cluster random assignment of the turfs to time periods by clustering the standard errors at the turf level.

As Gerber and Green (2012) argue, researchers should take advantage of opportunities to gather background information that may be useful in predicting potential outcomes. Though using covariates is not necessary to obtain an unbiased estimation of the ITT or CACE, they can enable the measurement to be more precise. For covariate adjustment in this analysis, I used all available pre-treatment covariates that were originally included in the SmartVAN database.[75] All pre-treatment covariates were included as categorical dummy variables, where missing values were included as a separate category. Included in the tables that present the results of the experiment, I provide both unadjusted and covariate-adjusted estimates for comparison (Table 4.6).

Hypothesis Testing

I used the experimental data to test multiple hypotheses. There were two categories of hypotheses to be tested: treatment versus control and treatment versus treatment.
The first set of hypotheses compares outcomes in the control group to either all treatment groups combined, or to each treatment group separately. The second set

[75] These covariates included turnout in the last seven Presidential and Midterm Elections, the last ten Democratic Primary Elections, and demographic information including gender and ethnicity of the subject.

compares outcomes between the three treatment groups directly. I specified each of these hypotheses in the original pre-analysis plan (attached as Appendix K).[76] The hypotheses are directly related to outcomes that could be obtained through either the voter file or the post-treatment survey.

I used one-tail tests to compare outcomes between treatment and control conditions, and I used two-tailed tests to test outcomes comparing two treatment groups. I followed this approach to the analysis, because I assumed a directional hypothesis when a treatment group was compared with the control group. Though I assumed the treatment conditions would only serve to increase turnout against the control, I could not make a similar directional assumption about which treatment groups would be more effective in comparison to one another.

In the treatment versus control group hypotheses, I hypothesized that, in comparison to the control group, subjects who had received treatment would be more informed about the positions that candidates had take on Medicaid expansion; more likely to respond that Medicaid expansion benefits them personally; more likely to respond that Medicaid expansion benefits their community; more likely to support Medicaid Expansion; more likely to support the Democratic candidate; and more likely to turnout to vote. Furthermore, I made use of the fact that one subject per household was randomly sampled to be assigned to treatment or control groups, by estimating the spillover effects of the treatments on the household members living with subjects in treatment and control. In testing spillover effects, I assumed that there would be positive spillover effects within households, hypothesizing that subjects that lived with someone who was

[76] The pre-analysis plan was registered with the Evidence in Governance and Politics (EGAP) website to comport with experimental best practices <http://egap.org/registration/743>.

assigned to the treatment group would be more likely to vote than subjects that lived with someone who was assigned to the control group.

Following theories of Kramer (1988), and Kiewiet and Lewis-Beck (2012), I hypothesized that the self-interest message and social interest frames are not substitutes, but complements. Therefore, when comparing the treatments against one another, my hypothesis was that the combination message would be most effective in informing, persuading, and mobilizing voters. Following the pocketbook voting argument, I hypothesized that the self-interest frame would be the second-most effective frame, shifting subject knowledge, support for the Democratic candidate, and turnout more effectively than the sociotropic message. Again, I measured spillover effects, hypothesizing that subjects who lived in households in which one member received the combination script treatment would be more likely to vote than subjects that lived in households where one member received either the self-interest or sociotropic treatments. Each of these hypotheses was examined using a one-tailed hypothesis test. In testing the hypotheses I accounted for cluster random assignment at the household level by clustering standard errors at the household level.

To give an example of how hypothesis testing was performed, consider the following hypothesis:

> *Subjects in the treatment group are better informed about the positions of the candidates regarding Medicaid expansion than those in the control group.*

I obtain the data for this hypothesis test by comparing the responses to the Medicaid questions in the post-treatment survey instrument implemented in the days following the election. Hypothesis A is tested by comparing responses to questions 4 and 5 of the post-treatment survey questionnaire across both treatment and control groups. These

questions test a subject's objective understanding of which candidate supported Medicaid expansion. If the respondent answers both questions correctly, they will receive a score of 2. If they answer only one correctly, they will score 1, and if they answer neither correctly, they will score 0. To compare these responses I use a one-tailed hypothesis test. I can express this formally as:

$$ITT_Y = \frac{1}{N}\sum_{i=1}^{N}(Y_i(z=1) - Y_i(z=0))$$

Where Y_i (z=1) is the potential outcome if subject *i* was assigned to treatment and Y_i (z=0) is the potential outcome if subject *i* was assigned to the control group. I then estimate the difference-in-means between treatment and control by comparing the estimate that I obtain from random assignment to the sampling distribution of differences-in-means I receive from 5,000 re-assignments of all subjects to treatment and control conditions. I perform this under the assumption that there was no effect for any subject, the sharp null hypothesis (Gerber and Green, 2012). The proportion of times that the difference-in-means that I receive from this hypothetical re-assignment is larger or equal to the test-statistic that I obtain from my realized random assignment is the reported p-value.

Statistical Power of Hypotheses[77]

For the one-tailed tests comparing turnout in the treatment groups versus turnout in the control group, I use a significance level (α) of .05. For the hypothesized standard deviation of the outcome variable (turnout), I assumed a level of turnout of 25% for the Coverage Gap sample (.25). This provided me with a standard deviation of √ (.25*(1-0.25)), which equals .433. Also, I assumed a CACE of 6-8% and use the non-compliance

[77] Statistical power was calculated using the power calculator tool developed by Alex Coppock on the Experiments in Governance and Politics (E-GAP) website, http://egap.org/resources/tools/power-calculator/.

estimate of 25.06% to calculate the expected Intent-to-Treat (ITT).[78] The Power Tables (attached as Appendix L) are divided according to the assumed ITT estimates, determined by multiplying the CACE by the contact rate. These calculations assume a fixed number of maximum subjects at 10,000. The intracluster correlation is varied between .1 and .2, the power target from .7 to .8, while the number of clusters per arm ranged from 2,000 to 3,000 to calculate a required sample size.

Results

In order to understand whether subjects recalled receiving the treatment, I first performed a manipulation check. To conduct this test, subjects in treatment and control groups were asked in the post-treatment survey whether someone talked to them about Medicaid expansion during the campaign. Table 4.3 shows the results of subjects who recalled speaking with someone about Medicaid expansion, regardless of whether they were assigned to treatment or control. As specified in the pre-analysis plan, I use one-tailed tests to determine whether subjects in the three treatment groups were more likely to recall discussing Medicaid expansion than subjects in the control group. The results in Table 4.3 clearly demonstrate that subjects in all three treatment groups were significantly more likely to recall speaking with someone about Medicaid expansion than subjects in the control group, with Intent-to-Treat (ITT) sizes ranging from 7 to 18 percentage points.

TABLE 4.3: INTENT-TO-TREAT EFFECT ON CAMPAIGN VISIT RECALL BY EXPERIMENTAL GROUP

	Self-Interest	Social-Interest	Combined
ITT v. Control	9.9*	7.2ⁱ	18.2**
Covariate-Adjusted	[-.04, 21.1]	[-2.8, 17.2]	[6.2, 31.5]
N	175	189	173

[78] The non-compliance percentage is the proportion of households assigned to treatment who were treated (i.e. answered the door and spoke with a canvasser).

*** p<0.001, ** p<0.01, * p<0.05, ⁱ p<0.1 (based on one-tailed test of sharp null hypothesis), randomization inference-based 95%-CIs in brackets.

Having established that subjects in all three treatment groups recalled the campaign visit, Table 4.4 further presents results from the post-treatment survey. Although the low response rate to the post-treatment telephone survey prevents some of the effects from reaching levels of statistical significance, the results in Table 4.4 suggest that subjects who received a treatment were better informed about the policy and its potential benefits than the control group. Campaign visits improved subjects' knowledge of the Gubernatorial candidates' positions on Medicaid expansion by around .2 on a 3-points scale where a score of 3 indicated that subjects identified the positions of both candidates correctly; this is both a substantially large and a statistically significant effect. After speaking with a canvasser, subjects were more likely to correctly identify Parker Griffith, the Democratic Gubernatorial candidate, as favoring Medicaid expansion, and Robert Bentley, the Republican incumbent, as opposing it. Moreover, the results in Table 4.4 indicate that canvassers might have been successful at convincing subjects that expansion provided personal benefits. On a 5-point scale subjects were .17 points more likely to recognize that Medicaid expansion would benefit them personally, an effect particularly pronounced in the "combined" condition. On the other hand, subjects in the sociotropic treatment conditions were no more likely to agree that Medicaid expansion would benefit their community than members of the control group. All treatments appear to have positively affected vote choice for Griffith, the Democratic candidate for Governor and advocate of Medicaid expansion by around seven percentage-points, on average. However, due to the small subsample sizes, none of the treatment effects reaches conventional levels of statistical significance.

TABLE 4.4: INTENT-TO-TREAT EFFECT ON OUTCOMES BY EXPERIMENTAL GROUP

	Pocketbook	Sociotropic	Combined	Campaign Effect
	Subject Believes Expansion Provides Personal Benefits (5-point scale)			
v. Control	0.11	0.16	.44*	0.17
	[-.28, .49]	[-.36, .73]	[-.08, .88]	[-.17, .49]
N	162	174	157	277
	Subject Believes Expansion Provides Social Benefits (5-point scale)			
v. Control	.19ⁱ	-0.12	0.03	0.02
	[-.10, .43]	[-.45, .22]	[-.31, .32]	[-.21, .23]
N	160	170	161	281
	Knowledge of Correct Candidate Positions on Expansion (3-point scale)			
v. Control	0.21	-0.05	.28*	.20*
	[-.10, .53]	[-.38, .24]	[-.04, .58]	[-.01, .40]
N	172	183	168	299
	Subject Intends to Vote for Griffith/Democratic Party			
v. Control	0.06	0.11	0.08	0.07
	[-.10, .21]	[-.15, .32]	[-.13, .31]	[-.07, .21]
N	119	122	118	203

*** p<0.001, ** p<0.01, * p<0.05, ⁱ p<0.1 (based on one-tailed test of sharp null hypothesis), randomization inference-based 95%-CIs in brackets.

As Figure 4.2 indicates, the campaign succeeded in shifting voter knowledge about candidates' positions on Medicaid expansion. Additionally, there is some evidence—though limited—to suggest that the campaign succeeded in convincing subjects about the personal benefits of Medicaid expansion. However, this difference could be accounted for by sampling variability given the small sample that was reached by telephone interviews.

FIGURE 4.2: POST-TREATMENT SURVEY: ITT V. CONTROL

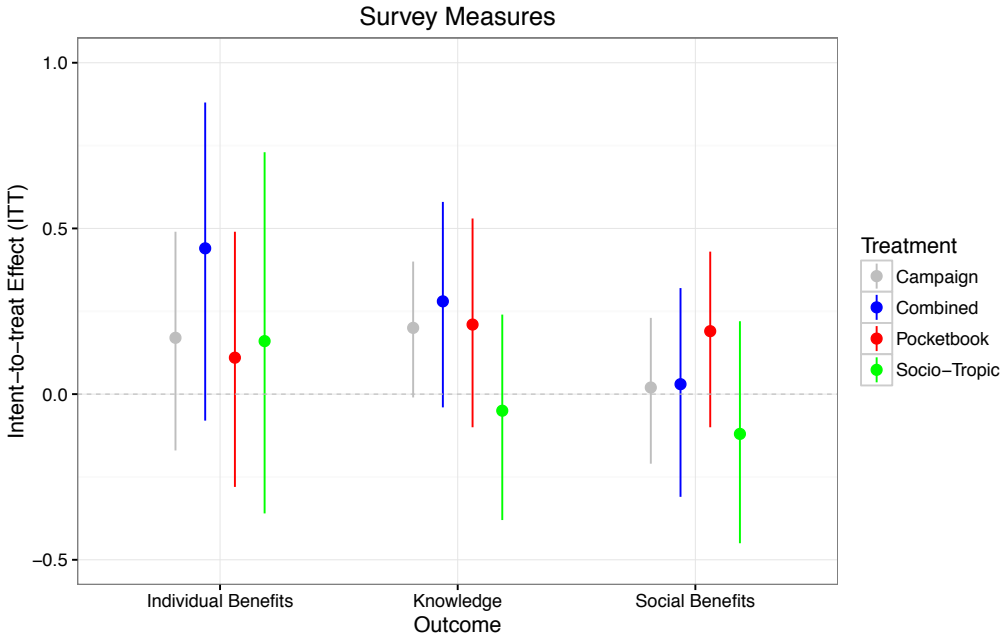


Table 4.5 tests whether those subjects assigned to a treatment group were likelier to turn out than were those subjects assigned to the control group. Using data from Alabama's voter file, Table 4.5 shows the turnout percentages in each group weighted by the inverse of the probability of being assigned to treatment within each block and cluster, alongside the ITT effects on turnout compared to the control group. The table also displays estimates adjusted for pre-treatment covariates, which reduce the variance in the outcome variable. The results demonstrate that the campaign, overall, had little effect on mobilization of Medicaid expansion's target population. However, the self-interest script did produce a reasonably robust, positive, and statistically significantly increase in turnout among subjects (at the $p<.10$ level), with little fluctuation after covariate adjustment. The combined and sociotropic treatments appear to have had an insignificant impact on mobilization among subjects, but a positive effect on subjects' household members; both results are, however, probably accounted for by sampling variability.

TABLE 4.5: WEIGHTED TURNOUT PERCENTAGES AND ITTS FOR ASSIGNED SUBJECTS AND HOUSEHOLD MEMBERS

	Control	Pocketbook	Sociotropic	Combined
	Direct Effects on Assigned Subjects			
Turnout in Percent	41.1	42.6	40.3	39.8
N	2331	1779	1681	1659
ITT v. Control		1.5	-0.7	-1.3
Unadjusted		[-1.4, 4.5]	[-3.9, 2.4]	[-4.4, 1.8]
ITT v. Control		1.8[i]	-0.2	-1.6
Covariate-Adjusted		[-0.5, 4.4]	[-0.3, 0.2]	[-4.2, 0.9]
	Spillover Effect on Household Members			
ITT v. Control		0.9	0.5	1.2
Unadjusted		[-1.8, 3.2]	[-1.8, 2.9]	[-1.3, 3.7]
ITT v. Control		1.3[i]	1.3[i]	0.6
Covariate-Adjusted		[-0.8, 3.1]	[-0.5, 3.3]	[-1.4, 2.5]
	Everyone in the Household			
ITT v. Control		1.2	-0.1	0.4
Unadjusted		[-1.1, 3.6]	[-2.4, 2.3]	[-1.8, 2.6]
ITT v. Control		1.5*	0.8	0.0
Covariate-Adjusted		[-0.3, 3.1]	[-0.8, 2.6]	[-1.7, 1.6]

*** p<0.001, ** p<0.01, * p<0.05, [i] p<0.1 (based on one-tailed test of sharp null hypothesis), randomization inference-based 95%-CIs in brackets.

Though the effect sizes were minimal, subjects appear to have been most effectively mobilized by canvassing messages that appealed to their pocketbook interests. It might be reasonable to assume that the effectiveness of the self-interest appeal is due to the mechanics of the message delivery. It could be argued that while the sociotropic frame was more abstract, the use of a diagram in the self-interest appeal provided clarity to the subject about their location in the Coverage Gap. However, the inefficacy of the combined appeal calls this explanation into question since that treatment also contained the message compelling self-interest, and it similarly followed a flow chart to explain eligibility.

In Table 4.6, I directly compare the effects each script had on turnout relative to one another. The ITTs illustrate that the pocketbook script was significantly more effective at increasing turnout than the social interest script and the combined script treatment. However, the aggregate turnout effects of all the treatments in the campaign were small.

TABLE 4.6: INTENT-TO-TREAT EFFECT ON TURNOUT OF ASSIGNED HOUSEHOLD MEMBERS

	Unadjusted	Covariate-Adjusted	N
Pocketbook v. Sociotropic	2.4	2.0ⁱ	3460
	[-1.1, 5.7]	[-0.6, 4.8]	
Pocketbook v. Combined	3.1ⁱ	3.3*	3438
	[-0.0, 6.5]	[0.6, 6.0]	

*** p<0.001, ** p<0.01, * p<0.05, ⁱ p<0.1 (based on two-tailed test of sharp null hypothesis), randomization inference-based 95%-CIs in brackets.

Table 4.7 examines the contact rate of the treatment attempts. The overall contact rate for the experiment was 25.06%, below the 30% average of most field experiments (Gerber and Green, 2012). Two reasons might explain the difference. First, because I was targeting poor voters who change residences with greater frequency than the general population (DeLuca, *et al.,* 2011) or are working multiple jobs (Piven and Cloward, 1988), it was difficult to meet people at their door. Second, the voter file itself was flawed. On average, between six and ten of the 36 doors per packet in a given canvassing assignment were bad addresses, meaning that no one had knocked on the door in recent years to determine whether the building had been razed or the targeted subjects had moved. Were a similar experiment to be run in a nationally competitive swing state—Virginia, Florida, or Ohio—with a voter file frequently updated and mined for information, the contact rate might be much higher. Table 4.7 displays contact rates for each script and the corresponding Complier Average Causal Effects (CACEs) among compliers—those

subjects who received treatment by speaking with a canvasser—along with the average treatment effects (ATEs) for the subgroup of those compliers.[79] This experiment maintains the monotonicity assumption, which holds that contacting a subject does not discourage turnout, or in terms of the information dependent variable, contact with treatment does not decrease their level of information about the issue at hand.[80]

TABLE 4.7: CONTACT RATE AND CACE CONTROL, POCKETBOOK, SOCIOTROPIC, AND COMBINED

	Control	Pocketbook	Sociotropic	Combined
Contact Rate	0.01	22.4	26.2	26.3
CACE v. Control Unadjusted		8 [-8.4, 24.3]	-3.1 [-17.8, 11.6]	-6.2 [-20.9, 8.5]
CACE v. Control Covariate-Adjusted		9.9^{i} [3.2, 23.0]	-0.5 [-12.3, 11.2]	-7.2 [-19.0, 4.7]
N	2331	1779	1681	1659

*** p<0.001, ** p<0.01, * p<0.05, ^{i} p<0.1 (based on one-tailed hypothesis tests), 95%-Confidence. Intervals in brackets.

Table 4.8 examines indirect treatment effects, the spillover effects of the canvassing on household members who were not assigned to treatment. I detect small but positive campaign spillover effects on household members of subjects who were assigned to receive the self-interest and sociotropic treatments, though the differences in the effect sizes are not statistically significant.

[79] The ATEs are calculated by dividing ITT by the contact rate.
[80] The monotonicity assumption is common to all randomized experiments because it is essential for estimating the CACE.

TABLE 4.8: INTENT-TO-TREAT EFFECTS ON HOUSEHOLD MEMBERS

	Pocketbook	Sociotropic	Combined
	Spillover Effect on Household Members		
ITT v. Control	0.9	0.5	1.2
Unadjusted	[-1.5, 3.2]	[-1.8, 2.9]	[-1.3, 3.7]
ITT v. Control	1.3^{i}	1.3^{i}	0.6
Covariate-Adjusted	[-0.8, 3.1]	[-0.5, 3.3]	[-1.4, 2.5]

*** p<0.001, ** p<0.01, * p<0.05, ^{i} p<0.1 (based on one-tailed test of sharp null hypothesis), randomization inference-based 95%-CIs in brackets.

Discussion

The results reveal three important insights. The first important result of the experiment is that while the campaign appears to have influenced vote choice, at least among the subset of voters that answered the telephone survey, the overall effect of the campaign on turnout was inconsequential. The experiment attempted to understand whether poor voters in the Coverage Gap would be more mobilized by messages that compelled self-interest or community interests. Furthermore, I tested the combined treatment message among subjects to determine whether these different economic voting messages acted to complement one another or as alternative rivals. Though I discovered that the self-interest message slightly affected turnout positively, the combined and sociotropic message appeared to generate null or even negative turnout effects in comparison to the control group. In short, neither the self-interest nor the sociotropic arguments for Medicaid expansion generated significant mobilization effects among subjects in Alabama's Coverage Gap.

Second, though the campaign generated null effects on mobilization, it was not because the policy remained submerged. As I established earlier, Medicaid expansion is emblematic of a submerged state policy, making it both difficult to understand and communicate. The research design intentionally sought to address the problems

associated with submergedness by developing treatment interventions that would surface the Medicaid expansion policy for targeted subjects living in the Coverage Gap. The experiment was designed to remove the knowledge barriers in the treatment group, making Medicaid expansion both proximal and salient to members of the target population. I did this by clearly explaining the policy, its benefits, and the candidate who supported the policy in the context of an imminent election. Additionally, the scripts and the information cues that were left with subjects were designed to highlight specific attributes of the Medicaid argument. The post-treatment survey results indicate that the campaign was effective in shifting subject knowledge of candidate positions on Medicaid expansion and informing them about the individual benefits of Medicaid expansion. And yet, citizens exposed to these messages were no more likely to mobilize than subjects who received no contact in the control group; Medicaid policy information did not translate into mobilization effects among treated subjects.

The final insight of the study is methodological, reflecting both the difficulty and importance of engaging poor voters. As García Bedolla and Michelson (2012) and others who have performed experiments targeting poor voters have found, so I encountered several challenges to the experiment's execution. First, the micro-targeting model revealed that a majority of citizens in the Coverage Gap were simply not registered to vote. Second, of those that had registered, an appreciable number were no longer residing at the address associated with their registration. Low registration numbers and incorrect voter addresses may have contributed to the null effects on turnout. After the total Coverage Gap population was narrowed through the micro-targeting model, the policy targets that could be affected by this treatment are (a) compliers who are (b) registered to vote and (c) would not vote without the intervention; this is likely a small number of subjects. From a methodological perspective, this lowers the power that I

anticipated given a much lower true potential of being affected by the treatment.[81]

Moreover, the low voter registration of Alabama's Coverage Gap also poses a substantive problem for future candidates and campaigns that seek to mobilize this target population. The following chapter details myriad challenges voters faced in registering to vote, broadly defined by legal and procedural constraints. A key barrier to registration for more than 200,000 Alabama citizens (approximately 7.19% of the voter-aged population) is that they are disenfranchised because of a prior conviction. It is reasonable to assume that an appreciable number of these citizens are also in the Coverage Gap, and because they are not registered in the voting file, they were not a part of the experimental assignment.[82]

Conclusion

This experiment sought to answer a single question: can poor voters in Alabama's Coverage Gap be mobilized by a policy-based campaign intervention that informs them of Medicaid expansion's direct implications for their lives? Merging insights from policy design theory and GOTV mobilization literature, this research accompanies many studies that have sought to understand how participatory inequality may be mitigated by mobilizing poor voters. It improves upon existing scholarship in two respects. First, I have endeavored to link specific policy designs with the subsequent mobilization of a target population using experimental data. Earlier studies have used observational data to determine the extent to which policy designs influenced political participation; these

[81] In effect (though not conceptually), large numbers of unregistered voters in the original target population is equivalent to a reduction of the potential compliance rate in the ITT; thus the denominator of the CACE should be larger.

[82] Since the United States operates on an employment-sponsored health insurance system, most Americans obtain health insurance through an employer. However, it is very difficult for convicted felons to obtain jobs upon release (Uggen, 2000; Western, 2002). Previous incarceration can reduce someone's chance of being hired by 15 to 30% and lowers the annual number of work weeks by six to 11 weeks (Schmitt and Warner, 2011).

studies assumed as a precondition that subjects were informed about the policy. In contrast, this experimental design focused on the process of informing policy targets by delivering policy-based information to the target population. I framed these policy-based interventions to compel economic voting interests, surfacing the policy by making it proximal and salient to voters in Alabama's Coverage Gap.

Secondly, I conducted an embedded experiment from within a campaign, using partisan messages. I have argued that understanding more about how poor voters can be mobilized by campaigns is particularly important given the findings of Enos *et al.* (2014), which demonstrated that GOTV experiments have the potential to increase participatory inequality. Furthermore, I have also noted that campaigns engage in "strategic mobilization," which in practice, limits the campaign contact many poor voters receive. This campaign strategy persists with practitioners despite experimental evidence that has demonstrated that racial minorities and low-income citizens can potentially be mobilized by campaigns (Green and Michelson 2009; Hill and Kousser, 2016). However, many previous GOTV experiments targeting poor, minority voters have used non-partisan messages, and none have used partisan messages that focused on a particular policy. Since partisan campaigns conduct the majority of direct voter outreach efforts—often using modern campaign instruments to micro-target voters and deliver tailored messages—I constructed partisan, policy-based treatments in conjunction with a campaign for whom the policy was the principal objective in the candidate's platform.

By micro-targeting registered voters in Alabama's Coverage Gap and presenting them with information concerning a policy that materially affected their lives, this experiment tested whether poor voters would respond to policy-based mobilization. The subjects of the study were living without health insurance, and Medicaid expansion would thus

provide them with a material benefit by including them in a relatively popular public program: Medicaid (Epstein *et al.,* 2014). Coverage Gap voters across the country were generally unaware of what Medicaid expansion was and how it might impact their lives, and this lack of awareness was particularly acute for minorities (Long and Goin, 2014).[83] The survey data discussed in the previous chapter revealed that Medicaid expansion was "submerged" among voters in Alabama's Coverage Gap. To determine how various economic voting frames might surface the political context of Medicaid expansion, and thereby induce policy-based mobilization, I conducted a randomized field experiment in conjunction with the Democratic campaign that chiefly advocated the policy change.

The field experiment leveraged best practices from the GOTV literature to mobilize policy targets of Medicaid expansion. I deployed canvassers to deliver messages that framed economic voting interests among the target population. The first message compelled self-interest, providing an overview of Medicaid expansion eligibility criteria and pointing out how Medicaid expansion would benefit them personally. The second message emphasized how Medicaid expansion would benefit their community, appealing to social interests, and the third message was a combination of both messages. In two of the three treatments (self-interest and combined) canvassers walked subjects through a flow chart at their doorstep. The flow chart identified subjects as living in the Coverage Gap, and canvassers then notified them of their eligibility for Medicaid under expansion, describing the stakes of the policy in the Gubernatorial election. Therefore I investigated the effects of canvassing on voter decision-making. When voters are made aware of Medicaid expansion and its potential implications for their lives, are they more likely to vote, and if so, will they vote for the Democrat who advocates expansion?

[83] According to data from the Urban Institute's Health Reform Monitoring survey, just 23.8% of subjects living at or near the expansion eligibility threshold had heard "some or little" about Medicaid expansion; just 7% of these subjects knew the outcome of the expansion decision in their state (Long and Goin, 2014).

Based on previous research studying campaign mobilization, I expected to find that all three messages would raise turnout levels in comparison to the control group, with the largest treatment effects observed in the group who received the combined and self-interest scripts. Instead, the results produced quite a different picture. Overall, treatment effects were null in comparison to the control group. Indeed, it even appeared that two scripts produced negative treatment effect compared to the control group, and no effect sizes were greater than one-and-a-half percentage points. The empirical data represent evidence of the limits of policy-based mobilization efforts among the Coverage Gap voters, even where this target population had clearly defined self-interest at stake in an election.

Though the policy-based mobilization interventions were largely unsuccessful in producing turnout effects, the interventions modestly shifted voter knowledge among voters who were contacted. And indeed, those subjects contacted by the campaign were also more likely to support Medicaid expansion, the candidate who advocated the policy, and to understand the policy's importance for their lives. Similar to the survey experiment, the interventions appear to have been at least moderately successful in informing and persuading subjects, but the further step of mobilization seems to be interrupted.

Mettler (2011) discovered that the policy feedback process was interrupted by a lack of information. When policies are submerged, policy targets are not fully informed of their benefits and are therefore not motivated to act politically. This experiment has noted a further interruption in that policy feedback process: obtaining policy information—that is, surfacing a policy for the target population—may not necessarily translate to

mobilization for poor voters. If, as Putnam (2000) argues, knowledge is a precondition for political engagement, what is the implication when voters demonstrate actionable knowledge about a policy that affects their interests, yet they do not participate?

Submergedness cannot explain why targeted subjects who received treatment were not mobilized by the campaign, because the treatment was purposefully designed to make the policy—and its implications in the 2014 Gubernatorial election—crystal clear to the subject, and the evidence from the post-treatment survey indicates that the interventions were successful in surfacing the policy. Despite the evidence-based approach to surface the policy, policy targets in Alabama's Coverage Gap were generally not mobilized to vote. In this dissertation, I argue—with substantial qualitative evidence in the fifth chapter—that Alabamians in the Coverage Gap were influenced by experiences with and observations of extant policy designs that made them think their participation was futile.

CHAPTER FIVE: QUALITATIVE INTERVIEWS

This research is designed to contribute to a broad understanding of the political disengagement of poor citizens through describing the conceptual frameworks expressed by the participants I interviewed in this population. Though the previous empirical chapters followed a positivist approach to establish the limitations of mobilizing policy targets, here, I follow an interpretivist approach to analyzing the qualitative data in an effort to understand what underlies those mobilization limitations. The field experiment used best practices from the GOTV literature to mobilize policy targets of Medicaid expansion. Despite a robust, evidence-based approach, policy targets in Alabama's Coverage Gap were not mobilized by the campaign. Thus, if the experiment identified a null effect (policy targets were not mobilized by targeted interventions), what might be the mechanism (that helps explain why the targeted mobilization failed)? This chapter follows an interpretive tradition to political science by using qualitative interviews to describe the external systems and processes—alongside the internal attitudes and beliefs—that shape the prevalence of non-participation among the poor. My goal has been to identify the primary factors that shape orientations toward participation by synthesizing the descriptions interview participants provided in semi-structured, in-depth conversations.

The voting decision is fundamentally determined by whether voters in the target population are capable of mobilizing or engaging in political action, and this capability is reliant on a number of preconditions I sought to explore through these interviews. I conceive of three dimensions that define the ability to vote. The first dimension is fundamental: the legal right to do so. The legal ability to vote should not be taken for granted despite the passage of the Voting Rights Act and the Fifteenth and Nineteenth amendments to the Constitution. Though enacting those laws removed formidable *de jure*

barriers to the ballot, still *de facto*—and even some *de jure*—barriers remain, especially for the poorest members of the polity (Brady *et* al., 2011; Piven and Cloward, 1988). States have discretion in granting voting rights to certain groups, including individuals who have been convicted of a crime. Second, where voting is legally permissible, can citizens physically perform the voting duty given a set of context-dependent procedural or logistical constraints? Procedural rules govern the mechanics of how voters actually cast their ballots, and they are established by individual states through registration requirements, early voting access, and absentee balloting restrictions. Also, in lieu of voting process requirements, some voters may find it difficult to be present at their polling location on Election Day due to work requirements, physical disabilities, or limited transportation access. Finally, where citizens are not legally disenfranchised and have the capacity to exercise voting rights in spite or because of procedural election laws, the ability to vote is also dependent upon a sense of political efficacy an individual has cultivated through interacting with the electoral system. Following the tradition of scholars who see voting as an action of both individual interests and considerations of social expression, I wanted to understand not only what participants felt that voting accomplished as an end in itself, but how, if at all, voting interfaced with their social settings or perceived social standing (Edelman, 1964). Do citizens face social exclusion based on their interpretations of their social standing or do they feel a sense of attachment and belonging to the electoral polity?

My goal in this chapter is neither fully to explain why poor voters participate less than their peers, nor to identify the single causal factor that explains why disengagement among poor voters is so deeply entrenched. Rather, I attempt to develop a more coherent framework for understanding the circumstances, experiences, attitudes, and perceptions that lead poor citizens to a decision about whether or not to participate in

electoral politics. The rationale of this analytical method rests on two key assumptions. First, actions seem reasonable to the actors who take them because of the meanings those actors have assigned to that set of actions (Blumer, 1969; Becker, 1998). Second, in-depth interviews among subjects in a target population offer an opportunity to explore the reasoning that underlies individual actions that may reveal collective patterns, thus enabling a researcher to establish a general framework for understanding those decisions (Crook, 2001). Every election year, poor citizens follow unique paths to arrive at their voting decisions. However, along these individual paths, people confront and consider certain common factors in deciding whether or not to participate, and it is these patterns I have sought to elucidate.

This chapter explores the subjective considerations that shape the decision to vote among poor Alabamians, particularly those living without health insurance. I begin by providing an overview of the process employed to collect and analyze the qualitative data. Following the discussion of these methods, I establish a general framework for understanding the voting decision of poor voters and the limitations of policy-based mobilization by analyzing the nuances of the disengagement that emerged from the interviews. By shifting focus to the conditions and predispositions that shape participation prior to a canvasser arriving on a voter's doorstep, this analysis reveals factors that limit the effects of mobilization efforts among the disadvantaged. The empirical data provide an opportunity to develop insights about political participation (and non-participation) drawn from policy feedback and policy design. In particular, I assess how extant public policy forms the basis for citizen orientation toward the electoral process. These findings help explain why the target population of a particular policy design may not be mobilized to protect the benefits of that policy. I develop this framework through assessing three primary dimensions.

First, as opposed to apathy (Ragsdale and Rusk, 1994) or ignorance (Doppelt and Shearer, 1999), I demonstrate that the disengagement described by the participants interviewed for this study is rooted in experience, observation, and socio-political interactions. I refer to this phenomenon as "learned disengagement." Many interview participants articulated a belief that voting, and political action generally, were not simply viable channels through which to express their voices. Echoed by an interview participant named Pat,[84] they felt that they were "on the outside looking in" to the polity. However, this learned disengagement was of a particular type. Indeed, though respondents expressed disconnection with electoral politics, they were keenly aware of public policy. Participants were especially aware of public programs for which they were rendered eligible or ineligible. To use Pat's word, although they conceived of themselves as "outsiders" in electoral politics, they were committed spectators of the policies that those politics generated.

Second, I describe how this learned disengagement developed. Two categories emerged to classify learned disengagement: legal and procedural hurdles to voting along with perceptions of limited political efficacy. Both categories identify important experiences, attitudes, and beliefs that undergird the motivations affecting the turnout decision for poor voters. I present evidence to suggest that among poor voters, political disengagement is profoundly entrenched due to structural barriers and socio-political understandings.

[84] All participant names are aliases that I assigned to maintain anonymity in agreement with the consent form that each participant signed prior to being interviewed.

Finally, I conclude by briefly discussing how interview participants evaluated the economic voting question studied in the experiments. Importantly, the data reveal that participants simply did not engage with the instrumental aspects of voting. In many cases, interview respondents were convinced that their participation was without viability or credibility, and therefore, secondary evaluations of issues and candidates in terms of their prospective economic value were altogether precluded. Stated another way, economic voting is a remote consideration of the poor, disengaged citizen. When someone is deeply disengaged from the political process, the instrumental motivation of voting is suffocated by that sense of sustained estrangement.

Data Collection

As Denzin and Lincoln (1998) have argued, the primary purpose of qualitative interviews is to "make sense of, or interpret phenomena in terms of the meaning people bring to them" (3). With this research, I sought to develop a more coherent understanding of the beliefs that lead people not to vote—even when their economic interests are clearly at stake. Assessing the subjective contours of the voting decision is difficult to do with surveys. As an example, Doppelt and Shearer (1999) sought to deepen understanding of the electoral decisions made by the "politically and culturally disaffected" (Preface, xi). After administering a national survey, Doppelt and Shearer observed that their survey results actually reinforced the uniform "stereotype of the typical non-voter" and it was not until they performed interviews that they discovered the "heterogeneous" decision paths from which their clusters emerged (1999, 17). Accordingly, I used in-depth, semi-structured interviews, which provided me with an opportunity to offer thick descriptions of the voting process and the considerations that lead to a turnout decision.

I conducted the interviews and performed the accompanying analysis using tools identified within the grounded theory methodology originally outlined by Glaser and Strauss (1967). According to Glaser (1998), grounded theory allows researchers to go "beyond conjecture and preconception to exactly the underlying processes of what is going on" (5). The grounded theory approach requires researchers to develop theoretical sensitivity by immersing themselves in the data to ascertain what interviewees consider significant or important. To achieve this theoretical sensitivity, researchers must be careful to limit preconceptions about outcomes, using prior knowledge and literature to inform analysis rather than direct it (Dey, 1999).

Within grounded theory methodological traditions, I chose to follow the constructivist practice, because the primary goal of this qualitative research was interpretivist in nature. Charmaz (2000) contends that "by adopting a constructivist grounded theory approach, the researcher can move grounded theory methods further into the realm of interpretive social science" to enable focus on the subjective meaning of social processes as perceived by the interview participants (521). Through constructivist grounded theory, researchers generate interpretive understandings by uncovering the "stories" of participant experiences (Charmaz, 2008). Therefore, the objective of each interview was to assemble a thick description of the conceptual world of each respondent as it related to the voting decision (Geertz, 1973). With each individual participant, my goal as a researcher was to understand—at a personal level—how a participant's actions seemed reasonable to him or her as a part of a coherent narrative. As Taylor and Bogdan (1998) argue, this does not mean that the subjective reasonableness of individual actions were "rational." Indeed, the meaning of a situation may be confusing, or an underlying logic may be based on false notions of reality. Rather, the goal is to understand how the actions a participant chose made sense to him or her at a particular time.

Interview approach

To understand what considerations underlie the turnout decision for poor, often uninsured, voters in Alabama, I conducted interviews with participants who were facing economic challenges. I gathered the data using the semi-structured, in-depth interview method. In-depth interviews offer the researcher an opportunity to probe answers and explore assumptions or rephrase certain thoughts, without mandating rigid adherence to a topic guide. In-depth interviews allow the researcher to interpret meanings by placing statements in a broader narrative, complete with explanations and descriptions offered at other points of the interview in response to other questions. Though I generally sought to follow the topic guide,[85] conversations with participants were discursive and dialectical, lurching from subjects as diverse as the upcoming Alabama football game to which pew of the church waiting room was softer. One of my primary objectives from the outset of the interview was to establish the fact that I was merely there to learn from them. I told them that I wanted to learn what they thought about voting, and that if possible, I would wish them to carry the conversation. This meant that most of my questions were following up on previous answers, often seeking context, clarification, elaboration or illustration.

Since a primary goal of the qualitative research was to uncover subjective meanings, I was centrally concerned with how the respondents interpreted my questions. Accordingly, I used a semi-structured interview style while loosely following an interview topic guide to enable "tailored mutually negotiated conversation" with each participant as opposed to "controlled, consistent questioning" (Soss, 2006, 132). I placed a high

[85] The original topic guide is attached to this thesis as Appendix M. It should be noted, however, that this guide served as a launching point for the interviews rather than a map to be strictly followed. The conversations often shifted considerably from the topic guide. Furthermore, I followed the constructivist grounded theory method by revisiting the topic guide to make adjustments to the schedule of questions as necessary over the course of my fieldwork. An example of this revision was the addition of an entire section of questions on why participants decided not to register if they had not done so.

priority on using language and terms that were familiar for my subjects both in the interview and as I conducted the analysis. Doing so enabled respondents to create textured, idiosyncratic responses while limiting my own preconceptions about how those responses should be configured, coded, or shaped to fit a contrived narrative. Though I prioritized preserving the language of the respondents, I probed for explication of terms with which I was unfamiliar or statements I felt to be vague. Although some aspects of beliefs on the voting process were consciously held and clearly easy to articulate, others were not. When participants answered questions with a response of "I don't know," I encouraged them to think about experiences and recall stories. Often, it was this prodding and interrogating of uncertainty that led to revelatory responses.

Though I did not cling to a stringent schedule of questions, I began each interview by trying to build rapport with the participant through first introducing myself, the purpose of my research, and how I became interested in the research question. This was an earnest attempt to gain trust by connecting with the participant, engaging with their vernacular and seeking to develop a comfortable space to facilitate open discussion (Spradley 1979; Fontana and Frey, 1994). After establishing a rapport and explaining my goal as a researcher, I began the interviews with generic questions to probe the participant's experiences with voting. Through these answers, I sought to flesh out impressions of the voting process. The answers to these initial questions determined the direction of the conversation for the majority of the conversation. Led by the participant, the conversation generally turned to personal experiences with some aspect of voting or the political system. Once I felt that the participant was tiring of this general set of questions or repeating information they had previously covered, I moved the conversation to the second phase of the interview by asking questions pertaining to the 2014 election for Governor.

Often, these interviews presented an opportunity for me to gain insights from voters who learned about the Coverage Gap for the first time. As I informed interview participants that Medicaid expansion was contingent upon the Governor's decision, I also told them about the imminent 2014 Gubernatorial election where one candidate favored expansion and the other was against it. I then showed them a flow chart that displayed Medicaid eligibility information under a Medicaid expansion policy.[86] As I proceeded through the flow chart with uninsured interview participants, 15 of them—more than two-thirds of the total interview sample and all of those interviewed who were living without health coverage—located themselves within the Coverage Gap. These interactions, and the responses I observed when participants learned this information, offered a textured opportunity to explore how members of a target population responded to learning that a particular policy affected them directly.

Interview sampling

Interview participants were identified and selected in collaboration with two non-profit groups that serve the greater Birmingham area. In a previous role, I ran a non-profit that provided information about health insurance enrollment to individuals who wished to learn more about healthcare.gov, the federal website designed to offer subsidized plans in a marketplace exchange. Our mission in the non-profit was to provide families with objective and reliable information during the open enrollment periods set forth by the ACA. Through this experience assisting people with comprehending complicated information about the health insurance landscape and how it affected their lives, I was able to establish relationships with a variety of community and charity care organizations

[86] This flow chart was the same chart used in the field experiment with the "self-interested" script. It can be found in Appendix I.

throughout the state. When I entered the field to perform the research in September of 2014, I met directors of some of these organizations to explain the research project and my desire to conduct in-depth interviews with poor people whose health insurance and voting statuses were of central concern. These early meetings were helpful in revising interview questions from the topic guide I had originally formulated. Also, these community organization directors offered guidance to limit my preconceptions by emphasizing that I would learn more from a natural conversation, guided by listening closely to the participant and asking follow-up questions as opposed to asking a battery of pre-arranged questions. Directors of two of those organizations generously accommodated my requests to interview participants on their premises. These two organizations were Greater Birmingham Ministries (GBM) and Equal Access Birmingham (EAB), both located in downtown Birmingham.

GBM is an interfaith non-profit based in Birmingham with the mission of providing a variety of social services to people who were struggling financially. I met with participants by visiting GBM bi-weekly while they awaited a bag of groceries prepared for their specific dietary needs. Each visit, I announced my name and introduced the purpose of my research to a waiting room that contained anywhere from 60 to 120 people, depending on the day. I mentioned my work with the healthcare non-profit and how I became interested in the research project. I would always state, unequivocally, that I was there simply to learn about them and their experiences, and that I would never publish their names if they were willing to speak with me. While interviewing participants at GBM, I was placed in a room just a few feet away from the waiting room. The room had a door with windows to the outside but without a view into the waiting room. Most of the participants I interviewed were referred to me directly by GBM employees, though some interviewees chose to speak with me at the encouragement of past respondents.

EAB is a free clinic administered by medical students to meet the healthcare needs of Birmingham's uninsured community. EAB provides outpatient procedures to uninsured patients through basic treatment options. Because they are one of just a few charity clinics in the Birmingham metropolitan area, they often have a full waiting room. I visited EAB on Sunday afternoons to speak with patients who were waiting to be seen. Although I was given a room to interview participants for two of the six weeks I conducted interviews, I also performed interviews in quiet corners of the waiting area. At EAB, I exclusively introduced myself to patients individually since treatments were delivered on a rolling basis throughout the afternoon. Initial interview participants were often identified through a direct referral from an employee of the organization: a physician or one of the social workers on site.[87] These references, along with the referrals I received at GBM, seemed to provide an added layer of credibility among respondents. From these initial interviews, I pursued a snowball sampling method aimed at balancing interviews for race, age, gender, and insurance status. While using the snowball method, I deliberately sought to avoid creating a racially uniform sample based on the social networks of previous participants. Though respondents I met through GBM were more likely to be on some form of public health insurance, most individuals at EAB were low-income individuals living without health coverage and thus in the Coverage Gap.

In total, I conducted 22 in-depth interviews over the course of my fieldwork. Of the 22 respondents, 13 were black, eight were white, and one was Latino. There were 12 women

[87] After describing the purpose of my research to the individuals and their organizations, I trusted their judgment to identify and refer potential participants based on past interactions that they had experienced with patients and clients. For example, one interview participant had previously vocalized frustrations with the political system, and a social worker recommended that she speak with me. Another participant was referred to me because she had once told a young doctor about the first time she voted and the doctor remembered the story. Finally, one individual was recommended to me because a program director described her as "a real talker" who would make for a great interview.

in the sample and ten men, and interviewees ranged from age 20 to age 77, with an average age of 47. 13 of the participants had never registered to vote, and of the nine who had registered previously, at least four did not know if they were currently registered in the appropriate jurisdiction and each of those four had not voted in recent elections. Therefore, 17 of 22 interviewees needed to address some sort of administrative barrier in order to ensure that their vote would count. 15 of the subjects were living without health insurance, and all of them were living in the Coverage Gap. Two participants had access to employer-sponsored insurance (ESI), and the other five were on public insurance through Medicare or Medicaid Disability. I assigned each of the respondents a generic pseudonym, and the basic demographic characteristics can be located in the Table 5.1.

TABLE 5.1: INTERVIEW PARTICIPANT DESCRIPTIONS

Interviewee	Name^	Gender	Race	Age	Voter Status	Insurance Status	Employment Status	Location	Education
1	Gary	M	Black	57	No	Medicaid (Disability)	Unemployed	GBM	No high school
2	Jackie	F	Black	42	Yes	ESI	Full time	GBM	High school diploma
3	Nancy	F	Black	77	Yes	Medicare	Unemployed	GBM	High school diploma
4	Mike	M	Black	20	No	Uninsured	Part-time	GBM	High school diploma
5	Pat	F	Black	49	Yes*	Uninsured	Unemployed	GBM	Some college
6	Alisha	F	Black	46	No	Uninsured	Part-time	EAB	No high school
7	Kristen	F	White	39	No**	Uninsured	Unemployed	EAB	No high school
8	Earl	M	Black	51	No**	Uninsured	Unemployed	EAB	NA
9	Ryan	M	Black	47	No	Uninsured	Unemployed	EAB	No high school
10	Tony	M	White	37	No**	Uninsured	Part-time	EAB	High school diploma
11	Pamela	F	White	50	No	Uninsured	Part-time	EAB	High school diploma
12	Kimberly	F	Black	44	No**	Uninsured	Unemployed	GBM	NA
13	John	M	Black	62	Yes	Medicaid (Disability)	Unemployed	GBM	NA
14	Greg	M	White	31	Yes*	Uninsured	Part-time	EAB	High school diploma
15	Ashley	F	White	34	No	Uninsured	Unemployed	EAB	High school diploma
16	Helen	F	White	66	No	Medicare	Unemployed	GBM	NA
17	Laura	F	Black	41	Yes*	Uninsured	Unemployed	EAB	NA
18	Mark	M	Latino	29	No	Uninsured	Part-time	EAB	NA
19	Sara	F	White	36	No**	Uninsured	Unemployed	GBM	NA
20	Eric	M	Black	34	Yes*	Uninsured	Part-time	GBM	NA
21	Cathy	F	Black	71	Yes	Medicare	Unemployed	GBM	NA
22	Frank	M	White	61	Yes*	ESI	Full time	EAB	Some college

* Didn't know if registration status was up to date or couldn't identify current poll location

** Prior conviction

^ In order to ensure the anonymity of respondents, all names used here are aliases assigned by the researcher

Interviews lasted between 15 and 70 minutes. While in the waiting room of the clinic, a few interviews were forced to end abruptly as an interviewee was called back to receive treatment. All interviews were conducted on site, at either GBM or EAB. Each subject was informed about the study and was promised complete confidentiality. I told them I would use an alias when quoting them. Each interviewee subject signed a consent document detailing the study and my promise to honor the confidentiality of the agreement.[88] They were given a copy of the consent form to maintain for their own records. Additionally, before I turned on the audio recorder, I asked each of them if they were comfortable being recorded. All but two of the respondents were comfortable with being recorded. At the end of the two interviews without recording, I immediately transferred my hand-written notes into a written account of the interview before pursuing any others. As I conducted the interviews, I had a notepad with the audio recorder. As an interviewee spoke, I jotted down field notes and phrases that stood out to me.

Data Analysis

Data collection and analysis occurred concurrently, following the Glaser and Strauss (1967) directive of "blur[ring] and intertwin[ing] continually from the beginning of an investigation to its end" (43). As Glaser and Strauss (1967) contended, decisions about data collection cannot be entirely pre-arranged because as data are analyzed, gaps will emerge, identifying the need for richer data in a particular sphere. Therefore, the process of analysis is inherently iterative. As an example of this method of "tacking back and forth" between data analysis and collection, I composed analytic memos at the end of every evening of interviews using the field notes I had taken throughout the day (Taylor, 1979). These memos summarized the concepts that emerged from the conversations I

[88] This consent form is attached as Appendix N to this document.

had with participants throughout the day. As I wrote or recorded these memos, I glanced at my notes, spending less time articulating structured thoughts than describing the encounters with the participants. These memos afforded me the opportunity to provide "immediate illustration for an idea" while organizing my thoughts and reflections to produce codes (Glaser and Strauss, 1967, 108). Composing these memos also allowed me to spot common trends, errors in my questioning style or the schedule of interview questions.

Furthermore, I used literature to guide both guide the interview questions and seed the analysis. Literature can be used as "data" and integrated into emergent analyses through the method of constant comparison (Glaser, 1992). Therefore, as I immersed myself in interview content, I reviewed relevant literature to engage in purposive reading. This dynamic process enabled my standpoint as a researcher to shift over the course of my fieldwork. Although I performed the more systematic analysis when I exited the field, by moving back and forth between concrete field experiences and pertinent theoretical arguments, I was able to shape my interviews in order to produce more relevant qualitative data.

When I returned from fieldwork, I transcribed each audio file from the interviews into a single document in order to deepen my knowledge and familiarity with the interview content. This allowed me to flag noteworthy responses or phrases and establish a sense of salient or emergent themes. I then printed hard copies of all transcribed interviews to maintain annotated manuscripts of the initial coding. In my initial review of the 22 interviews, I labeled the text, assigning portions of the interviews to very broad categories. Over time, these were culled and narrowed to form the basis for the empirical themes that I highlight in this chapter. I used spreadsheets to extract substantiating

quotes from the interviews, also noting demographic information of the corresponding participant through a numbering system. I used the two-stage coding methodology outlined by Charmaz (2008, 159) to engage with the data. This fluid framework begins with generating initial concepts from the data or "open coding" procedure to expose "implicit processes," and then proceeds to a constant comparison coding to establish "connections between codes" to keep analyses "active and emergent" (Charmaz, 2008, 164). This coding process lends itself to intensive, in-depth interviewing that explores how respondents assign meaning to social experiences, as researchers weave conceptualization into description (Hallberg, 2006).

After coding the data and reviewing the memos drafted during the interview process, I produced a more detailed analytic memo using the initial codes and categories to develop ideas while revisiting specific interviews. As I repeated this process, the theme of disengagement emerged at the core of the analysis, and it seemed particularly profound among unemployed and uninsured interview participants. Furthermore, the disengagement that materialized was of a distinctive type. Participants were not disengaged because of unconcern or unfamiliarity. Rather, the disengagement participants described was developed by actively discerning policy arrangements that yielded a sense of limited political efficacy. I identified three major categories of disengagement through the interview data: (1) legal and procedural hurdles to voting (2) perceptions of power and powerlessness and (3) frustration with fragmented systems and limited political organization. Furthermore, I asked questions to develop a sense of how voters in this target population might evaluate issues in through an economic voting framework and I discovered that the disengagement transcended any considerations of self-interest as it related to particular issues at stake in a campaign.

Limitations

The limitations of qualitative interviews are usually expressed in their inability to generate a large, and therefore accurately representative, sample size. For this chapter, I initiated a total of 24 interviews and completed a total of 22.[89] Since the two sites where I conducted the interviews were open on the weekends, and I was concurrently monitoring survey and field experiment preparation and administration, there was a practical constraint on the number of interviews I was able to conduct within the time allotted before the election. These in-depth interviews provided a range of responses that approached what Glaser and Strauss (1967) refer to as theoretical saturation, a point in the data collection and analysis process where new concepts were no longer emerging. Although I made deliberate efforts to draw a diverse sample of subjects, the sample is not perfectly representative. As of 2012, 35% of Alabama's uninsured population is African American, 5% is Latino and approximately 51% are under the age of 34. Therefore, the sample of interview participants for this study over-represented African Americans, and the average age of the subject sample skewed slightly older than the population of uninsured Alabamians.

Beyond smaller sample size and representativeness issues, this research also confronted drawbacks inherent in conducting in-depth interviews. When people agree to participate in an interview, they are responding to not only questions but contexts, environments, social cues, and of course, the interviewer. As Soss (2006) argues, "All research activities yield evidence that is *partial"* in the sense that whatever method of data collection a researcher deploys, they capture merely a portion of the whole, thus making those data "prone to some bias or another" (140). Aided by a local accent and a familiarity with

[89] The two interviews I began were cut short because the individual was called from the waiting room to be seen by a physician. These interviews were too brief to factor into my analysis.

some of the main cultural issues, I sought to provide a comfortable environment. Despite these efforts, as a white male interviewer, I received different responses from participants than they would have likely provided to a black female interviewer asking similar questions. However, hypothetically switching interviewers would not assuage the concern of identity-based biases in qualitative responses. Rather, it would supplant one set of biases with another. Moreover, qualitative interviews are also a function of power dynamics that are more or less relevant based on the context. As Lin (2000) encourages, researchers benefit from confronting the fact that their identity "affects the research site" by acknowledging the bias their identity could produce from the outset (194). This prior recognition pushed me to prioritize deference to participants along with the need to establish rapport as an interested and encouraging researcher.

Finally, despite my efforts to limit the preconceptions I harbored before I began the research, it was impossible to eliminate them entirely. Acknowledging my inability to enter the field with a *tabula rasa*, I sought to follow a research tradition that placed these epistemological assumptions at the fore of analysis. Charmaz (2000) posits that constructivist grounded theory rests on the assumption that the construction of interpretive meaning is built upon the co-construction of knowledge between researcher and participant. By placing a primary focus on faithfully representing the depictions of the participants during the interviews, researchers using constructivist grounded theory limit the extent to which conclusions can be drawn from preconceptions. Rather, they are directed to the relevant literature and theoretical arguments by the experiences represented by the participants they interview. Accordingly, I resisted manufacturing an argument based on a contrived narrative that fit my previously held assumptions. Furthermore, the flexibility and intuition of constructivist grounded theory allowed me to feel more comfortable as an interviewer, because I was willing and able to allow the

interview to proceed naturally, often being led by the interviewee without trying to steer them toward my own defined path.

Learned Disengagement

The core idea of this chapter is that disengagement was profound among participants that I interviewed, especially those who were living without health insurance. However, rather than being uninformed about the political process as some scholars have suggested (Ragsdale and Rusk, 1993), the poor citizens with whom I spoke were in fact centrally concerned with public policy. Though disengaged from the inputs of the policymaking process—electoral politics—participants were quite aware of policy outputs. Indeed, their disengagement seems to primarily stem from recognizing that the parameters of extant public policy were drawn to exclude them. Participants communicated a disconnection to political institutions and the actors that compose those institutions, because they believed that those political processes operated beyond their control or influence. However, respondents understood that those institutions governed their lives in important, tangible ways.

Pamela said, "I don't talk about politics…and I don't talk about UFOs. They [both] seem crazy to me." At first glance, Pamela's statement may seem to imply that she is disengaged from politics altogether, using "UFOs" as a metaphor to analogize concepts that were equal parts incomprehensible, foreign, and removed from the world she occupied: politics as an "unidentifiable flying object." However, although by her own admission she was disengaged from electoral politics, Pamela was deeply concerned about how the nuances of policy impacted her life, opining on the shortcomings of policy arrangements and botched program implementation. For example, Pamela said that to apply for food stamps, she drove 45 minutes and spent seven hours waiting.

"That's one day's pay in gas and another day's pay in missed time at work," she said. She noted the irony in being told by a representative at the welfare office that she should do her best "to find and hold onto a job" after being forced to take the day off of work to enroll for benefits. "Couldn't there be an easier way to do that?" she demanded sarcastically.

Furthermore, Pamela's hours had gotten cut back at her job so she lost her insurance because after six months on the job, she worked under 30 hours one week and was then no longer classified as a full-time employee. She recounts the story with detailed frustration:

> "I'm a waitress. I have to work 31 hours to have health insurance. If I work 31 or 32 hours for say, six months, and then something happens one week and I don't get 30 hours in, I lose my insurance. And, I am not able to get insurance again until it comes back around to sign up…that can be a half a year or more. One time, I couldn't show up to work because I couldn't get my car going while it was getting fixed. I tried to get a ride but ended up losing a few shifts. And just like that, no more health insurance. Now, I have to drive an hour to this clinic just to get the green light to refill a prescription."

As Pamela appropriately identified, employers with more than 50 employees are required to offer employer-sponsored health insurance to employees who work more than 30 hours a week. This requirement is due to new provisions in the ACA. "It's not right for me to lose it after one week. It should be an average or something," Pamela lamented.

> "The thing is, I'd gladly work more. But what can I do? I gotta play the hand I'm dealt, right? If there's one thing I've learned, it's that complaining won't help. No one will listen to you anyway if you tried."

To extend Pamela's metaphor to her political participation, she understands the rules of the game, but she perceives that she is unable to determine how the cards are dealt. What circumstances and experiences led to this sentiment? What explains the disconnect between her engagement in the elements of policy and her disengagement with electoral politics?

Power comprises the structure of resource distribution in society, laying the foundation for how relationships are formed between individuals (Bachrach and Baratz, 1962), and therefore, power is predicated on how a government establishes values by organizing resources and allocating public benefits or burdens (Sandel, 1982). Governments do not simply structure programs in a vacuum. Rather governments "constitute people in their capacities and identities" through the institutions and practices that are used to distribute public goods (Young, 2011, 27). It is through interacting with these complex institutional contexts, including structures along with the rules and norms that guide them, that people are conditioned to believe that their participation is either of consequence or that it is futile.

Since policy is the principal tool governments use to allocate values in society, citizens are active agents in the policy feedback process, interpreting policy designs as a proxy measure for assigning value and worth to individuals (Easton, 1965). Policies convey messages about the underlying nature of a problem and shape citizens' interpretations of an issue and, consequently, perceptions about social groups targeted by that policy (Mettler and Soss, 2004). Accordingly, public policy designs crystallize ways of thinking about social groups and those constructions become internalized both by the target population and the mass public (Ingram and Schneider, 2007). Policy designs assign social status as they define subsections of the population either positively—those "extolled as deserving and therefore entitled" to benefits—or negatively—those rendered "undeserving and ineligible" for public aid or subsidy (Schneider and Ingram, 2005, 2).

The perceptions of the individuals I interviewed were clear: their lives did not seem to matter to members of Alabama's political class. However, based on their experiences and observations, they understood which groups could benefit from public policy despite

being poor. As an example, Alisha—who had a child enrolled in Medicaid through CHIP—stated, "The pregnant women, the kids, the disabled, and the really old people, they all get by alright. People like me…we ain't getting any help. We are caught in the cracks." Alisha was not the only participant to identify the groups that were eligible for Medicaid and subsequently lament the fact that they did not fit the description of "deservedness" (Schneider and Ingram, 1997, 2005).

Schneider and Ingram argue that "elements of policy design impart messages to target populations that inform them of their status as citizens," and that over time, each target group "begins to take on its own distinctive expectations and conceptions of citizenship, democracy, [and] justice" (1997, 141, 104). Likewise, the interview data suggest that disengagement from electoral politics is rooted in the belief that laws were crafted to avoid or even punish the poor, and particularly, those who are ineligible to receive an array of government benefits including public health insurance. Kristen said,

> "Some days I swear they are sitting around a table trying to figure out how to make life harder for me…I can't get no help, no benefits. After awhile you just throw up your hands and say, 'why the hell bother with it in the first place?'"

Furthermore, political participation is highly correlated with a sense of efficacy that is at least partially attributed to the signals policy designs send to citizens about target populations. As Ryan summarized it, "Politics is for y'all, not me…I'm out of the loop, and that's just how it is." Ryan insightfully articulates the essence of the feedback effects caused by policies that visibly exclude certain populations when he says that he is "out of the loop."

The recognition that voters did not meet the criteria of the "deserving" target population contributes to a conception of themselves as "outsiders" to the electoral process, yet beholden to the policies that those political institutions form. Schneider and Ingram's

theoretical distinctions of "deservedness" seemed to be a rigid and inflexible the reality for many participants, even when it concerned potential eligibility for Medicaid through expansion. In my conversation with Kimberly about expansion, she described policymakers' views toward Medicaid and health insurance for the poor like this:

> A: "They will take care of the kids and that's it…. Once you turn 18, you are supposed to find work or go to school and the government ain't gonna help none…and then, if you get a [criminal] record…it's way worse."
>
> Q: Well I am sure some of those 332,000 people in Alabama who would be eligible [for Medicaid through expansion] actually have a criminal record.
>
> A: Yeah. Well, there is no way they will change it then…They hate criminals…and I know because I am one.

Participants were keenly aware of current public policy arrangements, and they appropriately identified which populations were eligible for specific policies. Many participants confirmed that they were excluded as beneficiaries from a number of public programs, including Medicare and Medicaid. Participants connected their exclusion from these policy target populations with some measure of their political efficacy. Therefore, interpretations of current public policy had a profound influence on their willingness to participate. The impressions engendered by the policy feedback process proved to be both stubborn and durable even when participants were asked to consider a change in a major policy via Medicaid expansion.

Categories of Learned Disengagement

Participants' observations of policy and their experiences with political institutions established a conception of their place as an outsider in electoral politics. I refer to this feeling of social exclusion from electoral politics as learned disengagement. This section discusses some of the common factors that contributed to that disengagement and discouraged political action for many participants. I begin by discussing institutional

restrictions on voter registration, followed by an analysis of the limited political efficacy participants expressed.

Legal and Procedural Barriers

Voter registration "constitutes the principal legal mechanism for regulating most citizens' access to the voting booth" (Brown, 2010, 162). America uniquely encumbers individual citizens with registration procedures, raising the costs associated with voter turnout (Wolfinger *et al.* 1990, 561-562; Jackman, 1987). Powell (1986) finds that placing the burden of voter registration upon citizens, rather than the government, is responsible for voter turnout in America being as much as 14 percentage points lower than peer industrialized democracies. Though some scholars dispute the extent to which registration laws suppress voter turnout in the aggregate (Highton, 2004; Ansolabehere and Konisky, 2006), other scholars note the effects of registration laws within particular regions and among demographic groups (Gilliam, 1985; Rhine, 1996; Rosenstone and Hansen, 1993; Knack, 2001). Rosenstone and Wolfinger (1978) estimate that early registration requirements reduced turnout nationally by as much as 9% with a disproportionate effect in the South, and in particular, on the poor and the relatively uneducated. Voter registration is the most obvious precondition of participation, and it constitutes a major structural impasse standing between the poor citizens I interviewed and their participation in the political process.

Analysis of my research sample confirms that registration requirements have a substantial impact upon poor voters, not only because of procedural requirements for re-registration but also because of legal prohibitions. For many of the people who participated in this research, the structural barriers they faced in registering to vote served as the principal cause of political disengagement. Indeed, more than half of the interview participants

(13) had never registered to vote and four more did not know if their registration status was active. 11 of the 15 uninsured interview participants were not registered to vote.[90] Likewise, of the 332,000 citizens who would gain Medicaid under expansion, just over 100,000 were registered. In both samples, more than two-thirds of potential voters living in the Coverage Gap were unable to exercise their right to vote on Election Day. Just nine of 22 subjects I interviewed were registered to vote, and of those nine, four were unable to identify their current poll locations because they had moved recently. The barriers to registration that emerged in the interviews could be broken down into two major categories: procedural and legal.

The procedural difficulties respondents described primarily concerned re-registration requirements. Powell (1986) notes that a variety of residency requirements and re-registration processes for citizens who have moved residences constitute "a double burden" for highly mobile populations in America (21). Scholars identify re-registration as an undue impediment to voter turnout for citizens of lower income and educational attainment (McNulty *et al.*, 2009), since poor people re-locate with greater frequency than the general population (DeLuca *et al.*, 2011). Laura said that although she registered when she was in high school, she had moved several times since and had not changed her registration status: "I guess I only voted that first time…when I lived with my folks. I ain't bothered changing my voting place, because I never put roots down long…I have to move where the work is." Accordingly, requiring voters to re-register after each change in address constitutes a "key stumbling block" for mobilization among poor citizens (Squire, *et al.*, 1987).

[90] Of the four uninsured participants who were registered to vote, none could verify that their registration status was current nor could they identify their current polling location.

The subjects of the field experiment conducted for this research, discussed in the previous chapter, are emblematic of this type of transience among poor constituents. In the experimental sample, more than a quarter of subjects assigned to treatment could not be reached because they had moved from the location where they had previously registered to vote. Likewise, of the twenty-two low-income voters I interviewed, more than a third reported difficulty in registering when they moved, or that moving frequently—often within the same city—increased the costs of registration beyond the benefits. These costs were expressed in a variety of ways, including the time it would take to learn how to re-register, the effort involved in securing an updated registration status, and the financial costs associated with obtaining registration forms that required either access to the internet or transportation.

Since voter registration and re-registration processes are determined differently by different state legislatures in conjunction with the Secretary of State's office for each state, registration difficulties vary. Comparatively onerous voter registration requirements, coupled with restrictions on absentee and early voting processes and poor implementation of national registration initiatives, have reduced voter turnout in the South; few Southern states have created online registration portals to facilitate ballot access for voters of limited physical mobility and engage younger voters (Cohen, 2013). Additionally, though research has shown that Election Day registration results in higher turnout overall, few Southern states permit it (Burden *et al.*, 2013). As a result, a handful of interview participants had already missed the registration deadline by the time we spoke and would therefore be unable to vote in the election even if they expressed an interest.[91] Furthermore, Alabama is one of 13 states that do not permit early voting—a

[91] Currently, 14 states plus the District of Columbia allow same-day registration. This enables voters to register on the day of election, which is linked to higher voter turnout (Brians and Grofman, 2001). Most

range of days or weeks prior to Election Day where a registered voter can cast a ballot at designated locations. Therefore, unless a voter understands how to request and obtain a qualified an absentee ballot, she may vote only by casting her ballot in person on Election Day. This restriction inhibits participation for those with short- or long-term physical impairments. For example, John reported that his physical mobility challenges made it difficult to for him to vote even though he was registered:

> "I try to get my son to come get me on Election Day, but he works out of town and it is hard for him. My [public transit] card only has so many rides, and I need them to make my dialysis appointments. So, sometimes I can't vote because I can't get there."

When I asked John if he had considered absentee voting he said he had heard the term but didn't know how to comply with the process.

Finally, despite federal laws such as the National Voter Registration Act (NVRA) of 1993—colloquially known as the Motor Voter Law—that require voter registration forms to be available in some public spaces, there is uneven implementation across the states. In general, the Motor Voter Law made the local offices of the Department of Motor Vehicles (DMV) a key access point to registration, especially for poor voters (Knack, 1995). DMV facilities issue drivers licenses, a primary form of voter ID, in addition to serving as a registration site. Nevertheless, states have discretion in determining how drivers renewing licenses are made aware of their right to register to vote on the DMV premises. These differentiated processes result in wide variation between states in terms of newly registered voters attributed to Motor Voter requirements. The Deep South states consistently have the lowest performance ratings in

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states require voters to register between eight and 30 days prior to an election. Alabama requires voter to register with the appropriate precinct within 14 days of an election.

Motor Voter registration.[92] Furthermore, on October 2, 2015, the state of Alabama closed 31 DMV offices throughout the state due to budget shortfalls, leaving 28 of 67 counties without facilities to issue drivers' licenses. These 28 counties include 8 of the 10 with the highest minority populations in Alabama and 14 of the 20 poorest counties in the state.[93]

The second set of barriers to registration that interview participants discussed bore upon their legal rights. Indeed, though registration and re-registration present a hurdle for poor voters, other scholars suggest another area of restrictions does even more to discourage voter participation of low-income citizens, and disproportionately, minorities: felon disenfranchisement (Uggen and Manza, 2004). Voting restrictions placed on ex-offenders in America are distinctively harsh. The United States stands alone among democratic systems in suspending or eliminating voting rights for non-incarcerated felons. According to data from the Sentencing Project, nearly six million Americans are unable to vote because of a prior conviction.[94] This number has grown from 1.17 million disenfranchised voters in 1976 to 5.85 million in 2010 (Manza and Uggen, 2010). Eleven states either suspend voting rights upon conviction or prevent felons from voting in perpetuity, even upon release; these 11 states contain nearly half of the entire disenfranchised population (Manza and Uggen, 2010).[95] In six of those 11 states—Alabama, Florida, Kentucky, Mississippi, Tennessee, and Virginia—more than seven percent of the adult population is disenfranchised. In Alabama, non-incarcerated,

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[92] "Measuring Motor Voter." *PEW Charitable Trusts*. May 2014. <http://www.pewtrusts.org/~/media/Assets/2014/05/06/MeasuringMotorVoter.pdf>. Accessed 14 Aug. 2015.
[93] Cason, Mike. 30 Sept 2015. *The Birmingham News*. "State to Close 5 Parks, Cut Back Services at Driver License Offices."
[94] As of 2010, 5.85 million Americans—approximately 2.5% of the American voting population—were denied the ballot because of a prior felony conviction (Manza and Uggen, 2010).
[95] Florida, Kentucky, and Iowa permanently disenfranchise all felons, while Alabama, Arizona, Delaware, Mississippi, Nevada, Tennessee, Virginia, and Wyoming disqualify only some felons depending on the crime, the time-served and a variety of other factors (*American Civil Liberties Union*: <https://www.aclu.org/maps/map-state-criminal-disfranchisement-laws>. Accessed 13 Aug. 2015).

disenfranchised felons constitute 7.19% of the total voter-aged population (VAP), just over 220,000 citizens.[96] Among interviews conducted for this research, five of the 22 participants were non-incarcerated felons—none of whom were registered to vote, despite the fact that they were each eligible to have their voting rights restored.

Most citizens with a prior conviction do not have their voting rights restored. Although many of these disenfranchised ex-offenders are able to re-register and have their voting rights restored, the process is not uniformly explained to them upon release. According to Manza and Uggen (2010), 75% of disenfranchised voters with prior convictions are not incarcerated but are living in their communities after release or parole or probation. According to Manza and Uggen (2010), 75% of disenfranchised voters with prior convictions are not incarcerated but are living in their communities after release or parole or probation. Only two states (Maine and Vermont) allow felons to vote even while incarcerated, while the remaining 48 often allow offenders to appeal their registration after a term of incarceration, parole, probation, or some combination of the two. In these states, ex-offenders must re-apply through a difficult and complicated vote restoration process, often resulting in lengthy delays (Western, 2006).

Of the ex-offenders I spoke with for this research, none had applied for restoration of their voting rights, and two recalled being explicitly (though incorrectly) told by an official that their right to vote had been permanently removed upon their conviction. When I showed Earl a voting rights restoration form explaining that he could become a voter again pending on the nature of the crime he committed, he responded in disbelief:

> "That's not what they told me. I can't do nothing. Once I got my felony, they might as well have killed me. They told me I can't do nothing: can't vote, can't drive, and I sure as hell can't work. I'm a dead man walking."

[96] Bradley Davidson, Director of Empower Alabama, in an email message to the author, 4 Dec. 2014.

Earl was not the only interview participant to describe a conviction as the end of life. Tony said, "You don't live after you get a felony. You just exist, and people wish you didn't." More than 110,000 Alabama felons were released from their sentence over the 2004-2011 period. However, 92.66% of those released from Alabama prisons did not have their voting rights restored, contributing to a growing disenfranchised population (Manza and Uggen, 2010, 16).

The VRA ended straightforward racialized voter discrimination, the legacy of which is discussed in greater detail in the following section, but there is evidence to suggest that black voter suppression continues indirectly via felon disenfranchisement laws. One in 15 black men are incarcerated in America, compared to one in 106 white men.[97] Consequently, felon disenfranchisement has a disproportionate effect on African Americans. One in 13 black Americans—7.7% of black voters—are disenfranchised due to a prior conviction, compared to just 1.8% of non-African Americans.[98] In Alabama, 14.98% of Alabama's black residents of voting-age were disenfranchised due to a prior conviction (Manza and Uggen, 2010, p.19, Table 4). Nearly one in four black men in Alabama do not cast a ballot because of felon disenfranchisement. This inordinate restraint of black voters seemed apparent to some of the interview participants. Pat's son, arrested for a minor drug offense, paid his restitution but was told he couldn't vote by a local parole officer. Pat said:

> "It's a shame. I know a lot of young people…they don't vote because they got felonies or they got pending felonies. And they can't vote even after they pay the debt to society. It's wrong. I mean Walker, it's a small little town, but over half the young black children I know don't vote because they got caught with drugs before they were 20."

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[97] "One in One Hundred: Behind Bars in America," *PEW Charitable Trust*. Feb 2008. <http://www.pewtrusts.org/~/media/legacy/uploadedfiles/wwwpewtrustsorg/reports/sentencing_and_corrections/onein100pdf.pdf>. Accessed 14 May 2015.

[98] Felony Disenfranchisement: A Primer," *The Sentencing Project*. <http://www.sentencingproject.org/doc/publications/fd_Felony%20Disenfranchisement%20Primer.pdf>. Accessed 17 Aug. 2015.

As Earl said, "If they keep locking up black people…pretty soon ain't none of us gonna be able to vote." In addition to removing or suspending voting rights, a range of other government benefits are withheld from ex-offenders. There is a student aid restriction on individuals who were arrested on minor drug offenses that took effect in the year 2000. Furthermore, in at least 32 states, including Alabama, employers screen applicants based on former convictions. These screening tactics and background checks have led to higher unemployment rates for African-American men due to harsher sentencing laws for drug crimes in recent decades (Western, 2006). None of the ex-offenders I interviewed held a full time job and only one had part time work with his family's business. Mike, a 20 year-old black man summed up his perception of how he feels government interacts with his life:

> "I got no skills and two felonies. Now, I can't get a job, can't get money for school, and I can't even get help for food. Ain't nobody [in politics] fighting for me. That's for damn sure. They're working against me."

These restrictions on education and employment access also have implications for access to health insurance since a majority of Americans obtain coverage through an employer (or an education institution).

Low Political Efficacy

The second major theme of disengagement that interview participants expressed was a profound sense of powerlessness or a lack of political efficacy. Though measuring levels of efficacy is challenging (Chamberlain, 2012), political efficacy is typically defined with twin pillars: internal and external. Campbell *et al.* (1960) define internal efficacy as the "feeling that individual political action does have, or can have, an impact upon the political process, namely, that it is worthwhile to perform one's civic duties" (187). Internal efficacy refers to the extent to which an individual believes that she can

influence a political situation. In contrast, external efficacy serves as a measure for a citizen's assessment of the government's responsiveness to the needs and desires of its constituents (Abramson and Aldrich, 1982). Voters with high levels of political efficacy are up to 30% more likely to cast a ballot than those with low levels of efficacy (Conway, 2000).

Almond and Verba (1963) state, "The self-confident citizen appears to be the democratic citizen," arguing that a sense of political confidence is a hallmark of the politically active (257). Conversely, the absence of political efficacy can lead to quiescence. Indeed, in the data obtained through this research, the counterfactual of the Almond and Verba (1963) argument was confirmed. Levels of political efficacy vary significantly by race and income strata (Form and Huber, 1971, 669). Indeed, for many of those interviewed, their limited economic resources ran in parallel to a perception of limited political capability. Rather than spurring political action to "demand redistributive policies," their economic plight seemed to intensify political passivity (Soss and Jacobs, 2009, 124-125). As Schneider and Ingram (2005) found, so the poor voters interviewed for this study "appear[ed] to have embraced the message that they do not matter"(22).

Individuals who were interviewed for this research overwhelmingly expressed low levels of both internal and external political efficacy. Weak external efficacy was described in two particular ways: first, a sense that racialized policymaking intentionally handicapped the political efficacy of minorities; and second, in participants' expression of their belief that the institutions and agents of electoral politics paid little attention to their interests. Internal efficacy seemed to arise from participants' interpretations of their role in society based on social interactions shaped by laws that excluded them from certain benefits.

The first category of low external efficacy emerged from minority participants who articulated a belief that racialized policymaking resulted in policies deliberately crafted to suppress black political participation. In the past, restricting membership of the political community based on racially defined laws has played an important role in structuring notions of citizenship, and specifically, what it means to be a politically efficacious citizen (Goldberg, 2002). Likewise, in describing how race influenced their views of political efficacy, participants articulated narratives that consistently weaved in modern observations with historical anecdotes. The consistency of the language was impressive. At least five of those interviewed, all of them black, invoked the phrase "second-class citizen." As Earl said:

> "1964 or 2014, it don't matter. Fact of the matter is they don't want us [black citizens] voting. It seems like every time you look up, they find ways to deny a black man's right to vote. They want to keep us second-class citizens."

Suffrage has a particularly sordid history in the South. "By any standard, precious few Southerners exercise the rights of citizenship in a democracy," wrote V.O. Key (1949, 44). In the 1920s, turnout among white Southerners was often below 30% and black turnout was negligible due to discriminatory mechanisms restricting the vote, both codified in law and manifest in the registration process (Gans, 2010, 7).[99] As President Johnson identified in his address to Congress introducing the VRA, "Every device of which human ingenuity is capable" was used to deny African-Americans the right to vote. The three major devices were literacy tests, constitutional interpretation exams, and the poll tax (Highton, 2004).[100] These barriers, erected in the Jim Crow era, were

[99] The "whites-only" primary, prohibited black voters from casting a ballot in the primaries of the political parties. In states dominated by a single party, this effectively decided the candidate so turnout was much higher in primaries than in general elections. Throughout much of the South, the Democratic Party occupied virtually every Congressional seat and much of the Gubernatorial officers for the first part of the 20th century (Key, 1949). In *Smith v. Allwright*, 321 U.S. 649, (1944), however, the Supreme Court ruled that the whites-only primary was unconstitutional.

[100] According to the Southern Regional Council Report (1957), at the time of publication, five states had poll taxes: Alabama, Arkansas, Mississippi, Texas, and Virginia.

deliberately constructed to deter black voter turnout, but had the further effect of preventing many poor whites from participating as well (Flynt, 2004).

Emblematic of this racialized voter suppression, Alabama passed the Voter Qualification Amendment in 1951, calling for new registrants to, among other things: (a) read and write any article of the U.S. Constitution (b) maintain good character, embracing the duties and obligations of citizenship under the Constitution of the U.S. and Alabama, and (c) answer a written questionnaire, without assistance, in front of an appointed board of registrars (all of whom were white). In addition, some registrars required "a good white man" to accompany the applicant as a character witness (Price, 1957, 8, 10). Six other states, all in the South, had similar laws, leading Price (1957) to conclude, "Negroes interested in voting are far more likely to be barred by a question on the Constitution than by a rope or a whip" (11).[101] The results of this discrimination were evident. While the total black population (including those under 18 and ineligible to vote) in Alabama was 979,617 during the 1950 census,[102] only 25,224 black Alabamians were registered to vote in 1952 (Price, 1957).

The stain of this history has endured, perpetuating quiescence in some African-Americans through infusing modern discourse and current perceptions. Nancy, a 77-year-old black woman who has lived her entire life in Birmingham, vividly recalled paying poll taxes and taking a literacy test when she first registered to vote. "I spent a lot of time studying for that test they made us take, because as a black person, they didn't want me to vote, and I knew that," she said. Nancy said that those experiences firmly impressed

[101] Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Virginia.
[102] Table 15, <http://www.census.gov/population/www/documentation/twps0056/tab15.pdf>.

upon her the importance of exercising the right to vote, a lesson she seeks to impart to her grandchildren and great-grandchildren:

> "I got grandkids, and I got great-grands. And, all of 'em that are really qualified to vote, they vote. They have to in my family…or they won't get fed when they come to grandma's house. We preach to 'em, 'Do something to help yourself, to help our people!'"

Furthermore, Nancy said that it was especially important to encourage her family to vote because so many black voters had been denied in the past:

> "When I was growing up, it was pretty clear that black folks' opinions wasn't welcome. Not in Alabama, anyway. So, a lot of people I knew didn't even try [to vote]. I reckon that some people never did find any purpose in it…I know some folks near my age that never did vote until Obama was running [in 2008]. We had to get all these old people registered. Young people, too. Grandmamas and grandbabies. It was kind of funny, but it's sad, really when you think about it... All these young people grew up after the fight, and they don't really know what Martin [Luther King, Jr.] did for us."

Research has linked voter mobilization to the turnout decisions of friends and family, even when controlling for socioeconomic status and selection effects (Lazarsfeld et *al.,* 1948; Berelson et *al.,* 1954; Fowler, 2005; Abrams *et al.,* 2011). As Abramson (1972) discovered, feelings of limited political efficacy among black Americans—in comparison to white Americans—can be identified as early as primary school. This is important because political participation creates political consciousness (Pateman, 1970). And, as a corollary point, Gaventa argues, "those denied participation… also might not develop political consciousness of their own situation or of broader political inequalities"(1980, 18). Quiescence effectively becomes a self-reinforcing habit, and these habits can be passed down over time through observation and implicit messaging of inefficacy. Similarly, Mike said he hadn't seriously considered voting because no one in his family votes: "My pops don't vote, I don't vote, and she [*points to his daughter*] probably ain't going to vote neither…It don't seem to matter none."

The Civil Rights Movement drew national attention to the racial gap in participation, and in 1965, Congress passed the Voting Rights Act (VRA), a year after African-American turnout outside of the South was 72% while within the South, it was just 44%.[103] Due to widespread, deliberate, and systematic voter disenfranchisement of minorities, Section V of the Voting Rights Act created "covered jurisdictions" to ensure that all citizens, regardless of wealth or race, could equally exercise the right to vote.[104] The states in covered jurisdictions could not implement voting law changes without federal "pre-clearance" by the Department of Justice (DOJ). After its passage, in 1965, the Voting Rights Act received robust bi-partisan support. Upon reauthorization in 1982, Republican President Ronald Reagan declared that voting rights "are the crown jewel of American liberties," and went on to pledge that, "no barriers will come between citizens and the voting booth." In 2006, the Senate voted 98-0 in unanimous favor of the VRA's reauthorization. However, in a 2013 ruling in *Shelby County, Alabama v. Holder*, the Supreme Court declared Section IV of the VRA unconstitutional, and this ruling created new latitude for states covered under Section V of the VRA.[105]

Within hours of the ruling in *Shelby*, officials from Alabama, Mississippi, and Texas (all originally covered jurisdictions) began enforcing stringent voter identification (ID) laws that had been passed by state legislatures but not approved by the DOJ (Cooper, 2013). Political scientists and legal scholars have argued that these laws were enacted with racialized intentions; analyzing voter ID laws and similar efforts to address registration in state legislatures from 2006 to 2011, Bentele and O'Brien (2013) argue that voter ID

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[103] U.S. Census Bureau, *Current Popualtion Reports*, Series P-20, No. 192. "Voter Participation in the National Election: November 1964." 2 Dec. 1969.
[104] States specifically designated as covered jurisdictions in the VRA are: Alabama, Alaska, Arizona, Georgia, Louisiana, Mississippi, South Carolina, Texas, and Virginia.
[105] In her dissent of the 5-4 ruling, Justice Ruth Bader Ginsberg said, "Throwing out preclearance when it has worked and is continuing to work to stop discriminatory changes is like throwing away your umbrella in a rainstorm because you are not getting wet."

laws are proposed and passed in "highly partisan, strategic, and racialized" political contexts, consistent with a "targeted demobilization of minority voters" (1088). Though some argue that the effects of these laws unduly suppress turnout among minorities, the poor, and the elderly (Alth, 2009; Hajnal, 2016), other scholars dispute these findings (Mycoff *et al.*, 2009). Based upon the interviews I conducted and despite the scholarly debate, the voter ID laws appear to have symbolic value in constructing racialized perceptions of voter suppression. Some interview participants conveyed the recognition that voter ID laws were simply the modern form of stifling the minority vote. For example, Jackie said she takes elderly people to the polls on Election Day as a bus driver, and she had witnessed minority voters being turned away because they did not come with the proper form of identification:

> "These people have been [voting] all their lives and then they get denied all the sudden. It's strange…they fought hard to try to vote and they get turned away because of some new law…It's the things that you see that turn you away and get you discouraged in the process. It's sad but a lot of black people believe there will always be something to keep us from voting, so they never try."

The second expression of a constrained external efficacy emerged from participants' belief that their politicians did simply not represent them. The overwhelming sentiment participants used to communicate their lack of efficacy was that politicians were not responsive to the needs of the poor. There was a profound distrust of political leadership because participants saw politicians as opportunistic, pandering to the crowd that was nearest them. Participants were keen observers of past political action, and they formed their opinions based upon what they perceived to be a pattern of broken or empty promises. Furthermore, participants connected political opportunism to an incentive for vote maximization, which avoided the poor in favor of the portions of the electorate that could yield a greater return from either campaign donations or votes.

Several participants described politicians as "corrupt," "dirty," or simply, "looking out for themselves."[106] The reasons participants gave for their suspicion and cynicism toward politicians varied, but often, they were rooted in past experiences or observations. Gingrich (2014a,b) has argued that the visibility of state action in social policy provides legitimacy to the political demands of the poor because the government appears responsive to their needs. Likewise, a *lack* of policy visibility seems to be connected to negative views of policymakers, particularly if politicians established expectations for a policy change. For example, Ashley observed:

> "[Politicians have] been promising jobs, but I still ain't got one…[Governor] Bentley said we were gonna get a lottery. Ain't no lottery around here. I ain't never seen a politician actually do what they say. They make promises to whoever they're talking in front of. . . I think they must be working for themselves because they sure as hell aren't doing anything for me."

Some policy issues were particularly salient among the interviews participants, but the manifestations of that policy were not proximal to participants. A key example was healthcare, where Kimberly said that she "had heard about Obamacare getting people health insurance" but "hadn't seen it help anyone" she knew. "It definitely isn't working for me," she said. As Mettler (2011) has written, the ACA is "camouflaged" by its peculiar design, and voters are confused and frustrated by its implications for their lives (15).

For citizens living in the Coverage Gap, the promise of affordable healthcare seemed to be another broken promise; the ACA created no visible changes, and this led to frustration. John had Medicaid due to a disability, but his wife was uninsured. He was waiting while she received treatment at the charity clinic when he expressed his frustration:

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[106] Greg summarized his distrust by saying, "Politicians will pat you on the back and piss on your leg at the same time…They care about one thing, looking out for number one."

> "I am so disappointed in Obama, and I was excited to vote for him…things really ain't changed for us. Like, I ain't seen nothing with Obamacare. My wife still don't have insurance… It don't make no sense. I mean, two people almost just alike and one gets insurance and the other don't. Just don't make no sense. She can't even see the same doctors I do! I feel sorry for her."

John said he understood Governor Bentley was blocking Medicaid expansion in Alabama, and he thought his wife would be eligible under expansion. He said, "Obama should have known Alabama wasn't gonna cooperate. He should have made it happen himself." When I told John about the upcoming election, and specifically that the race for Governor could determine the fate of Medicaid expansion, he questioned the very legitimacy of the proposition:

> "And how do I know that [Griffith, the politician supporting Medicaid expansion] is any different? I ain't trying to be mean or nothing, but how can I? I done been around long enough to be promised a lot by politicians and never see it."

Several participants seemed exasperated when I discussed the possibility of Medicaid expansion under new political leadership. As Tony said, it doesn't "matter who's elected…my life don't change, not one bit." If voters detect little variation in expected policy outcomes between candidates or political parties, they are likely to abstain out of frustration (Zipp, 1985). The South's party allegiances have consistently remained "solid," though party control has shifted decisively from Democrats to Republicans (Appendix O). In Alabama, this shift began in the mid-1990s and culminated in the 2010 election mid-term cycle when all statewide elected offices were swept by Republicans, ending 133 years of Democratic control of the state legislature. Despite—and perhaps because of—these changes in political control that led to no noticeable difference in his life, Tony sees no difference between politicians. He seems to believe that they are all acting instrumentally, saying what they feel is necessary in order to maximize votes:

> "If he's a Democrat, he'll be a Republican in the right room of people. And if he's a Baptist, Lord knows when he visits the Methodist church he'll be a damn Methodist!"

As a result of the political incentive to maximize votes, participants were skeptical of politicians' ability—and desire—to address the needs of the truly disadvantaged. Indeed, some participants felt that helping the poor and the needy would be calculated as a political error on the part of elites. Kristen declared, "Alabama's [elected officials] ain't gonna do shit for the people who really need it...helping me won't get them re-elected…That's why they take care of their fat-cat buddies." Kristen articulated an understanding that politicians were merely tacticians who discovered that solving problems for the poor did not yield a political payoff. However, focusing attention on the problems of the rich could not only yield votes, but potentially campaign donations. According to Tony's analysis, it wasn't simply that politicians did not see the needs of the disadvantaged. Rather, Tony argues that those needs were systematically overlooked, because members of the political class cannot relate to the poor and thus avoid them altogether:

> "They can't go to a room full of poor people and tell them what it's like to be flat broke…They got a million dollars in their bank account…Ain't none of them ever sat back on their bed and count the change so they can go get a loaf of bread...you know what I mean...so...to make sure the kids got sandwiches for lunch. They don't know nothing about that. So they don't want to fix what they don't see."

Some participants noticed a shift in attitudes toward the poor during their lifetimes, further reducing their sense of political efficacy. "Used to, if you were poor because you lost a job, you could get help to get back on your feet. Now, you're helpless, and you have to find a way to survive," said Gary. Indeed, major shifts in public benefit distributions have occurred in the last 30 years with the poorest households no longer receiving a majority of government benefits. The share of benefits flowing to the least affluent households, the bottom fifth, has declined from 54 percent in 1979 to 36

percent in 2007.[107] When I asked Gary why he thought things had become harder on the poor, he said, "I don't know, but even if I tried to tell a politician, he'd ignore me. It seems like they just quit caring about people like me."

Furthermore, among some respondents, there was a belief that Alabama policymakers uniquely ignored the poor, particularly poor adults who were not eligible for government benefits. Kimberly said, "People say Alabama's way, way behind. Well, it's our politicians that keep us there." Earl said he received better healthcare when he was incarcerated in Ohio than he did after his release in Alabama. Earl said, "In Alabama, if you're poor, you're worthless. I done been in North Carolina, Ohio, Michigan…It's different in Alabama. I'm ready to move back to Ohio."

Sentiments of weak internal inefficacy were often expressed as a result of interactions with other members of society and perceptions of social isolation. Participants described feeling as though their political incapacity was "involuntarily imposed upon them by the social system" (Olsen, 1969, 291). Specifically, interview participants discussed feelings of social isolation due to lived experiences. In many cases, participants directly linked social ostracism to their feelings of political alienation. As Kristen said:

> "Our voice is really nothing. You know why? 'Cause no one in society wants to hear from someone who lives on the streets…When I ain't on the streets, I stay in one of the two women's shelters here in town. Every girl I meet there would say the same thing. People don't like us. We are the *unclean*. They don't want to look at us, much less count our vote…Lot of people say 'oh the homeless, they just do drugs, and they're not trying to work.' Well that's not true. Homeless people aren't here because we chose to be. Job loss…leads to car loss; car loss leads to home loss…Me and another girl are staying under a bridge tonight. Do you think we want to be there?"

[107] "Trends in the Distribution of Household Income Between 1979 and 2007." Oct 2011. *Congressional Budget Office*. <http://www.cbo.gov/sites/default/files/112th-congress-2011-2012/reports/10-25-HouseholdIncome_0.pdf>. Accessed 10 May 2016.

Kristen was not alone in feeling that she had been wrongly characterized as lazy and incompetent, unwilling to work. At least four respondents declared some variation of the phrase, "I'm not lazy." Critically, participants made these declarations unprovoked by interview questions. These statements were often delivered after they informed me that they were recipients of some form of aid or charity care. Rather, it was presumably a reaction to a perception that beneficiaries of public aid or support were bilking the government. Indeed, the Alabama Governor's comments in the State of the State Address directly characterized Medicaid as a "government dependency program for the uninsured." In a speech that reaffirmed his opposition to Medicaid, Governor Bentley proclaimed:

> "Under Obamacare, Medicaid would grow even larger—bringing millions more people to a state of dependency on government…We will not bring hundreds of thousands into a system that is broken and buckling…If we were to add 300-thousand to Medicaid—where would they receive care?… Nearly 1 million people in Alabama are on Medicaid. It is not my goal to put more people on Medicaid but to have less. It is not my intent to put able-bodied individuals on a government dependency program." [108]

Greg identified himself as a past voter, but he said that he did not plan to vote in the 2014 Gubernatorial election. He was recovering from an accident and had recently lost his ability to work, though he had not been declared physically disabled by a doctor. He was at the clinic so that he could obtain a doctor's opinion on his impairment, and he was considering an application for Medicaid Disability despite believing that his injury was not permanent. He said:

> "I don't need the government. I need surgery so that I can get back to work and *then* I will be able to buy insurance. But, how can I work if I can't use my leg? And how can I get insurance if I can't work?... But, then [politicians] don't want to believe that. They think I am out of work because I want to be. They got you pegged before you walk in the damn door."

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[108] *State of the State Address,* 14 Jan 2014.
< http://governor.alabama.gov/newsroom/2014/01/governor-bentleys-2014-state-state-address/>. Accessed 8 Mar. 2016.

Greg is referring to what the political theorist Iris Marion Young calls "thrownness" as an individual finds himself in a group with a socially constructed identity "defined by others…with specific attributes, stereotypes, and norms" (2011, 46). As Schneider and Ingram (2005) point out, Greg is responding to a social construction that has made him an "other." As a working-age adult who is uninsured, he is "marginalized and alienated" from society, "undeserving [of public aid], incapable" of working to help himself (Schneider and Ingram, 2005, 2).

As Campbell *et al.* (1960) describe it, "political futility" derives from a sense of resignation and despair in reaction to interactions with other members of society. Alisha was living in the Coverage Gap. She had explored the ACA's healthcare marketplace with a social worker and was told her income was too low to receive the subsidy. She was frustrated because the law not only seemed unfair and unreasonable, but also because without insurance, she felt she would be forced to endure further stereotyping:

> "When I tell people at the doctor I don't have insurance, they roll their eyes and look at a their co-worker like 'here comes somebody else wanting a free-bee.' It makes me so mad. Do you know how it feels to be told, 'the doctor won't see people without insurance' with everyone in the waiting room looking at you, thinking you're lazy and don't want to work? ...The thing is. I do work. And I go to school. And I got a kid to take care of."

Alisha was not the only interview participant who felt judgment as a result of her insurance status or the need to seek charity care. Sara changed much of her daily routine in response to feelings of shame. Sara said:

> "I have to come [to the charity clinic] to get care. They take care of most of my medical, but I ain't got nowhere to go for dental. It's bad, cause…I don't want to walk around with half teeth and half not. Everyone thinks you can't take care of yourself or you do drugs or something."

Sara covered her mouth throughout the entire conversation, frequently making it difficult to hear what she was saying. When I asked if she considered herself a voter, she stated that she did not leave her house often. It was apparent that she was embarrassed at the

state of her oral health, and she deliberately avoided social settings where others might see her teeth.

Economic Voting Evaluations and Learned Disengagement

As a part of explaining the voting behavior of the poor, this research has sought to explain if and how poor citizens evaluate economic voting considerations in terms of deciding whether to turn out to vote and for whom. Both the survey experiment and field experiment attempted to understand whether poor voters in the Coverage Gap would be more mobilized by messages that compelled self-interest or community interests. Furthermore, I tested the combined treatment message among subjects to determine whether these different economic voting messages acted to complement one another or as alternative rivals. Though I discovered that the self-interest message may have slightly affected turnout positively, the combined and sociotropic appeared to generate null or even negative turnout effects in comparison to the control group. In short, the economic voting messages of Medicaid expansion were ineffective in generating mobilization among poor, uninsured subjects in Alabama. This chapter has attempted to describe why these targeted mobilization efforts were largely unsuccessful.

Principally, I argue that among the target population in the Coverage Gap, instrumental voting considerations are wholly secondary to profound and sustained political disengagement; economic voting involves a secondary level of political calculus that is simply precluded by the primal disengagement that interview participants described. When it comes to electoral politics, a majority of participants classified themselves as "outsiders" who did not participate in the machinery of democracy via electoral politics.

However, there were clear exceptions that served as important counterpoints to the majority of the subject sample. Of the 22 citizens who served as the subjects of this qualitative research, four described themselves as regular voters. Each of these four had health insurance of some kind. Among participants, there was a clear correlation between citizens who had health insurance and those who voted. The reverse correlation is also true; subjects without health insurance were far less likely to vote. I do not argue that health insurance is a precondition of political participation. Rather, this research indicates that health insurance is a variable to consider in forming an identity that feels politically effective. And, in the case of senior citizens, this group is constituted by eligibility for Medicare. Furthermore, this research supports the work of Soss (2005) and others by arguing that social constructions play an important role in political participation, interacting with economic voting considerations.

I interviewed four individuals on Medicare, and three of the four Medicare enrollees were regular voters in comparison to zero of 15 uninsured participants.[109] Despite the low sample sizes of these subgroups, the differences are compelling. Campbell (2007) finds that, the participatory effects of Social Security "are greater on low-income seniors, who are more dependent on the program, "and that the size of this effect is substantial enough to decrease "the overall participation gradient among seniors"(126). Moreover, this effect is constant not only with a cross-section of seniors, but also over time (Campbell, 2007, 126). Campbell argues that the elderly poor are mobilized to protect Social Security and Medicare benefits that comprise an appreciable portion of their income and protection. Similarly, Nancy said:

[109] Four of those 15 uninsured participants were registered to vote, but they acknowledged that they had not voted recently or could not identify their poll location.

> "We understand that we have to make our voices heard…Every year they try to cut [Medicare] and Social Security, and we try to make noise so it doesn't happen. They know we will vote 'em out if they don't pay attention to us."

A close reading of Nancy's comments indicate that not only does she observe the policymaking process closely, she also belongs to a group of seniors who are mobilized to protect the benefits that visibly affect them. Nancy implicitly acknowledges that state and federal policy has designated seniors as a unified target population, and they perceive their collective interests are perennially in jeopardy. Therefore, they have fashioned themselves as a part of a vocal and mobilized political constituency to defend their individual interests as a part of wider collective. Conversely, the uninsured adult population varies enormously by state and is diffused across demographic categories, preventing them from constructing a group identity to spur political action (Miller, 2016).

In stark contrast to the participants in the Coverage Gap, the feelings of group identity expressed by Medicare recipients were clear in the language they used. Medicare enrollees used "we", "us", and "our" as collective pronouns in reference to a constituency that formed the basis of their perceived political identity. The use of these collective pronouns seemed to reference senior citizens likely formed from recognizing the universal eligibility of seniors in Social Security and Medicare (Campbell, 2002). Notably, only one non-voting, unregistered interview participant used "us" and "our" in reference to a broader collective of which they were a part.[110] As opposed to expressing a sense of belonging to a political constituency that was molded by a positive group identity, most of the interview participants used individual pronouns to describe their experiences indicating a deeper sense of isolation.

[110] These comments were made by Earl and noted earlier in the chapter. Earl used "us" and "our" to reflect his sentiments that African Americans were explicitly being denied the right to vote.

It seems that group identity and the social constructions of those groups play an important role in how citizens factor instrumental voting into their turnout rationale. Importantly, as Nancy described above, senior citizen participants described group-based benefits of mobilizing to protect collective policy interests. However, members of the Medicare group also saw that their own interests were at stake. As Cathy, a Medicare recipient and registered voter, said:

> "I always vote… It's just stupid not to. Thing is…[politicians] are always looking to cut something, so you better speak up or it will be you… You have to do what's going to benefit you!"

Cathy connected her self-interested policy preferences—indeed, her personal welfare—to the turnout decision.

Contrast Cathy's comments with Alisha's perspective of voting for Medicaid expansion. After Alisha learned that she could benefit directly from a change in the policy, she said:

> "[Medicaid expansion] *sounds* great…I'd love to be able to see doctors and not have to go to the ER every time something happens. But, I've been around. I know how things work in Alabama. It's hopeless here. And my vote won't help that none. I'm just one person."

Importantly, Alisha's statement directly connected her feelings of despondence and isolation with political impotence. Alisha's sense of hopelessness led to a disengagement similar to that of many citizens I interviewed living in the Coverage Gap. Despite a recognition of the self-interested incentive to vote for Medicaid expansion, their sense of personal political anemia foreclosed participation. Similarly, other participants described feeling and acting as atomized individuals, rendered politically powerless as a result of not belonging to a defined political constituency.

Conclusion

This chapter presents insights obtained from 22 semi-structured, extensive interviews with poor Alabamians in the weeks leading up to the 2014 elections. The purpose of this chapter is to identify and describe factors that explain why the GOTV mobilization interventions had limited success in raising turnout in the Coverage Gap (as detailed in chapter four). In order to do this, I analyze the voting decision in the terms and conceptual frameworks that shaped the turnout decision for interview participants, many of whom were in the Coverage Gap. Following an interpretive tradition of political science, I use qualitative evidence to describe the external systems and processes—alongside the internal attitudes and beliefs—that shape the prevalence of non-participation among the poor. My goal has been to identify the primary factors that shaped predispositions for the participants by synthesizing the descriptions they provided over the course of our in-depth conversations.

I have argued that the turnout decision hinges upon whether a citizen is capable of voting, defining capability in terms of the potential restrictions a voter might confront in obtaining the legal right, navigating context-based procedural mechanisms, and developing a sense of political efficacy. Each of these dimensions of restricted voter capability emerged in the interviews, forming the core theme of disengagement. A majority of the interview participants was not registered to vote, and of those who were, nearly half could not identify their current poll location, implying that their registration may have been outdated. Registration was even less frequent among uninsured participants, where just a quarter had registered in the past. Likewise, of the 332,000 citizens who would gain Medicaid under expansion, less than a third had registered to vote. Consequently, two out of three voters in Alabama's Coverage Gap could not vote on Election Day. Beyond the barriers to registration—often due to felon

disenfranchisement or frequent re-location that required re-registration—participants reported difficulties in casting their vote on the day of an election because of logistical challenges, perhaps due to Alabama's comparatively restrictive rules on early voting and absentee balloting. Finally, participants detailed a diminished sense of political efficacy, rooted in observations and experiences of both the voting process and other policy designs. Reduced political efficacy was based upon three key observations from participants.

First, many black participants understood the battle over suffrage for African Americans to be continuing, though the fronts on which the battle is currently being waged have shifted to less conspicuous means. Rather than the complete denial of black voting rights in the Jim Crow era, some participants viewed voter ID laws and felon disenfranchisement as a modern form of racialized voter suppression. Second, participants of all races felt that policymakers were unresponsive to the needs of the poor because they made no effort to understand them. Third, participants observed that the parameters of many public policies had been drawn to exclude them, and that exclusion was interpreted as a measure of policymakers' disregard for their lives, directing their social and political standing as "outsiders."

The findings of these interviews form the evidentiary basis for the theory that this dissertation puts forward. Poor citizens are difficult to mobilize through policy-based mobilization because their orientations toward political participation have been conditioned by myriad factors, including exclusion from current public policies, before any GOTV intervention occurs. Importantly, these findings also seem to suggest that exception from publicly provided health insurance sends a particularly strong message to the poor. Citizens actively interpret meaning from policy designs, and in the case of

Alabama's Coverage Gap, interpretations of current policies were stronger than the appeals of prospective policy shifts in determining the vote decision.

CHAPTER SIX: CONCLUSION

Set in fictional Maycomb, Alabama, in the middle of the twentieth century, Harper Lee's *To Kill A Mockingbird* tells a sordid tale of racial injustice in a rural community. A child of mixed race yells and cries out in the courtroom after hearing that a black man had been convicted of a crime he did not commit. The child's black father, Dolphus Raymond says, "Things haven't caught up with that one's instinct yet. Let him get a little older and…Maybe things'll strike him as being—not quite right, say, but he won't cry, not when he gets a few years on him." Through Dolphus' character, Harper Lee conveys the unjust social truth that the young boy had not yet learned the lesson of quiescence. Importantly, Lee does not imply that it is a disengagement that comes from ignorance or even apathy. Rather, it is a withdrawal—conscious, at first—based upon shrewd observations and formative experiences that lead to the recognition of political systems and societal structures that stifle individual agency. Lee's description of quiescence is an expression of the realization that poor and minority people were subject to a governing system in which they had limited or no control. It is a similar form of disengagement and quiescence that I uncovered in this research.

The second paragraph of the Declaration of Independence, calls for the formation of a government to protect the "unalienable Rights" [*sic*.] of citizens, by "deriving their just powers from the consent of the governed." In the democratically elected republic later built upon the Declaration, the "consent of the governed" is achieved via the "electoral connection" where citizens may participate by campaigning for candidates, donating to a political party, or in the most basic form of civic engagement—casting a ballot (Mayhew, 1974). From a political science perspective, the act of voting for a candidate vying for elected office is the lowest common denominator of political action, and voter turnout is often used as a proxy measure for civic health (Schlozmon *et al*., 2012). Yet, civic

engagement or the health of a democracy cannot simply be a question of how many votes are cast on Election Day, but also who casts those votes and why.

Research has demonstrated that poor voters in the United States have systematically turned out to vote at a lower rate than their peers (Verba, *et al.*, 1995; Leighley and Nagler, 2014). This participatory inequality is sharpened by consideration of the South, the poorest region in the country (Highton and Wolfinger, 2001).[111] Voting participation in states of the Deep South is consistently lower (often by six to ten percentage points in a given election cycle) than elsewhere in the United States (Gans, 2010, 17). As V.O. Key observed in 1949, "The conversion of the South into a democracy in the sense that the mass of people vote and have a hand in their governance" posed a "formidable challenge" to statesmen of the time (661). Since Key made this observation, many—though not all—*de jure* barriers to voting were removed by the 24th Amendment and the Voting Rights Act, but insufficient attention has been paid to the *de facto* barriers that remain. Why do so many poor, disproportionately minority citizens forgo this right to citizenship in American Democracy?

Scholars have used the policy feedback process to describe how the architecture of policies influences subsequent political participation, noting that the politics and policies of citizen engagement are mutually reinforcing (Skocpol, 1992; Pierson, 1993). Policy designs construct target populations, political constituencies who directly benefit from a policy that provides them both with material benefits and interpretive resources (Schneider and Ingram, 1997). When the benefits of a particularized policy are politically tenuous, one might expect the policy's target population to be mobilized to protect it.

[111] In the American Community Survey issued June 2014, 30.8% of the South was living in poverty. The next closest region is the West at 25.9% (Table 1A, 3).

However, this expectation assumes a critical pre-condition for mobilization: the target population is aware of the political context of the policy that affects their interests. If the design or implementation of a policy obscures its benefits from the intended recipients, the policy feedback process is interrupted. And, when those policies are designed to benefit poor citizens, the interruption of that feedback process can drive participatory inequality. This dissertation contributes to literature on participatory inequality by exploring key questions about how policy designs shape the turnout decision of poor voters.

Current research on policy feedback has used observational data to link policy design to political participation. Importantly, these studies were conducted without taking into account how subjects learned about the policy for which they were a target. Because many policy designs are submerged, policy information becomes politically important for the mobilization of policy targets. Low information levels among the target population, chiefly as a result of esoteric and convoluted legislation, keep voter turnout comparatively low among poor voters who do not benefit from organized interests that represent them (Mettler, 2011). This dissertation explored whether GOTV mobilization could overcome submergedness by testing if targeted, policy-based interventions could surface the submerged policy of Medicaid expansion in Alabama's Coverage Gap, and thereby increase voter turnout among the economically disadvantaged.

The Medicaid expansion decision represents a unique case where an appreciable number of voters could materially benefit from a policy that was submerged. The Coverage Gap is comprised of citizens whose annual income places them above the current Medicaid eligibility threshold but below the sum that make them eligible to purchase subsidized insurance through the ACA's marketplace. In effect, those living in the Coverage Gap

were too poor to qualify for the healthcare exchange benefits and too rich to meet the existing thresholds for Medicaid eligibility in their state. 332,000 Alabamians were living in the Coverage Gap during the fall of 2014, all of whom were over age 18 and therefore eligible to vote. These 332,000 Alabamians were a segment of nearly eight million Americans who would gain health insurance if their state's governor were to expand Medicaid, but because they resided in a state (most likely a Southern one) that had chosen not to expand Medicaid, they had no insurance coverage (Dickman *et al.,* 2014).

To examine this case, I pursued a mixed-methods approach in order to triangulate my findings and build upon different modes of data collection to advance substantive theoretical insights. The research was designed to answer three questions about 332,000 potential voters living in Alabama's Coverage Gap. The first question sought to establish whether the Medicaid expansion policy was submerged. Did voters understand the political context of the expansion decision that directly affected the lives of those in the Coverage Gap? To answer this question, I deployed a multi-modal survey. The survey data demonstrate that nearly a quarter of all respondents—among both the general population and the Coverage Gap—were unable to identify the correct candidate positions on the Medicaid expansion issue just weeks before the Gubernatorial election, despite the issue being a top priority for both candidates.

After determining that Medicaid expansion was indeed submerged, the field experiment was designed to answer the second key research question by putting submergedness to the test: can a campaign surface a policy in the target population and thereby induce political participation? To test how policy information influences the mobilization of policy targets, I conducted a randomized GOTV experiment using policy-based mobilization interventions in Alabama's Coverage Gap. Though GOTV experiments

have discovered important insights about mobilizing voters in the general population, research has demonstrated that poor voters may be more difficult to mobilize (Enos *et al.*, 2014). To perform an effective GOTV experiment, I introduced interventions designed to compel the economic voting interests of voters in Alabama's Coverage Gap, delivering messages that primed self- and sociotropic interests through describing the proximal and salient impact of the Medicaid expansion policy. The results of the field experiment demonstrate that targeted mobilization techniques are insufficient to overcome the political alienation of voters in Alabama's Coverage Gap. Despite leveraging evidence-based GOTV methods to mobilize voters with targeted messages, these canvassing efforts failed to effectively mobilize those voters in Alabama's Coverage Gap.

Furthermore, using distinct methodologies, I was able to cross-validate crucial findings with the survey experiment and the field experiment. Comparing the results of these two modes of inquiry, I find three critical and consistent findings. First, the economic voting treatments were effective in surfacing the Medicaid expansion policy, but they appear to have been unsuccessful in mobilizing voters in the Coverage Gap. The post-treatment survey provides evidence to suggest that the field campaign improved voter knowledge about the policy and increased subjects' willingness to support both Medicaid expansion and candidate who advocated it. However, the voter file demonstrated that subjects in the treatment groups were not mobilized. Similarly, the data from the survey experiment also demonstrated that respondents in the Coverage Gap were far more likely to recognize the Medicaid expansion policy as being important to their lives, and nearly twice as likely to support it when compared to the general population. Yet, despite informing targets of the policy's benefits and persuading them to support it, survey respondents in the Coverage Gap were much less likely to participate in the election.

Second, the survey used conjoint analysis to test competing sociotropic and self-interest frames within the target population, and these results can be juxtaposed with the field experiment to test real-world application (Hainmueller *et al.*, 2015). The outcomes of the survey experiment provide a measure of the most compelling attributes of each economic voting frame within the target population. While the conjoint analysis results were not calculated before I developed the scripts for the policy-based interventions, they enable comparisons of the efficacy of the scripts that I randomly selected. Consequently, it became clear that the script for the self-interest treatment used far more persuasive attributes than the elements that were used to form the sociotropic script in the field experiment.[112] Despite these significant differences in message quality, the self-interest script produced only slightly higher turnout effects than the other two treatments. Therefore, whether campaign messages primed self-interest or sociotropic interests, the turnout decision does not appear to be substantially affected. An important difference in the two methods is that although approximately 60% of respondents to the survey indicated that they would be likely to support the candidate who espoused any of the three Medicaid expansion messages, only 40% of the subjects in the field experiment campaign turned out to vote. Though the online survey was conducted with a relatively small sample size of responses, a comparison between the turnout effects in the field and the survey experiment reveal that voting for a candidate in an online experiment (i.e. adjusting a thermometer on a screen) is much simpler than participating in a real-world election.[113]

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[112] Across four levels in the self-interest frame, I randomly chose three of the top attributes chosen in the online experiment. However, in the sociotropic script, I chose two of the least compelling attributes across three levels.

[113] An alternate interpretation of this comparison is that people behave differently in online experiments than in the real world. However, Hainmueller *et al.* (2015b) have demonstrated that this is not the case, particularly when comparing the results of real-world behavior to conjoint analysis.

Third, because I tested similar questions in the online survey and the field experiment, I am able to establish comparisons between the two subject samples, which differ from one another substantially in composition. The field experiment sample contained a subject sample that was nearly 80% black, and the survey experiment was performed with mostly white subjects. However, despite the racial differences in the experimental samples, the findings appear to remain stable across both methodologies. Coverage Gap respondents in the survey experiment and subjects who received treatment in the field experiment both appear to support the Medicaid expansion policy, along with the candidate who advocates the policy. Despite this awareness of the benefits of expansion and a recognition of the potential impact the policy could have upon their lives, subjects generally do not appear to be mobilized.

The experimental evidence clearly demonstrates that even after a submerged policy and its concomitant benefits were surfaced, the target population was not mobilized. The fact that the campaign interventions shifted knowledge and compelled support for the policy while failing to mobilize voters indicates that there are factors beyond a lack of policy-based information that inhibit turnout among certain poor target populations.
This evidence leads to the third research question concerning how policy designs influence participation: how might previous observations and experiences with policies or electoral processes direct subsequent orientation toward voting? To investigate this question, I collected qualitative data using extensive interviews with poor Alabamians, many of whom were in the Coverage Gap, in the weeks leading up to the 2014 elections. Whereas the two experimental methods used a positivist approach to determine if there was a causal relationship between policy-based mobilization and increased voter turnout in the target population, the qualitative interviews attempted to describe a causal

mechanism: why poor voters remain disengaged. My goal was to uncover the conceptual frameworks that shaped the turnout decision for interview participants. The qualitative evidence presented the primary factors that shaped voting predispositions for the participants by synthesizing the descriptions they provided over the course of the in-depth conversations. Consequently, the data expressed key factors that help explain why the GOTV mobilization interventions had limited success in raising turnout in the Coverage Gap, despite shifting voter knowledge.

The core theme that emerged from the data was that voters "learned disengagement." Their disengagement developed from encountering both legal and procedural restrictions that prevented many participants from registering, and other experiences that formed feelings of political inefficacy. Reflecting the model I built to micro-target voters in Alabama's Coverage Gap, of the 15 uninsured citizens I interviewed, a significant majority were not registered to vote. Indeed, of the 22 total interviews I performed, only nine voters were registered and many had not updated their registration status to reflect their current residence. Furthermore, the data revealed that citizens were committed spectators to public policy, clearly aware of public policies that had legislated their exclusion. Participants also connected their exclusion from policies—and particularly public health insurance—with social settings and political realities that led policymakers to ignore their interests. Moreover, minority participants experienced feelings of inefficacy as a result of racialized voter suppression that linked historical disenfranchisement to modern movements such as voter ID laws and the closing of several Alabama DMVs in majority black counties. As a result, the conversations revealed an entrenched political disengagement—a form of indirect policy feedback—that was a formidable opponent to mobilizing voters who were already registered, even

upon obtaining new policy knowledge that the GOTV campaign delivered in the target population.

Taken together across multiple dimensions of inquiry, these findings offer a portrait of the challenges that exist in mobilizing voters in Alabama's Coverage Gap. The essential claim of this thesis is that poor voters are not easily mobilized by campaigns delivering a targeted, policy-based message. From a rational choice perspective, low voter turnout among the poor may be explained because current policies have resulted in high costs of voting for transient populations, a diminished sense of political efficacy among the poor, and limited pressure to participate from social circles that confront similar policy designs. The ability of the experimental interventions to shift voter knowledge and increase support—effectively proving that the Medicaid expansion policy was made proximal and salient to the target population—can be juxtaposed against the campaign's inability to produce turnout effects in the target population; this reveals that political information does not automatically translate to mobilization. As the qualitative data prove, some citizens are conditioned to think of themselves as outsiders to electoral politics.

The null results of the field experiment—combined with the qualitative evidence provided for the campaign's failure—led me to produce a theory about the limits of policy-based mobilization and consequently, the variance of GOTV effectiveness in disadvantaged communities. I argue that as opposed to apathy or ignorance, the disengagement expressed by poor voters in this study was rooted in astute observations of current public policies that effectively erected boundaries to their inclusion. In contrast to the direct forms of policy feedback detailed in previous studies, I argue that indirect policy feedback is also consequential. Specifically, indirect policy feedback has led to a form of learned disengagement that is difficult to overcome via policy-based

mobilization, even when economic voting interests are primed. Indeed, economic voting motivations are wholly secondary to the profound disengagement felt by the poorest members of the population.

This research has addressed policy-based mobilization of poor voters who would benefit directly from a material policy change. Therefore, I have examined questions that lie at the nexus of policy design theory and GOTV mobilization, advancing the field by observing the limits of policy-based mobilization. Principally, I argue that the means by which voters learn about policies are crucial but more important is the current policy context in which they find themselves: policy design theory can be enhanced by focusing on the predispositions that orient political participation in a given target population. Though these findings demonstrate that poor voters in Alabama's Coverage Gap were not mobilized by the GOTV campaign, experimental evidence has demonstrated that racial minorities and poor citizens can potentially be mobilized by campaigns (Green *et al.*, 2003; Green and Michelson 2009). Yet, as García Bedolla and Michelson (2012) noted, and my results suggest, there is a variance in mobilization effects. Why are some mobilization efforts designed to reach poor voters successful while others are not? I argue that at least some of this variance is due to existing public policy arrangements that have sent strong interpretive messages for poor voters. More attention must be paid to how poor voters conceive of themselves in relation to the polity prior to campaign interventions or canvassing conversations.

Given my argument and the evidence presented in this research, I consider the generalizability of both the theory advanced here and the applicability of the findings produced before suggesting areas for future research. In terms of comprehensiveness of this argument, there is a key limitation. Both experiments and the interviews were

performed with a single case: Medicaid expansion in Alabama. It could be argued that the case itself is unique since the ACA presented Governors with an otherwise uncommon opportunity to alter the composition of a joint state-federal program. Furthermore, the investigation was conducted in a state that has an especially harsh history of voter suppression and within an electoral context that a perennially dominant political ideology rendered only weakly competitive. Accordingly, the extent to which these findings are generalizable among the wider population of poor citizens is a matter of debate.

However, I believe these results warrant further investigation for three main reasons. First, as Enos *et al.* (2013) have argued, poor voters may be more difficult to mobilize than members of the general population, and my findings lend credence to that argument in comparison to the majority of GOTV experimental evidence (Gerber and Green, 2012). However, I do not argue that poor policy targets cannot be mobilized, since previous research has proven otherwise (Hill and Kousser, 2016). Instead, this research finds that in order to account for the effectiveness of mobilization efforts within a target population, researchers and practitioners must pay careful attention to the extant public policy that governs their lives and has, accordingly, shaped their orientation toward electoral politics. Future research should consider the idiosyncratic conditions that produce variance in mobilization effects for researchers otherwise risk exacerbating participatory inequality. Additionally, researchers should identify areas where the boundaries of public policies may spur indirect feedback effects for individuals who are located on the outside of the target population.

Esping-Andersen's (1990) study compared welfare systems across the developed world to determine that the U.S. system was among the most stringent. However, there is a wide variance between states in levels of welfare generosity (Soss *et al.*, 2011), and my

findings indicate that this variance may have participatory effects that should be investigated from a comparative perspective. For example, the García Bedolla and Michelson (2012) study conducted successful mobilization campaigns in California, a state that offers substantially more generous welfare policies than Alabama. Therefore, the same policy-based mobilization campaign in Alabama could confront a different set of interpretations in a similar target population in California. Likewise, the context of current social policy arrangements might make them more or less amenable to turnout, and this should be investigated through carefully designed experiments.

Second, future research should investigate the effects of indirect policy feedback by assessing whether health insurance access—or a lack thereof—has a particularly strong influence on voter participation. T.H. Marshall defined citizenship as "full membership of a community" to include social rights that encompass a modicum of economic welfare and security. Marshall's account of citizenship highlights the tension between formal political equality and the inequalities that exist to form implicit power dynamics in most democratic societies. Although several policies excluded subjects in this study, living without access to health insurance seemed to be a key determinant to social standing and subsequent political participation.

Health insurance has been advanced as a means of improving health access (Hoffman *et al.*, 2008) and outcomes (Ayanian *et al.*, 1993; Berwick *et al.*, 2008). This thesis suggests that there may be a further benefit to health insurance—that of political participation. The United States is unique among Organization for Economic Cooperation and Development (OECD) countries in its not guaranteeing some form of basic health

insurance or health services to all its citizens.[114] Additionally, among 34 OECD countries, the United States ranks 33rd in voter turnout during parliamentary elections, and at 48% turnout, the U.S. was 22 percentage points below the OECD average (OECD, 2011, 97). My study suggests that there could be more to this relationship than mere correlation, and future research should unpack the extent to which a lack of health insurance may influence participatory inequality. Scholars of medicine and public health have developed an entire subfield on the "social determinants of health"—the non-medical conditions including poverty, violence, and geographic isolation—that affect health outcomes (Marmot and Wilkinson, 2005; Smith *et al.*, 2016). This research indicates that rather than following a linear pattern, there may also be an important feedback mechanism: in addition to social conditions that determine health, health coverage may also be a key factor in determining social standing, and therefore, political efficacy.

This correlation could be tested further by performing a comparative analysis between states where mobilization efforts targeting newly insured poor voters in expansion states (such as Kentucky) are contrasted to identical campaigns targeting uninsured citizens of comparable economic positions in non-expansion states (i.e. Mississippi).[115] An alternative test could be performed through a cross-temporal analysis using a natural experiment in Pennsylvania, a state that did not expand Medicaid until after the 2014 election. Will newly insured voters be more active in the 2018 Gubernatorial contest?

Third, and perhaps most fundamentally, these results require additional research to understand if and how disengagement among the poor may be countered. The sizeable

[114] According to a report published by the OECD in March of 2014 titled, "Society at a Glance 2014: OECD Social Indicators," only two countries had not legislated universal health coverage, as of 2011: Mexico and the United States (131). However, in 2004, Mexico enacted legislation with the stated aim of phasing in universal coverage over time.

[115] Using two Southern states such as Kentucky and Mississippi could account for significant variations in regional politics and demographic conditions.

and persistent non-voting poor population has important implications for the nature of campaigning, patterns of subsequent political participation, and potentially, policy outputs. The experimental results suggest that targeted mobilization techniques are incommensurate with the political disengagement experienced by some of the poorest citizens in the electorate. Among the poor Alabamians who were the subjects of this study, citizens were conditioned to conceive of themselves as political outsiders, bereft of political efficacy and often without the legal approval to exercise their right to vote. Though this research led to the discovery of some reasons that contribute to disengagement, it does not provide a path forward to overcome it. Policymakers should evaluate the participatory effects of particular policy designs, both within the target population as well as for citizens at the border of eligibility because rather than imbuing citizens with a civic responsibility, exclusion may reveal a sense of marginalization.

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APPENDICES

APPENDIX A: SURVEY EXPERIMENT FOR RESPONDENTS IN THE COVERAGE GAP

2014 Alabama Gubernatorial Election Survey

1) First, we are going to ask you some questions about your background. What is your gender?

- ❍ Male (1)
- ❍ Female (2)

2) What is your approximate age?

- ❍ 18 or under (1)
- ❍ 19-25 (2)
- ❍ 26-35 (3)
- ❍ 36-45 (4)
- ❍ 46-55 (5)
- ❍ 56-64 (6)
- ❍ 65+ (7)

3) What is your ethnicity?

- ❍ Caucasian (1)
- ❍ African-American (2)
- ❍ Asian or Pacific Islander (3)
- ❍ Latino or Hispanic (4)
- ❍ Other (5)
- ❍ Prefer not to say (6)

4) You are covered by a health plan, or health insurance, if you currently have a private insurance plan obtained through your employer (or your spouse's employer), a plan you purchased yourself, or a government program like Medicare or Medicaid.

Are you now currently covered by any form of health insurance or health plan or do you not have health insurance at this time?

- ❍ Yes, I am covered by a private plan. (1)
- ❍ Yes, I am covered by a government plan. (2)
- ❍ No, I do not currently have a health plan. (3)

If Yes (1) or (2) Is Selected, Then Skip To End of Block

5) Last year – that is, in 2013 – your total family income from all sources before taxes was ...

- ❍ Less than $15,500 (1)
- ❍ Less than $21,000 (2)
- ❍ Less than $26,500 (3)
- ❍ Less than $32,000 (4)
- ❍ Less than $37,500 (5)
- ❍ Less than $43,000 (6)
- ❍ Less than $48,500 (7)
- ❍ Less than $54,000 (8)
- ❍ $54,000 or more (9)

If $54,000 or more (9) Is Selected, Then Skip To End of Block

6) What is the size of your household? If you live by yourself, please select (1).

- ❍ 1 (1)
- ❍ 2 (2)
- ❍ 3 (3)
- ❍ 4 (4)
- ❍ 5 (5)
- ❍ 6 (6)
- ❍ 7 (7)
- ❍ 8 or more (8)

Display Logic:

Answer If Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $15,500 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $21,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 2 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $21,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 3 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $21,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 4 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $21,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 5 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $21,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 6 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $21,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 7 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $21,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 8 or more Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $26,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 3 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $26,500 Is Selected And What is the

size of your household? If you live by yourself, please select '1'. 4 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $26,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 5 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $26,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 6 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $26,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 7 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $26,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 8 or more Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $32,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 4 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $32,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 5 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $32,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 6 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $32,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 7 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $32,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 8 or more Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $37,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 5 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $37,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 6 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $37,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 7 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $37,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 8 or more Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $43,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 6 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $43,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 7 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $43,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 8 or more Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $48,500 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 7 Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $48,500 Is Selected

And What is the size of your household? If you live by yourself, please select '1'. 8 or more Is Selected Or Last year – that is, in 2013 – your total family income from all sources, before taxes was ... Less than $54,000 Is Selected And What is the size of your household? If you live by yourself, please select '1'. 8 or more Is Selected

Our questionnaire indicates that you could be eligible for healthcare coverage if Alabama chooses to expand Medicaid. In the November 4th election for Alabama's Governor, Medicaid expansion is a defining issue. One candidate supports expansion while the other is against it. The following questions will give you an opportunity to tell us which aspects of Medicaid you find most appealing or which elements are important to your life.

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

7) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. If you were shopping for health insurance, which combination of benefits would you find most appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/S-1-1}	${e://Field/S-1-1-1}	${e://Field/S-1-2-1}
${e://Field/S-1-2}	${e://Field/S-1-1-2}	${e://Field/S-1-2-2}
${e://Field/S-1-3}	${e://Field/S-1-1-3}	${e://Field/S-1-2-3}
${e://Field/S-1-4}	${e://Field/S-1-1-4}	${e://Field/S-1-2-4}

- ❍ Package 1 (1)
- ❍ Both packages are exactly the same (word for word). (2)
- ❍ Package 2 (4)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

8) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. If you were shopping for health insurance, which combination of benefits would you find most appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/S-2-1}	${e://Field/S-2-1-1}	${e://Field/S-2-2-1}

${e://Field/S-2-2}	${e://Field/S-2-1-2}	${e://Field/S-2-2-2}
${e://Field/S-2-3}	${e://Field/S-2-1-3}	${e://Field/S-2-2-3}
${e://Field/S-2-4}	${e://Field/S-2-1-4}	${e://Field/S-2-2-4}

- Package 1 (1)
- Both packages are exactly the same (word for word). (2)
- Package 2 (3)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

9) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. If you were shopping for health insurance, which combination of benefits would you find most appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/S-3-1}	${e://Field/S-3-1-1}	${e://Field/S-3-2-1}
${e://Field/S-3-2}	${e://Field/S-3-1-2}	${e://Field/S-3-2-2}
${e://Field/S-3-3}	${e://Field/S-3-1-3}	${e://Field/S-3-2-3}
${e://Field/S-3-4}	${e://Field/S-3-1-4}	${e://Field/S-3-2-4}

- Package 1 (1)
- Both packages are exactly the same (word for word). (2)
- Package 2 (3)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

10) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. If you were shopping for health insurance, which combination of benefits would you find most appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/S-4-1}	${e://Field/S-4-1-1}	${e://Field/S-4-2-1}
${e://Field/S-4-2}	${e://Field/S-4-1-2}	${e://Field/S-4-2-2}
${e://Field/S-4-3}	${e://Field/S-4-1-3}	${e://Field/S-4-2-3}
${e://Field/S-4-4}	${e://Field/S-4-1-4}	${e://Field/S-4-2-4}

- ❍ Package 1 (1)
- ❍ Both packages are exactly the same (word for word). (2)
- ❍ Package 2 (3)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

11) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. If you were shopping for health insurance, which combination of benefits would you find most appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/S-5-1}	${e://Field/S-5-1-1}	${e://Field/S-5-2-1}
${e://Field/S-5-2}	${e://Field/S-5-1-2}	${e://Field/S-5-2-2}
${e://Field/S-5-3}	${e://Field/S-5-1-3}	${e://Field/S-5-2-3}
${e://Field/S-5-4}	${e://Field/S-5-1-4}	${e://Field/S-5-2-4}

- ❍ Package 1 (1)
- ❍ Both packages are exactly the same (word for word). (2)
- ❍ Package 2 (3)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

12) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. Which combination of benefits do you personally find more appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/C-1-1}	${e://Field/C-1-1-1}	${e://Field/C-1-2-1}
${e://Field/C-1-2}	${e://Field/C-1-1-2}	${e://Field/C-1-2-2}
${e://Field/C-1-3}	${e://Field/C-1-1-3}	${e://Field/C-1-2-3}

- ❍ Package 1 (1)
- ❍ Both packages are exactly the same (word for word). (2)
- ❍ Package 2 (3)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

13) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. Which combination of benefits do you personally find more appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/C-2-1}	${e://Field/C-2-1-1}	${e://Field/C-2-2-1}
${e://Field/C-2-2}	${e://Field/C-2-1-2}	${e://Field/C-2-2-2}
${e://Field/C-2-3}	${e://Field/C-2-1-3}	${e://Field/C-2-2-3}

- ❍ Package 1 (1)
- ❍ Both packages are exactly the same (word for word). (4)
- ❍ Package 2 (5)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

14) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. Which combination of benefits do you personally find more appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/C-3-1}	${e://Field/C-3-1-1}	${e://Field/C-3-2-1}
${e://Field/C-3-2}	${e://Field/C-3-1-2}	${e://Field/C-3-2-2}
${e://Field/C-3-3}	${e://Field/C-3-1-3}	${e://Field/C-3-2-3}

- ❍ Package 1 (1)
- ❍ Both packages are exactly the same (word for word). (2)
- ❍ Package 2 (3)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

15) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. Which combination of benefits do you personally find more appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/C-4-1}	${e://Field/C-4-1-1}	${e://Field/C-4-2-1}
${e://Field/C-4-2}	${e://Field/C-4-1-2}	${e://Field/C-4-2-2}
${e://Field/C-4-3}	${e://Field/C-4-1-3}	${e://Field/C-4-2-3}

- ❍ Package 1 (1)
- ❍ Both packages are exactly the same (word for word). (2)
- ❍ Package 2 (3)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

16) A candidate advocates for Medicaid Expansion. Please look at the different benefits of Medicaid Expansion listed under Package 1, and Package 2. Which combination of benefits do you personally find more appealing, Package 1, or Package 2?

Please carefully review the options detailed below, then please answer the question.

	Package 1	**Package 2**
${e://Field/C-5-1}	${e://Field/C-5-1-1}	${e://Field/C-5-2-1}
${e://Field/C-5-2}	${e://Field/C-5-1-2}	${e://Field/C-5-2-2}
${e://Field/C-5-3}	${e://Field/C-5-1-3}	${e://Field/C-5-2-3}

- ❍ Package 1 (1)
- ❍ Both packages are exactly the same (word for word). (2)
- ❍ Package 2 (3)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

17) A candidate is advocating for Medicaid Expansion. Using the thermometer, please indicate how likely you would be to vote for a candidate who delivered the message below."Medicaid expansion would provide healthcare to nearly 331,000 Alabama citizens. Expansion would keep open an estimated 20 hospitals in Alabama. It will boost worker earnings by $9 billion dollars annually, and it keeps taxpayer dollars in Alabama, instead of sending them to Kentucky or California. Vote for me, and I will expand Medicaid."

0: I would never vote for this candidate
10: I would definitely vote for this candidate.

❍ 0 (0)

- ❍ 1 (1)
- ❍ 2 (2)
- ❍ 3 (3)
- ❍ 4 (4)
- ❍ 5 (5)
- ❍ 6 (6)
- ❍ 7 (7)
- ❍ 8 (8)
- ❍ 9 (9)
- ❍ 10 (10)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

18) A candidate is advocating for Medicaid Expansion. Using the thermometer, please indicate how likely you would be to vote for a candidate who delivered the message below."If you are eligible, Medicaid can eliminate your out-of-pocket medical expenses. Medicaid will provide you with access to treatments given to patients with private insurance, and you will have health insurance even while you are jobless. Medicaid will also provide you with access to preventative medicine in the form of check-ups, vaccinations, and immunizations. Vote for me, and I will expand Medicaid."

0: I would never vote for this candidate
10: I would definitely vote for this candidate.

- ❍ 0 (0)
- ❍ 1 (1)
- ❍ 2 (2)
- ❍ 3 (3)
- ❍ 4 (4)
- ❍ 5 (5)
- ❍ 6 (6)
- ❍ 7 (7)
- ❍ 8 (8)
- ❍ 9 (9)
- ❍ 10 (10)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

19) A candidate is advocating for Medicaid Expansion. Using the thermometer, please indicate how likely you would be to vote for a candidate who delivered the message below."Medicaid expansion will create 30,000 new jobs, save the state nearly $5 million dollars a day, and save an estimated 563 lives a year. If you are eligible, you would gain access to top doctors and nurse practitioners. Medicaid will cover your laboratory and X-ray services and allows you to obtain high quality healthcare services while preventing bankruptcies that could be caused by your unpaid medical expenses. Vote for me, and I will expand Medicaid."

0: I would never vote for this candidate
10: I would definitely vote for this candidate.

- ❍ 0 (0)
- ❍ 1 (1)
- ❍ 2 (2)
- ❍ 3 (3)
- ❍ 4 (4)
- ❍ 5 (5)
- ❍ 6 (6)
- ❍ 7 (7)
- ❍ 8 (8)
- ❍ 9 (9)
- ❍ 10 (10)

Timing
- First Click (1)
- Last Click (2)
- Page Submit (3)
- Click Count (4)

20) We will now ask you a couple of questions about the State of Alabama Elections in November: Which of the following statements most accurately resemble the actual candidate positions in Alabama's race for Governor (held November 4, 2014)?

- ❍ Governor Robert Bentley is for expanding Medicaid, and the challenger, Congressman Parker Griffith is also for expansion. (1)
- ❍ Governor Robert Bentley is against expanding Medicaid, and the challenger, Congressman Parker Griffith is for expansion. (2)
- ❍ Governor Robert Bentley is for expanding Medicaid, and the challenger, Congressman Parker Griffith is against expansion. (3)
- ❍ Governor Robert Bentley is against expanding Medicaid, and the challenger, Congressman Parker Griffith is also against expansion. (4)
- ❍ I am not sure. (5)

21) Do you plan to vote in the upcoming election, and if so, for whom do you plan to vote?

- ❍ Yes, I plan to vote for Robert Bentley. (1)
- ❍ Yes, I plan to vote for Parker Griffith. (2)
- ❍ Yes, I plan to vote, but I am undecided. (3)
- ❍ No, I do not plan to vote. (4)

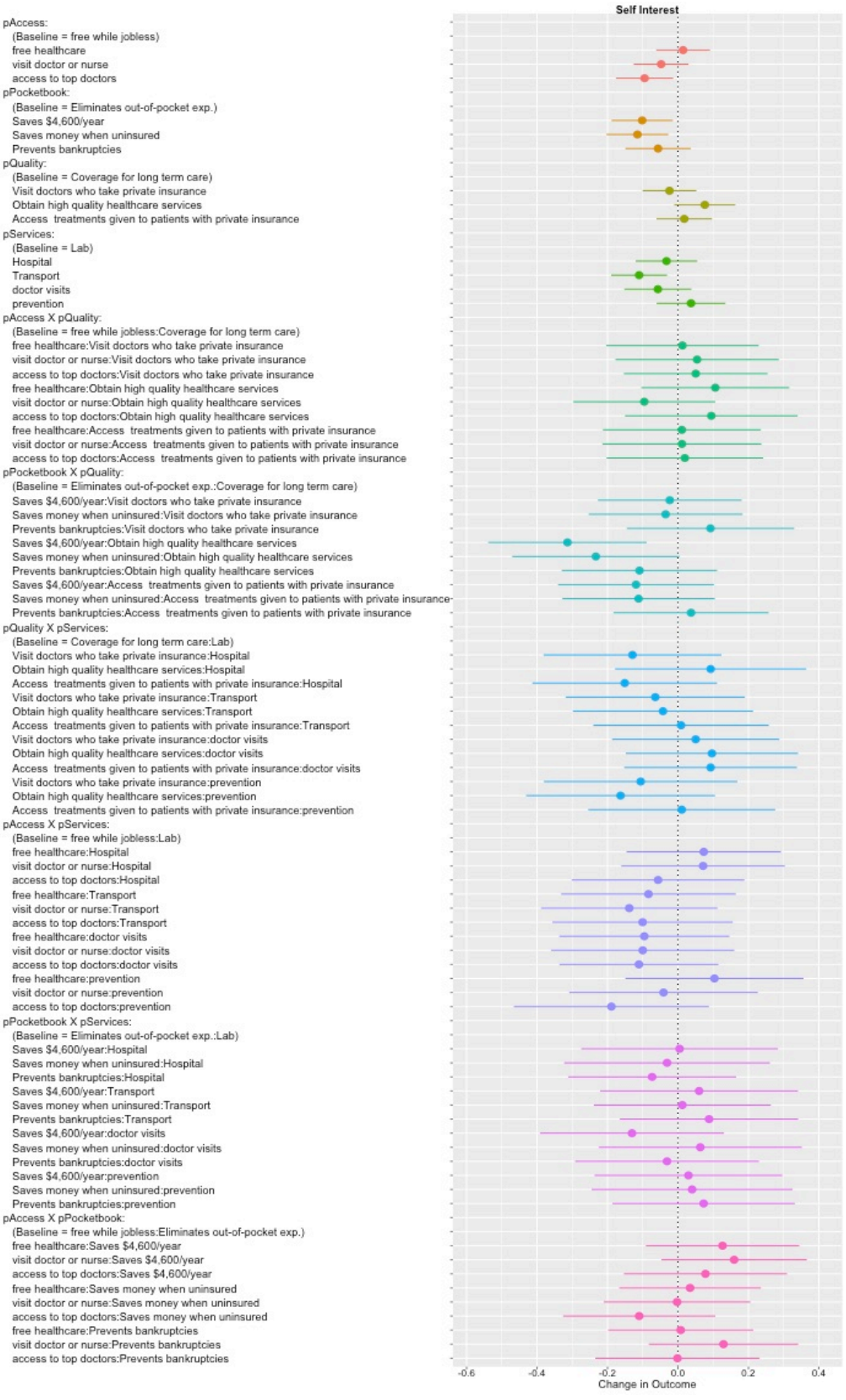
22) Due to the Affordable Care Act, states have the option of expanding Medicaid to provide healthcare access to individuals who make up to 135% of the Federal Poverty Line. Which of the following statements most closely describes the way you feel about Medicaid expansion in Alabama?

- ❍ I am for expansion. (1)
- ❍ I am against expansion. (2)
- ❍ I am for a modified version of expansion. (3)
- ❍ I am unsure. (4)

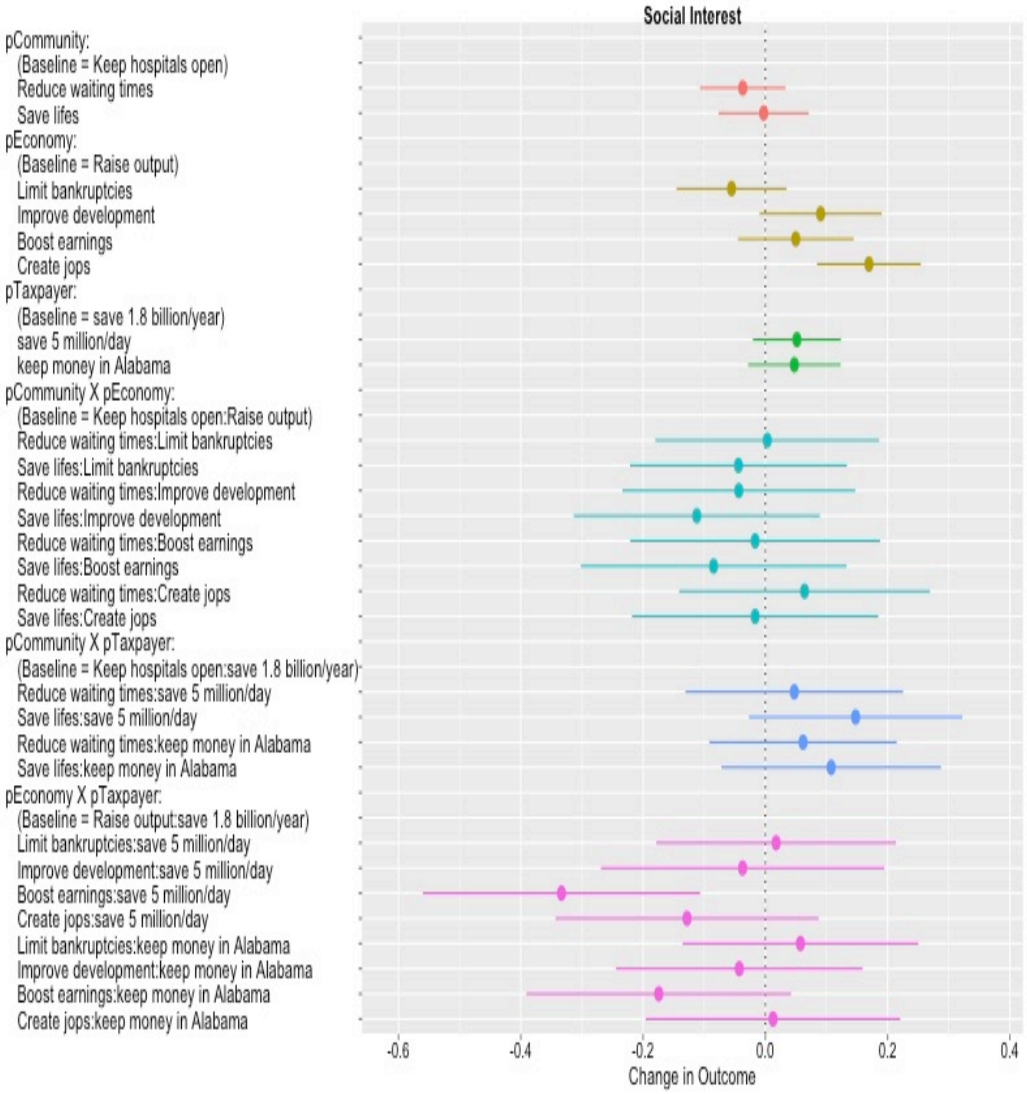
23) Due to the Affordable Care Act, states have the option of expanding Medicaid to provide healthcare access to individuals who make up to 135% of the Federal Poverty Line. How will Medicaid Expansion affect your life or the lives of your family?

- ❍ Not at all (1)
- ❍ Little (2)
- ❍ Somewhat (3)
- ❍ Significantly (4)
- ❍ Unsure (5)

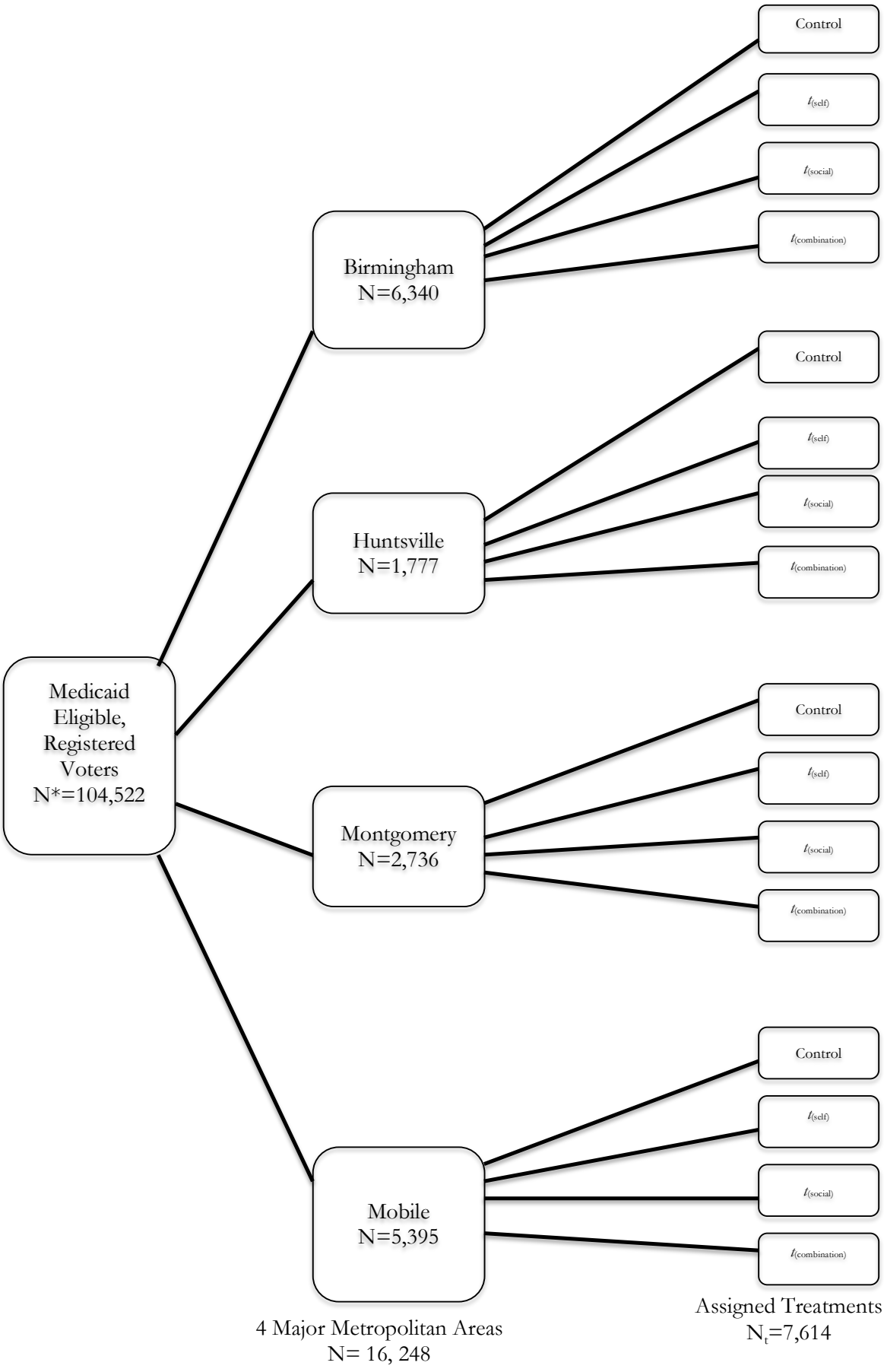
APPENDIX B: ACIE RESULTS FOR THE SELF-INTEREST MESSAGE IN THE CONJOINT ANALYSIS



APPENDIX C: ACIE RESULTS FOR THE SOCIOTROPIC MESSAGE IN THE CONJOINT ANALYSIS



APPENDIX D: BLOCKED RANDOMIZATION



APPENDIX E: POST-TREATMENT SURVEY QUESTIONS

Script: Hello. How are you doing today? My name is … [first name].
Am I speaking to [name of person who should be interviewed]?
IF YES: I am interviewing people on behalf of researchers at the University of Oxford about the recent elections. I'd really appreciate if you gave me 5 minutes to answer a few questions. It won't take long.
IF NOT: Could I speak to [name of person who should be interviewed]? I am interviewing people on behalf of researchers at the University of Oxford about the recent elections and [name] has been selected to be interviewed.

Survey Questions:

1. **First I'd like to ask you if you voted in the Alabama elections for Governor a couple of days ago. Many people didn't manage to vote this time. Did you manage to vote?**
   1 Yes
   2 No
   3 Unsure
   99 Refused

2. **Which candidate did you vote for in the Alabama Governor's race? [DO NOT PROMPT]**
   1 Parker Griffith/Democrat
   2 Robert Bentley/Republican
   3 Other
   4 Didn't vote
   99 Refused

3. **Due to the Affordable Care Act, states have the option of expanding Medicaid to individuals who make up to 135% of the Federal Poverty Line. Which of the following statements most closely describes the way you feel about Medicaid expansion in Alabama?**
   1 I am for Medicaid expansion.
   2 I am against Medicaid expansion.
   3 I am undecided.
   4 Don't know enough.
   99 Refused

4. **Do you think the Democratic candidate for Governor of Alabama, Congressman Parker Griffith, supports, or opposes Medicaid Expansion?**
   1 Supports
   2 Opposes
   3 Don't know
   99 Refused

5. **Do you think the Republican candidate for Governor of Alabama, Governor Robert Bentley, supports, or opposes Medicaid Expansion?**
   1 Supports
   2 Opposes
   3 Don't know

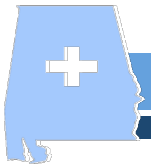
99 Refused

6. **Do you think you would personally benefit from Medicaid expansion? Would you [READ OUT THE OPTIONS]**
   1 Benefit a lot
   2 Benefit a little
   3 Not benefit much
   4 Not benefit at all
   5 Don't Know
   99 Refused

7. **Do you think your community in Alabama would benefit from Medicaid expansion? Would it [READ OUT THE OPTIONS]**
   1 Benefit a lot
   2 Benefit a little
   3 Not benefit much
   4 Not benefit at all
   5 Don't Know
   99 Refused

8. **Did anyone talk to you about Medicaid expansion during the campaign?**
   1. Yes
   2. No
   3. Don't remember
   99 Refused

APPENDIX F: SELF-INTEREST SCRIPT



Healthcare for Alabama

Voter Contact Script – 1

I. Intro & Rap

Hello, is _____ available?

[*If person is available*] Hey, my name is _____ and I am a volunteer with Healthcare for Alabama. We are a grassroots group here in _____ committed to fighting for healthcare access in this year's election. How are you doing today?

[*If unavailable*] Is there a good time to come back to talk to _____? It's important that I speak to him/her in person about healthcare.

II. Assessment of Medicaid Support

In recent months, there have been big changes in healthcare, largely due to the Affordable Care Act/Obamacare. One of those big changes is a state's ability to expand coverage for more families as part of the Federal Medicaid Program. Are you in favor of Alabama expanding Medicaid, against it, or are you undecided?

III. Self-Interest Message & Commit to Vote

[*If in favor*] I'm really glad you support Medicaid expansion! We count on you in this election.

[*If opposed or undecided]* I'm happy I'm able to talk to you then! There are good reasons to support Medicaid expansion.

Under the Affordable Care Act/Obamacare, health insurance through the Medicaid program is now able to include many more families than in the past. Alabama can choose to implement this program to cover 331,000 people, many of whom come from working families. Do you and your family currently have health insurance?

[*If No*] I'm really glad we're talking then! Medicaid expansion means that if you are eligible, you could obtain high-quality health care services at free or low cost. Also, if you are eligible Medicaid expansion will eliminate most of your out-of-pocket medical expenses, and provide hospital care for you. Do you want to see if you'd be eligible for Medicaid?

Key Elements

- ✓ Ask for the person on the sheet.
- ✓ If person is unavailable, ask for a good time to come back.
- ✓ Introduce yourself
- ✓ Keep it local

- ✓ Assess support for Medicaid expansion

- ✓ List benefits of Medicaid Expansion

[*Show Chart, Have Voter Identify if They Qualify]*

A vote for Parker Griffith and the Democratic ticket/ _____ on November 4th is a vote to ensure healthcare access for thousands of people across the state. Can I count on you to support Parker Griffith and Democratic ticket/ _____ on Election Day?

[*If Yes, jump directly to:*] There are a lot of issues facing Alabama this election year, but few are as important as making sure people have access to life-saving healthcare. A vote for Parker Griffith and the Democratic ticket/ _____ on November 4th is a vote to ensure healthcare access for thousands of people like you and your family across the state. Can I count on you to support Parker Griffith and Democratic ticket/ _____ on Election Day?

IV. Get Out the Vote!

- ✓ Make a voting plan!
- ✓ Walk through the voter's schedule with them

Now that you know what's at stake in this election, I need you to go to the polls with me this Tuesday, November 4th and make your voice heard. I have your polling place located at _____ [*Refer to packet for specific polling location*]:

- ✓ Do you think you will drive, walk, or catch a ride there?
- ✓ Polls are open from 7am to 7pm that day. What time of day do you think you'll be able to make it to the polls – morning, afternoon, or evening?
- ✓ Will you be coming from home, work, or somewhere else?
- ✓ Do you know what kind of photo ID you need to bring to the polls?

V. DO NOT READ – TO BE ANSWERED BY CANVASSER

ATTEMPTS: We will re-try voters multiple times to make sure we have as many conversations as possible. Is canvassing this particular voter a 1st attempt, 2nd attempt, or 3rd attempt?

LISTED PERSON: Were you able to talk with the voter on your list?

SCRIPT DELIVERY: Were you able to deliver your message in full, or were you stopped before completing the entire script?

OTHER PERSON SPOKEN TO: If someone answered the door and it wasn't your designated voter, what was the gender of the person who answered the door?

APPENDIX G: SOCIOTROPIC SCRIPT

Voter Contact Script – 2

I. Intro & Rap

Hello, is _____ available?

[*If person is available*] Hey, my name is _____ and I am a volunteer with Healthcare for Alabama. We are a grassroots group here in _____ committed to fighting for healthcare access in this year's election. How are you doing today?

[*If unavailable*] Is there a good time to come back to talk to _____? It's important that I speak to him/her in person about healthcare.

II. Assessment of Medicaid Support

In recent months, there have been big changes in healthcare, largely due to the Affordable Care Act/Obamacare. One of those big changes is a state's ability to expand coverage for more families as part of the Federal Medicaid Program. Are you in favor of Alabama expanding Medicaid, against it, or are you undecided?

III. Social-Interest Message & Commit to Vote

[*If in favor*] I'm really glad you support Medicaid expansion! We count on you in this election.

[*If opposed or undecided]* There are good reasons to support Medicaid expansion.

[*Display Medicaid expansion fact sheet*]

Medicaid expansion would save the state an estimated $1.8 billion this year, limit personal bankruptcies and boost consumer spending, all while saving an estimated 563 lives.

[*Only if voter asks if they are eligible for Medicaid, show them the flowchart <u>but do not leave it</u>.*]

There are a lot of issues facing Alabama this election year, but few are as important as making sure people have access to life-saving healthcare. A vote for Parker Griffith and the Democratic ticket/ _____ on November 4th is a vote to ensure healthcare access

Key Elements

- ✓ Ask for the person on the sheet.
- ✓ If the person is unavailable, ask for a good time to come back.
- ✓ Introduce yourself
- ✓ Keep it local

- ✓ Assess support for Medicaid expansion

- ✓ List benefits of Medicaid Expansion

- ✓ Commit to Vote

- ✓ Make a plan!

- ✓ Walk through the voter's schedule with them

for thousands of people across the state. Can I count on you to support Parker Griffith and Democratic ticket/ _____ on Election Day?

IV. Get Out the Vote!

Now that you know what's at stake in this election, I need you to go to the polls with me this Tuesday, November 4th and make your voice heard. I have your polling place located at _____ [*Refer to packet for specific polling location*]:

- ✓ Do you think you will drive, walk, or catch a ride there?
- ✓ Polls are open from 7am to 7pm that day. What time of day do you think you'll be able to make it to the polls – morning, afternoon, or evening?
- ✓ Will you be coming from home, work, or somewhere else?
- ✓ Do you know what kind of photo ID you need to bring to the polls?

V. DO NOT READ – TO BE ANSWERED BY CANVASSER

ATTEMPTS: We will re-try voters multiple times to make sure we have as many conversations as possible. Is canvassing this particular voter a 1st attempt, 2nd attempt, or 3rd attempt?

LISTED PERSON: Were you able to talk with the voter on your list?

SCRIPT DELIVERY: Were you able to deliver your message in full, or were you stopped before completing the entire script?

OTHER PERSON SPOKEN TO: If someone answered the door and it wasn't your designated voter, what was the gender of the person who answered the door?

MEDICAID ELIGIBILITY/INQUIRE: Did the voter ask if they were eligible

APPENDIX H: COMBINED (SELF INTEREST AND SOCIOTROPIC) SCRIPT

Voter Contact Script – 3

I. Intro & Rap

Hello, is _____ available?

[*If person is available*] Hey, my name is _____ and I am a volunteer with Healthcare for Alabama. We are a grassroots group here in _____ committed to fighting for healthcare access in this year's election. How are you doing today?

[*If unavailable*] Is there a good time to come back to talk to _____? It's important that I speak to him/her in person about healthcare.

II. Assessment of Medicaid Support

In recent months, there have been big changes in healthcare, largely due to the Affordable Care Act/Obamacare. One of those big changes is a state's ability to expand coverage for more families as part of the Federal Medicaid Program. Are you in favor of Alabama expanding Medicaid, against it, or are you undecided?

III. Combination Message & Commit to Vote

[*If in favor*] I'm really glad you support Medicaid expansion! We count on you in this election.

[*If opposed or undecided]* I'm happy I'm able to talk to you then! There are good reasons to support Medicaid expansion.

Under the Affordable Care Act/Obamacare, health insurance through the Medicaid program is now able to include many more families than in the past.

Medicaid expansion would also save the state an estimated $1.8 billion this year, limit personal bankruptcies and boost consumer spending, all while saving an estimated 563 lives.

[*Display fact sheet.*]

Alabama can choose to implement this program to cover 331,000 people, many of whom come from working families. Do you and your family currently have health insurance?

Key Elements

- ✓ Ask for the person on the sheet.
- ✓ If the person is unavailable, ask for a good time to come back.
- ✓ Introduce yourself
- ✓ Keep it local

- ✓ Assess support for Medicaid expansion

- ✓ Clarify Voter's insurance status

- ✓ Have Voter Self-Discover Eligibility

- ✓ Commit to Vote

- ✓ Walk through the voter's schedule with them

[*If No*] I'm really glad we're talking then! Medicaid expansion means that if you are eligible, you could obtain high-quality health care services at free or low cost. Also, if you are eligible Medicaid expansion will eliminate most of your out-of-pocket medical expenses, and provide hospital care for you. Do you want to see if you'd be eligible for Medicaid under an expanded plan?

[*Flip from fact sheet to flow chart, Have Voter Identify if They Qualify]*

A vote for Parker Griffith and the Democratic ticket/ _____ on November 4th is a vote to ensure healthcare access for thousands of people across the state. Can I count on you to support Parker Griffith and Democratic ticket/ _____ on Election Day?

[If Yes, jump directly to:] There are a lot of issues facing Alabama this election year, but few are as important as making sure people have access to life-saving healthcare. A vote for Parker Griffith and the Democratic ticket/ _____ on November 4th is a vote to ensure healthcare access for thousands of people across the state. Can I count on you to support Parker Griffith and Democratic ticket/ _____ on Election Day?

IV. Get Out the Vote!

Now that you know what's at stake in this election, I need you to go to the polls with me this Tuesday, November 4th and make your voice heard. I have your polling place located at _____ [*Refer to packet for specific polling location*]:

- ✓ Do you think you will drive, walk, or catch a ride there?
- ✓ Polls are open from 7am to 7pm that day. What time of day do you think you'll be able to make it to the polls – morning, afternoon, or evening?
- ✓ Will you be coming from home, work, or somewhere else?
- ✓ Do you know what kind of photo ID you need to bring to the polls?

- ✓ Make a voting plan!
- ✓ Walk through the voter's schedule with them

V. DO NOT READ – TO BE ANSWERED BY CANVASSER

ATTEMPTS: We will re-try voters multiple times to make sure we have as many conversations as possible. Is canvassing this particular voter a 1st attempt, 2nd attempt, or 3rd attempt?

LISTED PERSON: Were you able to talk with the voter on your list?

SCRIPT DELIVERY: Were you able to deliver your message in full, or were you stopped before completing the entire script?

OTHER PERSON SPOKEN TO: If someone answered the door and it wasn't your designated voter, what was the gender of the person who answered the door?

APPENDIX I: SELF-INTEREST CUE (INTERVIEW FLOW CHART)

Do you have health insurance?

Yes!

No, I don't.

Does your employer offer Health Insurance?

Yes.

No

How many people are in your household?

Number in Household	135% of the FPL
1	$15,747
2	$21,235
3	$26,716
4	$32,197
5	$37,678
6	$43,159
7	$48,640
8	$54,121
For families/households with more than 8 persons, add $4,060 to the FPL for each additional person	

If you make at or below that level in a year, you would be eligible for Medicaid under Griffith's expansion plan.

If Parker Griffith is elected and you fall into this category, you will receive healthcare.

APPENDIX J: SOCIOTROPIC CUE

What is Medicaid?

Medicaid is a health insurance program that provides for families who would not be able to afford insurance on their own.

- ✓ It serves low-income parents, children, seniors, and people with disabilities.
- ✓ Provides a range of coverage for most medical expenses all at little or no cost.
- ✓ It is a federal program, but state governments have a lot of authority over how it is implemented.

What is Medicaid Expansion?

The Affordable Care Act (ACA) was designed to expand Medicaid and give healthcare access to everyone. Expanding Medicaid would offer coverage to all individuals whose income is below 135% of the Federal Poverty Line.

Medicaid Expansion would:

1. Give over 300,000 Alabamians access to healthcare
2. Keep our local hospitals open
3. Save Alabamians $5 million a day in taxpayers' money
4. Save over 500 Alabamian lives a year

The Expansion Plan

Governor Bentley has chosen to *deny* Alabamians Medicaid expansion.
He has created a Medicaid Gap for those who make too much to receive Medicaid and don't make quite enough to qualify for tax credits online.

Parker Griffith believes that we should expand Medicaid to give people access to the healthcare they deserve and to compensate hospitals for that treatment.

In this election Alabamians can have their voices heard and demand that Alabama does more to take better care of its people.

APPENDIX K: REGISTERED PRE-ANALYSIS PLAN

Pre-Analysis Plan March 2015: Mobilizing For Medicaid: A Randomized Field Experiment Testing Pocketbook Versus Sociotropic Campaign Appeals

Registered after the experiment was executed, but before the data was received and analysed.

Josh Carpenter (University of Oxford, josh.carpenter@politics.ox.ac.uk)
Florian Foos (University of Zurich, foos@ipz.uzh.ch)

BACKGROUND

The citizens who choose not to vote are an unjustifiably overlooked subset of the American electorate. Among 34 OECD countries, the United States ranked 33rd in terms of voter turnout in Congressional elections. At 48% turnout, the U.S. was 22 percentage points below the OECD average, with a 29% decline since the 1980 elections (OECD, 2011, 97). Moreover, the states of the Deep South consistently turn out at a substantially lower rate, often between 6 to 10 percentage points in a given election cycle (Gans, 17). These non-voters are crucial to understanding the political context of the South and consequently, America's political landscape.

The literature suggests that income level is strongly correlated with voter turnout, as high-income earners vote more frequently than their low-income peers (Verba, *et al.*, 1995). Some scholars refer to this persistent gap between the rich and the poor as "income bias" (Leighley and Nagler, 2014), yet there is limited research on the effects of targeting low-income voters for mobilization (García Bedolla and Michelson, 2012). Moreover, as Hill *et al.*, (1992) have proven, income bias in voter turnout distorts the policymaking process by skewing policy outputs in the favor of the affluent—particularly when it comes to welfare issues such as Medicaid (Hill, *et al.*, 1995)—since lawmakers are responsive to those who turnout to vote (Gilens, 2003). This research project is designed to contribute to an understanding of how voters of low socio-economic status (SES) are informed, persuaded, and mobilized by campaigns. The researchers designed and executed at statewide randomized field experiment in the 2014 election for Governor in the state of Alabama.

At stake in this election was whether the state would expand Medicaid coverage as outlined under the Affordable Care Act (ACA). In *National Federation of Independent Business v. Sebelius*, the Supreme Court ruled that the ACA's provisions were constitutional except for the expansion of the joint state-federal Medicaid program, intended to cover individuals whose income was between 0 and 135% of the Federal Poverty Line (FPL). The decision about Medicaid expansion is multi-layered and different in every state, but in some states—as in Alabama—it is a matter for the Governor to decide. The Republican incumbent has chosen not to expand Medicaid under the ACA provisions while the Democratic challenger made expansion a central pillar of his campaign. Third party studies indicate that over 331,000 people, all of whom are voter-aged, would directly benefit from expansion by receiving health coverage (Becker and Morrissey, 2013).

Did these 331,000 potential Alabama voters understand they were in the Medicaid Gap and that the 2014 Gubernatorial election inherently determined their access to healthcare? If they were exposed to this information, did it impact their political participation? Beyond campaigns,

how do low socioeconomic status (SES) voters learn about public policy issues? When a policy issue has a direct effect on the low-SES population, is priming self-interest or community interest more effective at motivating low-SES voters? How can campaign contact most effectively reach this population?

> This research contributes to this literature by exploring the extent to which low-SES voters in Alabama can be made aware of the "Medicaid Gap." In cooperation with the campaign of the Democratic candidate for Governor, we designed and executed a randomized get out the vote (GOTV) field experiment across the four major metropolitan areas of Alabama. The field experiment micro-targets registered voters who are likely without health insurance and would therefore gain access to healthcare through the expansion of Medicaid. Additionally, we put forward a design innovation by developing the messages for treatment scripts in the field by first deploying a survey experiment in the target population.

This document outlines a brief theoretical foundation, our research design, and analysis plan. All of the data has been collected, but the results pertaining to mobilization have not yet been made available to the researchers since the Alabama voter file has not been updated. Moreover, no results from the post-treatment survey instrument have been analyzed.

THEORETICAL FRAMEWORK

This research project addresses a research question that merges literature on economic voting and the inequality of voter turnout, two related topics that previous research has yet to connect by applying experimental tests. Though this document provides an introduction to this literature as it relates to the theory that informed our hypotheses and research design, it makes no attempt to conduct a comprehensive review here. This section proceeds by first discussing the inequality of political participation, followed by a review of theory on self-interest versus public interest incentives, and concludes with the mechanism that links these two subjects and lies at the core of this research question: particularly among low-SES voters, how does information about public policies affect vote choice?

Past research clearly demonstrates that the majority of non-voters are of low-income backgrounds, reflecting a range of individual-level patterns of SES and political engagement (Verba and Nie, 1972; Highton and Wolfinger, 2001; Leighley and Nagler, 2014). Leighley and Nagler note the "income bias" of participating voters: 80% of high-income citizens vote while less than 50% low-income citizens cast a ballot (2014). Using the most recent census data, Americans with earnings below median household income in America comprise 55% of the population, whereas individuals who make more than $100,000 made up 16% of the population. In 2008, however, the two groups made up 38 and 26% of voters, respectively (Soss and Jacobs, 2009). Income bias is even greater in off-cycle elections at the state and local level (Hill, *et al.*, 1995). This trend is made more significant when we turn our attention to the American South, the poorest region in the country.[1]

Political economists from Karl Marx to Milton Friedman have argued that prolonged economic stress or substantial income inequality will prompt a political response from the disadvantaged classes (Friedman and Friedman, 2002; Marx and Engels, 1948). While some cases validate this theoretical proposition (as with India in Keefer and Khemani, 2004) empirical data on voting in the United States does not (Campbell, et. al. 1960, Verba, *et al.*, 1995). T.H. Marshall (1951) argued that as the notion of citizenship in a democracy moves

[1] In the American Community Survey issued June 2014, 30.8% of the South was living in poverty. The next closest region is the West at 25.9% (Table 1A, 3).

along a continuum, beginning first with economic rights, then civil, then political rights that guarantees the opportunity to vote to invoke social rights such as social security, housing, public education, and healthcare. The implicit assumptions in Marshall's theory are first that voting rights would ensure mobilization, and second, that political action of low-income citizens would eventually create a broader and more inclusive welfare state. Finally, Marshall, Marx, and Friedman all tacitly assume that the low-SES citizen will not only vote, but vote in their interest or in the interests of their class. Yet, how voters choose candidates—along the policies that those candidates advocate—with regard to how those issues relate to their own self-interests or that of the public remains a central puzzle to political scentists.

Scholars have long sought to understand if voters choose candidates for their own benefit or that of the community, yet observational data has left the question largely unsettled. Downs (1957) developed the rational choice model for voting behavior, holding that individuals vote only if the expected benefits they can obtain from casting a vote outweigh the total costs of participation. Ultimately, Downs concludes, the purely rational voter will rarely be bothered to vote, because his or her economic self-interest is seldom at stake and a single vote itself will almost certainly not determine an election's outcome.

Embedded within Downs' economic theory of voting is the assumption that actors are rational utility maximizers (Mueller, 1989). Brennan and Hamlin (2000) question that fundamental assumption that citizens are egoistic, particularly when considering voting or other civic responsibilities. This social concern, or community consideration, is often described as sociotropic voting (Kinder and Kiewiet, 1981). Kinder and Kiewiet (1981) define sociotropic citizens as those who "vote according to the country's pocketbook, not their own"(132). Sears and Funk (1990) find that the impact of self-interest is quite limited unless the issue has very clear and direct repercussions for the individual. Chong, *et al.* (2001) support this argument stating that when actors have self-interest clearly at stake, or when they are primed to think about their own welfare or that of their family, they will act in a self-interested manner.

Survey data has been used to support both the sociotropic thesis (Lewin, 1991) and the self-interest model (Tufte, 1978), still others argue that it can be a mix of the two, depending on voter context (Feldman, 1984) along with the extent to which sociotropic voting may also be in a voter's self-interest (Lewis-Beck, 1988; Kramer, 1983). Though this debate has not been fully resolved, it is of importance to both scholars and practitioners. Perhaps, as Kiewiet and Lewis-Beck (2012) observe, the difference between sociotropic and self-interested incentives is a false dichotomy. To test this assertion, a researcher must apply a test to an an issue where both public interests and private, self-interests are clearly at stake with a target voter demographic. Moreover, a carefully constructed experiment would test dependent variables using three frames: the social interest and self-interest frames, along with a combination of the two, in order to test whether self-interest and sociotropic interest messages are substitutes or complementary.

The mechanism: information and mobilization

American voters are poorly informed about current affairs and political issues (Popkin, 1991), because as Lupia (1992) argues, acquiring this political knowledge requires the investment of considerable time and energy researching policies and candidates. Achen and Bartels (2004) agree that voters may have difficulty "accurately assessing 'changes in their own welfare'", quite apart from the further difficulty of identifying the candidate most likely to achieve those changes (6). Furthermore, Mettler (2011) asserts that in recent decades, the policymaking process has resulted in policies that lie "submerged" beneath the collective political consciousness, buried in a thicket of lengthy, esoteric legislation. Though Mettler focuses

primarily on arcane subsidies and hidden benefits, her argument is constructed on the nature of the layered federal system, which conceals policy mechanisms, confuses voters, and blurs the line of responsibility between institutions. Given the confusion surrounding Medicaid Expansion in Alabama, Mettler's thesis may be brought to bear.

Citizens who feel more informed about candidates and issues are more inclined to cast a ballot (Feddersen, *et al.*, 1996, 1999). Moreover, voters are persuaded by issues and candidates that visibly intersect with their lives (Dahl, 1956). Yet, in a "submerged state" it is becoming less clear on how voters perceive the impact of policies in their own lives. Therefore, researchers must employ innovative techniques to understand more about how this process transpires. How do voters discover policies that directly affect them, and where do they learn about relevant candidate positions? What frames are most effective at distributing the message and creating voter enthusiasm? Campaigns are the fundamental vehicle that seeks to persuade voters, and therefore it is important to study how campaign contact affects voting behavior, especially with regard to unlikely voters.

Campaigns often target voters who have a high propensity to vote and are likely to cast a ballot in support of their candidate (Hillygus, 2010). Therefore, researchers who rely on observational data such as surveys by the American National Election Studies (ANES) may overstate the impact of voter contact and offer few insights into behavior of low-propensity voters or non-voters, a disproportionate number of whom are low-SES. Field experiments seek to identify the effect of voter contact on turnout by randomizing voter outreach efforts. Therefore assignment to contact with a campaign is in expectation unrelated to potential outcomes and to background attributes (Gerber and Green, 2012).

According to previous field experiments, the extent to which message content mattered in the field has been a subject of debate (Green and Gerber, 2008). Do voters even pay attention to content during face-to-face contact? Are voters persuaded or mobilized because of the particular messages they hear or because of the campaign contact experience itself? In contrast to the literature on campaign contact (Dewan *et al.*, 2013), the economic voting literature suggests "the message matters" (Vavreck, 2009). This research is designed to contribute to an understanding of how voters process messages and assess self-interest and societal interest with respect to their policy preferences and candidate selection.

Campaigns appeal to voters by emphasizing economic and social issues (Hillygus and Shields, 2008). However, it is unclear whether individuals are more easily persuaded and mobilized by frames that appeal to their economic self-interest or by frames that emphasize sociotropic concerns. We test this question experimentally by analyzing the Medicaid expansion issue, which clearly affects both the pocketbooks and health of individual low-income voters and the wellbeing of the low-income population and the state as a whole. We will therefore also investigate the effects of canvassing on voter decision-making and particularly, on whether canvasser contact increases the salience of the Medicaid expansion issue. When voters' are aware of Medicaid expansion, are they more likely to vote, and if so, will they vote for the Democratic candidate who promises to expand Medicaid?

RESEARCH DESIGN

Sample

The experimental sample was selected by narrowing down the number of Alabamians who were both eligible for Medicaid, estimated at 331,000, and registered to vote, nearly three

million. To determine these subjects we used the criteria for Medicaid eligibility to build a model based on age, income level, household size, and employment status to determine the propensity of an individual's eligibility under an expansion plan. The model was developed in conjunction with TargetSmart—a third party agency that produces voter models in the United States—using the available voter file from the Alabama Secretary of State's office (as of July 2014) and a combination of publicly available data. This data is held in SmartVAN and the researchers were given access through Empower Alabama, a progressive voter registration organization. The results revealed that of the 331,000 Alabamians who would benefit from Medicaid expansion, only 104,522 were registered voters, revealing that only one-third of potential Medicaid beneficiaries had ever entered the electoral process, quite apart from regularly participating in it.

Due to resource constraints and the logistical challenges encountered by sending canvassers into rural areas, this experiment focuses only on the individuals who live in the four major metropolitan regions: Birmingham, Huntsville, Montgomery, and Mobile for a total (N^*) of 32,528. Furthermore, we selected one subject per household to be included in our experimental sample in order to maintain the integrity of the non-interference assumption. After randomly sampling one individual per household, the total sample was 16,248. We further stratified the sample by narrowing the subject pool to individuals who had working phone numbers, which yielded 11,900. Names were replaced with uniquely coded number identifiers, and the Griffith for Governor campaign manager had sole access to the key. The anonymized number identifiers prevent the researcher from interacting with personalized data at any point in the experiment.

In a mid-term election, many Democratic candidates compete for votes within various constituencies for state representative, state senate, and even countywide office. In order to prevent other campaign contact from contaminating our results, the researcher collaborated with several other Alabama Democratic Party campaigns that were using the same voter file, SmartVAN. We therefore coordinated our research with the statewide race for Lieutenant Governor, elections for three state representatives, and two state senate campaigns in the target areas. Their campaigns did not know which constituents were in our control group, but all subjects were identified with an "activist code" and the campaigns were instructed that our research team was handling outreach for these households and therefore it was unnecessary to duplicate campaign contact. For participating in this partnership, the researcher agreed to share data and results with each of these campaigns for their relevant jurisdictions.

Randomization

We block-randomly assigned the randomly sampled experimental subject per household, located within 74 canvassing turfs—geographic regions designated for canvasser contact—into one of four experimental groups: self-interest treatment, social interest treatment, a combination of self- and social interest, or the control group. Of the 74 canvassing turfs that we cut out using the "turf cutting" function included in the Democratic voter targeting tool inSmartVAN, 30 were located in the state's largest city Birmingham, the state's largest city, 8 in Huntsville, 23 in Mobile and 13 in the state capital city of Montgomery. All turfs encompassed approximately 150 households. For purposes of treatment administration, complete random assignment was conducted within these turfs. This left us with a total of 11,900 households included in the experiment. Details of our blocked randomization scheme are attached as an appendix to this analysis plan. Probabilities of assignment to the three treatment groups and the control group were approximately equal in each of the 74 turfs. Experimental subjects within each turf had a .225 probability of being assigned to each of the three treatment groups,

and a .335 probability of being assigned to the control group. Moreover, the order in which turfs were released for canvassing in each of the four cities was also randomized. Because turf release orders were randomly assigned, we are able to exclude those turfs from our analysis that were not canvassed due to lack of manpower. Furthermore, this randomization procedure allows us to identify the interaction effects between the treatment and time to the election date, taking into account assignment within clusters (turfs). Research suggests that the timing and delivery of the message may have significant effects (Panagopoulos, 2011), thus this randomization makes a virtue out of the resource constraint by testing Panagopoulos' finding in a different setting.
Moreover, volunteer canvassers were randomly assigned to treatment scripts as they walked into the staging location. Treatments were delivered over the course of two weeks.

TABLE 1: EXPERIMENTAL ASSIGNMENT OF HOUSEHOLDS FOR FIELD EXPERIMENT

City	Total	Self	Social	Combo.	Control	Canvassing Shifts	Turfs
HSV	1,332	287	287	287	471	24	8
BHM	4,842	1086	1086	1086	1584	90	30
MGM	2,117	474	474	474	695	42	13
MOB	3,609	810	810	810	1179	69	23
Total	11,900	2657	2657	2657	3929	225	74

Using all available pre-treatment covariates included in the SmartVAN Database such as turnout in the last 7 Presidential and Midterm Elections, the last 10 Democratic Primary Elections, and demographic information including gender and ethnicity of the subject, we performed a balance check using randomization inference to estimate p-values. In order to perform the balance check, we first extract the log likelihood statistic resulting from a multinomial logistic regression of treatment assignment on all available pre-treatment covariates. In Figure 1, we compare the extracted log likelihood to the mean of all log likelihoods that we obtain after simulating cluster random assignment within each of the 74 experimental clusters 1000 times. The resulting p-value of 0.32 indicates that we cannot reject the sharp null hypothesis that pre-treatment covariates are not systematically related to treatment assignment. We are therefore confident about the balanced nature of treatment and control groups.

FIGURE 1: BALANCE CHECK USING RANDOMIZATION INFERENCE

Execution of Experiment

Resource constraints prevented us from releasing all turfs for canvassing. The turfs were less dense than a traditional canvassing area. Where a standard campaign's turf assignment would include 50 doors and take three hours to complete, a canvasser assignment for this experiment comprised 36 doors and took four hours to complete. However, because we anticipated this complication and adjusted by randomly assigning turf order release, we can exclude those turfs that, due to resource constraints, were not part of the experiment without introducing bias. Therefore, failure to treat due to resource constraints resulted in a final experimental sample of 11,900 households in 74 turfs as outlined in Table 2.

TABLE 2: FINAL EXPERIMENTAL SAMPLE: EXCLUDING TURFS THAT WERE NOT RELEASED

City	Total	Self	Social	Combo.	Control	Canvassing Shifts	Turfs
HSV	602	131	134	131	206	12	4
BHM	1,790	355	373	374	688	42	13
MGM	1,625	330	304	346	645	39	12
MOB	2,004	380	405	450	769	48	15
Total	6,021	1196	1216	1301	2308	141	44

Treatments

Prior to canvassing, three scripts were developed through a survey experiment using conjoint analysis. The survey was administered to 167 Alabama citizens who were pre-screened as eligible for Medicaid under the expansion proposal. Survey respondents identified which individual message attributes were most persuasive in appealing to their self-interest and their sociotropic interests. The most persuasive attributes were then selected for the scripts and administered by the canvassers as treatments. The third treatment was a combination script that contained elements of both the self and social scripts. The three scripts are attached as appendices to this document.

The treatments were primarily delivered by paid staff members at all four sites. Each site had a canvass director and three canvass trainers. The three canvass trainers specialized in one version of the script: self, social, or combination. The treatment messages for the self and social scripts were lifted from the results of the survey experiment. Each of the scripts are attached here as appendices.

In addition to delivering the treatment, canvassers asked questions to determine the voter's level of awareness of the Medicaid expansion issue and their voting intentions for the Gubernatorial election, held November 4, 2014. This data was captured and recorded nightly to monitor data integrity. On the weekends, a number of unpaid volunteers were trained and mobilized to deliver treatments. All volunteers were trained with only one script, in order that they might remain blind to the other possible treatments.

Canvassers were randomly assigned to a single script and then given a turf assignment in a randomized order. Scripts were comprised of five sections: introduction, assessment of Medicaid support, treatment delivery, commit to vote questions, and a standard GOTV message customized for the subject's specific precinct. All canvassing was performed in the 15

days prior to the election. Weekday shifts began at 1 PM and were completed at dusk, near 6 PM. Weekend shifts began at 9 AM and concluded at 6 PM.

Additionally, each conversation between canvasser and voter was primed with a cue. The cue was a single page document given to each voter with whom canvassers made contact, often delivered with some sort of campaign material of both local and statewide Democratic candidates. The researcher constructed a social cue, self-interest cue, and a combination cue (a front-and-back sheet of the two cues). The cues are appended to this document.

Measurement Tools

This research seeks to establish an understanding of how voters of low-SES are informed, persuaded, and mobilized by campaign messages that appeal to them on grounds of economic self-interest or on sociotropic appeals. To assess each of these areas, we deploy two primary tests. The first measurement instrument was a post-treatment survey was conducted by a third party vendor via telephone and administered to a subset of the subject pool. The survey questionnaire tests a respondent's knowledge of the Medicaid expansion issue, its perceived impact on their lives and the community, along with questions related to turnout and vote choice. The post-treatment survey aimed to generate 1000 responses, 125 from each of the various treatment groups and 500 responses from the control group. However, Alabama's voter file has a substantial number of incorrect contact information listings and working with low-SES subjects also likely lowers the response rate. Thus, we received 600 responses to the post-treatment survey instrument.

HYPOTHESES

We will use our experimental data to test multiple hypotheses. The first set of hypotheses compares outcomes in the control group to either all treatment groups combined, or to each treatment group separately. The second set of hypotheses compares outcomes between the three treatment groups directly. The hypotheses relate to 6 dependent variables that were scored using the following scale from questions in the post-treatment survey:

a) Information about candidate positions: 0 correct answers, 0; 1 correct answer, 1; 2 correct answers, 2.
b) Support for Medicaid expansion: -1 against; 0 undecided or don't know; 1 for
c) Personal Benefit: 0 not at all; 1 not benefit much; 2 don't know; 3 benefit a little; 4 benefit a lot.
d) Social Benefit: 0 not at all; 1 not benefit much; 2 don't know; 3 benefit a little; 4 benefit a lot.
e) Vote intention: 1 if Democrat; 0 for all other candidates.
f) Turnout: 1 if voted; 0 if abstained.

Treatment v. Control (1-sided hypothesis test)

Hypothesis A: Subjects that receive treatment are more informed about the positions that candidates take on Medicaid expansion than the control group.
Hypothesis B: Subjects that receive the personal interest treatment are more likely to respond that Medicaid expansion benefits them personally than the control group.
Hypothesis C: Subjects that receive the social interest treatment are more likely to respond that Medicaid expansion benefits their community than the control group.
Hypothesis D: Subjects that receive treatment are more likely to support Medicaid Expansion than the control group.

Hypothesis E: Subjects that receive treatment are more likely to support the Democratic candidate than the control group.
Hypothesis F: Subjects that receive treatment are more likely to vote than the control group.
Hypothesis G: Subjects that live in households in which one member was assigned to the treatment group are more likely to vote than subjects that live in households assigned to the control group.

We will test each of these hypotheses by using a one-tailed hypothesis test. In testing Hypothesis E, we will account for ceiling effects in party support among African-Americans by conducting a sub-group analysis to determine how ethnicity (African American versus Caucasian) conditions the effect of the treatment on vote intention. We hypothesize that the treatment should have a stronger effect on vote intention for white subjects than for African American subjects. In testing the hypothesis we will account for cluster random assignment at the household level by clustering standard errors at the household level.

Statistical power of treatment v. control conditions

To calculate statistical power, we used the power calculator tool developed by Alex Coppock on the E-GAP website: http://egap.org/resources/tools/power-calculator/. For the one-tailed hypothesis comparing turnout in the treatment groups versus turnout in the control group, we are using a significance level (α) of .05. For the hypothesized standard deviation of our outcome variable (turnout), we assume a level of turnout of 25% for our low-SES sample (.25). This provides us with a standard deviation of $\sqrt{}$ (.25*(1-0.25)), which equals .433. Also, we assume a CACE of 6%-8% and use our non-compliance estimate of 25.06% to calculate the expected ITT. The Power Tables in the Appendix are divided according to the assumed ITT estimates, determined by multiplying the CACE by the contact rate. We assume a fixed number of maximum subjects at 10,000. In the tables that are displayed in the Appendix, we also vary the intracluster correlation between .1 and .2, the power target from .7 to .8, and the number of clusters per arm from 2,000 to 3,000 to calculate a required sample size. Statistical power calculations for Hypothesis F can be found in Appendix H. The power calculations for hypotheses A-E are displayed in Appendix I.

Treatment v. Treatment

Following theories of Kramer (1983), and Kiewiet and Lewis-Beck (2012), we assume that the self-interest message and social interest frames are not substitutes, but complements. Therefore, we hypothesize that the combination message will be most effective in informing, persuading, and mobilizing voters.

Hypothesis H: Subjects that receive the self-interest script are more likely to respond that Medicaid expansion benefits them personally than those who receive the sociotropic treatment (1-sided test).
Hypothesis I: Subjects that receive the sociotropic script are more likely to respond that Medicaid expansion benefits their community than those who receive the self-interest treatment (1-sided test).
Hypothesis J: Subjects that receive the self-interest or the combination script are more likely to respond that Medicaid expansion benefits them personally than those who receive the sociotropic treatment (1-sided test).
Hypothesis K: Subjects that receive the sociotropic or the combination script are more likely to respond that Medicaid expansion benefits their community than those who receive the self-interest treatment (1-sided test).

Hypothesis L: Subjects that receive the sociotropic script are more/less likely to support Medicaid expansion than those who receive the self-interest treatment (2-sided test).
Hypothesis M: Subjects that receive the sociotropic script are more/less likely to support the Democratic candidate than those who receive the self-interest treatment (2-sided test).
Hypothesis N: Subjects that receive the combination script treatment are more likely to support Medicaid expansion than those that were treated with the self-interest or social scripts alone (1-sided test).
Hypothesis O: Subjects that receive the combination script treatment are more or less likely to support the Democrat than those that were treated with the self-interest or social scripts treatment (2-sided test).
Hypothesis P: Subjects that receive the combination script treatment are more/less likely to vote than those that were treated with the self-interest or social scripts treatment (2-sided test).
Hypothesis Q: Subjects that live in households in which one member receives the combination script treatment are more/less likely to vote than subjects that live in household were one member received the self-interest or social scripts treatment (2-sided test).

In testing Hypothesis M and O, we will again account for ceiling effects in party support among African-Americans by conducting a sub-group analysis to determine how ethnicity (African American v. Caucasian) conditions the effect of the treatment on vote intention. We hypothesize that the effect should be stronger for white subjects than for African American subjects. The power analysis assuming one-tailed tests and α of .05, or two-tailed tests and α of .10 can be found in Appendices H and I.

ANALYSIS

In order to test the effects of our various treatment messages in terms of their ability to inform, persuade, and mobilize low-SES voters in the Alabama electorate, we will analyse the experimental data taking into account the blocked random assignment of household within canvassing turfs to treatment and control groups, where complete randomization occurred within each block. This section presents an overview of the methodological approach we apply generally, along with some complications we anticipate, before explaining how we will analyse the data to test each hypothesis.

Contact Rates and Non-compliance

As is common with randomized GOTV experiments, some subjects were assigned to treatment without actually receiving it. The failure to treat subjects who were assigned to treatment is called non-compliance. These subjects were not treated because they were simply not at home or they moved away. Unfortunately, our volunteer capacity was only sufficient to attempt treatment once for each of the assigned subjects. Before the analysis we will check if we succeeded in the parallel administration of treatments, meaning that contact rates should be similar across treatment groups. We will use randomization inference to test if the differences in contact rates are larger than what we would expect to occur from sampling variability alone. If we cannot reject that contact rates are identical between treatments, we will be able to compare compliers directly to each other using both randomization inference and linear regression.

Our overall contact rate was 25.06%, slightly below the 30% average of most field experiments. There are likely two reasons our contact rate was lower. First, because we are targeting low-SES voters who often re-locate housing (DeLuca, *et al.,* 2011) or are working multiple jobs, it was difficult to connect with people at their door. Second, the voter file itself had a number of problems. On average, between six and ten of the 36 doors per packet in a given canvassing assignment were bad addresses, meaning that no one had knocked on the door in recent years to determine the home was no longer there or the targeted subjects had moved. Perhaps, if a similar experiment were run in a nationally competitive swing state—Virginia, Florida, or Ohio—with a voter file that is frequently updated and mined for information, the contact rate could have been a lot higher.

The causal effect of assignment to treatment on the outcome is called the intent-to-treat effect (ITT) (Gerber and Green, 2012). When every subject assigned to treatment actually receives the treatment, ITT=ATE. However, when experiments encounter non-compliance, the average treatment effect (ATE) cannot be estimated. As an alternative, we can estimate the Complier Average Causal Effect (CACE).

The CACE is the average treatment effect for a specific subset of the subject pool, those who would "comply" with, and therefore receive, treatment when assigned to treatment (Gerber and Green, 2012). The CACE ratio is formally expressed as:

$$CACE = ITT / ITT_D$$

where ITT_D is the effect of treatment assignment on receiving the treatment. To obtain parameter estimates for the ITT and the ITT_D, we will use both the differences-in-proportions estimator accompanied by randomization inference to estimate p-values and confidence-intervals, as well as ordinary least squares (OLS) regression. To estimate the CACE, we use two-stage linear instrumental variable (IV) regression.

Complications

We expect that attrition will occur both for the outcome variable (turnout) that is collected using the official voter register, and for the outcome variables that are measured using the post-treatment survey. For both measurement instruments we will test if attrition is a function of treatment assignment, meaning that attrition rates differ significantly between experimental conditions. If attrition rates differ more than what we would expect to occur from sampling variability alone, based on randomization-inference based estimations of sampling variability, we will use Lee-Bounds to account for differential attrition. We will also check if attrition (particularly in the survey instrument) occurred as a function of pre-treatment covariates.

Another complication we foresee is that that determining an effect on persuasion will be very difficult. As a drawback to focusing on the major metropolitan areas was more feasible logistically, we eliminated many white uninsured registered voters who were eligible for Medicaid under expansion because they were residents of rural communities. Therefore, our sample was mostly composed of African American subjects (78%). This is not representative of the uninsured population in Alabama. Kaiser Health reported that of the 643,000 Alabamians who were uninsured in 2012, 65% were white, 35% were black, and 5% were Hispanic. Moreover, in a 2012 NBC exit poll of Alabama voters, 95% of black voters supported the Democrat while only 15% of white voters did. Due to this knowledge, we made an *a priori* effort to oversample white subjects in the post-treatment survey. We therefore expect to find a treatment effect on vote choice for the white subsample only. However, due to the limited number of white subjects in our sample and low statistical power, we anticipate

that it will be difficult to conclude that this effect will be statistically different from zero. Given its superior small sample properties, we will use randomization inference to calculate p-values and confidence intervals.

Hypothesis testing
To give an example of hypothesis testing, we test Hypothesis A that *subjects in the treatment group are better informed about the positions of the candidates regarding Medicaid expansion than those the control group* by comparing the responses to the Medicaid questions in the post-treatment survey instrument implemented in the days following the election. We will compare responses to questions 4 and 5 of the questionnaire across both treatment and control groups. These questions test a subject's objective understanding of which candidate supported Medicaid expansion. If the respondent answers both questions correctly, they will receive a score of 2. If they answer only one correctly, they will score 1, and if they answer neither correctly, they will score 0. To compare these responses we will use a one-tailed hypothesis test. We can express this formally as

$$ITT_Y = \frac{1}{N}\sum_{i=1}^{N}(Y_i(z=1) - Y_i(z=0))$$

Where $Y_i(z=1)$ is the potential outcome if subject *i* was assigned to treatment and $Y_i\ (z=0)$ is the potential outcome if subject *i* was assigned to the control group.

Spillover effects
Making use of the fact that one subject per household was randomly sampled to be assigned to treatment or control groups, we estimate the spillover effects of the treatments on the household members living with subjects in treatment and control.

We test the following hypotheses:

> Hypothesis R: Subjects that live with someone who was assigned to the treatment group are more likely to vote than subjects that live with someone who was assigned to the control group.

Covariate-adjustment
We will report both unadjusted and covariate-adjusted estimates. For covariate adjustment we use all available pre-treatment covariates that were originally included in the SmartVAN database. These include turnout in the past four Presidential Elections, the past three Mid-Term Elections, the past 10 Democratic primary and primary run-off elections, ethnicity, and gender. All pre-treatment covariates are included as categorical dummy variables, where missing values are included as a separate category.

Furthermore, we estimate the ITT and CACE effect across each block by estimating the weighted average of the ITT effects using inverse probability weighting.

Subgroup Analyses and Interaction Effects
The following hypotheses will be tested using subgroup analysis:

> Hypothesis S: The effect of the treatments on turnout is the stronger, the closer they were administered to election day.
> Hypothesis T: The effect of the treatments on vote intention is the stronger, the closer they were administered to election day.

Hypothesis U: The effect of the treatments on information is the stronger, the closer they were administered to election day.
Hypothesis V: The effect of the treatments on perceived personal/social benefits is the stronger, the closer they were administered to election day.

We test these hypotheses by estimating both a linear and a logistic regression of turnout on treatment assignment, the randomized order in which the turfs were released and the interaction between treatment and turf order. We account for cluster random assignment of the turfs to time periods by clustering the standard errors at the turf level. We estimate both unadjusted and covariate-adjusted interaction effects.

Moreover, we will test interactions between the treatment and a subject's pre-treatment propensity to vote:

Hypothesis W: The effect of the treatment on turnout is strongest among infrequent voters.

Ethics

At the time when this experiment was designed and executed, both authors were affiliated with the University of Oxford. The University of Oxford's Central University Research Ethics Committee (CUREC) approved this research project on 13 October 2014 via the Department of Politics and International Relations Departmental Research Ethics Committee (DREC). The letter of this approval is attached.

Prior to engaging in any activity related to research within the campaign, the researchers sought and obtained written consent from the campaign manager and the candidate. Each canvasser signed a canvasser consent form prior to being trained for the experiment. Though campaign resources were used to pay for the survey and the materials developed for the field experiment, the researcher will strictly not receive any compensation for the research conducted on the campaign to avoid any conflicts of interest. At the conclusion of the research experiments (both survey and field) the researcher will deliver a report to the campaign, which will be made available as an appendix to the dissertation.

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APPENDIX L: STATISTICAL POWER TABLE

CACE of 6%, Assumed ITT is .015 (.06*.25)				
Power Target	*Intracluster Correlation*	*Clusters per Arm*	*Standard Deviation*	*Required Sample Size*
0.7	0.1	2000	0.433	24000
0.7	0.15	2000	0.433	33000
0.7	0.2	2000	0.433	59000
0.7	0.1	2500	0.433	21000
0.7	0.15	2500	0.433	26000
0.7	0.2	2500	0.433	34000
0.7	0.1	3000	0.433	20000
0.7	0.15	3000	0.433	23000
0.7	0.2	3000	0.433	27000
0.75	0.1	2000	0.433	30000
0.75	0.15	2000	0.433	49000
0.75	0.2	2000	0.433	147000
0.75	0.1	2500	0.433	26000
0.75	0.15	2500	0.433	34000
0.75	0.2	2500	0.433	52000
0.75	0.1	3000	0.433	24000
0.75	0.15	3000	0.433	29000
0.75	0.2	3000	0.433	37000
0.8	0.1	2000	0.433	39000
0.8	0.15	2000	0.433	81000
0.8	0.2	2000	0.433	>10M
0.8	0.1	2500	0.433	32000
0.8	0.15	2500	0.433	47000
0.8	0.2	2500	0.433	95000
0.8	0.1	3000	0.433	29000
0.8	0.15	3000	0.433	37000
0.8	0.2	3000	0.433	53000

CACE of 8%, Assumed ITT is .02 (.08*.25)				
Power Target	*Intracluster Correlation*	*Clusters per Arm*	*Standard Deviation*	*Required Sample Size*
0.7	0.1	2000	0.433	11000
0.7	0.15	2000	0.433	12000
0.7	0.2	2000	0.433	13000
0.7	0.1	2500	0.433	9645
0.7	0.15	2500	0.433	11000
0.7	0.2	2500	0.433	11000
0.7	0.1	3000	0.433	9311
0.7	0.15	3000	0.433	9637
0.7	0.2	3000	0.433	11000
0.75	0.1	2000	0.433	13000
0.75	0.15	2000	0.433	14000
0.75	0.2	2000	0.433	17000
0.75	0.1	2500	0.433	12000
0.75	0.15	2500	0.433	13000
0.75	0.2	2500	0.433	14000
0.75	0.1	3000	0.433	11000
0.75	0.15	3000	0.433	12000
0.75	0.2	3000	0.433	13000
0.8	0.1	2000	0.433	15000
0.8	0.15	2000	0.433	18000
0.8	0.2	2000	0.433	23000
0.8	0.1	2500	0.433	14000
0.8	0.15	2500	0.433	16000
0.8	0.2	2500	0.433	18000
0.8	0.1	3000	0.433	13000
0.8	0.15	3000	0.433	14000
0.8	0.2	3000	0.433	16000

CACE of 7%, Assumed ITT is .0175 (.07*.25)				
Power Target	*Intracluster Correlation*	*Clusters per Arm*	*Standard Deviation*	*Required Sample Size*
0.7	0.1	2000	0.433	15000
0.7	0.15	2000	0.433	18000
0.7	0.2	2000	0.433	22000
0.7	0.1	2500	0.433	14000
0.7	0.15	2500	0.433	16000
0.7	0.2	2500	0.433	18000
0.7	0.1	3000	0.433	13000
0.7	0.15	3000	0.433	14000
0.7	0.2	3000	0.433	15000
0.75	0.1	2000	0.433	18000
0.75	0.15	2000	0.433	23000
0.75	0.2	2000	0.433	32000
0.75	0.1	2500	0.433	17000
0.75	0.15	2500	0.433	19000
0.75	0.2	2500	0.433	23000
0.75	0.1	3000	0.433	16000
0.75	0.15	3000	0.433	17000
0.75	0.2	3000	0.433	19000
0.8	0.1	2000	0.433	22000
0.8	0.15	2000	0.433	31000
0.8	0.2	2000	0.433	50000
0.8	0.1	2500	0.433	20000
0.8	0.15	2500	0.433	24000
0.8	0.2	2500	0.433	31000
0.8	0.1	3000	0.433	19000
0.8	0.15	3000	0.433	21000
0.8	0.2	3000	0.433	25000

APPENDIX M: INTERVIEW TOPIC GUIDE

INTERVIEW GUIDE: HOW AND WHY DO YOU DECIDE TO VOTE?

IN-DEPTH INTERVIEW WITH VOTING-AGE POPULATION ADULTS IN THE STATE OF ALABAMA

Master Objective: To establish how and why voters of comparatively low socioeconomic status determine whether or not to vote in a given election.

1) RESEARCH INTRODUCTION (3 MINUTES)

Objective: to introduce the research project, explain the format of the interview, reassure the respondent of confidentiality and seek permission to record the interview

- Introduce researcher, nature of the project (DPhil dissertation, qualitative research as a part of a multi-method approach to studying voter mobilization) and research objectives (understanding how voters are informed, persuaded, and mobilized by campaigns);
- Findings will be anonymised and analysed at aggregate level;
- Confidentiality; anonymised transcripts shared with only supervisor and examiners, if requested
- State length of interview (approximately 30 to 45 minutes);
- No right or wrong answers; all responses are valid and helpful;
- No need to answer any questions they do not feel comfortable answering; can take a break at any time;
- Seek permission for recording;
- Consent form
- Any questions?

START RECORDING

2) BASIC INFORMATION / PRESENT CIRCUMSTANCES (7 MINUTES)

Objective: to establish rapport and find out about the respondent's demographic information, education background, employment status, income level, health insurance status, voter history, and general level of interest in politics.

Researcher will provide an overview of the interview:

The interview will primarily consist of three distinct sessions about you: personal information, your past political participation and your perceptions about politics and the voting process, and your awareness of the candidates and issues of the current race for Governor. At the end you'll have a chance to add anything you'd like. Should we begin?

Interviewee will introduce his or herself.

IF NOT COVERED, PROBE, IF WILLING:

- Health insurance status;
- Employment status and income level;
- Age;

- Education and training received;
- Current living situation (household composition, number of dependents)
- Do you plan to, or have you voted in the November 4th election?

3) EXPERIENCE OF POLITICAL PARTICIPATION (18 MINUTES)

Objective: to encourage the respondent to think about history of past political participation to establish a reference point for the rest of the discussion. Understand in broad terms how their participation has changed, what forces influenced these changes, and how their current behaviour is influenced by their past expectations.

Interviewer note: for each aspect, ask about experiences (eg: "how do you feel about . . . ?"), then relate back to how and why they arrived at that determination (eg: "what led you to make this decision?"). Probe if/why there is any mis-match between their expections and experiences two and gauge respondent's feelings

Broad area	Main question	Probes
Voter History	What is your personal history of political participation?	• Registration: if so, when? If not, ask, "why have you decided not to register?" and move to the 'voting process' questions below. • Explore if/how feelings/thoughts have changed since this time. • In which elections have you participated in the past? • Why did you decide to cast a ballot then? • Feelings and thoughts upon voting: ask respondent how they feel thinking back on this process now (e.g. does it make you feel like you are performing a civic duty, looking out for the interests of your family or your community, felt like you were a part of the democratic process, etc.) • What were the primary reasons you voted the way you did (candidate, issues, family, community) • What information did you consult to make that decision? Were you contacted by a campaign? • Is there a candidate or an issue that has excited you, or made you want to be more involved in the political process? Describe why you felt that way? Were your expectations met?
Voting Process	How do you feel about the voting process?	• Have you ever had problems in obtaining proper identification (ID)? Do you know people who have? • Do you understand what forms of ID you must bring to the polls in order to cast a ballot on Election Day? • Have you ever felt discriminated against in the voting process? If so, how? • Do you, or have you ever had, trouble identifying your poll station or precinct location? • Do you, or have you ever had, trouble arranging transportation to the polls on Election Day?

		• Do you, or have you ever had, trouble learning about the candidates and the issues involved in a given election?
		  o What sources do you consult to learn about elections or who do voter for? (e.g. friends, family, community leaders, news sources, organizations with which you are affiliated)
		• Do you, or have you ever had, trouble getting away from work or family obligations to get to the polls on election day?
		  o If so, what could change these circumstances? (e.g. weekend voting, early voting, or employer-mandated leave.)

Other forms of political particpation	Do you participate in the political process in other ways?	Voting is sometimes called the "lowest common denominator of political participation," meaning that it's the least that someone can do to be involved in the Democratic process. How does that make you feel?
		  o Canvassing or calls for candidates?
		  o Political rallies
		  o Yard signs, bumper stickers, etc.

Vote Perception	How well is your political voice expressed?	• How important is your vote to determining the outcome of a given election? In other words, do you feel that your vote matters?
		• Do you believe that your vote is counted properly? (e.g. do you feel that there may be corruption in the counting process)
		  o If so, how or why do you believe this?
		• Do you feel that you are a political minority in Alabama? (e.g. your candidate usually loses) Does this change in state wide, local or national elections? How does this make you feel about voting in the future?
		• Do you believe your interests are adequately represented in the political process? How or why?
		• Please tell me the extent to which you agree with the following statements. You'll have five choices on a scale from "Completely agree" to "Not at All" (e.g. Completely Agree (CA), Agree (A), Neutral (N), Disagree (D), Completely Disagree (CD))
		  o You are interested in politics.
		  o Your life is affected by each of the following officeholders: My City Councilperson? The Mayor? My Representative at the Alabama State House? The US Congress? The Governor? The Presidency?
		  o Your vote matters in elections.
		  o The city government is responsive to your needs?
		  o The state government is responsive to your needs?
		  o The national government is responsive to

		your needs? • When you make a decision to vote for a particular candidate, what is most important to you? A) the candidates positions on issues B) personal and professional qualities of the candidate C) the candidate's political party D) Something else (if so, what?)

4) CURRENT ELECTION CONTEXT (7 MINUTES)

Objective: to explore in depth the different components of the respondent's postgraduate experience at Oxford. Focus on experiences in reference to their initial expectations

- Do you plan to, or have you voted in the November 4th election for Governor? Why or why not?
- Have you been personally contacted by a campaign?
- To the best of your knowledge, can you describe the candidates running for Governor in Alabama? (e.g. who is the incumbent and what is his political party? Who is the challenger and what is his political party?)
- From your point of view, what are the major issues in this campaign?
- If you feel comfortable, would you mind telling how you plan to vote? How did you arrive at this decision?
- One of the major issues at stake in this election is whether or not Alabama will decide to expand Medicaid as a part of the Affordable Care Act, often called "Obamacare." Expansion would provide health insurance to everyone in Alabama who is living the below the poverty level and for some who are near poverty. An estimated 331,000 people would be affected. How do you feel about this?
- How do you feel that Medicaid expansion would affect you or your family? Why?
- Do you know which candidate is for expansion and which one is against it?

5) WRAP UP (5 MINUTES)

Objective: to conclude the discussion and understand to what extent the respondent's experiences with political participation and how or if they have been shaped by campaign contact

- Have you ever decided to vote because of being contacted by a campaign?
- How trustworthy or reliable do you find information that you learn from a campaign by phone call? Advertisement? Mailer? Personal conversation?
- Overall, how would you assess the impact of voting on your personal life? Is voting important to you? Why or why not?
- How or why do you decide to vote in a given election?
- With respect to your interests and ideas, do you feel that you are adequately represented in government? How or why?
- Anything else you'd like to add?

THANK RESPONDENT AND END INTERVIEW

Consent for Participation in Interview Research

I volunteer to participate in a research project conducted by Josh Carpenter, DPhil (PhD) candidate at Oxford University, UK, under the supervision of Professor Nigel Bowles (nigel.bowles@rai.ox.ac.uk). I understand that the project is designed to gather information about how citizens perceive elections and the process used in determining whether or not to vote. I will be one of approximately 40 people being interviewed for this research.

1. My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty. If I decline to participate or withdraw from the study, no one will be told, and any information that I had previously provided will be destroyed.

2. I understand that most interviewees will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.

3. Participation involves being interviewed by researchers from Oxford University. The interview will last approximately 30-45 minutes. Notes will be written during the interview. An audiotape of the interview and subsequent dialogue will be made. If I don't want to be taped, I will not be able to participate in the study.

4. I understand that the researcher will not identify me by name in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies, which protect the anonymity of individuals and institutions.

5. No one other than the principal researcher, Josh Carpenter, will be present at the interview nor have access to raw notes or transcripts from the interview. This precaution will prevent my individual comments from having any negative repercussions.

6. I understand that this research study has been reviewed and approved by Oxford University's Central University Research Ethics Committee (CUREC) and the Department of Politics and International Relations at Oxford. For research problems or questions regarding subjects, CUREC may be contacted at **http://www.admin.ox.ac.uk/curec**.

7. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

8. I have been given a copy of this consent form.

_____ _____

Participant Signature Date

_____ _____

Participant Printed Name Signature of the Researcher

For further information, please contact:
Josh Carpenter: Email: Joshua.carpenter@politics.ox.ac.uk or Phone: (205) 566-0308

APPENDIX O: PARTISAN AFFILITATION OF SOUTHERN GOVENORS (1930-2014)															
Years	**AL**	**AK**	**DE**	**FL**	**GA**	**KY**	**LA**	**MD**	**MS**	**NC**	**SC**	**TN**	**TX**	**VA**	**WV**
1930-1934	D	D	R	D	D	D	D	D	D	D	D	D	D	D	R
1934-1938	D	D	D	D	D	D	D	R	D	D	D	D	D	D	D
1938-1942	D	D	R	D	D	D	D	D	D	D	D	D	D	D	D
1942-1946	D	D	R	D	D	R	D	D	D	D	D	D	D	D	D
1946-1950	D	D	R	D	D	D	D	D	D	D	D	D	D	D	D
1950-1954	D	D	D	D	D	D	D	R	D	D	D	D	D	D	D
1954-1958	D	D	R	D	D	D	D	R	D	D	D	D	D	D	D
1958-1962	D	D	R	D	D	D	D	D	D	D	D	D	D	D	R
1962-1966	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
1966-1970	D	R	R	R	D	R	D	R	D	D	D	D	D	D	D
1970-1974	D	D	D	D	D	D	D	D	D	D	D	R	D	R	R
1974-1978	D	D	R	D	D	D	D	D	D	R	R	D	D	R	R
1978-1982	D	R	R	D	D	D	R	D	D	D	D	R	R	R	D
1982-1986	R	D	R	D	D	D	D	D	D	D	D	R	D	D	D
1986-1990	R	D	R	D	D	D	D/R**	D	D	R	R	D	R	D	R
1990-1994	D	D	D	R	D	D	D	D	R	R	R	D	D	D	D
1994-1998	R	R	D	D	D	D	R	D	R	D	R	R	R	R	D
1998-2002	D	R	D	R	D	D	R	D	D	D	D	R	R	D	R
2002-2006	R	R	D	R	R	R	D	R	R	D	R	D	R	D	D
2006-2010	R	D	D	R/I*	R	D	R	D	R	D	R	D	R	R	D
2010-2014	R	D	D	R	R	D	R	D	R	R	R	R	R	D	D
2014 Elect	R	R	D	R	R	D	R	R	R	R	R	R	R	D	D

* Governor Charlie Crist became an Independent while in Office.

** Governor Charles "Buddy" Roemer was switched from Democrat to Republican while in his third year of office.