

# Responsive Partisanship: Public Support for the Clinton and Obama Health Care Plans

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**Abstract** We examine the contours of support for the Clinton and Obama health care plans during the 1990s and 2000s based on our own compilation of 120,000 individual-level survey responses from throughout the debates. Despite the rise of the Tea Party, and the racialization of health care politics, opinion dynamics are remarkably similar in both periods. Party ID is the single most powerful predictor of support for reform and the president's handling of it. Contrary to prominent claims, after controlling for partisanship, demographic characteristics are at best weak predictors of support for reform. We also show that Clinton and Obama did not "lose" blacks, seniors, or wealthy voters over the course of the debate. The small and often nonexistent relationship between these characteristics and support for the plan are constant over time. Instead, the modest fluctuations in support for reform appear to follow the ebb and flow of elite rhetoric. Both mean levels of support and its volatility over time covary with elite partisan discourse. These findings suggest that presidents courting public opinion should seek consensus among their own party's elites before appealing to other narrower interests.

The passage of the Patient Protection and Affordable Care Act in March 2010 was the culmination of a political battle that has helped define American domestic politics since President Harry Truman's 1945 proposal to create national health insurance. For over fifty years, partisan actors, businesses large and small, labor unions, and a myriad of interest groups waged battle in the court of public opinion over plans for comprehensive health reform. This article examines the determinants of public support for comprehensive health care reform and how public opinion changed over time in the context of this vigorous policy debate.

The empirical analyses that follow examine the factors driving public support for two of the most ambitious attempts to overhaul the health care system, those of President Bill Clinton in 1993–94 and President Barack Obama in 2009–10. We compile a massive individual-level data set on attitudes toward the Clinton and Obama plans and empirically test a number of specific claims made in both the popular press and academic literature concerning public support for health care in these periods. Moreover, building on existing literatures of elite opinion leadership, we use the health care case to empirically link changing patterns in partisan political discourse to changes in both the mean levels of support and the aggregate stability of public opinion over the course of a policy debate.

After developing our theoretical expectations in the following section, the empirical analysis begins by addressing the debate in the literature between those emphasizing the importance of group identities (e.g., Berelson, Lazarsfeld, and McPhee 1954; Berinsky 2009; Conover 1984; Mutz and Mondak 1997) and those stressing the importance of partisan forces in driving preferences on major questions of public policy (Campbell et al. 1960; Gerber and Huber 2010; Hopkins 2010; Schneider and Jacoby 2005; Sears et al. 1980).<sup>1</sup> This long-standing debate also continues to dominate scholarship on public support for health care reform, with some scholars emphasizing the critical importance of race and racial attitudes (e.g., Gelman, Lee, and Ghitza 2010; Henderson and Hillygus 2011; Tesler 2012) or group interests, such as those perceived by senior citizens (e.g., Blendon, Brodie, and Benson 1995), while others emphasize the partisan and ideological dimensions of the policy debate (e.g., Hetherington and Rudolph 2011; Koch 1998). Toward this end, we marshal individual-level data from 126 questions on health care approval during these years—encompassing nearly 120,000 survey responses—to assess the relative influence of various partisan and group identities on expressed policy preferences. While group identities are associated with small movements in support in the pooled analysis, we show that the influence of partisan affiliation dwarfs that of every other factor.

We then examine whether the influence of group characteristics on support systematically varied as the political battles unfolded. By estimating separate individual-level logistic regressions for each poll in our data set and comparing the magnitudes of coefficients over time, we find little evidence that seniors, the wealthy, or blacks became more or less supportive of reform over time. In other words, neither President Clinton

1. The emphasis of different factors in forming attitudes toward health care mirrors the psychological and sociological approaches toward voting described in Campbell et al. 1960, chap. 2. As that study points out, the approaches are closely related.

nor President Obama lost support among blacks, seniors, or the wealthy in the course of the health care debate.

Finally, we return to partisanship and examine whether aggregate levels of support for reform among partisans in the mass public responds to shifts in elite rhetoric. In so doing, we advance an extensive literature on elite opinion leadership (e.g., Berinsky 2009; Levendusky 2009; Page and Shapiro 1992; Schneider and Jacoby 2005; Stimson 2004; Zaller 1992) by showing how changing patterns of partisan elite rhetoric affected both the level and the volatility of support for reform over the course of the legislative battle. Support for health care reform among partisan mass publics responds to fluctuations in the levels of pro- and antireform cues sent by copartisan elites reported in the mass media. Moreover—in an oft-overlooked yet politically important dynamic—we show that the balance of elite discourse also affected the volatility of that support. More specifically, we argue that it was the change in the balance of elite support within each party over the course of the debate that was most consequential. For example, as Republican elites sent increasingly clear signals opposing reform, support for reform crystallized around its lower mean level among Republican identifiers in the mass public. By contrast, opposition from Democratic elites injected volatility into Democrats' support for reform in the mass public, while public expressions of support for reform efforts from congressional Democrats lowered the variance in support for reform. Thus we find that elite discourse significantly influences not only the mean level of support for reform but also the stability of that support over the course of the legislative debate. The popularity of a president's proposals suffers dramatically when his congressional copartisans are not uniformly supportive and the other party's members are unified in opposition.

## **Responsive Partisanship**

Since the earliest work on political behavior, scholars have emphasized the central role that groups play in shaping political behavior (Berelson, Lazarsfeld, and McPhee 1954; Campbell et al. 1960; Converse 1964). Individuals may perceive that a policy or candidate benefits or threatens a particular group or interest. If the individual feels an attachment to that group, then she will support or oppose the policy accordingly (Conover 1984; Gurin, Miller, and Gurin 1980). Building on these posited mechanisms, a long trajectory of research has identified group identities as critically important drivers of political attitudes and public policy preferences (e.g., Conover 1984; Kinder, Adams, and Gronke 1989; Mutz and Mondak 1997; Nelson and Kinder 1996).

Claims that group interests and memberships critically influence public support for health care are prominent in both the popular discourse and the scholarly literature. For instance, Skocpol (1997: 92) describes the Clinton administration's concerted efforts to court the endorsement of the American Association of Retired Persons because it was "the principal association claiming to represent more than 30 million citizens fifty years and older." However, such appeals, according to Blendon, Brodie, and Benson (1995: 17), fell on deaf ears, and support for the Clinton plan waned among seniors because of the "perception that . . . [they] were being asked to subsidize disproportionately the needs of the uninsured." Politicians and pundits alike have argued that a similar fate befell the Obama health care initiative in 2009–10 with senior citizens. For example, Alter (2010: 405) quotes Congressman Anthony Weiner as saying, "The fact that we've lost seniors is a sign of how badly we've messaged the bill." Other analysts have argued that income is a key determinant of attitudes toward health care. According to this logic, wealthier Americans, the vast majority of whom already have access to good health care, may see reform as an implicit tax increase and therefore are more likely to oppose reform efforts (e.g., Brady and Kessler 2010; Gelman, Lee, and Ghitza 2010). Research by Brady and Kessler (2010: 1), for example, analyzing a January 2009 survey on health care reform, argues that "income is the most important determinant of support for reform." Similarly, in an analysis of support for health care reform Gelman, Lee, and Ghitza (2010: 7) conclude that "age and income are the dominant factors predicting attitudes on health care." And Tesler (2012) suggests that a racial divide is one of the most important distinguishing features of the contemporary debate on health care reform; indeed, Tesler (2012) argues that this racial gap was twenty points greater under President Obama than during the failed reform efforts of President Clinton in the 1990s.<sup>2</sup> If this literature is correct, group interests should be significant predictors of support for health care reform, and the relative importance of group memberships may change over time as the political debate unfolds and different group interests are activated and primed.

Although group factors are important in determining political attitudes, a long-standing and robust literature argues that partisanship is the most prominent lens through which citizens view the political world (Campbell et al. 1960). Because the vast majority of citizens lack even basic information on which to assess complex policy trade-offs (Delli Carpini and Keeter 1996), partisan identification stands as one of the most important

2. While Tesler (2012) examines the relationship of race and racial attitudes toward health care approval, our study here focuses only on race.

and readily accessible heuristics through which citizens endeavor to make sense of a policy issue (Lodge and Hamill 1986; Popkin 1994; Rahn 1993). Consistent with this view, partisanship has been shown to be a preeminent force influencing the full gamut of public judgments from economic assessments (Conover, Feldman, and Knight 1987; Gerber and Huber 2010) to the formation of other policy attitudes (Sears et al. 1980).<sup>3</sup>

In the context of health care, because partisan considerations so thoroughly dominated the political debate in both the 1990s and the 2000s, we argue and then present evidence that partisan identification dwarfs group affiliations in explaining support for reform. However, the influence of partisan heuristics is not constant but, rather, a function of the balance of elite cues transmitted to the public by partisan elites. As the nature of partisan elite discourse changes, so too will the level and stability of support for or opposition to reform among partisan identifiers in the mass public.

Scholars have long argued that the positions articulated by political elites can shape public opinion and policy preferences. Much of this literature has focused on whether key cue-givers from the two major parties are aligned or divided on a given issue (Berinsky 2009; Brody 1991; Zaller 1992). Bipartisan consensus creates what Zaller (1992) calls a “mainstream pattern” in which the preferences of partisans in the mass public converge as political information increases. A number of prior studies have investigated the linkages (or lack thereof) between elite discourse and public opinion over the course of a policy debate, in policy areas ranging from welfare reform (Schneider and Jacoby 2005), to war (Berinsky 2007; Kriner and Howell 2013), to health care reform itself (e.g., Hopkins 2012; Koch 1998).<sup>4</sup> Our study is unique in two respects. First, we examine the connections between changing patterns of elite rhetoric and support for two reform initiatives in the same policy area advanced by two different presidents in dramatically different political environments. Second, we show that the balance of elite rhetoric emanating from Washington also affects the volatility of public support for health care—an increasingly politically important characteristic of public opinion in an era of polarized media outlets eager to selectively report polling data that comports to an outlet’s ideological priors.

Consistent with Zaller 1992, we begin by positing a top of the head model. When asked whether they support or oppose health care reform,

3. We do not argue that group identity is irrelevant with respect to attitude formation toward health care; however, we do argue that partisanship is more proximate to the formation of support for health care than characteristics like age, income, or race.

4. It is interesting to note that Hopkins (2012) finds little evidence that elite rhetoric affects actual levels of support for reform, but modest evidence that elite rhetoric marginally influences how the public talks about health care.

citizens call to mind the most salient considerations in memory, and they support reform if the number of proreform considerations exceeds the number of antireform considerations. Elite discourse affects the probability of an individual supporting reform efforts by altering the balance of considerations at the moment of the survey response. Individuals who identify with a political party will be most likely to incorporate (and therefore respond to) elite messages sent by copartisan elites (Druckman 2001; Groeling 2010; Lupia and McCubbins 1994); cues transmitted from opposition partisans are likely to be resisted and not incorporated into the range of salient considerations. This model of individual opinion formation also generates predictions for shifts in support for health care reform in the aggregate. A partisan group's support for reform should increase in the wake of copartisan elite cues supporting reform reported in the mass media. By contrast, increased criticism of reform efforts from copartisan elites should decrease support for reform within that mass public.

Such fluctuations in elite signaling should also affect the variance or stability of a partisan mass public's support for reform. For example, do repeated polls in a short period of time return widely varying levels of support for reform? Or do the polling results tightly cluster around their mean value? While most studies of public opinion continue to focus on the forces driving changes in the mean level of public support for a politician or policy, increasingly scholars have also examined the forces that affect the variance or instability of public opinion over time (Alvarez and Brehm 2002; Alvarez and Franklin 1994; Braumoeller 2006; Keele and Wolak 2006).

Previous research has identified two factors driving fluctuations in variance: ambivalence and uncertainty (Alvarez and Brehm 1995, 2002). Ambivalent individuals draw on conflicting considerations when making political judgments. This raises the possibility that at one moment in time, averaging across the range of accessible salient considerations can lead a respondent to support a policy while at another moment it could lead her to oppose it, even absent the introduction of significant new information.<sup>5</sup>

5. Research using heteroscedastic probit models has confirmed that individuals with conflicting considerations have higher levels of variance than those who are not internally conflicted (Alvarez and Brehm 1995; Kriner 2006), and analyses using panel data have shown that internally conflicted individuals are more likely to change their political judgments across repeated queries (Kriner and Schwartz 2009). Political developments that hold the potential to raise or lower the level of ambivalence, on average, among members of a partisan mass public should also affect the volatility of opinion in the aggregate. When political developments cut against a mass public's partisan predispositions, they can inject greater instability and volatility into that group's policy preferences or political judgments in the aggregate. Conversely, political forces that reinforce a mass public's partisan bent reduce variance (Gronke and Brehm 2002; Kriner and Schwartz 2009).

Alternatively, when individuals lack policy-relevant information on which to base their policy judgments, uncertainty can also lead to greater instability in policy attitudes.

Elite cues can influence levels of both ambivalence and uncertainty. For example, Republicans in the mass public entered the debates over both the Clinton and the Obama health care plans with a partisan predisposition to oppose the reform effort. Receiving cues from copartisan elites criticizing the president and his health care plan should both reduce any lingering uncertainty in Republicans' minds and provide them with additional considerations consistent with their partisan predispositions that lead them to oppose health care reform efforts. This should both decrease the aggregate level of support for health reform among Republicans and lower its volatility around this reduced mean level. By contrast, public expressions of support for health care reform from Republican elites conflict with the partisan predispositions to oppose reform held by Republicans in the mass public. The resulting conflicting considerations should make Republicans more ambivalent; and as a result, the volatility in support for reform among Republicans in the aggregate should increase.

### **Individual Opinions toward Health Care**

What explains individual-level attitudes toward health care reform? To answer this question, we examine 120,000 individual-level survey responses from nearly 130 surveys throughout the debates over the Clinton and the Obama health care plans.<sup>6</sup> Prior research has examined public support for health care reform from a myriad of perspectives, including support for specific legislative provisions, Americans' beliefs about the consequences of reform for themselves personally, and more general questions about whether health care is a right that should be guaranteed by the government or a commodity that should be procured by individuals. While support for reform is undoubtedly multifaceted, we argue that the most politically important measures of public opinion regarding health care reform are support for the president and his plan. For example, an October 2010 *Washington Post* poll reported a positive development for President Obama: a clear majority, 57 percent, of Americans supported a "public

6. We compiled all individual-level data from polls in the Roper Center for Public Opinion Research. These include polls sponsored by ABC, CBS, CNN, Gallup, Kaiser, the *Los Angeles Times*, NBC, Pew, *Time*, *USA Today*, the *Wall Street Journal*, the *Washington Post*, and Yankeovich Partners.

option,” while only 40 percent opposed it. On this metric, public support for significant reform seemed very strong indeed. Yet the very same poll offered a more dour assessment of the popular leverage afforded the president in the negotiations with Congress; more Americans opposed the Democratic reform plan moving through Congress than supported it, and the public was evenly split between those who approved and disapproved of the president’s handling of health care reform.<sup>7</sup>

As a result, we focus on these two most politically salient measures of support for reform: questions that explicitly asked respondents about their support for reform proposals in Congress, and those that explicitly asked for approval or disapproval of the president’s handling of health care policy. We begin by analyzing the dynamics driving support for reform in two ways. First, we examine individual measures of support pooled across the periods in which the Clinton and Obama plans were being debated. We show that standard explanations of age, income, and race may predict support toward health care; however, their effects are quite small compared to those of party identification. Second, we consider whether the influence of these demographic factors such as age, income, and race varied across time. We do this to gauge whether groups may have systematically withdrawn support at a particular moment of the debate. In the next section, we argue that there is a systematic relationship between elite rhetoric on and partisan support for health care.

### Pooled Analysis

Although we are ultimately interested in what drives opinion change over the course of the debates, we begin with a pooled individual-level analysis. This allows us to assess the overall effects of different characteristics on attitudes toward health care and affords a first test of some of the group-level claims made by political and scholarly commentators. Table 1 presents basic models of individual-level attitudes toward the Clinton and Obama health care plans. The dependent variable is a binary indicator of support for the health care plan. We include two general formations of health care approval. One asks whether the respondent approves of the handling of health care by the president.<sup>8</sup> We also include responses to

7. *Washington Post*–ABC News Poll, October 15–18, 2009.

8. For example, ABC often asks, “Do you approve or disapprove of the way Barack Obama is handling health care?”



questions specifically about the approval of the plan.<sup>9</sup> In the pooled analysis, we include an indicator variable for the question type to account for any systematic differences in the responses.<sup>10</sup>

We include indicator variables for whether the respondent is a Republican or a Democrat. Both categories include leaners, and the excluded category is true independents. Seniors are classified as individuals over the age of sixty-five, and based on previous research we expect them to be more likely to oppose health care reform. We designate an individual's income as a three-level variable. Categories are less than \$20,000, between \$20,000 and \$50,000, and over \$50,000.<sup>11</sup> We also expect that wealthier individuals will be more likely to oppose the plan.<sup>12</sup> Finally, we include an indicator for whether the respondent is African American, with the expectation that blacks will be more favorable to health care, especially the Obama plan.<sup>13</sup> We also include indicator variables for the polling outfit, which we include in the model but do not present in the table.

Table 1 presents the analysis of individual-level attitudes toward the Clinton (column 1) and Obama (column 2) health care plans. For each period, the results are strikingly similar. For both Clinton and Obama, there are strong partisan effects; Republicans are more likely to oppose the plans, and Democrats are more likely to support them. Seniors are more likely to oppose reform in both periods. In line with previous research, we see that blacks are more likely to support health care when compared with other respondents. Clinton and Obama experience differing effects with respect to income, both of which are surprising given previous research. For Clinton, income is not associated with increased opposition, but for Obama, increased income is associated with higher levels of support. While the substantive effects are quite small, they are not in line with

9. For example, CNN sometimes asks, "From everything you have heard or read so far, do you favor or oppose Barack Obama's plan to reform health care?"

10. The question type does not affect support for Clinton. Under Obama, there is a relatively small positive effect when the question asks about his handling of the issue as opposed to the plan itself. We speculate that this could be related to the honeymoon effect at the beginning of his term. We have rerun the analysis separately for each question type, and the substantive effects remain.

11. We use these relatively broad categories in order to standardize income measures across survey question wording.

12. Table 1 is an examination of the *direct* effects of group membership. The effects of these group-level variables may be conditional on party membership. For instance, with respect to income, there is a positive effect among Democrats and a negative effect among Republicans. Although these effects are notable, our area of focus is on direct effects, and so we follow other studies such as Sears et al. 1980, which models the effects directly.

13. In alternative formulations of the model, we included a measure of education, although we do not have strong expectations of a direct effect given that education likely operates by strengthening the influence of party (Flanigan and Zingale 2010: 162). Including education did not change any of the substantive findings.

**Table 1** A Model of Support for the Clinton and Obama Health Care Plans

	Clinton	Obama
Intercept	-0.094 (0.070)	-0.528* (0.067)
Democrat	0.976* (0.025)	1.604* (0.035)
Republican	-0.709* (0.026)	-1.393* (0.040)
Senior	-0.277* (0.023)	-0.186* (0.029)
Income	-0.022 (0.012)	0.058* (0.017)
Black	0.526* (0.029)	1.070* (0.045)
Weeks passed	-0.011* (0.001)	-0.007* (0.001)
Question type (1 = pres)	0.017 (0.020)	0.114* (0.027)
<i>N</i>	76,675	43,011
log <i>L</i>	-46367.694	-20664.708

*Notes:* A pooled model of support for the Clinton (column 1) and Obama (column 2) plans. Indicator variables for polling outfit is included in the model but not presented in the table. See figure 1 for substantive interpretations of the coefficients. Standard errors in parentheses.

\* $p < 0.05$

previous research suggesting that higher-income respondents are more likely to oppose reform.<sup>14</sup>

While table 1 supports contentions that group-level factors play a role in support, they tell us little about the magnitude of the direct effects. In order to show the relative effect sizes, we present figure 1, which shows predicted probabilities based on changes in the variable of interest while holding all other variables constant. For income, we simulate the predicted probabilities for independent respondents and base the changes in support on the highest and lowest observed values. For seniors, we compare those who are over sixty-five to those under. For blacks, we compare levels of support among black Democrats and nonblack Democrats. Since over 80 percent of black respondents identify as Democrats, we prefer this

14. Because of the standardizing across polling outfits, the income measure is somewhat blunt, with all those voters making more than \$50,000 included in the highest income category. We highlight that caveat with our findings.

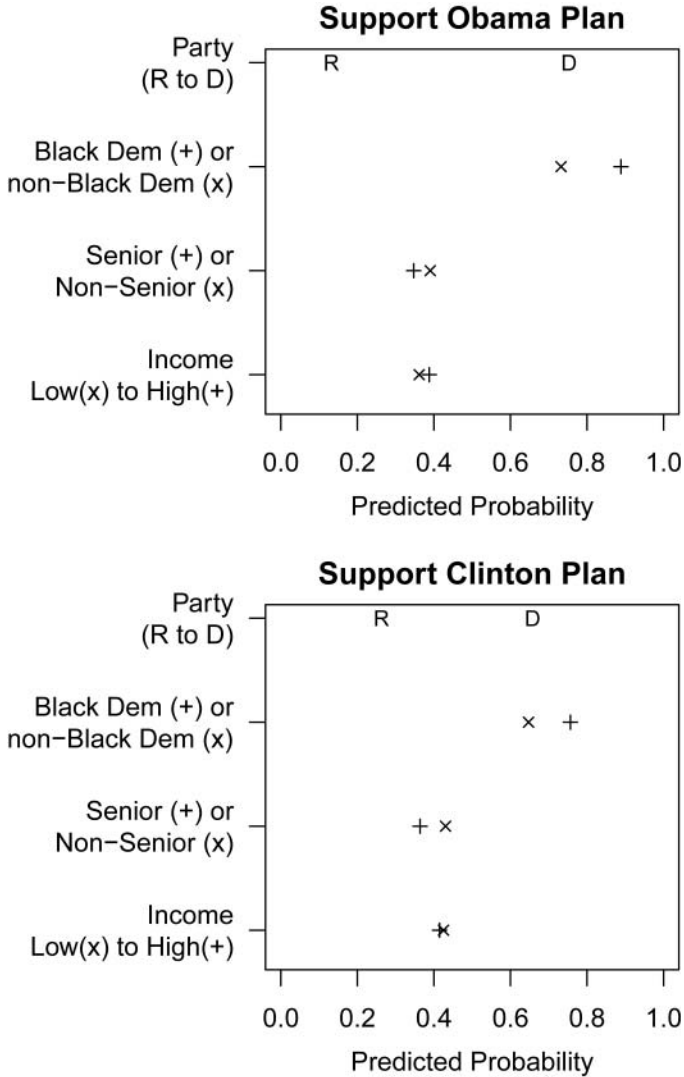
simulation as a more representative view of the influence of race on support for health care.<sup>15</sup> For party, predicted probabilities are simulated based on the respondent being either a Republican or a Democrat.

For both Clinton and Obama, the effect of party dwarfs all other effect sizes. During the Clinton health plan, the model shows that there is a .66 probability that a Democratic respondent will support reform (with a 95 percent confidence interval ranging from .649 to .665). A Republican, meanwhile, sees a probability of .26 (with a 95 percent confidence interval ranging from .256 to .270). These effects are independent of income, race, or age. The partisan divide is even more stark for the Obama plan. During the debate on the Obama health care plan, the model predicts that Democrats, independent of group-level characteristics, will support the plan with a probability of .75 (with a 95 percent confidence interval ranging from .74 to .76). For Republicans, the predicted support is lower than during the Clinton plan, with an expected value of .13 (with a 95 percent confidence interval ranging from .125 to .138). Given the stark ideological divides over health care (e.g., Jacobs and Skocpol 2010), the wide partisan gap is not surprising. What is perhaps surprising, however, is that after controlling for partisanship, other group variables such as age, income, and even race that are routinely emphasized in the literature have only occasional independent influence on support for reform efforts or the president's handling of health care. The relationship between being a senior citizen and income and support for health care is substantively small even when it is statistically significant.<sup>16</sup> Support or opposition to both the Clinton and the Obama health care plans is driven almost exclusively by partisan attitudes.

Campbell et al.'s (1960: 133) argument that partisanship serves as a "perceptual screen through which the individual tends to see what is favorable to his partisan orientation" continues to find support across a wide range of policy issues, from economic attitudes and evaluations (Conover, Feldman, and Knight 1987; Evans and Andersen 2006; Gerber and Huber 2010), to assessments of political leaders (Goren 2002; Lebo and Cassino 2007), to information processing in specific policy domains, such as immigration policy (Hopkins 2010; Knoll, Redlawsk, and Sanborn 2011). Emphasizing the core nature of Americans' partisan affiliations, Bartels (2002: 120) concludes, "Far from being a mere summary of more specific

15. With the caveats noted here, all other variables in the simulation are set at their means.

16. Statistical significance must be considered in light of substantive impact given the relatively large number of respondents in each survey. In our over-time analysis in the next section, we find that the group-level variables are often substantively and statistically insignificant.



**Figure 1** Partisanship, Group Characteristics, and Their Relationship to Support for the Clinton and Obama Health Care Plans

*Notes:* Predicted probability of supporting Clinton (bottom panel) and Obama (top panel) health care plans. For seniors and income, predicted probabilities are simulated based on highest and lowest observed values and are predicted based on the respondent being a true independent. For party, predicted probabilities are simulated based on respondent being either a Republican or a Democrat. Because of the large sample size, the 95 percent confidence intervals are indicated by gray bars, but they are relatively small and approximately the width of the symbols representing the point estimates. For both Clinton and Obama, the effect of party dwarfs all effect sizes. Estimates from model are based on data from various surveys obtained from the Roper Center and described in the text.

political opinions, partisanship is a powerful and persuasive influence on perceptions of political events.” Consistent with this perspective, in both the early 1990s and 2009–10 opinions on health care reform were so polarized along partisan lines that other variables, including those that capture various elements of self-interest in the outcome, affect levels of support only at the margins.<sup>17</sup>

### Over-Time Analysis

While the preceding analysis speaks to the overall magnitude of the effects of each explanatory variable on support, it tells us little about whether any of these relationships change over the course of the policy debate. According to some, the battle for public opinion was lost or won because specific groups were ignored or alienated. We conduct a multivariate analysis to investigate these claims. If Congressman Weiner’s assertion that Obama “lost” seniors or Blendon, Brodie, and Benson’s (1995: 17) claim that there was a “falloff of support” among the elderly are true, then we should see a permanent decline in the amount of support received among seniors.

To examine this question on the individual level, we conduct a question-by-question analysis over the entire time frame of each debate in order to see if the effect sizes for the demographic variables systematically change over the course of the debate as the legislative process unfolded. Since we observe polls from throughout the periods, we can assess the extent to which Clinton or Obama systematically maintain, lose, or gain the support of particular groups. For each poll, we model support for health care as described above and presented in table 1.<sup>18</sup> This entails seventy-four separate logistic regressions for the Clinton plan and fifty-two for the Obama plan, and each model yields a coefficient for each of the independent variables. Though party ID is again included in all of the poll-level models, we focus on the over-time relationships of race, age, and income with support for health care before turning to partisanship in the next sections.

17. We are, however, reticent to conclude that self-interest has no influence on support for health care reform. Because we pool data from almost 130 individual surveys, we cannot examine the finer-grained, very specific questions exploring aspects of self-interest used in other studies. For contrasting views on the importance of self-interest see Henderson and Hillygus 2011 and Hopkins 2010.

18. That is, logistic regression models are run where the dependent variable is support for the health care plan (1 = support) and the independent variables are a respondent’s race, income, partisanship, and whether they are a senior citizen. There is no measure of time or polling outfit, since each poll is modeled individually.

Figures 2 and 3 display the coefficients from the logistic regressions modeling support for reform over the course of each legislative debate. Vertical bars around each point reflect 95 percent confidence intervals around the estimated coefficient.<sup>19</sup> The locally weighted regression lines (LOWESS method) are also plotted and indicate trends in the estimates over time. Coefficients are indicated by triangles where the dependent variable is a respondent's attitude toward the president's handling of the issue of health care. Solid circles reflect coefficients from models based on questions asking about the approval of the plan.

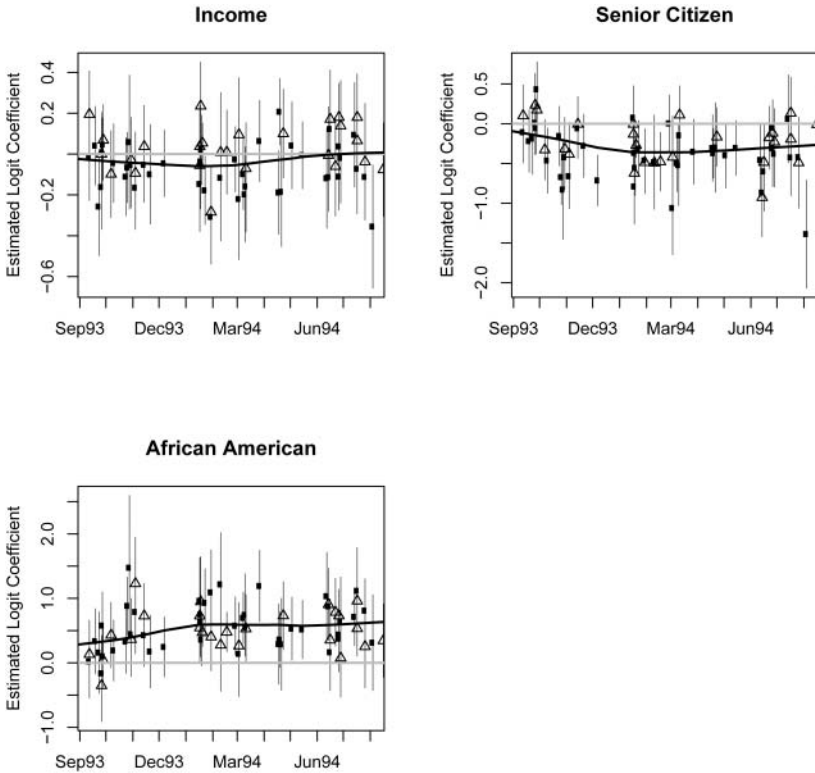
For both the Clinton and the Obama plans, most of the coefficients for seniors and income fail to meet conventional levels of statistical significance. During the Clinton plan, there is little evidence to suggest that seniors or upper-income earners became more hostile to reform over time. Although on average the coefficients on both variables are negative, they are usually statistically insignificant, and there is little evidence of any clear trend over time. There is little to suggest that Clinton lost either of these groups during the course of the debate. For Obama, figure 3 shows some similarities to public opinion during the Clinton administration. Most of the group-level effects on any single poll are statistically insignificant. One notable exception is race, which consistently predicts support for Obama's plan. As indicated by the LOWESS line, seniors are again more likely to oppose reform throughout, although the coefficients generally fail to reach conventional levels of statistical significance. As in the 1990s, the relationship between income and support is weak, though generally positive, and shows little evidence of changing over the course of the debate.

### Aggregate Support for Health Care

Our analysis of thousands of individual responses toward health care reform shows that age, race, and income contributed little to the ebb and flow of public opinion. We find no evidence that Clinton or Obama lost seniors or the wealthy. We now turn to examining whether shifts in support among partisan groups can explain fluctuations in support for reform over time. Specifically, we examine whether partisan mass publics respond to changing patterns of elite rhetoric.

Toward this end, the analysis shifts from the individual to the aggregate level. Figure 4 presents the percentage of Americans supporting health care

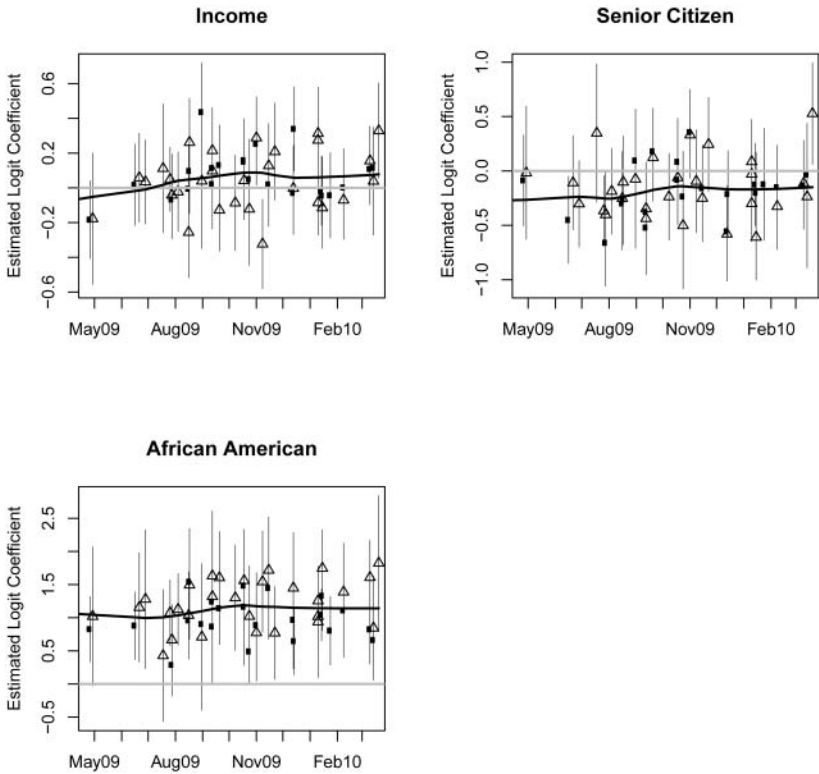
19. That is, the bars represent 1.96 times the standard error of the estimate  $\pm$  that estimated coefficient.



**Figure 2** Trends in Race, Income, and Being a Senior on Support for the Clinton Health Care Plan

*Notes:* Coefficients from individual-level logistic model where approval of plan is the dependent variable. Bars around coefficient represent two standard errors. Along the x-axis is the date of the poll, and along the y-axis is the size of the coefficient. Triangles indicate models where the dependent variable is a response’s attitude toward the president’s handling of the issue of health care, while solid circles reflect models based on questions asking about the approval of the plan. Estimates from model are based on data from various surveys obtained from the Roper Center and described in the text.

reform in both the 1990s and the 2000s disaggregated by party ID. For each partisan group in each period, a LOWESS-smoothed line illustrates overall trends in support over time. During the debate over the Clinton plan, support for reform decreased among members of both parties, but particularly among Republicans; whereas GOP support for reform hovered near 30 percent in the fall of 1993, by the summer of 1994 it had been cut almost in half. Moreover, in both series, but again particularly among Republican



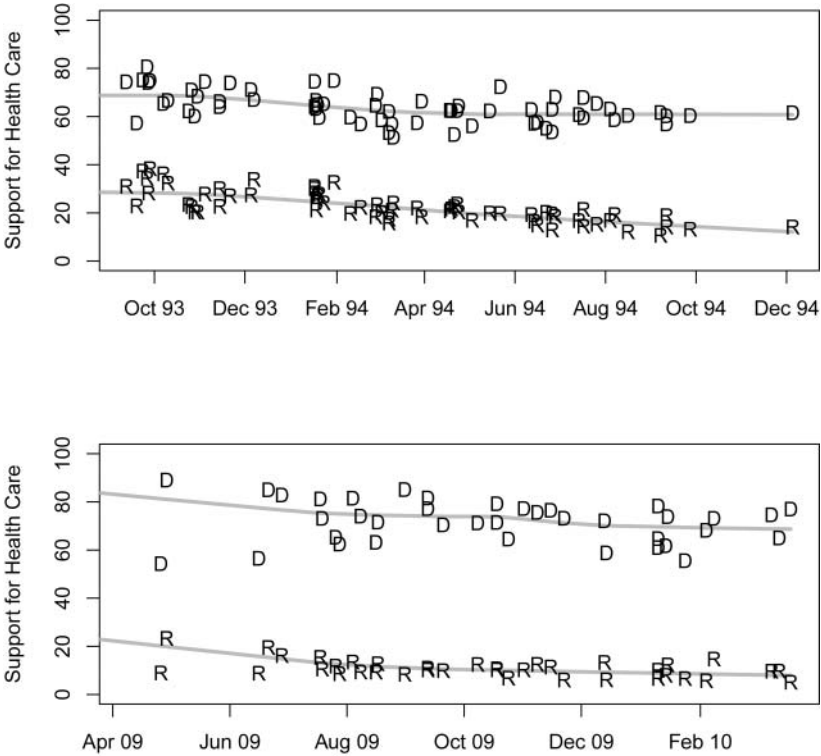
**Figure 3** Trends in Race, Income, and Being a Senior on Support for the Obama Health Care Plan

*Notes:* Coefficients from individual-level logistic model where approval of plan is the dependent variable. Bars around coefficient represent + and – one standard error. Along the x-axis is the date of the poll and along the y-axis is the size of the coefficient. Triangles indicate models where the dependent variable is a response’s attitude toward the president’s handling of the issue of health care, while solid circles reflect models based on questions asking about the approval of the plan. Estimates from model are based on data from various surveys obtained from the Roper Center and described in the text.

identifiers, the volatility of support for reform appears to diminish over time as observations become more tightly clustered around the trend line.

A decade later during the first two years of the Obama administration, the data reveal a public even more intensely polarized along partisan lines with respect to health care reform. In the 2000s, Republican support for reform exhibited a consistently low mean and only limited volatility around it. The vast majority of polls throughout the period showed less than 20 percent of





**Figure 4** Mass Partisan Support for Clinton and Obama Health Care Plans, over Time

*Notes:* Change in aggregate levels of support for Clinton (top) and Obama (bottom) health care plans by party identification. While Democratic support remains relatively stable over time, Independent and Republican support begins to steadily decline in the spring of 1994. Data are from various surveys obtained from the Roper Center and described in the text.

Republicans supporting reform, and most observations are tightly clustered around the trend line. Support among Democratic identifiers, by contrast, showed some signs of movement and greater variance over time.

We posit that changing patterns in the cues transmitted by partisan elites can explain the changes in both the mean and the volatility of support for health care among Democratic and Republican mass publics in both periods. Toward this end, we construct comprehensive measures of every congressional elite cue expressing a public position on health care reform during the legislative debate on the Clinton and Obama health care plans reported on the front page of the *New York Times*. Utilizing this data, we

then estimate multiplicative heteroscedastic regression models to examine the effect of changing patterns of partisan elite rhetoric on the levels of support for reform among both Democrats and Republicans in the mass public over time. As we describe below, this allows us to examine both how elite rhetoric influenced overall levels of support and also how it affect the consistency of this support over time.

### Analysis of Support for Clinton Health Care Reform Disaggregated by Party

To examine the influence of changing patterns of partisan elite rhetoric on public support for health care reform, we construct a linear regression model of both the mean and the variance of support for comprehensive health care reform from September 1993 to September 1994. The dependent variables are the two partisan opinion series plotted in figure 4. Crucially, the unit of analysis is the aggregate level of support from the numerous polls. Since there are multiple polls taken at different periods, this allows us multiple draws from the population at a given period. Therefore, we can get a sense of the variation in opinion over the entire course of the two health care debates. A single series of polls would fail to provide such a picture.<sup>20</sup>

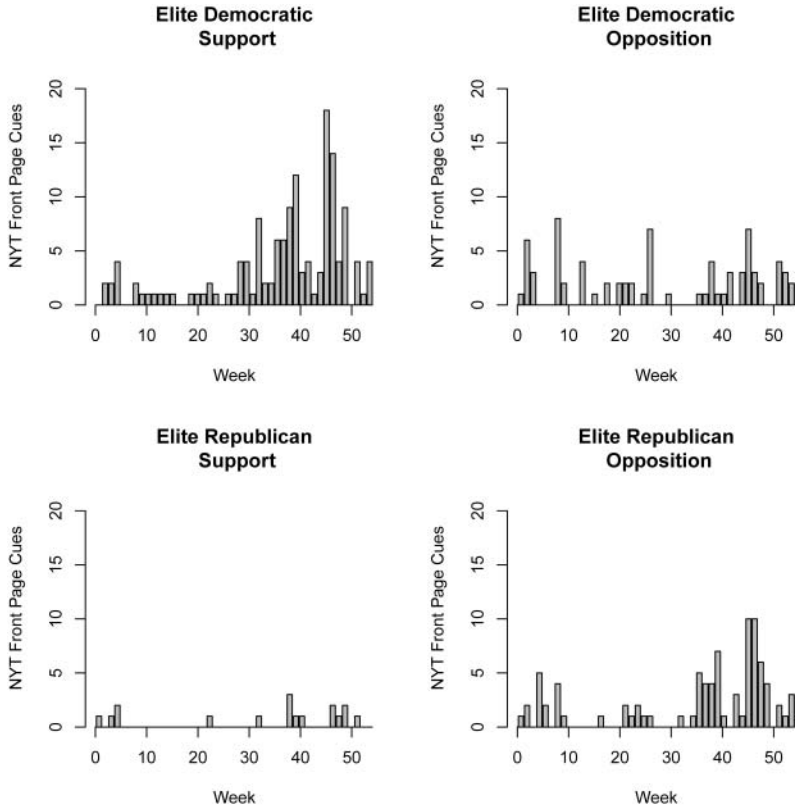
The main independent variables of interest are measures of the number of partisan elite cues in the twenty-eight days preceding each poll. Following literatures in both public opinion and media scholarship emphasizing the importance of congressional policy cues (Althaus et al. 1996; Bennett 1990; Levendusky 2009), we focus on highly salient public cues transmitted by members of Congress in the mass media. To construct measures of changing patterns of elite partisan rhetoric, we content-coded

20. The unit of analysis is the poll, not a unit of time such as the week or month. This maximizes the number of polls and observations in our analysis and avoids imputation for periods when no polls were taken; moreover, because all of our independent variables (IVs) are measured daily, we have considerable variance across each of our IVs from poll to poll. To construct the series, we used two types of polls: first, those that specifically queried public support for the administration's health care plan; and second, public support for the president's handling of health care reform. If both questions were asked on the same poll, only the plan approval question was used to create the series plotted in figure 4. Because different polling outfits conducted polls at similar times, in several instances we have multiple observations for the same day (the last day a poll was in the field). As a robustness check, we created an alternate versions of all of our partisan series for both Clinton and Obama that reports the average of all polls when multiple polls ended on the same day. Results are virtually identical to those presented in the text. Dickey-Fuller and Phillips-Perron tests of these revised series allow us to reject the null hypothesis of a unit root for each series in both the Clinton and the Obama periods. In the Clinton period, both Durbin-Watson and Breusch-Godfrey tests reveal no evidence of autocorrelation for either partisan series in either period. Moreover, replicating our models with an AR(1) term yields similar results in each case.

every congressional statement on health care reform that appeared in a front-page *New York Times* article during the thirteen-month period. The valence of each cue, for or against health care reform, was then coded. For a detailed description of the coding procedures and intercoder reliability tests, see the supplemental appendix found online. To access this file, please click the “Supplemental Material” link on the journal’s website (<http://jhpl.dukejournals.org/>). In total, the congressional cues presented in the *Times* were almost perfectly split, with 160 cues supporting reform efforts and 163 opposing them. The distribution of these cues by party and over time are presented in figure 5. An additional 114 cues did not take a clear position for or against the Clinton administration’s reform efforts; these are excluded from the analysis that follows.

Undoubtedly, the majority of Americans do not get their news from the *Times*. Yet, for several reasons, we argue that content-coding congressional rhetoric appearing in the *Times* affords important advantages over other sources. Unlike floor speeches, which tend to cluster around votes, the *Times* devoted extensive coverage to the health care debate throughout both of our periods, allowing us to measure more-nuanced temporal shifts in the balance of elite position-taking over time. Similarly, the *Times*’s coverage of the debate was much more extensive and comprehensive than other media outlets, such as television news broadcasts. It reported a greater number and range of voices, which affords a richer picture of the full contours of elite debate in Washington. Indeed, prior research, including Howell and Pevehouse 2007, a study of media coverage of the debate over the authorization to use force against Iraq, has shown that the *Times* “indexes” its coverage to the balance of congressional debate in Washington to a greater degree than either network or local television news broadcasts. As such, while we do not contend that coverage of congressional debate in the *Times* directly drives changes in public opinion, we do argue that the balance of congressional positions appearing in the *Times* is a good proxy for the balance of elite rhetoric available to politically informed and interested Americans whose views drive changes in aggregate public opinion.

Consistent with existing scholarly accounts (Skocpol 1997), our content-coding shows that in the fall of 1993 Democrats in the mass public received a mixed bag of messages from their copartisan congressional elites both supporting and opposing the Clinton plan. When Congress formally took up a number of reform proposals in the spring and summer of 1994, however, the balance of Democratic congressional rhetoric swung strongly in favor of reform. Republicans in the fall of 1993 had few elite cues on which to draw,



**Figure 5** Elite Support for and Opposition to the Clinton Health Care Plan

*Notes:* Support and opposition statements made by members of Congress and published on the front page of the *New York Times* during the debate on the Clinton health care plan. We utilize this as a measure of elite partisan support and opposition by Republicans and Democrats.

as many top GOP strategists, most importantly Senate Majority Leader Robert Dole, counseled Republicans to take a wait-and-see approach toward the administration's reform plans (see also Page and Shapiro 2000). By the summer of 1994, however, Republican attacks on the Clinton administration had intensified and greatly outnumbered the few Republican voices calling for compromise in the name of genuine reform.

Armed with these data, we estimate a multiplicative heteroscedastic linear regression model. We model the mean level of support in each partisan series as a function of six independent variables. Our main independent variables of interest are counts of the number of copartisan congressional

elite cues supporting or opposing reform in the four weeks preceding each poll. Recent elite cues should be the most salient and the most likely to influence opinion dynamics. Moreover, these measures capture the changes in the tenor of the elite debate over time shown in figure 5.<sup>21</sup> The models also include five control variables. The first is a measure of the number of statements made by the president mentioning health care reform in the four weeks preceding each poll as identified from the *Public Papers of the President*. This variable affords a modest test of the power of the presidential bully pulpit to sway public opinion behind reform efforts (e.g., Kernell 1997). To account for the role of events in driving changes in support of reform, a second variable identifies the number of positive and negative “rally events” drawn from Johnson and Broder’s (1997) chronology that occurred in the same period before each poll. The mean model also includes a simple countervariable of number of days from the first poll to account for any time trend. The last control is a variable indicating polls that measured support for Clinton’s handling of health care, rather than specifically referencing the plan before Congress.

Finally, rather than assuming constant variance, we explicitly modeled the volatility in support as a function of the types of recent copartisan elite cues to which a partisan public had been exposed in the mass media.<sup>22</sup> Our theory predicts that elite messages that reinforce partisan predispositions should decrease volatility and stabilize support for reform, while elite messages that run counter to baseline partisan considerations should inject greater volatility into a partisan public’s opinions concerning health care reform.

Table 2 presents the results. Consistent with the long literature on elite opinion leadership, the mean model provides considerable evidence that the

21. The volume of various types of elite cues varied significantly over time. For example, the number of Democratic cues supporting health reform in the four weeks preceding a poll ranged from a low of zero to a high of thirty-three (the 25th percentile was 2, and the 75th percentile was 17); similarly, the number of highly public Republican elite cues opposing reform in the four weeks preceding a poll ranged from 0 to 22 (the 25th percentile was 1, and the 75th percentile was 8).

22. In this analysis, we model variance only at the aggregate level because (unlike, for example, Alvarez and Brehm [1995], who identify some individuals as holding conflicting core values with respect to abortion and others who do not) we do not have measures of which individual respondents hold internally conflicting considerations with respect to health care and which individuals do not within a given poll. Rather, based on patterns of elite rhetoric, we are able to identify changes in the patterns of partisan rhetoric that members of a partisan mass public have received. Our objective is to test empirically whether volatility in support for reform decreases when elites send consistent messages and increases when they send conflicting signals. As such, ecological inference barriers preclude us from conclusively saying that elite signals running counter to partisan predispositions lead to individual-level ambivalence, which in turn produces volatility at the aggregate level. However, our data are consistent with this theoretical argument, drawn from the existing literature on variance.

**Table 2** Elite Partisan Support and Public Opinion on Health Care Reform under Clinton

	Republican Support	Democratic Support
Mean-level estimates		
Elite GOP support	1.350*** (0.375)	
Elite GOP opposition	-0.549*** (0.127)	
Elite Dem support		0.224* (0.117)
Elite Dem opposition		0.324 (0.251)
Presidential statements	-0.096** (0.045)	-0.050 (0.067)
Positive events	2.670*** (0.929)	0.177 (1.221)
Negative events	0.253 (0.312)	-1.128** (0.513)
Clinton approval question	3.023*** (1.021)	-3.777*** (1.301)
Days	-0.043*** (0.006)	-0.029** (0.012)
Constant	38.236*** (2.276)	75.128*** (3.644)
Variance estimates		
Elite GOP opposition	-0.154** (0.063)	
Elite GOP support	0.357* (0.201)	
Elite Dem opposition		0.019 (0.056)
Elite Dem support		-0.053** (0.026)
Constant	2.792*** (0.293)	3.506*** (0.349)
Observations	62	62

*Notes:* Results from a multiplicative heteroscedastic linear regression model. Dependent variable is poll-level aggregate partisan support for health care displayed in the top half of figure 4. Mean-level estimates refer to the relationship between the independent variable and approval of health care plan. Variance estimates refer to the relationship between independent variable and spread among polls in a given period. Robust standard errors in parentheses.

\* $p < 0.1$ ; \*\* $p < 0.05$ ; \*\*\* $p < 0.01$

positions taken by congressional elites in the weeks preceding each poll effected small but tangible shifts in public support for health care reform over time. For example, a one standard deviation increase in recent congressional Republican support increased Republicans' support for reform by over 2 percent, while a one standard deviation increase in GOP congressional opposition to Clinton's plan decreased support among Republicans in the mass public by almost 3 percent. The Democratic model also yields a positive and statistically significant coefficient for recent congressional Democratic support; however, the effect is somewhat smaller, as a one standard deviation increase yields roughly a 1.2 percent increase in Democratic support for reform.

Both models also yield strong evidence that recent trends in elite rhetoric significantly influenced the volatility of support for reform. In the Republican model, both coefficients are in the expected direction and statistically significant. Congressional Republican support for the Clinton plan injected volatility into Republicans' attitudes toward health care; by contrast, public GOP opposition to the plan in the press significantly decreased variance in Republican support for reform around a diminished mean. Similarly, Democratic support for the Clinton plan, which reinforced Democrats' partisan predispositions to back the administration, also lowered the volatility in Democratic support.

Finally returning to the mean equation, the results for several of the control variables also accord with theoretical expectations. Positive events appear to have increased support among Republican identifiers, and negative events decreased support for reform among Democrats. Both partisan series showed evidence of a general decline in support for reform over time. However, the models offer little evidence for the president's capacity to rally public support for reform through going public. For each partisan group, the coefficient for the number of presidential speeches mentioning health care in the preceding four weeks is actually negative, and in the Republican model it is statistically significant. This result suggests, somewhat counterintuitively, that the more aggressively President Clinton pushed his reform agenda, the more Republican audiences turned against reform. However, this result is strongly consistent with a number of prior studies that have observed a "backlash" effect in response to cues by opposition party elites in both experimental and observational settings (Ansolabehere and Iyengar 1995; Bullock 2007; Chong and Druckman 2007; Grieco et al. 2011; Groeling 2009; Nyhan and Reifler 2010; Redlawsk 2002). Even if the result is spurious, the failure to find a positive relationship in either model is consistent with an extensive literature within

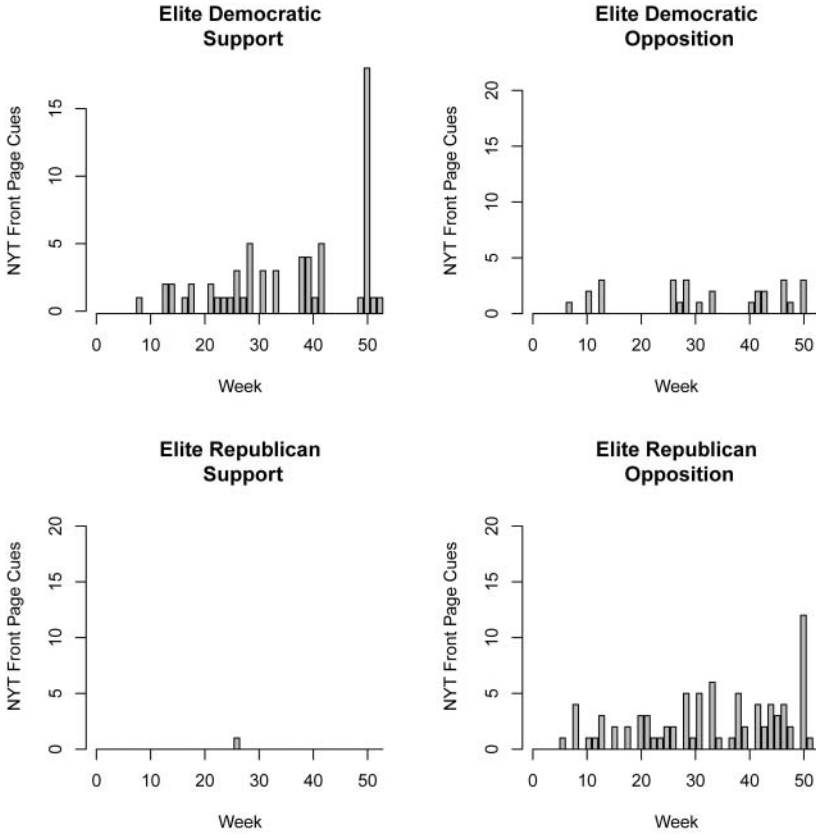
presidency scholarship on the limits of the presidential bully pulpit (Canes-Wrone 2005; Edwards 2003). Finally, the coefficients for the Clinton approval dummy variable show that Republicans were slightly more favorable, on average, toward Clinton's handling of health care than toward his plan, and vice versa for Democrats.

### Partisan Elite Rhetoric and Support for Health Care Reform in the 2000s

To examine whether similar dynamics drove fluctuations in public support for the Obama administration's efforts to enact comprehensive health reform, we constructed an identical multiplicative heteroscedastic model with data from April 2009 through the bill's enactment into law in March 2010. The main independent variables of interest are again measures of partisan congressional rhetoric supporting or opposing the administration's health care initiative that appeared on the front page of the *New York Times* in the four weeks preceding each poll. Trends in congressional Democratic and Republican position-taking on health care over time are presented in figure 6. The almost complete lack of Republican congressional support for the Obama plan is striking. Several GOP members made statements in the *Times* that signaled an openness to working with the administration. However, there were virtually no instances of a Republican member openly endorsing the president's plan or approach. This is strongly consistent with scholarly accounts stressing the determination of the Republican leadership to present a united front in opposition to the plan from the very outset of the debate (e.g., Jacobs and Skocpol 2010) and reflects larger concerns about the incredibly stark levels of partisan polarization in contemporary Congresses. Public opposition to key elements of the administration's plan from fellow Democrats on Capitol Hill was not uncommon throughout the period; however, vocal support grew over time. The *New York Times* coding revealed little evidence of Republican members of Congress publicly supporting the president's plan; instead, considerable public GOP elite opposition to the Obama plan emerged early in the legislative process—considerably earlier than in the Clinton era—and the volume of this opposition remained considerable through the course of the battle.

As in the Clinton models, we also include the mean counts of presidential statements in the four weeks preceding each poll, positive and negative events, a time trend, and a dummy variable indicating polls querying support for Obama's handling of health care. Results are presented in table 3.





**Figure 6** Elite Support for and Opposition to the Obama Health Care Plan

*Notes:* Support and opposition statements made by members of Congress and published on the front page of the *New York Times* during the debate on the Obama health care plan. We utilize this as a measure of elite partisan support and opposition by Republicans and Democrats.

Beginning with the mean models, we again find evidence for opinion leadership among both Democratic and Republican mass publics. The coefficients for both the number of recent Republican and Democratic congressional opposition cues are negative, as expected, and statistically significant. For both groups, a one standard deviation increase in copartisan congressional elite opposition in the press produces roughly a 2 percent decrease in support for reform. These effect sizes are comparable to those observed during the debate over the Clinton plan in the 1990s. However, reflecting the intense partisan polarization of recent years, it is interesting

**Table 3** Elite Partisan Support and Public Opinion on Health Care Reform under Obama

	Republican Support	Democratic Support
Mean-level estimates		
Elite GOP support	-1.252 (0.947)	
Elite GOP opposition	-0.657*** (0.210)	
Elite Dem support		0.497 (0.393)
Elite Dem opposition		-1.097* (0.616)
Presidential statements	0.090 (0.062)	0.548** (0.222)
Positive events	-0.125 (0.618)	-1.374 (1.774)
Negative events	-1.767** (0.858)	-2.912 (2.161)
Obama approval question	-1.559* (0.838)	2.472 (1.960)
Days	-0.013** (0.006)	0.002 (0.016)
Constant	18.097*** (2.777)	61.866*** (7.687)
Variance estimates		
Elite GOP opposition	-0.344*** (0.076)	
Elite GOP support	-0.538 (0.773)	
Elite Dem opposition		-0.219** (0.096)
Elite Dem support		-0.191** (0.076)
Constant	4.144*** (0.491)	5.293*** (0.402)
Observations	38	38

*Notes:* Results from a multiplicative heteroscedastic linear regression model. Dependent variable is poll-level aggregate partisan support for health care displayed in the bottom half of figure 4. Mean-level estimates refer to the relationship between the independent variable and approval of health care plan. Variance estimates refer to the relationship between independent variable and spread among polls in a given period. Robust standard errors in parentheses.

\* $p < 0.1$ ; \*\* $p < 0.05$ ; \*\*\* $p < 0.01$

to note that none of our explanatory variables significantly increased support for health reform under President Obama among Republicans in the mass public. Rather, support for reform was already exceedingly low among Republicans at the beginning of President Obama's term, and it only eroded further as Republican elites increased their attacks on the plan over time. The models also offer some evidence consistent with our theory that changing patterns of elite rhetoric over the course of the debate also affect the volatility in support for health care reform. As in the Clinton models, the coefficient for Republican opposition in the Republican mass public model and for Democratic support for reform in the Democratic mass public model are negative and statistically significant. These elite cues, which reinforce partisan predispositions to support or oppose Obama's initiative, decrease volatility in opinion. The variance models do, however, yield one anomalous result. The coefficient for recent Democratic congressional opposition cues is also negative and statistically significant.<sup>23</sup> Given the small number of observations for Obama, we are unable to probe this anomaly further. However, on the whole, even with this small sample we continue to find considerable support for our theory that partisan elite discourse affects both the mean and the variance of popular support for major policy initiatives.

Finally, in the mean model, several of the control variables are again significant predictors of support for reform. Negative events decreased support for the administration's health care plan among Republicans, and there is also evidence of a slight downward trend in support over time. And in contrast to the Clinton models, we do find a strong, positive relationship between Obama's public championing of health care and Democratic support for reform.

## Conclusion

This study has examined the ebb and flow of popular support for the Clinton and Obama health care plans. Many studies endeavor to predict public opinion at a given moment or examine long-term changes in public support over a series of decades. Like many major political initiatives, both health care plans were debated in the public sphere for about a year. We focus on understanding the contours of opinion during this time span, in which public opinion was a heavily cited factor in the outcome of the debates.

23. However, when reestimating the models after taking the average of polls that ended on the same day, this coefficient is no longer statistically significant.

For both the 1990s and the 2000s, we demonstrate that individual-level attitudes were primarily a function of partisanship. While scholars and pundits alike have argued that factors like income or age drove opinion, we find that partisan forces were pivotal in both health care debates. Group interests certainly influence public opinion; however, we suggest that their effect on mass public opinion is likely indirect. Support or silence from a group like the AARP may influence the dynamics of elite support and cause a member of Congress to support or oppose reform. This in turn may influence the partisan dynamics that voters perceive. While the US Chamber of Commerce's opposition to the Clinton plan may not have directly caused wealthier voters to also oppose the plan, the chamber likely influenced elite opposition and support. While such efforts may not have activated group interests at the individual level, they likely had an indirect influence by way of elite discourse.

Given the critical importance of partisan ties, we then examine how support for reform within different partisan mass publics changed over time. We highlight two factors in explaining aggregate opinion toward health care during the debates over reform. First is the mean level of support, and second is the volatility of aggregate responses. We present evidence that each of these are significantly influenced by changing patterns of elite rhetoric over the course of the debate that partisan citizens receive through the mass media. Our emphasis on changes in the variance in support for reform is both novel and substantively important. For example, a focus on systematic shifts in volatility highlights the peril of comparing any single pair of polls across time. While some pointed to dramatic declines in support for the Clinton plan, we suggest that they were mistakenly conflating the consequences of opinion instability with changes in overall mean levels of support. If examined in isolation, one could report a nearly 30 point drop in support for the Clinton plan among Democrats between October and December 1993. We show that this is indicative of ambivalence and resulting volatility in attitudes, not increased mean levels of opposition among Democrats. As partisan elites begin to take consistent positions over the course of a policy debate, volatility decreases significantly.

Thus at both the individual and the aggregate levels we find that partisan ties, not group identities, are the most important forces shaping public attitudes toward health care reform. Moreover, the policy judgments of partisan mass publics respond to the changing content of elite debate in Washington. As partisan elites debate their party's legislative priorities they may send mixed messages or even signals of open opposition; elites may also decide to remain silent. To the extent that public opinion is necessary to

enact reform, such elite signals from members of the president's party endanger their party's programmatic agenda. In the short run, they contribute to declining support for a policy, and in the long run they contribute to greater instability of aggregate public opinion.

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## Supplemental Appendix

### Elite coding instruction

[As given to the coders]

Within each of the returned articles, we want to identify all of the cues transmitted by congressional elites regarding health care reform. We are focusing squarely on cues transmitted by members of Congress. Using the highlighted words in the article (Representative, Senator, Congress, etc.) it should be easy to identify these quickly.

1. Scroll through the article and identify the first congressional elite cue (if there is one). Highlight this cue, and copy and paste it into the final column of the excel spreadsheet.
2. Add the date of the article in the first column of the Excel spreadsheet.
3. Code the elite cue by the partisanship of the respondent and the nature of the cue—supportive of comprehensive health care reform, opposed to it, or noncommittal.
4. Repeat for all other congressional elite cues in the article.

Note: On rare occasions you may find multiple elite cues transmitted by a single member of Congress at different points throughout an article. If there are two statements by a single member separated by a sentence or two of the article author's prose, code as a single elite cue. If the same Congressman is simply quoted at different points throughout the article, code each quotation as a separate cue.

To be coded as supporting health care reform, the congressional elite cue needs to do at least one of the following:

- Specifically endorse the Clinton/Obama administration plan
- Specifically support the goal of comprehensive health care reform as envisioned by the White House—vague statements of support for some form of health care reform in the abstract are not sufficient.
- Express support for a specific aspect or element of the administration plan.
- Express optimism/confidence that the administration plan will be enacted into law.

For members of the president's party, this should be fairly clear. For example, a broad statement of support for the administration's plan would be coded as support. Similarly, an endorsement of the individual mandate for purchasing insurance—an important component of the Obama plan—would be coded as support. A statement by a congressional leader that they are confident the administration bill will pass in this Congress also sends a cue of support to the public.

Coding may be somewhat more difficult for members of the opposition party. However, statements expressing support for specific aspects of the bill—for example, support for allowing children to remain on their parents' health care plan—should be coded as supporting the bill. Also, more general statements of optimism that a deal can be reached

with the president should be coded as support. For example, in September 1993, referring to Senator John Chafee (R-RI), the *New York Times* reported: “Mr. Chafee says he believes there is enough ‘commonality’ in Mr. Clinton’s ideas and those of Republicans to offer hope of success.” Statements like these should also be coded as support.

To be coded as opposing health care reform, the congressional elite cue needs to do at least one of the following:

- Specifically oppose the Clinton/Obama administration plan.
- Oppose the goal of comprehensive health care reform as envisioned by the White House—or even oppose the need for any health care reform at all.
- Criticize a specific aspect of the administration plan.
- Express pessimism that the bill will pass (or optimism that it will be defeated).

Note: The same elite cue can be coded as both supporting and opposing health care reform. For example, if a Congressman says that she supports many elements of the administration bill, but is very concerned over the lack of a public option, such a cue would express both support for and opposition to the plan.

Finally, a congressional elite cue may also be coded as “noncommittal.” Noncommittal elite cues are those in which a member of Congress addresses health care reform in some way, but does not take a clear position either supporting or opposing the administration’s plans. The following types of cues are noncommittal:

- Cues by congressional elites, often from opposition party elites, that indicate they are reserving judgment and neither publicly criticizing nor supporting the administration’s plans.
  - e.g., “Among those who seem to share that hope is Mr. Dole, who said, ‘I’ve been telling everyone to keep their powder dry’ so there would be an atmosphere conducive to compromise when the time comes.”
  - e.g., “For example, for a meeting with Hillary Rodham Clinton on Thursday, Congressional Republicans put forth the blandest and mostly generalized statement of their views that they could prepare.”
- Cues that may express tacit support, but that counsel caution or express an unwillingness to take a firm position one way or the other.
  - e.g., “Representative Ron Wyden, Democrat of Oregon, welcomed these proposals, but said the President must be careful. ‘Otherwise,’ he said, ‘people will feel that this is a shell game, that we are cutting basic Medicare or Medicaid in order to pay for new benefits.’”
- Cues focusing on procedure, including those that express a preference for moving first on other issues.
  - e.g., Even some Democrats are wary. Senator Daniel Patrick Moynihan of New York, who heads the Senate Finance Committee, said he would prefer to deal with welfare legislation before health care. Although he accused some administration officials of treating welfare reform like “bait for the bubbas,” he said it was a manageable issue that the public really cared about.

The main thrust of this category is to capture elite cues that do not send clear signals to their fellow partisans in the mass public.

If you are uncertain of how to code a cue, simply leave it uncoded and highlight the row in the Excel spreadsheet. The entire team will then go through and code these tricky cases.