

**Of UFOs and Politics:
How Marginalized Voters Respond to Policy Promises**

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Abstract

Can poor citizens be mobilized to vote by a campaign that promises to include them in major social policy? We test this question with a randomized field experiment using the case of Medicaid expansion in the Alabama 2014 Gubernatorial election to inform citizens who would be eligible via the Democratic candidate's expansion plan about their eligibility and Medicaid's benefits. Although the intervention successfully informed subjects about the policy and opposing candidate positions, it failed to increase turnout. Combining experimental data with in-depth interviews, we contextualize the failure of the campaign, considering the substantial material and health benefits at stake. Just as direct policy feedback engenders mobilization among a target population, we argue that indirect policy feedback affects individuals marginalized by extant policy designs. The boundaries of state social policies, combined with direct forms of disenfranchisement, can negatively affect voting capability, limiting the potential of policy-based mobilization among the marginalized.

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Introduction

As she sat in a health clinic for the uninsured, Pamela said, “I don’t talk about politics...and I don’t talk about UFOs. They [both] seem crazy to me.”¹ At first glance, Pamela’s statement may seem to imply that she is disengaged from politics altogether, using “UFOs” as a metaphor to analogize concepts that were equal parts incomprehensible and removed from the world she occupied: politics as an “unidentifiable flying object.” By her own admission she was disengaged from electoral politics. However, Pamela was deeply concerned with how the nuances of policy impacted her life. 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 of 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 in benefits. When asked if she was registered to vote, she simply replied, “Why would I do that?”

Political scientists have put forward many arguments to explain lower voter turnout among the poor, including diminished political resources (Campbell *et al.* 1960; Verba and Nie 1972), lower political knowledge and political interest (Lay 2006, Prior and Lupia 2008), structural and institutional limitations (Piven and Cloward 1988); disenchantment with the political landscape (Schattschneider 1960; Zipp 1985), along with campaign outreach strategies that do not seek to mobilize poor voters (Rosenstone and Hansen 1993; Verba *et al.* 1995). However, evidence suggests that disengaged citizens can be mobilized to vote when contacted by campaigns and informed about issues that affect them (García Bedolla and Michelson 2012; Hill and Kousser 2016). More specifically, past studies have demonstrated that when a policy delivered a materially

¹ 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.

important benefit to them, poor recipients were highly mobilized to support it at the polls (Mettler *et al.*, 2004; Campbell, 2002). We refer to this concept as policy-based mobilization, a theory that builds upon the policy feedback framework developed by Skocpol (1992) and Pierson (1993), which principally argues that policies are important factors that influence politics, providing recipients of public benefits with both material resources and powerful interpretive effects that substantiate their role as citizens. Policy feedback asserts that public policies can be constructed in ways that encourage or impede feedback among those directly affected by the policy design (Pierson, 1993; Schneider and Ingram, 1997; Mettler and Soss, 2004). Mettler *et al.* (2004) and Campbell (2002) extend policy feedback theory to empirical findings by arguing that inclusion in major social policies—the GI Bill and Social Security, respectively—resulted in subsequent policy-based mobilization among beneficiaries with greater participatory effects among the poor.

Building upon and extending the concept of direct policy feedback, we argue that indirect policy feedback can also be consequential. As opposed to feedback received by someone who directly benefits from a policy, we find that people on the outskirts of policy benefits—those whose eligibility is denied at the margin, according to Schneider and Ingram’s (2005) notion of “deservingness”—may also interpret policy to indicate the merits of their value. We define this state of exclusion – both objective and subjectively perceived - as indirect policy feedback.

We test the potentials of a policy-based mobilization strategy on marginalized voters using the case of Medicaid expansion through the Affordable Care Act (ACA) in Alabama during the 2014 election for Governor. At stake in this election was whether the state would expand Medicaid as outlined under the provisions of the ACA, affecting an estimated 332,000 Alabamians (Becker and Morrissey 2012). In Alabama, the Republican incumbent chose not to expand Medicaid while the Democratic challenger

made expansion a pillar of his campaign.² In cooperation with the campaign of the Democratic candidate for Governor, we designed and executed a randomized information and mobilization campaign across the four major metropolitan areas of Alabama, micro-targeting voters in the Medicaid “Coverage Gap.” Using a combination of household size and income level estimates in the SmartVAN voter file, we could reasonably estimate which voters would be eligible for Medicaid via expansion. We sought to understand whether people living in the Coverage Gap—Medicaid expansion’s policy targets—would vote once they received a campaign message that promised their inclusion in health insurance coverage. In light of past scholarship that has produced robust findings in policy-based mobilization among voters from disadvantaged backgrounds (García Bedolla and Michelson 2012), we hypothesized that the intervention would boost turnout in the target population by four percentage points. However, the actual results of the campaign produced negligible turnout effects.

The results of this experiment suggest that a promise to include citizens in a major public program, and promising concomitant material benefit is not enough to mobilize voters, and that, as long as the root causes of voting capability—exercising a legal right to vote—are not addressed, campaign interventions will make little difference. Of the 332,000 voting-age Alabamians Becker and Morrissey (2012) estimate to be in Alabama’s Coverage Gap and in our target population—those who would have gained health coverage through Medicaid expansion — two-thirds were not registered to vote. That two out of three policy beneficiaries were not registered to vote is one of our principal findings. Even among those targeted subjects that were registered to vote, the campaign produced little change in voter turnout despite using best practices from the Get-Out-

² 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.

The-Vote (GOTV) literature (Gerber and Green 2012). In two of the three treatments, canvassers walked subjects through a flow chart that placed them in the Coverage Gap, informed them of their potential access to health coverage via Medicaid expansion, and described the stakes of the policy in the Gubernatorial election. Despite making the Medicaid expansion policy proximal and salient to policy targets, our experiment revealed that Alabama voters in the Coverage Gap were not mobilized to vote. Even when citizens had a clear stake in an election and were informed of that stake, turnout was unaffected.

Concurrently with the field experiment, we conducted extensive, semi-structured interviews with poor Alabama residents. The interview data sheds light on the socio-political context in which this targeted mobilization campaign failed. Although Paluck (2010) has described the benefits of combining field experiments with qualitative methods, to date, we are unaware of any field experiment conducted in a U.S. election campaign that has drawn on interview data to supplement quantitative, experimental findings. Paluck argues, “Qualitative methods of investigation are best equipped to explore the meanings of the behavior in the context of the study, possible social and political dynamics by which the behavior is produced, ripple effects, and so forth” (2010, 62). Likewise, our qualitative interview data suggests that the political disengagement of the poor was deeply entrenched, prohibitive of policy-based mobilization.

The null results of the field experiment combined with the qualitative evidence we provide have important implications for our understanding of the limited effectiveness of policy-based mobilization efforts aimed at profoundly disengaged populations. Our data suggest that conventional GOTV mobilization tactics aligned with prospective policy designs may be incommensurate to policies that suppress voting capability confronted by many poor voters—especially minorities. Some existing policies constitute legal barriers to voting among those that were in the policy’s target population, and these

barriers may be compounded by a citizens' sense of inefficacy developed through observing and experiencing exclusion from extant policy designs. We argue that policy-based mobilization could vary significantly dependent upon where the campaign is coordinated, given the divergence of state policy in constructing voting capability.

Specifically, we find that indirect policy feedback can lead to a form of entrenched disengagement that is difficult to overcome. Principally, we argue that the propensity for policy-based mobilization is based upon state policy contexts that have already been established which can directly or indirectly shape the voting capability of a policy's potential target population. Our study reveals two primary reasons that subjects named for why they were disconnected from electoral politics via the policy environment. First, they faced legal barriers to voting, and second, participants described a diminished sense of political efficacy, often in reaction to past social and political interactions. This paper puts forward the theory that due to a constellation of policy designs that limit their voting capabilities, some poor Alabamians have been conditioned to think of themselves as outsiders to politics, rendered passive spectators to the democratic processes that govern their lives. We contend that longstanding institutional barriers—particularly felon disenfranchisement—conspire with well-grounded understandings of inefficacy to stifle voting capability among the poor, thus limiting the extent to which prospective policy designs mobilize their targets.

This research makes both theoretical and empirical contributions. First, our findings suggest that policy-based mobilization may be predicated on local contexts shaped by pre-existing policies that can be established by states in a federal political system. Second, by combining experimental evidence with qualitative interviews, we apply a model for a mixed-methods research (Paluck 2010) to American Politics that has the potential to produce important insights.

Policy-based mobilization and participatory inequality

Participatory inequality refers to the persistent gap that exists in voter turnout among the rich and the poor, where more affluent citizens vote at a higher frequency than their lower income peers. Leighley and Nagler (2014: 1) note that while 80% of high-income citizens vote fewer than 50% of low-income citizens do so. According to data from the 2014 mid-term elections, voter turnout for individuals who lived in families with an income of less than \$20,000 was 30.8% compared to 56.6% of voters who lived in households earning \$150,000 or more.³ Moreover, in an era of profound income and wealth inequality, evidence suggests that participatory inequality becomes even more pronounced. Soss and Jacobs (2009) argue that “rather than provoking than a sharp increase in political engagement and demands for redistributive policies,” rising income inequality has created political quiescence among the working-class and poor with “a growing participatory tilt toward the economically advantaged” (124-125).

Some scholars have noted the potential of policy-based mobilization to promote engagement among the economically disadvantaged. Generally, if a policy delivers a materially important benefit—such as healthcare or education—recipients who are poor will be highly mobilized to support it at the polls (Mettler and Welch, 2004; Campbell, 2002). Campbell (2002) has proven this by analyzing how Social Security successfully mobilized low-income senior citizens to protect and maintain old-age insurance. Similarly, Mettler and Welch (2004) argue that the Servicemen’s Readjustment Act of 1944—the GI Bill—had long-term political consequences. Through the GI Bill, soldiers gained access to government-subsidized higher education. This publicly financed education sent an implicit message to veterans that their interests were important to policymakers, and therefore, their political participation mattered. Mettler and Welch

³ Thom File. July 2016. “Who Votes? Congressional Elections and The American Electorate: 1978-2014.” *U.S. Census Bureau*, Table 2, pp. 7.
<<http://www.census.gov/content/dam/Census/library/publications/2015/demo/p20-577.pdf>>.

found that the GI Bill engendered the greatest participatory effects among low-income soldiers (2004). More recently, García Bedolla and Michelson (2012) “mobilized inclusion” by targeting minority voters to discuss specific issues that affected their communities.

However, as García Bedolla and Michelson (2012) described the variance in the effects of their GOTV experiments, they noted that more scholarly attention should be directed to how poor and minority voters conceive of themselves in relation to the polity and how these conceptions interact with local contexts. Beyond social policies that construct notions of efficacy, some states have institutionalized laws that make it more challenging for low-income citizens to vote. As Young (1990) argued, institutional contexts condition people’s ability to “determine their own actions” and “develop and exercise their own capacities” ([2011], 22). Indeed, structural conditions can have profound effects for the electoral process, because they shape key capabilities of voters and form their predispositions toward participation.

We argue that the architecture of policy, both past and present, is essential to understanding mobilization. Moreover, in the layered polity of the American federal system, states have wide discretion over policy decisions and the implementation of federal programs. Likewise, the design of public support programs—including eligibility and generosity—vary significantly across states and from year to year. For example, García Bedolla and Michelson (2012) conducted successful mobilization campaigns in California, a state that offers substantially more generous health, education, and welfare policies than Alabama. Therefore, the same policy-based mobilization campaign in Alabama would confront a wholly different set of policy contexts than a similar target population in California. Furthermore, unlike Alabama, California does not disenfranchise formerly incarcerated persons, expanding the number of people who could actually be mobilized by a particular policy in the first place.

To further assess the variation in state discretion over social policy, consider that there are essentially 56 different Medicaid programs—one for each state, territory, and the District of Columbia. For someone between the ages of 19 and 64 seeking Medicaid, a table comparing household size and modified adjusted gross income—indexed against the federal poverty level (FPL)—determines eligibility, and those eligibility criteria are determined at the state level. The poverty levels that dictated the ACA coverage categories are outlined in Table 1.⁴

TABLE 1 ABOUT HERE

For parents with dependent children, Alabama has the most stringent Medicaid eligibility requirements in the nation.⁵ A single parent with one dependent child must make less than 13% of the FPL to receive Medicaid. In 2014, the FPL was \$15,730 for a family of two, so if an Alabama parent’s annual income exceeded \$2,045, they were rendered insufficiently poor to receive Medicaid in Alabama. The comparison with Minnesota is instructive: there, in 2014, Medicaid coverage was extended to parents whose incomes were 200% of the FPL or less. A family that could not qualify with an annual income of \$2,050 in Alabama would be eligible for Medicaid in Minnesota even with an income of \$31,460. With few public or private options for affordable coverage, an estimated 16% of Alabamans are uninsured, compared to just 4.9% of Minnesotans.⁶

⁴ 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.

⁵ “State Medicaid and CHIP Eligibility Standards.” *Centers for Medicare and Medicaid Services*. <<http://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/medicaid-and-chip-eligibility-levels-table.pdf>>.

⁶ For the Minnesota figure see “Minnesota’s adult uninsured rate falls to lowest level yet” Minnesota Department of Public Health. 17 Dec 2014.

<<http://content.govdelivery.com/accounts/MNMDH/bulletins/e3b810>>. Accessed 11 Aug. 2015.

Furthermore, in America, and certainly within the American South, socioeconomic status cannot be decoupled from race. This research is primarily concerned with the mobilization of poor voters in Alabama. Accordingly, a significant number of the subjects and participants in the research are African-American, and therefore, the study sits alongside literature on racial politics and inequality in the United States. The historical examples of racialized political disenfranchisement are abundant, and these persistent gaps are products of institutions, actors, and policies that have prevented racial parity (King and Smith, 2011). However, to understand how these participatory disparities were created and have been maintained, one must analyze not only historical institutions and the policies that were enacted to deliberately abridge the rights of African Americans, but also the current policy designs generated within and because of these institutions. These designs have participatory consequences that continue to sculpt the electorate today.

We conceive of two primary dimensions that define the capability to vote.⁷ The first dimension is fundamental: the legal right to do so. Second, when citizens are granted the suffrage, they are motivated to do so because they feel that it is efficacious. Voting capability can be limited along these two dimensions by *de jure* and *de facto* barriers, which can be legislated at the state level. These direct and indirect constraints on participation result from state and local policies.

⁷ A tertiary dimension that deserves further examination is how procedural rules established by states can restrict the act of casting a ballot after a citizen has registered to vote, including re-registration requirements. States have significant autonomy in establishing registration requirements, particularly since the Voting Rights Act (VRA) was overturned in *Shelby County, Alabama v. Holder*, creating new latitude for states to enact voter ID legislation. Scholars identify re-registration as an undue impediment to voter turnout for citizens of lower income and educational attainment (Brady *et al.*, 2011), since poor people relocate with greater frequency than the general population (DeLuca *et al.*, 2011). The subjects of the field experiment conducted for this research were emblematic of this type of transience among poor constituents. More than a quarter of subjects assigned to treatment could not be reached because they had moved from the location where they had previously registered to vote. Likewise, of the twenty-two low-income voters we interviewed, more than a third reported difficulty in registering when they moved, or that moving frequently—often within the same city—increased the costs of registration beyond the benefits.

The legal ability to vote should not be taken for granted, especially for the poorest members of the polity, a disproportionate number of whom have been formerly incarcerated (Western 2006). Voting restrictions placed on the formerly incarcerated in America are distinctively harsh. The United States stands alone among democratic systems in suspending or eliminating voting rights for non-incarcerated felons. According to data from the Sentencing Project, nearly six million Americans are unable to vote because of a prior conviction (Uggen *et al.* 2012).⁸ Eleven states suspend voting rights upon conviction or prevent felons from voting in perpetuity, even upon release; these 11 states contain nearly half of the entire disenfranchised population (Uggen *et al.* 2012).⁹ In six of those 11 states—Alabama, Florida, Kentucky, Mississippi, Tennessee, and Virginia—more than seven percent of the adult population is disenfranchised.

Second, where citizens are not legally disenfranchised, the ability to vote is also dependent upon a sense of political efficacy an individual has cultivated through interacting with previous policies. “The design of public policies ... are a key factor in determining who enters the [political] struggle and how they fare” (Campbell 2007, 121). Mettler and Soss argue that public policy defines the “boundaries of political community” by actively equipping citizens who benefit from public programs with material and interpretive resources that shape subsequent political action (2004, 61). We find that citizens who are on the outside of those boundaries—those who clearly recognize that they are not beneficiaries of public programs—experience an indirect form of policy feedback by observing when they are deliberately excluded from benefits.

We conceive that excluding citizens from public health insurance programs has an inordinate effect on how they view themselves in relation to the polity. If becoming

⁸ As of 2010, 5.85 million Americans—approximately 2.5% of the American voting population—were denied the ballot because of a prior felony conviction (Uggen *et al.* 2010).

⁹ Florida, Kentucky, and Iowa permanently disenfranchise all felons, while Alabama, Arizona, Delaware, Mississippi, Nevada, Tennessee, Virginia, and Wyoming disqualify only some felons depending on the crime, the time-served and a variety of other factors (*American Civil Liberties Union*: <<https://www.aclu.org/maps/map-state-criminal-disfranchisement-laws>>. Accessed 13 Aug. 2015).

eligible for a positively constructed policy leads to a positive feedback for participation, then being rendered *ineligible* for a desired policy benefit may constitute a negative effect. Citizens that find themselves outside the boundaries of eligibility may form interpretations of policies that construct them as “undeserving” and therefore reduce their propensity for participation. Pateman (1970) famously argued that political participation creates political consciousness. Conversely, Gaventa argues, “those denied participation... might not develop political consciousness,” inhibiting political action (1980, 18). Likewise, we argue that the feedback effects of a particular policy design should be evaluated beyond the designated target population. Based on the evidence presented in this paper, the power of indirect policy feedback is formidable, and it deserves further investigation.

We argue that while some policies directly deny voting capability via structural barriers, others limit participation via more indirect means by fostering feelings of social exclusion and inefficacy. Likewise, policy design theory complements and interacts with institutionalist arguments concerning voter suppression. The structural barriers to political participation faced by poor, minority citizens have been particularly potent, especially in a region where state and local governments have historically stifled voting rights for minorities (Brown 2010; Piven and Cloward 1988). Furthermore, policy designs are “produced through a dynamic historical process involving the social constructions of knowledge and identities of target populations, power relationships, and institutions” (Schneider and Ingram, 1997, 5). We argue that political quiescence among the poor and the persistent gap in participation it creates, is perpetuated—and perhaps, exacerbated—by existing policy designs and the exclusionary feedback processes engendered by those designs.

The Medicaid Expansion Case

The ACA expanded coverage to low-income Americans by knitting together a combination of federal matching grants for Medicaid expansion with subsidies and tax credits for private insurance. Eligibility for Medicaid or tax credits was determined by household income and household size. 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. However, in *National Federation of Independent Business v. Sebelius* (2012) the Supreme Court decided that states could not be mandated to expand their eligibility thresholds by the ACA, decoupling the Medicaid provision from the remainder of the policy and devolving the Medicaid expansion decision to each individual state. Table 2 represents the decisions taken by all 50 states and the District of Columbia on Medicaid expansion.

TABLE 2 ABOUT HERE

Medicaid is also a desirable benefit, viewed positively by a majority of program enrollees. 86% of people who receive Medicaid benefits describe the experience as somewhat or very positive, and 69% of Americans earning less than \$40,000 a year rate the program as important to them or their families.^{10,11} Epstein *et al.* (2014) interviewed nearly three-thousand low-income citizens in three Southern states, and discovered that three in four respondents viewed Medicaid as equal to or better than the quality of care one could obtain with private insurance.¹² Our research was designed to mobilize registered voters

¹⁰ “Kaiser Health Tracking Poll: 2011.” *Kaiser Family Foundation*.

<<https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8190-c.pdf>>. Accessed 14 Apr. 2015.

¹¹ “Kaiser Health Tracking Poll: July 2012.” *Kaiser Family Foundation*.

<<https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8339-c.pdf>>. Accessed 14 Apr. 2015.

¹² Exhibit 4, “Low-income Adults’ Perceptions of Medicaid Insurance Coverage Versus Private Insurance, November and December 2013” (5).

in Alabama’s Coverage Gap by making the benefits of Medicaid expansion proximal and salient to subjects who were directly affected by this policy decision.

Field Experiment: A campaign to mobilize poor voters based on policy promises

TABLE 3 ABOUT HERE

The experimental sample was selected by narrowing down the number of Alabamians who were eligible for Medicaid (estimated at 332,000) and registered to vote, yielding a total of 104,522 potential targets. We identified these subjects using the criteria for eligibility under Medicaid expansion to build a model based on age, income level, household size, and employment status to determine the target population. The model was developed in conjunction with TargetSmart—a third party agency that produces voter models in the United States—using the available voter file from the Alabama Secretary of State’s office (as of July 2014) and a combination of publicly available data. This data was held in SmartVAN and the researchers were given access through Empower Alabama, a progressive voter registration organization. In order to prevent other campaign contact from contaminating our results, we coordinated with several other local Democratic campaigns that were using the same voter file.

Due to resource constraints and the logistical challenges encountered by sending canvassers into rural areas, this experiment focuses only on the individuals who live in Alabama’s four major metropolitan regions: Birmingham, Huntsville, Montgomery, and Mobile for a total sample of 32,528 subjects. Furthermore, we further stratified the sample by narrowing the subject pool to individuals who had working phone numbers, and selected one subject per household for the experimental sample to maintain the integrity of the non-interference assumption. After randomly sampling one individual per

household to be contacted, the total sample was 16,248. Names were replaced with uniquely coded number identifiers, and the Griffith for Governor campaign manager had sole access to the key. The anonymized number identifiers prevent the researcher from interacting with personalized data at any point in the experiment. The subjects in the field experiment were poor, uninsured, and most were African American.¹³

Randomization

We deployed three scripts for the experiment, attached as appendices to this paper (Appendices B, C, and D). The first two scripts appealed to subjects' sociotropic- or self-interest, and the third treatment was a combination script that contained elements of both the self- and social interest scripts. We pre-tested message frames (the self-interest appeal and the sociotropic appeal) in a survey experiment, which demonstrated that both frames were equally effective at persuading voters.¹⁴ The self-interest and the combination treatments also contained an eligibility flow chart (Appendix A), which walked the subject through her Medicaid eligibility under expansion. We compare the mobilization of all treatment groups to the control group to determine whether the campaign had an effect on turnout, then compare results between treatment groups to determine which of the scripts was most effective in mobilizing voters.

We block-randomly assigned one randomly sampled experimental subject per household, into one of four experimental groups: self-interest treatment, social interest treatment, a combination of self- and social interest, or the control group. The experimental blocks were 74 canvassing turfs—geographic regions designated for

¹³ Of the Alabama uninsured, 35% were black (while African Americans make up 26.6% of the broader population), and 5% were Hispanic. Nearly 80% of subjects were black, and the remaining subjects were mostly white. African Americans were overrepresented in our experimental sample because we concentrated our resources in the urban areas and a majority of uninsured white voters reside in rural areas.

¹⁴ The survey was administered to 167 Alabama citizens who were determined to be in the Coverage Gap. The results of the survey experiment appear in another paper.

canvasser contact. Of the 74 canvassing turfs that were carved out using the “turf cutting” function included as a targeting tool in SmartVAN, 30 were located in Birmingham (BHM), eight in Huntsville (HSV), 23 in Mobile (MOB), and 13 in Montgomery (MGM). Each turf encompassed approximately 150 households. This left us with a total of 11,900 households included in the experiment.

Details of the blocked randomization scheme can be found in Appendix E. Experimental subjects within each turf had a .225 probability of being assigned to each of the three treatment groups, and a .335 probability of being assigned to the control group. The probability of assignment to one of the three treatment groups or the control group was approximately equal in each of the 74 turfs.

Balance Check

Using all available pre-treatment covariates included in SmartVAN,¹⁵ 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 1, we compare the extracted log likelihood to the mean of all log likelihoods that we obtained after simulating cluster and block random assignment 5000 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.

FIGURE 1 ABOUT HERE

¹⁵ These pre-treatment covariates included turnout in the last seven Presidential and Midterm Elections, the last ten Democratic Primary Elections, and demographic information including gender and ethnicity of the subject.

Execution of Experiment

Resource constraints prevented us from releasing all turfs for canvassing.¹⁶ 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 4.

TABLE 4 ABOUT HERE

Treatments

The three treatments were designed to make Medicaid expansion proximal and salient to targeted subjects. A core argument of the submerged state thesis is that the opacity of policymaking—and the complexity of policy designs, along with the peculiarity of features nested within those designs—constrains political support from benefitting constituencies by reducing visibility and rendering policy information difficult to comprehend or even acquire (Mettler, 2011). Limited policy visibility inhibits support among potential beneficiaries, since “majorities of Americans...lack[ed] a basic understanding of how they and their families might be affected by [public policies],” argues Mettler (2011, 1). To design a clear and consistent intervention that conveyed the direct benefits of the policy, we constructed a sociotropic cue (a fact sheet about the benefits of Medicaid expansion), a self-interest cue (the Coverage Gap eligibility flow

¹⁶ 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.

chart), and a combination cue (a mix of the two cues) to deliver relevant information about the election, the candidates and Medicaid expansion to targeted subjects.¹⁷

A mix of volunteers and paid staff members delivered the treatments. All volunteers were trained with only one script, so that they might remain blind to the other possible treatments. All canvassing was performed in the 15 days prior to the election. Weekday shifts began at 1 PM and were completed at dusk, near 6 PM. Weekend shifts began at 9 AM and concluded at 6 PM. Additionally, each conversation between canvasser and voter was primed with a cue. The cue was a single page document given to each voter with whom canvassers made contact, often delivered with some sort of campaign material of both local and statewide Democratic candidates.

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 in both treatment and control groups. The survey questionnaire tested respondents' knowledge of the Medicaid expansion issue and perceptions of how Medicaid expansion could impact their lives and their communities, and it also 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 low-income 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

¹⁷ The combination cue was a front-and-back sheet of the self-interest and sociotropic cues found in Appendices A and F.

around 4%. The second measurement tool was the voter file, updated after the election to reflect actual turnout decisions.

Results

Table 5 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.¹⁸ The results in Table 5 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) effect sizes ranging from 7 to 18 percentage points.

TABLE 5 ABOUT HERE

Having established that subjects recalled the campaign visit, Table 6 further presents results from the post-treatment survey. Although the low response rate to the telephone survey prevents some of the effects from reaching statistical significance, the results in Table 6 suggest that subjects who received a treatment were better informed about the policy and its potential individual benefits when compared to the control group. Campaign visits improved subjects' knowledge of the Gubernatorial candidates' positions on Medicaid expansion by around .2 points 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

¹⁸ To see the pre-analysis plan, visit the EGAP registration page: <http://egap.org/registration/743>

speaking with a canvasser, subjects were more likely to correctly identify Parker Griffith, the Democratic Gubernatorial candidate, as favoring Medicaid expansion, and Robert Bentley, the Republican incumbent, as opposing it. Moreover, the results in Table 6 indicate that canvassers might have been successful 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. Vote choice for Griffith, the Democratic candidate for Governor and advocate of Medicaid expansion, is higher in all treatment groups than in the control group, and the difference is around seven percentage-points, averaging over all conditions. Due to the smaller than expected sample size and ceiling effects, we cannot distinguish if this difference is significantly different from zero, given conventional levels of statistical significance.

TABLE 6 ABOUT HERE

As Figure 2 indicates, the campaign succeeded in shifting voter knowledge about candidates’ positions on Medicaid expansion. Additionally, there is some evidence to suggest that the campaign succeeded to convincing subjects about the personal benefits of Medicaid expansion.

FIGURE 2 ABOUT HERE

Table 7 shows whether 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 7 displays the turnout percentages in each experimental group weighted by the inverse of the probability of being assigned to treatment within each canvassing turf and household cluster, alongside the direct and indirect ITT effects on turnout compared to the respective control group. The upper rows of Table 7 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 7 shows the results for non-experimental subjects: those household members that were excluded from the experiment, but live with someone who was randomly assigned to be contacted or not to be contacted. We assess the turnout behavior of non-experimental subjects in order to identify any spillover effects from the treatment within the household (Sinclair *et al.* 2012; Foos and de Rooij 2017). The final rows in Table 7 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 significant increase in turnout among experimental subjects and their household members. However, turnout percentages in the combined and sociotropic treatment conditions are lower than in the control group, but the differences are not statistically significant. Overall, the campaign interventions combined had a substantively small, negligible, effect on turnout that is statistically indistinguishable from zero.

TABLE 7 ABOUT HERE

Table 8 displays the Complier Average Causal Effects (CACEs) along with the contact rate in all experimental conditions. The overall contact rate for the experiment

was 26.3%, slightly below the 30% average for GOTV field experiments (Gerber and Green 2012; Green *et al.* 2013). 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 was incomplete. On average, between six and ten of the 36 doors per packet in a given canvassing assignment were bad addresses, meaning that no one had knocked on the door in recent years to determine whether the building had been razed or the targeted subjects had moved. Table 8 displays contact rates for each script, and the corresponding CACEs, derived through instrumental variable regression, where contact is instrumented by treatment assignment (Sovey and Green, 2011). The CACE is the ITT, divided by the contact rate, the ITT_D , which is displayed in the first row of Table 8. Since the contact rate was 26.3%, the CACE is a multiple of the ITT.

TABLE 8 ABOUT HERE

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). We contacted voters within the target population with three randomly assigned messages to test whether informing them about their eligibility would mobilize them to turn out for the candidate supporting Medicaid extension.

The experimental results reveal two important insights. First, the post-treatment

survey results indicate that the campaign was effective in shifting subjects' knowledge of candidate positions on Medicaid expansion and informing them about the policy's individual benefits. The campaign interventions lowered the costs of obtaining policy information for subjects in the treatment groups, and clarified the benefits of expansion to them. However, the appeals did not translate into political mobilization. Indeed, the second important result of the experiment is that while the campaign appears to have influenced the formation of candidate preferences, the overall effect of the campaign on turnout was inconsequential.

Our research design leveraged best practices using a randomized field experiment to inform voters about a specific policy benefit that would deliver direct value to them. Evidence from the post-treatment survey indicates that targeted subjects understood the individual benefits of expansion and candidate's conflicting positions, yet overall turnout among subjects who received treatment was no higher than among those in the control group. The finding that the campaign interventions shifted knowledge while failing to mobilize voters indicates that the socio-political context that may inhibit the turnout capability among citizens in Alabama's Coverage Gap deserves further investigation.

Qualitative Interviews: Uncovering the Challenges of Mobilizing Policy Targets

The following discussion of our qualitative data attempts to identify and describe potential reasons for why the effectiveness of the mobilization campaign may have been limited by analyzing voting decision in the terms expressed by citizens who would be directly affected by the policy change. Our goal is to accurately represent the factors that shaped the voting capabilities of interview participants by synthesizing the descriptions they provided in semi-structured, in-depth conversations. We begin by providing an overview of the process employed to collect and analyze the qualitative data. Following

the discussion of these methods we draw on the interviews to uncover conditions that shape participation for poor citizens. Our analysis reveals how extant public policy forms the basis for citizen orientation toward the electoral process. These findings help explain why turnout decisions may not be influenced by prospective policy-based mobilization campaigns.

Data Collection and Analysis

We conducted 22 in-depth interviews using the semi-structured method. Interview participants were identified in collaboration with two non-profit groups that serve the greater Birmingham area: Greater Birmingham Ministries (GBM), an interfaith non-profit based in Birmingham with the mission of providing a variety of social services to people who are struggling financially and Equal Access Birmingham (EAB), a free clinic administered by medical students to meet the healthcare needs of Birmingham's uninsured community. Interviews lasted from 15 to 70 minutes and took place as participants awaited service from either EAB or GBM in a quiet corner of a waiting area or a private room. Of the 22 respondents, 13 were black, eight were white, and one was Latino. There were 12 women in the sample and ten men, all between the ages of 20 and 77, with an average age of 47. 15 of the subjects were living without health insurance, and all of the uninsured were living in the Coverage Gap. Two participants had access to employer-sponsored insurance, 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.

TABLE 9 ABOUT HERE

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.¹⁹ As we proceeded through the flow chart with uninsured interview participants, 15—more than two-thirds of the total interview sample—located themselves within the Coverage Gap. The responses we observed when participants learned this information, offered a textured opportunity to explore how members of a target population responded to learning that a particular policy affected them directly (Charmaz 2006).

Results and Discussion

The qualitative data reveal three key barriers that restricted the capabilities of voters in Alabama's Coverage Gap. The first, and most direct policy design prohibitive of participation, was felon disenfranchisement. Second, participants noted that the registration and voting processes were unwieldy and cumbersome, raising the costs of electoral participation. And finally, participants conveyed low political efficacy as a result of their perceived social exclusion.

Voter turnout in the Coverage Gap was stifled by felon disenfranchisement. In Alabama, non-incarcerated, disenfranchised felons constitute 7.19% of the total voter-aged population (VAP), or just over 220,000 citizens.²⁰ Among interviews conducted for this research, five of the 22 participants were non-incarcerated felons—none of whom

¹⁹ This flow chart was the same cue used in the field experiment with the self-interest script, found in Appendix A.

²⁰ Bradley Davidson, Director of Empower Alabama, in an email message to the author, 4 Dec. 2014.

were registered to vote, despite the fact that they were each eligible to have their voting rights restored.

Only two states (Maine and Vermont) allow felons to vote even while incarcerated, while the remaining 48 often allow released persons to apply to re-register as a voter only after a term of incarceration, parole, probation, or some combination of the two. However, most citizens with a prior conviction do not have their voting rights restored. According to Manza and Uggen (2004), 75% of disenfranchised voters with prior convictions are not incarcerated but are living in their communities after release or parole or probation. Of the formerly incarcerated I spoke with for this research, none had applied for restoration of their voting rights, and two recalled being explicitly (though incorrectly) told by an official that their right to vote had been permanently removed upon their conviction. When I showed Earl a voting rights restoration form explaining that he could become a voter again pending on the nature of the crime he committed, he responded in disbelief:

“That’s not what they told me. I can’t do nothing. Once I got my felony, they might as well have killed me. They told me I can’t do nothing...I’m a dead man walking.”

Earl was not the only interview participant to describe a conviction as the end of life. Tony said, “You don’t live after you get a felony. You just exist, and people wish you didn’t.” More than 110,000 Alabama felons were released from their sentence over the 2004-2011 period. However, 92.7% of those released from Alabama prisons did not have their voting rights restored, contributing to a growing disenfranchised population (Uggen *et al.*, 2012, 16).

Removing voting rights because of a prior offense has a disproportionate impact on the political participation of black Americans. One in 15 black men are incarcerated in

America, compared to one in 106 white men.²¹ Consequently, felon disenfranchisement has a disproportionate effect on African Americans. One in 13 black Americans—7.7% of black voters—are disenfranchised due to a prior conviction, compared to just 1.8% of non-African Americans.²² In Alabama, 14.98% of Alabama’s black residents and one in four black men of voting-age were disenfranchised due to a prior conviction (Uggen *et al.* 2012, p.19, Table 4). This inordinate restraint of black voters seemed apparent to some of the interview participants. Pat said:

“It’s a shame. I know a lot of young people...they don’t vote because they got felonies or they got pending felonies...I mean Jasper, it’s a small little town, but over half the young black children I know don’t vote because they got caught with drugs before they were 20.”

As Earl said, “If they keep locking up black people...pretty soon ain’t none of us gonna be able to vote.”

Beyond felon disenfranchisement, many poor voters confront a weakened sense of political efficacy because policies have indirectly excluded them. 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,²³ they felt that they were “on the outside looking in” to the polity. Yet, 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. As opposed to apathy or ignorance (Doppelt and Shearer 1999), the disengagement described by

²¹ “One in One Hundred: Behind Bars in America,” *PEW Charitable Trust*. Feb 2008. <http://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/sentencing_and_corrections/onein100pdf.pdf>. Accessed 14 May 2015.

²² Felony Disenfranchisement: A Primer,” *The Sentencing Project*. <http://www.sentencingproject.org/doc/publications/fd_Felony%20Disenfranchisement%20Primer.pdf>. Accessed 17 Aug. 2015.

²³ 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.

participants we encountered was rooted in experience, observation, and sociopolitical interactions that led to feelings of limited efficacy.

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

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

Voter registration has a particularly sordid history in the South.²⁴ The stain of this history has endured, perpetuating perceptions of exclusion. Nancy, a 77-year-old black woman, vividly recalled paying poll taxes and a literacy test when she first registered to vote:

"When I was growing up, it was pretty clear that black folks' opinions wasn't welcome—not in Alabama, anyway. So, a lot of people I knew didn't even try [to vote]."

²⁴ Introducing the Voting Rights Act (VRA) to Congress, President Johnson asserted, "Every device of which human ingenuity is capable" was used to deny African-Americans the right to vote in the Deep South states. Emblematic of this type of voter suppression, Alabama passed the Voter Qualification Amendment in 1951, calling for new registrants to, among other things, bring "a good white man" to the local board of registrars to act as their character witness (Price 1957, 8, 10).

Some interview participants maintained that Alabama's new voter ID laws were simply a modern form of suppressing the minority vote.²⁵ For example, Jackie said she takes elderly people to the polls on Election Day as a bus driver, and she witnessed minority voters being turned away because they did not come with the proper ID:

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

The second expression of inefficacy emerged from participants' belief that they were not represented by politicians. Participants overwhelmingly conveyed that politicians were unresponsive to the needs of the poor. Shrewd observers of past political action, participants formed their opinions based upon what they perceived as a pattern of broken promises. Indeed, some participants felt that helping the poor and the needy would be judged a political error on the part of elites. Tony declared, “Alabama's [elected officials] ain't gonna do shit for the people who really need it...helping me won't get them re-elected...” According to Tony's analysis, it wasn't simply that politicians did not see the needs of the disadvantaged; he argues that those needs were systematically overlooked, because members of the political class cannot relate to the poor and thus avoid them altogether:

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

Third, sentiments of inefficacy were often expressed as resulting from interactions with other members of society that generated perceptions of social isolation. Participants described feeling that their political incapacity was “involuntarily imposed upon them by the social system” (Olsen 1969, 291). Specifically, interview participants discussed feelings of social exclusion due to lived experiences. In many cases, participants directly linked social ostracism to their feelings of political alienation. As Kristen said:

“Our voice is really nothing. You know why? ‘Cause no one in society wants to hear from someone who lives on the streets... We are the *unclean*. They don’t want to look at us, much less count our vote...Lot of people say ‘oh the homeless, they just do drugs, and they’re not trying to work.’ Well that’s not true...Me and another girl are staying under a bridge tonight. Do you think we want to be there?”

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

“When I tell people at the doctor I don’t have insurance, they roll their eyes and look at their co-worker like ‘here comes somebody else wanting a free-bee.’...Do you know how it feels to be told, ‘the doctor won’t see people without insurance’ with everyone in the waiting room looking at you, thinking you’re lazy?”

At least four respondents declared some variation of the phrase, “I’m not lazy,” unprovoked by interview questions. Rather, it was presumably a reaction to a perception that as beneficiaries of public aid or support, they might be stereotyped as bilking the government. Indeed, it could be argued that the Alabama Governor’s comments in the State of the State Address directly fueled those stereotypes, characterizing Medicaid as a program that placed “able-bodied individuals” on “government dependency.”²⁶

²⁶ *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.

Fourth, based on experiences with- and observations of major public programs, participants understood which groups could benefit from policy designs despite being poor. As an example, Alisha—who had a child enrolled in Medicaid—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). 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).

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

“[Medicaid expansion] *sounds* great...But, I’ve been around. I know how things work in Alabama. It’s hopeless here. And my vote won’t help that none. I’m just one person.”

Importantly, Alisha’s statement directly connected her feelings of despondence and isolation with political impotence. Alisha’s sense of hopelessness led to a disengagement similar to that of many citizens we interviewed living in the Coverage Gap. Despite a recognition of the self-interested incentive to vote for Medicaid expansion, their sense of personal political anemia foreclosed participation.

Conclusion

As Pamela pointed out, electoral politics are not of her world. How did this become the case? We argue that extant public policies in Alabama have indirect policy feedback effects, abridging the voting capability of many citizens like Pamela who have

struggled to gain an economic foothold. Among those that we interviewed, barriers to policy-based mobilization developed from encountering legal restrictions to voter registration—formed via felon disenfranchisement at the state-level. Moreover, existing social policies are perceived to be drawn to exclude poor African-American voters, implicitly sending a message that their political efficacy is limited. Taken together across multiple methods of inquiry, these findings offer a portrait of the limited political capability of voters in Alabama’s Coverage Gap.

Blending quantitative and qualitative approaches enabled us to learn how policy-based mobilization campaigns are both perceived and acted upon by the target population. Following Paluck (2010), we found this multi-method combination to be a useful technique for analysis and exploration of the context in which the intervention took place. The experimental data reveal that policies targeting poor citizens actually benefit few registered voters where felon disenfranchisement is enacted, and the qualitative interviews uncover some key reasons why these citizens experience diminished voting capability even if they could legally register. By identifying systematic barriers to participation and mobilization, the interviews help provide the political and social context to develop the null results of the field experiment. Citizens harbor a conception of themselves in relation to electoral politics before canvassers knock on their door, or campaigns can reach them with new information. Repeated observations of- and experiences with - a constellation of policy designs form negative predispositions for participation among the poor voters in this study. These perceptions of political inefficacy are hence related to indirect policy feedback.

The Medicaid expansion decision represents a unique case where an appreciable number of citizens could materially benefit from a prospective policy design championed by a single campaign. This enabled us to test the extent to which registered voters could

be mobilized when they learned that they were members of a defined policy target population with clear stakes in an election. We designed three scripts for the field experiment to make the Medicaid expansion policy proximal and salient to targeted subjects, framing the benefits of Medicaid expansion according to self-interests, community interests, and a combination of the two. These three scripts were administered in the four largest metropolitan areas across the state in the two weeks leading up to the election to clearly explain Medicaid expansion and its benefits to voters who would materially and physically benefit from expansion. 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. Instead, the results produced a different picture; the effects on turnout were negligible. Using a policy-based strategy, the campaign failed to mobilize poor voters who had a clear and compelling stake in an electoral outcome. The experiment therefore evidences the limits of prospective policy-based mobilization efforts among poor policy targets, and the qualitative data provide context as to why. We were unable to even target two-thirds of our initial target population because a substantial majority of citizens who would have gained health insurance through Medicaid expansion were not registered to vote. Likewise, of the 22 interviews we performed, only nine voters were registered and many had not updated their registration status to reflect their current residence. Participants identified felon disenfranchisement, even after their release for non-violent crimes, as structural impediments to participation.

Citizens were keenly aware of public policies that legislated their exclusion. Participants connected their exclusion from public health insurance with a sense of low political efficacy, a form of indirect policy feedback. Additionally, minority participants experienced feelings of inefficacy as a result of racialized voter suppression that linked historical disenfranchisement to modern voter ID laws.

Our findings reflect the challenges of applying voter mobilizing methods to poor, excluded citizens, even if they would significantly gain from a policy that the campaign advocated. Yet, we do not argue that poor voters cannot be mobilized by policy-based campaigns. Instead, we argue that in order to account for the differential effectiveness of mobilization efforts among poor voters, researchers and practitioners must pay careful attention to the extant public policies that govern their sociopolitical context and have, accordingly, shaped their orientation toward electoral politics.

With this paper, we have shown that methods that may successfully mobilize Latino voters in California might not be equally successful with African American voters in Alabama. Future GOTV research should therefore systematically consider the political conditions that are associated with variance in mobilization effects. The key reason for that difference, according to our analysis, may be distinctive policy contexts that produce direct and indirect feedback effects for participation. While these interactions should not be interpreted causally, they can help us predict in which socio-legal and political environments behavioral interventions will be more successful. The same is true for qualitative interviews that cannot replace systematic causal inference, but can provide important insights about the socio-political environment in which campaigns operate.

Finally, our study may raise important questions for Democrats whose Southern strategy is largely built on turning out the African American vote. Behavioral interventions, as powerful as they may be, will have great difficulty overcoming decades and centuries of political and social exclusion.

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Tables

TABLE 1: 2014 FEDERAL POVERTY GUIDELINES

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

*All figures are based on annual household income before taxes

**For families/households with more than 8 persons, add \$4,060 to the FPL for each additional person

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

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

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

TABLE 3: ALABAMA VOTER REGISTRATION PROFILES (2014 GENERAL ELECTION)

Category	Total	Percentage
Voting-Age Population*	3,751,844	
Registered Alabama Voters^	2,873,356	76.6%
Coverage Gap ⁱ (Potential Policy Targets)	332,000	
Registered Coverage Gap Voters (Registered Policy Targets)	104,522	31.5%

*McDonald, Michael P. 2014. "2014 November General Election: Turnout Rates." *United States Elections Project*. 7 Jan 2017.

^Alabama Secretary of State's Office. 2014. "Voter Registration Statistics-Year 2014." 7 Jan 2017.

ⁱBecker, David, and Michael Morrissey. 2012. "An Economic Evaluation of Medicaid Expansion in Alabama Under the Affordable Care Act." *University of Alabama at Birmingham, School of Public Health*.

TABLE 4: FINAL EXPERIMENTAL SAMPLE: EXCLUDING TURFS THAT WERE NOT RELEASED

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

TABLE 5: INTENT-TO-TREAT EFFECT ON CAMPAIGN VISIT RECALL BY EXPERIMENTAL GROUP

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

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

TABLE 6: 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 [-.28, .49]	0.16 [-.36, .73]	.44* [-.08, .88]	0.17 [-.17, .49]
N	162	174	157	277
Subject Believes Expansion Provides Social Benefits (5-point scale)				
v. Control	.19 ⁱ [-.10, .43]	-0.12 [-.45, .22]	0.03 [-.31, .32]	0.02 [-.21, .23]
N	160	170	161	281
Knowledge of Correct Candidate Positions on Expansion (3-point scale)				
v. Control	0.21 [-.10, .53]	-0.05 [-.38, .24]	.28* [-.04, .58]	.20* [-.01, .40]
N	172	183	168	299
Subject Intends to Vote for Griffith/Democratic Party				
v. Control	0.06 [-.10, .21]	0.11 [-.15, .32]	0.08 [-.13, .31]	0.07 [-.07, .21]
N	119	122	118	203

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

TABLE 7: WEIGHTED TURNOUT PERCENTAGES AND ITT'S FOR ASSIGNED SUBJECTS AND HOUSEHOLD MEMBERS

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

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

TABLE 8: CONTACT RATE AND CACE

	Control	Self-interest	Sociotropic	Combined
Contact Rate	0.01	22.4	26.2	26.3
CACE v. Control		8.0	-3.1	-6.2
Unadjusted		[-8.4, 24.3]	[-17.8, 11.6]	[-20.9, 8.5]
CACE v. Control		9.9 ⁱ	-0.5	-7.2
Covariate-Adjusted		[3.2, 23.0]	[-12.3, 11.2]	[-19.0, 4.7]
N	2331	1779	1681	1659

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

TABLE 9: 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	Milse	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

Figures

FIGURE 1: BALANCE CHECK USING RANDOMIZATION INFERENCE

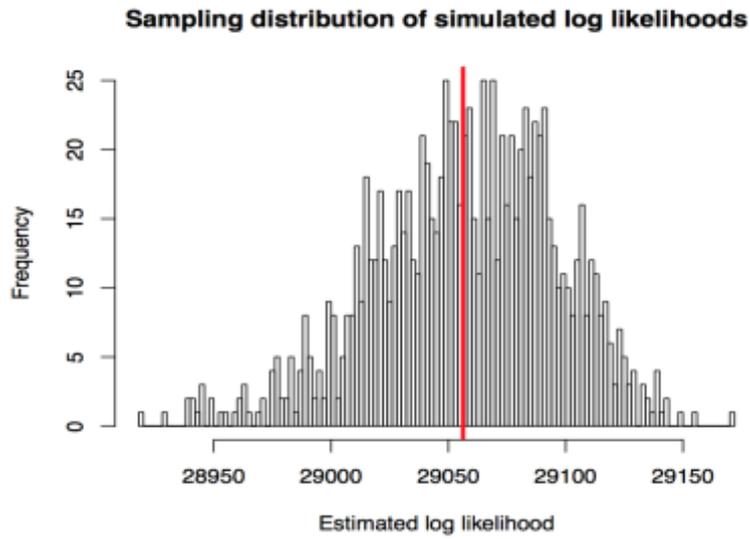
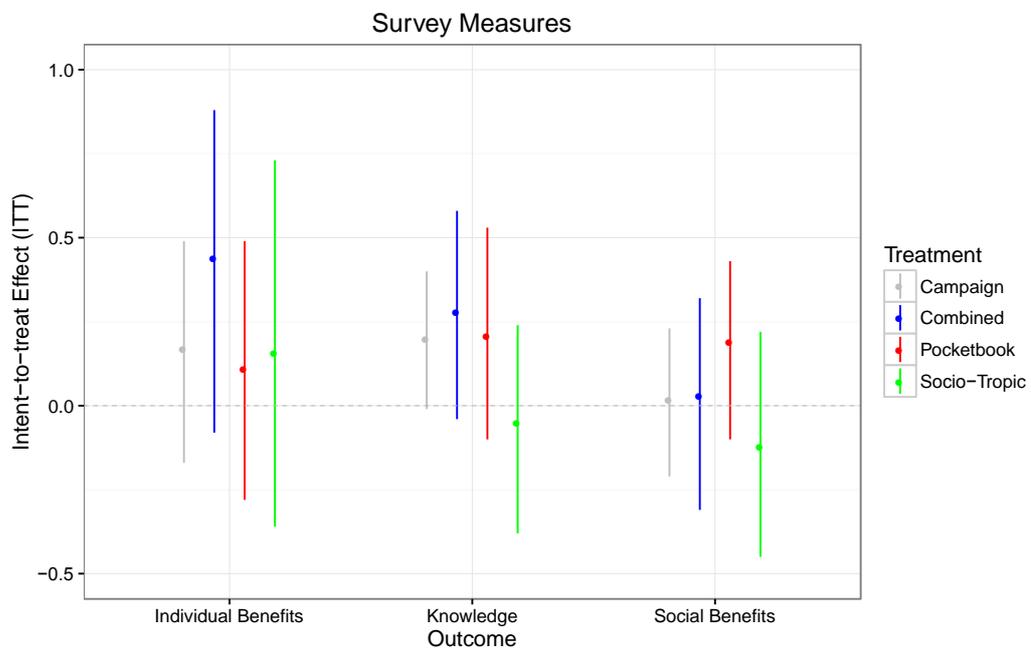


FIGURE 2: POST-TREATMENT SURVEY: ITT V. CONTROL



APPENDICES

- A SELF-INTEREST CUE (INTERVIEW FLOW CHART)
- B SELF-INTEREST SCRIPT
- C SOCIOTROPIC SCRIPT
- D COMBINED (SELF-INTEREST AND SOCIOTROPIC) SCRIPT
- E BLOCKED RANDOMIZATION
- F SOCIOTROPIC CUE

APPENDIX A: SELF-INTEREST CUE (INTERVIEW FLOW CHART)



Are you eligible for Medicaid under expansion?

Do you have health insurance?

Yes!

No, I don't.



Does your employer offer Health Insurance?

Yes.

No



How many people are in your

household?

Number in Household	135% of the FPL
1	\$15,747
2	\$21,235
3	\$26,716
4	\$32,197
5	\$37,678
6	\$43,159
7	\$48,640
8	\$54,121

For families/households with more than 8 persons, add \$4,060 to the FPL for each additional person

If you make at or below that level in a year, you would be eligible for Medicaid under Griffith's expansion plan.

If Parker Griffith is elected and you fall into this category, you will receive healthcare.

APPENDIX B: SELF-INTEREST SCRIPT



Healthcare for Alabama

Voter Contact Script – 1

I. Intro & Rap

Hello, is _____ available?

[If person is available] Hey, my name is _____ and I am a volunteer with Healthcare for Alabama. We are a grassroots group here in _____ committed to fighting for healthcare access in this year's election. How are you doing today?

[If unavailable] Is there a good time to come back to talk to _____? It's important that I speak to him/her in person about healthcare.

II. Assessment of Medicaid Support

In recent months, there have been big changes in healthcare, largely due to the Affordable Care Act/Obamacare. One of those big changes is a state's ability to expand coverage for more families as part of the Federal Medicaid Program. Are you in favor of Alabama expanding Medicaid, against it, or are you undecided?

III. Self-Interest Message & Commit to Vote

[If in favor] I'm really glad you support Medicaid expansion! We count on you in this election.

[If opposed or undecided] I'm happy I'm able to talk to you then! There are good reasons to support Medicaid expansion.

Under the Affordable Care Act/Obamacare, health insurance through the Medicaid program is now able to include many more families than in the past. Alabama can choose to implement this program to cover 331,000 people, many of whom come from working families. Do you and your family currently have health insurance?

[If No] I'm really glad we're talking then! Medicaid expansion means that if you are eligible, you could obtain high-quality health care services at free or low cost. Also, if you are eligible Medicaid expansion will eliminate most of your out-of-pocket medical expenses, and provide hospital care for you. Do you want to see if you'd be eligible for Medicaid?

Key Elements

- ✓ Ask for the person on the sheet.
- ✓ If person is unavailable, ask for a good time to come back.
- ✓ Introduce yourself
- ✓ Keep it local

- ✓ Assess support for Medicaid expansion

- ✓ List benefits of Medicaid Expansion

[Show Chart, Have Voter Identify if They Qualify]

A vote for Parker Griffith and the Democratic ticket/ _____ on November 4th is a vote to ensure healthcare access for thousands of people across the state. Can I count on you to support Parker Griffith and Democratic ticket/ _____ on Election Day?

[If Yes, jump directly to:] There are a lot of issues facing Alabama this election year, but few are as important as making sure people have access to life-saving healthcare. A vote for Parker Griffith and the Democratic ticket/ _____ on November 4th is a vote to ensure healthcare access for thousands of people like you and your family across the state. Can I count on you to support Parker Griffith and Democratic ticket/ _____ on Election Day?

IV. Get Out the Vote!

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 C: SOCIOTROPIC SCRIPT



Healthcare for Alabama

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 but do not leave it.]

There are a lot of issues facing Alabama this election year, but few are as important as making sure people have access to life-saving healthcare. A vote for Parker Griffith and the Democratic ticket/ _____ on November 4th is a vote to ensure healthcare access

Key Elements

- ✓ Ask for the person on the sheet.
- ✓ If the person is unavailable, ask for a good time to come back.
- ✓ Introduce yourself
- ✓ Keep it local

- ✓ Assess support for Medicaid expansion

- ✓ List benefits of Medicaid Expansion

- ✓ Commit to Vote

- ✓ Make a plan!

- ✓ Walk through the voter's schedule with them

for thousands of people across the state. Can I count on you to support Parker Griffith and Democratic ticket/ _____ on Election Day?

IV. Get Out the Vote!

Now that you know what's at stake in this election, I need you to go to the polls with me this Tuesday, November 4th and make your voice heard. I have your polling place located at _____ [*Refer to packet for specific polling location*]:

- ✓ Do you think you will drive, walk, or catch a ride there?
- ✓ Polls are open from 7am to 7pm that day. What time of day do you think you'll be able to make it to the polls – morning, afternoon, or evening?
- ✓ Will you be coming from home, work, or somewhere else?
- ✓ Do you know what kind of photo ID you need to bring to the polls?

V. DO NOT READ – TO BE ANSWERED BY CANVASSER

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

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

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

OTHER PERSON SPOKEN TO: If someone answered the door and it wasn't your designated voter, what was the gender of the person who answered the door?

MEDICAID ELIGIBILITY/INQUIRE: Did the voter ask if they were eligible?

APPENDIX D: COMBINED (SELF INTEREST AND SOCIOTROPIC) SCRIPT



Healthcare for Alabama

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

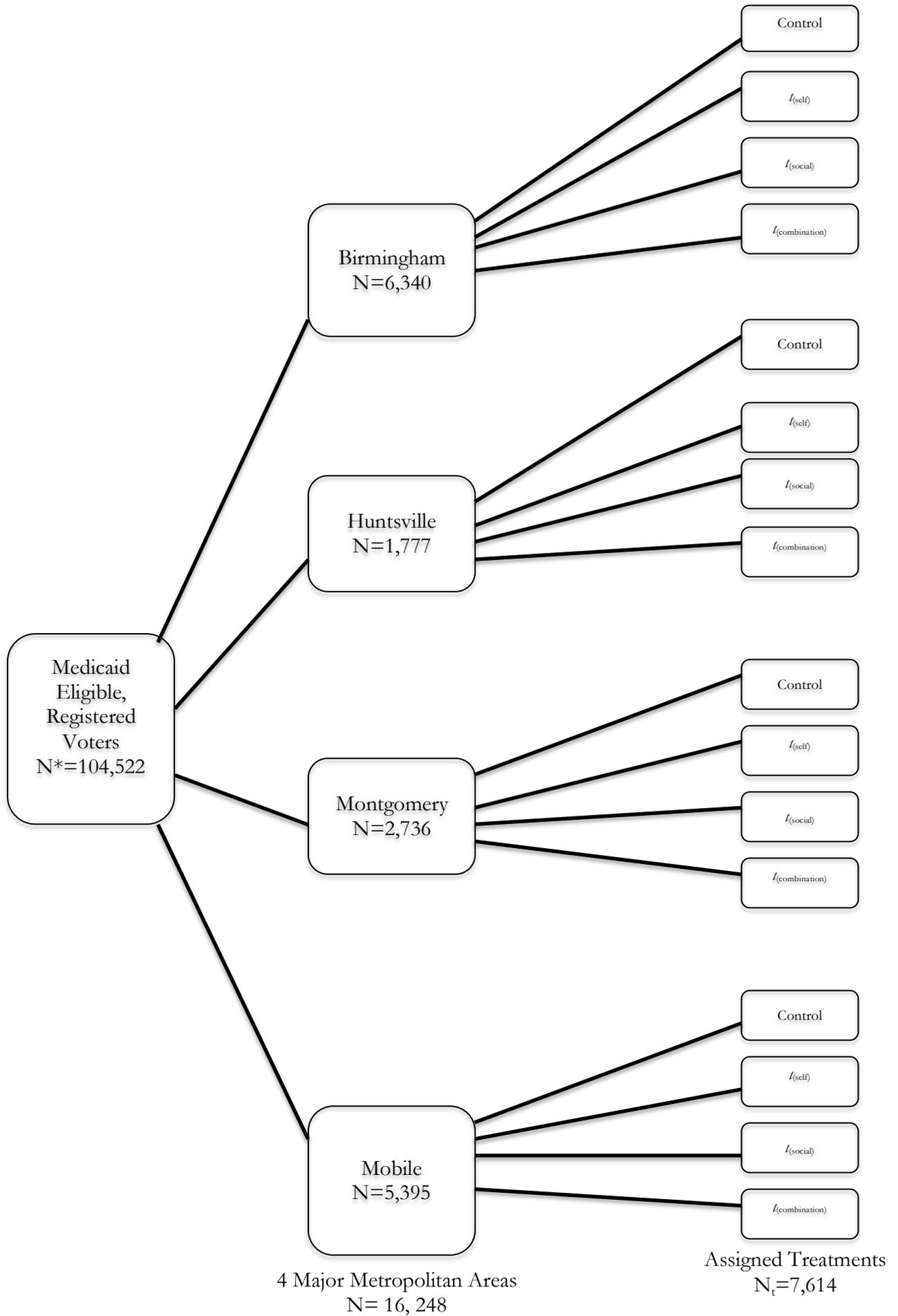
V. DO NOT READ – TO BE ANSWERED BY CANVASSER

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 F: SOCIOTROPIC CUE



Healthcare for Alabama

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.