Mobilizing for Medicaid: A Randomized Field Experiment Testing Pocketbook Versus Sociotropic Campaign Appeals

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Mobilizing policy targets

"The design of public policies ... are [sic] a key factor in determining who enters the [political] struggle" (Campbell 2007: 121)

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Introduction Experimental Design Experimental Design Appendix

Mobilizing policy targets

"The design of public policies ... are [sic] a key factor in determining who enters the [political] struggle" (Campbell 2007: 121)

- Examples: Medicare -> mobilizes seniors (Campbell: 2002)
- Why do some target populations mobilize in response to targeted policies and others do not?
- Most common example: Low income citizens
- Two possible explanations:



- Low-income citizens do not vote out of self-interest
- Low-income citizens do not understand that they would benefit 2

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Attempt at an explanation

- Medicare yields an unusually clearly-defined political constituency:
 - Universal insurance programme
 - 2 Compulsory for everyone over the age of 65
 - Easy to understand whether someone individually benefits from the program
- Different case for programs that help the poor:

Eligibility is often means-tested

Medicaid Expansion: A difficult case

- It is very hard for an individual to establish whether he/she would benefit from the Expansion of the Medicaid Program under the Affordable Care Act:
 - Medicaid is a needs-based, means-tested program.
 - 2 Eligibility levels are determined at the state level.
 - Eligibility is based on multiple criteria: Income, number of dependent children, disability etc



- Alabama: The lowest Medicaid threshold in the nation. A single parent with one dependent child must make less than 13% of the FPL to receive Medicaid in Alabama < 2,045 USD
- Minnesota: Parents whose income is 200% or less of the FPL < 31,460 dollars.

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Research Question - Counterfactual

If low-income citizens knew they were members of a defined policy target population, would they mobilize to vote in their own self-interest?

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Experimental Design

- Randomized field experiment supported by the Griffith for Governor Campaign in the two weeks leading up to the 2014 Alabama Gubernatorial Elections.
- Randomly assign whether registered voters who would benefit from Medicaid expansion are contacted by the 'Healthcare for Alabama' campaign.
- Canvassers are randomly assigned to the control group (no contact) or to three different appeals:
 - Pocketbook Appeal
 - Socio-Tropic Appeal
 - Combined Appeal

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Sample Measurement

Experimental Design

- Canvassers hand out one of two cues:
 - Eligibility cue
 - 2 Social Cue

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Sample Measurement

Treatments

Healthcare for Alahama Voter Contact Script – 1		Healthcare for Alabama Voter Contact Script – 2	
L here & Rap Hells, is evaluable? [J growne is an unlabed]? [J growne is an unlabed] High my same is and I are a vulnatore with Healtheave for Alabras. We are a granoses group bese is committed to fighting for healtheave access in this syst - telecons. How are you doing budy?	Key Elements Ask for the person on the sheet. If person is unavailable, ask for a seed time to	L here & Hap TReh, inavailable? [Upyrous to available] Hop, my same is and I an a volution with Holdboure for Alabana. We are a grassnoot group here in committed to fighting for healthcase access in this syster vieles. How are you adong today?	Key Elements Ask for the person on the sheet. If the person is unavailable, ask for a seed time to
[J] survailable] Is there a good time to come back to talk to? It's important that I speak to him/her in person absort bealthcare.	come back. ✓ Introduce yourself ✓ Keep it local	[J] summlable] 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	come back. ✓ Introduce yourself ✓ Keep it local
II. Assessment of Medicaid Support In recent months, there have been hig changes in healthcare, largely due to the Affordable Care ActOhumace. Does of those hig changes is a state's ability to expand coverage for more finalizes as part of the Federal Medicaid Program. Are you in favore of Alabama expansing Medicaid, against G, et any coundecided?	 Assess support for Medicaid expansion 	In constraints in structure representation of the structure	 Assess support for Medicaid expansion
III. Self-Interest Message & Commit to Vete [If in fevor] I'm really glud you support Medicaid expansion! We count on you in this election.		[J] in favor] I'm really glud you support Medicaid expansion! We count on you in this election. [J] oppored or andecided/ There are good reasons to support Medicaid expansion.	
of opposed or undexided/ I'm happy I'm able to talk to you then! There are good reasons to support Medicaid expansion.		[Ouplay Medicaid expansion fact sheet] [Display Medicaid expansion fact sheet] Medicaid expansion would save the state an estimated \$1.8 billion this year. limit personal	 ✓ List benefits of 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?	 ✓ List benefits of Medicaid Expansion 	bankrupteies and boost consumer spending, all while saving an estimated 563 lives. [Only if votor asks if they are eligible for Medicaid, show them the flowchart <u>but do not larve</u> [2]	✓ Commit to Vote
[J] No [] a wordly glad we'r ei railling then! Mocliniai expansion means that if you are eligible, you could obtain high-quality health are services at free or low cont. Also, if you are eligible weight of the service of the service of the service of the service of the hospital care for you. Do you want to see if you'd be eligible for Madicaid? [Store Care, Hare Yoor Konfer] (For Pouldir)		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 Griffish and the Democratic toket	
[Since Case, there is not adopting the type (here) the set of the	✓ Commit to Vote	HV. Get of the Medi The first first vision with the first first first first first first vision of the probe the first first vision of the matrix vision of the m	 Make a plan! Walk through the voter's schedule with them
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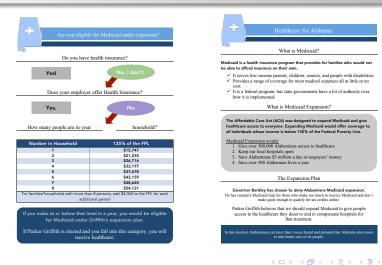
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Introduction Experimental Design Results Conclusion Appendix

Sample Measurement

Treatments



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Sample Measurement

Target Population and Sample

- Target population: We use the SmartVan databse to predict whether a registered voter falls in the Medicaid Gap: Is currently uneligible but would be eligible under the Griffith Expansion plan.
- We focus on 4 metropolitain areas: Birmingham, Mobile, Huntsville and Montgomery.
- Sample: 16,248 households who would benefit from Medicaid expansion. We randomly choose one person per household to be contacted by canvassers.
- 74 canvassing turfs (blocks): Block-random assignment to 1of 3 treatment groups or 1 control group (no attempted contact): Probabilities: .325 (control), .225 (treatments)

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Sample Measurement

Outcome Measures

- Post-Treatment Telephone Survey (November 2014) with 6 items, conducted by an independent polling company.
 - Voting Intention
 - Approval of Medicaid Expansion
 - State of Correct Candidate Positions on Expansion
 - Perceived Individual Benefits of Expansion
 - Perceived Social Benefits of Expansion
 - O Did someone speak to you about Medicaid expansion during the campaign?
- Matching turnout data from the official voter file.

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Manipulation Check: ITT on Recalled Medicaid Conversation

	Self-Interest	Social-Interest	Combined
ITT vs Control	9.9*	7.2+	18.2**
covariate-adjusted	[04, 21.1]	[-2.8, 17.2]	[6.2, 31.5]
Ν	175	189	173

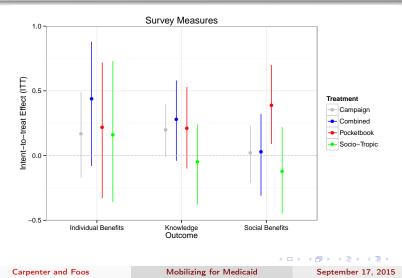
*** p<0.01, ** p<0.01, * p<0.05, + p<0.1 (based on one-tailed test of sharp null hypothesis), randomization inference-based 95%-CIs in brackets.

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Post-Treatment Survey: ITT vs control



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Turnout by experimental group and ITT

	Control	Pocketbook	Sociotropic	Combined
Turnout in %	41.1	42.6	40.3	39.8
Contact in %	0.01	22.4	26.2	26.3
ITT vs control		1.5	-0.7	-1.3
unadjusted		[-1.4, 4.5]	[-3.9, 2.4]	[-4.4, 1.8]
CACE vs control		8.0	-3.1	-6.2
unadjusted		[-8.4, 24.3]	[-17.8, 11.6]	[-20.9, 8.5]
ITT vs control		1.8+	-0.2	-1.6
covariate-adjusted		[-0.5, 4.4]	[-0.3, 0.2]	[-4.2, 0.9]
CACE vs control		9.9^{+}	-0.5	-7.2
covariate-adjusted		[-3.2, 23.0]	[-12.3, 11.2]	[-19.0, 4.7]
Ν	2331	1779	1681	1659
*** p<0.01, ** p<0.01, * p<0.05, + p<0.1 (based on one-tailed hypothesis tests), 95%-Confidence Intervals in brackets.				

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ITT Treatment vs Treatment

	Unadjusted	Covariate-Adjusted	Ν
Pocketbook vs Sociotropic	2.4	2.0+	3460
	[-1.1, 5.7]	[-0.6, 4.8]	
Pocketbook vs Combined	3.1+	3.3*	3438
	[-0.0, 6.5]	[0.6, 6.0]	

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

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- Eligibility combined with self-interest cue was most effective at mobilizing low-income citizens to vote for the candidate who promises to expand Medicaid.
- Socio-tropic appeal was ineffective, even if combined with eligibility cue.
- It is possible to mobilize low-income, ethnic-minority populations (Garcia Bedolla and Michelson: 2012).

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Balance

Post-Treatment Survey: ITT vs control

Pocketbook	Sociotropic	Combined	Campaign effect		
	Individual Benefits				
.22	.16	.44*	.17		
[33, .72]	[36, .73]	[08, .88]	[17, .49]		
Social Benefits					
.39*	12	.03	.02		
[.09, .70]	[45, .22]	[31, .32]	[21, .23]		
Knowledge of Candidate Positions					
.21	05	.28*	.20*		
[10, .53]	[38, .24]	[04, .58]	[01, .40]		
Vote Griffith (DEM)					
.08	.11	.08	.07		
[13, .31]	[15, .32]	[13, .31]	[07, .21]		

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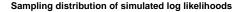
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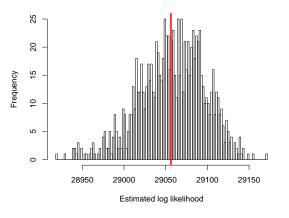
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Balance

Balance Check: Turnout





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