Josh Carpenter
University of Oxford, Oriel College
Joshua.Carpenter@politics.ox.ac.uk

Florian Foos
University of Zurich
foos@ipz.uzh.ch

Beyond the Submerged State: Exploring the Limits of Policy-Based Mobilization

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Abstract

Can marginalized groups be mobilized by a campaign whose principal policy objective would materially enhance their lives by including them in a major public program? This question is put to the test through a campaign advocating for Medicaid expansion under the Affordable Care Act (ACA) in Alabama, a key issue during the 2014 Gubernatorial election cycle. The complexity of the law, including the expansion decision, was an emblematic case of policy "submergedness". Our research sought to "surface" the policy among potential beneficiaries to learn whether understanding the benefits of a policy would lead to greater mobilization in favor of the candidate supporting the policy. Accordingly, we designed and executed a randomized field experiment across the four major metropolitan areas of Alabama, micro-targeting registered voters who were living in the "Coverage Gap," citizens who were without health coverage but would gain access to public health insurance if Medicaid were expanded. We deployed three different door-to-door canvassing scripts to test whether information combined with appeals to social and self-interest mobilized potential beneficiaries. The campaign yielded negligible effects on voter turnout among subjects in the Coverage Gap. Even after the policy was surfaced, policy targets did not seem to mobilize for candidates supporting the Medicaid expansion policy. Concurrently with the field experiment, we conducted extensive, semi-structured interviews with Alabama residents in the coverage gap, and the results of these interviews reveal some insights into why our campaign failed to mobilize targets. Disengagement appears to be driven, at least in part, by perceptions of political inefficacy based on extant policy designs. Furthermore, two-thirds of Alabamians in the Coverage Gap residents were not registered to vote, yielding an important ceiling effect on policy-based mobilization. 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 policy shapes predispositions for mobilization, especially among the poor.

Introduction

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; 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 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. The question is put to the test through the policy of Medicaid expansion under 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.[1]

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, and the subjects of this study, are said to be living in the "Coverage Gap" because they are living without health insurance coverage. When voters are made aware of the Coverage Gap, the fact that they are in it—and would therefore ostensibly gain access to health insurance if the Democratic candidate won—are they more likely to vote, and if so, will they vote for the candidate who supports expansion?

[1] 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.

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 in the Coverage Gap in an attempt to surface Medicaid expansion and mobilize support for the policy. The field experiment yielded negligible 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. The field experiment followed best practices from the GOTV literature to mobilize policy targets of Medicaid expansion. In two of the three treatments canvassers walked subjects through a flow chart at their doorstep.[2] 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 policy, policy targets in Alabama's Coverage Gap were not mobilized to vote.

Concurrently with the field experiment, we conducted extensive, semi-structured interviews with poor Alabama residents, and the results of these interviews shed light on reasons why our targeted mobilization campaign failed. From these in-depth interviews, the political disengagement of the poor appeared deeply entrenched, prohibitive of policy-based mobilization. Moreover, the micro-targeting model revealed that a majority of citizens in the Coverage Gap were simply not registered to vote. Of those that had registered, an appreciable number were no longer residing at the address associated with their registration.

The null results of the field experiment combined with the qualitative evidence we provide have important implications for our understanding of the limited effects of mobilization efforts aimed at profoundly disengaged populations. Primarily, our data suggest that conventional Get-Out-The-Vote mobilization tactics are incommensurate to the level of deep-seated disconnection developed by observing and experiencing policy designs that led to feelings of social exclusion. And, significant barriers to registration may disproportionately prohibit low-income voter registration, limiting the extent to which policy targets are available be targeted for mobilization.

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

[2] 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.

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).

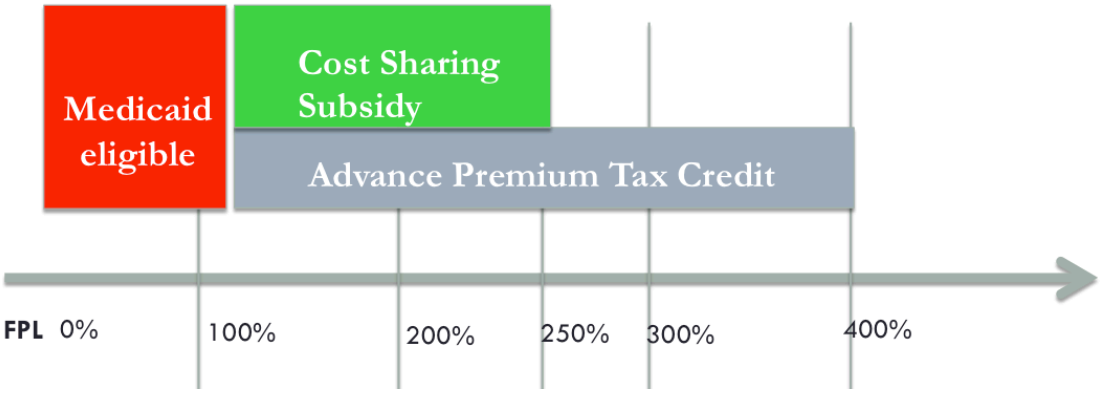
When the design or implementation of a policy obscures its benefits from the intended recipients, the policy feedback process is interrupted. And, when those policies are designed to benefit poor citizens, the interruption of that feedback process can drive political inequality. Yet, from recent experiments, it is clear that racial minorities and low-income citizens can potentially be mobilized by campaigns (Green, Gerber and Nickerson 2003; Green and Michelson 2009; García Bedolla and Michelson 2012). Why are some mobilization efforts successful while others are not?

For a target population to be mobilized by a target 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 policy features nested within those designs—constrains political support from core consituncies by reducing visibility and rendering policy knowledge 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). Conversely, Campbell (2002) discovered that visible government policies have the capacity to increase citizen enthusiasm for politics with senior citizens and social security. But, 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" (Lenz, 2012, 10). The act of voting itself becomes more difficult in a submerged state, and obtaining accurate and reliable information becomes an important challenge for voters.

Mettler argues that the ACA was an ideal case to explain the attributes of submerged state policies (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, alongside a host of new provisions and a federal marketplace that developed into a lengthy, complex piece of legislation. The resulting law is an agglomeration of policy provisions associated with disparate eligibility groups contrived by corresponding income levels with household size represented in Figure 1.[3]

[3] 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.

FIGURE 1: ELIGIBILITY CATEGORIES FOR THE ACA



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 coverage categories to which people belong are outlined in the following Table 1.

TABLE 1: 2014 FEDERAL POVERTY GUIDELINES[4]

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		

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, leaving the bulk of the law in tact with the exception of Medicaid expansion. 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 the policy.[5,6] The expansion decision contributed to further confusion about a policy that was already confounding to many Americans, and potential

[4] "Notices," *Federal Register* 79, no. 14 (2014): 3593-94.
[5] 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).
[6] The expansion decision is illustrated most visibly in Texarkana, where the exact same citizen could have access to Medicaid through expansion if they lived on the Arkansas side of the remote town, or they would be uninsured on the Texas side (Lowery, 2014).

beneficiaries of the policy were not aware how it affected them.[7] Table 2 represents the decisions taken by all 50 states and the District of Columbia on Medicaid expansion.

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

Our research was designed to mobilize registered voters living in Alabama's Coverage Gap by deliberately surfacing the Medicaid expansion policy. The goal was to make the benefits of Medicaid expansion proximal and salient to voters in the Coverage Gap to learn whether surfacing a policy could lead to the mobilization of policy targets. How might voting behavior change if a campaign delivered an economic voting message that made a policy, and the benefits of that policy, both visible and compelling to poor policy targets?

Field Experiment: Identifying the Limits of Policy-based Mobilization

GOTV field experiments are frequently used to study campaign efficacy, yet evidence suggests that GOTV interventions can potentially worsen political inequality. Enos *et al.* (2014) reassessed 24 experiments to determine their effect on political participation in various demographic groups. Sixteen of the twenty-four experiments they included in their meta-analysis widened the participation gap.[8] Since little is known about how partisan contact mobilizes poor citizens, campaigns are incentivized to continue to reach out to voters who have more likely to participate in elections, a disproportionate number of whom do not come from poor backgrounds (Holbrook and McClurg, 2005). Furthermore, while there have been numerous field experiments on the effectiveness of various mobilization methods (Green *et al.*, 2013; Davenport *et al.*, 2014), research on the efficacy of campaign message content has been more limited and the results are decidedly more mixed.

Subject sample

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 (nearly three

[7] Four years after the law passed and two years after the Supreme Court ruling, 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. "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. 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).

[8] 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).

million). 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 Alabama Democratic Party campaigns that were using the same voter file.

The results of our Medicaid eligibility model revealed that of the 332,000 Alabamians who would benefit from Medicaid expansion, only 104,522 were registered voters. Thus, only one-third of potential Medicaid beneficiaries could be mobilized by our campaign. 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 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.

The subjects in the field experiment were of low-income backgrounds, uninsured, and most were minorities. Of the Alabama uninsured, 35% were black (while blacks 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. Compared to the racial composition of the Medicaid Gap in Alabama, African Americans were over represented in the subject sample, because we concentrated our resources in the urban areas and a majority of uninsured white voters reside in rural areas.

Randomization

We deployed three scripts for the experiment, and they are attached as appendices to this paper (Appendices B, C, and D). The first two scripts appealed to sociotropic- or self-interests, and the third treatment was a combination script that contained elements of both the self and social interest scripts. We pre-tested our two frames (the self-interest appeal and the sociotropic appeal) in a survey experiment, which demonstrated that both frames were equally effective at persuading voters.[9] The self-interest and the combination treatments also contained an eligibility flow chart (Appendix A), which walked the subject through her Medicaid eligibility under the expansion plan. We compare the mobilization of all treatment groups to the control group to determine whether the campaign had an effect on turnout. We then compare results between treatment groups to determine which of the scripts was most effective in mobilizing voters.

[9] 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 a second paper.

We used random assignment to ensure that there were no systematic differences between the treatment and control groups, enabling unbiased estimates of the average treatment effects of each script (Gerber and Green, 2012). 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 were carved out using the "turf cutting" function included as a targeting tool in SmartVAN, 30 were located in Birmingham (BHM), 8 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. For purposes of treatment administration, we 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.

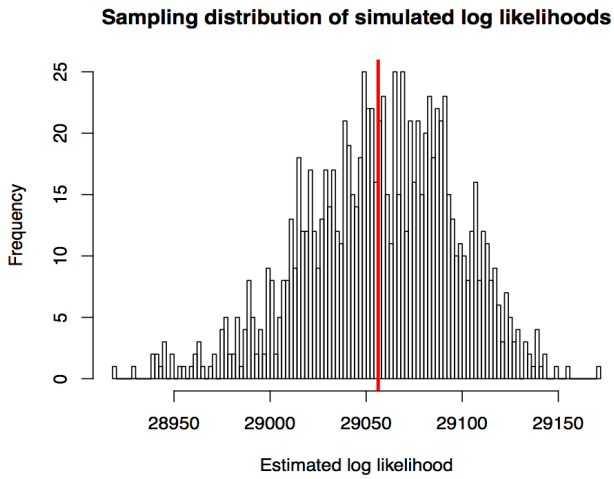
Subjects were block-randomized in each of the four cities, and geographic regions were designated for canvasser contact in randomly assigned turfs. Details of the blocked randomization scheme can be found in Appendix E. Probability of assignment to one of the three treatment groups or the control group was 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, and the order in which turfs were released for canvassing in each of the four cities was also randomized.

Balance Check

Using all available pre-treatment covariates included in SmartVAN,[10] 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 obtain 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-treatment covariates are not systematically related to treatment assignment. We are therefore confident about the balanced nature of treatment and control groups.

[10] These pre-treatment co-variates included 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.

FIGURE 2: BALANCE CHECK USING RANDOMIZATION INFERENCE



Execution of Experiment

Resource constraints prevented us from releasing all turfs for canvassing.[11] 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: 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

Paid staff members at all four sites primarily delivered treatments. 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, 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 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

[11] 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.

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).[12]

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 below 2%. The second measurement tool was the voter file, updated after the election to reflect the results of experimental assignment on mobilization.

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.[13] 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: 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

*** 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 5 further presents results from the post-treatment survey. Although the low

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

[13] To see the pre-analysis plan, visit the e-gap registration page with the link: http://egap.org/registration/743.

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 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 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	.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 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: POST-TREATMENT SURVEY: ITT V. CONTROL

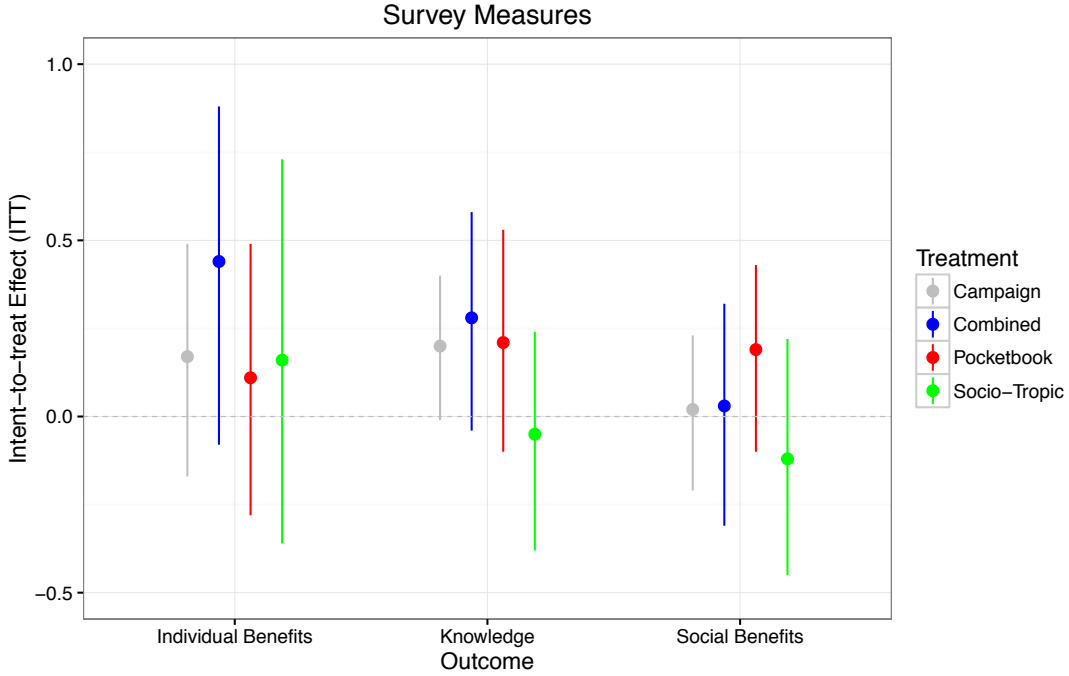


Table 6 tests whether those subjects assigned to treatment were more likely to turn out than subjects assigned to the control group. Using data from Alabama's voter file, Table 6 shows the turnout percentages in each experimental group weighted by the inverse of the probability of being assigned to treatment 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 the 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.

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.

Though the effect sizes were minimal, subjects appear to have been most effectively mobilized by canvassing messages that appealed to their economic self-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 7, we directly compare the effects each script had on turnout relative to one another. The ITTs illustrate that the Self-interest 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 7: INTENT-TO-TREAT EFFECT ON TURNOUT OF ASSIGNED HOUSEHOLD MEMBERS

	Unadjusted	Covariate-Adjusted	N
Self-interest v. Sociotropic	2.4	2.0ⁱ	3460
	[-1.1, 5.7]	[-0.6, 4.8]	
Self-interest 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 one-tailed test of sharp null hypothesis), randomization inference-based 95%-CIs in brackets.

Table 8 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 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. 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 8 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 8. Since the contact rate at 26.3% was relatively low, the CACE is a multiple of the ITT.

TABLE 8: 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		9.9ⁱ	-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.

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 results reveal four 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. Furthermore, since the treatments might have positively affected vote choice for Griffith (the candidate who supported expansion), subjects appear to have used the information provided in the campaign intervention to inform their candidate choice. However, Medicaid policy knowledge transformations did not translate into enhanced mobilization among treated subjects.

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. 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, we tested the combined treatment message among subjects to determine whether these different economic voting messages acted to complement one another or as alternative rivals. In short, the economic voting messages of Medicaid expansion were ineffective in generating mobilization among poor, uninsured subjects in Alabama.

Third, though mobilization effects of the campaign were negligible, it was not because the policy remained submerged. As we established earlier, Medicaid expansion is emblematic of a submerged state policy, making it both difficult to understand for voters and challenging to communicate for campaigns. 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. 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. We 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 we encountered several challenges to the experiment's execution. The micro-targeting model revealed that a majority of citizens in the Coverage Gap were simply not registered to vote. Additionally, of those that had registered, an appreciable number were no longer residing at the address associated with their registration, lowering the contact rate.

Qualitative Interviews: Uncovering the Challenges of Mobilizing Poor Policy Targets

The following discussion of our qualitative data attempts to identify and describe a few of the reasons why GOTV mobilization was limited in the Coverage Gap by analyzing the voting decision in terms expressed by members of this target population. Our goal is to accurately represent the primary factors that shape predispositions for the 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 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. We uncover conditions 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, we 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.

Data Collection and Analysis

In total, we conducted 22 in-depth interviews. Of the 22 respondents, 13 were black, eight were white, and one was Latino. There were 12 women 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 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. We assigned each of the respondents an alias, and the basic demographic characteristics can be located in Table 9.

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 were struggling financially and Equal Access Birmingham (EAB), a free clinic administered by medical students to meet the healthcare needs of Birmingham's uninsured community. EAB provides outpatient procedures to uninsured patients, and because they are one of just a few charity clinics in the Birmingham metropolitan area, they often have a full waiting room. 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. 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.[14] As we proceeded through the flow chart with uninsured interview participants, 15 of them—more than two-thirds of the total interview sample—located themselves within the Coverage Gap. These interactions, and the responses we 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.

Results and Discussion

As opposed to apathy (Ragsdale and Rusk, 1994) or ignorance (Doppelt and Shearer, 1999), the disengagement described by participants we encountered was rooted in experience, observation, and socio-political interactions. We refer to this core concept 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,[15] 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 is manifest in 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." 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 objectives and botched implementation 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. "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:

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

[15] 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.

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

> "I'm a waitress. I have to work 31 hours to have health insurance [with my employer]. 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?

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. 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 reality for participants who found notions of "deservedness" to be rigid and inflexible, even when it concerned potential eligibility for Medicaid through expansion. 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, the public health insurance programs. 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.

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). 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).

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 who articulated a belief that racialized policies were deliberately constructed 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 wove together modern observations with historical anecdotes. 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 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."

Voter registration has a particularly sordid history in the South.[16] The stain of this history has endured, perpetuating quiescence in some African-Americans through infusing modern discourse and current perceptions. 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.

[16] 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).

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

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 Civil Rights Movement drew national attention to the racial gap in participation, and in 1965, Congress passed the Voting Rights Act (VRA).[17] 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.[18] Designated states could not implement voting law changes without federal "pre-clearance" by the Department of Justice (DOJ). However, in a 2013 ruling in *Shelby County, Alabama v. Holder*, the Supreme Court declared Section IV of the VRA unconstitutional, creating new latitude for states to enact voting rights legislation.

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 (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 these 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), other scholars dispute these findings (Mycoff *et al.*, 2009). Based upon the interviews we 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 maintained that voter ID laws were simply a 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 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."

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[17] In 1964, African-American turnout outside of the South was 72% while within the South, it was just 44%. U.S. Census Bureau, *Current Popualtion Reports*, Series P-20, No. 192. "Voter Participation in the National Election: November 1964." 2 Dec. 1969

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

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. 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 of either campaign donations or ballots cast in their name.

Healthcare was a particularly salient policy issue among the interviews participants. 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). Nearly six million people without insurance live in states controlled by Republican Governors who chose not to expand (Garfield and Damico, 2016). For these citizens living in the Coverage Gap, the ACA had no immediate effect on their lives, and the promise of affordable healthcare seemed to be another broken promise.

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…" Kristen articulated an understanding that politicians were merely tacticians who discovered that solving problems for the poor did not yield a political payoff. 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."

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 perceptions of social isolation they felt due to lived experiences. In many cases, they 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 we 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…"

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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…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."[19]

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 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?"

[19] *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.

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

Conclusion: Economic Voting Evaluations and Learned Disengagement

Literature has claimed that low information levels among the target population, chiefly as a result of esoteric and convoluted legislation, keep voter turnout comparatively low among the poor voters who do not benefit from organized interests who represent them. In an effort to put this claim to the test, we sought to make a policy (Medicaid expansion) more visible and more compelling to a target population (subjects living in Alabama's Coverage Gap), leveraging best practices from decades of randomized GOTV field experiments. The Medicaid expansion decision represents a unique case where an appreciable number of voters could materially benefit from a policy that was submerged. This enabled us to test the extent to which voters were mobilized when they learned that they were members of a defined policy target population.

We designed three scripts for the field experiment to frame the issue 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 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 script. Instead, the results produced quite a different picture. While the self-interest treatment was more effective than the other three messages, overall, the turnout effects were negligible. The empirical data represent evidence of the limits of mobilization efforts among the poor and uninsured, even where this target population had clear self-interest at stake in an election. What might explain these limitations of policy-based mobilization?

As a part of explaining the voting behavior of the poor, this research has sought to explain how and why poor citizens evaluate economic voting considerations in terms of both deciding whether to turn out to vote and for whom. 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 a recognition that the parameters of extant public policy were drawn around 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. Therefore, we argue that among the target population in the Coverage Gap, instrumental voting considerations are wholly secondary to profound and sustained political disengagement. When someone is deeply disengaged from the political process, the instrumental motivation of voting is suffocated by that sense of sustained estrangement.

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. 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. Similarly, other participants described feeling and acting as atomized individuals, rendered politically powerless as a result of not belonging to a defined political constituency.

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 prime self-interests and immediate sociotropic considerations through defining Medicaid expansion as a visible and salient issue in the campaign, these canvassing efforts 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.

Importantly, our argument does not suggest that learned disengagement is the primary obstacle to policy-based mobilization among the poor in the United States. Rather, in a separate paper, we propose that low voter registration in Alabama's Coverage Gap poses a substantive problem for future candidates and campaigns that seek to mobilize this target population. Of the uninsured participants in the Coverage Gap, 11 of 15 were not registered to vote.[20] We observe manifold procedural and legal constraints that prohibit poor voters from casting ballots in Alabama. For example, a key barrier to registration for nearly 220,000 Alabama citizens (approximately 7.19% of the voter-aged population) is that they are disenfranchised because of a prior conviction.[21] 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.[22] Moreover, 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 where

[20] Of the four uninsured participants who were registered to vote, none could verify that their registration status was not current nor could they identify their current polling location.

[21] 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, p.16, Table 2).

[22] 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).

several Medicaid-eligible citizens reside.[23] Therefore, while we recognize learned disengagement contributes to the difficulty of mobilizing policy targets in Alabama's Coverage Gap, we acknowledge that by restricting the field experiment's subject sample to registered voters, we eliminated two-thirds of the broader target population for Medicaid expansion.

Furthermore, 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. As Garcia 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.

[23] Cason, Mike. 30 Sept 2015. "State to Close 5 Parks, Cut Back Services at Driver License Offices." *The Birmingham News*.

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APPENDICES

A SELF-INTEREST CUE (INTERVIEW FLOW CHART)

B SELF-INTEREST SCRIPT

C SOCIOTROPIC SCRIPT

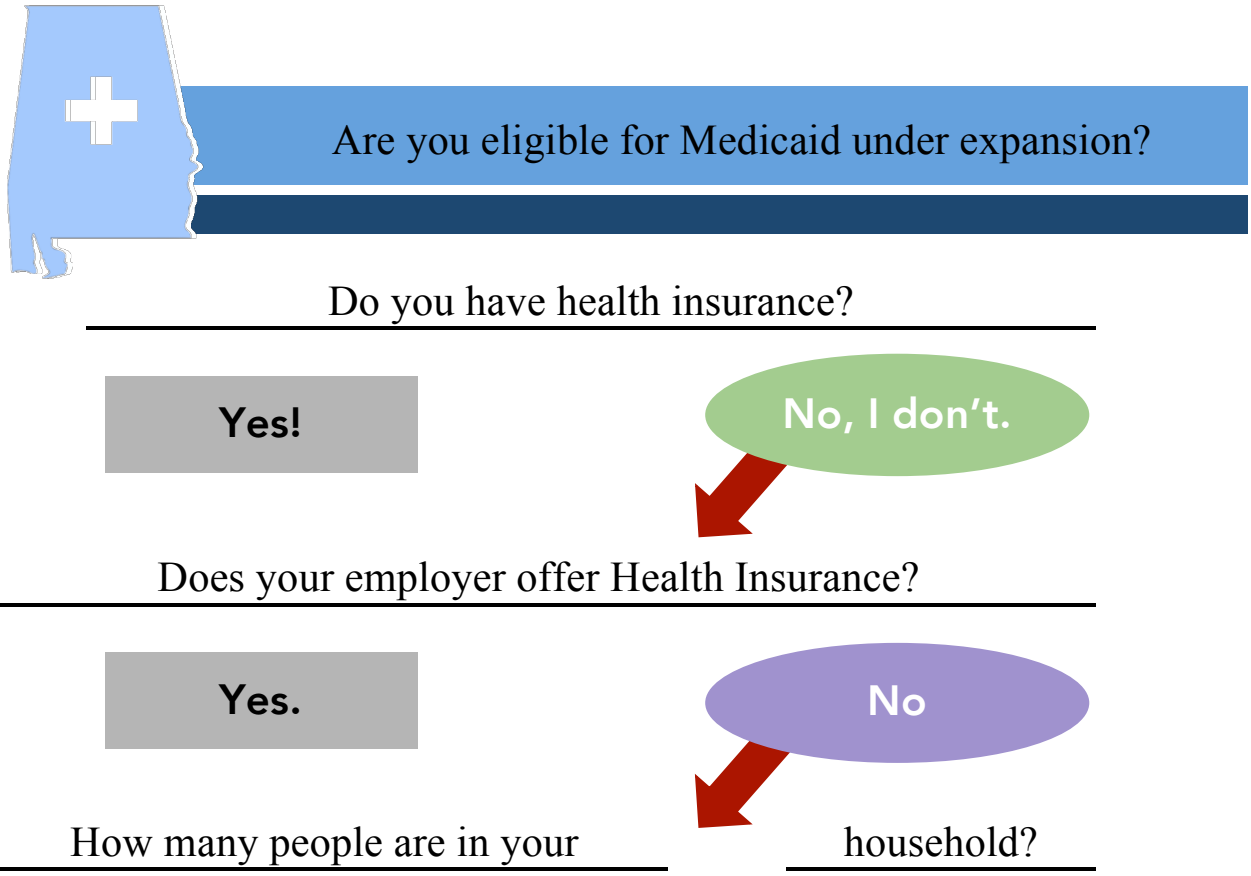
D COMBINED (SELF-INTEREST AND SOCIOTROPIC) SCRIPT

E BLOCKED RANDOMIZATION

F SOCIOTROPIC CUE

G INTERVIEW TOPIC GUIDE

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?
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- ✓ Will you be coming from home, work, or somewhere else?
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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

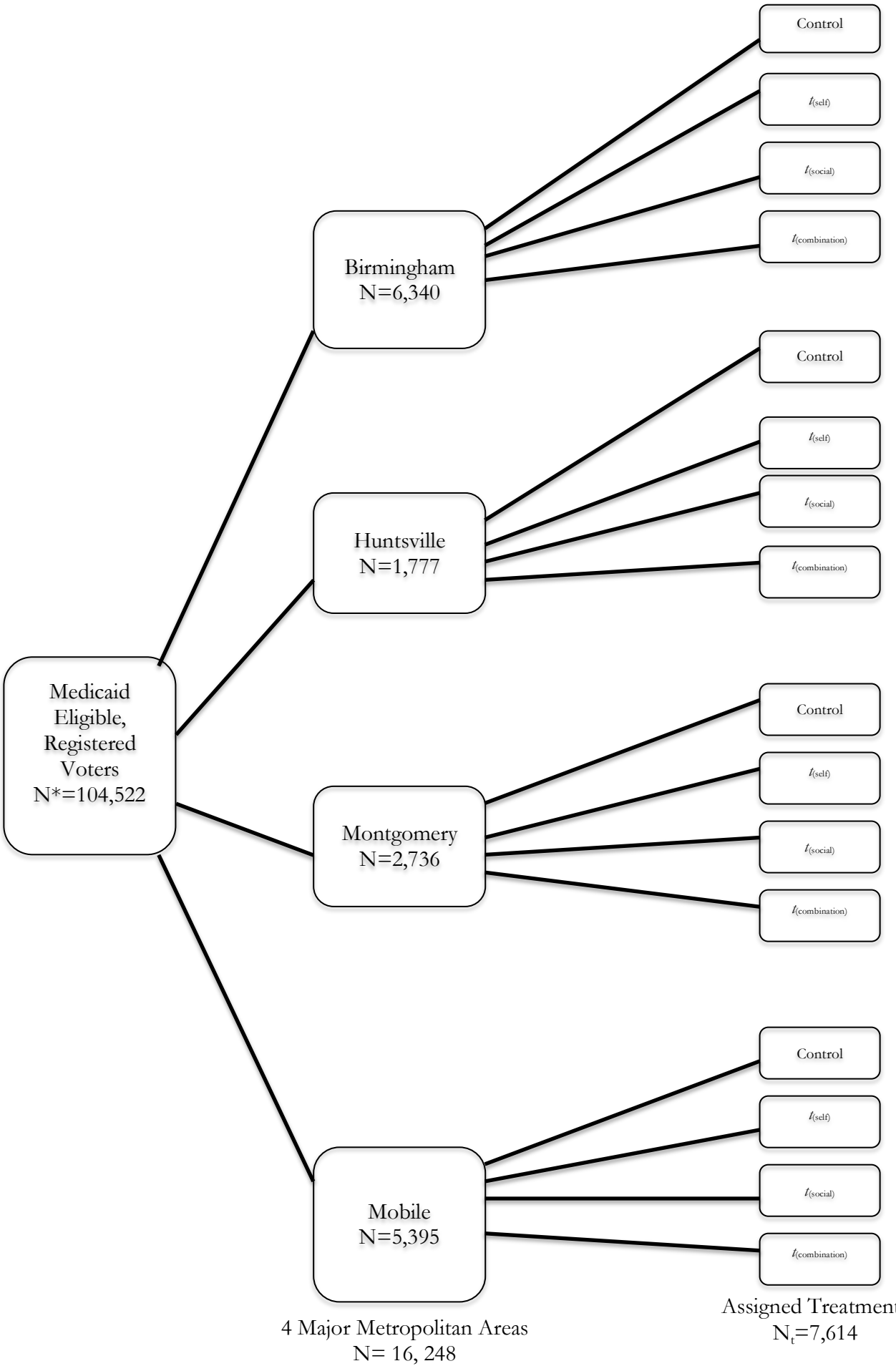
ATTEMPTS: We will re-try voters multiple times to make sure we have as many conversations as possible. Is canvassing this particular voter a 1st attempt, 2nd attempt, or 3rd attempt?

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

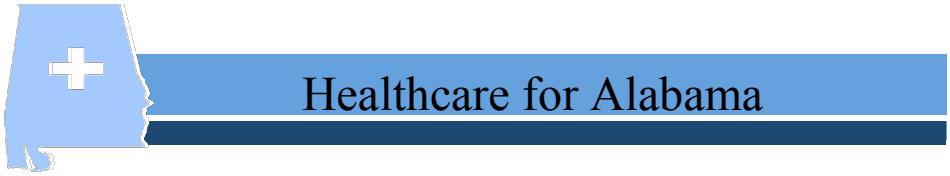
SCRIPT DELIVERY: Were you able to deliver your message in full, or were you stopped before completing the entire script?

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 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	• Have you ever had problems in obtaining proper identification (ID)? Do you know

	voting process?	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) <u>CURRENT ELECTION CONTEXT (7 MINUTES)</u>

<u>Objective:</u> 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