Beyond the Submerged State:

Exploring the Limits of Policy-based Mobilization

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Abstract

Based on a randomized field experiment and in-depths interviews on the case of Medicaid expansion through the Affordable Care Act (ACA), we demonstrate that informing a marginalized population about the individual and collective benefits of a complex policy is insufficient to overcome entrenched disengagement. The ACA is emblematic of policy "submergedness," and we conducted a campaign experiment to inform policy targets about the benefits of Medicaid expansion through the ACA, along with the Gubernatorial candidates' opposing positions on the policy. Though the campaign succeeded in informing voters about the policy, it failed to increase mobilization for the candidate who supported it. Data collected from semi-structured interviews with the target population may help explain why learning did not translate into mobilization. Interviewees emphasized their political inefficacy based upon extant policy designs. Our results suggest more attention must be paid to how current policy shapes predispositions for participation, potentially limiting policy-based mobilization.

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Poor citizens consistently turn out to vote at a lower rate than their peers (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); 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 based on policy feedback theory. Policy feedback asserts that 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 (Pierson 1993; Schneider and Ingram 1997).

However, policy designs are, in and of themselves, insufficient determinants of subsequent political action for two reasons. First policies must be effectively communicated to the mass public, and specifically, the policy's target population. Yet, when policies are complex or remain in political contention, policy design and the concomitant target population may become obscured (Mettler 2011). Second, for a policy design to generate particpation among the target population, policy targets must be both willing and able to mobilize for that policy. These two related arguments can 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 by assessing the conditions of political feedback through providing targeted policy-based mobilization interventions using different voting frames appealing to the self- or social interest of subjects.

This paper 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, a concept we call policy-based mobilization. The question is put to the test through the policy of Medicaid expansion through the Affordable Care Act (ACA) in

Alabama during the 2014 election for Governor. At stake in this election was whether the state would expand Medicaid coverage as outlined under the provisions contained within the ACA, affecting an estimated 332,000 Alabamians (Becker and Morrisey 2013). In Alabama, the Republican incumbent chose not to expand Medicaid under the ACA's provisions while the Democratic challenger made expansion a pillar of his campaign.[3]

In cooperation with the campaign of the Democratic candidate for Governor, we designed and executed a randomized field experiment across the four major metropolitan areas of Alabama, targeting 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" because they are living without health insurance coverage. If voters are made aware that they are living in the "Coverage Gap"—and that they would ostensibly gain access to health insurance if the Democratic candidate won—are they then more likely to vote, and if so, will they vote for the candidate who supports expansion?

In order to "surface" the submerged policy, in two of the three treatments canvassers walked subjects through a flow chart at their doorstep.[4] The flow chart identified subjects as living in the Coverage Gap, and canvassers then notified them of their potential access to health coverage via Medicaid expansion, describing the stakes of the policy in the Gubernatorial election. Despite this evidence-based approach to "surface" the submerged policy, policy targets in Alabama's Coverage Gap were not mobilized to vote. Even after subjects were informed about their eligibility, treated subjects are no more likely to vote than the control group.

Concurrently with the field experiment, we conducted extensive, semi-structured interviews with poor Alabama residents, and the results of these interviews shed some light on

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[3] Scott *et al* (2015) observe the centrality of the Medicaid expansion issue to the 33 Gubernatorial elections across the country in 2014 and 2015, especially those 15 states where Medicaid had not yet been expanded and the where Democrats generally supported expansion and Republicans were against it. In 2014, Republicans maintained control of all of those states but one, where voters in Pennsylvania (2014) elected a Democrat who chose to expand Medicaid in his first action as Governor.

[4] The flow chart was used as part of a cue left with subjects who received the self-interest or combined treatment. It is attached as Appendix A to this paper.

reasons why our targeted mobilization campaign may have failed. Although Paluck (2010) has described the benefits of combining field experiments with qualitative methods, to date, we are unaware of any field experiment conducted in a US election campaign that has drawn on qualitative data to further investigate quantitative, experimental evidence. Paluck argues, "Qualitative methods of investigation are best equipped to explore the meanings of the behavior in the context of the study, possible social and political dynamics by which the behavior is produced, ripple effects, and so forth" (2010, 62). Likewise, our qualitative interview data suggests that the political disengagement of the poor was deeply entrenched, prohibitive of policy-based mobilization. The null results of the field experiment combined with the qualitative evidence we provide have important implications for our understanding of the limited effectiveness of mobilization efforts aimed at profoundly disengaged populations. Primarily, our data suggest that conventional Get-Out-The-Vote (GOTV) mobilization tactics may be incommensurate to the level of deep-seated disconnection developed by observing and experiencing policy designs that foster feelings of social exclusion.

This paper proceeds by first examining policy design theory, and the theoretical implications of mobilizing policy targets. We then provide an overview of the field experiment design, results, and analysis before discussing the qualitative data obtained through interviews. We conclude the paper by discussing the implications of our findings for the field

Mobilizing Policy Targets in a Submerged State

"The design of public policies ... are [*sic*] a key factor in determining who enters the [political] struggle and how they fare" (Campbell 2007, 121). Policies are sources of meaning for individuals and for collective groups: they convey messages to people about their rights, responsibilities, and orientations to the state and to other members of society. Pierson argues that policies shape the electorate by producing "cues that help them develop political identities, goals and strategies" (Pierson 1993, 619). Mettler and Soss build upon Pierson's work by

observing how public policy defines the "boundaries of political community" by actively constructing and positioning social groups with respect to subsequent political action (2004, 61). However, policy design theory has insufficiently explored an integral component of the feedback process: how do members of a target population become aware of the policy of which they are targets (Patashnik and Zelizer, 2013)? In an increasingly "submerged state" where complex policy arrangements directly affect the lives of citizens, it is important for researchers to deepen understanding of how policy targets encounter information about policies that affect them (Mettler 2011).

For a target population to be mobilized by a targeted policy, members of the target population must be aware that they will benefit from that policy. 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 features nested within those designs—constrains political support from core consituncies by reducing visibility and rendering policy information difficult to comprehend or even acquire (Mettler, 2011). This limited policy visibility inhibits support among potential beneficiaries, the policy's target populations. 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," argues Mettler (2011, 1). Policies that remain submerged can confound citizens, preventing them from obtaining basic information that would allow them to formulate proper positions on government and its actors, thereby raising the costs of voting.

Based on the classic rational choice model of voting behavior (Downs 1957, Riker and Ordeshook 1968), one might assume that when a submerged policy is surfaced by an intervention, voters gain at least a vague understanding of the prospective individual or social benefits (B) of that policy. Following the "calculus of rational voting", expressed in the equation $pB + D - C > 0$, 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, the campaign

treatments were designed to shift subjects' perception of the benefits and provide them with additional incentive to vote (Matsusaka 1995).

Since our experimental sample drew only upon registered voters, we eliminated the costs associated with registration. We precisely aimed at reducing the costs of the time and effort it takes registered voters to obtain information.[5] Our interventions provided policy-based information to treatment groups and withheld it from subjects in the control group. Despite our efforts to lower the C value (by providing relevant policy information) and raise the B value (clearly defining the benefits of Medicaid expansion), we did not detect an increase in turnout in the policy's target population. Our experimental results therefore suggest that surfacing the policy did not lead to increased mobilization among potential beneficiaries. This could be because subjects believed their ability to influence the outcome was small (Alabama has not elected a Democrat statewide since 2007), or because the costs of voting for individuals placed within Alabama's Coverage Gap were still greater than any expected policy benefits.

Riker and Ordeshook (1968) proposed social context (D) as an important missing variable to the Downsian model. As detailed in the qualitative data, Alabamians in the Coverage Gap appeared to have been socialized to assume limited political efficacy. The null results of the experimental treatments, taken together with the qualitative data, lend support to the weight of the D variable. We further discuss how the D variable could be negatively affected by current policy designs, and how the sociopolitical context is difficult to overcome using interventions targeted at prospective policy benefits, in the concluding section.

The Medicaid Expansion Case

[5] The micro-targeting model we created to identify registered voters in Alabama's Coverage Gap revealed that more than two-thirds of Alabamians who would have benefitted from Medicaid expansion were not registered to vote. Furthermore, our qualitative data also revealed substantial costs (C) to voting, particularly in a state like Alabama where registration can be cumbersome and the legal right for convicted felons is withheld until an application for restoration is approved. Because the experiment targeted only registered voters, we are able to decouple associated costs with registration to focus on the weight of D variable. The costs of voting for Alabamians in the Coverage Gap are discussed in a separate paper.

Mettler argues that the ACA was an ideal case to explain the attributes of submerged state policies where the costs of obtaining policy information are relatively high (2011, 104-105, 106). The ACA knitted together a combination of federal matching grants for Medicaid expansion with subsidies and tax credits for private insurance, alongside a host of new provisions and a federal marketplace that resulted in an agglomeration of policy provisions associated with disparate eligibility groups contrived by corresponding income levels with household size represented in Figure 1.[6]

FIGURE 1 ABOUT HERE

For people in households earning between 0 and 135% of the Federal Poverty Line (FPL), the ACA expanded Medicaid eligibility thresholds to provide access at no cost to the individual. The poverty levels that dictated the ACA coverage categories are outlined in Table 1.[7]

TABLE 1 ABOUT HERE

However, in *National Federation of Independent Business v. Sebelius* (2012) the Supreme Court decided that states could not be mandated to expand their eligibility thresholds by the ACA. The Supreme Court's decision to decouple the Medicaid provision from the remainder of the policy devolved the Medicaid expansion decision to each individual state, serving to further submerge

[6] According to a 2014 Kaiser Health Tracking Poll, 44% of Americans said they did not know enough about the ACA to understand the law's implications for their families; the confusion was more pronounced among the uninsured where 66% said they were unsure of how the healthcare law would impact their lives. 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. 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 (Morrisey, 2014).

[7] Families earning between 135 and 250% of the Federal Poverty Line (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 additional subsidies.

the policy.[8,9] Table 2 represents the decisions taken by all 50 states and the District of Columbia on Medicaid expansion.

TABLE 2 ABOUT HERE

Our research was designed to mobilize registered voters in Alabama's Coverage Gap by making the benefits of expansion proximal and salient to subjects who were directly affected by the policy decision.

Field Experiment: Identifying the Limits of Policy-based Mobilization

The experimental sample was selected by narrowing down the number of Alabamians who were eligible for Medicaid (estimated at 332,000) and registered to vote, yielding a total of 104,522 potential targets. We identified these subjects using the criteria for eligibility under Medicaid expansion to build a model based on age, income level, household size, and employment status to determine the target population. 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 was 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, we coordinated with several other local Democratic campaigns that were using the same voter file.

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 Alabama's

[8] 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, but with this provision excluded, the ACA was buried deeper in the layered polity (108).

[9] The expansion decision is illustrated most visibly in Texarkana, which is co-located in both Arkansas and Texas. In Texarkana, the exact same citizen could have access to Medicaid if they lived on the Arkansas side of the town, or they would be uninsured on the Texas side since the two states took different positions on Medicaid expansion.

four major metropolitan regions: Birmingham, Huntsville, Montgomery, and Mobile for a total sample of 32,528 subjects. Furthermore, we further stratified the sample by narrowing the subject pool to individuals who had working phone numbers, and selected one subject per household for the experimental sample to maintain the integrity of the non-interference assumption. After randomly sampling one individual per household to be contacted, the total sample was 16,248. 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. The subjects in the field experiment were of low-income backgrounds, uninsured, and most were African American.[10]

Randomization

We deployed three scripts for the experiment, attached as appendices to this paper (Appendices B, C, and D). The first two scripts appealed to subjects' sociotropic- or self-interest, and the third treatment was a combination script that contained elements of both the self- and social interest scripts. We pre-tested message frames (the self-interest appeal and the sociotropic appeal) in a survey experiment, which demonstrated that both frames were equally effective at persuading voters.[11] The self-interest and the combination treatments also contained an eligibility flow chart (Appendix A), which walked the subject through her Medicaid eligibility under expansion. We compare the mobilization of all treatment groups to the control group to determine whether the campaign had an effect on turnout, then compare results between treatment groups to determine which of the scripts was most effective in mobilizing voters.

[10] Of the Alabama uninsured, 35% were black (while African Americans make up 26.6% of the broader population), and 5% were Hispanic. Nearly 80% of subjects were black, and the remaining subjects were mostly white. African Americans were overrepresented in our experimental sample because we concentrated our resources in the urban areas and a majority of uninsured white voters reside in rural areas.

[11] The survey was administered to 167 Alabama citizens who were determined to be in the Coverage Gap. The results of the survey experiment appear in another paper.

We block-randomly assigned one randomly sampled experimental subject per household, into one of four experimental groups: self-interest treatment, social interest treatment, a combination of self- and social interest, or the control group. The experimental blocks were 74 canvassing turfs–geographic regions designated for canvasser contact. 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 (BHM), eight in Huntsville (HSV), 23 in Mobile (MOB), and 13 in Montgomery (MGM). Each turf encompassed approximately 150 households. This left us with a total of 11,900 households included in the experiment.

Details of the blocked randomization scheme can be found in Appendix E. 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. The probability of assignment to one of the three treatment groups or the control group was approximately equal in each of the 74 turfs. Moreover, the order in which turfs were released for canvassing in each of the four cities was randomized, and volunteer canvassers were randomly assigned to treatment scripts as they walked into the staging location.

Balance Check

Using all available pre-treatment covariates included in SmartVAN,[12] we performed a balance check using randomization inference to estimate p-values. In order to perform the balance check, we first extracted the log likelihood statistic resulting from a multinomial logistic regression of treatment assignment on all available pre-treatment covariates. In Figure 2, we compare the extracted log likelihood to the mean of all log likelihoods that we obtained after simulating cluster and block random assignment within each experimental block 1000 times. The resulting p-value of 0.53 indicates that we cannot reject the sharp null hypothesis that pre-

[12] These pre-treatment 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.

treatment covariates are not systematically related to treatment assignment. We are therefore confident about the balanced nature of treatment and control groups.

FIGURE 2 ABOUT HERE

Execution of Experiment

Resource constraints prevented us from releasing all turfs for canvassing.[13] However, because we anticipated this complication and block-randomly assigned households to treatment and control groups within turfs, we can exclude those turfs that were removed from the experiment without introducing bias. 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 3.

TABLE 3 ABOUT HERE

Treatments

A mix of volunteers and paid staff members delivered the treatments. These canvassers also asked questions to determine a subject's awareness of Medicaid expansion and their voting intentions for the Gubernatorial election. 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, so 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

[13] 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.

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. We also constructed a sociotropic cue (a fact sheet about the benefits of Medicaid expansion), a self-interest cue (the Coverage Gap eligibility flow chart), and a combination cue (a mix of the two cues).[14]

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 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. 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, ethnic-minority subjects. Thus, we 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). Therefore, our overall response rate was around 4%. The second measurement tool was the voter file, updated after the election to reflect the results of experimental assignment on mobilization.

[14] The combination cue was a front-and-back sheet of the self-interest and sociotropic cues found in Appendices A and F.

Results

Table 4 shows the result of our manipulation check. In the post-treatment survey, subjects in treatment and control groups were asked whether someone visited their home to talk about Medicaid expansion during the campaign. Following our pre-analysis plan, we use one-tailed tests to check whether subjects in the three treatment groups are more likely to recall discussing Medicaid expansion than subjects in the control group, who did not receive a canvasser visit.[15] The results in Table 4 clearly demonstrate that subjects in all three treatment groups were significantly more likely to recall speaking about Medicaid expansion than subjects in the control group, with Intent-to-Treat (ITT) sizes ranging from 7 to 18 percentage points.

TABLE 4 ABOUT HERE

Having established that subjects recalled the campaign visit, Table 5 further presents results from the post-treatment survey. Although the low response rate to the telephone survey prevents some of the effects from reaching statistical sigificance, the results in Table 5 suggest that subjects who received a treatment were better informed about the policy and its potential individual benefits when compared the control group. Campaign visits improved subjects' knowledge of the Gubernatorial candidates' positions on Medicaid expansion by around .2 on a three-point scale where a score of three 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 Griffth, the Democratic Gubernatorial candidate, as favoring Medicaid expansion, and Robert Bentley, the Republican incumbent, as opposing it. Moreover, the results in Table 5 indicate that canvassers might have been succesful at convincing subjects that expansion provided personal benefits. On a five-point scale subjects were .17 points more likely to recognize that Medicaid expansion

[15] To see the pre-analysis plan, visit the EGAP registration page: http://egap.org/registration/743

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. Due to the small sample size, the treatment effects do not reach any conventional levels of statistical significance.

TABLE 5 ABOUT HERE

As Figure 3 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 to 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 3 ABOUT HERE

Table 6 shows whether those subjects assigned to treatment were more likely to turn out than subjects assigned to the control group. Using data from Alabama's voter file, Table 6 displays the turnout percentages in each experimental group weighted by the inverse of the probability of being assigned to treatment within each canvassing turf and household cluster, alongside the direct and indirect ITT effects on turnout compared to the respective control group. The upper rows of Table 6 show the direct effects of the treatment on those household members that were randomly sampled to be assigned to treatment or to control, and the middle part of table 6 shows the results for non-experimental subjects: those household members that

were excluded from the experiment, but live with someone who was randomly assigned to be contacted or not to be contacted. We assess the turnout behavior of non-experimental subjects in order to identify any spillover effects from the treatment within the household (see Sinclair *et al.* 2012; Foos and de Rooij 2016). The final rows in Table 6 report the overall effect of the campaign on all members of the household, hence, a combination of direct and indirect treatment effects. 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 the electoral mobilization of Medicaid expansion's target population. Only the self-interest script produced a positive and statistically significantly increase in turnout among both experimental subjects and their household members. The combined and sociotropic treatments appear to have had a slightly negative impact on mobilization among subjects, but a positive effect on subjects' household members; that result is, however, probably accounted for by sampling variability. On the aggregate turnout effects of all the treatments in the campaign were small.

TABLE 7 ABOUT HERE

Table 7 displays the contact rate of the canvassing attempts. The overall contact rate for the experiment was 25.1%, slightly below the 30% average for most GOTV field experiments (Gerber and Green 2012). Two reasons might explain the difference. First, because we were 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. Table 7 displays contact rates for each script and the

corresponding Complier Average Causal Effects (CACEs), derived through instrumental variable regression, where contact is instrumented by treatment assignment (Sovey and Green, 2011). The CACE is the ITT, displayed in Table 6, divided by the contact rate, the ITT_D, which is displayed in the first row of Table 7. Since the contact rate at 26.3% was relatively low, the CACE is a multiple of the ITT.

Discussion

Coverage Gap voters were living without health insurance, and Medicaid expansion would thus provide them with a material benefit while constituting a new, positive orientation toward the state through the receipt of a public program (Epstein *et al.* 2014). However, in general, voters in the Gap were neither aware of what Medicaid expansion was nor how it might impact their lives, a lack of awareness particularly acute for minorities (Long *et al.* 2014). To determine how theories of economic voting might surface the Medicaid expansion and thereby induce policy-based mobilization, we distributed three messages in a randomized campaign experiment to voters within the target population.

The experimental results reveal two important insights. First, 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 policy's individual benefits. The campaign interventions lowered the costs of obtaining policy information for subjects in the treatment groups, and it clarified the benefits of expansion to them. However, Medicaid policy knowledge transformations did not translate into enhanced mobilization among treated subjects. Indeed, the second important result of the experiment is that while the campaign appears to have influenced the formation of candidate preferences, the overall effect of the campaign on turnout was inconsequential.

Though mobilization effects of the campaign were negligible, it was not because the policy remained submerged. Our 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. Evidence from the post-treatment survey indicates that targeted subjects understood the benefits of expansion, yet overall turnout among subjects who received treatment was no higher than those in the control group. Thus, the experimental intervention lowered the learning costs associated with voting for members in the target population and made policy benefits proximal and salient, but it did not lead to higher turnout. The qualitative evidence can help explain why by turning our attention to social contexts established by existing policy paradigms.

Qualitative Interviews: Uncovering the Challenges of Mobilizing Policy Targets

The following discussion of our qualitative data attempts to identify and describe the reasons why the effectiveness of the information and mobilization campaign was limited in the Coverage Gap by analyzing voting decision in the terms expressed by members of this target population. Our goal is to accurately represent the factors that shape predispositions for interview participants by synthesizing the descriptions they provided in semi-structured, in-depth conversations. We begin by providing an overview of the process employed to collect and analyze the qualitative data. Following the discussion of these methods we draw on the interviews to further our understanding of the non-voting decision of poor voters in the Coverage Gap. By uncovering conditions that shape participation prior to a canvasser arriving on a voter's doorstep, our analysis reveals factors that limit the effects of mobilization efforts among the disadvantaged. In particular, we assess how extant public policy forms the basis for citizen orientation toward the electoral process. These findings help explain why the turnout decisions may not be influenced by policy-based mobilization.

Data Collection and Analysis

In total, we conducted 22 in-depth interviews using the semi-structured method. Interview participants were identified in collaboration with two non-profit groups that serve the greater Birmingham area: Greater Birmingham Ministries (GBM), an interfaith non-profit based in Birmingham with the mission of providing a variety of social services to people who are struggling financially and Equal Access Birmingham (EAB), a free clinic administered by medical students to meet the healthcare needs of Birmingham's uninsured community. Interviews lasted from 15 to 70 minutes and took place as participants awaited service from either EAB or GBM in a quiet corner of a waiting area or a private room. Of the 22 respondents, 13 were black, eight were white, and one was Latino. There were 12 women in the sample and ten men, all between the ages of 20 and 77, with an average age of 47. 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. We assigned each of the respondents an alias, and the basic demographic characteristics can be located in Appendix G.

Often, the interviews presented an opportunity for us to gain insights from voters who learned about the Coverage Gap for the first time. As we informed interview participants that Medicaid expansion was contingent upon the Governor's decision, we also told them about the imminent 2014 Gubernatorial election where one candidate favored expansion and the other was against it. We then showed them a flow chart that displayed Medicaid eligibility information under a Medicaid expansion policy.[16] As we proceeded through the flow chart with uninsured interview participants, 15—more than two-thirds of the total interview sample—located themselves within the Coverage Gap. The responses we observed when participants learned this

[16] This flow chart was the same cue used in the field experiment with the self-interest script, found in Appendix A.

information, offered a textured opportunity to explore how members of a target population responded to learning that a particular policy affected them directly (Charmaz 2006).

Results and Discussion

As opposed to apathy or ignorance (Doppelt and Shearer 1999), the disengagement described by participants we encountered was rooted in experience, observation, and sociopolitical interactions. We refer to this core concept of socialization as "learned disengagement." Many interview participants articulated a belief that political engagement was not a viable channel through which to express his or her voice. Echoed by an interview participant named Pat,[17] they felt that they were "on the outside looking in" to the polity. Despite expressing a disconnection from politics, participants were keenly aware of public policy. Thus, although they conceived of themselves as "outsiders" in electoral politics, they were committed spectators to the policies that those politics generated. This section describes the concept of learned disengagement, and the discussion follows by tracing some of the ways it has become embedded in the social context of poor voters.

Learned Disengagement

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 altogeter, 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." Yet, 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 objectives and botched implementation

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

arrangements. 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.

Since policy is the principal tool governments use to allocate values in society (Easton, 1965), citizens could be treated as active agents in the policy feedback process, actively interpreting policy designs as a proxy measure for assigning value and worth to individuals. Crucially, 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 we interviewed were clear: their lives did not seem to matter to members of Alabama's political class, and they were thus socialized to disengage from electoral politics. 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 quickly identify the groups that were eligible for Medicaid and subsequently lament the fact that she and other participants did not fit the description of "deservedness" (Schneider and Ingram 1997, 2005).

Schneider and Ingram's theoretical distinctions of "deservedness" seemed to be the rigid reality for many participants, and many of them apparently understood deservedness to also indicate political efficacy. Indeed, for many participants, their limited economic resources ran in parallel to a perception of limited political capability. 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).

Low Political Efficacy

A major theme of disengagement that interview participants expressed was a profound sense of powerlessness and a lack of political efficacy. Though measuring efficacy is challenging (Chamberlain 2012), political efficacy is typically defined with twin pillars, internal and external. Internal efficacy is the extent to which an individual believes that he or she can influence a political situation, or as defined by Campbell *et al.*, the sense it is "worthwhile to perform one's civic duties" (1960, 187). 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). Conversely, the absence of political efficacy can lead to quiescence. Levels of political efficacy vary significantly by race and income strata (Form and Huber 1971, 669).

Participants overwhelmingly expressed low levels of both internal and external political efficacy. Weak external efficacy was described in two particular ways. The first category of low external efficacy emerged from minority participants' belief that racialized policies were deliberately constructed to suppress black political participation. In the past, membership of the political community was legally restricted based on race, cultivating diminished notions of citizenship for people of color (Goldberg 2002). It is therefore not surprising that participants articulated narratives that consistently wove together modern observations with historical anecdotes concerning race and political efficacy. The consistency of the language was impressive. At least five black interview participants 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 [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."

Pateman (1970) famously argued that political participation creates political consciousness (Pateman 1970). Conversely, 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.

Voter registration has a particularly sordid history in the South.[18] 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, vividly recalled paying poll taxes and taking a literacy test when she first registered to vote:

> 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].... All these young people grew up after the fight, and they don't really know what Martin [Luther King, Jr.] did for us."

The Voting Rights Act (VRA) of 1965 to ensure that voting laws could not be changed without obtaining "pre-clearance" by the Department of Justice (DOJ) for states in covered jurisdictions. However, in 2013, the Supreme Court declared Section IV of the VRA unconstitutional in *Shelby County, Alabama v. Holder*, creating new latitude for states to enact voting rights legislation.[19]

Within hours of the ruling in *Shelby*, officials from Alabama, Mississippi, and Texas began enforcing stringent voter identification (ID) laws that had been passed by legislatures but not approved by the DOJ. Some interview participants maintained that voter ID laws were simply a

[18] Introducing the Voting Rights Act (VRA) to Congress, President Johnson asserted, "Every device of which human ingenuity is capable" was used to deny African-Americans the right to vote. Emblematic of this type of voter suppresion, Alabama passed the Voter Qualification Amendment in 1951, calling for new registrants to, among other things: (a) read and write any article of the US Constitution in the English language (b) maintain good character, embracing the duties and obligations of citizenship under the Constitution of the US and Alabama, and (c) answer a written questionnaire without assistance in front of an appointed board of registrars, almost 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). 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, only 25,224 black Alabamians were registered to vote in 1952 (Price 1957).

[19] States specifically designated as covered jurisdictions in Section V of the VRA are: Alabama, Alaska, Arizona, Georgia, Louisiana, Mississippi, South Carolina, Texas, and Virginia.

modern form of stifling the minority vote.[20] For example, Jackie said she takes elderly people to the polls on Election Day as a bus driver, and she witnessed minority voters being turned away because they did not come with the proper ID:

> "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 constrained external efficacy emerged from participants' belief that they were simply not represented by politicians. Participants overwhelmingly conveyed that politicians were not responsive to the needs of the poor. Shrewd observers of past political action, participants formed their opinions based upon what they perceived to be a pattern of broken or empty promises. Indeed, some participants felt that helping the poor and the needy would be calculated as a political error on the part of elites. Tony 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…" According to Tony's analysis, it wasn't simply that politicians did not see the needs of the disadvantaged; he 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...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."

[20] Analyzing voter ID laws and similar efforts to address registration in state legislatures from 2006 to 2011, Bentele and O'Brien (2013) argue that these laws are proposed and passed in "highly partisan, strategic, and racialized" political contexts, consistent with a "targeted demobilization of minority voters" (1088).

Sentiments of weak internal inefficacy were often expressed as a result of interactions with other members of society that generated 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 exclusion 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… 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?"

Kristen was not alone in feeling that she had been wrongly characterized as lazy and incompetent, unwilling to work. Alisha said:

> "When I tell people at the doctor I don't have insurance, they roll their eyes and look at their co-worker like 'here comes somebody else wanting a free-bee.'…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?"

At least four respondents declared some variation of the phrase, "I'm not lazy," unprovoked by interview questions. Rather, it was presumably a reaction to a perception that as beneficiaries of public aid or support, they might be stereotyped as bilking the government. Indeed, it could be argued that the Alabama Governor's comments in the State of the State Address directly fueled those stereotypes, characterizing Medicaid as a "government dependency program for the uninsured." Governor Bentley proclaimed:

> "Under Obamacare, Medicaid would grow even larger—bringing millions more people to a state of dependency on government…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."[21]

By resenting the "lazy" stereotype, Alisha, Kristen and others were referring to what the political theorist Iris Marion Young calls "thrownness," as an individual finds herself with a socially constructed identity "defined by others…with specific attributes, stereotypes, and norms," often ascribed by those with power (2011, 46). She is confined by this constructed identity, and she eventually learns to disengage from a system that isolates her, becoming socialized in quiescence.

Consider Alisha's perspective of voting for Medicaid expansion after Alisha learned that she could benefit directly from a change in the policy:

"[Medicaid expansion] *sounds* great…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 we 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.

Conclusion: Rational Voting and Learned Disengagement

Previous studies have demonstrated that submerged policies prevent policy targets from fully recognizing the benefits of voting (Campbell 2007; Mettler 2011). In this paper we argue that we need to go beyond submergedness to understand the reasons for why policy targets fail to mobilize in favor of potentially beneficial policies. We sought to surface a submerged policy (Medicaid expansion), making it more visible and more compelling to a target population

[21]*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.

(subjects living in Alabama's Coverage Gap), leveraging best practices from decades of randomized GOTV field experiments (Gerber and Green, 2012). The Medicaid expansion decision represents a unique case where an appreciable number of citizens could materially benefit from a policy that was submerged. This enabled us to test the extent to which registered voters could be mobilized when they learned that they were members of a defined policy target population with clear stakes in an election.

We designed three scripts for the field experiment to frame the benefits of Medicaid expansion according to self-interests (the self-interest script), community interests (sociotropic script) and a combination of the two. These three scripts were administered across the state in the two weeks leading up to the election in an effort to surface the submerged policy within the target population. Based on previous research studying campaign mobilization, we expected to find that all three messages would raise turnout levels in comparison to the control group with the largest treatment effects within the group who received the self-interest and combined scripts, as the intervention should increase the B value and lower the C value in the rational voting equation. Instead, the results produced a different picture. While the self-interest treatment appears more effective than the other three messages, overall, the effects on turnout were negligible. We think that the experimental data evidences the limits of policy-based mobilization efforts among poor, uninsured voters in Alabama's Coverage Gap, and the qualitative data suggest that socialization might play an important role.

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. Rather than being uninformed about the political process as some scholars have suggested, the poor citizens with whom we 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 the recognition that parameters of extant public policy were drawn around them. Participants

communicated a profound disconnection to politics, because they believed that political processes operated beyond their control or influence. Based on the in-depth interviews conducted with subjects in the target population, we found that previous experiences of exclusion from public health insurance policy arrangements—a form of negative policy feedback—may have affected the sociopolitical context of Alabamians in the Coverage Gap, fostering feelings of isolation and political inefficacy. Subjects had learned to disengage. Learned disengagement proved to be both stubborn and durable even when participants were asked to consider a change in a major policy via Medicaid expansion.

The results of the field experiment suggest that targeted mobilization techniques are insufficient to overcome the political alienation experienced by some of the poorest citizens in the electorate. Despite a campaign message designed to prime self-interests and sociotropic considerations with a proximal and salient issue, our experimental interventions failed to effectively mobilize poor voters. Upon interviewing participants who would also personally benefit from Medicaid expansion, we learned that political disengagement was a formidable opponent to the new knowledge that a targeted campaign solicitation may have produced. Blending these quantitative and qualitative approaches enabled us to learn how policy-based mobilization is both perceived and acted upon by the target population, and following Paluck (2010), we found this multi-method combination to be a useful technique for exploration.

Previous scholarship suggests that poor voters may be mobilized by policy designs that distribute valuable public benefits (Mettler and Welch, 2004; Campbell, 2002). Campbell (2002) argued that Social Security successfully mobilized low-income senior citizens to protect and maintain old-age insurance, and Mettler and Welch (2004) posit that the GI Bill engendered the greatest participatory effects among low-income soldiers (2004). However, our findings reflect the challenges of mobilizing policy targets who are poor. Similarly, Enos *et al.* (2014) reassessed 24 GOTV field experiments to determine their effect on political participation in various

demographic groups. Sixteen of the twenty-four experiments they analyzed widened the participation gap between rich and poor voters.[22]

Importantly, we do not argue that policy targets cannot be mobilized. Instead, this research asserts that in order to account for the effectiveness of policy-based mobilization efforts within a target population, researchers and practitioners must pay careful attention to the extant public policy that governs the lives of policy targets and has therefore shaped their orientation toward electoral politics via socialization. Indeed, raising the B value may not be enough to overcome the countervailing weight of the D variable among policy targets who are poor and have learned to disengage from their sociopolitical environment. As García Bedolla and Michelson (2012) argue, more scholarly attention should be given to how poor, ethnic minority voters conceive of themselves in relation to the polity, because the architecture of policy, both past and present, is essential to understanding mobilization.

Harper Lee's *To Kill A Mockingbird* tells a sordid tale of racial injustice in a fictional Alabama community. A child of mixed race 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 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 the father, Lee conveys that the child had not yet learned to disengage. Importantly, Lee does not imply that this disengagement derives from ignorance or even apathy. Rather, it is a withdrawal based upon repeated observations and formative experiences that lead to the recognition of sociopolitical systems that stifle individual agency for people of color who are subjected to a governing system where they feel limited or no control. It is a similar form of informed disengagement that we uncovered in this research.

[22] Eight of those sixteen were statistically significant. Conversely, of the eight experiments that reduced the gap, only two were statistically significant (Enos *et al.,* 2014).

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Tables

TABLE 1: 2014 FEDERAL POVERTY GUIDELINES

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

Source: "Notices," *Federal Register* 79, no. 14 (2014): 3593-94.

TABLE 2: STATE ACTION ON MEDICAID EXPANSION (AS OF MARCH 2016)

Full Expansion (25)	Partial Expansion: Waiver Approved (5)	No Expansion (19)
AZ, CA, CO, CT, DE, DC, HI, IL, KY, LA, MD, MA, MN, NV, NJ, NM, NY, ND, OH, OR, PA, RI, VT, WA, WV	AK, IN, IA, MI, MT, NH	AL, FL, GA, ID, KS, ME, MS, MO, NE, NC, OK, SC, SD, TN, TX, UT, VA, WI, WY

TABLE 3: FINAL EXPERIMENTAL SAMPLE: EXCLUDING TURFS THAT WERE NOT RELEASED

City	Total	Self	Social	Combo.	Control	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

TABLE 4: INTENT-TO-TREAT EFFECT ON CAMPAIGN VISIT RECALL BY EXPERIMENTAL GROUP

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

*** 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.

TABLE 5: INTENT-TO-TREAT EFFECT ON OUTCOMES BY EXPERIMENTAL GROUP

	Self-interest	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	.19[i]	-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.

TABLE 6: WEIGHTED TURNOUT PERCENTAGES AND ITTS FOR ASSIGNED SUBJECTS AND HOUSEHOLD MEMBERS

	Control	Self-interest	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.

TABLE 7: CONTACT RATE AND CACE CONTROL, SELF-INTEREST, SOCIOTROPIC, AND COMBINED

	Control	Self-interest	Sociotropic	Combined
Contact Rate	0.01	22.4	26.2	26.3
CACE v. Control		8.0	-3.1	-6.2
Unadjusted		[-8.4, 24.3]	[-17.8, 11.6]	[-20.9, 8.5]
CACE v. Control		9.9[i]	-0.5	-7.2
Covariate-Adjusted		[3.2, 23.0]	[-12.3, 11.2]	[-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 test of sharp null hypothesis), randomization inference-based 95%-CIs in brackets.

Figures

FIGURE 1: ELIGIBILITY CATEGORIES FOR THE ACA

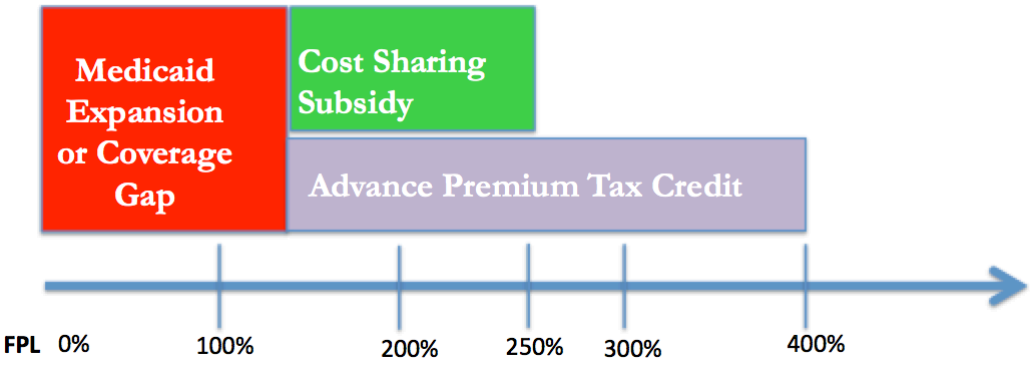


FIGURE 2: BALANCE CHECK USING RANDOMIZATION INFERENCE

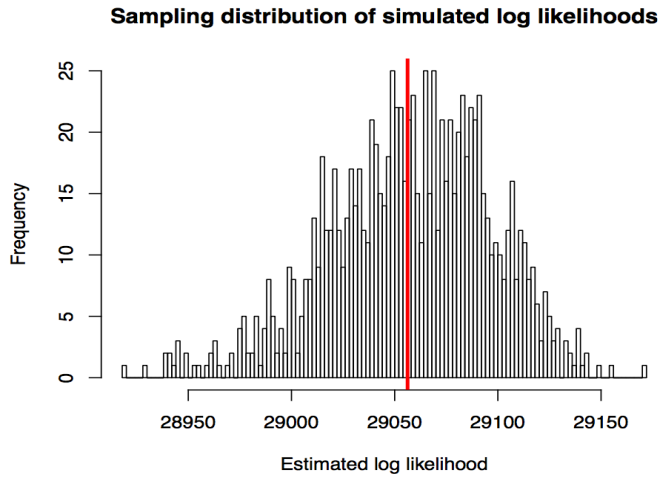
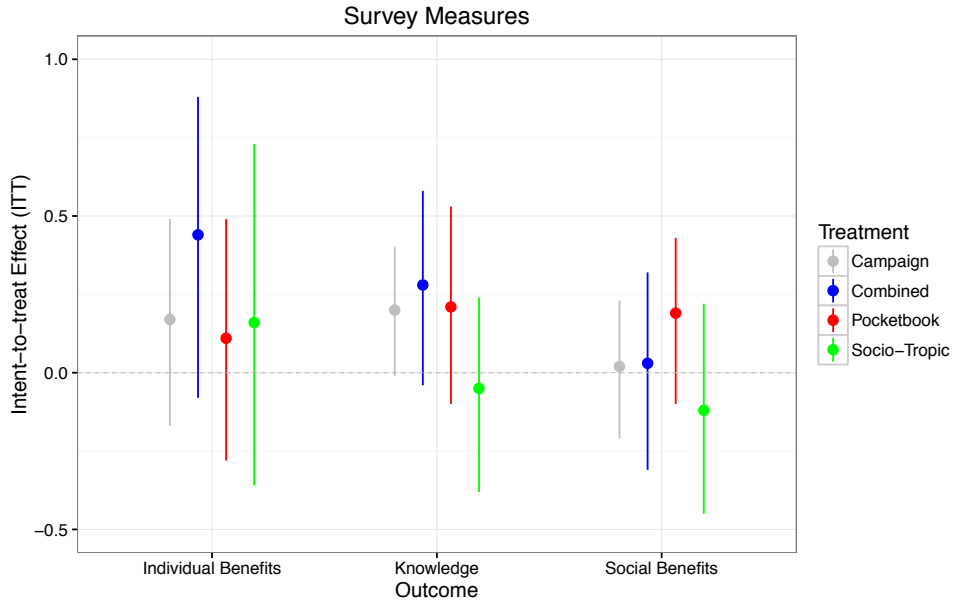


FIGURE 3: POST-TREATMENT SURVEY: ITT V. CONTROL



APPENDICES

A SELF-INTEREST CUE (INTERVIEW FLOW CHART)

B SELF-INTEREST SCRIPT

C SOCIOTROPIC SCRIPT

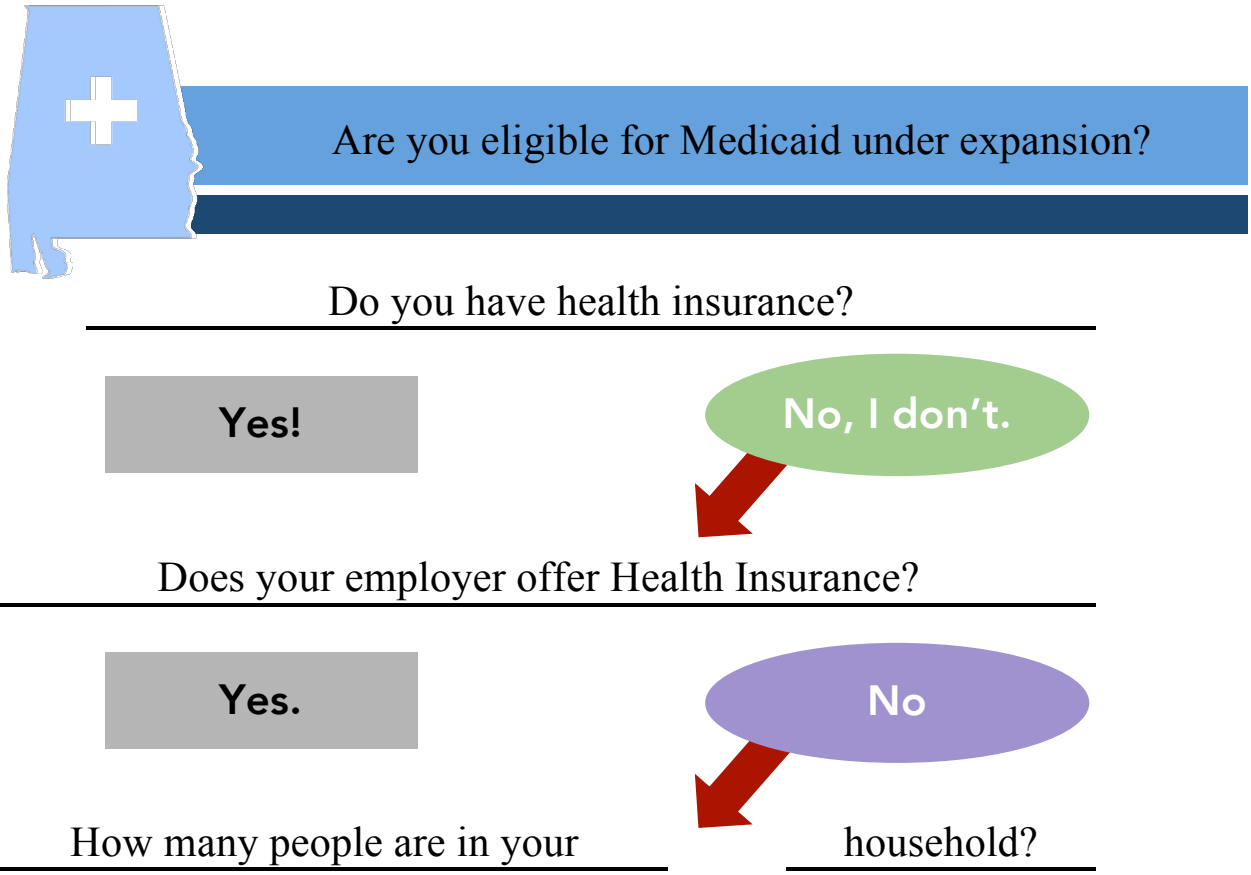
D COMBINED (SELF-INTEREST AND SOCIOTROPIC) SCRIPT

E BLOCKED RANDOMIZATION

F SOCIOTROPIC CUE

G INTERVIEW PARTICIPANT DESCRIPTIONS

Appendix A: Self-Interest Cue (Interview Flow Chart)



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 B: SELF-INTEREST SCRIPT



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 C: 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 D: 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

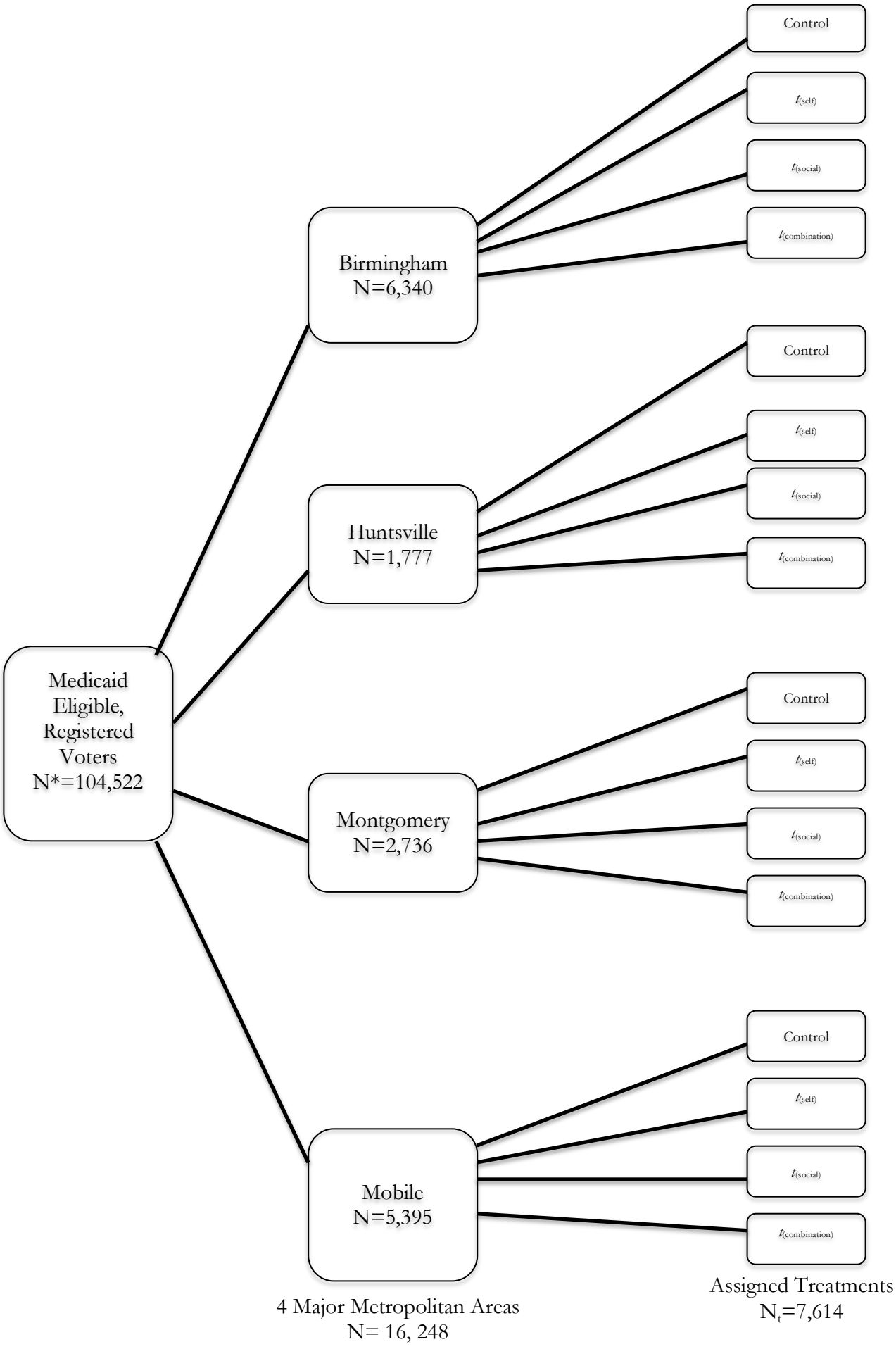
ATTEMPTS: We will re-try voters multiple times to make sure we have as many conversations as possible. Is canvassing this particular voter a 1st attempt, 2nd attempt, or 3rd attempt?

LISTED PERSON: Were you able to talk with the voter on your list?

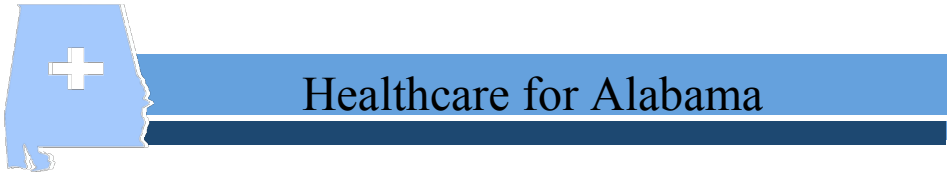
SCRIPT DELIVERY: Were you able to deliver your message in full, or were you stopped before completing the entire script?

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 E: BLOCKED RANDOMIZATION



APPENDIX F: 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 G: 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