

# Appendix

## Appendix 1: Treatment Scripts

### Health Care Policy:

*Respondents read:*

Recently there has been a policy debate in health care about whether schools should require flu shots for incoming kindergartners. You will now hear a brief clip of that policy debate, presenting two opposing perspectives. The debate is between two candidates in a state primary election, Susan Miller and Brian Johnson. Both candidates belong to the same political party, but are expressing different viewpoints on this issue.

Please listen carefully, as you will be asked several follow-up questions on the debate.

*Respondents listen to voice recordings:*

**Position A:** Schools should require flu shots for incoming kindergartners. The flu is most dangerous for young children and elderly adults. In 2018, 80% of pediatric deaths caused by the flu occurred in children who had not received a flu shot. Last years flu season caused the death of over 180 children.

**Position B:** Flu shots for incoming kindergartners should be voluntary, not mandatory. Although it is rare, flu shots can cause serious and sometimes fatal side effects if the child has an unknown allergy. Although we should encourage parents to give their child a flu shot, parents should be able to choose whether they do this or not.

**Position A:** If some parents do not give their children flu shots, it becomes more dangerous for all the children in the school. Flu shots are safe and effective. Plus, they are widely available and affordable. They not only reduce the risk of death, they also ease the severity of flu symptoms. This is important because severe flu symptoms can be very harmful to young children.

**Position B:** Flu shots are not nearly as effective at preventing the flu as good hygiene, which is cheaper and easier to implement. Plus, the flu is not nearly as common as it is often portrayed; its incidence rate is typically under 1% during the fall and winter seasons. While flu shots should be encouraged, they should not be mandatory.

### Security:

*Respondents read:*

Recently there has been a policy debate in security about how to direct funding to different types of terror prevention organizations. You will now hear a brief clip of that policy debate, presenting two opposing perspectives.

The debate is between two candidates in a state primary election, Susan Miller and Brian Johnson. Both candidates belong to the same political party, but are expressing different viewpoints on this issue.

Please listen carefully, as you will be asked several follow-up questions on the debate.

*Respondents listen to voice recordings:*

**Position A:** In order to prevent acts of terror, we should direct as much additional funding as possible to traditional security agencies, like state and local law enforcement. These organizations are well-positioned to implement effective approaches, but we have historically invested very little funding in their terrorism prevention programs. With greater resources, these security agencies could refine and implement proven solutions.

**Position B:** State and local law enforcement agencies do play an important role in fighting terrorism, but it makes more sense to direct additional funding to nongovernmental and private organizations that are better able to experiment with new approaches to identifying and addressing terror threats. State and local law enforcement often sticks with solutions that once worked rather than exploring what could work better. Moreover, many law enforcement agencies suffer from a lack of community trust, which is crucial to prevent would-be terrorists.

**Position A:** State and local law enforcement agencies have the benefit of experience and institutional knowledge. Providing them with additional support would allow them to build on existing expertise in developing new approaches. Moreover, additional resources would give traditional security agencies the opportunity to build community trust.

**Position B:** It simply makes more sense to invest in organizations that are able to build from the ground up, working with more traditional security agencies while pursuing innovative solutions alongside community partners.

## **Tourism:**

*Respondents read:*

Recently there has been a policy debate in tourism about how to structure local tourism boards. You will now hear a brief clip of that policy debate, presenting two opposing perspectives.

The debate is between two candidates in a state primary election, Susan Miller and Brian Johnson. Both candidates belong to the same political party, but are expressing different viewpoints on this issue.

Please listen carefully, as you will be asked several follow-up questions on the debate.

*Respondents listen to voice recordings:*

**Position A:** Tourism boards need to include more tourism industry representatives. We should require that at least 50% of tourism board members be tourism industry representatives. Tourism industry representatives are much better able than public officials to design policies that truly fit the needs of the local tourism industry.

**Position B:** Although it may make sense to have some representation from the tourism industry, we should not require such a high threshold. Industry representatives are ultimately more accountable to the profit margins of their companies than to the public, whereas local elected officials are more likely to push for policies that benefit the community as a whole.

**Position A:** Local elected officials do have a role to play, but they do not have the marketing expertise industry representatives have, nor do they fully represent the full spectrum of the local tourism industry. A larger industry presence would help the

tourism board create relevant, effective marketing strategies that resonate with broader audiences and highlight local strengths.

**Position B:** Industry representatives can and should provide input to the tourism board, but ultimately allow policy experts to do the governing. The tourism board needs to design specific, programmatic policies that draw visitors to the area, not simply advertise for industries, or market the region. Elected officials have extensive experience creating this type of comprehensive policy approach.

### **OTC Birth Control:**

*Respondents read:*

Recently there has been a policy debate about whether birth control should be available over-the-counter. You will now hear a brief clip of that policy debate, presenting two opposing perspectives.

The debate is between two candidates in a state primary election, Susan Miller and Brian Johnson. Both candidates belong to the same political party, but are expressing different viewpoints on this issue.

Please listen carefully, as you will be asked several follow-up questions on the debate.

*Respondents listen to voice recordings:*

**Position A:** Birth control pills should be available over the counter. Making the pill available over the counter would have a variety of positive consequences. It would lower the number of unwanted pregnancies and lower teen pregnancy rates. Studies show that when teens have access to contraceptives, teen pregnancy rates drop significantly.

**Position B:** Birth control pills should not be available over the counter. Teen pregnancy rates are not likely to change if the pill is made available over-the-counter, as many teens do not know how to take the pill correctly. Requiring a prescription not only ensures they are instructed on proper use by a medical professional, but also encourages them to have additional screenings, tests, and conversations to promote healthy behavior.

**Position A:** Making birth control pills available over the counter would provide access to contraceptives to women who live in medically under-served places, particularly rural communities. Plus, making birth control over-the-counter birth would make it more affordable by cutting out insurance companies, easing access to contraceptives for everyone.

**Position B:** Making birth control available over the counter would likely increase the price of the drug, making it more difficult to access for those who need it most. When Plan B was made available over-the-counter in 2006, its price increased by more than 100%, and costs haven't decreased since then. Plus, 89% of American women can already access free birth control through insurance.

## Appendix 2: Summary of Expertise and Agreement by Policy Area

Table 3: Expertise and Agreement by Policy Area

Health	Speaker seen as more expert	Speaker more likely to agree with
Republican Women	Susan	Neither
Republican Men	Neither	Neither
Democratic Women	Susan	Neither
Democratic Men	Neither	Brian
Independent Women	Neither	Neither
Independent Men	Neither	Neither
Security	Speaker seen as more expert	Speaker more likely to agree with
Republican Women	Neither	Brian
Republican Men	Neither	Neither
Democratic Women	Neither	Susan
Democratic Men	Neither	Neither
Independent Women	Neither	Neither
Independent Men	Neither	Neither
Tourism	Speaker seen as more expert	Speaker more likely to agree with
Republican Women	Neither	Neither
Republican Men	Susan	Neither
Democratic Women	Susan	Susan
Democratic Men	Susan	Susan
Independent Women	Susan	Susan
Independent Men	Susan	Neither
Birth Control	Speaker seen as more expert	Speaker more likely to agree with
Republican Women	Susan	Brian
Republican Men	Susan	Neither
Democratic Women	Susan	Susan
Democratic Men	Susan	Susan
Independent Women	Susan	Susan
Independent Men	Susan	Neither

### Appendix 3: Additional Gender & Party Differences

The interactive effects of party and gender are also apparent in security and health. While neither Republican nor Democratic women see significant differences in security expertise between Brian and Susan, Democratic women are significantly more likely to agree with Susan ( $p = .001^{***}$ ), while Republican women are instead significantly more likely to agree with Brian ( $p = .092^*$ ), as can be seen in Figure 3. Both Democratic and Republican women see Susan as more expert in health, but neither group is significantly more likely to agree with her position. Neither Democratic nor Republican men see significant differences in Susan and Brian’s health expertise, but Democratic men are significantly more likely to agree with Brian ( $p = .028^{**}$ ), while Republican men are not more likely to agree with either Susan or Brian. Interestingly, when Brian takes the position that flu shots for incoming kindergarteners should be mandatory, 66% of Democratic men agree with him, but when Susan takes the same position, only 49% of Democratic men agree with her. These results are depicted in Figure 4. Finally, as Figure 5 depicts, all Democrats are more likely to agree with Susan on tourism. However, although Republican men see Susan as significantly more expert on the issue, they are slightly but not significantly more likely to agree with her.

Figure 3: Support for Increased Funding for State and Local Law Enforcement by Party & Gender

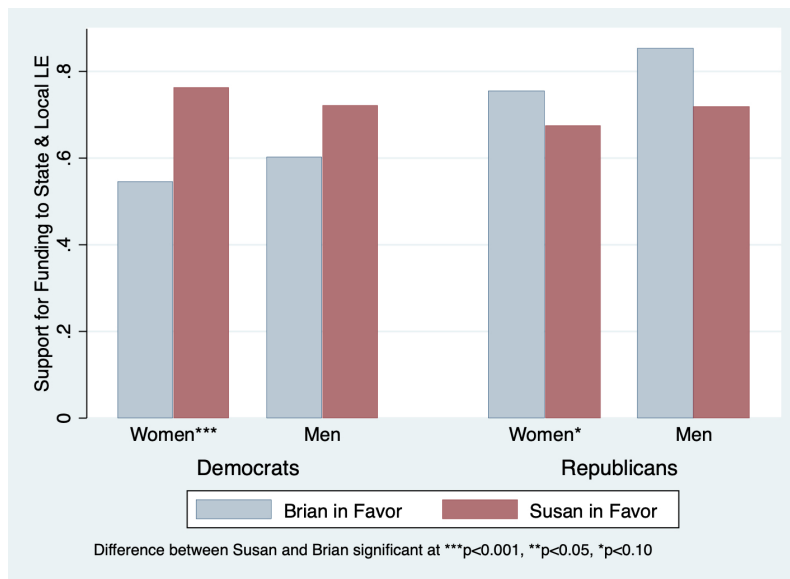


Figure 4: Support for Mandatory Flu Shots for Kindergarteners by Party & Gender

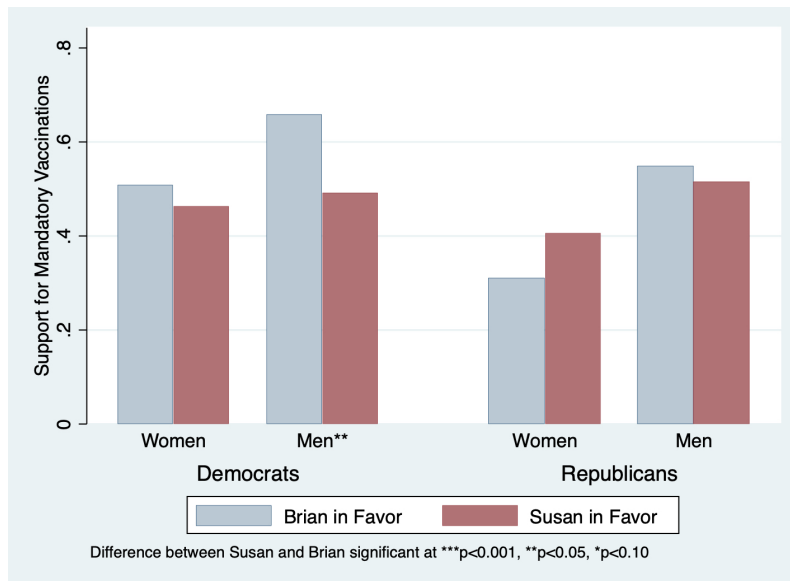
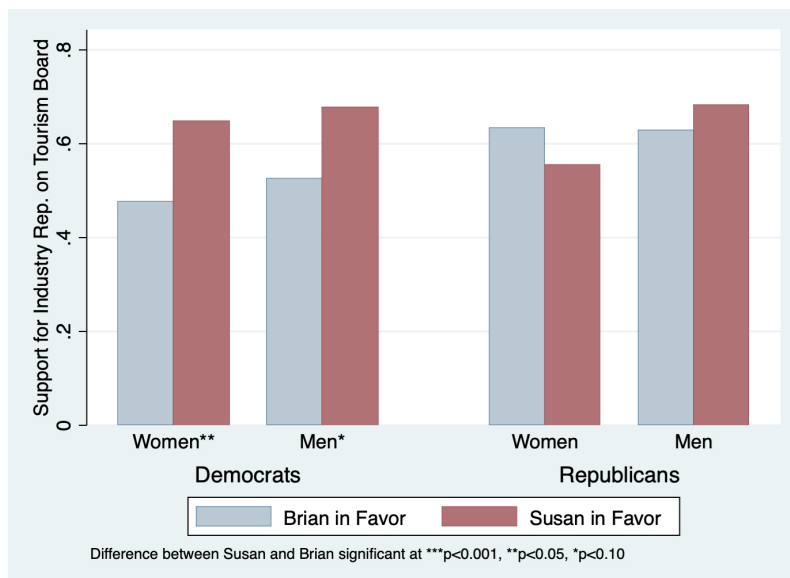


Figure 5: Support for Industry Representation on Tourism Board by Party & Gender



## Appendix 4: Difference in difference estimates

Table 4: Differences in Differences by Gender & Party in Support for OTC Birth Control

	Policy Endorsed by Susan	Policy Endorsed by Brian	Difference	D-in-D p-value
Republican Women	0.500	0.690	0.190	
Republican Men	0.519	0.580	0.062	<b>0.006</b>
Democratic Women	0.766	0.637	0.129	
Democratic Men	0.912	0.736	0.176	<b>0.000</b>

Differences significant at  $\leq 0.05$  indicated in **bold**. n = is 106 Republican women, 162 Republican men, 185 Democratic women and 121 Democratic men.

Table 4 shows that the differences in the differences between agreement with Susan and Brian for men and women within parties are significantly different, at the  $p \leq 0.001$  for both Republicans and Democrats. In other words, Republican men increase their support for over the counter birth control by 6% when it is endorsed by Brian, which is significantly different than the 19% increase Republican women experience. Democratic men increase their support by 18% when the policy is supported by Susan compared to Brian, which is significantly greater than Democratic women’s 13% shift in favor of Susan.

Specifically, we tested:

$$Y_{SupportOTCBC} = \beta_0 + \beta_1 SusanRMen + \beta_2 BrianRWomen + \beta_3 SusanRWomen + \beta_4 BrianDWomen + \beta_5 SusanDWomen + \beta_6 BrianDMen + \beta_7 SusanDMen$$

Where the outcome of interest is support for over the counter birth control, and the coefficients represent dummy variables for party, gender, and which speaker is in favor of the policy; thus, the excluded category is Republican men’s support when Brian is in favor. We then tested whether  $\beta_1 = \beta_2 - \beta_3$ , as  $\beta_1$  yields the difference between Republican men’s support for the policy when Susan endorses it and their support when Brian endorses it, and  $\beta_2 - \beta_3$  yields the same difference for Republican women. We then ran the same analysis again for Democrats, with the excluded category as Democratic men’s support when Brian is in favor.

## Appendix 5: Analysis of Self-Identified Independents

To further understand how partisanship might be conditioning our results, we investigate how the 242 self-identified independents in our sample who received these treatments respond to Brian’s versus Susan’s endorsement of over-the-counter birth control. Table 6 shows the conditional average treatment effects for self-identified Independent men and women on this topic. Here, we see effects much more in line with our original expectations. Independent women are significantly more likely to agree with Susan regardless of the position she takes. The magnitude of this effect is quite large. Independent women move from a combined average level of support of 37% when Brian takes one of the two positions to 63% when the same position is argued by Susan (difference significant at  $p = 0.03$ ). While the effect among Independent men is not statistically significant, we still see a descriptive difference in the expected direction: average support for Susan is 42% and moves to 59% when Brian takes the same position ( $p = 0.28$ ). In short, Independent men and women are responding to a candidate’s gender in opposing ways, whereas partisan men and women are responding in the same general direction. This further suggests that on the issue of women’s reproductive health, respondent partisanship is a much stronger moderator than respondent gender.

Table 5: Differences in Birth Control Expertise Agreement, Political Independents

	Agreement, Susan	Agreement, Brian	p-value	Expertise, Susan	Expertise Brian	p-value
Women	<b>0.635</b>	<b>0.365</b>	<b>0.026</b>	<b>3.212</b>	<b>2.462</b>	<b>0.000</b>
Men	0.415	0.585	0.280	<b>3.024</b>	<b>2.537</b>	<b>0.023</b>

Differences significant at  $\leq 0.05$  indicated in **bold**.  $n =$  is 242 Independent respondents (114 women, 128 men). Independents are identified as those who answered “Independent” or “other” when asked for their party affiliation and then “neither” when asked which political party they leaned toward.

## Appendix 6: Further Analysis of Open-ended Responses

Table 6: Percentage of Respondents Providing Open-Ended Responses by Party, Gender & Policy Area

	% Explanation, Healthcare	% Explanation, Security	% Explanation, Tourism	% Explanation, Birth Control
Republican Women	67.3%	65.4%	62.6%	68.9%
<i>N</i>	110	127	123	106
Republican Men	85.0%	83.2%	82.4%	86.4%
<i>N</i>	147	125	131	162
Democratic Women	75.9%	71.9%	67.0%	73.0%
<i>N</i>	166	171	170	185
Democratic Men	83.5%	86.7%	75.8%	87.6%
<i>N</i>	121	128	120	121

Table 6 summarizes the percentage of respondents offering open-ended explanations for their choice by policy area, party, and gender. A brief analysis of the open-ended responses we observe in the birth control condition indicates several interesting differences. First, women are much more likely than men to cite a specific point from the debate in support of the position they choose, and both Democratic and Republican women are far more likely to do this when they agree with the speaker who is opposed to over-the-counter birth control, regardless of whether the speaker is male or female (70% of women’s responses siding with the opposing argument do this versus 28% siding with the supporting argument). Overall, there were more negative descriptions of Susan’s counter-arguments than Brian’s (14 versus 5; e.g. “her argument is ridiculous” or “I don’t think she has the facts right”), but also more positive description of her arguments (14 versus 9, e.g. “she makes very valid points” and “it’s the most logical argument”). There were no obvious differences in the propensity to mention abortion or choice. Republican men were more likely to refer to the male speaker<sup>9</sup> and to cite a specific point in support of their position when they take the position that birth control should not be available over the counter.<sup>10</sup> Republican women are far more likely to cite a specific point from the debate in support of the position they choose when that position is opposition to OTC birth control: 74% of their responses justifying their opposition do this, while only 28% of their responses justifying support do the same thing. Conversely, both Democratic men and women are more likely to refer explicitly to Susan when they agree with her that birth control should be available OTC.<sup>11</sup> Finally, Democratic women express much more positive affect

<sup>9</sup>They refer to Brian in 27% of these explanations, compared to 7% the rest of the time.

<sup>10</sup>They cite a specific point from the argument 42% of the time when they agree with speaker in opposing OTC birth control and 17% of the time when they agree that it should be OTC.

<sup>11</sup>For Democratic women, 24% of responses do this, compared to 11.5% of all other responses. For men, 19% of responses do this compared to 8% of all other responses.



for Susan than other groups, in particular when she argues in favor of OTC birth control.<sup>12</sup>

Table 7: Average Word Count by Treatment Condition

	Average Word Count, Healthcare	Average Word Count, Security	Average Word Count, Tourism	Average Word Count, Birth Control
Republican Women	17.47	13.66	12.52	18.66
Republican Men	11.86	10.87	9.81	13.55
Democratic Women	18.94	13.94	11.06	16.27
Democratic Men	11.98	12.02	9.86	13.07

Table 7 shows the average word count for open-ended explanations by treatment condition, party, and gender. Difference of means tests show that the average word count for Republican women’s explanations surrounding their chosen birth control position is significantly higher than their word count for all other policy areas (18.66 compared to 14.49,  $p = 0.03$ ).<sup>13</sup> Interestingly, the same is not exactly true for Democratic women. Democratic women’s explanations in birth control were not significantly longer than for all other policy areas. However, Democratic women did offer significantly longer explanations in the traditionally feminine policy areas of healthcare and birth control compared to the stereotypically masculine areas of security and tourism (an average of 16.27 words compared to 12.56 words,  $p = 0.00$ ). Thus, while both Democratic and Republican women offered more in-depth explanations on healthcare and birth control than security or tourism, Republican women appeared to elaborate on their birth control explanations slightly more than Democratic women did.

Further tests show that the mean word count for birth control explanations is significantly higher for Republican women than for all other groups (18.66 compared to 14.38,  $p = 0.01$ ). However, it is not significantly higher than Democratic women’s average word count for birth control explanations (18.66 compared to 16.30,  $p = 0.17$ ). Indeed, the word count for all women who offered birth control explanations is significantly higher than the word count for men who offered birth control explanations (18.98 compared to 13.84,  $p = 0.00$ ).<sup>14</sup> There are similar patterns in the policy areas of both health and tourism. Republican women use significantly more words in their open-ended responses on healthcare than all other groups (17.47 compared to 14.43,  $p = 0.05$ ). However, when compared only to Democratic women, there are no significant differences in word count in either of these policy areas.

<sup>12</sup>Democratic women’s responses describe Susan positively compared to 1 Republican woman, 2 Democratic men, and 3 Republican men.

<sup>13</sup>However, it is not significantly higher than the word count for the healthcare policy area alone (18.66 compared to 17.47,  $p = 0.36$ ). However, the word count for the health care policy area is not significantly higher than the word count for security and terrorism, though the difference comes close to conventional levels of statistical significance (17.47 compared to 14.85,  $p = 0.12$ ).

<sup>14</sup>This same pattern holds for partisan-affiliated men and women (17.11 compared to 13.34,  $p = 0.00$ ).