

Online Appendix to “Party Cues and Policy in an Informed Electorate”

March 27, 2011

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Previous Factorial Experiments Involving Party Cues

Table A1 describes the eleven published articles that report factorial experiments in which both party cues and another factor are manipulated. It is sorted first by the “estimable policy effect” column, then by the first author’s name. “Estimable policy effect” indicates whether the experimental design permitted estimation of the effect of a change in policy on subjects’ attitudes or preferences.

Effect sizes in the “Findings” column are percentage changes in average attitudes and preferences relative to the scale used. For example, if party cues shift attitudes about a candidate by one category on a five-category scale, they are reported to have a $100 \times 1/(5 - 1) = 25\%$ effect. An asterisk (*) in the “Findings” column indicates that average treatment effects could not be computed from the results in the article and were instead computed from the author’s dataset.

The first six published studies listed in Table A1 permit estimation of some manner of party-cue effect and some manner of policy effect. These studies are discussed on pages 34-41.

	Party Cue	Policy Content	Estimable Policy Effect	Main Outcome of Interest	Subjects	Findings
This article	Party positions on health-care policies	10 paragraphs in a news article of 16 paragraphs	yes	Attitudes toward health-care policy; depth of processing of policy content	2473 U.S. adults (Experiment 1); 3713 U.S. adults (Experiment 2)	Switching from expansion to reduction of benefits moves subjects' attitudes by 21%-28%. Reversing party cues shifts them by 9%-11%. Cues do not inhibit processing of policy content.
Arceneaux (2008)	Candidate's party affiliation	2-3 sentences about the candidate's position on an issue in a news article of 6-7 sentences	yes	Desire to see candidate win	1126 U.S. adults	Changing the candidate's stand on an issue moves subjects' desire to see him win by 4% or 28%, depending on the issue. Changing his party moves subjects' desire to see him win by 17% or 27%, depending on the issue.*
Berinsky (2009)	Party positions on military intervention in South Korea	1-3 sentences about the reasons for intervening and likely casualty rates.	yes	Support for intervention	4019 U.S. adults	Changing the parties' stands from united opposition to united support for intervention increased subjects' support for intervention by between 12% and 22%, depending on the other information provided. Changing reasons for intervening and likely casualty rates moved support by between 5% and 12%.*

	Party Cue	Policy Content	Estimable Policy Effect	Main Outcome of Interest	Subjects	Findings
Cohen (2003)	Party positions on welfare policies	1-2 paragraphs in a news article of 4-11 paragraphs, depending on the study	yes	Attitudes toward welfare policy	28 to 79 students, depending on the study. All students were either “extremely Democrat and liberal” or “extremely Republican” and “very conservative” (p. 810).	Changing policy from “generous” to “stringent” shifts policy attitudes by 15%-21%. Reversing party cues shifts them by 25%-43% (pp. 811-12).
Rahn (1993)	Candidates’ party affiliations	Each candidate used 1-3 sentences to describe his stands on each of six issues	yes	Attitudes toward candidates	162 students and other adults from university area	Revealing the candidates’ party affiliations moves attitudes toward the candidates by 7%. Changing the candidates’ stands on issues shifts attitudes by 11%-14% when subjects do not receive party cues, 1%-6% when they do.*
Riggle et al. (1992)	Candidates’ party affiliations	1 line for each of six policies (e.g., “allow prayer in public schools”)	yes	Attitudes toward candidates	Students in an introductory political science course: 200 in one study, 538 in another	When subjects read about just one candidate, switching his affiliation from Democrat to Republican moved approval by 3%. Changing his voting record moved approval by 23% (p. 78). When subjects read about two competing candidates, switching party cues moved approval by 10%, and changing their voting records moved approval by only 1%-2% (p. 81).

	Party Cue	Policy Content	Estimable Policy Effect	Main Outcome of Interest	Subjects	Findings
Tomz and van Houweling (2009)	Candidates' party affiliations	Short phrases describing candidates' stands (e.g., "decrease services a small amount," "decrease services a medium amount")	yes	Preferences over candidates	1001 U.S. adults	Party cues enhance vote share of candidates who take ambiguous positions by 1.3% relative to candidates who take precise positions. When ambiguous candidate is of subject's own party, effect increases to 5.3% (p. 94).
Baum and Groeling (2009)	Party praise or criticism of U.S. President	3 sentences	no	Approval of President's handling of national security	1610 UCLA undergraduates	Switching a party from criticism to praise increased predicted approval by an average of 8%. Subjects were more affected by their own party's praise or criticism than by the other party's praise or criticism (p. 169).
Druckman (2001)	Party positions on combating disease outbreak	1 sentence on lives saved or lost by each policy	no	Policy preference	464 undergraduates	Party cues produce preference reversals between 40% and 46% in the Kahneman/Tversky "Asian disease" scenario. But they reduce preference reversals due to gain-vs.-loss framing by 25% to 37% (pp. 70-72).
Druckman et al. (2010)	Bipartisan endorsement of a candidate (vs. no endorsement)	none	no	Intended vote choice at end of study and two weeks later	416 students and other adults from university area	No immediate cue effects. Two weeks later, effects of 12-16% (p. 141).

	Party Cue	Policy Content	Estimable Policy Effect	Main Outcome of Interest	Subjects	Findings
Malhotra and Kuo (2008)	Politicians' party affiliations	none	no	Blame of politicians for handling of the aftermath of Hurricane Katrina	397 U.S. adults	Party cues affect blame in only five of 14 cases. When people were exposed to office cues, party-cue effects were weaker still (pp. 129-31).
Slothuus and de Vreese (2010)	Party positions on policies	1 paragraph in a 4-paragraph news article	no	Support for privatization of home care for seniors and Danish membership in a WTO agreement	925 Danish adults	Party cues shift support by 13% for senior care, 20% for trade (p. 638).

Table A1: Previous Factorial Experiments Involving Party-Cue Manipulation. This table describes the published studies in which party cues and another factor were manipulated. It is sorted first by the “policy effect estimable” column, then by the first author’s name. See page A2 for more information.

Experiment 1: Summary of the Policy Arguments

Arguments for and against the proposed changes were held constant. Opponents of the liberal changes—whether Democrats or Republicans—framed their position as a matter of equity and fiscal responsibility, arguing that the changes would make other welfare services unsustainable and lead to reduced school funding, a budget deficit, and higher taxes. Proponents emphasized the need to protect the disabled, the elderly, and parents who lacked coverage. The governor, a proponent, argued that the bill’s anti-fraud provisions ensured that new spending would be directed to the state’s neediest residents.

When the changes were conservative, policy arguments were reversed. Opponents argued that the changes would threaten the disabled, the elderly, and parents who would lose coverage. Proponents emphasized that the cuts would allow a balanced budget while increasing school funding and not raising taxes or cutting other welfare services. The governor, a proponent in this condition as well, again touted the bill’s anti-fraud provisions.

Experiment 1: Article Text

In Experiment 1, subjects were assigned to read about either liberal or conservative changes to the health-care status quo. They were also assigned to receive no party cues, party cues indicating that Democratic legislators supported the proposed changes while Republican legislators opposed them, or party cues indicating that Democratic legislators opposed the proposed changes while Republican legislators supported them. There were thus six experimental conditions. Each condition was associated with a different version of a newspaper article that was modeled on Lieb (2005).

Liberal policy changes, no party cues. Gov. David Brady won a key budget battle Thursday as the House sent him a bill authorizing the expansion of Medicaid health coverage for tens of thousands of low-income residents. The House's 87-71 vote came on the same day its Budget Committee was finalizing a roughly \$19 billion spending plan that would implement the Medicaid expansion beginning July 1.

Brady said the expansion is needed to protect the disabled, elderly, and parents who currently lack coverage.

But opponents contend the expansion could lead to reduced school funding, a budget deficit, and higher taxes. They also argued that the expansion could threaten the long-term sustainability of the state's other social welfare services.

The plan would increase health care coverage for nearly 100,000 of Wisconsin's 1 million Medicaid recipients by loosening eligibility standards, and it would add certain services such as dental care for many others. It also would reduce co-payments or premiums for hundreds of thousands of Medicaid enrollees.

Brady praised the Legislature for taking "decisive actions to protect the poorest among us." He said the bill's anti-waste and fraud provisions—such as annual Medicaid eligibility reviews—would "ensure that scarce state resources are going to those in need."

The bill would expand mandatory Medicaid coverage of such things as wheelchairs, artificial limbs and eye care for most adults. It is expected to reduce waiting times for wheelchairs and prostheses. Adult Medicaid recipients would be permitted to receive eye care visits once every year. Recipients are currently permitted one eye care visit every two years.

A late provision added by the House would also expand a program that provides Medicaid coverage to disabled people aged 16 to 64 if they work at least three hours a month. Currently, disabled adults qualify for coverage if they earn less than \$1,940 a month. The House bill raises the cutoff to \$2,600 a month.

Opponents of the expansion point to the growth of Medicaid. In the past dozen years, the Medicaid rolls doubled while its cost nearly tripled. Yet even without the proposed expansion, Medicaid would cost more than \$5.5 billion in state and federal money next fiscal year, consuming nearly 29 percent of Wisconsin's budget.

The expansion is dangerous because "we must ensure the children of our state can be educated, that our most vulnerable are protected, and (that) we do it in such a manner that creates solid footing for the state of Wisconsin," said David Toolan, Chair of Residents for Responsible Government, a nonprofit group that has been lobbying against the increases.

But supporters claim the Medicaid expansions would ensure that the most vulnerable receive necessary protections.

Currently, most adult Medicaid recipients are required to make co-payments of between 50 cents and \$3, depending on the cost of the service, each time they visit a doctor or hospital. The House bill would eliminate copayments.

The bill also would eliminate monthly premiums of families in the MC+ for Kids program, which provides health care to children whose families earn up to three times the federal poverty level but aren't covered by traditional Medicaid or private insurance. Because some families will join the program if the premiums are eliminated, the Department of Social Services estimates about 23,700 children will gain coverage.

Under the House version, a single parent of two could earn no more than \$2,184 a month to qualify for Medicaid. The current cutoff for single parents of two is \$1,334 a month.

Representative Connie Zimmer, I-Mellen, said she gets a \$493.50 state mileage check for driving to the Capitol each month.

To qualify for Medicaid under current conditions, “we’re telling somebody that they should raise a family of three for less money than any three of us get for gas, and that’s hypocritical,” she said.

The bill is HB 593.

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Brady, a Democrat, and Democratic legislative leaders said the expansion is needed to protect the disabled, elderly, and parents who currently lack coverage.

But Republican opponents contend the expansion could lead to reduced school funding, a budget deficit, and higher taxes. They also argued that the expansion could threaten the long-term sustainability of the state’s other social welfare services.

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Brady said the cuts are needed to balance a budget that increases school funding without seeking higher taxes or cutting other social welfare services.

But opponents contend the health care cuts could threaten the health of the disabled, elderly and parents affected.

The plan would reduce health care coverage for nearly 100,000 of Wisconsin’s 1 million Medicaid recipients by tightening eligibility standards, and it would end certain services such as dental care for many others. It also would increase co-payments or premiums for hundreds of thousands of Medicaid enrollees.

Brady praised the Legislature for taking “decisive actions to protect the long-term sustainability of our state’s social welfare services.” He said the bill’s anti-waste and fraud provisions—such as annual Medicaid eligibility reviews—would “ensure that scarce state resources are going to those in need.”

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Currently, most adult Medicaid recipients are required to make co-payments of between 50 cents and \$3, depending on the cost of the service, each time they visit a doctor or hospital. Under the House bill, co-payments would cost from \$4 to \$10 per visit.

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Under the House version, a single parent of two could earn no more than \$484 a month to qualify for Medicaid. The current cutoff for single parents of two is \$1,334 a month.

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Experiment 1: Pre- and Post-Treatment Measures

The pre-treatment party identification question was “Which of the following describes your political affiliation?” The response options were “1) Republican,” “2) Democrat,” “3) Independent,” and “4) I prefer not to answer.” Measurements were taken between September 17, 2004 and December 15, 2008. Measurement for the median subject occurred on October 6, 2008; for 95% of subjects, measurement occurred on or after September 22, 2007.

The post-manipulation measure of party ID in Experiment 1, not used elsewhere in this paper, was a branching item asked at the end of the experiment. The first part asked

Generally speaking, do you think of yourself as a . . . [Response options:
Democrat; Republican; Member of another party; Independent or unaffiliated.]

Subjects choosing “Democrat” were then asked

Would you call yourself . . . [Response options: A strong Democrat; A Democrat.]

Subjects choosing “Republican” received a similar follow-up question. Subjects choosing “Member of another party” or “Independent or unaffiliated” were instead asked

Do you think of yourself as closer to the Democratic Party or the Republican Party? [Response options: Democratic Party; Republican Party; Equally close to both.]

The match between the pre-and post-treatment measures of party ID was very close: counting as partisans those “leaners” who did not at first identify with either party, 95% of subjects who had previously identified as Democrats did so again at the end of Experiment 1. The corresponding figure for Republicans was 94%.

The post-manipulation measure of policy attitude was

Taking everything you have read into consideration, do you approve or disapprove of the changes to Medicaid policy that were described in the news article?

[Response options: disapprove strongly (coded 1); disapprove somewhat (2); disapprove slightly (3); neither approve nor disapprove (4); approve slightly (5); approve somewhat (6); approve strongly (7).]

Three items tested knowledge of policy details related in the article:

Would the proposed changes to Wisconsin's Medicaid system *reduce* or *expand* the number of services available through Medicaid—or would they do neither?

[Response options: reduce; expand; neither.]

When the article was written, how many Wisconsin residents were Medicaid recipients? [Response options: about 10,000; about 50,000; about 100,000; about 500,000; about 1 million.]

If the changes go into effect, what is the most that a single parent of two could earn while still being eligible for Medicaid? [Response options: about \$500 a month; about \$1,000 a month; about \$1,500 a month; about \$2,000 a month; about \$2,500 a month.]

The correct answers to these questions depended on the conditions to which subjects were assigned.

Six need-for-cognition items were adapted from the battery developed by Cacioppo and Petty (1982):

Some people prefer to solve simple problems instead of complex ones. Other people prefer to solve complex problems instead of simple ones. What is your preference? [Response options: greatly prefer simple problems (coded 1); somewhat prefer simple problems (2); slightly prefer simple problems (3); no preference (4); slightly prefer complex problems (5); somewhat prefer complex problems (6); greatly prefer complex problems (7).]

How much pleasure do you get from thinking? [Response options: none (coded 1); a little (2); a moderate amount (3); a lot (4); a great deal (5).]

Some people prefer to think about small, daily projects. Other people prefer to think about big, long-term projects. What is your preference? [Response options: greatly prefer small, daily projects (coded 1); somewhat prefer small, daily projects (2); slightly prefer small, daily projects (3); no preference (4); slightly prefer big, long-term projects (5); somewhat prefer big, long-term projects (6); greatly prefer big, long-term projects (7).]

How much do you like or dislike thinking long and hard for hours? [Response options: dislike a lot (coded 1); dislike somewhat (2); dislike a little (3); neither like nor dislike (4); like a little (5); like somewhat (6); like a lot (7).]

How much do you like or dislike having responsibility for handling situations that require lots of thinking? [Response options: dislike a lot (coded 1); dislike somewhat (2); dislike a little (3); neither like nor dislike (4); like a little (5); like somewhat (6); like a lot (7).]

After finishing a task that required a lot of mental effort, do you feel more *relieved* than *satisfied*, or more satisfied than relieved? [Response options: much more relieved than satisfied (coded 1), somewhat more relieved than satisfied (2), slightly more relieved than satisfied (3), relief and satisfaction to the same degree (4), slightly more satisfied than relieved (5), somewhat more satisfied than relieved (6), much more satisfied than relieved (7).]

The items formed a reliable battery ($\alpha = .81$). The second item was rescaled to share the range of the other items; the items were then summed to create a single index of need for cognition. The index was then rescaled to range from 0 to 1.

Experiment 1: Summary of Differences Between the Policy Conditions

Liberal Policy Changes	Status Quo	Conservative Policy Changes
Monthly income cutoff: \$2,184 for a single parent of two	Monthly income cutoff: \$1,334 for a single parent of two	Monthly income cutoff: \$484 for a single parent of two
No copayments for visits to doctor	Copayments for visits to doctor: 50 cents to \$3	Copayments for visits to doctor: \$4-\$10
Coverage for children: eliminate premiums for some families, leading 23,700 children to gain coverage		Coverage for children: require premiums for some families, leading 23,700 children to lose coverage
Expand mandatory coverage of wheelchairs, prostheses, and eye care. Reduce waiting times for wheelchairs and prostheses. Eye-care visits once every year.	Coverage of wheelchairs and prostheses. Eye-care visits once every two years.	Repeal mandatory coverage of wheelchairs, prostheses, and eye care. Budget would continue to fund wheelchairs, prostheses, and eye-care visits once every three years.
Coverage of temporarily disabled people aged 16 to 64 who earn less than \$2,600 per month and work at least three hours per month.	Coverage of temporarily disabled people aged 16 to 64 who earn less than \$1,940 per month and work at least three hours per month.	Eliminate coverage for the temporarily disabled.
Expand coverage for 100,000 of the state's one million Medicaid recipients.		Reduce coverage for 100,000 of the state's one million Medicaid recipients.

Table A2: Policy Details in Experiment 1. All subjects in Experiment 1 read a newspaper article that contrasted the status quo with liberal or conservative policy changes that had just been passed by the state House of Representatives.

Experiment 1: Randomization Checks

	All Subjects						Democratic Subjects						Republican Subjects					
	DS		DO		LIB		DS		DO		LIB		DS		DO		LIB	
Intercept	-.41	.26	.02	.25	-.37	.21	-.70	.37	.11	.34	-.60	.30	-.06	.36	-.06	.37	-.10	.30
Female	-.07	.10	-.06	.10	.03	.08	.06	.15	-.06	.14	-.08	.12	-.16	.14	-.06	.14	.19	.12
Age	.01	.00	.00	.00	-.00	.00	.01	.00	.00	.00	.00	.00	.01	.00	.00	.00	-.00	.00
Low education	-.11	.19	-.16	.18	.28	.15	-.09	.27	-.33	.25	.36	.21	-.11	.27	.04	.27	.20	.22
Medium education	.15	.16	-.07	.16	.21	.13	.25	.23	-.10	.21	.08	.18	.03	.23	-.00	.23	.32	.19
Northeast	.02	.16	-.21	.16	.08	.13	-.05	.21	-.32	.21	.26	.18	.12	.24	-.09	.25	-.01	.20
South	-.10	.13	-.04	.13	.19	.10	-.09	.19	-.03	.18	.42	.15	-.14	.18	-.06	.18	-.02	.15
West	-.04	.14	-.10	.14	.18	.12	-.06	.20	-.19	.20	.42	.17	-.03	.20	-.02	.21	-.06	.17
Liberal policy	-.02	.10	-.03	.10			.07	.14	.05	.14			-.11	.14	-.10	.14		
“Democrats support” cues					-.02	.10					.07	.14					-.10	.14
“Democrats oppose” cues					-.03	.10					.05	.14					-.11	.14
Log likelihood	-1127		-1134		-1688		-557		-578		-835		-568		-554		-841	
Likelihood ratio test	10.3	(<i>p</i> = .33)	4.3	(<i>p</i> = .89)	7.9	(<i>p</i> = .64)	7.4	(<i>p</i> = .59)	5.7	(<i>p</i> = .77)	13.1	(<i>p</i> = .22)	5.8	(<i>p</i> = .76)	1.6	(<i>p</i> = .99)	7.6	(<i>p</i> = .67)
Cragg and Uhler (1970) <i>R</i> ²	.008		.004		.004		.012		.009		.014		.009		.003		.008	
Number of observations	1634		1639		2442		810		838		1222		824		801		1220	

Table A3: Randomization Checks for Experiment 1. Each column reports estimates and standard errors from a logistic regression of a randomized variable on other variables. “DS,” “DO,” and “LIB,” are the randomized variables: “Democrats support” party cues, “Democrats oppose” party cues, and the liberal policy condition. “Northeast,” “South,” and “West” refer to subjects’ region of residence as defined by the U.S. Census Bureau; the index category is “North Central.” “Low education” indicates no formal education beyond high school. “Medium education” indicates formal education beyond high school but not beyond college. The index category, “high education,” includes subjects who had some post-college education. Entries in the “likelihood ratio test” row are χ^2 statistics from a test against an intercept-only model.

As expected, the χ^2 statistics are insignificant and the pseudo-*R*² values are low, suggesting that the randomizations in Experiment 1 were not systematically associated with the predictors. Three of the 81 estimates are significant at *p* < .05, two-tailed: the estimates for “South,” “West,” and the intercept in the sixth column. This percentage of significant estimates (3/81 = 3.7%) is close to the 5% of estimates that we would expect to be significant by chance if all of the coefficients were null.

Experiment 1: Sample Characteristics

Figure A1 contrasts characteristics of the Experiment 1 sample with those of partisans in the 2008 American National Election Study. It shows that the sample percentages of subjects who are women (55%), 30 or younger (16%), 56 or older (34%), hold an advanced degree (13%), or hail from the Midwest (27%), the Northeast (16%), the South (36%), or the West (22%) are all within 6% of the corresponding ANES percentages. This is consistent with the small discrepancies that Sanders et al. (2007) and Stephenson and Crête (2011) find between Internet surveys and surveys conducted through other modes (though see Malhotra and Krosnick 2007, who find somewhat larger differences).

The outlier, as in many Internet samples, is the proportion of people who report having no post-high-school education: 19% of the subjects age 25 or older fit this description, against 41% of ANES partisans age 25 or older. *A priori*, we might expect more educated subjects to better comprehend policy descriptions and thus be more influenced by them, thereby causing the analyses of Experiment 1 to overstate the influence of such descriptions. But the percentage of the sample holding advanced degrees (13%) is very close to the corresponding percentage for all U.S. partisans (10%), suggesting that the average subject in Experiment 1, while more educated than the average U.S. partisan, is not much more educated. The median education level in the sample is the same as the median for all American partisans: more than 12 years of schooling but no college degree. The sample is very close to the ANES in need for cognition (variables V085170x and V085171); to the extent that education proxies for cognitive effort, this suggests that the results are not affected by under-representation of people who have no post-high-school education. The percentage of subjects who knew Dick Cheney's job title is also close to the corresponding percentage in the 2004 ANES (V045163).¹ The item about Cheney is the only knowledge item common to the two studies, but to the extent that it indicates general political

¹ Data for the 2008 ANES item about Cheney have not yet been released. This is why I refer to the 2004 ANES responses to the Cheney item.

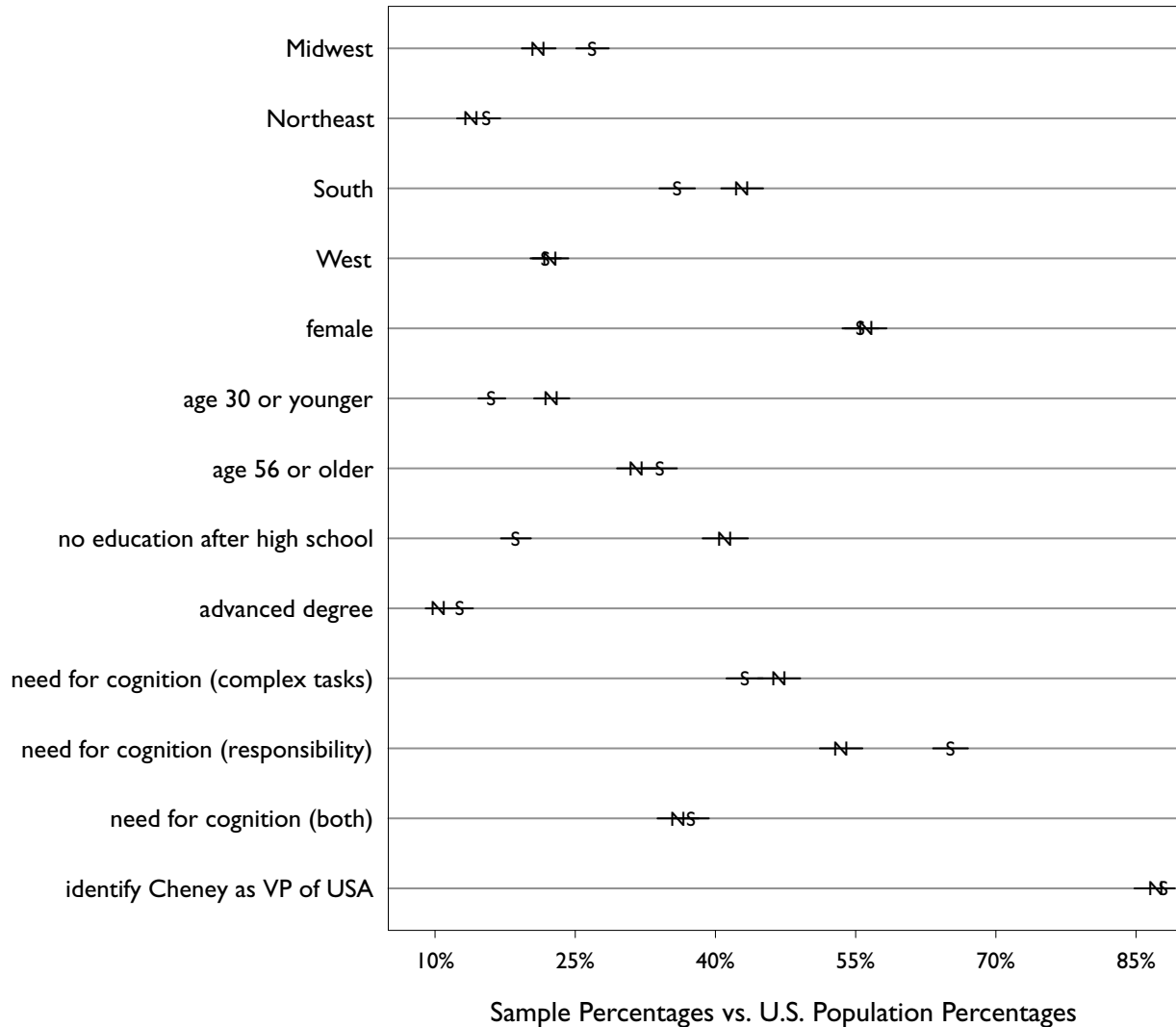


Figure A1: Experiment I Sample Representativeness. Each row plots percentages of Experiment I subjects (“S”) who share a characteristic. The corresponding percentages for partisans in the U.S. population (“N”) are drawn from the 2004 and 2008 ANES. Black lines are 95% confidence intervals.

“Midwest,” “Northeast,” “South,” and “West” indicate percentages of subjects residing in each region. “Need for cognition (complex tasks)” plots percentages of subjects indicating that they “prefer complex to simple tasks.” “Need for cognition (responsibility)” plots percentages indicating that they like having responsibility for situations that “require lots of thinking.” “Need for cognition (both)” plots percentages indicating that they prefer complex tasks and like having responsibility for situations that require lots of thinking. “Identify Cheney as VP of USA” indicates the proportion of subjects who identified Dick Cheney as Vice President of the United States in response to an open-ended question.

knowledge, it also suggests that the results are unlikely to be affected by the under-representation of people who have no post-high-school education.

But the most direct evidence about the consequence of the under-representation of people with no post-high-school education is given in Figure A2, which shows how the average effects of party cues and policy direction differ between subjects who have post-high-school education and subjects who do not. The general pattern of results is the same for both groups: both are substantially more affected by changes in policy than by changes in party cues. But the average effect of policy is greater for subjects who have no post-high-school education: 2.27 points on the seven-point attitude scale, against 1.54 points for subjects who do have some post-high-school education. In short, the sample's nonrepresentativeness on education seems unlikely to sharply affect the analyses. To the extent that it does, Figure A2 suggests that it causes the analyses to be conservative, i.e., to understate the influence of policy considerations.

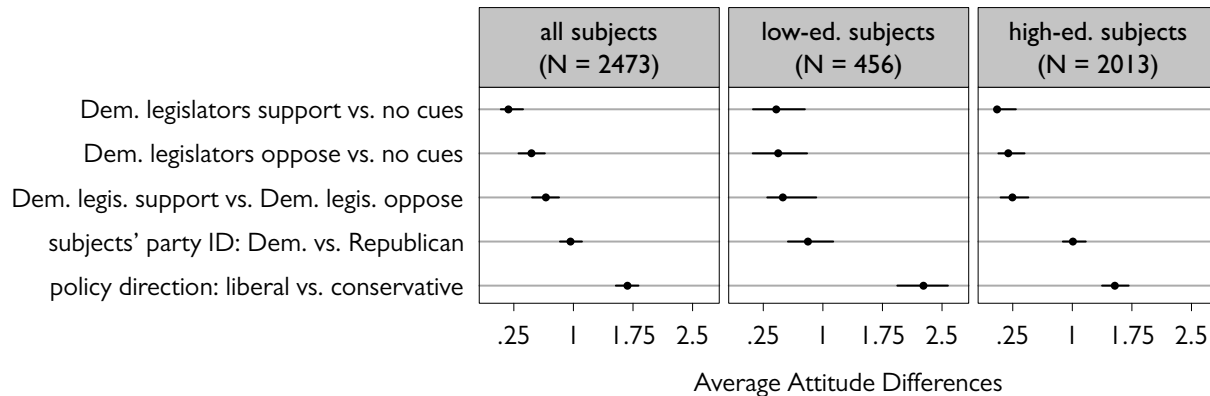


Figure A2: Average Attitude Difference by Changes in Party Cues, Party ID, and Policy Direction (Low- vs. High-Education Subjects). This figure is analogous to Figure 2. The difference is that this figure shows how average effects in Experiment 1 differ across low- and high-education subjects, while Figure 2 does not. “Low-ed.” subjects are those who have no formal education beyond high school; “high-ed.” subjects do have some formal education beyond high school.

Each row plots the average of absolute differences between different groups’ attitudes toward the proposed policy changes. For example, the middle row of the left-hand panel shows that, on average, exposing subjects to “Democratic legislators support” cues instead of “Democratic legislators oppose” cues changed attitudes by .65 points on the seven-point attitude scale. In each row, black lines are 95% confidence intervals.

The top three rows show that changes in cue condition have slight-to-middling effects on attitudes. The average difference between Republicans and Democrats, displayed in the fourth row, is greater. The greatest average effect is caused by exposing subjects to liberal rather than conservative policy changes. This effect is greater for low- than for high-education subjects (2.27 vs. 1.54, $p < .05$), suggesting that policy effects in Experiment 1 would have been still larger if the distribution of education among Experiment 1 subjects more closely matched the distribution of education in the U.S. population.

Experiment 1: Formal Definition of Causal Estimands

Let Y_i be subject i 's rating of the policy changes on the seven-point scale. Let $S_i = 1$ if i is exposed to “Democrats support” party cues; otherwise, $S_i = 0$. Let $O_i = 1$ if i is exposed to “Democrats oppose” party cues; otherwise, $O_i = 0$. Note that there is no subject for whom $S_i = O_i = 1$. Thus, following Neyman ([1923] 1990) and Rubin (1974), the effect on i of exposure to “Democrats support” cues is

$$\tau_{S_i} = Y_i(S_i = 1, O_i = 0) - Y_i(S_i = 0, O_i = 0),$$

where $Y_i(S_i = 1, O_i = 0)$ is the rating that the subject would give if assigned to receive “Democrats support” cues and $Y_i(S_i = 0, O_i = 0)$ is the rating that the subject would give if assigned to the no-cue condition.² We cannot observe both of these “potential outcomes,” because i cannot be assigned to both the “Democrats support” and the no-cue conditions. But given randomization, we can estimate the expected values of these outcomes:

$$E[Y_i(S_i = 1, O_i = 0)] = \frac{\sum_i (Y_i \times S_i)}{\sum_i S_i}, \text{ and}$$

$$E[Y_i(S_i = 0, O_i = 0)] = \frac{\sum_i [Y_i \times (1 - \max(S_i, O_i))]}{\sum_i (1 - \max(S_i, O_i))}.$$

This permits us to estimate the average effect of exposure to “Democrats support” cues:

$$\tau_S = E[Y_i(S_i = 1, O_i = 0)] - E[Y_i(S_i = 0, O_i = 0)].$$

Similarly, the average effect of exposure to “Democrats oppose” cues is

$$\tau_O = E[Y_i(S_i = 0, O_i = 1)] - E[Y_i(S_i = 0, O_i = 0)].$$

²This definition implies that the “stable unit treatment value assumption” was met, i.e., that the potential outcomes for each person i were unrelated to the potential outcomes for other subjects. Given that the subjects never met and that each subject’s treatment status was unknown to the others, this is a very plausible assumption.

Most importantly, the *average effect of switching from “Democrats oppose” cues to “Democrats support” cues* is

$$\tau_S - \tau_O = E[Y_i(S_i = 1, O_i = 0)] - E[Y_i(S_i = 0, O_i = 1)].$$

This is just a difference of average treatment effects.

In the same way, let $L_i = 1$ if subject i is assigned to read about liberal policy changes and $L_i = 0$ if he is not. Let $C_i = 1$ if he is assigned to read about conservative policy changes and $C_i = 0$ if he is not. The average effects for the policy manipulation are then

$$\tau_L = E[Y_i(L_i = 1, C_i = 0)] - E[Y_i(L_i = 0, C_i = 0)],$$

the effect of exposure to descriptions of liberal policy changes, and

$$\tau_C = E[Y_i(L_i = 0, C_i = 1)] - E[Y_i(L_i = 0, C_i = 0)],$$

the effect of exposure to descriptions of conservative policy changes. These effects cannot be estimated, because there are no subjects for whom $L_i = 0$ and $C_i = 0$, i.e., no subjects who received neither conservative nor liberal policy descriptions. But we can estimate the *effect of switching from conservative to liberal policy changes*,

$$\tau_L - \tau_C = E[Y_i(L_i = 1, C_i = 0)] - E[Y_i(L_i = 0, C_i = 1)].$$

Like the effect of switching from “Democrats support” to “Democrats oppose” party cues, this is simply a difference of average treatment effects. The analysis of Experiment 1 focuses on these two “switching” effects because they are estimable and directly comparable: both are differences of average treatment effects. (See Imai, Keele, and Yamamoto 2009, 18-20 for an analogous treatment of the experiment in Nelson, Clawson, and Oxley 1997.)

Experiment 1: Need-for-Cognition Analyses with Higher-Order Interactions

The analyses presented in Table 2 suggest that need for cognition is a strong moderator of policy effects but a weaker and less consistent moderator of party-cue effects. The table below bolsters the finding by reporting estimates from more elaborate models. The first and third columns report estimates from a model that is like the one reported in Table 2 but that permits interactions among the experimental conditions: that is, it includes terms for (Democratic legislators support \times liberal policy changes) and (Democratic legislators oppose \times liberal policy changes). To this, the second and fourth columns add three-variable interactions: (Democratic legislators support \times liberal policy changes \times need for cognition) and (Democratic legislators oppose \times liberal policy changes \times need for cognition).

In all of these models, need for cognition is a consistently powerful moderator of policy-direction effects, a less consistent moderator of party-cue effects. The models reported here offer almost no additional explanatory power: note that the R^2 and standard errors of regression reported here are the same as those reported in Table 2.

	Democratic subjects		Republican subjects	
Intercept	2.50 .28	2.77 .32	1.95 .37	2.05 .44
Democratic legislators support	-.76 .39	-1.22 .49	.01 .47	-.40 .63
Democratic legislators oppose	-.24 .39	-.68 .50	.41 .48	.52 .65
Liberal policy changes	2.12 .34	1.37 .54	1.84 .40	1.62 .63
Need for cognition	-.35 .46	-.82 .53	1.88 .58	1.70 .70
Democratic legislators support × need for cognition	1.43 .61	2.23 .79	-.57 .73	.13 1.02
Democratic legislators oppose × need for cognition	.02 .62	.77 .81	-.09 .74	-.28 1.04
Liberal policy changes × need for cognition	.95 .52	2.24 .87	-2.29 .60	-1.92 1.02
Democratic legislators support × liberal policy changes	.04 .24	1.26 .79	.21 .27	1.03 .90
Democratic legislators oppose × liberal policy changes	-.15 .23	.97 .78	.59 .27	.39 .92
Democratic legislators support × liberal policy changes × need for cognition		-2.06 1.26		-1.40 1.45
Democratic legislators oppose × liberal policy changes × need for cognition		-1.88 1.25		.32 1.48
Standard error of regression	1.63	1.63	1.88	1.88
Likelihood ratio test vs. Table 2 model	.69 ($p = .71$)	4.06 ($p = .40$)	4.89 ($p = .09$)	6.45 ($p = .17$)
R^2	.41	.41	.09	.09
Number of observations	1163	1163	1183	1183

Table A4: Need-for-Cognition Analyses with Higher-Order Interactions. Each column reports parameter estimates and standard errors from an ordinary least squares regression. In each regression, the dependent variable is attitude toward the proposed policy changes, which is measured on a seven-point scale; higher values indicate a more positive attitude. The party-cues variables (“Democratic legislators support” and “Democratic legislators oppose”) and the policy variable (“Liberal policy changes”) are scored 0 or 1. Need for cognition ranges from 0 to 1.

The models reported in Table 2 nest within the models reported here, and the additional terms in the models reported here make little substantive difference. As in Table 2, need for cognition appears to be a strong moderator of policy effects, a weaker and less consistent moderator of party-cue effects. Note that the R^2 and standard errors of regression reported here are identical to those reported in Table 2.

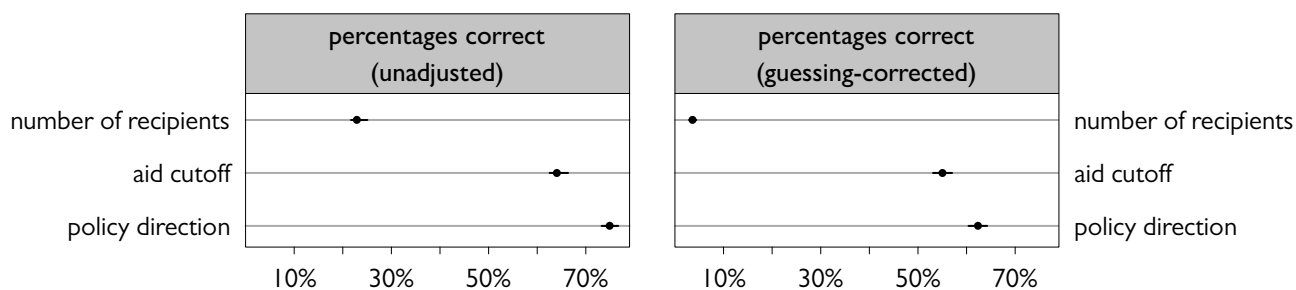


Figure A3: Percentages Holding Correct Beliefs about Policy. Each panel reports summary information about responses to questions about policy. The left panel reports unadjusted percentages of subjects who answered correctly. Following Luskin (2002), the right panel reports the “guessing-corrected” percentages; these are estimates of the percentages of subjects who would have answered correctly in the absence of lucky guessing. In both panels, black lines represent 95% confidence intervals.

Experiment 1: Beliefs about Policy

The left-hand panel of Figure A3 presents the percentages correctly answering the questions about policy. These percentages reflect the responses of both those who knew the answers and those who guessed luckily. To purge these percentages of the influence of lucky guessing, the right-hand panel presents the “guessing-corrected percentages,” following the procedure used by Luskin (2002).³ The guessing-corrected percentages are better indicators of the proportion of subjects in the sample who held correct beliefs. They show that a majority of subjects knew the maximum income that a single parent of two could earn while remaining eligible for Medicaid under the proposed legislation. A majority also knew whether the proposed policy changes would expand or reduce health care benefits. But large minorities did not know the answers to these questions, and almost no one recalled the number of Medicaid recipients in Wisconsin. These

³ The guessing-corrected percentage correct for any item is $\% \text{ correct} - (\% \text{ incorrect})(\# \text{ correct response options} / \# \text{ incorrect response options})$. The implicit assumptions of this method are that all who answer incorrectly are guessing and that guesses are equally distributed across the response options. For example, if 25% of subjects incorrectly answer a question with two response options, another 25% are assumed to have guessed the correct answer. If all subjects answered the question, the guessing-corrected percentage correct is $75\% - 25\%(1/1) = 50\%$.

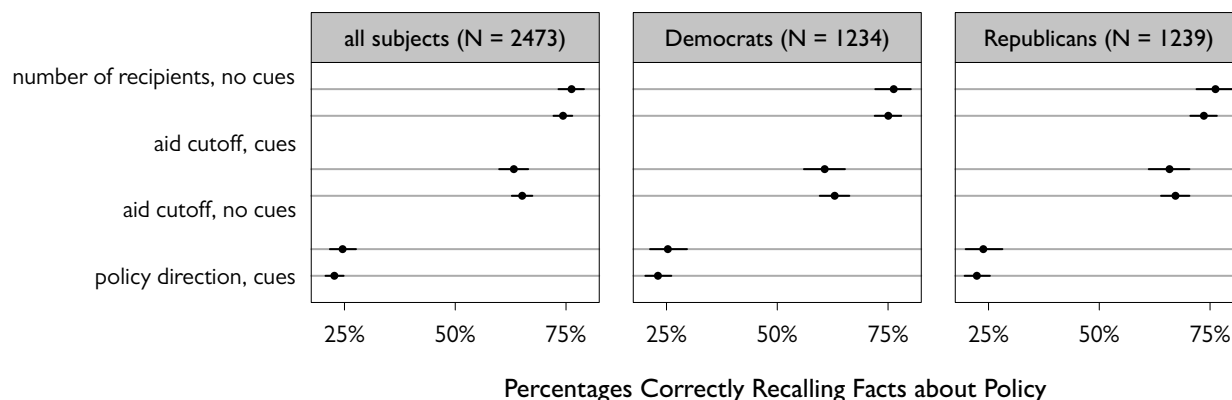


Figure A4: No Effect of Cues on Recall of Policy Facts in Experiment 1. Within each panel, each row plots the percentage of cued or uncued subjects correctly answering a factual question about the proposed policy changes. The “policy direction” rows indicate how many subjects correctly recalled whether the policy would expand or reduce health-care benefits. The “aid cutoff” rows indicate whether subjects correctly recalled the maximum amount that single parents of two could earn while remaining eligible for Medicaid benefits. And the “number of recipients” rows indicate whether subjects correctly recalled the number of people who stood to gain or lose benefits. Black lines in each row are 95% confidence intervals.

Comparing the rows within each tier shows that cues made little difference to subjects’ recall of policy facts. This suggests that party cues did not cause subjects to think less about the policy content to which they had been exposed.

percentages are consistent with other research (Schwieder and Quirk 2004), and they suggest that subjects did not come close to using all of the information in the article. If they had, the observed policy effects might have been even larger.⁴

⁴Subjects assigned to the liberal policy condition received information indicating that the eligibility cutoff for single parents of two would be \$2,184 per month under the proposed policy changes. For these subjects, both “about \$2,000 a month” and “about \$2,500 a month” were counted as correct answers to the question about the eligibility cutoff.

Experiment 2: Factorial Design

	Expand benefits		Reduce benefits	
	Large changes	Small changes	Small changes	Large changes
No cues	some legislators support changes; others oppose them	some legislators support changes; others oppose them	some legislators support changes; others oppose them	some legislators support changes; others oppose them
“Democrats oppose” cues	Democratic legislators oppose changes; Republican legislators support them	Democratic legislators oppose changes; Republican legislators support them	Democratic legislators oppose changes; Republican legislators support them	Democratic legislators oppose changes; Republican legislators support them

Table A5: Design of Experiment 2. Experiment 2 had a $2 \times 2 \times 2$ factorial design. Each subject read about legislation that would expand or reduce state-provided health-care benefits. The departures from the health-care status quo were large or small. Subjects in the large change conditions read about the same changes that were described to subjects in Experiment 1.

In the “Democrats oppose” condition, Democratic legislators opposed the changes while Republican legislators supported them. In the “no cues” condition, subjects read about support for and opposition to the proposed changes, but the positions were not linked to political parties.

Experiment 2: Article Text

In Experiment 2, subjects were assigned to read about either liberal or conservative changes to the health-care status quo. They were further assigned to read about departures from the status quo that were large or small, and to receive no party cues or party cues indicating that Democratic legislators opposed the proposed changes while Republican legislators supported them. There were thus eight experimental conditions. Each condition was associated with a different version of a newspaper article that was modeled on Lieb (2005).

Large liberal policy changes, no party cues. The article used in this condition was the same as the article used in the “liberal policy changes, no party cues” condition of Experiment 1. See page A8.

Large liberal policy changes, “Democratic legislators oppose” party cues. The article used in this condition was the same as the article used in the “liberal policy changes, Democratic legislators oppose” condition of Experiment 1. See page A12.

Small liberal policy changes, no party cues. Gov. David Brady won a key budget battle Thursday as the House sent him a bill authorizing the expansion of Medicaid health coverage for tens of thousands of low-income residents. The House’s 87-71 vote came on the same day its Budget Committee was finalizing a roughly \$19 billion spending plan that would implement the Medicaid expansion beginning July 1.

Brady said the expansion is needed to protect the disabled, elderly, and parents who currently lack coverage.

But opponents contend the expansion could lead to reduced school funding, a budget deficit, and higher taxes. They also argued that the expansion could threaten the long-term sustainability of the state’s other social welfare services.

The plan would increase health care coverage for nearly 10,000 of Wisconsin’s 1 million Medicaid recipients by loosening eligibility standards, and it would add certain services such as

dental care for many others. It also would reduce co-payments or premiums for tens of thousands of Medicaid enrollees.

Brady praised the Legislature for taking “decisive actions to protect the poorest among us.” He said the bill’s anti-waste and fraud provisions—such as annual Medicaid eligibility reviews—would “ensure that scarce state resources are going to those in need.”

The bill would reduce waiting times for such things as wheelchairs and artificial limbs for most adults. Recipients would be permitted one eye care visit every two years, as they are now.

A late provision added by the House would also expand a program that provides Medicaid coverage to disabled people aged 16 to 64 if they work at least three hours a month. Currently, disabled adults qualify for coverage if they earn less than \$1,940 a month. The House bill raises the cutoff to \$2,160 a month.

Opponents of the expansion point to the growth of Medicaid. In the past dozen years, the Medicaid rolls doubled while its cost nearly tripled. Yet even without the proposed expansion, Medicaid would cost more than \$5.5 billion in state and federal money next fiscal year, consuming nearly 29 percent of Wisconsin’s budget.

The expansion is dangerous because “we must ensure the children of our state can be educated, that our most vulnerable are protected, and (that) we do it in such a manner that creates solid footing for the state of Wisconsin,” said David Toolan, Chair of Residents for Responsible Government, a nonprofit group that has been lobbying against the expansion.

But supporters claim the Medicaid expansions would ensure that the most vulnerable receive necessary protections.

Currently, most adult Medicaid recipients are required to make co-payments of between 50 cents and \$3, depending on the cost of the service, each time they visit a doctor or hospital. Under the House bill, co-payments would cost between 50 cents and \$2 per visit.

The bill also would eliminate monthly premiums of families in the MC+ for Kids program, which provides health care to children whose families earn up to three times the federal poverty level but aren’t covered by traditional Medicaid or private insurance. Because some

families will join the program if the premiums are eliminated, the Department of Social Services estimates about 7,900 children will gain coverage.

Under the House version, a single parent of two could earn no more than \$1,618 a month to qualify for Medicaid. The current cutoff for single parents of two is \$1,334 a month.

Representative Connie Zimmer, I-Mellen, said she gets a \$493.50 state mileage check for driving to the Capitol each month.

To qualify for Medicaid under current conditions, “we’re telling somebody that they should raise a family of three for less money than any three of us get for gas, and that’s hypocritical,” she said.

The bill is HB 593.

Small liberal policy changes, “Democrats oppose” party cues. Gov. David Brady won a key budget battle Thursday as the House sent him a bill authorizing the expansion of Medicaid health coverage for tens of thousands of low-income residents. The House’s 87-71 vote came on the same day its Budget Committee was finalizing a roughly \$19 billion spending plan that would implement the Medicaid expansion beginning July 1. 80 of 89 House Republicans voted for the bill, while 62 of 69 House Democrats voted against it.

Brady, a Republican, and Republican legislative leaders said the expansion is needed to protect the disabled, elderly, and parents who currently lack coverage.

But Democratic opponents contend the expansion could lead to reduced school funding, a budget deficit, and higher taxes. They also argued that the expansion could threaten the long-term sustainability of the state’s other social welfare services.

The plan would increase health care coverage for nearly 10,000 of Wisconsin’s 1 million Medicaid recipients by loosening eligibility standards, and it would add certain services such as dental care for many others. It also would reduce co-payments or premiums for tens of thousands of Medicaid enrollees.

Brady praised the Legislature for taking “decisive actions to protect the poorest among us.” He said the bill’s anti-waste and fraud provisions—such as annual Medicaid eligibility reviews—would “ensure that scarce state resources are going to those in need.”

The bill would reduce waiting times for such things as wheelchairs and artificial limbs for most adults. Recipients would be permitted one eye care visit every two years, as they are now.

A late provision added by the House would also expand a program that provides Medicaid coverage to disabled people aged 16 to 64 if they work at least three hours a month. Currently, disabled adults qualify for coverage if they earn less than \$1,940 a month. The House bill raises the cutoff to \$2,160 a month.

Opponents of the expansion point to the growth of Medicaid. In the past dozen years, the Medicaid rolls doubled while its cost nearly tripled. Yet even without the proposed expansion, Medicaid would cost more than \$5.5 billion in state and federal money next fiscal year, consuming nearly 29 percent of Wisconsin’s budget.

The expansion is dangerous because “we must ensure the children of our state can be educated, that our most vulnerable are protected, and (that) we do it in such a manner that creates solid footing for the state of Wisconsin,” said House Budget Committee Member David Toolan, D-Milwaukee.

But supporters claim the Medicaid expansions would ensure that the most vulnerable receive necessary protections.

Currently, most adult Medicaid recipients are required to make co-payments of between 50 cents and \$3, depending on the cost of the service, each time they visit a doctor or hospital. Under the House bill, co-payments would cost between 50 cents and \$2 per visit.

The bill also would eliminate monthly premiums of families in the MC+ for Kids program, which provides health care to children whose families earn up to three times the federal poverty level but aren’t covered by traditional Medicaid or private insurance. Because some families will join the program if the premiums are eliminated, the Department of Social Services estimates about 7,900 children will gain coverage.

Under the House version, a single parent of two could earn no more than \$1,618 a month to qualify for Medicaid. The current cutoff for single parents of two is \$1,334 a month.

Representative Connie Zimmer, R-Mellen, said she gets a \$493.50 state mileage check for driving to the Capitol each month.

To qualify for Medicaid under current regulations, “we’re telling somebody that they should raise a family of three for less than any three of us get for gas, and that’s hypocritical,” she said.

The bill is HB 593.

Large conservative policy changes, no party cues. The article used in this condition was the same as the article used in the “conservative policy changes, no party cues” condition of Experiment 1. See page A14.

Large conservative policy changes, “Democratic legislators oppose” party cues. The article used in this condition was the same as the article used in the “conservative policy changes, Democratic legislators oppose” condition of Experiment 1. See page A18.

Small conservative policy changes, no party cues. Gov. David Brady won a key budget battle Thursday as the House sent him a bill authorizing the reduction of Medicaid health coverage for tens of thousands of low-income residents. The House’s 87-71 vote came on the same day its Budget Committee was finalizing a roughly \$19 billion spending plan that would implement the Medicaid cuts beginning July 1.

Brady said the cuts are needed to balance a budget that increases school funding without seeking higher taxes or cutting other social welfare services.

But opponents contend the health care cuts could threaten the health of the disabled, elderly and parents affected.

The plan would reduce health care coverage for nearly 10,000 of Wisconsin’s 1 million Medicaid recipients by tightening eligibility standards, and it would end certain services such

as dental care for many others. It also would increase co-payments or premiums for tens of thousands of Medicaid enrollees.

Brady praised the Legislature for taking “decisive actions to protect the long-term sustainability of our state’s social welfare services.” He said the bill’s anti-waste and fraud provisions—such as annual Medicaid eligibility reviews—would “ensure that scarce state resources are going to those in need.”

The bill would extend waiting times for such things as wheelchairs and artificial limbs for most adults. Recipients would be permitted one eye care visit every two years, as they are now.

A late provision added by the House would also limit Medicaid coverage for disabled people aged 16 to 64 who work at least three hours a month. Currently, disabled adults qualify for coverage if they earn less than \$1,940 a month. The House bill lowers the cutoff to \$1,300 a month.

Supporters of the cuts point to the growth of Medicaid. In the past dozen years, the Medicaid rolls doubled while its cost nearly tripled. Without the proposed cuts, Medicaid would cost more than \$5.5 billion in state and federal money next fiscal year, consuming nearly 29 percent of Wisconsin’s budget.

The cuts are necessary because “we must ensure the children of our state can be educated, that our most vulnerable are protected, and (that) we do it in such a manner that creates solid footing for the state of Wisconsin,” said David Toolan, Chair of Residents for Responsible Government, a nonprofit group that has been lobbying for the bill.

But opponents claim the Medicaid cuts would affect the very vulnerable people supporters say they want to protect.

Currently, most adult Medicaid recipients are required to make co-payments of between 50 cents and \$3, depending on the cost of the service, each time they visit a doctor or hospital. Under the House bill, co-payments would cost from \$3 to \$6 per visit.

The bill also would require monthly premiums of more families in the MC+ for Kids program, which provides health care to children whose families earn up to three times the

federal poverty level but aren't covered by traditional Medicaid or private insurance. Because some families would drop out rather than pay the premium, the Department of Social Services estimates about 7,900 children would lose coverage.

Under the House version, a single parent of two could earn no more than \$1,050 a month to qualify for Medicaid. The current cutoff for single parents of two is \$1,334 a month.

Representative Connie Zimmer, I-Mellen, said she gets a \$493.50 state mileage check for driving to the Capitol each month.

To qualify for Medicaid, "we're going to tell somebody that they should raise a family of three for less money than three of us get for gas, and that's hypocritical," she said.

The bill is HB 593.

Small conservative policy changes, "Democrats oppose" party cues. Gov. David Brady won a key budget battle Thursday as the House sent him a bill authorizing the reduction of Medicaid health coverage for tens of thousands of low-income residents. The House's 87-71 vote came on the same day its Budget Committee was finalizing a roughly \$19 billion spending plan that would implement the Medicaid cuts beginning July 1. 80 of 89 House Republicans voted for the bill, while 62 of 69 House Democrats voted against it.

Brady, a Republican, and GOP legislative leaders said the Medicaid cuts are needed to balance a budget that increases school funding without seeking higher taxes or cutting other social welfare services.

But Democratic opponents contend the health care cuts could threaten the health of the disabled, elderly and parents affected.

The plan would reduce health care coverage for nearly 10,000 of Wisconsin's 1 million Medicaid recipients by tightening eligibility standards, and it would end certain services such as dental care for many others. It also would increase co-payments or premiums for tens of thousands of Medicaid enrollees.

Brady praised the Legislature for taking "decisive actions to protect the long-term sustainability of our state's social welfare services." He said the bill's anti-waste and fraud

provisions—such as annual Medicaid eligibility reviews—would “ensure that scarce state resources are going to those in need.”

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The bill also would require monthly premiums of more families in the MC+ for Kids program, which provides health care to children whose families earn up to three times the federal poverty level but aren’t covered by traditional Medicaid or private insurance. Because some families would drop out rather than pay the premium, the Department of Social Services estimates about 7,900 children would lose coverage.

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The bill is HB 593.

Experiment 2: Pre- and Post-Treatment Measures

The pre- and post-treatment measures of party identification were the same as those used for Experiment 1. (See page A20.) Pre-treatment measurements were taken between one and six days before the start of the experiment. 98% of subjects who identified as Democrats before the experiment began also identified as Democrats at the end of the experiment. For Republicans, the corresponding figure was also 98%. (In the post-treatment interview, some subjects initially denied having a major-party affiliation but subsequently said that they were “closer to” one of the major parties than the other. For the purpose of this analysis, these “leaners” are counted as partisans.)

With two exceptions, the other post-treatment items were the same as those used in Experiment 1. The first exception was a question about the maximum income that a single parent of two could earn without becoming ineligible for Medicaid. The question itself remained the same, but the response options were changed to be suitable for subjects in both the small-change and large-change policy conditions:

If the changes go into effect, what is the most that a single parent of two could earn while still being eligible for Medicaid? [Response options: about \$500 a month; about \$1,000 a month; about \$1,300 a month; about \$1,600 a month; about \$2,200 a month.]

The second exception was the addition of a prompt that asked subjects to

Please list your thoughts about the article and the policy changes that it described. The main goal of this study is to better understand what people think about changes like the one that you just read about—so please write as much as you like and take as much time as you need.

Expansion of Benefits		Status Quo	Reduction of Benefits	
Large	Slight		Slight	Large
Monthly income cutoff: \$2,184 for a single parent of two.	Monthly income cutoff: \$1,618 for a single parent of two.	Monthly income cutoff: \$1,334 for a single parent of two.	Monthly income cutoff: \$1,050 for a single parent of two.	Monthly income cutoff: \$484 for a single parent of two.
No copayments for visits to doctor.	Copayments for visits to doctor: 50 cents to \$2.	Copayments for visits to doctor: 50 cents to \$3.	Copayments for visits to doctor: \$3-\$6.	Copayments for visits to doctor: \$4-\$10.
Eliminate premiums for some families, leading 23,700 children to gain coverage.	Eliminate premiums for some families, leading 7,900 children to gain coverage.		Require premiums for some families, leading 7,900 children to lose coverage.	Require premiums for some families, leading 23,700 children to lose coverage.
Expand mandatory coverage of wheelchairs, prostheses, and eye care. Reduce waiting times for wheelchairs and prostheses. Eye-care visits once every year.	Reduce waiting times for wheelchairs and prostheses. Eye-care visits once every two years.	Coverage of wheelchairs and prostheses. Eye-care visits once every two years.	Extend waiting times for wheelchairs and prostheses. Eye-care visits once every two years.	Repeal mandatory coverage of wheelchairs, prostheses, and eye care. Continue to fund wheelchairs, prostheses, and eye-care visits once every three years.
Coverage of temporarily disabled people aged 16 to 64 who earn less than \$2,600 per month and work at least three hours per month.	Coverage of temporarily disabled people aged 16 to 64 who earn less than \$2,160 per month and work at least three hours per month.	Coverage of temporarily disabled people aged 16 to 64 who earn less than \$1,940 per month and work at least three hours per month.	Coverage of temporarily disabled people aged 16 to 64 who earn less than \$1,300 per month and work at least three hours per month.	Eliminate coverage for the temporarily disabled.
Expand coverage for 100,000 of the state's one million Medicaid recipients.	Expand coverage for 10,000 of the state's one million Medicaid recipients.		Reduce coverage for 10,000 of the state's one million Medicaid recipients.	Reduce coverage for 100,000 of the state's one million Medicaid recipients.

Table A6: Policy Details in Experiment 2. All subjects in Experiment 2 read a newspaper article that contrasted the status quo with liberal or conservative policy changes that had just been passed by the state House of Representatives. “Large”-change policies were those that subjects read about in Experiment 1. “Slight”-change policies offered smaller changes from the status quo.

Experiment 2: Randomization Checks

Table A7 reports results from a set of logistic regressions. In each regression, one of the treatments in Experiment 2 is regressed on other treatment and pre-treatment variables. As expected, the χ^2 statistics are insignificant and the pseudo- R^2 values are low for each regression, suggesting that the randomizations in Experiment 2 were not systematically associated with the predictors. The intercepts in the large-policy-change (**LARGE**) regressions are large and negative, which is consistent with the intentional assignment of more subjects to the large-policy-change condition than to the small-policy-change condition.

The estimates in the last three rows of coefficients are not independent. For example, the coefficient on “large policy changes” in each **LIB** regression is necessarily the same as the coefficient on “liberal policy” in the corresponding **LARGE** regression.

Of the 72 independent estimates of terms other than intercepts, three are significant at $p < .05$, two-tailed: the estimate for “female” in the eighth column and the estimates for “liberal policy” in the first and fourth columns (which are necessarily the same as the estimates for “Democrats oppose” cues in the second and fifth columns). This percentage of significant estimates ($3/72 = 4.2\%$) is almost exactly what we would expect by chance if all 72 coefficients were null.

	All Subjects			Democratic Subjects			Republican Subjects		
	CUE	LIB	LARGE	CUE	LIB	LARGE	CUE	LIB	LARGE
Intercept	-.16 .18	.01 .18	-1.03 .20	.27 .30	.34 .29	-.82 .34	-.40 .23	-.20 .23	-1.08 .26
Female	-.01 .07	.09 .07	.03 .08	-.19 .12	-.15 .12	.01 .13	.09 .09	.23 .09	.02 .10
Age	-.00 .00	-.00 .00	.00 .00	-.00 .00	-.00 .00	-.00 .00	-.00 .00	-.00 .00	-.00 .00
Low education	-.02 .11	-.08 .11	-.13 .12	-.14 .18	-.17 .17	-.37 .19	.03 .14	-.04 .14	.03 .15
Medium education	-.01 .10	-.07 .10	.01 .11	-.09 .16	-.10 .16	-.19 .17	.02 .13	-.06 .12	.14 .14
Northeast	.03 .11	.16 .11	.07 .12	.03 .18	.10 .17	.22 .19	.03 .15	.19 .15	-.06 .16
South	-.02 .09	.04 .09	.05 .10	-.05 .16	.03 .15	.03 .17	-.02 .12	.06 .12	.04 .13
West	.01 .10	.07 .10	-.07 .11	.02 .17	-.14 .16	-.06 .19	-.01 .13	.19 .13	-.08 .15
“Democrats oppose” cues		-.14 .07	.11 .08		-.31 .12	-.03 .13		-.05 .09	.19 .10
Liberal policy	-.14 .07		.01 .08	-.31 .12		-.06 .13	-.05 .09		.04 .10
Large policy changes	.11 .08	.01 .08		-.03 .13	-.06 .13		.19 .10	.04 .10	
Log likelihood	-2245	-2287	-1953	-852	-871	-727	-1388	-1408	-1222
Likelihood ratio test	7.2 $p=.70$	8.8 $p=.55$	6.0 $p=.82$	11.9 $p=.29$	12.0 $p=.28$	6.5 $p=.77$	5.0 $p=.89$	10.3 $p=.41$	6.3 $p=.79$
Cragg and Uhler (1970) R^2	.003	.004	.003	.013	.013	.007	.003	.007	.004
Number of observations	3309	3309	3309	1265	1265	1265	2044	2044	2044

Table A7: Randomization Checks for Experiment 2. Each column reports estimates and standard errors from a logistic regression of a randomized variable on other variables. “CUE,” “LIB,” and “LARGE,” are the randomized variables: party cues, the liberal policy condition, and the large-policy-change condition. “Northeast,” “South,” and “West” refer to subjects’ region of residence as defined by the U.S. Census Bureau; the index category is the Midwest. “Low education” indicates no formal education beyond high school. “Medium education” indicates formal education beyond high school but not beyond college. The index category, “high education,” includes subjects who had some post-college education. Entries in the “likelihood ratio test” row are χ^2 statistics from a test against an intercept-only model.

Experiment 2: Sample Characteristics

Figure A5 contrasts characteristics of the Experiment 2 sample with those of partisans in the 2008 American National Election Study. It shows that the sample percentages of subjects who are women (62%), high-scoring on both ANES need-for-cognition items (33%), from the Northeast (16%), the Midwest (24%), the South (37%), or the West (23%) are all within 6% of the corresponding ANES percentages. This is consistent with the small discrepancies that Sanders et al. (2007) and Stephenson and Crête (2011) find between Internet surveys and surveys conducted through other modes (though see Malhotra and Krosnick 2007, who find somewhat larger differences).

The largest outlier—larger than in Experiment 1—is age. Relative to ANES partisans, the Experiment 2 sample has fewer people age 30 or younger (13% vs. 22%) and more who are 56 or older (48% vs. 32%). With respect to education, the Experiment 2 sample is much more representative than the Experiment 1 sample, although it is still more educated than the ANES sample: 28% of Experiment 2 subjects age 25 or older have no more than a high-school education, against 41% of ANES partisans age 25 or older. 18% of Experiment 2 subjects hold advanced degrees, against 10% of ANES subjects. But as in Experiment 1, the median education level in the sample is the same as the median for all American partisans: more than 12 years of schooling but no college degree. The Experiment 2 sample is also close to the ANES in need for cognition (variables V085170x and V085171); to the extent that education proxies for cognitive effort, this suggests that the results are not affected by under-representation of people who have no post-high-school education.

The most direct evidence about the consequences of under-representation of the young and relatively uneducated is given by Figure A6, and it shows that the sample's under-representation of the young and uneducated is unlikely to have large effects on the analyses of Experiment 2. The top row of Figure A6 suggests that underrepresentation of the young may cause the analyses to slightly overstate the effect of policy: the average effect of policy was .28 points lower among subjects 30 or younger than among subjects 56 or older

($p = .12$, two-tailed). The bottom row of Figure A6 suggests the opposite: as in Experiment 1, the sample's underrepresentation of low-education subjects may cause the analyses to slightly understate the effect of policy. Policy effects are .14 points greater for low-education subjects than for high-education subjects ($p = .35$, two-tailed).

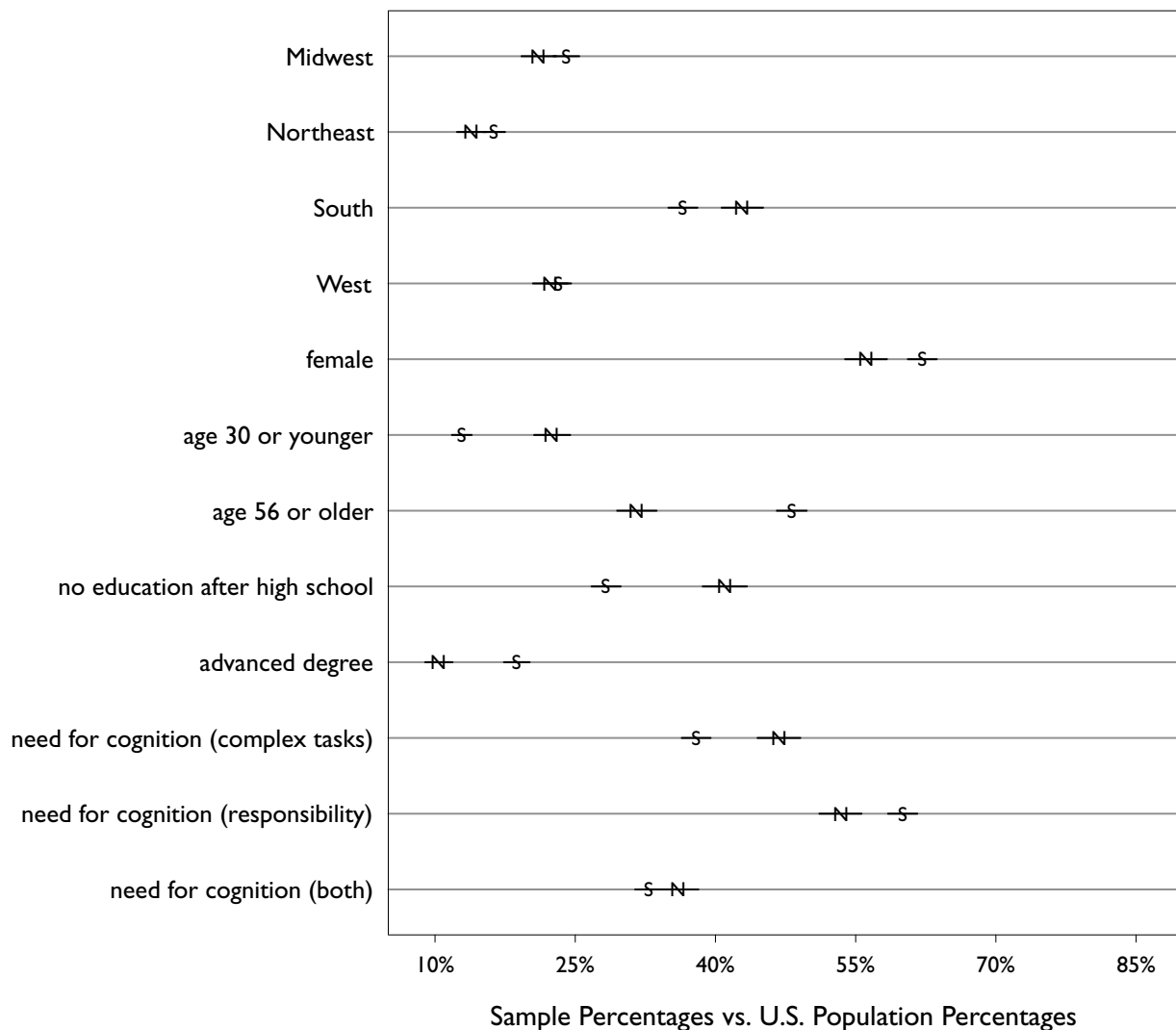


Figure A5: Experiment 2 Sample Representativeness. Each row plots percentages of Experiment 2 subjects (“S”) who share a characteristic. The corresponding percentages for partisans in the U.S. population (“N”) are drawn from the 2008 ANES. Black lines are 95% confidence intervals.

“Midwest,” “Northeast,” “South,” and “West” indicate percentages of subjects residing in each region. “Need for cognition (complex tasks)” plots percentages of subjects indicating that they “prefer complex to simple tasks.” “Need for cognition (responsibility)” plots percentages indicating that they like having responsibility for situations that “require lots of thinking.” “Need for cognition (both)” plots percentages indicating that they prefer complex tasks and like having responsibility for situations that require lots of thinking.

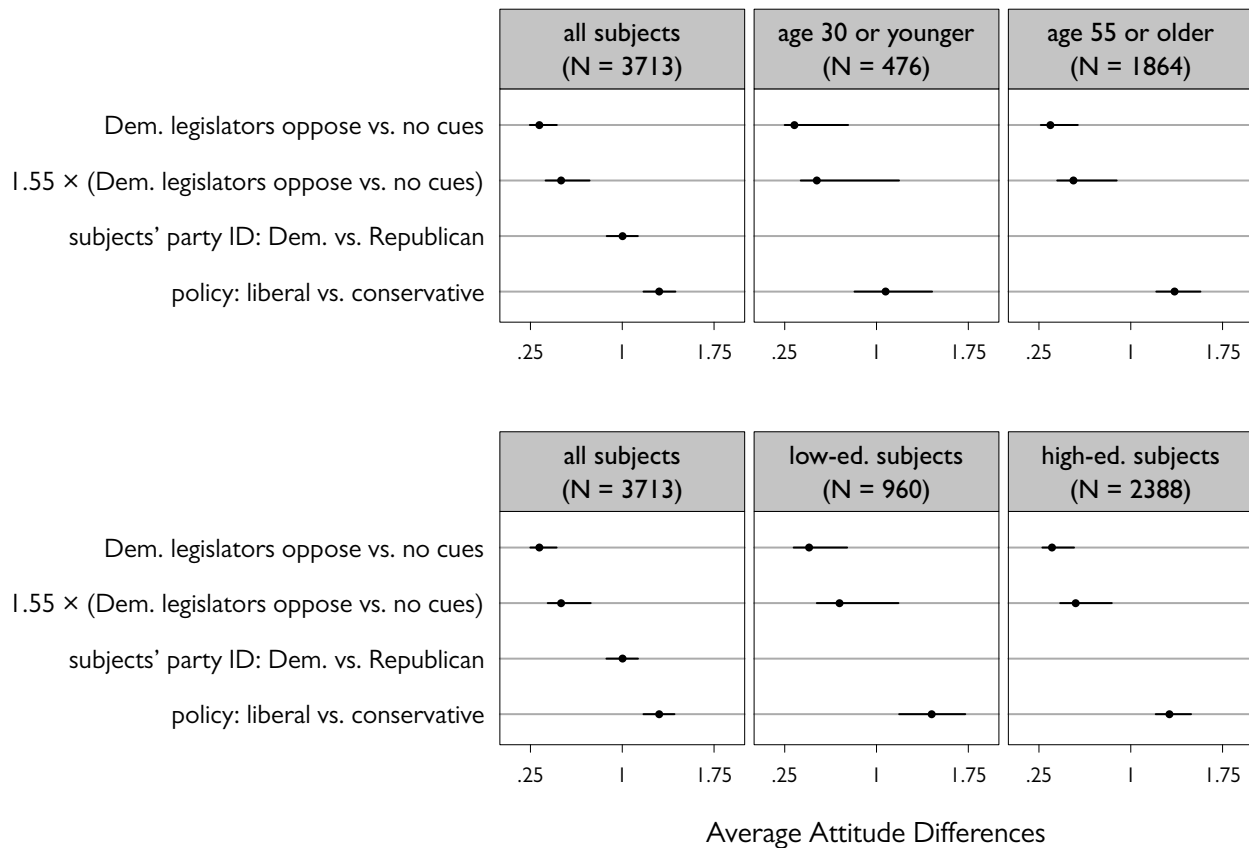


Figure A6: Average Attitude Differences in Experiment 2 by Changes in Party Cues, Party ID, and Policy (Stratification by Age and Education). Each row plots the average of absolute differences between different groups' attitudes toward the proposed policy changes. For example, the bottom row of either left-hand panel shows that, on average, exposing subjects to liberal instead of conservative policy content changed attitudes by 1.24 points on the seven-point attitude scale. Black lines in each row are 95% confidence intervals.

The top two rows of the left-hand panels show that when averaging over all subjects, changes in cue condition have slight effects on attitudes. The average difference between Republicans and Democrats, displayed in the third row, is greater. The greatest average effect is caused by exposing subjects to liberal rather than conservative policy changes. The top panels show that this effect is smaller for subjects 30 years old or younger (1.07 points on the seven-point scale) than for subjects 56 years old or older (1.36 points). The difference is significant at $p = .12$, two-tailed. The bottom panels show that the policy effect is greater for low- than for high-education subjects, but the difference does not approach statistical significance. ("Low-education" subjects are those who never attended college; "high-education" subjects are those who did. Education data are missing for 365 subjects.)

Experiment 2: Mean Attitudes in Each Condition

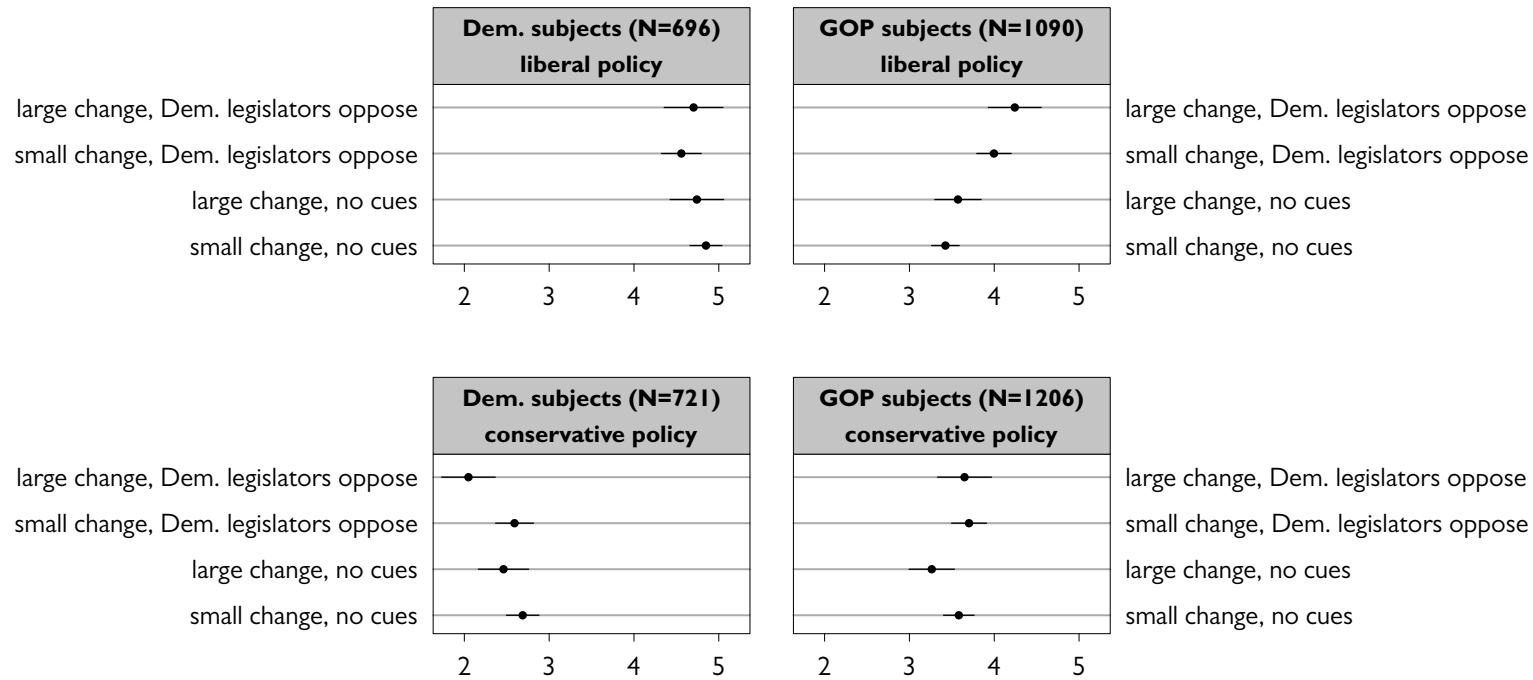


Figure A7: Effects of Cues, Policy Direction, and Policy Extremity in Experiment 2. All panels plot mean attitude toward the proposed policy changes. Responses range from 1 (“disapprove strongly”) to 7 (“approve strongly”). Black lines are 95% confidence intervals. The results show that both party cues and policy direction affected attitudes. The effect of policy direction was greater on average and greater for Democratic than for Republican subjects. Policy extremity—exposure to descriptions of large policy changes rather than small policy changes—had little effect on attitudes.

Experiment 2: Need-for-Cognition Analyses with Higher-Order Interactions

The analyses presented in Table 3 suggest that need for cognition is a strong moderator of policy direction but a weaker and less consistent moderator of party cues and policy size. The table below bolsters the finding by reporting estimates from a saturated model in which each predictor is interacted with every other predictor. The substantive results closely mirror those of Table 3. But the models reported here offer little extra explanatory power: note that the R^2 and standard errors of regression reported here are nearly the same as those reported in Table 3.

	Democratic subjects		Republican subjects	
Intercept	2.93	.32	2.40	.25
Democratic legislators oppose	-.49	.46	.08	.39
Liberal policy changes	1.38	.42	1.56	.37
Large policy changes	-.38	.56	.69	.51
Need for cognition	-.43	.52	2.09	.41
Democratic legislators oppose × liberal policy changes	.18	.66	-.30	.58
Democratic legislators oppose × large policy changes	.52	.86	.34	.75
Large policy changes × liberal policy changes	.36	.77	-.97	.71
Democratic legislators oppose × need for cognition	.70	.76	.05	.65
Liberal policy changes × need for cognition	1.42	.71	-3.05	.63
Large policy changes × need for cognition	.28	.93	-1.78	.85
Democratic legislators oppose × liberal policy changes × large policy changes	.02	1.22	-.10	1.07
Democratic legislators oppose × liberal policy changes × need for cognition	-.72	1.10	1.35	.98
Democratic legislators oppose × large policy changes × need for cognition	-1.48	1.43	-.11	1.25
Liberal policy changes × large policy changes × need for cognition	-.51	1.27	2.55	1.19
Democratic legislators oppose × liberal policy changes × large policy changes × need for cognition	1.03	2.02	-.18	1.78
Standard error of regression	1.66		1.90	
Likelihood ratio test vs. Table 3 model	6.48	$p = .60$	24.08	$p = .002$
R^2	.31		.04	
Number of observations	1413		2293	

Table A8: Need-for-Cognition Analyses with Higher-Order Interactions (Experiment 2). This table builds on Table 3. Each column reports OLS estimates and standard errors. In each regression, the dependent variable is attitude toward the proposed policy changes, which is measured on a seven-point scale; higher values indicate a more positive attitude. “Democratic legislators oppose,” “Liberal policy changes,” and “Large policy changes” are scored 0 or 1. Need for cognition ranges from 0 to 1.

The models reported in Table 3 nest within the models reported here, and the additional terms in the models reported here make little substantive difference. As in Table 3, need for cognition appears to be a strong moderator of policy effects, a weaker and less consistent moderator of party-cue effects. Note that the R^2 and standard errors of regression reported here are very close to those reported in Table 3.

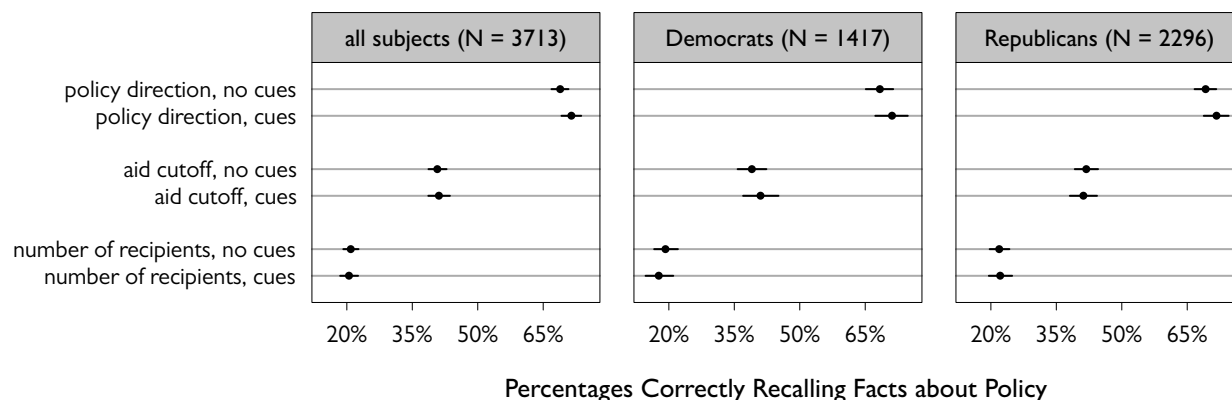


Figure A8: No Effect of Cues on Recall of Policy Facts in Experiment 2.

Experiment 2: Further Analyses of Policy Recall and Time Spent on Article

Figure A8 depicts the percentages of cued and uncued subjects correctly answering each of the policy questions asked in Experiment 2. (Panel 1 of Figure 4 presents related information but averages over results for all three questions.) On average, subjects receiving cues were less likely to recall the number of Medicaid recipients in Wisconsin, *more* likely to recall the proposed cutoff for Medicaid eligibility or whether the policy would reduce or expand benefits. But none of these differences approach substantive or statistical significance. The middle and right-hand panels show that there are no important differences between parties, either.

Figure A9 depicts the average amount of time spent on the article by Democrats and Republicans in each experimental condition. Panel 2 of Figure 4 reports related averages taken over multiple experimental conditions. As with Panel 2 of Figure 4, Figure A9 depicts 99% trimmed means, excluding a few subjects who appear to have walked away from their computers for hours at a time. (See page 29.)

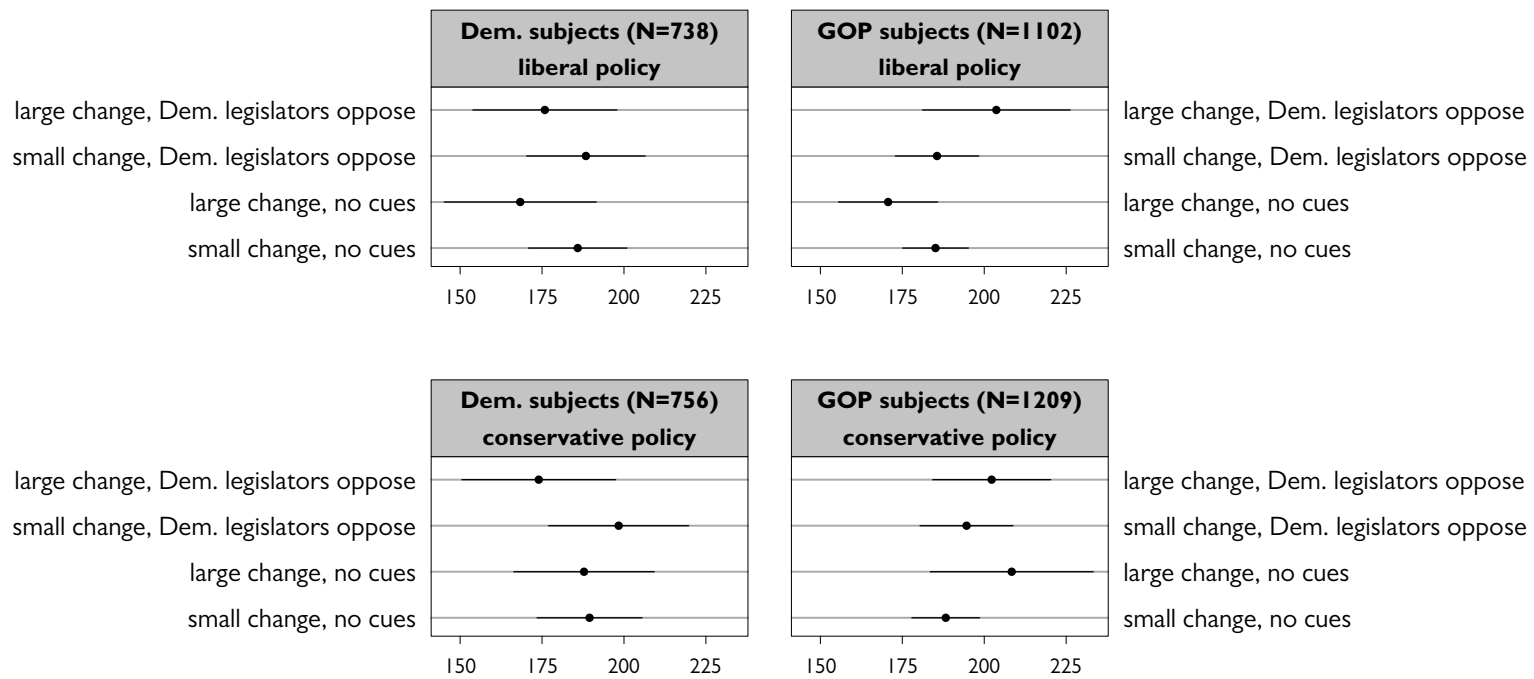


Figure A9: Time Spent Reading Article in Experiment 2. Each row presents 99%-trimmed means of the time that subjects in an experimental condition spent on the article. Panel 2 of Figure 4 presents similar information but averages over many experimental conditions.

Moderators of Republican Support for Benefit-Expanding Policies

In Experiments 1 and 2, Republican subjects dislike benefit-expanding policies less than benefit-reducing policies. The discussion of Experiment 2 (pages 31-33) identifies the most likely reasons for this result. This section considers three possible moderators of the result: need for cognition, depth of processing, and age.

Tables 2 and 3 show that need for cognition is a relevant moderator in both experiments. Republicans with low and middling levels of need for cognition are more approving of the liberal policy, but Republicans highest in need for cognition are not. This result is consistent with the idea that the most thoughtful Republicans are most likely to share the positions of their party's elites.

Need for cognition is theoretically related to depth of processing, but where need for cognition measures stable individual differences in thoughtfulness, depth of processing measures short-term cognitive engagement—in this case, short-term cognitive engagement with the descriptions of the policies that were provided during the experiments. Experiment 2 contained extensive depth-of-processing measures, and Table A9 shows that Republicans who scored high on these measures liked the liberal policy more than the conservative one—unless they were high in need for cognition.

One might expect that age is a third moderator. Older Republicans, more in need of health care, might be more likely to approve a benefit-expanding policy than a benefit-reducing one. This is the pattern that we observe in Experiment 1. Figure A10 shows that Republicans over age 55 liked the liberal policy more than the conservative policy (by .72 points, $p < .001$), while Republicans under 30 were only trivially more approving of the liberal policy (by .07 points, $p = .81$). (For the difference of differences, $p = .07$). But Figure A11 shows that the same result does not hold in Experiment 2. Rather, older Republicans were slightly less approving of the liberal policy (by .11 points, $p = .47$), while younger Republicans were slightly more approving (by .26 points, $p = .22$). The Experiment 2 result is consistent with recent (Brady and Kessler 2010; Newport and Jones 2009) and less recent polling (Gelman, Lee, and Ghitza 2010; Steiber

	Intercept	3.44 .08	2.54 .21	2.51 .22
	Democratic legislators oppose	.41 .09	.14 .25	.14 .25
	Liberal policy changes	.13 .09	1.17 .25	1.18 .25
	Large policy changes	-.03 .10	.28 .28	.27 .28
	High depth of processing	-.27 .27	-.28 .26	-.01 .49
High depth of processing ×	Democratic legislators oppose	-.09 .30	-.13 .29	-.11 .30
	High depth of processing × liberal policy changes	.67 .30	.69 .30	.68 .30
	High depth of processing × large policy changes	-.14 .31	-.15 .31	-.16 .31
	Low depth of processing	.00 .20	.07 .20	.10 .38
Low depth of processing ×	Democratic legislators oppose	-.11 .23	-.08 .23	-.08 .23
	Low depth of processing × liberal policy changes	-.22 .23	-.30 .23	-.30 .23
	Low depth of processing × large policy changes	.34 .26	.28 .26	.28 .26
	Need for cognition		1.58 .35	1.63 .37
	Need for cognition × Democratic legislators oppose		.47 .41	.48 .41
	Need for cognition × liberal policy changes		-1.82 .41	-1.83 .41
	Need for cognition × large policy changes		-.53 .45	-.52 .45
	Need for cognition × high depth of processing			-.48 .73
	Need for cognition × low depth of processing			-.06 .59
	R^2	.02	.03	.03
	Standard error of regression	1.92	1.91	1.91
	Number of observations	2262	2260	2260

Table A9: Depth of Processing Moderates Republican Preferences (Experiment 2). Each column reports OLS estimates and standard errors. In each regression, the dependent variable is attitude toward the proposed policy changes, which is measured on a seven-point scale; higher values indicate a more positive attitude. “Democratic legislators oppose,” “Liberal policy changes,” and “Large policy changes” are scored 0 or 1. Need for cognition ranges from 0 to 1. “High depth of processing” is scored 1 for subjects who ranked in the top third of all subjects on the measures of policy facts recalled, time spent reading the article, and number of thoughts reported during the thought-listing procedure. It is scored 0 for all other subjects. Similarly, “low depth of processing” is scored 1 for subjects who scored in the bottom third of all subjects on all three measures, 0 for other subjects.

The “high depth of processing × liberal policy changes” estimate in the first column shows that Republicans who score high in depth of processing approve more of liberal changes to the status quo. The second column shows that this result holds even when we control for need for cognition. The third column shows that the result does not hold among people who are high in both depth of processing and need for cognition: the negative estimate for “need for cognition × high depth of processing” nearly cancels the positive estimate for “high depth of processing × liberal policy changes.”

and Ferber 1981), which shows that older citizens are generally more opposed to expansions of government-provided health care.

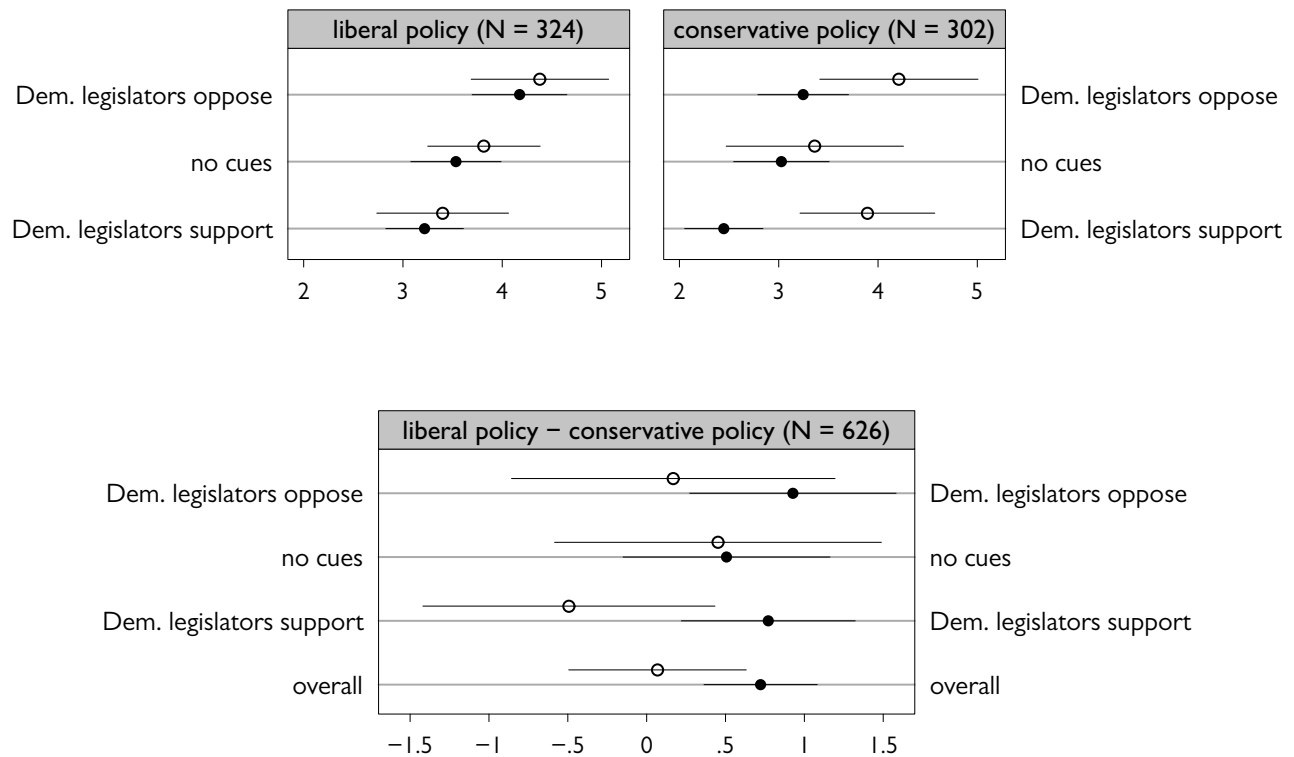


Figure A10: Republican Attitudes by Age in Experiment 1. The top panels plot mean Republican attitudes toward the proposed policy changes. Attitudes were measured on a 1-7 scale, with higher numbers indicating greater approval. Empty dots represent mean attitudes for Republicans age 30 or younger. Solid dots represent means for Republicans age 56 or older. Black lines are 95% confidence intervals.

The bottom panel plots the differences between mean Republican ratings of the liberal and conservative policies. For example, the bottom row in the bottom panel shows that Republicans age 56 or older were .72 points more approving of the liberal policy than the conservative one ($p < .001$). It also shows that Republicans age 30 or younger were only .07 points more approving ($p = .81$). (For the difference of differences, $p = .07$.)

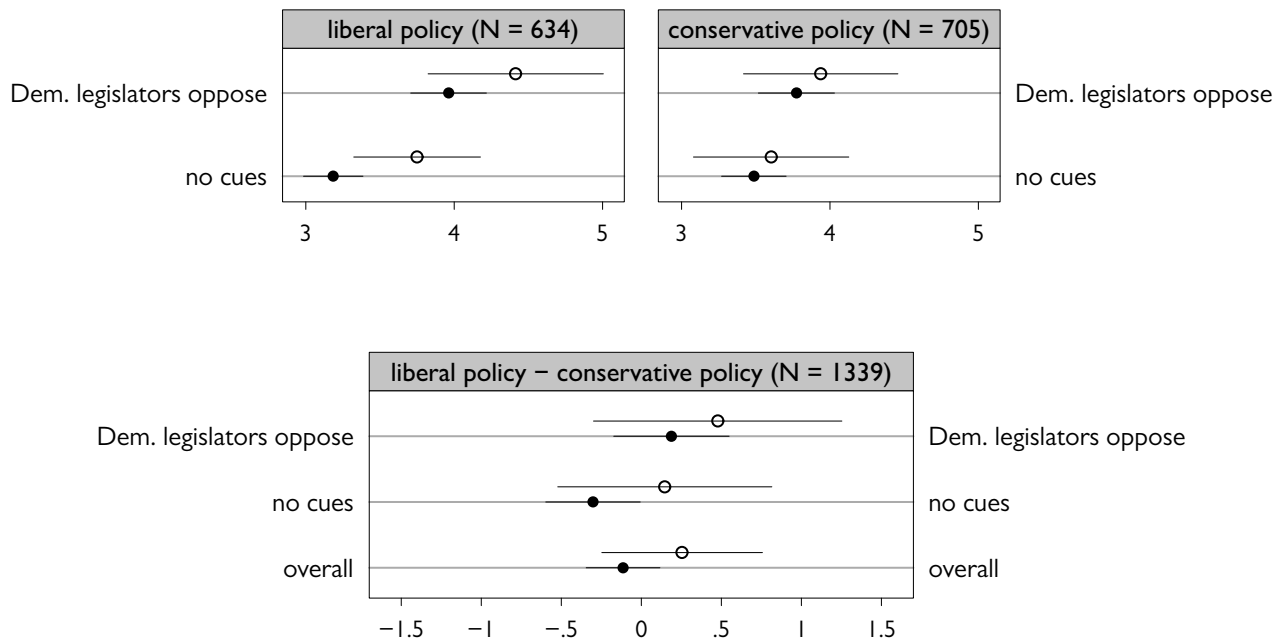


Figure A11: Republican Attitudes by Age in Experiment 2. The top panels plot mean Republican attitudes toward the proposed policy changes (averaging over the “large-change” and “small-change” conditions). Attitudes were measured on a 1-7 scale, with higher numbers indicating greater approval. Empty dots represent mean attitudes for Republicans age 30 or younger. Solid dots represent means for Republicans age 56 or older. Black lines are 95% confidence intervals.

The bottom panel plots the differences between mean Republican ratings of the liberal and conservative policies. For example, the bottom row in the bottom panel shows that Republicans age 56 or older were .11 points less approving of the liberal policy than the conservative one ($p = .47$). It also shows that Republicans age 30 or younger were .26 points more approving ($p = .22$). (For the difference of differences, $p = .18$.)

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