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MONOLOGUES, DIALOGUES OR MEDIATED CONVERSATIONS?
CITIZENS, ELITES, THE MEDIA AND PUBLIC POLICYMAKING

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
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The Ohio State University
1998

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ABSTRACT

Does governmental policy in America respond to the wishes of the public? Many political scientists have explored this relationship by comparing changes in public opinion to changes in the content of public policy. These studies indicate that when opinion toward a policy issue changes, more often than not, public policy later changes in the same direction. However, most of these analyses do not directly examine the reciprocal influence of policymakers on opinion, even though public opinion can be strongly influenced by the policymaking process. Thus, in order to determine if elite policymakers are responsive to the opinions of citizens, rather than only shape these opinions, we need to examine the influence of public policy communication between elites and citizens during the policymaking process. Examining only the impact of the public on the policy decisions of leaders can be informative, but is ultimately incomplete.

In an attempt to understand the nature of this reciprocal policy communication, I propose three models. In the first - the monologue model - elites control much of the policy-related information and therefore dominate the policy conversation. The opinions of citizens are largely determined by the elite discussion of policy options. Alternatively, citizens and elites might engage in a policy dialogue during policymaking. According to this second model, the opinions of citizens are shaped by communication from the elites but are also influenced by personal characteristics and other individual-level factors, such as party identification, experience with the policy and related political attitudes. The decisions of elites are then influenced by the opinions of the citizens. Since citizens and elites rarely communicate directly with one another, I also propose a third model in which the news media dominate the policy conversation. According to this mediated conversation model, rather than presenting substantive information about the elite policy discussion, media coverage focuses instead on the politics of policymaking. This strategic coverage, in turn, has a large impact on the policy opinions of citizens.

From each of these models, I derive several hypotheses and test them on the policy debate surrounding President Clinton's health care reform proposal of 1993-94.
Specifically, in this study I examine media coverage of the policy debate as well as the content of and changes in public opinion toward Clinton's plan, for both the aggregate public and for various subgroups of citizens. Many different analyses of these media and opinion data point to the same conclusion: policy communication during the health care reform debate resembled a mediated conversation. Neither the monologue nor the dialogue model receive strong empirical support for this issue.
ACKNOWLEDGMENTS

Before starting my dissertation, I knew that completing it would require assistance and guidance from other people. What I did not fully understand then was the myriad of ways that this assistance was needed and granted.

First, I express sincere thanks and gratitude to my dissertation committee. My committee includes both a department chairperson and a college dean. One could question the wisdom of placing two such busy people on a dissertation committee, but I never worried. Paul Allen Beck and Randall Ripley provided encouragement as well as insightful (and quick!) comments on many different aspects of this project - from my pre-prospectus essay to methodological memos to drafts of chapters. I especially thank Professor Beck, who, as my committee chair, received more queries for assistance. His door was always open to me, even during times when many other people were also knocking. More importantly, he kept me focused on the broader project whenever I was tempted to wander.

My third committee member, Tom Nelson, has been a mentor and friend since I arrived at Ohio State. While Tom also provided much useful advice to me on this dissertation, my debt to him extends beyond this project. By involving me in many different research projects, Tom introduced me to the process of scholarly research early in my graduate school years. This experience made my transition from coursework to dissertating much smoother than it would have been otherwise. For that, I am extremely grateful. I also learned from Tom that one of the best ways to teach is to give students direction and support but also plenty of room to learn on their own.

Finally, I thank my virtual committee member, Katherine Tate. Katherine provided valuable comments on my earliest chapter drafts, greatly improving their contents. Most importantly, Katherine's probing of my sometimes poorly formed ideas forced me to think through them more carefully and present them much more clearly.

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CHAPTER 1

PUBLIC OPINION, PUBLIC POLICY AND AMERICAN DEMOCRACY

Unless mass views have some place in the shaping of policy, all the talk about democracy is nonsense.

-V. O. Key (1961, 7)

In a representative democracy there is some prospect...that public opinion matters for the formation of public policy. Take that away and the study of opinion becomes as interesting as cataloguing buttons.

-James Stimson (1995, 180)

By placing political authority in the hands of their citizens, democracies differ from other forms of government. Unlike monarchies or dictatorships, where the authority to make decisions rests with the ruler, citizens are involved in decision-making in democracies. Furthermore, participation in the decision-making process in a democracy is not limited to citizens with wealth, property, or aristocratic privilege, but rather is open to all adult citizens. The primary goal of citizen participation in democracies is to influence the outputs of government, most importantly the content of public policy. In fact, as V. O. Key states, inherent in the definition of democracy is the notion that public policy must reflect the policy concerns and preferences of the public.

The precise nature of public control over policy has intrigued many democratic theorists. In representative democracies, citizen influence over public policy can occur either directly (through attempts to influence the policy decisions of elected representatives) or indirectly (through elections). Procedural theorists argue that popular control is achieved indirectly. Elections give the citizens an opportunity to vote for the candidate who will best represent their policy preferences and/or to vote against an incumbent who has not supported policy options that the citizens prefer. Since citizens elect leaders who enact
policy that the citizens prefer, "the election is the critical technique for insuring that governmental leaders will be relatively responsive to non-leaders" (Dahl 1956, 125). Furthermore, many procedural theorists argue that the primary role of democratic citizens is participation in elections.

Substantive theorists of democracy criticize the procedural theorists for presenting a too narrow conception of citizen participation in democracies. Substantive theorists argue that the role of citizens in democratic decision-making must extend beyond voting. Citizens in a democracy should directly influence the content of public policy, especially when the policy directly influences the lives of the citizens (Bachrach 1967; Dahl 1989). During non-election periods, citizens should not become inactive. Rather, they should think about and discuss policy options with other citizens, express their policy views to their elected representatives, and try to influence the content of public policy (Dahl 1989; Dewey 1927).

Substantive and procedural theorists of democracy also diverge in the criteria that they use to evaluate democratic governments. Procedural theorists primarily focus on the presence of elections, arguing that as long as elected leaders periodically compete for re-election, they will be motivated to pursue the policy preferences of the citizens while in office. A nation will thus be considered democratic as long as its leaders are chosen through free and fair elections (Schumpeter 1950). Rather than only assuming elected representatives will be responsive to the policy concerns of the citizens, substantive theorists instead focus on the substance of decisions made by these representatives. This approach follows from Hanna Pitkin's (1967, 209) definition of representation in democracies as an activity - "acting in the interests of the represented" - where the goal of representative democracies is to respond to the wishes of the citizens. These theorists suggest that the more complete measure of a democracy is the degree to which the content of public policy reflects public opinion (Jacobs and Shapiro 1994a).

Despite these differences, procedural and substantive theories of democracy share the view that public opinion influences the content of public policy in democracies. Not

1Citizens need not limit their participation to individual acts, of course. In fact, pluralist theorists argue that citizens will have a stronger influence over public policy if they join with other citizens who have similar preferences and interests than if they try to influence policymakers individually (Dahl 1961; Truman 1951).

2In contrast, elite theorists of democracy posit that control over public policy rests with elites rather than with the general public. One of the strongest defenses of elite democracy was put forth by James Madison in The Federalist Papers (Madison, Hamilton and Jay 1961; see especially Federalist 10). While Madison did believe that all citizens deserve political equality, he was equally worried that citizens would be more concerned
surprisingly, empirical researchers have been as interested in this topic as have normative
democratic theorists. James Stimson (1995) and others (Key 1961) have even argued that
all empirical studies of public opinion are justified by the assumption that policymakers are
responsive to the opinions of citizens. Yet for decades very few public opinion scholars
directly tested this assumption. Until the 1980s, examinations of the impact of public
opinion on public policy were sidetracked by a large number of empirical findings which
questioned the self-governance ability of American citizens.

According to the classical view of democracy, citizens are interested in politics, pay
attention to the affairs of government, debate political issues with other citizens, reason
through choices on their way to forming opinions on political issues and, when forming
their opinions, consider the interests of the general public as well as their personal interests
(Barber 1993; Hanson and Marcus 1993). This description of the ideal democratic citizen
contrasts sharply with the portrait of the American public that emerged from public opinion
surveys of the 1940s and 1950s. These surveys revealed that Americans are neither
knowledgeable about nor interested in politics (Berelson, Lazarsfeld, and McPhee 1954;
Campbell et al. 1960; Lazarsfeld, Berelson and Gaudet 1944), nor do they possess stable
political preferences or highly integrated ideologies (Converse 1964, 1970). Public opinion
research of the next two decades generally confirmed the earlier findings, suggesting "that
ordinary citizens tended to be muddle-headed (lacking constraint), or empty-headed (lacking
genuine attitudes) - or both" (Sniderman 1993, 219).

With little evidence that citizens meet the criteria of democratic citizenship, most
scholars did not directly examine the impact of citizens on public policy. In his 1975 review
of public opinion and voting behavior research, Philip Converse located only two studies of
the impact of citizens on the decisions of political elites. Warren Miller and Donald Stokes
(1963) examined the influence of constituents on the roll call votes of members of Congress
and Sidney Verba and Norman Nie (1972) assessed the impact of participation on the
priorities of local leaders. Even though both of these studies concluded that elites are
responsive to public opinion, these findings were overshadowed by the conclusion from

with pursuing their own self-interest rather than the national interest. He had much more
confidence in the ability of the social and wealthy elite to identify and pursue the national
interest and thus designed a system of government that limits the power of the general
public over public policy (for a detailed description and critique of Madison's theory of
democracy, see Dahl 1956). Similarly, in his trustee theory of representation, Edmund
Burke argued that elected representatives should exercise independent judgment rather than
follow the wishes of their constituents, especially when the constituents' preferences were
contrary to the interests of the nation (see Pitkin 1967; Wahlke et al. 1962).
other studies that public opinion was neither stable nor informed enough to guide policymakers (see also Lippmann 1925).

The earliest pessimistic assessments of the public were followed by many attempts to overturn these assessments and thus provide some evidence that democratic governance is possible in America (Kinder 1983). Specifically, on both methodological and conceptual grounds, many researchers attacked Philip Converse's (1964, 1970) conclusion that citizens do not use political ideology to organize their issue opinions. Among the methodological critiques, Christopher Achen (1975) found that Converse's conclusions were questionable because his measures of issue opinion were unreliable. Others argued that the opinions of citizens are organized, but Converse's focus on liberal-conservative ideology as the primary organizing principle was too narrow to uncover other organizing principles, such as idiosyncratic personal values (Lane 1962). Regardless of the nature of the criticism, much of this research was conducted under the approach and definitions established by Converse and focused on the impact (or lack thereof) of ideology on issue opinions.

During the 1980s and 1990s, the direction of public opinion research changed quite dramatically (Sniderman 1993). Instead of focusing on the limitations of citizens, researchers turned to the ability of citizens to make political judgments and form opinions despite their low levels of knowledge and loosely organized ideologies. One way that citizens compensate is by using judgment short-cuts when forming their political opinions. These short-cuts, or heuristics, allow citizens to make rational choices about public policies without possessing large amounts of detailed knowledge about the issue (Sniderman, Brody and Tetlock 1991). Rather than assuming that citizen opinions are not informed and meaningful because citizens lack knowledge about issues, research on the use of heuristics demonstrates that the products - the issue opinions - of citizen reasoning can be meaningful. One heuristic used by citizens is to take cues from political elites on policy issues. By relying on elites whom they trust and with whom they agree, citizens can make informed policy choices even if they are not completely informed about the complexities of the issues (Carmines and Kuklinski 1990; Mondak 1993; but see Kuklinski and Hurley 1996).

In contrast to earlier public opinion studies which focused almost exclusively on individual public opinion, many scholars began to examine opinion at the aggregate level. In the most comprehensive aggregate-level study, Benjamin Page and Robert Shapiro (1992) find that aggregate opinion remained very stable over time on a variety of policy issues between the 1930's and 1990. This result contrasts sharply with studies of individual

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3This literature is much too large for me to summarize here - see Kinder (1983) for a thorough summary.
public opinion that demonstrated individual opinion is highly unstable. Additionally, Page and Shapiro establish that when aggregate opinion changes it does not do so haphazardly but rather responds reasonably, even rationally, to changes in the social and political context. Opinion was influenced, for example, by changes in the social characteristics of citizens (such as increasing levels of education), changes in national economic conditions, and war or other international crises. Similarly, Edward Carmines and James Stimson (1989) conclude that aggregate citizen opinion on racial issues is influenced by changes in the racial policy stances of the political parties. As the Democrats became more supportive of government policies to help racial minorities during and after the 1960s, Democratic identifiers among the public also became more supportive of these policies. Greg Adams (1997) finds that changes in the parties' views toward abortion influence the abortion opinions of the public, while Elisabeth Gerber and John Jackson (1993) conclude that citizen opinion toward the Vietnam War was influenced by changes in the parties' views toward this issue.

These and other recent public opinion studies present a more positive view of the American democratic citizen than did research of earlier decades (Marcus and Hanson 1993). Perhaps not coincidentally, the 1980s and 1990s have also witnessed a marked increase in scholarly attention to the impact of public opinion on public policy. Certainly the improved portrait of the democratic citizen has contributed to this increased attention.4 Additionally, the insights gained from studies of aggregate opinion have not only legitimized the study of opinion at the aggregate level, but have also contributed to theorizing about the relationship between opinion and policy, especially since government responsiveness to opinion is a process by which policymakers respond to the opinions of the aggregate public rather than to individual citizens (Converse 1996; Stimson 1991). This recent theorizing has greatly enhanced our understanding of the relationship between opinion and policy in America.

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4 Another reason for the scarcity of assessments of the impact of public opinion on public policy was the lack of adequate data. The most common opinion surveys used by scholars of American political behavior are the American National Election Studies. These surveys are useful for examining the determinants of vote choice, but they contain very few policy preference questions. Also, they are conducted too infrequently to adequately study changes in and the consequences of issue opinion over time (Stimson 1995). More recently, scholars are turning to other opinion surveys, especially those conducted by commercial polling firms such as Gallup. The recent increase in the number and availability of these polls has made the study of the impact of opinion on policy considerably easier than it used to be (Page and Shapiro 1992).
Beginning with the pioneering work of Warren Miller and Donald Stokes (1963), a number of scholars have concluded that the roll call votes of legislators are influenced by the opinions of their constituents (Arnold 1990; Kingdon 1989; see Jewell 1985 for a review). This positive relationship between opinion and roll call votes has been found for analyses using simulated (Erikson 1978) or actual (Stone 1979) measures of constituency opinion, for both domestic (Jackson and King 1989) and foreign policy issues (Bartels 1991), and for dyadic (Miller and Stokes 1963) and collective representation (Hurley 1982; Weissberg 1978). Additionally, Suzanna DeBoef and James Stimson (1995) conclude that changes in public opinion lead to changes in the partisan composition of the House of Representatives. As opinion becomes more liberal, more Democrats are elected to the House, and vice-versa. They assume, and Stimson, MacKuen and Erikson (1995) confirm, that more liberal policies are enacted as the percentage of Democrats in the House increases.

Participation scholars have also been interested in the impact of citizen involvement in politics on public policy outcomes. Sidney Verba and Norman Nie (1972) found that the level of agreement between leaders and citizens over the most important problems facing a community is related to the level of participation in the community: communities with the highest levels of citizen participation also had the highest levels of agreement between citizens and leaders. Kim Quaile Hill, Jan E. Leighley, and Angela Hinton-Andersson (1995; see also Hill and Leighley 1992) provide further evidence that there is indeed a relationship between participation and policy outcomes. They found that states with higher levels of turnout among low-income voters also have more generous AFDC policies.

While instructive, these studies of legislative decision-making and participation should not be considered direct tests of the relationship between public opinion and public policy, primarily because they do not contain measures of both opinion and policy. Congressional roll call votes and the partisan composition of Congress are certainly important contributors to policy, but they are not the same as policy outcomes. Likewise, the participation studies do not contain measures of public opinion. Hill, Leighley and Hinton-Andersson (1995), for example, only assume that low-income voters favor more generous welfare policies.

In contrast, a number of public opinion scholars have directly examined the impact of aggregate public opinion on the content of enacted policies. The research designs of these studies differ in a variety of ways, but they generally converge on the conclusion that
opinion and policy are highly and positively correlated (Jacobs and Shapiro 1994a). One difference between these studies is whether the relationship between opinion and policy is examined for specific issues or whether the study uses measures of opinion and policy that are aggregated across issues. Research by Benjamin Page and Robert Shapiro (1983) falls into the former category. They examined public opinion survey data between 1935 and 1979 and identified 357 cases where policy preferences changed significantly over time. Page and Shapiro also examined national and state policy outputs at the time of the first public opinion measure and again one year after the final assessment of opinion to determine if enacted policy changed in the same direction as the opinion change, changed in the opposite direction, or did not change. They concluded that when both policy and opinion changed, 66% of these changes were congruent.

Using a different research design, Alan Monroe's (1979, 1994) findings parallel those of Page and Shapiro (1983). Monroe also collected opinion survey and policy outcome data across a number of issues and years. Instead of examining the congruence between opinion change and policy change, however, he compared the consistency between public preferences for change and actual changes in public policy. His results demonstrate that preferences of the majority of the public were consistent5 with policy outcomes for 64% of his cases between 1960-1976 (Monroe 1979) and 55% between 1980 and 1993 (Monroe 1994).6 Averaging across these two time periods, opinion and policy are consistent in 58% of Monroe's cases.

Despite the dissimilarities in their research designs, Page and Shapiro (1983) and Monroe (1979, 1994) arrive at similar conclusions regarding opinion-policy congruence. Because of the differences in their survey question selection, these studies focus on

5Monroe used survey questions which asked respondents if they favored or opposed change in specific areas of federal policy. He coded his measures of opinion into two categories: change and status quo. He then researched related policy activity and coded these policy outcome measures as either change or status quo. The consistency figures are based upon the number of cases where both majority opinion favored the status quo and policy did not change or when citizens favored change and the policy did change.

6Although he does not directly test explanations for the decrease in consistency over the two time periods, Monroe (1994) offers some suggestions for this decrease. Substantively, he speculates that divided government, limited federal resources, or the decentralization of power in Congress may have influenced levels of opinion-policy congruence. Methodologically, Monroe suggests that the decrease in consistency may be due to the greater availability of survey data during the second time period. Although there are more opinion measures during the 1980s, it is unlikely that the policy agenda of the federal government could have expanded to consider all of the proposed policy changes that were asked on opinion surveys.
different policy issues. The studies cover different, although overlapping, time periods. They also use different time lags between the measures of opinion and policy. More importantly, the authors use different assessments of opinion-policy congruence. Page and Shapiro (1983) used a co-variation approach (Weissberg 1976), focusing on the congruence between opinion change and policy change over time. As long as opinion changed significantly, whether that change was from 47% to 53% (minority to majority) in favor of a policy or 70% to 77% (majority to majority) in favor, they included it in their analysis. If public policy changed in the direction of the opinion change, Page and Shapiro concluded that opinion and policy were congruent. In contrast, Monroe (1979, 1994) focused on public opinion toward a proposed policy change at a single point in time and his measure of congruence depended on the wishes of the majority. If the majority opinion favored change and change occurred, Monroe coded the case as congruent. Similarly, if a majority of citizens opposed the policy change and the change did not occur, congruence also occurred.

While both Page and Shapiro (1983) and Monroe (1979, 1994) used measures of public opinion toward specific issues in their analyses, other researchers have instead examined the opinion-policy relationship by focusing on broader measures of public opinion. This approach assumes that when formulating specific policies, policymakers focus on general trends (such as liberal or conservative swings) in public opinion rather than opinion toward the specific policy (Stimson, MacKuen, and Erikson 1994). Robert Erikson, Gerald Wright, and John McIver (1993; see also Wright, Erikson, and McIver 1987) used ideological identification as their measure of public opinion. Using CBS/New York Times polls conducted between 1976 and 1988, Erikson, Wright and McIver calculated a mean ideological score for each state. They then examined the relationship between ideological identification and a composite measure of policy outputs across the states. The correlation between state ideology and policy is .82, indicating that states with the most liberal citizens enact the most liberal policies, and vice-versa.

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7 The use of a large number of surveys allowed the authors to have large enough samples within each state for reliable measures of state opinion, a problem that had plagued earlier studies of the relationship between state public opinion and policy outcomes (Erikson 1976; Weber and Shaffer 1972).

8 The eight policies included in their index are education spending; the breadth of eligibility for both Medicaid and Aid to Families With Dependent Children; tax progressivity; support for the Equal Rights Amendment; and legislation regarding consumer protection, criminal justice, and legalized gambling.
At the national level, James Stimson, Michael MacKuen, and Robert Erikson (1995) examined the relationship between opinion and policy both aggregated across policy issues. As their measure of public opinion, they use Stimson's (1991) policy mood concept, which measures public opinion by aggregating opinions toward a large number of specific issues. Policy mood is best interpreted along a liberalism-conservatism dimension and measures "global preferences for a larger, more active federal government as opposed to a smaller, more passive one across the sphere of all domestic policy controversies" (Stimson, MacKuen, and Erikson 1995, 548). Stimson, MacKuen and Erikson collected several measures of policy, also assessed along a liberal-conservative dimension. Using structural modeling techniques, the authors conclude that changes in public opinion are positively correlated with changes in public policy outcomes. The authors did find that policy became more conservative than did public opinion in the late 1960s and early 1970s, but overall they found a strong relationship between opinion and policy.

A few scholars have examined the relationship between opinion and policy for only a handful of issues or for a single issue. These results provide additional, although limited, support that opinion and policy are positively related. Donald Devine (1970) compared the relationship between opinion and policy for the most and least attentive citizens. He assessed congruence by both the co-variation (comparing opinion and policy changes over time) and majority public support methods. He found congruence between the most attentive public and policy on at least one of these measures for six of his seven issues. The level of congruence for the least attentive citizens was substantially lower for the majoritarian measure but only slightly lower for the co-variation measure of congruence. Robert Weissberg (1976) also used these two measures of congruence to assess the opinion-policy relationship for 11 issues. He found limited positive congruence for six of these issues, no relationship for two issues, but a negative relationship for three issues. State-level analyses have demonstrated that opinion and policy were congruent for three domestic policy issues in the 1930s (Erikson 1976) and that state opinion liberalism influenced changes in tax and education policy in the 1980s (Lowery, Gray, and Hager 1989). Finally, many case studies of single issues also provide support for the conclusion

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9Their congressional index of policy liberalism is composed of measures of the ideological direction of the majority of roll call votes as well as the direction of the small number of key votes for each session. The policy liberalism of the president is measured by the aggregate liberalism of the president's support coalition in Congress, positions on key legislative votes, and the ideological direction of the Solicitor General's briefs to the Supreme Court. Finally, the policy liberalism of the Supreme Court is measured at the level of individual justice's votes. Court liberalism is operationalized as the percentage of all votes taken annually that support the liberal side of the case.
that opinion is positively related to policy outcomes (Jacobs and Shapiro 1994a). The policy issues examined in these case studies include defense spending (Hartley and Russett 1992; Russett, Hartley and Murray 1994), energy policy (Jasper 1990), national security and other foreign policy matters (Russett 1990; Sobel 1993), and health care policy (Jacobs 1993a; Rochefort and Pezza 1991).

Does Public Opinion Influence Public Policy?

These and other studies of opinion and policy convincingly demonstrate, across a large number of issues, years, and measures of both opinion and policy, that opinion and policy are positively correlated. On their own, however, findings of a high correlation between public opinion and public policy suggest but cannot conclude that policymakers are responsive to the American citizenry. From the standpoint of democratic theory, it is crucial to determine if the congruence between opinion and policy is due to the impact of opinion on policy rather than of policy on opinion. We would conclude that the government is responsive to the citizens if we find that changes in policy were caused by changes in opinion. We would draw very different normative conclusions, however, from a finding that public policy, or public policymakers, strongly influences the opinions of citizens. In this case, we would be hesitant to claim that policymakers are responsive to citizens when the opinions of citizens are influenced by the policymaking process. Thus, relating the correlational findings to democratic theory requires a careful assessment of the causal nature of the public opinion-public policy relationship (Page 1994). Unfortunately, the designs of many opinion-policy studies preclude their authors from drawing firm conclusions about causality.10

10 Another aspect of the opinion-policy relationship that cannot be addressed by these studies, because they rely on aggregate public opinion, is the differential impact of citizens on policy. V. O. Key (1961) argues that elected officials are more likely to follow the policy wishes of the most attentive than the least attentive citizens. Douglas Arnold (1990) disagrees, arguing that representatives are also concerned with the opinions of the least attentive citizens because all citizens can be mobilized on election day to vote against an incumbent's past unpopular policy decisions. Who is correct: Key or Arnold? Since most scholars of the opinion-policy relationship rely on aggregate opinion only, they cannot answer this question. Donald Devine's (1970) research is an exception to this trend, but his findings are somewhat inconclusive. He did find that the congruence between the opinions of the most attentive citizens and policy is larger than the congruence between least attentive citizens and policy for most of his issues. However, the degree of congruence for the most attentive citizens depended on the measure of opinion-policy congruence that he used. Further examination of this topic is clearly necessary.
Page and Shapiro (1983) and Stimson, MacKuen and Erikson (1995) argue that their results of congruence between opinion and policy are due to the causal impact of opinion change on policy change. However, while these authors employ rigorous statistical methods in addressing this causal question, there are conceptual limitations in their models which make their causal conclusions premature. Both Page and Shapiro (1983) and Stimson, MacKuen and Erikson (1995) argue that the temporal ordering of their variables is proof that opinion changes cause policy changes and not vice-versa. These researchers measured opinion at one point in time and policy at a later point. They argue that because opinion changed before policy did we can conclude that the opinion changes were not due to changes in the policy. They are correct, of course, but they still did not consider the impact of policymakers on public opinion. Policymakers may, and do, attempt to shape public opinion while they are formulating public policy. Thus, while policy change occurs after the opinion change, opinion may be shaped by the policymaking process and, importantly, a change in policy that occurs after a change in opinion does not necessarily mean that policymakers are responsive to public opinion.

In other words, public opinion "is not fully exogenous to the institutions to which, at least in theory, it is supposed to provide guidance" (Kuklinski and Segura 1995, 8). Recent research concerning the formation of public opinion underscores this point. In forming their opinions, citizens rely quite heavily on information from the political environment (Page and Shapiro 1992; Popkin 1991; Sniderman, Brody and Tetlock 1991; Zaller 1992). For example, public opinion toward a policy change is influenced by the nature of the current policy, especially the current level of spending on the issue (Durr 1993; Wlezien 1995). Furthermore, information about the consequences of current policy or the projected consequences of a policy change is frequently supplied by the policymakers (such as elected officials and lobbyists) who are actively involved in the policymaking process (Carmines and Kuklinski 1990; Zaller 1992). In fact, as observed decades ago by E. E. Schattschneider (1960), the definition of policy issues is controlled by policymakers who

11 As the authors admit, their approach cannot rule out the alternative hypothesis that the changes in opinion and policy were both caused by a third, unknown factor.

12 Following up on Page and Shapiro's (1983) conclusion that opinion change produces policy change, Page, Shapiro and Dempsey (1987, 23) argue that "[i]t would be premature to celebrate the triumph of democracy before knowing how and by whom the public is itself influenced." They thus examined the impact of television news on public opinion. However, they did not argue that since public opinion is shaped by news coverage of the policymaking process, their original conclusion that opinion influences policy may be threatened.
attempt to define issues in such a way that they gain public support for their side of the issue debate (see also Cobb and Elder 1983; Rochefort and Cobb 1994).

By overlooking the role of policymakers in public opinion formation, researchers who have examined the impact of public opinion on policy merely by measuring opinion at one point in time and then assessing its impact on later policy outcomes may be overestimating the degree to which the government is responsive to the public. In fact, there is some evidence that the relationship between opinion and policymakers is reciprocal. The public influences the decisions of the policymakers, but policymakers also influence the opinions of the citizens. Kim Quaile Hill and Angela Hinton-Andersson (1995), for example, tested three causal models of the opinion-policy relationship: one where citizen opinion influences policymakers; another where policymakers influence the opinions of citizens; and a third where citizen opinion and the decisions of policymakers are reciprocally related. They find the strongest support for the reciprocal model whereby citizens and policymakers share and reinforce the issue preferences of each other. In his examination of the use of polling within the American executive branch, Lawrence Jacobs (1992a) concludes that officials have used polling to determine what citizens think about issues as well as to try to influence citizen opinion on issues (see also Jacobs et al. 1995; Jacobs and Shapiro 1994b). Similarly, John Zaller (1994b) conducted case studies of four decisions made by members of Congress during the Persian Gulf War and concludes that these members both led and followed the citizens.

Importantly, these reciprocal models cast doubt on conclusions that the causal arrow in the relationship between opinion and policy runs only from opinion to policy. With the exception of Hill and Hinton-Andersson (1995), though, these studies do not directly compare the influence of the policymakers on citizens versus the influence of citizens on policymakers. Furthermore, none of these reciprocal models assesses the nature of the impact of policymakers on citizen opinion. For example, policymakers could provide policy information to the citizens to enable the citizens to make well-informed policy choices or they could provide selective policy information in an attempt to manipulate the opinions of the citizens and increase public support for a specific policy option (Page and Shapiro 1992). That is, knowing that the opinions of the citizens are influenced by policymakers does not necessarily mean that policymakers are not responsive to the interests of the citizens. Multiple relationships between citizens and policymakers are possible. However, to explore these relationships and to assess more completely the degree of responsiveness (or nonresponsiveness) of the government to the wishes of the citizens, we need a very different research design and focus.
A Focus on Public Policy Communication

To determine if policymakers are responsive to the opinions of citizens, we need to know how strongly the opinions of citizens are shaped by the policymakers as well as how strongly the decisions of policymakers are influenced by citizen opinion. And in order to examine the influence of each group on the other, we need to move beyond the research designs of Page and Shapiro (1983), Monroe (1979, 1994), Erikson, Wright and McIver (1993), Stimson, MacKuen and Erikson (1995), and Hill and Hinton-Andersson (1995). All of these scholars examine the opinion-policy relationship by using output measures of both opinion and policy. That is, their models focus on changes in the level of public support for policy and changes in the content of policy. However, they do not examine the processes of opinion formation and policy formation. Without considering these processes, we cannot know how strongly citizens and policymakers influence the policy preferences of each other.

In contrast to these other studies, I focus on the formation of citizen opinion and the formation of public policy. Specifically, I examine the content and impact of public policy communication between citizens and policymakers during an evolving policy debate. The heart of the public policy relationship between citizens and policymakers involves an exchange of policy information. Policymakers describe policy proposals to citizens, often trying to convince the citizens to support one proposal over its competitors. Policymakers are also mindful of the likely response of citizens to their proposal and do not propose an alternative that will meet with widespread public disapproval. At the same time, the opinions of the citizens toward the policy issue under debate are shaped by the discussion of the policymakers, but these opinions are also influenced by the social characteristics and related political attitudes of the citizens. In other words, policymakers likely influence but do not completely determine the issue opinions of citizens. Finally, citizens communicate their policy preferences to the policymakers in the hope that their opinions will influence the content of public policy.

This exchange of policy communication between citizens and policymakers is very complex, and made more so by the involvement of the media. Most of the policy information that is communicated by policymakers to the citizens is transmitted by the media, thus making the media an important actor in the policymaking process (Kennamer 1992). The impact of this role of the media depends, of course, on whether the media simply transmit the information directly from the policymakers to the citizens or whether the
media instead selectively present and shape this information. There is much evidence that
the latter is more correct (Page 1996; Pritchard 1992). Thus, the media should be
considered an independent actor in the communication of public policy information between
policymakers and citizens. Furthermore, there is mounting evidence that media coverage of
policy issues shapes policymaker perceptions of public opinion on the issues (Becker and
Kosicki 1995; Schoenbach and Becker 1995) such that policymakers may have inaccurate
perceptions of citizen opinion. In other words, the media may have as large an influence on
public policy as the citizens do, even if policymakers think that they are responding to the
views of the citizens.

In fact, the nature and impact of public policy communication between citizens and
policymakers is far from certain and depends in part on the activities of the media in this
communication process. In an attempt to capture the possible variants of policy
communication among these three groups of actors, I outline three models in the following
chapter. Using the analogy of a conversation, communication between citizens and
policymakers might approximate a monologue in which the policymakers are the only
communicators. Instead, a policy dialogue might exist, if citizens and policymakers are both
involved in the conversation and both respond to the preferences of the other. Finally, the
flow of communication between citizens and policymakers might be shaped by the news
media in a variety of ways. If the latter occurs, either citizens or policymakers cannot learn
the true policy preferences of the other group because the media misrepresent this
information.

The characteristics of these conceptual models provide the basis for the analysis in
the remaining chapters. More specifically, I tested a variety of hypotheses from each model
by conducting a case study of policy communication during the debate over President
Clinton's health care reform proposal of 1993-94. After briefly describing the
policymaking events that occurred during this debate in chapter 3, each succeeding chapter
presents results from tests of different sets of hypotheses. In chapter 4, I rely on a content
analysis of media coverage of the health care reform debate to explore both the nature of
this coverage and the content of policymaker statements about Clinton's proposal that were
available to the public. Chapters 5 and 6 focus on public opinion toward this proposal.
First, I examine support for Clinton's plan at the aggregate level. Next, I focus on
differences in this support for two characteristics of citizens: partisanship and material
interests. Jointly, the aggregate and subgroup analyses of citizen opinion allow me to
determine whether the public's preferences were largely driven by communication from the
policymakers and the media or were also influenced by other factors, such as personal
characteristics. Finally, chapter 7 presents analyses of the impact of media coverage on citizen support for Clinton's plan. First, I examine the influence of media coverage on the opinions of all citizens. The chapter concludes with an examination of the impact of this coverage on the opinions of various subgroups of citizens.
CHAPTER 2

THREE MODELS OF PUBLIC POLICY COMMUNICATION: MONOLOGUES, DIALOGUES, AND MEDIATED CONVERSATIONS

There is a pressing need to reconsider the communicative links between leaders and followers, if we want to grasp the possibilities for democracy under representative government.

-Russell Hanson and George Marcus (1993, 21)

More often than not, when public opinion toward a policy issue changes, public policy changes in the same direction as the opinion change (Monroe 1979, 1994; Page and Shapiro 1983; Stimson, MacKuen and Erikson 1995). For example, as citizens become more supportive of protecting the environment, stricter environmental protections are enacted into law. More generally, as opinion becomes more liberal, policy becomes more liberal and as opinion changes in a conservative direction, policy also becomes more conservative. This suggests that policymakers are responsive to the opinions of the American public. However, the positive relationship between opinion and policy may be due to policymakers influencing opinion. That is, opinion may be more responsive to the policymaking process than policymakers are responsive to opinion.

Sorting out the causal relationship, or relationships, between opinion and policy thus requires focusing on the interaction of citizens and policymakers during the policymaking process. Drawing upon theories of policymaking, public opinion formation, and media coverage of policy debates, I propose three models of the flow and impact of communication between citizens and policymakers, as transmitted via the media. In the first model - the monologue model - policymakers dominate the policy conversation. The opinions of citizens are largely determined by the elite discussion of policy options and the true preferences of the citizens have little influence on the content of policy. Alternatively, citizens and policymakers might engage in a policy dialogue. According to this second
model, the opinions of citizens are shaped by communication from the policymakers but are also influenced by personal opinions and interests. The decisions of policymakers are then influenced by the opinions of the citizens. However, since citizens and policymakers rarely communicate directly with one another, I also propose a third model in which the news media dominate the policy conversation. According to this mediated conversation model, media coverage of the elite debate does not accurately represent the actual content of statements made by the policymakers and the opinions of citizens are influenced strongly by the content of this media coverage.

Conclusions about the responsiveness, or nonresponsiveness, of policymakers to public opinion will depend on which of these models is the most accurate depiction of communication among citizens, policymakers, and the media. The goal of this chapter is to describe more fully the characteristics of each policy communication model as well as outline a set of hypotheses that will be tested in later chapters.

Elites and the Policymaking Process

The actions and motivations of elite policymakers depend, of course, on the structure of the policymaking process. This process involves many actors from within and outside of government. Structural features of the American political system, especially federalism and the separation of powers, further ensure that actors from all branches and all levels of government are involved in policymaking. The involvement of many actors does not, however, mean that the policymaking process is completely chaotic and unpredictable. In fact, public policymaking generally progresses through a series of stages with very specific activities occurring within each stage (Jones 1984; Ripley 1985).

Public policy is a governmental response to a public problem, such as air pollution or poverty. A policy states the government's goals for solving the problem and the means

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1 I use the term elite policymaker (or elite, for short) to refer to all actors involved in public policymaking. Both governmental and non-governmental actors formulate policy (Jones 1984; Kingdon 1995; Ripley and Franklin 1991; Sabatier and Jenkins-Smith 1993). Governmental actors include elected politicians and their staffs, civil servants, and appointed bureaucratic officials. The most important non-governmental actors are interest group representatives and other lobbyists (Heclo 1978; West and Francis 1996). Distinctions among different types of elites are important for certain parts of the policymaking process. Interest group representatives, for example, are involved in formulating policy proposals but the final policy decisions are made by governmental officials (through either the passage of legislation or the writing of bureaucratic rules and guidelines). Unless otherwise specified, though, I use the term elite to refer to all actors involved in policymaking.
for achieving this solution (Dubnick and Bardes 1983; Jones 1984; Ripley and Franklin 1991). The policy process is the entire set of activities from bringing a problem to the attention of the government to the attempts by the government to solve the problem. Charles Jones (1984) argues that the policy process occurs in temporal stages, corresponding to the status of the public problem. The four primary stages are: (1) agenda setting; (2) policy formulation and legitimation; (3) policy implementation; and (4) policy evaluation (see also Ripley 1985). Agenda setting is the process by which public problems are brought to the attention of policymakers. Policy formulation involves the development of specific plans or programs to address a problem while legitimation refers to officially adopting (via the passage of legislation or the signing of an executive order) one program to address the problem. This adopted program then becomes governmental policy. The next step is implementation, or putting the program into effect to solve the public problem that it was designed to address. Finally, evaluation consists of determining how successful the policy has been at solving the problem.

While these four stages encompass the entire policy process, I will focus only on the first two stages. Certainly there are opportunities for citizens to influence policy while it is in the implementation and evaluation stages (Goggin et al. 1990; Jones 1984; Pressman and Wildavsky 1984). However, the largest role for opinion in the policymaking process occurs during the stages of agenda setting and formulation/legitimation. These first two stages are more visible to the public than are the final two stages. Many normative theories of democracy and representation state that policymakers are responsive to citizens during policy formulation (Pitkin 1967). Indeed, while many scholars of the empirical relationship between opinion and policy do not discuss the stages of the policy process, they operationalize policy outputs as congressional votes, executive orders and/or Supreme Court decisions, thus implicitly situating their public policy models within the formulation and legitimation stage (Monroe 1979, 1994; Page and Shapiro 1983; Stimson, MacKuen and Erikson 1995).

Unlike Jones (1984), however, I collapse all of these activities into one stage - the policymaking stage. Jones conceptualizes agenda setting as the process by which a societal problem reaches the attention of policymakers. During formulation and legitimation, in contrast, policymakers propose competing solutions to the problem and, after debating the options, adopt one as governmental policy. There are a number of problems with differentiating these activities into distinct stages. First, the boundaries between these stages are somewhat fuzzy and it is not always clear when agenda setting has ended and formulation/legitimation has begun (Sabatier and Jenkins-Smith 1993). Second, setting the
agenda and formulating policies often occur simultaneously. The precise nature of policy formulation (including the actors involved and the likelihood of policy adoption) are influenced by the way in which a problem is defined (Baumgartner and Jones 1993). Thus, policymakers simultaneously define problems and propose solutions to these problems, all the while hoping that both their preferred definitions and solutions reach the government's decision-making agenda (Cobb and Elder 1983; Schattschneider 1960). Third, problem definition and solution specification can occur in the opposite order. Oftentimes proposing solutions occurs after defining a problem but sometimes a solution is defined before a problem is. That is, policymakers sometimes introduce proposals for changing policy and search for a clearly defined problem upon which to attach their proposal. For example, policymakers had proposed increasing federal spending on mass transit before the energy crisis hit in the early 1970s, but their proposals were not seriously considered by other elites until these proposals were presented as a solution to the energy problem (Kingdon 1995).

Within this policymaking stage, policymaking activities are generally conducted in decentralized policy subsystems. For many issues, the most active policymakers are members of congressional subcommittees, civil servants in the bureaucracy, and interest group representatives (Davidson 1977; Ripley and Franklin 1991). The specific actors within each of these subsystems (also known as iron triangles) will be determined by the content of the policy (Lowi 1964). For example, agricultural policy is made by members on the Agriculture Committees in the House of Representatives and the Senate, bureaucrats within the Department of Agriculture, and representatives from relevant interest groups. Occasionally a stable iron triangle will break down, especially when an issue is redefined or a crisis places a sense of urgency on changing an existing policy (Jones 1994; Ripley and Franklin 1991). Some of these triangles have fluid rather than permanent memberships (Heclo 1978). And, finally, for some issues, the actors involved in policymaking are not determined by their institutional affiliation but rather by the content of their policy views. In fact, Paul Sabatier and Hank Jenkins-Smith (1993) argue that policymaking is dominated by advocacy coalitions rather than by iron triangles. Each coalition is composed of people who share similar beliefs about policy goals and the means for reaching these goals. Within a policy area, there are likely to be competing coalitions, such as the clean air and economic feasibility coalitions who are active in air pollution policymaking.

Whether policymaking is dominated by iron triangles, advocacy coalitions, or other policy subsystems, many policymakers can be active in any one policy area, if they choose to be. All of these elites attempt to convince the other relevant policymakers that their proposed policy should be adopted over all other competing proposals. The proposal that
prevails is the one that has the most support from the policymakers. In an attempt to convince other elites to support their proposal, many elites often try to mobilize citizen support for their proposal. If an elite can convince other policymakers that there is public support for his or her favored policy proposal, the proposal has a better chance of becoming law (Jacobs 1992a; Kuklinski and Segura 1995). In other words, citizen support is an important resource in the decentralized world of policymaking.

Elites are thus motivated to influence public opinion by persuading citizens to support their policy proposals. Presidents make televised speeches in order to increase public support for policy actions, which can then be used to convince members of Congress to pass their proposals (Kernell 1993; Ragsdale 1984). Members of Congress are also involved in the opinion-shaping process (Carmines and Kuklinski 1990; Zaller 1994b). Lawrence Jacobs and colleagues (1995) interviewed congressional staff members to determine why members of Congress gathered public opinion information during the health care reform debate of 1993-94. Two-thirds of the members indicated that at least one of their uses of public opinion information was to educate citizens about health care policy and to change the preferences of the citizens. Finally, interest group representatives also attempt to enlist public support for their positions and then they communicate information about public opinion to members of Congress. These representatives try to convince members of Congress that supporting the policy position of the interest group will further the personal goals, especially reelection, of the members. If the interest group representative can convince the member that his or her constituency is in favor of a certain policy proposal, the member is more likely to vote for it (Hansen 1991; Smith 1984). Recently, interest groups have also used advertising to appeal directly to citizens in the hope that the citizens will then communicate their policy opinions to their elected representatives (West and Francis 1996).

\[\text{fn2}\] Sometimes Presidents try to influence public opinion indirectly by trying to influence news reporters. For example, in an attempt to increase the salience of the issue of global warming and increase support for restricting greenhouse gases, during the fall of 1997, President Clinton and Vice President Al Gore invited more than 100 local and national weather reporters to the White House to inform them about these topics (James Bennet, "Clinton Nudges TV Forecasters On Warming," New York Times, 2 October 1997, sec. A).

\[\text{fn3}\] In contrast, 44% of the members stated that at least one of their reasons for gathering opinion information was for the purpose of policy responsiveness (Jacobs et al. 1995).
Elites, thus, communicate policy information to the citizens in an attempt to gain citizen support, which can then be used as leverage in the policymaking process. However, because ours is a representative democracy and many of these elites are directly accountable to the citizens, elites are also responsive to public opinion. When formulating policy proposals, elites are careful to propose policies that will be acceptable to the citizens. Even if the opinions of citizens toward a specific issue are not well-formed, elites try to predict how citizens will respond to their policy proposals by considering opinion toward related issues or public support for broad policy goals or values. More often than not, elites first decide which policy proposals are likely to be unacceptable to citizens and then use their discretion in formulating policies that they think the public will accept (Key 1961; Kingdon 1995; Stimson 1991). In the early stages of formulating his health care reform proposal, for example, presidential candidate Bill Clinton dropped serious consideration of a single payer health care system. While admitting that Canada's single payer system was successful, Clinton acknowledged that a single payer policy would not be acceptable to American citizens because it involved too much governmental control over health care (Hamburger, Marmor and Meacham 1994; see also Skocpol 1994). The range of acceptable policy proposals will be quite wide for some issues, while for other issues, especially highly salient and recurring issues for which public opinion is likely to be quite specific, only a few proposals will meet with public approval (Jacobs 1993a; Key 1961).

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4 Even though they are not elected officials, interest group representatives also pursue these dual goals of leading and responding to public opinion. In a news story about the 1995 Farm Bill, two lobbyists discussed their tactics. One discussed his use of public opinion poll results as a tool to persuade members of Congress to support the elimination of farm subsidies. Another lobbyist said that his group releases negative information about farm subsidies to the press (such as the receipt of them by very wealthy investors) in order to shape public opinion toward the subsidies (National Public Radio. 1995. "All Things Considered," 18 September).

5 This decision by elites is based, most likely, on their assessments of aggregate public opinion. In fact, V. O. Key (1961) and James Stimson (1991) both argue that aggregate public opinion can be divided into a zone of acceptable policy proposals and zones of unacceptable ones. Gregory Diamond and Michael Cobb (1996) argue that individual opinion can be similarly divided and that citizens are more likely to inform elites of the proposals that they do not like rather than the proposals that they do like.

6 This is not to say that elites will always follow public opinion when they are formulating policy proposals. In their study of the influence of poll results on John Kennedy's presidential campaign strategy, Lawrence Jacobs and Robert Shapiro (1994b) find that Kennedy took positions on the issues of foreign aid and civil rights that contradicted the poll results. Kennedy's foreign aid position was based instead on his desire "to assure other elites of his worthiness to be president" (534).
Policymakers are not only sensitive to public opinion while they are formulating policy proposals. They also respond to the preferences of the citizens while policy proposals are being debated and fine-tuned, and up until a final decision is made. Douglas Arnold (1990) argues that members of Congress constantly monitor the opinions of their constituents and are careful not to vote against policies that the citizens prefer. If they do so, and cannot adequately explain their action to their constituents (McGraw, Best and Timpone 1995), these members risk losing their seats on election day. Reelection incentives thus motivate members to be responsive to public opinion (Mayhew 1974; Stimson, MacKuen and Erikson 1995). Other representatives are less motivated by the reelection goal but are responsive to opinion because they believe that their legislative role is to translate the wishes of citizens into public policy (Wahlke et al. 1962). Non-elected officials can also be responsive to opinion while they are making public policy. In his case study of the formation and passage of the 1965 Medicare Act, Lawrence Jacobs (1992b; 1993a) demonstrates that citizen opinion influenced many of the detailed policy decisions made by bureaucrats as well as members of Congress. For example, citizen opposition to a large government presence in the provision of health care resulted in the creation of private organizations (such as Blue Cross) to administer public funds to doctors.

Citizen Opinion Formation

"Mass opinion," according to V. O. Key (1961, 557), "is not self-generating...it is a response to the cues, the proposals, and the visions propagated by the political activists." In particular, citizen opinion toward a specific policy proposal is greatly influenced by elite discussion of the proposal. During policymaking, while elites are discussing competing policy proposals, citizens learn a great deal about the content of these proposals. The opinions of citizens toward a specific policy proposal generally begin to form once elites start debating the proposal (Kuklinski and Segura 1995; Yankelovich 1991). While these opinions are also influenced by pre-existing attitudes and values of the citizens, elite communication of policy information plays a very important role in the formation of citizen opinion.

The impact of elite communication on the opinions of citizens depends, of course, on the content of the communication. If elites are primarily interested in educating citizens about policy options so that citizens can consider all relevant information equally when forming their opinions, they will inform citizens about the strengths and weaknesses of a
policy proposal in an unbiased manner. If, however, elites are more interested in persuading citizens to support one specific policy proposal over another, they will structure the policy information in such a way as to advantage their preferred proposal, occasionally making misleading, or even false, statements about the potential consequences of competing policy proposals (Page and Shapiro 1992). Much elite communication falls into the latter category. Because of the nature of policymaking, elites are motivated to increase public support for their policy proposals; thus, they selectively present policy information to the citizens. More importantly, since citizens rely on elites for specific information about the details of policy proposals, this selective presentation greatly influences how citizens think about and form opinions toward the proposals.

Elites primarily use two types of rhetorical strategies when communicating policy information to the citizens: persuasive arguments and framing. A persuasive argument is a direct statement about which policy proposal the elite supports, or opposes, and why. Opponents of President Clinton's health care reform proposal, for example, argued that his proposal was unacceptable because patients would lose their choice of doctors if the proposal were enacted (Kedrowski 1995). Persuasive messages are quite common in policy debates and these messages often change citizen opinion in the intended direction (Mutz, Sniderman and Brody 1996). Furthermore, Michael Cobb and James Kuklinski (1997) demonstrate that some persuasive arguments are more effective than others. They find that opinions toward health care reform and the North American Free Trade Agreement are more likely to change after exposure to an argument against these proposals than an argument in favor of them.7

In addition to using persuasive arguments, elites also frame policy issues in the hope of increasing public support for their preferred proposal. A frame is an interpretation or construction of a policy issue which emphasizes specific information relevant to the issue and ignores, or discounts, other relevant information (Chong 1996; Garrison 1992). Most policy issues are complex and multi-dimensional and frames suggest which policy information is the most important and, therefore, which information should receive the most weight in one's opinion (Jones 1994; Nelson, Clawson and Oxley 1997). A frame, then, "provides meaning to an unfolding strip of events...[and] suggests what the controversy is about, the essence of the issue" (Gamson and Modigliani 1987, 143). Welfare policy, for

7The impact of persuasive arguments on opinion is not the same for all people, a common finding in studies of persuasion (Chaiken, Wood and Eagly 1996; Petty and Cacioppo 1981). In particular, Cobb and Kuklinski (1997) find that opinion change is the greatest for those least attentive to politics.
example, can be framed as a "give-away" program for people who do not need the assistance, as a drain on the federal budget, or as a necessary program to keep children out of poverty (Nelson and Kinder 1996; Nelson and Oxley 1997). Clinton's health care proposal was framed both as promoting security in the uncertain world of health care provision and cost as well as a threat to the doctor-patient relationship (Hackey 1995; Kedrowski 1995; Skocpol 1994).

Issue framing is extremely common in policy debates. In contrast with persuasive arguments, however, frames generally do not directly state which side of an issue the elite supports, or which side the citizens should support (Chong 1996; Jones 1994; Nelson and Kinder 1996). However, most frames imply that one policy position should be favored over another. Opponents of Clinton's health care plan used the doctor-patient relationship threat frame because they expected that when citizens considered this threat, they would logically oppose Clinton's plan. Similarly, supporters expected that focusing attention on health care security would produce support for Clinton's proposal. Even though issue framing is more subtle than direct persuasion, framing does influence citizen opinion in the direction anticipated by the elites. Citizens are more supportive of welfare policy when it is framed as a program to keep children out of poverty than as a handout to undeserving recipients (Nelson and Oxley 1997). In terms of civil liberties conflicts, citizens are more tolerant of unpopular groups (such as the Ku Klux Klan) giving speeches when the issue is framed in terms of the group's free speech rights instead of as a threat to public order (Nelson, Clawson and Oxley 1997; see also Chong 1993, 1996).

In addition to the content of persuasive arguments and issue frames, citizen opinion toward a policy proposal is also influenced by the source of the policy information. Since many policy issues are complex, sorting through various pieces of information about the content and possible consequences of policy proposals and forming an opinion toward the proposals can be challenging for many citizens. By relying on the elite sources of policy communication as cues, citizens can simplify this task (Sniderman, Brody and Tetlock 1991). Citizens are more likely to agree with policy information that is communicated by an elite whom they trust and view favorably than information from an elite they distrust (Carmines and Kuklinski 1990; Kuklinski and Hurley 1994; 1996). Citizens are also more likely to favor a policy proposal if the source of the policy information is popular and/or

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8Bryan Jones (1994, 1) argues that elites use frames more often than persuasive arguments. Rather than attempting to directly persuade citizens to support one policy proposal over another ("the communication of preferences"), elites instead try to influence how citizens think about issues through "the communication of structure."
credible rather than unpopular and/or noncredible (Mondak 1993; Page, Shapiro and Dempsey 1987).

The content of persuasive arguments and issue frames as well as the elite sources of this content all influence citizen opinion toward policy proposals. The overall impact of this information on citizen opinion will depend on the balance of communication supporting versus opposing a specific policy proposal. For most policy issues, elites disagree over the best proposal to address the issue and, therefore, citizens receive competing messages about the desirability of specific proposals (Kuklinski and Segura 1995). Occasionally, however, elite consensus exists. In the early years of the Vietnam War, for example, nearly all elites supported American involvement in the war. By the mid-1960s, however, liberal elites began to express their opposition to the war and the elite consensus broke down (Zaller 1992). Generally, elite disagreement is more common than elite agreement, but the volume of competing arguments can be unbalanced even during elite disagreement. That is, citizens may receive both supporting and opposing information from elites, but the supporting information may greatly outnumber the opposing information. This specific imbalance of communication influences citizen opinion such that citizens are more likely to support the policy proposal than if the volume of opposing arguments were greater or if there were no imbalance of communication (Zaller 1992, 1996).

Citizen opinions are thus strongly influenced by the content and balance of elite policy communication. However, because citizens sometimes rely on sources other than elite policymakers for political information, opinions are not completely determined by this communication. One of the most important sources for this information is other citizens. Citizens discuss political issues with their spouses, relatives, friends, neighbors, co-workers, fellow churchgoers and others. This interpersonal communication influences political opinions (Huckfeldt et al. 1995; Huckfeldt and Sprague 1995; Lazarsfeld, Berelson and Gaudet 1944; Lenart 1994). In their examination of vote choice in the 1940 presidential election, Paul Lazarsfeld, Bernard Berelson and Hazel Gaudet (1944) found that one of the strongest influences on vote choice was interpersonal communication, especially for voters who made their decisions late in the campaign (see also Katz 1957). More recently, Silvio Lenart (1994) concluded that citizen evaluations of the 1988 presidential candidates were influenced by interpersonal discussion. Social context also influences political opinions. Even if citizens rarely discuss politics with their neighbors, information available in their neighborhood, such as an improvement or a decline in the economic status of neighbors, can influence both vote choice (Huckfeldt and Sprague 1995) and evaluations of the president's handling of the economy (Mondak, Mutz and Huckfeldt 1996).
The policy opinions of citizens are also influenced by objective information, such as the content of current policy. Both Robert Durr (1993) and Christopher Wlezien (1995) find that support for federal spending decreases as the current level of spending increases. Wlezien (1995) concludes that the impact of current spending on policy opinions is especially likely for the issues of defense, education, environment, welfare and aid to cities. Objective economic conditions, such as the level of unemployment or inflation, also influence citizen opinions, especially evaluations of the president (Blood and Phillips 1995; MacKuen, Erikson and Stimson 1992).9 Oftentimes, elites try to use objective information in order to convince citizens to support or oppose a policy. President Reagan, for example, explained his opposition to current (as of then) social welfare policy by linking the national economic problems of the 1970s with excessive social welfare spending (Marmor, Mashaw, and Harvey 1990). However, Reagan's attempts to influence citizen opinion with this objective information were not completely successful. Public support for welfare policy remained steady and quite high throughout the 1980's (Cook and Barrett 1992; Page and Shapiro 1992).

Finally, the policy opinions of citizens are also influenced by their political predispositions, such as core values, partisanship, related political attitudes, and personal experience. Support for values such as individualism, egalitarianism, liberty, and patriotism impact citizen opinion toward specific policies (McCloskey and Zaller 1985; Peffley and Hurwitz 1985). Citizens who are more committed to the value of egalitarianism, for example, are more supportive of social welfare policy than are citizens who are not as committed to this value (Feagin 1975; Kluegel and Smith 1986). Policy opinions are also influenced by related political attitudes such as expectations about the future health of the economy (Durr 1993; MacKuen, Erikson and Stimson 1992), attitudes toward social groups who benefit from specific policies (Converse 1964; Nelson and Kinder 1996; Sniderman, Brody and Tetlock 1991) and partisan identification (Zaller 1992). Finally, personal situations, whether experienced directly or by someone with whom one discusses politics (Huckfeldt and Sprague 1995; Katz 1957) also shape political opinions. James Kluegel (1987), for example, finds that citizens who have either recently been unemployed or have recently experienced a decline in their standard of living are more supportive of

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9Michael MacKuen, Robert Erikson and James Stimson (1992) find that objective economic conditions do not directly affect evaluations of the president. Rather, objective conditions influence citizen perceptions of the state of the economy and these perceptions influence presidential approval.
increasing social welfare spending than those citizens who have not experienced either situation.

At the end of the day, then, citizen opinions are potentially influenced by an interaction of all of these factors: the content and balance of elite communication; interpersonal communication; social context; objective policy and economic information; and individual predispositions. The content and balance of elite communication structure the policy information available to citizens, but the impact of this communication on opinions is conditioned by other information possessed by the citizens, especially individual predispositions. Many citizens do not automatically accept the elite communication but instead actively process it in a manner consistent with their existing political attitudes (Gamson 1992). Combining these factors together in his model of public opinion formation, John Zaller (1992) demonstrates that when elites disagree along partisan lines over a policy proposal, citizen opinion also diverges according to partisanship. Because of their existing predispositions, Democratic citizens are more likely to agree with the positions of Democratic leaders and Republican citizens are more likely to agree with those of Republican leaders. Thus, the opinions of Democratic citizens are similar to those of Democratic elites and different from those of both Republican citizens and elites. In contrast, when elite consensus exists, the opinions of citizens are the same as the elites and do not differ by partisanship.10

Policy Conversations: Monologues versus Dialogues

During the policymaking process, elites can be motivated either to shape public opinion, to be responsive to the preferences of the public, or both. The policy opinions of

10 Zaller further finds that these patterns only exist for citizens who are attentive to politics. The least attentive citizens are unlikely to be exposed to elite communication and, thus, cannot be influenced by it. In fact, one of the most consistent findings of recent public opinion research is that the process of opinion formation differs for the most attentive and least attentive citizens. Not only are attentive citizens more likely to be exposed to elite communication (Carmines and Kuklinski 1990; Zaller 1992), they are also more likely to understand how this information relates to their existing political attitudes (Chong 1996) and they are more likely to possess sufficient knowledge to rebut any information with which they disagree (Cobb and Kuklinski 1997; McGraw and Hubbard 1996; Sniderman, Brody and Tetlock 1991; Zaller 1992, 1996). This suggests that not all citizens are alike; that the opinion formation process is much different for the most attentive than the least attentive citizens. I return to this point below as it has implications for the nature of citizen-elite communication.
citizens are most clearly influenced by elite policy communication, but may also be influenced by other factors, such as individual predispositions. The nature of policy communication between citizens and elites will depend on which goals motivate elites as well as which factors most strongly influence citizen opinion formation. Based on different combinations of these considerations, I propose two models of policy communication: a monologue model and a dialogue model (see Table 2.1).11

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<th>Elite motivations:</th>
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<th>Dialogue</th>
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<tr>
<td>Elites hope to shape opinion</td>
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<th>Influences on citizen opinion:</th>
<th>Monologue</th>
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<tr>
<td>Elite communication</td>
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<td>Individual predispositions</td>
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Table 2.1 Policy Monologues versus Policy Dialogues

Citizen-elite communication may resemble a monologue in which the elites do all of the communicating and the opinions of citizens have no meaningful impact on the policy decisions of the elites. Under this model of policy communication, elites are motivated to

11I do not consider all possible combinations of either elite motivations or influences on citizen opinion in the models. As for elite motivations, I assume that elites always try to shape citizen opinion, but do not always try to be responsive to the opinion. In other words, I do not consider the situation where elites are only responsive to opinion but do not try to shape this opinion, primarily because for every policy issue there will be some elites who are attempting to shape citizen opinion (Jacobs et al. 1995). Furthermore, I assume that elite communication always influences citizen opinion, but that individual predispositions will only sometimes influence opinion. Since elites have more access than citizens to policy information, the elites will "set the agenda [and] define the parameters of major debates" (Carmines and Kuklinski 1990, 266), ensuring that elite communication always has some impact on citizen opinion.
shape public opinion so that they can use public support for their preferred policy as a resource in the policymaking process. The elites are not motivated to educate citizens about policy options and allow citizens to sort through competing policy information on their way to well-informed opinions nor are they motivated to be responsive to public opinion. Additionally, the opinions of citizens are shaped entirely by elite communication and are not influenced by individual predispositions. Elites ultimately enact their preferred policy, regardless of the content of public opinion. The resulting policy may be congruent with the opinions of citizens, but since the opinions of the citizens have been completely determined by the elites, democratic responsiveness has not occurred (Page 1996; Page and Shapiro 1992).

If citizens and elites both communicate to each other and both influence the policy decisions of each other, then a policy dialogue occurs. According to the dialogue model of communication, elites try to influence the opinions of citizens but they are also careful to propose policies that they know the citizens will not reject outright. Citizen opinion toward a policy proposal is influenced by the elite information, but, importantly, citizen predispositions also influence opinion. In other words, the opinions of citizens are shaped by the elites, but they are not completely determined by elite communication. During the policy debate, citizens communicate their policy preferences to elites and elites are responsive to the preferences of the citizens. This responsiveness may occur as elites alter a policy proposal before a final decision is made, or at the end of the process when the elites decide whether to enact the proposal or not. Throughout the policymaking process, the content of policy proposals will reflect the wishes of the citizens.

These models describe ideal types and most policy communication probably falls along a continuum anchored by these ideal types. Furthermore, neither the monologue nor dialogue model describes all policy communication between citizens and elites. Both types of citizen-elite conversations likely exist during policymaking with the monologue model more likely for certain issues and the dialogue model more likely for other issues. In particular, policy monologues are especially likely when elites agree on the best policy option. When elite consensus exists, citizens do not receive much information which is critical of a policy proposal. In such cases, citizens find it difficult to evaluate the proposal because they receive one-sided information and the opinions of citizens will be strongly influenced by elite communication. Furthermore, when elites agree about a policy proposal they feel less accountable to the citizens for their policy decisions than when they disagree (Bennett 1994). Not only are citizens unable to fully evaluate a policy proposal under elite agreement, elites also are less motivated to be responsive to citizens. Thus, even if elites are
responsive to citizen opinion, since this opinion has not been well-informed, democratic responsiveness is impossible (Page 1996). Periods of elite agreement do exist, especially in matters of foreign policy (Bennett 1994; Zaller 1992). Elite disagreement and competition over policy proposals is likely more common (Page 1996; Page and Shapiro 1992; Zaller 1996), suggesting that policy dialogues should occur more frequently than monologues. Also, issue salience can influence whether a monologue or dialogue exists. Dialogues should be more common for highly salient issues because elites are more likely to be aware of and be responsive to the opinions of citizens for these issues (Jacobs 1993a; Powlick 1995).

Finally, some citizens might engage in policy dialogues with elites while citizen-elite communication might be more similar to a monologue for other citizens. Citizen attentiveness to politics is especially likely to influence the nature of citizen-elite communication. Citizens who follow politics are more likely to receive elite policy communication and are also more likely to rely on individual predispositions when forming their political opinions than are citizens who are less attentive (Cobb and Kuklinski 1997; Zaller 1992). Elites may be more responsive to the most attentive than the least attentive citizens because attentive citizens are more likely to communicate their opinions directly to elites and because attentive citizens are more likely to hold elected representatives accountable on election day (Devine 1970; Key 1961; but see Arnold 1990). This suggests that policy dialogues are more likely for the most attentive citizens while policy monologues may occur for the least attentive citizens.

The Introduction - and Intervention - of the Media

Citizens and elites rarely communicate directly with each other. Instead, most elite communication is transmitted to the citizens via the media. The introduction of the media does not necessarily alter the monologue and dialogue models, however. If the media accurately and completely transmit the statements of the elites to the citizens then elite communication can be equated with media coverage. On the other hand, the introduction of the media may complicate the nature of citizen-elite communication, especially because the

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12 Benjamin Page (1996; see also Page and Shapiro 1992) argues that democratic responsiveness can only occur when citizens have access to complete information as they are forming their opinions. Although it is impossible to know if citizen opinions are based on full information, Page suggests that well-informed opinions are most likely when there is elite disagreement because elites communicate a diversity of viewpoints to the citizens.
media do not report elite statements verbatim but instead summarize these statements. If these summaries are incomplete, or inaccurate, or if the media have an additional influence on the opinions of citizens that is independent of the influence of elite statements on opinion, then the news media must be considered an independent actor in the policy conversation between citizens and elites. In fact, there are numerous indicators that the media do exert independent influence on this policy conversation.

Since most elite policy information is communicated to the citizens via the media, policymaking elites try to get their persuasive messages and issue frames covered by the media (Berkowitz 1992; Danielian and Page 1994; Jones 1994). And because journalists rely heavily on elites as sources for policy information, elites are often successful. Policymaking elites play a large role in setting the news agenda of the media and the elites' interpretations or frames of policy issues often receive attention in news reports (Bennett 1990; Berkowitz 1992). Indeed, James Carey (1995, 390) argues that the contemporary role of the media is to report the "truth arrived at elsewhere," whether that truth is determined by scientists, economic experts, bureaucrats, or other policy officials. Thus, if the reporters strictly follow this role, media coverage of policy debates should accurately reflect the range and content of persuasive arguments and issue frames that exist among the elites.

Media coverage of elite policy statements may, however, differ substantially from the actual content of these statements. First, reporters tend to rely on a small number of elites as sources for policy information, thus restricting the range of information that is communicated to the citizens (Bennett 1990; Page 1996). Stephen Reese, August Grant, and Lucig Danielian (1994) find that the same government officials and other policy experts appear frequently on many different television news shows and across a variety of topics. Furthermore, in their examination of news coverage of interest groups, Lucig Danielian and Benjamin Page (1994) find that business corporations and organizations are more likely to appear on the news than we would expect given the percentage of citizens whose interests these groups represent. Danielian and Page also find that the content of statements appearing on the news differs by type of interest group. Statements by representatives from business groups are more likely to contain factual information while members from citizen action groups are often portrayed making emotionally charged statements.

Second, there can be differences between media coverage of public policy debates and the actual events and content of the elite statements during the debate. In their analysis of media coverage of the Social Security program, Lawrence Jacobs, Mark Watts, and Robert Shapiro (1995) find that the media were more likely to focus on the financial
problems of Social Security in the early 1990s even when administrative improvements in Social Security had occurred. Benjamin Page (1995; 1996) demonstrates that the placement of newspaper stories, their headlines, and the journalists' use of sources sometimes corresponds with the policy position of the newspaper, as stated on the editorial page. Thus, it is possible that not all sides of a policy issue will receive the same amount of attention in newspaper stories.13

Additionally, media coverage of policy debates might be dominated by information about the politics of the debate rather than the content of policy proposals. While journalists do present elite policy statements to the citizens - "who favors what and why" statements (Carmines and Kuklinski 1990, 264) - they also report on the 'game' of politics. This latter type of reporting is especially common in media coverage of election campaigns (Patterson 1993). It is possible that media coverage of policy debates may also be presented in this game format. For example, one way to describe the legislative status of a policy proposal is in terms of how changes in the status benefit the supporters or opponents of the proposal. While game coverage of policy debates does certainly exist (Fallows 1997), the extent of this type of coverage is unclear because it has receive scant attention among media scholars (but see Entman and Page 1994). Importantly, though, game coverage can have implications for public opinion formation when it replaces coverage of the substantive details of a policy debate. If citizens do not learn about the details of elite policy statements via the news media, they will not be able to have well-informed opinions about policy proposals.

There are other ways in which media coverage of policy debates can have an impact on public opinion. Certainly, part of the media influence on citizens is due to the incompleteness of the media coverage. Citizens cannot be persuaded by elite policy statements if they never hear these statements. Additionally, the amount of attention the media devote to a topic influences the importance citizens place on this topic. As the media devote more attention to the issue of crime, for example, citizens are more likely to rank crime as an important problem (Iyengar and Kinder 1987). The elite sources of policy statements appearing in media coverage also influence citizen opinion. Benjamin Page, Robert Shapiro and Glenn Dempsey (1987) find that the statements made by officials, policy experts, and news commentators significantly influenced public opinion. Since not

\[\text{Page (1996, 76) very carefully points out that he cannot determine if this "slanting" of news stories occurs deliberately by the newspapers' owners and/or editors. He has no evidence to support this point and he further argues that the slanting of stories might occur because owners hire editors who share their views who in turn hire reporters with similar political views.}\]
all sources have the same probability of appearing in the news, the decisions by reporters on whom to quote in their news stories have an important influence on citizen opinion. Finally, media coverage sometimes has a larger influence on opinion than actual events do. Richard Pride (1995) found that citizen approval of the Nashville public schools diminished as the media framed a school referendum in performance terms, even though there were no changes in school performance during the time of his study. Similarly, Deborah Blood and Peter Phillips (1995) find that media coverage of the economy exerts an effect on citizen perceptions of the state of the economy independent of the actual state of the economy.¹⁴

Because the news media coverage of elite policy statements sometimes differs from the actual range and content of these statements and because the media can have an impact on citizen opinion independent of the impact of elite communication, the media can be an autonomous actor in the transmission of policy information from elites to citizens. The media can also influence policy information that is communicated from citizens to elites. Elite policymakers often rely on the media to determine citizen opinion toward a policy proposal. Indeed, foreign policy officials are more likely to use the media than the general public as a source of public opinion (Cohen 1973; Powlick 1995). Elites infer the issue agendas of citizens based upon the issues that receive the most coverage by the news media (Cook et al. 1983; Pritchard 1992). Finally, political candidates sometimes base their decisions on whether to continue running for election or not upon the content of media coverage about them. Candidates are likely to withdraw if their coverage is negative and especially if that coverage focuses on personal scandals, as it did in the case of Gary Hart (Schoenbach and Becker 1995).

Elites sometimes use published results from opinion polls to determine public opinion, but they more often rely on the content of routine media coverage to infer opinion (Kennamer 1992; Schoenbach and Becker 1995). If media coverage toward a candidate or policy proposal is negative, elites are likely to conclude that public opinion toward the candidate or proposal is also negative. Elites "find media content useful because they often have no better indicator of public opinion" (Pritchard 1992, 111; see also Lemert 1992). Furthermore, elites use media coverage as a measure of public opinion because they distrust

¹⁴I do not mean to imply that citizens blindly accept all information they encounter in the news media. In fact, the impact of media coverage on citizen opinion is mediated by the existing political attitudes and media images of the citizens (Becker and Kosicki 1995; Kosicki and McLeod 1990). In other words, citizens actively process the news and interpret information from the media according to their existing knowledge, issue frames, and other predispositions (Graber 1988; Neuman, Just and Crigler 1992). The important point here is that media coverage of elite policy debates has an influence on citizen opinion independent of the actual debate.
opinion polls (Jacobs et al. 1995) and because they believe that media coverage influences the opinions of citizens (Lasorsa 1992).

Elite reliance on the media to determine public opinion is not problematic if the media coverage coincides with public opinion. It is possible, however, that media coverage is not always an accurate source of public opinion information. Indeed, journalists do not view their job as one of informing elites about the content of public opinion but rather as informing citizens about public affairs (Tipton 1992). Thus, the content of media coverage may not correspond closely with public opinion. Klaus Schoenbach and Lee Becker (1995), for example, argue that both Gary Hart and a former mayor of Columbus, Ohio, decided not to run for election because of media coverage about personal scandals even though public support for these two politicians did not decline in the face of negative media coverage. Lawrence Jacobs, Mark Watts and Robert Shapiro (1995) determine that media coverage of Social Security during the 1980s diverged sharply with public opinion toward Social Security. Media coverage emphasized the need to reduce the level of Social Security benefits while citizens supported increases in benefits. Finally, Benjamin Page (1996) argues that differences in interests, especially economic interests, between reporters and citizens can lead to differences between media coverage of political issues and citizen opinion toward these issues. When information that Zoe Baird had employed two illegal aliens became public, many reporters seemed to think that it would not hamper Baird's appointment to become Attorney General. The majority of citizens, however, felt that this illegal activity should prevent Baird from becoming Attorney General. Page (1996; see also Page and Tannenbaum 1996) argues that social class differences between reporters and most citizens resulted in this disjuncture between media coverage and public opinion.

Monologues, Dialogues and Mediated Conversations

Because the media are involved in the policy conversations between citizens and elites, the media must be incorporated into the models of policy communication. The impact of the media on communication between citizens and elites, however, will depend on the manner in which they cover political issues. John Johnstone, Edward Slawski, and William Bowman (1976) argue that there are two types of journalism in America: neutral and participant. The role of the neutral media is to provide "an impartial transmission link" between the policymakers and the public (Johnstone, Slawski, and Bowman 1976, 114). The goal of neutral journalists is to accurately and completely describe real world issues and
events. The monologue and dialogue models of communication are premised on the assumption that journalists do practice this type of neutral reporting. The models are slightly updated below to account for the intermediary role of the media between citizens and elites but otherwise are very similar to the original models presented earlier.

In contrast, journalists sometimes engage in a different type of reporting: participant reporting. Participant journalism consists of providing interpretation and meaning to political issues. Rather than presenting information "as is," participant journalists "play a more active, and, to some extent, a more creative role in the development of the newsworthy" (Johnstone, Slawski, and Bowman 1976, 115). Participant journalistic coverage of elite policy debates can result in the misrepresentation of elite statements, if, for example, these statements are taken out of context or if journalists emphasize one set of elite arguments rather than another. Alternatively, participant journalism might focus considerable attention on the game of policymaking instead of the substantive details of the policy issue. To account for the possibility of this type of journalism and its impact on communication between citizens and elites, I introduce a third model of policy communication: the mediated conversation. Table 2.2 summarizes the characteristics of each model and the models are more completely described in the following pages.

If the media are neutral, the introduction of the media into citizen-elite policy conversations does not greatly impact the account of a citizen-elite monologue. According to this model, elites communicate information about a policy proposal to the citizens only in an attempt to influence citizen opinion. The actual content of public opinion is only relevant to the elites if the elites have successfully influenced citizen opinion and they can then use opinion information in an attempt to convince other elites to support their preferred policy proposal. Since elites are not motivated to be responsive to public opinion, it does not matter if media coverage independently influences citizen opinion or not. Furthermore, if elites are not motivated to be responsive to citizen opinion, they will not attempt to infer public opinion from the media and thus it is irrelevant for the monologue model whether media coverage corresponds accurately to citizen opinion or not. The addition of the media to the monologue model does slightly alter the description of elite policy communication, however. Elites frequently use the news media to communicate to each other. That is, elites try to influence other elites via appearances on television news shows or by routine coverage in newspaper and magazine articles (Kedrowski 1995). The addition of the media does not change the relationship between citizens and elites in the monologue model, but more fully describes the process of elite communication.
Table 2.2 Characteristics of Policy Communication Models

<table>
<thead>
<tr>
<th></th>
<th>Monologue</th>
<th>Dialogue</th>
<th>Mediated Conversation</th>
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<tbody>
<tr>
<td>Elite motivations:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elites hope to shape opinion</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Elites hope to respond to opinion</td>
<td>X</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Influences on citizen opinion:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elite communication</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual predispositions</td>
<td>X</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Media coverage of policy issue</td>
<td>N/A</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Content of media coverage:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete and accurate coverage of elite communication</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Considerable attention to the game of policymaking</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Media coverage corresponds with citizen opinion</td>
<td>N/A</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Again assuming that the media are neutral, their introduction also does little to alter the dialogue model of communication. Essentially, I only update the earlier version of the model to describe more completely the transmission of policy information via the media. A citizen-elite dialogue begins when elite policymakers propose a new policy. After the

15 The dialogue model is quite similar to James Kuklinski and Gary Segura's (1995) model of the representative process. They describe the dynamic interaction between citizens and members of congress in an attempt to explain how the policy views of citizens are represented in congressional votes. In contrast, the dialogue model is broader in that it incorporates not only members of congress but also elites in the executive branch and in the private sector. Also, I have included a large role for the media as an intermediary between citizens and elites. Finally, I am attempting to describe the relationship between aggregate
proposal has been announced, elite debate of the policy proposal begins. Elite
communication about the policy proposal reaches citizens primarily through media coverage
of the elite debate. Furthermore, this media coverage accurately presents the range and
content of elite policy statements. From the media, citizens learn about the content of the
proposal, the framing of the policy debate, which elites support the proposal, and which
elites oppose it. Exposure to this elite communication will influence the opinions of many
citizens about the proposal, but citizens will also rely on other sources for information
relevant to their policy opinions, such as their opinions toward the current policy, personal
experience with the policy, or the state of the economy. Citizens then communicate their
opinions about the proposal to the elites. Elites might also infer public opinion from media
coverage of the policy debate, which corresponds closely with citizen opinion. Finally,
regardless of their source of citizen opinion, elites are responsive to this opinion when
making their final decisions about the policy proposal.

The final model of policy communication is the mediated conversation model.
Essentially, this model is based on the premise that communication between citizens and
elites can be strongly shaped, and perhaps even distorted, by the news media. A mediated
conversation is especially likely if journalists practice participant journalism in which they
interpret the meaning of political events and issues for the public. During policy debates,
for example, journalists often discuss the game of policymaking in terms of whether a
policy proposal is likely to pass or not. These "horse race" conclusions about
policymaking require journalists to pass judgment on the likelihood that a bill will pass,
sometimes when there is mixed evidence regarding a bill's likely success. A mediated
conversation will also occur if the media inaccurately present the policy statements of elites
or misrepresent the actual balance of supporting versus opposing elite statements. This type
of misrepresentation can occur, however, even if reporters are not overtly practicing
participant journalism. The structure of news gathering advantages some elite sources over
others and thus can lead to news reports which overemphasize one side of a policy
argument. Because news is gathered in newsbeats, for example, and the White House beat
is one of the most predominant, the official position of the president can sometimes receive
a disproportionate amount of attention (Cook 1994). Whether journalistic practice is
largely neutral or largely participant, then, reporters can inaccurately present the balance of
elite substantive policy statements and do also focus attention on the game rather than the
public opinion and public policy outcomes rather than only the representation of
congressional district opinion in congressional roll call votes.

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substance of policymaking. A mediated conversation will occur if any one of these conditions exist.

Hypotheses and Research Design

From these descriptions of the monologue, dialogue and mediated conversation models, I can derive specific hypotheses about the relationship among citizens, elites, and the media during public policymaking. Since the models characterize the motivations and activities of these three groups of actors, fully testing the models would require collecting data on and examining hypotheses for each group. However, in the current study, I focus only on the media and the public and make inferences about the motivations of elites. To simplify the discussion, below I describe the hypotheses for the media and the public separately.

My first set of hypotheses pertains to the nature of media coverage of policy debates. The monologue and dialogue models assume that policy communication between citizens and elites consists primarily of the substantive details of a policy proposal, including statements about the strengths and weaknesses of this proposal. If media coverage of an elite policy debate is largely substantive, then either the monologue or dialogue model is supported, depending on the balance of elite communication. If there is elite consensus regarding the proposal, citizens will not have access to information that is critical of the proposal, thus supporting the monologue model. If, in contrast, the elites disagree over the proposal, the dialogue model will be supported. Finally, if media coverage of the elite debate focuses primarily on the game of policymaking rather than the substantive details of a policy issue, the mediated conversation model will be supported.

In addition to examining media coverage of a policy debate, to complete testing hypotheses from the models, I also explore citizen opinion formation. Citizen opinions can be influenced by the content of elite substantive communication, individual predispositions, or media coverage of an elite policy debate in terms of the game of policymaking. If citizen opinion is influenced only by elite communication, the monologue model is supported. If opinion is influenced by elite communication and individual predispositions, the dialogue model is supported. If game coverage influences opinion more strongly than other factors, the mediated conversation model is supported.

16 The basis for drawing these inferences is explained in greater detail in chapter 4.
**Research Design**

As a first step toward determining which of the models best describes the policymaking relationship among citizens, elites and the media, I conduct a quantitative case study of one issue: health care reform. A case study is the most appropriate method for examining the dynamic processes involved in the public opinion-public policy relationship and for exploring the various causal relationships between citizens and policymakers (Jacobs and Shapiro 1989; Kuklinski and Segura 1995; Page 1994). By conducting a case study, I can more carefully examine the content and influence of policy communication than if I collected only public opinion and policy outcome data across many policy issues, as other scholars have done (Monroe 1979; Page and Shapiro 1983; Stimson, MacKuen and Erikson 1995). Of course, I will not be able to generalize the results from this case study to any other policy issues, and it is possible that the relationship among citizens, elites and the media will differ across issues. However, since I need to examine the content and influence of policy communication over time to test the hypotheses from the models, a case study is the only method by which I can test the models.

I selected the policymaking debate surrounding President Clinton's health care reform proposal of 1993-94 for a number of reasons. Most importantly, it is not obvious which of the models will best explain the relationship among citizens, elites and the media during the policy debate. The issue was very salient and received a large amount of attention from policymakers, citizens and the media. Since elites are more likely to be responsive to public opinion for salient issues (Jacobs 1993a; Powlick 1995) and since citizens are more likely to be informed about salient issues (Zaller 1992), policy dialogues might be more likely for salient issues. Dialogues are also more likely than monologues for policies that are familiar to citizens or for policies that are experienced directly by citizens. An assumption of the dialogue model is that the opinions of citizens are influenced by factors other than elite communication, such as individual predispositions. It is very likely that the opinions of citizens toward Clinton's proposal were influenced by other factors because nearly all citizens have personal experience with health care, or they know someone who does. This is further evidence that a policy dialogue likely occurred for the issue of health care reform.

However, citizens are likely to be strongly influenced by elite communication for issues that are very complex and technical (Cobb and Kuklinski 1997) and health care reform is a complex topic. Many elites used technical jargon to discuss Clinton's proposal
and much of this jargon found its way into media coverage of the elite discussion (Annenberg Public Policy Center 1995). Thus, because of the technical nature of the debate, it is possible that citizen-elite communication more closely resembled a monologue than a dialogue. Finally, anecdotal descriptions of media coverage of the health care reform debate suggest that the mediated conversation model is the most accurate description of policy communication surrounding the health care reform debate. In particular, the media devoted much attention to the politics of the debate rather than to the content of Clinton's health care reform proposal (Hamburger, Marmor and Meacham 1994; Marmor 1995).

On a more practical level, I selected the issue of health care reform because it was a highly salient issue and data are more readily available for this issue than for many others. The issue received a large amount of attention from citizens, elites and the media for many months. While many issues rise and fall from the policy agenda quickly, health care reform remained on the agenda for a relatively long time. Since I want to examine the dynamics of the relationship among citizens, elites and the media over time, health care reform is ideal because of its longevity as a public issue. Finally, as the following chapter demonstrates, it is quite easy to identify the starting and ending points of the debate over Clinton's health care reform proposal, unlike many other issues which have fuzzy entries and exits from the public agenda.
CHAPTER 3

HEALTH CARE REFORM POLICYMAKING

The issue of health care reform has reached the national policymaking agenda numerous times since the end of World War II. During both the late 1940s and early 1970s, proposals for national health insurance drew support from, respectively, Presidents Truman and Nixon and were vigorously debated in Congress (Hackey 1995; Marmor 1994). The 1960s also witnessed an intense period of health care policymaking, culminating in the passage of Medicare and Medicaid in 1965. In 1988, the Catastrophic Coverage Act expanded Medicare to cover the costs of catastrophic care for the nation's elderly. After opposition from Medicare recipients, who were unhappy with the act's requirement that they pay for this expanded coverage, the act was repealed in 1989 (Litman 1997). Health care reform emerged back on the policy agenda in 1991. In Pennsylvania, Harris Wofford upset former governor Richard Thornburgh in a special senatorial election. Wofford tapped into voter unhappiness with the current health care system, especially the voters' worries about losing their health insurance in the future and the increasing costs of health care. Voter support for reforming the health care system contributed very strongly to Wofford's victory (Blendon et al. 1992). More importantly, Wofford's victory sent signals through the policymaking environment that citizen support for health care reform was very high, contributing to the rise of this issue on the policy agenda (Brown 1994; Kingdon 1995; Skocpol 1993).

Health care reform remained on the agenda during the 1992 presidential election. Candidate Bill Clinton frequently discussed the problems with the current health care system and made reform, especially the guarantee of universal health coverage, one of his campaign promises. On election day, health care reform ranked behind only the economy and the budget deficit as issues that influenced the choices of voters. Furthermore, the voters overwhelmingly believed that Clinton would better address the problems with the health care system than either George Bush or Ross Perot (Blendon et al. 1992).
After the presidential election, citizens continued to view health care reform as one of the top priorities for the national government (Jacobs 1993b) and the Clinton Administration placed health care reform near the top of its domestic policy agenda, where it remained until the autumn of 1994 (Johnson and Broder 1996). A complete description of the elite health care reform debate during 1993 and 1994 appears on the following pages. This overview of the policymaking events sets the context for the analysis of communication among elites, citizens, and the media that I present in the next four chapters.

A Chronology of Health Care Reform Policymaking

With health care reform clearly on the policy agenda, the first health care policymaking activity of the Clinton Administration was to formulate a proposal to address the problems in the current health care system. On January 25, 1993, five days after Clinton's inauguration, he created the Task Force on Health Care Reform. The goal of the Task Force was to draft a health care reform bill within the first 100 days of the Clinton Administration. Hillary Clinton was appointed the chair of the Task Force and Ira Magaziner was placed in charge of daily operations. Task Force members included Cabinet officials, White House advisors, congressional staff members, bureaucrats and numerous other health care policy experts. Eventually, the Task Force contained more than 600 members and was divided into 34 working groups - each one focusing on a separate health care issue.

Throughout the spring of 1993, the Task Force held meetings to discuss reform options with many interested parties that included members of Congress and their staffs, interest groups, and health care providers. Although most of the Task Force meetings were held in private and away from the press, the public did receive some information.


2 The legality of these private meetings was challenged by the Association of American Physicians and Surgeons. This group alleged that because Hillary Clinton was not a federal employee, the private meetings of the Task Force violated the open-meeting law. They asked that the minutes of the meetings and the Task Force's records be made public. In June, an Appeals Court panel decided that the Task Force could meet in private because their goal was to make recommendations to President Clinton.
about the activities of the Task Force. Oftentimes, this information was very general. Still, at other times the news media reported on specific features of health care reform that were discussed. In mid-April, for example, Secretary of Health and Human Services Donna Shalala stated that a value-added tax was being considered as a possible method for financing health care reform. Three days later, and after opposition to this proposal arose, Vice President Al Gore stated that this tax was no longer under consideration. The Task Force officially disbanded on May 31st, four weeks after the Clinton Administration's original deadline for proposing health care reform legislation to Congress, but still without a detailed proposal. During the summer of 1993, the details of the proposal were finalized by the Clintons, some Cabinet officials, and the president's top advisors. Most of this activity occurred in private and the topic of health care reform receded from public awareness.

Throughout the formulation stage of Clinton's proposal, many deadlines were missed. The work of the Task Force was put on hold during late March and early April because Hillary Clinton's father suffered a stroke. She traveled to Little Rock and spent the last weeks of her father's life with him. President Clinton's attention was also diverted away from health care reform as a number of other issues required his energy. Between February and early August, President Clinton focused on the passage of his economic stimulus and budget reconciliation bills. After the budget bill passed in early August, the health care reform proposal once again rose to the top of President Clinton's agenda. On August 16th, he presented the broad outlines of his plan during a speech at the National Governors' Association meeting. In early September, he made the final decisions on the content of the proposal and Ira Magaziner completed a draft of the entire plan. President Clinton unveiled his proposal during a televised speech before a joint session of Congress on September 22, 1993.

Clinton's health care reform proposal was quite complex, but it was structured around a few central features. First, the proposal guaranteed that every citizen would have health insurance coverage and guaranteed that citizens could not lose this coverage through job loss nor be denied coverage because of pre-existing conditions. Second, the funding for health care coverage would be shared by employers, employees, and the federal government. Clinton's plan contained an employer mandate provision - employers would be required to pay approximately 80% of the health care for their employees with the employees paying the remaining costs. Businesses with fewer than 75 workers and employees with low incomes would be eligible for federal subsidies to help pay these health care costs. The money spent by the federal government would be
partially funded through an increase in the tobacco tax (from 24 to 99 cents per pack) and through a one percent tax on the payroll of businesses with more than 5000 employees who opted out of regional health care alliances (see below).

Clinton's proposal also recommended changes in the provision of health care coverage. In an attempt to keep health care costs down and health care quality high, Clinton adopted a managed competition approach to health care. Regional health alliances would be established throughout the nation. In an attempt to provide the best health care package to the consumers for the lowest price, each alliance would negotiate with health care providers on behalf of all consumers within its jurisdiction. The alliances would offer at least three health care plans to their consumers. At least one plan would require joining a health maintenance organization in which an individual's choice of doctors would be limited and at least one plan would be a fee-for-service plan in which consumers would always select their individual doctors (White House Domestic Policy Council, 1993). The latter plan would be more expensive than the former, but each person would decide which plan he or she wanted. The health alliances would collect premiums from employers, employees and the federal government and would pay the health care providers directly - these alliances would be the "fiscal heart" of the health care system (Congressional Quarterly 1995, 322). Finally, large businesses (more than 5000 employees) could opt out of these regional alliances and instead establish corporate alliances. The function and responsibilities of the corporate alliances would be the same as the regional alliances except the corporate alliances would negotiate health care plans only for the employees of one company.

After the proposal was unveiled, the Clintons began a series of public appearances in an effort to describe the complex proposal to citizens and mobilize public support in favor of the proposal. President Clinton held a number of town meetings, including one in Tampa on September 23rd that was broadcast live on ABC's Nightline. President and Hillary Clinton left Washington, DC, for a series of appearances in California in early October. Before their arrival, President Clinton learned that 18 American soldiers had been killed in Somalia. He attended the first health care event in California and then returned to Washington to deal with this international crisis. While he had planned to spend most of October attending health care-related functions, his attention was further diverted away from this topic by events in both Haiti and Russia and then by his efforts to win congressional passage of the North American Free Trade Agreement. In contrast, Hillary Clinton continued to play a very visible role in explaining the health care proposal to the public and also to members of Congress. She testified before five congressional
committees that had jurisdiction over the health care reform legislation. During her testimony, she continually stated that President Clinton would be flexible in many details of his plan but that health care reform must guarantee insurance coverage for all Americans and also reduce the rate of increases in health care spending.

On October 27, 1993, the original date for the introduction of Clinton's health care bill in Congress, the Clintons held a ceremony in Statuary Hall. President Clinton stated that he would accept many changes in his proposal but he would not compromise on universal coverage. A few weeks later, on November 20th, the Health Security Act was introduced in Congress. The legislation was 1,342 pages long, and the entire bill was referred to three House committees (Ways and Means, Energy and Commerce, and Education and Labor). Portions of the bill were also referred to six other House committees. In the Senate, where referral of a bill to multiple committees is not possible, the two committees with the strongest claims for referral (Finance and Labor and Human Resources) could not agree on which committee should have control over the bill. Both committee chairs, Senator Daniel Moynihan of Finance and Senator Edward Kennedy of Labor and Human Resources, instead began drafting their own health care reform bills while the Senate leadership placed Clinton's bill on the legislative calendar without referring it to committee.

During 1993, many opponents of Clinton's health care reform proposal attempted to mobilize the public against Clinton's plan, even before the Task Force had disbanded and before the final details of Clinton's plan were publicly known. In the spring of 1993, the National Federation of Independent Business began grass-roots efforts to mobilize its members against the Clinton plan because of their worry that the employer mandate portion of Clinton's plan would hurt small business. Advertisements opposing Clinton's plan also began to appear in the spring. The Health Insurance Association of American (HIAA) aired an ad which supported universal coverage but criticized other aspects of Clinton's proposed health care plan. In early September, HIAA aired its first "Harry and Louise" ad. These ads, in which a couple sits around a kitchen table and discusses the problems with Clinton's reform proposal, such as limits on doctor choice, were the most familiar of the many ads that criticized the Clinton plan (Annenberg Public Policy Center 1995; West, Heith and Goodwin 1996). HIAA and other organizations continued to attack Clinton's proposal in the final months of 1993, during the time that Clinton was unable to devote his full attention to health care reform.

Throughout 1994 the Clintons made some highly visible speeches and announcements, but much of the health care reform policymaking activity shifted from
the White House to Congress. In his State of the Union speech on January 25, 1994, Clinton stated that he would veto any health care reform bill that passed Congress but did not guarantee universal health care coverage. During a speech in early February, Hillary Clinton criticized the health insurance and drug industries as being "rife with fraud, waste, and abuse" (Johnson and Broder 1996, 324) and attacked the insurance companies for having too much control over deciding which citizens receive coverage and which do not. More often than not, however, the Clintons' role in the health care reform debate consisted of responding to congressional activity. In late March, for example, President Clinton stated that he would sign a bill sponsored by Representative Pete Stark if it passed both houses of Congress. Stark's bill, like Clinton's proposal, guaranteed universal coverage and required that employers pay for a large share of their employees' coverage. Unlike Clinton's proposal, Stark's bill made health alliances optional and established cost controls.

As President Clinton's role in the health care reform debate became more subordinate to the role of Congress, his effectiveness at mobilizing citizens to support his plan was also influenced by allegations that the Clintons' involvement in an Arkansas real estate venture was improper. In 1978, the Clintons purchased property on the White River with Jim and Susan McDougal. The Clintons and McDougals later deeded this land to their newly created Whitewater Development Corporation. The relationship between the Clintons and the McDougals did not end with this real estate investment, however. Jim McDougal also owned Madison Guaranty, a savings and loan that failed in the 1980s. While a lawyer in Little Rock, Hillary Clinton represented Madison before the Arkansas Securities Department. Furthermore, Jim McDougal organized a campaign fund-raiser for Bill Clinton while Clinton was governor of Arkansas. Many people were suspicious about McDougal's role in donations to Clinton's campaign, suggesting that he illegally used funds from Madison for this purpose. Others were also concerned that Madison had received favorable treatment from the state of Arkansas because of the relationship between the McDougals and the Clintons. While these allegations have yet to be proven, the details surrounding Whitewater (which dominated the news in the early months of 1994) contributed to a decline in public approval of President Clinton. Furthermore, opponents of Clinton's health care reform plan linked this issue to Whitewater, arguing that Clinton's involvement in Whitewater was evidence that the public could not put its trust in Clinton to improve the health care system. Rush Limbaugh made this link most directly, repeatedly stating that "Whitewater's about health care" (Johnson and Broder 1996, 256).
Back on Capitol Hill, many committees and subcommittees held hearings on the topic of health care reform during the first half of 1994. The most intense congressional activity occurred during the summer months. During June and July, health care reform bills were voted out of the Labor and Human Resources and Finance Committees of the Senate. On the House side, the Education and Labor and Ways and Means Committees also voted out health care reform bills. In an attempt to forge a compromise between the two bills in each of their chambers, the Democratic leaders in both the Senate and the House offered leadership bills - on July 29th in the House and on August 2nd in the Senate. The House leadership bill guaranteed universal health care coverage for all Americans by 1998 and contained an employer mandate provision to pay for this coverage. The Senate leadership bill instead contained a goal of covering 95% of Americans by 2000. An employer mandate provision would kick in only in those states that did not meet this goal. Senate Majority Leader George Mitchell proposed this bill only after President Clinton had softened his stance on universal coverage in a July 19 speech before the National Governors' Association. During this speech, Clinton stated that he would sign a bill that provided for 95% rather than universal coverage.

Attempts by Democratic leaders to forge a compromise on health care reform failed in August. Not only was a compromise unlikely to emerge because of disagreement among representatives over the best method for solving the problems of the health care system, but precious time before the late August recess also was devoted to passing Clinton's omnibus crime bill. As Congress recessed on August 25th without either chamber holding a floor vote on health care reform, Senator Mitchell pulled his leadership bill from consideration and declared that comprehensive changes to the health care system would not be enacted in 1994. After the recess, Mitchell and the House leaders attempted to pass a bill that would make incremental changes, but these efforts also failed. The health care reform debate was officially declared over by Mitchell on September 26th. With this announcement, Clinton's proposal died in Congress.

Summary and Discussion

As the preceding discussion demonstrates, the policy debate over health care reform shares some similarities with policymaking for other domestic policy issues. The

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3 The House Energy and Commerce Committee could not agree on a health care reform bill, primarily because of opposition to Clinton's employer mandate.
policymakers who were the most active were those with institutional roles related directly to the issue of health care, such as bureaucrats in the Department of Health and Human Services as well as members of Congress serving on health care-affiliated committees (Ripley and Franklin 1991). Second, many policymakers appealed directly to the public in an attempt to increase public support for or opposition against Clinton's proposal. Third, while a few individuals and interest groups did express early opposition toward Clinton's proposal, intense opposition appeared later in the debate. Using John Kingdon's (1995) terminology, a policy window was open in the early months of 1993. During this time, many actors (including the public) supported the broad goal of health care reform and most elites expressed support for (or, at least, did not express opposition against) Clinton's health care reform plan. As time elapsed and a coalition supporting Clinton's plan did not form (or, as agenda setting did not lead to clear support for specified policy alternatives), the policy window began to close on passage of health care reform and elite opposition mounted.

This policy issue also differed from debates over other domestic issues in a number of important ways. First, the President was not only more active in the formulation and selling of this plan than is typically the case, but also the plan was clearly identified with Clinton and his political fortunes were frequently linked with the success of this plan. In other words, the political stakes were very high for Clinton on this issue. Second, Clinton's plan was not a bipartisan one but was rather formulated by a Task Force that was accountable directly to him and under the leadership of his wife. Thus, while many elites agreed that the health care system needed to be reformed, bipartisan consensus over the exact reform proposals was not obviously encouraged by the most active elites in the debate. Finally, Clinton's plan was very complex and thus very hard for both news reporters to explain and the public to understand. As the following chapters indicate, these specific aspects of the health care reform debate greatly influenced the nature of policy communication among citizens, elites, and the news media.
CHAPTER 4

SUBSTANCE VERSUS STRATEGY:
MEDIA COVERAGE OF HEALTH CARE REFORM

The issue of health care reform was a high priority for the Clinton Administration during 1993 and 1994 and also received considerable attention from Congress and many interest groups during this period. As these elite policymakers discussed Clinton's health care reform plan, what details about the plan were available to the public? Which elites were the most salient participants in the debate? And how did journalists cover and report on this debate? To answer these questions, I content analyzed media coverage of the health care reform debate. The results from this content analysis constitute the first step in testing hypotheses derived from the three models of public policy communication. Fully testing the hypotheses will require additional tests on additional data, the results of which are presented in the following chapters. However, by describing the content of media coverage of health care reform, this chapter provides preliminary evidence as to which model of public policy communication - the monologue, dialogue, or mediated conversation model - most accurately describes the relationship among citizens, elites, and the media during this debate.

The monologue and dialogue models of communication differ in two important respects: elite motivations and the formation of citizen opinion. According to the monologue model, elites are motivated primarily to shape citizen opinion but not to be responsive to this opinion whereas elites hope to both shape and respond to citizen opinion in the dialogue model. Furthermore, if the monologue model holds, the policy opinions of citizens are most strongly influenced by elite communication about the policy issue. If individual predispositions, such as political attitudes and personal experience with the issue, also influence the opinions of citizens, then a policy dialogue likely exists. Obviously, one way to determine whether a policy monologue or dialogue existed for the issue of health care reform would be to directly measure both the motivations of elites
and the influence of personal predispositions on the health care opinions of citizens. Largely because it would be very challenging, if not impossible, to determine the motivations of key elites involved in health care reform, I rely on the degree of elite consensus on the issue of health care reform as an indicator of the likelihood of both elite responsiveness to citizen opinion and the influence of individual attitudes on health care reform opinions.

Policy monologues are most likely when there is elite consensus toward a policy proposal because of the impact of this consensus on both citizen opinion formation and elite motivations. When elites agree on a policy option, only information that bolsters the elite consensus will be widely available to the citizens. Absent any information critical of this consensus, citizen opinions are largely determined by elite communication rather than also being influenced by their existing political attitudes (Entman 1989; Page 1996). As John Zaller (1992) demonstrates, for example, during the early years of American involvement in the Vietnam conflict, elites agreed that this involvement was the proper foreign policy option and a majority of citizens (Republicans and Democrats, hawks and doves) also agreed. Additionally, when elite consensus exists, elites are not very motivated to be responsive to citizen opinion precisely because it is difficult for citizens to hold policymakers accountable for their decisions if the citizens do not have opposing policy information with which to critically evaluate these decisions (Bennett 1994).

In contrast, policy dialogues are more likely during periods of elite policy disagreement. When elites disagree over and publicly debate the strengths and weaknesses of a policy proposal, the policy opinions of citizens are more likely to be influenced by their political predispositions. In the latter years of the Vietnam War, elite disagreement over the involvement of American troops in the conflict arose such that liberal elites began to express criticism toward this involvement. Among the public, conservatives continued to support American involvement in the war while support among liberal citizens declined (Zaller 1992). Finally, with more information about a policy issue available, citizens are more likely to hold elites accountable for their decisions and elites are thus more likely to be responsive to the opinions of citizens (Bennett 1994).

This discussion assumes that citizens have access to substantive information about a policy proposal, such as the content of the proposal as well as arguments in favor of

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1 Using existing public opinion survey data, I can examine the influence of individual predispositions on citizen opinion toward Clinton's health care reform plan. The results of this analysis are presented in chapter 6.
and/or in opposition to the merits of the proposal (Entman and Page 1994). Citizens rely on the news media to inform them about elite policy debates, yet it is not necessarily the case that media coverage of these debates focuses primarily on the substantive details of the policy. When covering political campaigns, news reporters tend to focus on the strategies of the candidates and describe the campaign as if it is a horse race where the primary goal is to predict which candidate is likely to win (Ansolabehere, Behr and Iyengar 1993; Patterson 1993). Many media scholars have suggested that this strategic focus is present in the coverage of policy debates as well. Journalists find it easier to discuss a policy proposal in terms of its likelihood of passage rather than to evaluate the merits of the proposal. The latter not only frequently requires expertise in the specific policy area while most journalists are policy generalists, but also might compromise the journalistic norm of objectivity (Bennett 1996; Fallows 1997). Furthermore, the need for the media to maintain an audience and other commercial pressures urge journalists to present complex policy issues in a simplified and easily understood manner, such as by focusing on strategic aspects of the policy debate (Cook 1998; Entman 1989; Norris 1997).

Alternatively, the heavy reliance by journalists on government officials as their sources of news relating to policy debates (Bennett 1996; Gans 1979) suggests that media coverage of policy issues will be more substantively focused than campaign coverage is. Journalists turn to government officials for information not only because these officials are involved in policymaking (and thus their statements are newsworthy) but also because it simplifies the process of collecting the news and is therefore cost-efficient (Cook 1994; Entman 1989). However, because reporters need to return to the same officials repeatedly for newsworthy material, they cannot risk the chance that their sources will dry up (O'Heffernan 1994). The best way to ensure that officials will continue to provide statements to journalists is for journalists to accurately present the policy statements given to them by these sources and not to spend limited broadcast time or newspaper space describing the strategy of a policy debate rather than the substantive aspects of the debate.

Thus, in their coverage of the health care reform debate, the media might have presented substantive information about the issue or they might have described the debate in purely strategic terms. Empirical evidence as to the degree of substantive versus strategic media coverage of policy debates is, surprisingly, quite scarce. Nearly all analyses of the use of strategic coverage by the media have focused on media coverage of political campaigns while most analyses of media coverage of policy debates have
examined only the content of substantive policy information (but see Entman and Page 1994). In this chapter, I directly test hypotheses relating to the balance of substantive versus strategic media coverage of the health care reform debate. Evidence that media coverage is primarily strategic will support the mediated conversation of policy communication. Strategic coverage of a policy debate, when it replaces substantive coverage, prevents an elite-citizen policy conversation from occurring. More specifically, if the coverage was largely strategic, citizens could not have learned about the details of Clinton's health care reform proposal nor could they have become informed about which elites supported the proposal, which elites opposed the proposal, and why.

In contrast, if media coverage of health care reform focused primarily on substantive information, then the relationship between citizens, elites and the media during health care reform would more likely resemble either a policy monologue or a policy dialogue, depending on whether there was elite agreement or elite disagreement over Clinton's proposal. For a policy monologue to exist, substantive policy statements with evidence of elite agreement would need to be present in the media coverage whereas a policy dialogue could have occurred only if media coverage was primarily substantive and these substantive statements indicated elite disagreement. The presence of substantive policy statements is a necessary but not sufficient condition for support of either the monologue or dialogue model, however. There are actually two ways in which journalistic coverage of an elite policy debate would lend support instead to the mediated conversation model. As previously mentioned, media coverage of a policy debate in strategic terms instead of coverage of the substantive details of the issue is one indicator of a mediated conversation. Media presentation of only substantive policy statements could also be evidence of a mediated conversation if the journalists misrepresent the actual content of the elite policy statements. For example, if the majority of the substantive policy statements appearing in media coverage of health care reform were critical of Clinton's plan, yet the majority of substantive statements made by elites supported Clinton's plan, then I would conclude that a mediated conversation existed for health care reform. Since I analyzed only media coverage of the elite debate and not the actual content of the elite debate, I cannot determine if the substantive policy statements reported by the media accurately represented the statements made by elites or not. What I can demonstrate, however, is the number of substantive versus strategic statements appearing in media coverage of this issue. This focus is important since the media must present primarily substantive rather than strategic coverage of a policy debate for either the monologue or dialogue models to exist. In other words, by focusing only on media
coverage rather than also the actual elite debate, I can determine whether a monologue or dialogue could have occurred, but cannot definitively conclude if one of these did occur. For the latter conclusion, I would also need to content analyze original elite speeches.

Content Analysis Procedures

To test these hypotheses, I content analyzed media coverage of the health care reform debate in order to determine the degree to which the media reported on the substance versus the strategy of the debate as well as if the substantive statements of elites mostly favored, mostly opposed, or were divided over the merits of Clinton's proposal. Most simply, content analysis is "a research technique for the objective, systematic and quantitative description of the manifest content of communication" (Berelson 1952, 18). This simple definition, though, masks many of the complexities of conducting a content analysis. The procedures for my content analysis of media coverage of health care reform related to two separate issues: sampling and coding.

2Conceptually, the models distinguish between the actual content of elite debate and media coverage of this debate, yet operationally I assess the degree of elite consensus on health care by examining media coverage only rather than by coding original elite speeches and writings (the non-mediated elite debate). Practically, however, this should not pose problems for the testing of my hypotheses. First, the distinction between the actual elite debate and media coverage of the debate is somewhat artificial because elites use the media to communicate with one another about policy issues (Cook 1998; Kedrowski 1995). Second, and more importantly, there is a very close correspondence between the degree of elite consensus over policy issues and the presence of elite consensus in media coverage of the issues. For foreign policy issues, media coverage of a proposal, especially one favored by the President, will be supportive of this proposal if there is elite agreement in favor of the proposal. Once elite disagreement arises, either within the executive branch or between the President and Congress, the media will present coverage of the opposing arguments (Bennett 1990; O'Heffernan 1994). This close correspondence between the nature of the elite debate and media coverage of elites should also exist for domestic policy issues because the correspondence is due largely to journalistic norms for the gathering and reporting of political news rather than due to specific features of foreign policy issues. For example, the tendency of the media to emphasize conflict as well as the tendency for journalists who cover the congressional newsbeat to search out voices of opposition to the President suggests that elite disagreement will be reported by the news media, if it exists (Cook 1994; Fallows 1997; Hess 1981). Additionally, the heavy reliance on official sources for information about policy issues suggests that when elite agreement exists, the media will not be able to find official voices of dissent to report (Entman 1989).
Sampling the Media

The easiest sampling decision I made was determining the time frame of the sample of news stories, because the time frame was largely dictated by real world policymaking events. The official beginning of the formulation of President Clinton's health care reform plan was January 25, 1993, when he announced the formation of the Task Force on National Health Care Reform. Although his health care reform proposal was not unveiled until a nationally televised speech on September 22, 1993, there was significant media coverage of the formulation of the plan between January and September, 1993. Furthermore, opponents of Clinton's plan started to publicly state their disapproval of it before September. Elite debate over health care reform, especially Congressional attention to health care legislation continued until September 26, 1994. On this date, Senate Majority Leader George Mitchell publicly announced that the issue of health care reform was off the Congressional agenda and Clinton's plan officially died in Congress. To capture media coverage of these health care-related events, the time frame for my content analysis is January 1, 1993 through September 30, 1994.

During this time period, national media coverage of the health care reform debate was extensive. The number of health care-related stories broadcast on television and radio news shows and printed in newspapers and newsmagazines was in the tens of thousands (Annenberg Public Policy Center 1995). Since I was unable to content analyze such a large number of health care reform stories, I focused only on one news medium: television. A majority of citizens rely only on television for their political news (58%) while 25% of the population relies on a combination of television and newspapers. Furthermore, of the four primary news mediums, 60% of the public rate television as the most credible source (Ansolabehere, Behr and Iyengar 1993). Thus, as I ultimately will examine the impact of media coverage on the opinions of citizens, television is the most appropriate medium for me to analyze.

My next sampling decision concerned selecting the television news shows to include in the analysis. The primary source for analyses of the content of television news shows is the Vanderbilt Television News Index and Abstracts. This Index includes the abstracts of the nightly news shows from ABC, CBS, and NBC and consists of statements such as: "Senator George Mitchell comments on health care reform" (Cook 1994). However, because I coded for the presence of substantive and strategic statements relating to Clinton's health care reform plan as well as the evaluative content of these statements, these abstracts were not suitable for my purposes. Instead, I needed to analyze the full-text transcripts of the news shows. The complete transcripts from all of
ABC's news shows are available via LEXIS/NEXIS. These shows include nightly newscasts, morning news programs, and weekly prime-time public affairs shows. While some citizens likely received news about the issue of health care reform from all of these news shows, I analyzed only the nightly newscasts from ABC (*World News Tonight* during the week, *World News Saturday* and *World News Sunday* during the weekend), primarily because these nightly news shows are the single largest source of political news for Americans (Ansolabehere, Behr and Iyengar 1993).\(^3\) Furthermore, while my choice of ABC instead of one of the other major networks was based entirely on the availability of transcripts, the content of political news across ABC, CBS and NBC is extremely similar (Bennett 1996; Cook 1998; Reese, Grant and Danielian 1994). My findings can therefore be considered representative of media coverage for the evening news broadcasts of all three networks.

Thus, my sample consists of all stories about health care (including stories that described the current health care system as well as those that focused on proposals to reform the health care system) that were broadcast on ABC's nightly *World News* programs between January 1, 1993, and September 30, 1994. During these 21 months, there were 301 health care reform stories, an average of 3.3 stories per week. Of course, ABC's attention to the issue of health care reform was not uniform during this time period. The number of health care stories per week fluctuated throughout these months, peaking during periods of intense elite policymaking activity (see Figure 4.1). There were 25 health care stories during the week in which Clinton announced the content of his plan to a joint session of Congress. Other time periods which witnessed above average attention to health care were the early months of 1993 (when the Task Force was formulating Clinton's plan), in late October, 1993 (when Clinton held a health care ceremony in Statuary Hall), during the week of the January, 1994, State of the Union address, and during the summer of 1994 (when the most concentrated congressional health care activity occurred).

\(^3\)The transcripts from CNN's evening news program (*The World Today*) are also available via LEXIS/NEXIS. I chose not to analyze these transcripts because the audience for this program is very small, generally less than 3% of the American public (Ansolabehere, Behr and Iyengar 1993).
Figure 4.1  Attention to Health Care Reform on ABC's World News Programs, January 1993-September 1994

Coding News Stories

I first coded each news story for certain characteristics of the story, such as its date, placement (lead story, story appearing before the first commercial, or story appearing after the first commercial) and length (in both words and sentences). The majority (67.8%) of the health care reform stories were aired after the first commercial of each broadcast. Nearly 20% of the stories were broadcast before the first commercial but after the lead story, while 12.3% of the stories were in the lead. As for the length of these stories, they averaged 22 sentences and 365 words.

My primary goal for the media content analysis was, however, to determine the content of the information contained in media stories about the policy debate surrounding Clinton's health care reform proposal. More specifically, I wanted to assess multiple aspects of this coverage: the content and frequency of substantive statements about
Clinton's proposal; the content and frequency of strategic statements about the proposal; and the sources of these statements.

To accomplish this goal, I coded the content of each sentence within the news stories according to two criteria. First, I determined if the sentence contained information about the substantive content of health care reform or if the information focused on strategic aspects of health care reform policymaking. Substantive statements included information that would help citizens to evaluate health care reform proposals, such as descriptions of the current health care system, identification of problems with the current system, descriptions of the content of reform proposals, and arguments relating to the strengths and weaknesses of these proposals. In contrast, strategic statements refer to "the process and politics of decision-making" (Entman and Page 1994, emphasis in original). Generally, strategic statements either focus on the activities that policymakers engage in to try to increase support for their preferred policy or the statements describe the policymaking process in terms of a "horse race" (Patterson 1993). The latter statements discuss policy proposals in terms of whether or not the supporters of the proposals are winning in the game of passing legislation.

Second, I determined if the sentence contained a message that supported, opposed, or was neutral toward Clinton's health care proposal. For substantive policy statements, this decision was based on answering the following question: would the information contained in the sentence increase, decrease or not affect support for Clinton's proposal? For the strategic statements, supportive statements included "horse race" statements that suggested Clinton's plan would pass as well as statements that negatively evaluated the tactics and activities of the policymakers who opposed Clinton's plan. Similarly, opposition strategic statements included both "horse race" statements predicting that Clinton's plan would not pass as well as negative evaluations of the policymaking tactics of Clinton and/or his supporters. Neutral strategic statements either

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4 The most common units of analysis for content analysis are words, sentences, paragraphs, and complete texts (Weber 1990). Since I coded for the content of descriptions of health care reform and arguments either in favor of or in opposition to Clinton's health care reform plan, using words as the unit of analysis was not appropriate. Of the remaining possible units of analysis, I chose the sentence primarily to minimize the degree of personal interpretation that entered into my coding decisions. Because of the limited amount of time available for each television news story, discrete descriptions and arguments are generally developed within a sentence rather than either within a paragraph or throughout the entire story (Krippendorff 1980). Thus, since longer units of analysis within television news stories contain multiple descriptions or arguments, coding these longer units into discrete categories would have involved many judgment calls on my part.

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described the stages of the policymaking process or the tactics of policymakers involved in the health care reform debate, but did not include any evaluative information about this process or these tactics.

The coding scheme that I used to content analyze health care reform news stories contained in Appendix A. This scheme is divided into three broad categories (supporting statements, opposing statements, and neutral statements) that are each further divided into subcategories (distinguishing between substantive policy statements and strategic statements). Within each of these subcategories, the content of the individual statements is quite narrow. For proper content analysis, the coding categories need to be both exhaustive and mutually exclusive (Krippendorff 1980). However, these goals can be accomplished by using either broad or narrow coding categories (Weber 1990). I opted for the latter for two reasons. First, I wanted to capture the range and frequency of specific messages within each of the subcategories. By using narrow coding categories, I could, for example, examine the number of arguments against Clinton's plan that were based on the perceived negative impact the plan would have on the economy versus arguments that the plan would decrease the quality of health care. If the coding categories were instead very broad, I would only be able compare the number of substantive policy statements that supported versus opposed Clinton's plan. Second, by using narrow coding categories, I could (and did in a few instances) reorganize them within the broad categories if I located instances of misclassification. For example, originally I listed all statements about problems in the current health care system as statements that provided support for Clinton's health care reform efforts. However, Clinton's plan did not attempt to solve all of these problems, so I reclassified statements about health care problems that were not addressed by Clinton's plan into one of the neutral substantive policy categories. If I had only used the broad coding categories of statements supporting Clinton's plan versus neutral statements, I would have had to return to the original transcripts and recoded them in order to correct for this problem.

As is typical with content analysis coding schemes (Weber 1990), mine evolved in a series of steps. First, I made a list of supporting and opposing messages based on reviews of the health care reform debate. My primary journalistic sources were the 1993 and 1994 Congressional Quarterly Almanacs and Haynes Johnson and David Broder's (1996) book about the health care reform debate (The System). I also relied on two scholarly assessments of the most common arguments that were used by policymakers during the debate (Hackey 1995; Kedrowski 1995). Next, I tested this preliminary scheme on a small sample of 21 television news stories (1 story per month between
January, 1993, and September, 1994). Based on the content of statements in these stories, I expanded the original list of substantive policy categories as well as created lists of neutral substantive messages and strategic messages (supporting, opposing, and neutral). Finally, I used this coding scheme to content analyze the 301 news stories, but continued to add categories to my scheme as needed.

In addition to content, I also coded each sentence for the source of the content. As with my codes for the sentence content, the list of source codes is quite long, but most of the sources group into a few broad categories. These broad categories include media sources (television reporters and anchors), White House sources (Bill Clinton, Hillary Clinton, the Task Force on Health Care Reform, Cabinet members, and advisors to Bill Clinton), Congressional sources (distinguishing between Senators and Representatives as well as between Democrats and Republicans), interest group representatives and lobbyists, policy experts, health care professionals, and citizens. A detailed listing of the source categories and codes is also contained in Appendix A.

For nearly all of the sentences, the source of the sentence content was simply the person who spoke the words. For example, the following quote by Bill Clinton appeared on *World News Sunday* on September 26, 1993: "This health care system of ours is badly broken and it is time to fix it." And on March 23, 1994, Brit Hume made the following statement: "The Clinton White House sent the first string into the field today, part of a renewed drive to keep the President's health care reform plan alive." I coded the sources of these statements as, respectively, Bill Clinton and news reporter. Occasionally, however, a person makes a statement on the news but attributes the information in his or her statement to another person. In this case, I coded the source of the information as the originating source rather than the person who appeared on the newscast. For example, on September 2, 1993, ABC reporter Jim Angle stated "But today, the President argued that [Medicare] benefits will actually be expanded." I attributed this statement to Bill Clinton. Finally, the codes for the sources evolved essentially in the same manner as the content codes did. First, I compiled a list of sources that I expected to be active in the health care reform debate according to the *Congressional Quarterly Almanacs* and Johnson and Broder's (1996) book. Second, I expanded this list greatly as I conducted the actual content analysis.
Content of Health Care Reform Statements

These 301 news stories about health care reform contained a total of 7273 statements. As demonstrated in Table 4.1, two-thirds of these statements contained either substantive policy information or strategic messages about Clinton's health care reform plan. Nearly 6% of the statements referred to other health care reform proposals, such as the proposals introduced by the Democratic leadership in both the House and the Senate, and various other health care reform bills introduced by members. Of these messages about alternative health care reform proposals, most of them were substantive policy messages rather than strategic statements about the likelihood that the proposals would pass (5.8% versus .1% of total messages).

Miscellaneous messages that were unrelated to the debate over Clinton's health care reform plan comprised 19.4% of the total statements. A majority of these miscellaneous messages contained information that was completely unrelated to health care. This category also included messages that contained some health care-related information that did not directly pertain to the topic of health care reform. One story from September 21, 1993, included both types of miscellaneous statements. On this evening, ABC aired a series of stories about health care in Nashville. Peter Jennings

5This figure is slightly higher than the actual number of sentences in the news stories. Most sentences included only one discrete statement; however, a few sentences contained information that could be coded into more than one category. Rather than forcing each sentence into only one content category (and thus eliminating some content from the analysis), if a sentence included distinct statements, I coded these statements into separate categories. For example, Michele Norris (ABC News reporter) said the following two sentences during a March 26, 1994, story about the impact of the Whitewater controversy on Clinton's health care reform efforts:

The President promoted his health care plan in Dallas this morning at a medical center that provides free care to seriously ill children. Though while the President may have scored a home run on health care, he was also hit with another dose of bad news about the Whitewater controversy.

The first sentence contained only a description of the health care reform activities of Clinton and was coded as one statement. The second sentence was coded as two separate statements: the first as a supportive "horse race" message and the second as an opposing "horse race" message. Based on this guideline for coding the sentences, the 7040 actual sentences in the news stories translated into 7273 codable statements.

6In their analysis of television and newspaper coverage of the health care reform debate during 1994, Kathleen Hall Jamieson and Joseph Cappella (1998) also found that mentions of Clinton's health care plan substantially outnumbered mentions of alternative proposals.
introduced one of these stories with the following sentences: "In many ways, as we've said several times, Nashville is useful as a reflection of the nation as a whole. For example, about 12 percent of the national population and Nashville's is over 65, which makes them eligible for Medicare." The first sentence is an example of a non-health care related statement while the second sentence contains some information about health care, but this information does not directly relate to the details of health care reform.

<table>
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<tr>
<th>Percentage of Total Statements</th>
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<tbody>
<tr>
<td>Statements concerning Clinton's health care reform proposal</td>
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<tr>
<td>Statements concerning other health care reform proposals</td>
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<tr>
<td>Miscellaneous statements (unrelated to health care reform)</td>
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<tr>
<td>Statements identifying television reporter</td>
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Table 4.1 General Content of Health Care Reform Statements

Finally, 8.2% of the statements consisted of identifying the journalist who reported the story. Most news stories begin with a few brief remarks by the news anchor who then introduces the reporter. After presenting his or her news story, the reporter tends to end the story by stating his or her name and location. For example, in a story about health care reform developments in the Senate Finance Committee on March 6, 1994, Carole Simpson (the weekend anchor) introduced the story and then stated "Here's ABC's Jackie Judd." Judd then reported on the specific congressional developments (in this case, evidence that the employer mandate provision of Clinton's plan was not supported by the Finance Committee members) and ended her broadcast by stating "Jackie Judd, ABC News, Capitol Hill."
Because I am primarily concerned with the content of information about Clinton's health care reform plan, the remainder of the analysis will focus only on the 4838 statements directly related to this plan. More specifically, to test my hypotheses, I first examine the frequency of substantive policy messages versus strategic statements about Clinton's plan. As demonstrated in Table 4.2, the substantive statements greatly outnumbered the strategic statements. While 68.3% of the statements regarding Clinton's plan focused on the substance of his proposal or details relating to the current health care system, only 31.7% of the messages focused on the strategies of the policymakers or described Clinton's proposal in terms of its likelihood of passage.

Focusing only on the substantive policy statements, the plurality of these statements neither supported nor opposed Clinton's plan. Within this neutral category, the most common statements were descriptions of the current health care system, such as a discussion of a state or local program that was designed to solve a specific health care problem, a description of a health care worker treating his or her patients, or an examination of a patient or someone with serious medical problems. Within the category of neutral substantive statements, descriptions of the details of Clinton's plan were a distant second in frequency. The most commonly described aspect of the plan was managed competition, followed by statements that taxes on alcohol and cigarettes would be increased to help finance the plan, and descriptions of the employer mandate and health care alliance (or purchasing cooperative) provisions of Clinton's plan. Other categories of neutral substantive statements included descriptions of the formation of Clinton's plan, statements which indicated the potential consequences of Clinton's plan were either unknown or likely to be neither positive nor negative, and mentions of the preferences of the public. These latter statements were included in this neutral category only if the preferences did not suggest either support for or opposition to Clinton's plan.
<table>
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<th>Percentage of Statements</th>
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<tr>
<td><strong>Substantive Policy Statements</strong></td>
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<tr>
<td>Supporting Statements:</td>
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<tr>
<td>Problems with current health care system</td>
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<tr>
<td>Benefits of Clinton's plan</td>
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<td>General supporting statements</td>
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<td>Opposing Statements:</td>
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<tr>
<td>Negative consequences of Clinton's plan</td>
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<td>Opposition to specifics of Clinton's plan</td>
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<td>Denial of health care problems</td>
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<td>Opposition to formation of Clinton's plan</td>
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<td>General opposing statements</td>
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<td>Neutral Statements:</td>
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<td>Description of current health care system</td>
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<td>Description of formation of Clinton's plan</td>
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<td>Consequences of Clinton's plan</td>
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<tr>
<td>Involvement/preferences of citizens</td>
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<tr>
<td><strong>Strategic Statements</strong></td>
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<tr>
<td>Supporting Statements:</td>
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<tr>
<td>&quot;Horse race&quot; statements</td>
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<td>Tactics of Clinton's opponents</td>
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<td>Opposing Statements:</td>
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<td>&quot;Horse race&quot; statements</td>
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<tr>
<td>Tactics of Clinton's supporters</td>
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<td>Neutral Statements:</td>
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<tr>
<td>Description of activities of policymakers</td>
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<td>Description of politics of policymaking process</td>
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Number of cases (statements) (4838)

Table 4.2 Content of Statements about Clinton's Health Care Reform Proposal
Statements favoring and opposing Clinton's plan were also quite common in media coverage of the health care reform debate. In fact, the number of statements supporting his plan nearly equaled the number of neutral statements. Among these supportive substantive messages, descriptions of current problems with the health care system that the Clinton plan proposed to solve as well as statements about the potential benefits of Clinton's plan were the most common. The most frequently mentioned health care problems were that health care costs are very high and increasing annually, many people are either uninsured or underinsured, many people cannot afford health care coverage, and many people do not have access to needed health care. As for the benefits of Clinton's health care reform plan, statements supporting the universal coverage provision of this plan were the most common. In fact, nearly 40% of the arguments about the benefits of Clinton's plan referred to this goal of providing health insurance to everyone. Other supporting messages included statements that Clinton's plan would decrease health care costs for individuals as well as employers, arguments in favor of the employer mandate provision, and statements that increasing taxes on cigarettes is fair because of the high health care costs of people who smoke.

Just over 14% of the total messages about Clinton's health care plan were critical of the plan. The most common opposing substantive messages referred to the potential negative consequences of Clinton's plan. These messages included statements that Clinton's plan would be very expensive to implement, would lead to job losses and harm businesses (primarily because of the employer mandate provision), and would create an enormous health care bureaucracy and/or another large government social program. Nearly as common were critical arguments toward specific aspects of Clinton's plan, such as opposition to the following: the employer mandate provision; the establishment of price controls on doctors' fees, insurance premiums, and prescription drug prices; an increase in taxes to finance the plan; and providing for coverage of abortions in the standard health care benefits package.

As with the substantive policy messages, a plurality of the strategic messages were neutral. That is, these statements did not include any evaluative content in terms of the likelihood of success of Clinton's plan or the tactics of the policymakers. Descriptions of the activities of policymakers, especially statements about the tactics that both supporters and opponents of Clinton's plan used to mobilize support for their position, were the most common of the neutral strategic messages. Also included in this category of neutral strategic messages were descriptions of the health care policymaking process, such as updates on the status of Clinton's bill in Congress as well as statements
that reforming the health care system will require compromise between Clinton and his opponents.

In contrast to the balance of supporting versus opposing substantive messages, the opposing strategic statements outnumbered the supportive statements. In fact, the number of opposing strategic statements was three times that of supportive messages (10.7% versus 3.6% of the total statements). The bulk of the opposing strategic messages focused on the "horse race" aspect of policymaking and suggested that the Clinton plan was likely to fail. These "horse race" messages took a number of forms, with the most common simply stating that Clinton had lost momentum on this issue. Other "horse race" messages provided additional information as to why Clinton's health care reform plan was in trouble: his plan lost support among members of Congress; the controversy over Whitewater created governing problems for Clinton; passage of the plan would be more difficult without Daniel Rostenkowski as chair of the House Committee on Ways and Means or because of Senate Majority Leader George Mitchell's announced retirement from the Senate; or key interest groups or health care professional organizations did not support Clinton's plan. The remainder of the opposing strategic messages negatively evaluated the tactics of Clinton and/or his supporters, by, for example, stating that Clinton attempted to intimidate his opponents into supporting his plan or that he avoided meaningful debate over the contents of the plan.

The majority of strategic statements that supported Clinton's plan were "horse race" messages. The most common of these were messages stating that Clinton's plan would pass before Congress adjourned in 1994. Other supportive "horse race" messages included statements that Clinton's plan was supported by specific interest groups or professional organizations and statements that a specific announcement (such as a report by the Congressional Budget Office or a court ruling) was good news for Clinton and his supporters. Approximately one-third of the supportive substantive messages presented negative evaluations of the tactics of Clinton's opponents. The most common were that Clinton's opponents were obstructing health care reform, intentionally creating gridlock, presenting false or misleading information, or using scare tactics to mobilize the public against Clinton's plan.
Longitudinal Analysis of Health Care Reform Statements

The above analysis provides important information about the content of media coverage of Clinton's health care reform plan throughout the entire time period of the study. However, public policy debates generally evolve over time and thus it is important to determine if the content of media coverage of this debate changed over time. To complete this analysis, I examined the balance of substantive versus strategic messages as well as supporting versus opposing statements for each of the 21 months.

As indicated in Table 4.2, the substantive policy messages outnumbered the strategic messages across the entire sample of news stories. This pattern also held for a majority of the individual months within the time period of the analysis. The percentages of substantive versus strategic messages per month are graphically displayed in Figure 4.2. With the exception of four months (March, May, August, and September, 1994) there were more substantive policy than strategic statements during each month. In addition to this conclusion, it is also clear from Figure 4.2 that the percentage of total monthly statements that were strategic increased over time. During 1993, the average percentage of strategic statements per month was 15.2%. In contrast, for the first nine months of 1994, 51.4% of the health care statements each month were strategic statements.

The prior analysis of all of the health care reform statements further demonstrated that the balance of supporting versus opposing statements was different for the substantive and the strategic messages (Table 4.2). For the substantive policy messages, the supporting statements outnumbered the opposing statements by nearly two to one. However, for the strategic statements, there were three times as many opposing as supporting messages. Essentially the same pattern existed for each of the 21 months (see Figure 4.3). The data points on the solid line represent the percentage of supporting substantive statements minus opposing substantive statements for each month. That is, the neutral messages were excluded for this analysis. Any point above the solid line at zero reflects a month during which the supporting messages outnumbered the opposing messages, a result which existed for 18 of the 21 months. Only in January, March, and September of 1994 did the opposing substantive policy messages outnumber the supporting statements. I computed the same subtraction for the strategic statements (the results of which are represented by the dashed line), but found the opposite results. For 17 of the months, there were more opposing than supporting strategic messages. The supporting strategic statements outnumbered the opposing statements only in June and
November of 1993. One similarity exists for the substantive and strategic statements, however: both types of messages became more oppositional over time. The average percentage difference between supporting and opposing substantive statements per month was 15.0% for 1993 and 4.7% for 1994. For the strategic statements, these numbers were, respectively, -1.7% and -13.2%.

In both July and December of 1993, there were zero supporting strategic and zero opposing strategic statements. Thus, the difference between supporting and opposing strategic messages for these months is zero.
Generally, then, the results of this longitudinal analysis confirm the results from the original analysis of media coverage of the debate over Clinton’s health care reform proposal. Overall and for nearly every individual month, there were more substantive policy messages than strategic statements. Similarly, the balance of supporting versus opposing substantive messages as well as the balance of supporting versus opposing strategic messages was similar for both the overall and longitudinal analyses. Additionally, the longitudinal analysis demonstrates that media coverage of health care reform became more strategic and more critical as the policy debate progressed.
Sources of Health Care Reform Statements

From the analysis of the content of the messages, it would appear that there was disagreement over the substance of Clinton's health care reform proposal (since I identified a number of supporting and opposing substantive policy messages). However, to test fully the hypotheses about the presence of elite agreement versus disagreement over health care reform, I need to focus on the sources of the messages. If all of the opposing substantive statements were quotes from journalists or the public rather than from elite policymakers, than I could not conclude that elite disagreement over Clinton's plan was obvious from media coverage of the plan.

Before focusing on the content of the statements made by or attributed to specific individuals, first I examine the overall frequency with which each source appeared on the ABC evening news show during the debate over Clinton's health care reform plan. These results appear in Table 4.3. Not surprisingly, the most common source of health care reform statements was news reporters. Nearly 50% of the health care reform statements were made by the reporters or the anchor and were not attributed to an alternate source.8

The bulk of the remaining statements were attributed to policymaking elites. Eleven and one-half percent of the total statements originated in the White House. The most frequent sources in this category were, by far, Bill Clinton and Hillary Clinton who jointly accounted for a majority of the statements from the White House. This category also included statements made by members of the Task Force on National Health Care Reform, cabinet Secretaries, and other White House officials or statements attributed to "the White House" or "the Clinton Administration." Congressional sources accounted for 15.5% of the total statements with Congressional Democrats quoted more frequently than Republicans. As is common with media coverage of most policy issues (Cook 1989; Hess 1985), the most common congressional sources of health care reform statements were party leaders, committee chairs, and health care policy experts. More specifically, Senate Majority Leader George Mitchell, Senate Finance Committee Chair Daniel Patrick Moynihan, Senator John Breaux, Senator Jay Rockefeller, House Committee on Ways and Means Chair Daniel Rostenkowski, and House Majority Leader Richard Gephardt accounted for a majority of the statements attributed to specific Democratic members of Congress. Similarly, more than half of the statements from congressional Republicans

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8This category also includes statements that were attributed either to non-ABC news reporters or to a specific newspaper or magazine. These sources accounted for only .3% of the total statements.
were made by only four individuals: Senate Minority Leader Bob Dole; Senator Phil Gramm; Senator Bob Packwood (the ranking Republican member on the Finance Committee); and House Minority Whip Newt Gingrich.

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage of Statements Attributed to Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television Reporter or Anchor</td>
<td>46.9%</td>
</tr>
<tr>
<td>Elite Policymaker Sources:</td>
<td></td>
</tr>
<tr>
<td>President Clinton, Administration, Task Force</td>
<td>11.5</td>
</tr>
<tr>
<td>Congressional Sources:</td>
<td></td>
</tr>
<tr>
<td>Democrats in Congress</td>
<td>8.0</td>
</tr>
<tr>
<td>Republicans in Congress</td>
<td>6.0</td>
</tr>
<tr>
<td>Non-partisan Congressional sources</td>
<td>1.5</td>
</tr>
<tr>
<td>Interest Group Representatives, Lobbyists</td>
<td>4.0</td>
</tr>
<tr>
<td>Health Care Policy Experts, Academics</td>
<td>3.0</td>
</tr>
<tr>
<td>Other Government Officials</td>
<td>1.5</td>
</tr>
<tr>
<td>Health Care Reform Advertisements</td>
<td>.9</td>
</tr>
<tr>
<td>Political Parties</td>
<td>.8</td>
</tr>
<tr>
<td>Governors</td>
<td>.8</td>
</tr>
<tr>
<td>Legal Professionals</td>
<td>.4</td>
</tr>
<tr>
<td>Government Agencies</td>
<td>.4</td>
</tr>
<tr>
<td>Citizen Sources:</td>
<td></td>
</tr>
<tr>
<td>General Public</td>
<td>6.1</td>
</tr>
<tr>
<td>Health Care Professionals</td>
<td>4.5</td>
</tr>
<tr>
<td>Business Owners, Corporate Executives</td>
<td>1.7</td>
</tr>
<tr>
<td>Unspecified or Miscellaneous Sources</td>
<td>2.1</td>
</tr>
<tr>
<td>Number of cases (statements)</td>
<td>(4838)</td>
</tr>
</tbody>
</table>

Table 4.3 Sources of Health Care Reform Statements
Others have noted that many interest groups were active in the health care reform debate (Jamieson and Cappella 1998; Rubin 1993; West, Heith and Goodwin 1996). My analysis confirms this. A wide variety of interest groups were successful in receiving broadcast time to present their views on the debate. The most commonly cited interest groups were the American Medical Association, representatives from the tobacco industry, and Citizen Action. However, these groups accounted for a relatively small percentage of the total statements attributed to interest groups. A total of 55 interest groups or lobby organizations appeared on evening news stories about health care reform. In addition, a few health care advertisements (financed largely by interest groups) were also broadcast on the evening television news. The most commonly covered advertisements were the "Harry and Louise" ads produced by the Health Insurance Association of America.

Rounding out the remaining elite sources of health care reform statements, health care policy experts and academics were the most common, followed by specific government officials (including state and local officials), the political parties, governors, legal professionals, and government agencies (such as the Congressional Budget Office and the General Accounting Office).

I identified three categories of citizen sources. Just over six percent of the total health care statements were attributed to individual people, including hospital patients or people with medical illnesses, or to results from public opinion surveys. Individuals who were identified as either owning a small business or as representatives of a corporation were included in a separate category. These business sources accounted for 1.7% of the total statements. Finally, health care professionals made 4.5% of the total statements. The most frequent sources within this category were doctors, spokespersons for clinics or hospitals, and other health care workers, such as doctors' aides.

What was the content of statements made by these sources? To answer this question, I conducted two analyses. First, I examined the percentage of substantive versus strategic statements for each of the source categories. A number of interesting patterns emerged from this analysis (see Table 4.4.). With the exception of Democratic

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9 The unspecified/miscellaneous category primarily includes either statements from sources who were identified only as a "supporter" or a "critic" of Clinton's health care reform plan or statements suggesting that someone (or some people) endorsed the content of the statement. These latter sources included statements that began with the following phrases: "There is debate over;" "There is consensus that;" "Everybody says that." See Appendix A for a complete listing of the sources that were included in this category.
<table>
<thead>
<tr>
<th>Source</th>
<th>Elite Policymaker Sources</th>
<th>Citizen Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantive Statements: Supporting Statements</td>
<td>16.5%</td>
<td>63.5%</td>
</tr>
<tr>
<td>Opposing Statements</td>
<td>3.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Neutral Statements</td>
<td>37.8</td>
<td>12.8</td>
</tr>
<tr>
<td>Total</td>
<td>57.8</td>
<td>79.7</td>
</tr>
<tr>
<td>Strategic Statements: Supporting Statements</td>
<td>2.5</td>
<td>7.8</td>
</tr>
<tr>
<td>Opposing Statements</td>
<td>14.1</td>
<td>3.4</td>
</tr>
<tr>
<td>Neutral Statements</td>
<td>25.5</td>
<td>9.0</td>
</tr>
<tr>
<td>Total</td>
<td>42.1</td>
<td>20.2</td>
</tr>
<tr>
<td>Number of cases</td>
<td>(2269)</td>
<td>(554)</td>
</tr>
</tbody>
</table>

Table 4.4 Distribution of the Content of Health Care Reform Statements by Source
members of Congress, the substantive policy statements outnumbered strategic statements for each group of sources. However, the percentage of statements that were substantive versus strategic varied greatly by source. Fewer than 60% of the statements attributed to news reporters, and both Democrats and Republicans in Congress were substantive, while approximately 80% of the statements made by the other policymaking elites were substantive. Furthermore, 94.3% of the statements attributed to the general public and 100% of the statements made by health care professionals and business owners were substantive. For these citizen sources, then, strategic statements were rarely uttered, confirming James Fallows' (1997) suspicions that journalists are far more concerned with strategy over substance while citizen preferences are just the opposite. I find, however, that reporters are not the only sources of strategic statements; members of Congress also make their fair share of these statements.

The balance of supporting versus opposing substantive policy messages varied across these sources in relatively predictable ways. The majority of substantive statements made by sources in the White House and by Congressional Democrats supported Clinton's plan, whereas the majority of substantive statements made by Republicans in Congress and by interest groups opposed Clinton's plan. I expected this latter result, given that interest groups critical of Clinton's plan were far more active in the health care reform debate than were supportive groups (West, Heith and Goodwin 1996). Even though the percentage of neutral statements was relatively higher for both the general public and health care professionals than for the elite sources, the supporting substantive statements outnumbered the opposing statements for both groups. More specifically, the supporting statements made by both of these groups focused heavily on the problems with the current health care system. Finally, a majority of substantive statements that were made by business owners were critical of Clinton's plan and especially mentioned concerns that the Clinton plan would negatively influence both small and large businesses.

The results of the analysis of the content of substantive policy statements made by television reporters are somewhat surprising. I expected that a majority of substantive statements made by the reporters would focus on descriptions of the health care system and descriptions of Clinton's plan, thus falling into the neutral category. This expectation was met. In contrast, I did not anticipate that 20% of the total statements made by reporters would be evaluative in terms of the substantive details of the policy debate. Also surprising was the fact that the substantive statements made by the reporters supporting Clinton's plan outnumbered the critical substantive statements by nearly a five
to one ratio. As it turns out, the majority of these supportive substantive statements were embedded within descriptions of individual people with either health care or health insurance problems. For example, in a September 21, 1993, story about Robin Beresford, a producer of music videos, ABC News reporter George Strait made the following statements: "As it is, Robin can barely afford health insurance for her family. In a good year she earns about $40,000, and almost 10 percent of it goes to pay for health insurance." Both of these statements were coded as supporting substantive statements because they describe problems in the health care system that the Clinton plan attempted to solve. However, not all of the supporting substantive messages made by the reporters focused on individual problems but rather described health care problems in the aggregate. Later in the same broadcast, Peter Jennings, in discussing the working poor, made the following statements: "Most of them have no health insurance. They would under the Clinton plan."

Turning now to the bottom half of Table 4.4, there was also some variation in the balance of supporting versus opposing strategic messages across the groups of sources. Not surprisingly, White House sources were much more likely to make supporting than opposing strategic statements (by either suggesting that Clinton's plan would pass or negatively evaluating the tactics of Clinton's opponents) while Republicans in Congress, interest group representatives, and other elites (most notably the Republican National Committee) made more opposing than supporting strategic statements. Two surprising results do emerge, however, from this analysis. First, Democrats in Congress were more likely to make opposing than supporting strategic statements. A majority of these opposing messages focused on "horse race" aspects of the health care reform debate, thus suggesting that Clinton's plan was unlikely to pass Congress. Second, while a majority of the strategic statements made by news reporters were neutral, the opposing strategic statements greatly outnumbered the supporting strategic messages. Taken alone, this result is not necessarily puzzling. But, when combined with the fact that news reporters were more likely to make supporting than opposing substantive policy statements, this result is curious. While I cannot solve this puzzle with the current data, I do offer some speculative explanations at the end of the chapter.

While the results of Table 4.4 suggest that there was elite disagreement over Clinton's health care reform plan, this conclusion becomes even more obvious when I collapse the categories of elite sources into one category (see Table 4.5). Not only were a large majority of the statements made by elites substantive, there clearly was elite disagreement over Clinton's health care reform plan. Even though the supporting
substantive statements outnumbered the opposing substantive statements, there was not an insignificant number of the latter.

<table>
<thead>
<tr>
<th>Percentage of Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substantive Policy Statements:</strong></td>
</tr>
<tr>
<td>Supporting Statements</td>
</tr>
<tr>
<td>Opposing Statements</td>
</tr>
<tr>
<td>Neutral Statements</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

| **Strategic Statements:** |
| Supporting Statements    | 5.8   |
| Opposing Statements      | 10.3  |
| Neutral Statements       | 13.2  |
| **Total**                | 29.3  |

<table>
<thead>
<tr>
<th>Number of cases (statements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1868)</td>
</tr>
</tbody>
</table>

Table 4.5 Distribution of the Content of Health Care Reform Statements, Elite Sources Only

Another way to analyze the relationship between the content of health care reform statements and the sources of these statements is to compare the distribution of statement content across the sources (see Table 4.6). One advantage of this analysis is that it accounts for the large disparity in the frequency with which each source appeared on the news, a factor which can be easily overlooked upon examining Table 4.4 or Table 4.5. This type of analysis is particularly important since 46.9% of all health care reform statements were attributed to one source: news reporters. Considering the separate categories of statement content, a majority of the statements for three of the categories
(neutral substantive, neutral strategic, and opposing strategic) were spoken by these reporters. Furthermore, reporters were the source for a plurality of strategic statements favoring Clinton's plan, although White House and Congressional Democratic sources jointly accounted for 50.1% of these statements. As for substantive statements, a plurality of supportive statements were spoken by news reporters, with White House sources following closely behind in frequency. Opposing substantive statements was the only category in which news reporters were not the source for the largest number of statements. In this case, 52% of the opposing substantive statements were jointly spoken by Republicans in Congress, interest group representatives, and other elites (especially non-partisan Congressional sources, governors, and policy experts).

<table>
<thead>
<tr>
<th>Substantive Statements</th>
<th>Strategic Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Support</td>
</tr>
<tr>
<td>Media</td>
<td>28.9%</td>
</tr>
<tr>
<td>White House</td>
<td>27.2</td>
</tr>
<tr>
<td>Cong. Democrats</td>
<td>8.9</td>
</tr>
<tr>
<td>Cong. Republicans</td>
<td>1.2</td>
</tr>
<tr>
<td>Interest Groups</td>
<td>3.7</td>
</tr>
<tr>
<td>Other Elites</td>
<td>10.6</td>
</tr>
<tr>
<td>H.C. Professionals</td>
<td>4.2</td>
</tr>
<tr>
<td>General Public</td>
<td>10.6</td>
</tr>
<tr>
<td>Business Owners</td>
<td>1.8</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2.9</td>
</tr>
<tr>
<td>Number of cases (statements)</td>
<td>(1296)</td>
</tr>
</tbody>
</table>

Table 4.6 Distribution of the Sources of Health Care Statements by Content
Longitudinal Analysis of Sources of Health Care Reform Statements

While the preceding analyses of the sources of health care reform statements is informative, it neglects the dynamic aspects of the health care reform debate. Not only do the content of public policy messages change as a policy debate evolves but the sources of statements as well as the types of statements made by each source might also change. To determine if certain sources were more likely to be quoted at different times throughout the health care reform debate, I conducted a longitudinal analysis of the sources that appeared in media coverage of the debate. First, I examined the monthly percentage of statements that were attributed to each of the following three sources: media; elites; and citizens. For the entire 21 month time period of the debate, 47.9% of the statements were attributed to media sources, 39.5% were statements made by elite sources, and 12.6% were made by citizen sources. However, as Figure 4.4 demonstrates, the percentage of statements attributed to each of these three sources fluctuated greatly by month. For nearly every month, a plurality of the statements were made by news reporters and anchors, followed by elite sources and then citizens. In fact, with the exception of January, 1993, citizens made fewer statements each month than either media or elite sources did. Focusing now on the trend for each source separately, the lines in Figure 4.4 indicate that the percentage of statements attributed to both media and citizen sources declined over time whereas elites made an increasingly larger number of statements as the debate progressed. These trends are especially obvious in the final five months of the debate when the percentage of statements made by elite sources was greater even than the percentage made by media sources.

\[10\] For this analysis, I have excluded the 2.1% of total statements made by a miscellaneous or unspecified source, largely because it was not obvious whether these sources should be classified as citizens or elites.
Not only did the number of statements attributed to each source change over time, but the type of statement made by each source also changed. Overall, 42.1% of the total health care statements made by news reporters were strategic as opposed to substantive. For elite sources, only 29.3% of their statements were strategic, while only 2.9% of the citizens' statements were strategic. However, the percentage of statements that were strategic varied by month for all three sources (see Figure 4.5). In particular, this percentage increased for all three sources as the policy debate progressed. The percentage of statements that were strategic increased somewhat gradually over time for both media and elite sources, with the increase especially notable after December, 1993. During 1993, on average, 25.3% of the statements made each month by media sources were strategic whereas 71.6% were strategic during 1994. Similarly, an average of 7.6%
of the statements made by elites in 1993 were strategic but this number increased to 41% for 1994. The statements made by citizens displayed the least variation. For nearly every month none of the statements made by citizens were strategic. Beginning in June, 1994, however, the percentage of statements made by citizens that were strategic increased every month, reaching 100% in September, 1994. While only two statements were attributed to citizens during this month, it is noteworthy that they were both strategic. Before June of 1994 only three of the total statements made by citizens were strategic.

Figure 4.5  Percentage of Total Statements which were Strategic per Month by Source, January 1993-September 1994
Figure 4.6 Monthly Balance of Supporting versus Opposing Substantive Policy Statements by Source, January 1993-September 1994

The balance of supporting versus opposing statements also varied for media, elite and citizen sources over time. Figure 4.6 displays the results for the substantive policy statements. Two trends are noteworthy from this analysis. First, the balance of supporting versus opposing statements for each source is very similar. With the exception of a few data points, the three lines in Figure 4.6 track quite closely. Most of the outlying points (December, 1993, for the elites and January, May, and August, 1994, for the citizens) occurred in months during which the overall number of statements for the source was very low, thus producing some instability in the monthly result. With more cases for each of these months, it is possible that the three lines would be even more similar. Second, at the beginning of the debate, there was a net balance of supporting substantive messages for all three sources. By May, 1993, the net balance of supporting statements had decreased and then fluctuated around zero (indicating equal numbers of
supporting and opposing statements) for the remainder of the time period. In other words, the content of substantive messages about Clinton's health care plan become more critical for media, elite and citizen sources over time.

Figure 4.7 Monthly Balance of Supporting versus Opposing Strategic Statements by Source, January 1993-September 1994

Figure 4.7 presents the results for the monthly balance of supporting versus opposing strategic statements for only the media and elite sources. I excluded the citizen sources from this analysis because citizens made no strategic statements for nearly every month. For statements made by both media and elite sources, there was greater variation in the balance of supporting versus opposing strategic statements as the policy debate
progressed. This is perhaps not surprising as the success (in "horse race" terms) of Clinton's plan was not obvious during the early months of the debate so there was, relatively, a near zero balance in the content of these messages. Over time, the number of opposing strategic messages outnumbered the supporting ones for both media and elite sources, but this difference was greater for the media sources. Furthermore, the strategic statements became more critical of Clinton's plan earlier for the media than the elite sources.

Summary and Discussion

A number of conclusions are apparent from the content analysis of media coverage of the health care reform debate. Most importantly, after this first test of hypotheses relating to the models of public policy communication, I have found partial support for two of the models. In media coverage of Clinton's health care reform proposal there was clear evidence of elite disagreement over the substantive details of this proposal, thus suggesting that citizens and elites had the potential to engage in a policy dialogue.\(^1\) In contrast, a policy monologue would have been more likely if the media coverage indicated elite agreement over the substance of Clinton's plan.

However, not all of the media coverage of Clinton's plan was substantive. Nearly one-third of the total statements about Clinton's proposal focused on strategic aspects of health care policymaking and the proportion of statements that were strategic increased over time. This is perhaps the most important finding from my content analysis. Previous scholars have demonstrated that media coverage of election campaigns is largely strategic (Patterson 1993), but nearly all analyses of media coverage of policy debates have focused only on the substantive details of the debate. Many writers have argued that since journalists rely on the same news gathering routines and news presentation norms for both campaigns and policy debates, we should expect media coverage of policy debates to be strategic also (Cook 1998; Entman 1989; Fallows 1997). Yet, until recently, there was no empirical evidence to support this conclusion. Robert

\(^1\)As noted previously, media presentation of substantive statements regarding Clinton's health care plan is evidence that the dialogue model could have occurred, but this evidence is not sufficient enough for me to conclude that the dialogue model did in fact occur. Since the media may misrepresent the balance of supporting versus opposing substantive elite statements (thus lending support to the mediated conversation model), I would need to content analyze the original elite debate to rule out this possibility.
Entman and Benjamin Page (1994) found that media coverage of the Persian Gulf War policy debate was both substantive and strategic while Kathleen Hall Jamieson and Joseph Cappella (1998) found evidence of both types of statements in media coverage of health care reform during 1994. My results provide additional support for this important finding that media coverage of politics in strategic terms is not limited to campaigns but exists for policy debates as well.

One of the more intriguing results of the content analysis is the disjuncture between the balance of supporting versus opposing substantive statements and the balance for strategic statements. Excluding the neutral statements, the majority of substantive policy statements favored Clinton's plan while the majority of strategic messages were critical of Clinton's plan. This presentation of seemingly contradictory statements was likely not the result of intentional behavior but rather can be traced to news gathering routines, news reporting techniques, and personal characteristics of the journalists.

To simplify the collection of newsworthy material, most television reporters are assigned to specific newsbeats. For domestic policy, such as health care reform, the most common beats are the White House and Capitol Hill. Since reporters rely on sources within their assigned beat for material for their news reports, the variety of viewpoints presented by a reporter will, in part, reflect the variety of views available in his or her newsbeat. Furthermore, because "the president is the central newsmaker in American politics" (Cook 1994, 108), stories from the White House beat are broadcast nearly every evening. Thus, as long as there is consensus within the White House over a policy proposal, we would expect substantive media coverage of this policy issue to closely resemble the preferences of the President (Entman and Page 1994). Since there was agreement within the White House over Clinton's health care reform plan, news gathering routines likely led to the dominance of supporting over opposing substantive policy statements. Certainly, news reports about health care reform did air from Capitol Hill and these reports did present opposing substantive arguments. However, stories from the congressional beat are much more likely to present two sides to an issue, if two sides do exist, than are stories from the White House (Cook 1994). This within-story balance from the Capitol Hill beat did not offset the largely one-sided stories from the White House.

In contrast, news reporting patterns help to explain why reporters were more likely to present critical than supporting strategic statements. Because of the limited amount of broadcast time during the nightly news shows, reporters cannot present all of
the details of a public policy debate but must instead summarize these details. These summaries often focus on the "horse race" aspects of policymaking and the content of these strategic statements are often the result of reporters' perceptions of how much success a policy proposal has of passing (Cook 1998; Entman 1989). In the case of health care reform, news reporters assessed that Clinton's plan had little chance of passing and stated so in their coverage of the issue. Of course, this assessment may have reflected reality. This seems unlikely, though, at least for the entire time period of the health care reform debate. Early in the debate, public support for Clinton's plan was quite high (see chapter 5) as was congressional support (Jacobs et al. 1995) but the opposing strategic statements outnumbered supportive ones. On the other hand, reporters may have inaccurately assumed that Clinton's plan would fail by misperceiving the policymaking environment. Martin Gilens (1996) demonstrates that misperceptions among journalists as to the actual percentage of poor people who are African American leads to an overrepresentation of African Americans in photographs of poor people in newsmagazines and on television news. Misperceptions may also play a role in explaining why journalists negatively evaluated the chances that Clinton's health care reform plan would pass, even when the substantive content of news coverage of this issue suggested the opposite.

Beginning in September, 1993, the Health Insurance Association of America began airing its "Harry and Louise" ads. These ads were quite critical of Clinton's plan, suggesting, among other things, that doctor choice would be limited under Clinton's plan. The ads aired primarily in the Washington, DC, and New York media markets where most national reporters live. The reporters may have assumed that these ads would produce a decline in public support for Clinton's plan (Fallows 1997). Thus, it is possible that journalists fell victim to the third person effect whereby they assumed a communication source influenced the opinions of others (Lasorsa 1992; Mutz 1994). However, this assumption would have been incorrect. Not only did the majority of the public not see these ads, public support for Clinton's plan did not differ between those people who saw the ads and those who did not (West, Heith and Goodwin 1996).

James Fallows (1997) argues that limited time is not the only factor which motivates journalists to provide summaries of policymaking events. To increase their own prestige, national reporters try to get invitations for appearances on talk shows. The surest route to these appearances is to present one's analysis of a policy situation during news coverage of the policy. Or, to quote Tom Brokaw's assessment of television reporters, "everyone wants to be a pundit in the last fifteen seconds of their piece" (cited in Fallows 1997, 61).
Certainly, public support for Clinton's plan did decrease over time, but journalistic "horse race" coverage of health care reform was critical throughout the debate, even when 70+% of the citizens supported Clinton's plan.

Another possible explanation for the dominance of opposing over supporting strategic statements relates to the influence of personal characteristics of reporters on the content of their news stories. Compared to the general population, national journalists earn higher incomes and are more likely to have health insurance. Whether consciously or not, these characteristics may have led reporters to evaluate the potential success of Clinton's plan more negatively than was warranted, given actual levels of public and congressional support. In other words, because reporters personally were not disadvantaged under the current health care system, information about possible negative consequences of Clinton's plan may have had a stronger influence on their own opinion toward the plan which may have lead the reporters to assume that other people would also evaluate Clinton's plan critically. Prior research provides examples of the influence of the personal characteristics of reporters on the content of their coverage of policy issues. Benjamin Page (1996; see also Page and Tannenbaum 1996) demonstrates that when the information about Zoe Baird (one of Clinton's Attorney General nominees) hiring illegal workers first broke, it received very little attention in the national news despite a strong public feeling that Baird's name should be withdrawn from consideration. Page attributes this lack of concern to the high social status of national reporters. The reporters did not consider the hiring of illegal workers to warrant close scrutiny maybe because the reporters have engaged in this behavior themselves or because they likely associate with people who do. Similarly, James Fallows (1997) suggests that news reporters downplayed the argument that NAFTA would lead to potential job losses because this free trade bill was likely not to influence the job prospects of reporters. Again, I do not intend to suggest that the reporting of journalists is influenced by whether or not they will benefit from a policy proposal. Instead their personal characteristics can influence the way in which they evaluate the strength of arguments either for or against the proposal or lead them to give more weight to certain arguments over others.\(^{13}\)

\(^{13}\)It is also possible that the corporate owners of ABC News did not want Clinton's health care reform bill to pass and this preference influenced the content of the strategic coverage of this plan by ABC News reporters. In their analysis of newspaper coverage of the 1996 Telecommunications Act, for example, Martin Gilens and Craig Hertzman (1997) demonstrate that coverage of this bill was less critical in newspapers that are owned by corporations who stood to benefit from passage of the bill. While Gilens and Hertzman do not provide any evidence of ownership pressure on news
To conclude, in terms of the hypotheses regarding public policy communication during the health care reform debate, the presence of any strategic statements in media coverage of the debate could indicate that the mediated conversation model might accurately describe the relationship among citizens, elites, and the media. This conclusion is premature, though, partially because it is not clear how many strategic statements are necessary in order to prevent either a policy monologue or dialogue between citizens and elites from occurring. More importantly, though, the monologue, dialogue and mediated conversation models differ in many aspects, only one of which relates to media coverage. The models also incorporate features of public opinion formation and elite responsiveness to this opinion. Thus, while the results from the media content analysis provide support for both the dialogue and mediated conversation models, since this analysis examined only one aspect of the models, the results are incomplete. In the following chapters I build on the results from this chapter by testing additional hypotheses from the models.

Furthermore, it is not obvious from prior analyses of media coverage of policy debates whether the percentage of substantive versus strategic statements for the health care debate is typical or not. Robert Entman and Benjamin Page (1994) examined media coverage of the debate over foreign policy toward Iraq after Iraq invaded Kuwait in 1990. Excluding neutral statements and focusing only on page one newspaper stories and lead stories on the ABC evening news shows, 61.4% of the assertions were substantive while 38.6% were strategic, results which are similar to mine. In contrast, Kathleen Hall Jamieson and Joseph Cappella's (1998) analysis of health care reform stories in newspapers and on television between January 16, 1994, and October 5, 1994, produced somewhat different results. They found that strategic issues were contained in two-thirds of the news stories in their sample. Their results and mine are not directly comparable, though, for at least two reasons. First, their unit of analysis was the story rather than sentences within the story. Second, our samples covered different time frames. Based on my finding that the percentage of strategic statements was higher in 1994 than in 1993, if Jamieson and Cappella had included stories from 1993 in their sample, it is likely that their percentage of strategically-focused stories would have decreased.
CHAPTER 5

CITIZEN OPINION TOWARD
CLINTON'S HEALTH CARE REFORM PROPOSAL

Throughout the elite debate over health care reform, many citizens agreed that changes were needed to the health care system (Blendon et al. 1994a; Bowman 1994). There was less agreement, however, as to whether Clinton's proposal was the best vehicle for reform. The precise nature of aggregate citizen opinion toward the proposal is examined in this chapter. Specifically, I first focus on overall support for Clinton's proposal as well as support for specific aspects of his proposal, such as universal coverage. Next, I examine public beliefs about the potential impact of Clinton's plan on personal health care and on the health care system. Finally, I examine levels of citizen knowledge and understanding of Clinton's proposal. By describing the content of aggregate opinion toward Clinton's health care proposal, the primary goal of this chapter is to provide a context for the analyses of changes in support for the plan that appear in the following two chapters. Based on the results presented in this chapter, however, the chapter does conclude by offering some speculations about the nature of policy communication among citizens, elites and the media during the health care reform debate.

Data and Methods

The public opinion data presented in this chapter are drawn from the Public Opinion Location Library (POLL) of the Roper Center for Public Opinion Research at the University of Connecticut. The POLL database contains the questions and marginal results for many of the approximately 12,000 opinion surveys that are archived at Roper. Survey questions are stored individually in the POLL database and can be retrieved on-line via LEXIS/NEXIS. POLL, the most comprehensive on-line collection of American
public opinion data, contains questions from all of the major survey organizations in the United States, including Gallup, Roper, Louis Harris, the major television networks, and a number of newspapers. Each POLL entry contains the full-text of the question, the response categories, the percentage of responses within each category and a variety of information about the survey which contained the question. This survey information includes the survey sponsor, the sample size, the population that was sampled, the dates of the survey, and the organization that conducted the survey.

To assess public opinion toward Clinton's health care reform plan, I conducted a search of POLL using the keywords "health care" and restricted this search to dates between January 1, 1993, and September 30, 1994. These dates correspond with the beginning of health care policymaking activity in the Clinton Administration and the official death of Clinton's proposal in Congress. Fortunately, many organizations actively polled citizens about health care reform. My search resulted in more than 2000 individual health care-related questions from 330 opinion surveys. Included among these were many general political opinion surveys conducted by commercial polling firms and the news media, such as Gallup, Louis Harris, Yankelovich, Princeton Survey Research Associates, ABC News and the Washington Post, CBS News and the New York Times, and NBC News and the Wall Street Journal. Also, a number of organizations conducted surveys devoted entirely to the topic of health care reform. Most of these latter surveys were sponsored by foundations and research institutes, such as the Robert Wood Johnson Foundation, the Harvard School of Public Health, and the Henry J. Kaiser Family Foundation.

Of the 2000+ questions that I initially retrieved from POLL, I used three criteria to select the items for this chapter. First, I selected only the questions that pertain most directly to Clinton's health care reform proposal. These include questions which assess general opinion toward Clinton's plan, opinion toward specific features of Clinton's plan, beliefs about the potential impact of Clinton's plan on the health care system, and knowledge of the specifics of Clinton's plan. Second, I analyze only those items from surveys of the national adult population. A small percentage of opinion surveys sampled from other populations, most commonly registered voters. Since the opinions of registered voters are likely to differ from the opinions of non-registered voters, I selected only those questions from surveys of the adult population. Third, to examine over time changes in public opinion, I selected primarily those items that were contained on at least two different surveys with the identical wording of the question and response options. Responses to survey questions can be influenced strongly by the wording of the question
as well as the wording and form of the response options (Krosnick and Fabrigar N.d.; Schuman and Presser 1981). Thus, the best way to assess whether opinion has changed over time is to compare responses to identically worded questions. Whenever possible, I did restrict my analysis this way. However, for a few items, such as opinion toward Clinton's employer mandate provision, this was simply not possible and I used instead questions with very similar question wordings.

Opinion Toward Clinton's Health Care Reform Proposal

Of the many opinions relating to health care reform that were assessed throughout 1993 and 1994, opinions toward Clinton's proposal were among the most frequent. On 54 occasions between September, 1993, and August, 1994, citizens were asked if they approved or disapproved of Clinton's proposal. Four survey organizations used identical question and response wordings to assess opinions toward Clinton's plan, resulting in 40 items. Gallup, in conjunction with CNN and USA Today, collected 13 measures of opinion toward Clinton's plan; ABC News and the Washington Post assessed opinion 9 times; Yankelovich Partners, in conjunction with Time and CNN, measured opinion toward Clinton's plan 10 times; finally, Hart and Teeter, in surveys sponsored by NBC News and the Wall Street Journal, assessed citizen opinion 8 times. The results from these four time series of opinion toward Clinton's plan, along with complete question wordings, appear in Tables 5.1 through 5.4.¹

¹In these tables, the "No Opinion" column contains people who responded "no opinion," "not sure," or "don't know." None of these response options were explicitly offered to the respondents for any of the surveys. The "Favor Balance" column for all of the tables contains the percentage of respondents who favored Clinton's reform proposal out of those respondents who voiced an opinion toward the proposal. That is, the respondents in the "No Opinion" column are excluded from these figures.
## Support for Clinton's Proposal

<table>
<thead>
<tr>
<th>Dates of Survey</th>
<th>Number of Respondents</th>
<th>Favor</th>
<th>Oppose</th>
<th>No Opinion</th>
<th>Favor Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/24-9/26/93</td>
<td>1003</td>
<td>59%</td>
<td>33%</td>
<td>8%</td>
<td>64.1%</td>
</tr>
<tr>
<td>10/28-10/30/93</td>
<td>1017</td>
<td>45</td>
<td>45</td>
<td>10</td>
<td>50.0</td>
</tr>
<tr>
<td>11/2-11/4/93</td>
<td>1003</td>
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<td>40</td>
<td>8</td>
<td>56.5</td>
</tr>
<tr>
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<td>52</td>
<td>41</td>
<td>7</td>
<td>55.9</td>
</tr>
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<td>38</td>
<td>6</td>
<td>59.6</td>
</tr>
<tr>
<td>1/28-1/30/94</td>
<td>1013</td>
<td>57</td>
<td>38</td>
<td>5</td>
<td>60.0</td>
</tr>
<tr>
<td>2/26-2/28/94</td>
<td>1015</td>
<td>46</td>
<td>48</td>
<td>6</td>
<td>48.9</td>
</tr>
<tr>
<td>3/28-3/30/94</td>
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<td>47</td>
<td>9</td>
<td>48.4</td>
</tr>
<tr>
<td>4/16-4/18/94</td>
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<td>43</td>
<td>47</td>
<td>10</td>
<td>47.8</td>
</tr>
<tr>
<td>5/20-5/22/94</td>
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<td>46</td>
<td>49</td>
<td>5</td>
<td>48.4</td>
</tr>
<tr>
<td>6/11-6/12/94</td>
<td>756</td>
<td>42</td>
<td>50</td>
<td>8</td>
<td>45.7</td>
</tr>
<tr>
<td>6/25-6/28/94</td>
<td>1019</td>
<td>44</td>
<td>49</td>
<td>8</td>
<td>47.3</td>
</tr>
<tr>
<td>7/15-7/17/94</td>
<td>1001</td>
<td>40</td>
<td>56</td>
<td>5</td>
<td>41.7</td>
</tr>
</tbody>
</table>

aOpinions were measured by the following question wording: "From everything you have heard or read about the plan so far, do you favor or oppose President (Bill) Clinton's plan to reform health care?"

Table 5.1 Results from CNN, USA Today, Gallup Opinion Surveys

The results from the CNN, USA Today, and Gallup polls indicate that citizen support for Clinton's plan was highest shortly after his September 22, 1993, speech before Congress (see Table 5.1). After Clinton outlined his plan to the public, nearly two-thirds of those citizens who had an opinion toward his plan supported it. During the month after this speech, support for Clinton's plan decreased quite substantially. Support quickly rebounded and until shortly after Clinton's State of the Union speech on January 25, 1994, a majority of citizens continued to support Clinton's plan. Support for the plan once again declined in February and remained below 50% for the remainder of 1994. In July, only 42% of the public supported Clinton's health care reform plan - a decrease of 22 percentage points from the previous September.
Support for Clinton's Proposal\textsuperscript{a}

<table>
<thead>
<tr>
<th>Dates of Survey</th>
<th>Number of Respondents</th>
<th>Favor</th>
<th>Oppose</th>
<th>No Opinion</th>
<th>Favor Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/22/93</td>
<td>539</td>
<td>56%</td>
<td>24%</td>
<td>20%</td>
<td>70.0%</td>
</tr>
<tr>
<td>10/7-10/10/93</td>
<td>1015</td>
<td>51</td>
<td>40</td>
<td>10</td>
<td>56.0</td>
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<td>1218</td>
<td>46</td>
<td>43</td>
<td>10</td>
<td>51.7</td>
</tr>
<tr>
<td>1/20-1/23/94</td>
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<td>39</td>
<td>14</td>
<td>55.2</td>
</tr>
<tr>
<td>2/24-2/27/94</td>
<td>1531</td>
<td>44</td>
<td>48</td>
<td>8</td>
<td>47.8</td>
</tr>
<tr>
<td>3/25-3/27/94</td>
<td>1029</td>
<td>41</td>
<td>48</td>
<td>10</td>
<td>46.1</td>
</tr>
<tr>
<td>5/12-5/15/94</td>
<td>1523</td>
<td>44</td>
<td>51</td>
<td>6</td>
<td>46.3</td>
</tr>
<tr>
<td>6/23-6/26/94</td>
<td>1531</td>
<td>43</td>
<td>49</td>
<td>4</td>
<td>44.3</td>
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<td>1004</td>
<td>43</td>
<td>49</td>
<td>8</td>
<td>46.7</td>
</tr>
</tbody>
</table>

\textsuperscript{a}Opinions were measured by the following question wording: "From what you know of it, do you approve or disapprove of (President) Bill Clinton's health care plan?" For some of these surveys, the respondents were asked in a follow-up question if they approved or disapproved strongly or only somewhat. All of the results in Table 5.2 are based on responses to the first question.

Table 5.2 Results from ABC News, Washington Post Opinion Surveys

Tables 5.2, 5.3, and 5.4 display very similar results.\textsuperscript{2} For each of these three time series of opinion, citizen support for Clinton's plan was highest immediately after his September 23, 1993, speech. In fact, both the ABC News and Washington Post polls (Table 5.2) and the NBC News, Wall Street Journal, and Hart and Teeter polls (Table 5.4) demonstrate that nearly three-fourths of citizens with an opinion toward Clinton's plan supported it in September. Support for Clinton's plan decreased very quickly, however, although the proposal continued to have majority support through the end of January, 1994, for these two series of polls and through April for the Time, CNN, and Yankelovich polls (Table 5.3). Less than a majority of citizens favored Clinton's plan by

\textsuperscript{2}Since the percentage of citizens who did not have an opinion toward Clinton's plan varies greatly across the four tables, when comparing results across survey organizations, I discuss only the results in the "Favor Balance" column.
the summer of 1994 and support for Clinton's plan had declined substantially from its highest level - more than 20% for each of the three series of opinion.

<table>
<thead>
<tr>
<th>Dates of Survey</th>
<th>Number of Respondents</th>
<th>Favor</th>
<th>Oppose</th>
<th>No Opinion</th>
<th>Favor Balance</th>
</tr>
</thead>
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<tr>
<td>9/23/93</td>
<td>800</td>
<td>57%</td>
<td>31%</td>
<td>12%</td>
<td>64.8%</td>
</tr>
<tr>
<td>10/28/93</td>
<td>500</td>
<td>43</td>
<td>36</td>
<td>21</td>
<td>54.4</td>
</tr>
<tr>
<td>1/17-1/18/94</td>
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<td>50</td>
<td>33</td>
<td>17</td>
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<td>2/10/94</td>
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<td>3/9-3/10/94</td>
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<td>43</td>
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<tr>
<td>4/6-4/7/94</td>
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<tr>
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<td>37</td>
<td>49</td>
<td>14</td>
<td>43.0</td>
</tr>
<tr>
<td>8/4/94</td>
<td>600</td>
<td>42</td>
<td>45</td>
<td>13</td>
<td>48.3</td>
</tr>
</tbody>
</table>

aOpinions were measured by the following question wording: "In general, do you favor or oppose President (Bill) Clinton's health care reform plan?"

Table 5.3 Results from *Time*, CNN, Yankelovich Partners Opinion Surveys
## Support for Clinton's Proposal

<table>
<thead>
<tr>
<th>Dates of Survey&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Number of Respondents</th>
<th>Favor</th>
<th>Oppose</th>
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<th>Favor Balance</th>
</tr>
</thead>
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<td>18%</td>
<td>31%</td>
<td>73.9%</td>
</tr>
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<td>10/22-10/26/93</td>
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<td>16</td>
<td>56.0</td>
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<td>1002</td>
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<td>32</td>
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<td>59.5</td>
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<td>1/15-1/18/94</td>
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<td>19</td>
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<tr>
<td>3/4-3/8/94</td>
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<td>1005</td>
<td>41</td>
<td>48</td>
<td>11</td>
<td>46.1</td>
</tr>
</tbody>
</table>

<sup>a</sup>Opinions were measured by the following question wording: "From what you have heard or read, do you favor or oppose President (Bill) Clinton's health care program?"

### Table 5.4 Results from NBC News, Wall Street Journal, Hart and Teeter Surveys

Despite the dissimilarities in question wording and sample sizes as well as the fact that different survey organizations conducted these surveys, the general trend in public support for Clinton's health care reform plan was extremely similar across these four time series of opinion (see Figure 5.1). This graph contains the results from Tables 5.1 through 5.4, plotted by the month of the opinion survey. For each of the four time series, support for Clinton's plan was highest in September, 1993, declined in October and then rebounded somewhat over the next few months. After January, 1994, support declined and remained near or below 50% throughout the summer months. Rather than being sensitive to question wording or survey "house effects," as public opinion can sometimes be (Schuman and Presser 1981), these results suggest that attitudes toward Clinton's plan, at least at the aggregate level, were quite meaningful. Furthermore, aggregate opinion responded to the political context in predictable ways, thus providing additional evidence.
of meaningful public opinion (Page and Shapiro 1992). Support for the plan was highest, for example, near the time of two highly visible speeches made by Clinton: the unveiling of his plan in September and the State of the Union address in January. During the ensuing months in 1994, media coverage of Clinton's plan became more negative. As more critical information about Clinton's plan became available to the public, support for the plan declined.

Figure 5.1 Support for Clinton's Health Care Reform Proposal
Opinion Toward Key Features of Clinton's Proposal

Clinton's health care proposal was extremely complex. Assessing citizen opinion toward Clinton's complete plan does not reveal which aspects of the plan had the most support of the public and whether citizen opinion toward specific features of Clinton's plan changed during the health care reform debate. Examining opinion toward the most salient features of the plan might reveal why support for the entire plan declined over time. In particular, overall support for Clinton's plan could have decreased because of a decline in public approval of three specific aspects of the plan: the guarantee of universal coverage; the employer mandate provision; and the establishment of health alliances.

Probably the most salient feature of Clinton's plan was the guarantee that all citizens would receive health care coverage. For the past two decades, a majority of American citizens have supported this principle of universal coverage (Blendon and Donelan 1991; Jacobs, Shapiro and Schulman 1993; Shapiro and Young 1986). This trend continued during the debate over Clinton's health care reform plan as citizen support for universal coverage was quite high. Table 5.5 presents the results from a series of opinion surveys conducted by Yankelovich Partners, in conjunction with *Time* and CNN. Support for a government guarantee of health care coverage was highest immediately after Clinton's September, 1993, speech and declined after that. However, even at its lowest level, nearly two-thirds of the citizens supported this guarantee. Results from polls conducted by CNN, *USA Today*, and Gallup display a similar trend.\(^4\) A few days after Clinton's State of the Union address of January 25, 1994, 83.3% of respondents who had an opinion toward universal coverage supported it. In June, 81.9% supported universal coverage. By August, this support was still high, but had decreased to 74.4% and in early September support for universal coverage was 69.5%.

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\(^4\)The wording of this question was: "Would you support or oppose a health care reform package that guarantees every American private health insurance that can never be taken away?"
<table>
<thead>
<tr>
<th>Dates of Survey</th>
<th>Number of Respondents</th>
<th>Support</th>
<th>Oppose</th>
<th>No Opinion</th>
<th>Support Balance</th>
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</tr>
<tr>
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<td>67.7</td>
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<td>3</td>
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</tr>
<tr>
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<td>800</td>
<td>66</td>
<td>29</td>
<td>5</td>
<td>69.5</td>
</tr>
<tr>
<td>6/15-6/16/94</td>
<td>800</td>
<td>61</td>
<td>33</td>
<td>6</td>
<td>64.9</td>
</tr>
<tr>
<td>7/13-7/14/94</td>
<td>600</td>
<td>61</td>
<td>33</td>
<td>6</td>
<td>64.9</td>
</tr>
</tbody>
</table>

Support for Guaranteed Coverage<sup>a</sup>

Table 5.5 Support for Guaranteed Health Coverage for all Americans

Throughout the health care reform debate, a majority of citizens also supported the employer mandate provision of Clinton's plan. When asked if they supported or opposed "a federal law requiring all employers to provide health insurance to their full-time employees," 82% of the respondents to a March, 1993, poll said they supported this requirement. The same question was asked on three surveys conducted by ABC News and the <i>Washington Post</i> in 1994. The percentage of respondents supporting the employer mandate was 72% in June, 71% in July and 74% in September. This question only asked if citizens support the provision of health care insurance by employers but did not ask if employers should be required to pay for the costs of health insurance. When respondents were asked if employers should pay for most of the costs of health care coverage for their workers, support for an employer mandate was also quite high in 1993, but decreased in 1994. In May of 1993, 81.3% of respondents with opinions toward an employer mandate favored "requiring most businesses to pay for basic health care coverage for their employees." In late September of 1993, 78.9% of those respondents

<sup>a</sup>Opinions were measured by the following question wording: "Do you think the federal government should guarantee health care for all Americans, or don't you think so?"

5 This survey was conducted by Louis Harris and had 1255 respondents.
holding an opinion favored Clinton's proposal that "all businesses be required to contribute to their employees' health care coverage." Approval of a provision "requiring employers to pay most costs of coverage" was 55.4% in early February of 1994 and 50% on June 17, 1994.8 Finally, in July of 1994, 63.3% of the opinion-holding respondents supported a "health care reform that would require employers to pay most costs of health insurance for all their workers" while 64.9% of those with opinions supported this reform in late August.9

Clinton's proposal also called for the establishment of health alliances or purchasing cooperatives which would negotiate with health care providers for lower rates on behalf of a large number of consumers. Citizen support for these alliances was quite high, even before Clinton's plan was completely formulated. In March of 1993, for example, 1255 respondents to a Louis Harris poll were told that as part of his health care reform plan, Clinton was considering "the creation of new purchasing cooperatives to bargain for lower health insurance rates on behalf of groups of employers and employees." Eighty percent of the opinion-holding respondents supported these purchasing cooperatives. A few days after Clinton's September 23, 1993, speech, 62.9% of the 1491 respondents to a Los Angeles Times poll with opinions toward health alliances supported them.10 In two polls conducted by Princeton Survey Research

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6This result is from a Time, CNN, Yankelovich survey of 1000 respondents.

7This result is from a Los Angeles Times survey of 1491 respondents.

8The results are only for respondents holding opinions and are from surveys sponsored by Newsweek and conducted by Princeton Survey Research Associates. The sample size for the February survey was 750 and there were 499 respondents in the June survey.

9The July poll was conducted by Princeton Survey Research Associates for Times Mirror and interviewed 3800 respondents. The August result is from a Newsweek survey conducted by Princeton Survey Research Associates of 1202 respondents.

10The exact wording of this question was: "Under the (President Bill) Clinton health care proposal, most Americans would get their health care through a health alliance, that is a group of companies and individuals who would band together to bargain with insurance companies. Most Americans would be limited to choosing a health plan from at least three different plans offered by the health alliance in their state. Do you favor or oppose this part of Clinton's proposal?"
Associates for *Newsweek* in 1994, 82% of the respondents approved of "health cooperatives to bargain for the best price on care and drugs."  

Although these results suggest that most citizens supported the health alliances, this support was probably quite shallow. For all of the above questions about health alliances, the percentage of respondents who did not voice an opinion was quite low - never above 11%. However, when explicitly given the choice to say that they had not "heard enough about [the health alliances] to have an opinion" in a February, 1994, poll, 60% of the respondents chose this option. 

It is very likely, given this result, that citizens did not know what a health alliance is and their responses were driven largely by the information that was supplied to them in the survey question. All of the questions suggested that the creation of health alliances would decrease the costs of health insurance - an outcome which many people find favorable. The question from the September, 1993, *Los Angeles Times* survey also stated that personal choice of health care plans would be limited under health alliances and, not surprisingly, citizen support for health alliances was the lowest when health alliances were described in this way.

What is the relationship between aggregate support for these aspects of Clinton's plan and overall support for the plan? It could be that the decline in support for the plan can be accounted for by the decline in support for specific features of the plan. As Figure 5.2 demonstrates, however, this explanation seems unlikely. Support for the universal coverage guarantee did decline as the policy debate progressed, but the percentage decrease in overall support for Clinton's plan was larger than the percentage decrease in support for universal coverage. In contrast, the percentage decline in support for requiring employers to pay for the health insurance of their employees was larger than that for the decline in overall support, but only until the summer of 1994. In July and August, support for the employer mandate increased while support for Clinton's plan remained stable. Thus, the decline in aggregate support for Clinton's plan cannot be completely explained by aggregate changes in support for key features of the plan.

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11The first survey was conducted on February 3rd and 4th and had a sample size of 750. There were 499 respondents in the survey conducted on June 17, 1994.

12This result is from a survey of 1200 respondents conducted by Princeton Survey Research Associates for the Harvard School of Public Health and the Henry J. Kaiser Family Foundation.

13Since opinions toward the health alliances fluctuated greatly, depending on the wording of the survey question, they are not included in this graph.
Beliefs about the Impact of Clinton's Proposal

Another important component of citizens' health care reform opinions was beliefs about the potential impact of Clinton's proposal on their personal health care costs and the quality of health care. Between September, 1993, and July, 1994, Time, CNN, and Yankelovich asked respondents their opinion toward health care costs on six occasions. Throughout this time period, a majority of citizens believed that they would pay more for their health care if Clinton's proposal were enacted (see Table 5.6). With the exception of one poll in early September, 1993, a series of polls conducted by CBS News and the New York Times display the same pattern: most citizens felt that their health care costs would increase rather than decrease or remain the same under Clinton's plan. Beliefs about the impact of Clinton's plan on health care costs were also very stable throughout the debate.
over health care reform, despite Clinton’s statements that managed competition and the creation of health alliances would decrease costs for most people.

<table>
<thead>
<tr>
<th>Dates of Survey</th>
<th>Number of Respondents</th>
<th>Increase</th>
<th>Stay Same</th>
<th>Decrease</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
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<td>1108</td>
<td>56%</td>
<td>23%</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td>9/23/93</td>
<td>800</td>
<td>61%</td>
<td>25%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>10/28/93</td>
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<td>23%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>1/17-1/18/94</td>
<td>1000</td>
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<td>24%</td>
<td>11%</td>
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</tr>
<tr>
<td>7/13-7/14/94</td>
<td>600</td>
<td>61%</td>
<td>21%</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

*These surveys used the following question: “From what you know of those health care reforms (which the President Bill Clinton Administration is working on), do you think the amount you pay for medical care will increase, decrease, or remain the same?”

*These surveys used the following question: “From what you have heard, if the (President Bill) Clinton health care reform plan is adopted, do you think the amount you pay for the health care you and your family receive will increase, decrease, or stay about the same?”

Table 5.6 Beliefs about Impact of Clinton’s Plan on Personal Health Care Costs
In addition, many citizens also believed that their taxes would increase if Clinton’s health care plan were enacted. Respondents to three Louis Harris polls were asked if Clinton’s health care reform plan would "require a big increase in taxes or not." In August, 1993, 81.9% of the respondents who voiced an opinion felt that taxes would be increased under the Clinton plan. Two months later this figure was 78.1% and in early February, 1994, 77.1% of the opinion-holding respondents believed that taxes would be increased.\textsuperscript{14} Two CBS News and New York Times polls asked respondents if the Clinton health care reform plan would "cause your taxes to increase, decrease or stay about the same." In mid-September, 1993, 84.2% of the respondents felt that their taxes would increase, 14.7% believed taxes would stay the same, and only 1.1% felt that their taxes would decrease. The results were nearly identical in mid-November, 1993, with 83.3% believing their taxes would increase, 15.6% expecting taxes to remain the same, and 1% feeling their taxes would decrease.\textsuperscript{15}

Finally, citizen beliefs about the impact of Clinton’s proposal on the quality of health care also remained very stable throughout the policy debate. Six ABC News and Washington Post polls and six CBS News and New York Times polls asked respondents if they felt Clinton’s plan would result in better quality health care, worse quality or the same quality of health care (see Table 5.7). Across nearly all of these 12 polls, a plurality of respondents believed that the quality of health care would not be affected by Clinton’s plan. Of those respondents who felt that Clinton’s plan would impact quality, generally, many more felt that the health care quality would be worse than better.

\textsuperscript{14}The August, 1993, poll was sponsored by the Henry J. Kaiser Family Foundation. The sample sizes for the three polls were 2000, 1256, and 1252.

\textsuperscript{15}The September poll had 1136 respondents and the November poll had 1334.
<table>
<thead>
<tr>
<th>Dates of Survey</th>
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<th>Stay Same</th>
<th>Worse</th>
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</thead>
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<td><strong>ABC News, Washington Post Polls</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>1006</td>
<td>19%</td>
<td>46%</td>
<td>31%</td>
<td>4%</td>
</tr>
<tr>
<td>9/22/93</td>
<td>539</td>
<td>27</td>
<td>42</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>10/7-10/10/93</td>
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<td>19</td>
<td>44</td>
<td>34</td>
<td>3</td>
</tr>
<tr>
<td>11/11-11/14/93</td>
<td>1218</td>
<td>20</td>
<td>42</td>
<td>36</td>
<td>3</td>
</tr>
<tr>
<td>1/20-1/23/94</td>
<td>1507</td>
<td>19</td>
<td>42</td>
<td>33</td>
<td>6</td>
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<td>20</td>
<td>38</td>
<td>39</td>
<td>4</td>
</tr>
<tr>
<td><strong>CBS News, New York Times Polls</strong>&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/16-9/19/93</td>
<td>1136</td>
<td>17%</td>
<td>53%</td>
<td>23%</td>
<td>7%</td>
</tr>
<tr>
<td>10/6-10/7/93</td>
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<td>16</td>
<td>50</td>
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<td>15</td>
<td>51</td>
<td>30</td>
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</tr>
<tr>
<td>2/15-2/17/94</td>
<td>1193</td>
<td>12</td>
<td>50</td>
<td>31</td>
<td>7</td>
</tr>
<tr>
<td>3/8-3/11/94</td>
<td>1107</td>
<td>11</td>
<td>51</td>
<td>34</td>
<td>4</td>
</tr>
</tbody>
</table>

<sup>a</sup>These surveys used the following question: "Under (President Bill) Clinton's plan, do you think the quality of the health care you receive will get better, get worse, or stay the same?"

<sup>b</sup>These surveys used the following question: "From what you have heard, if the (President Bill) Clinton health care reform plan is adopted, do you think the quality of the health care you and your family receive will increase, decrease, or stay about the same?"

Table 5.7 Beliefs about Impact of Clinton's Plan on the Quality of Health Care

While aggregate support for Clinton's plan was not strongly influenced by support for specific features of the plan, it probably was influenced by beliefs about the impact that Clinton's plan would have on the health care system (see Figure 5.3). Throughout the health care reform debate, a majority of citizens believed that Clinton's plan would result in increases in health care costs with the percentage of citizens holding this opinion increasing over time. Furthermore, while a plurality of citizens believed that Clinton's
plan would not impact the quality of health care, the percentage believing that the quality of health care would worsen if Clinton's plan were enacted did increase over time. Thus, the results in Figure 5.3 suggest that the decline in support for Clinton's plan could have occurred because the public became more worried over time about the impact that the plan would have on the health care system.

Figure 5.3 Overall Support for Clinton's Plan, Belief Plan will Increase Health Care Costs, and Belief Plan will Decrease Health Care Quality

Knowledge of Clinton's Health Care Reform Proposal

According to the dialogue model of communication, throughout a public policy debate, the opinions of citizens toward a policy proposal are likely to be influenced by the content of elite discussion of the debate. Citizen knowledge of the issues surrounding a policy debate as well as knowledge about the specifics of a policy proposal should also
increase during this time. In general, citizen knowledge of Clinton's proposal did increase over time, but it never reached very high levels. Between October, 1993, and July, 1994, ABC News and the *Washington Post* asked respondents how much they knew about Clinton's proposal. The percentage of respondents indicating that they knew almost nothing about this proposal decreased from 30% in 1993 to less than 20% in 1994 (see Table 5.8). However, a majority of citizens felt that they knew only "a little" about Clinton's proposal and at no time did more than one-quarter of the citizens feel that they knew "a lot" about the proposal.

<table>
<thead>
<tr>
<th>Dates of Survey</th>
<th>Number of Respondents</th>
<th>A lot</th>
<th>A Little</th>
<th>Almost Nothing</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/7-10/10/93</td>
<td>1015</td>
<td>17%</td>
<td>53%</td>
<td>30%</td>
<td>0.0%</td>
</tr>
<tr>
<td>11/11-11/14/93</td>
<td>1218</td>
<td>13</td>
<td>55</td>
<td>31</td>
<td>1.0</td>
</tr>
<tr>
<td>2/24-2/27/94</td>
<td>1531</td>
<td>24</td>
<td>62</td>
<td>14</td>
<td>1.0</td>
</tr>
<tr>
<td>7/14-7/17/94</td>
<td>1004</td>
<td>20</td>
<td>61</td>
<td>19</td>
<td>0.5</td>
</tr>
</tbody>
</table>

*Opinions were measured by the following question wording: "How much do you feel you know about President (Bill) Clinton's health care plan - a lot, a little or do you feel you know almost nothing about it?"

Table 5.8 Knowledge of Clinton's Health Care Reform Proposal

Not surprisingly, with such low levels of perceived knowledge about Clinton's plan, many citizens also felt that they did not understand Clinton's plan very well. According to surveys sponsored by *Time* and CNN and conducted by Yankelovich in the autumn of 1993, most respondents felt that they did not understand the central
components of Clinton's plan. On September 23, 1993, 44% of the 800 respondents indicated that they did understand most of Clinton's plan, 49% said they did not, and 7% did not know. One month later (October 28), the responses of the 500 respondents were nearly identical: 46% perceived that they understood most of the plan, 47% did not while 7% did not know. In 1994, Time, CNN and Yankelovich conducted two more surveys in which they again asked citizens about their understanding of health care reform. For these surveys, the following question was asked: "Thinking about current proposals to change our health care system, would you say you understand them very well, only somewhat, or not very well?" On February 10, 1994, 21% of the 500 respondents felt they understood the proposals very well, 57% said only somewhat well, and 21% responded not very well. In early May, only 18% responded that they understood the proposals very well, 61% felt they understood the proposals only somewhat well, and 20% responded not very well. Thus, seven months after Clinton outlined the components of his plan, perceived levels of citizen understanding of this plan remained quite low.

In addition to perceived knowledge and understanding, knowledge about specific features of Clinton's plan also remained quite low throughout this time period. The Harvard School of Public Health and the Henry J. Kaiser Family Foundation sponsored two health care reform-related opinion surveys, one shortly after Clinton's September 23, 1993, speech outlining his proposal and one in mid-February, 1994. Both of these surveys were conducted by Princeton Survey Research Associates, had sample sizes of 1200 respondents, and asked questions about knowledge of health care terms. In 1993, 31% of the respondents indicated that they knew what a "managed care plan" is while

16 The exact wording of this question was: "Do you feel you understand most of the major points in (President Bill) Clinton's health care plan, or are you still confused about most of the major points in his plan."

17 This question asks respondents for their understanding of health care reform proposals rather than only of Clinton's proposal. However, since the bulk of media coverage of health care reform was devoted to Clinton's proposal (see chapter 4), responses to this question are likely driven primarily by the respondents' perceived understanding of Clinton's proposal.

18 The 1993 survey used the following question wording: "I'm going to read you some terms used to describe different ideas on health care reform. For each, please tell me if you've heard the term before and know what it means, have heard the term but aren't sure what it means, or have never heard the term before." The 1994 survey used the following question wording: "Now I'm going to read you some terms having to do with the health care system and health care reform. As I read each one, please tell me whether you know what it means. How about...? Do you know what this term means, or not?"
only 20% knew the meaning of "managed competition." In 1994, the percentage of respondents who knew the meaning of "managed care plan" had risen slightly to 35% (the 1994 survey did not ask about managed competition). Citizen knowledge of "health alliances or consumer purchasing cooperatives" was even lower. Only 22% of the 1993 respondents and 25% of the 1994 respondents knew what health alliances were. Knowledge of "health maintenance organizations" was substantially higher. Nearly 60% of respondents knew what an H.M.O. was in 1993 while 66% did in 1994.

Knowledge about the universal health care coverage guarantee of Clinton's proposal was quite high but, curiously, the percentage of citizens who knew that this was a central feature of Clinton's plan decreased over time. Respondents to two surveys sponsored by Times Mirror and conducted by Princeton Survey Research Associates were asked if the Clinton proposal "guaranteed health insurance coverage to all Americans." The first survey was conducted between September 24th and 27th, 1993. Sixty-four percent of the 1529 respondents said that they knew Clinton's plan guaranteed universal coverage, 17% said that his plan did not contain this guarantee, and 19% said they did not know or refused to respond. By early December, 54% of the 1479 respondents indicated that Clinton's plan did guarantee universal coverage, 21% said it did not, and 25% did not know or refused to answer the question. These two surveys also asked a related question: did the Clinton plan "guarantee that workers do not lose their health insurance coverage if they lose or quit their jobs." In September, 54% of the respondents said that the Clinton plan contained this guarantee, 15% said it did not and 31% said they did not know. By December, these figures were 44%, 19%, and 37%, respectively. Finally, four polls conducted by Louis Harris demonstrate the same trend (see Table 5.9). The percentage of respondents who thought that the Clinton plan would provide health insurance to all citizens increased between August and October of 1993 but then decreased in both November, 1993, and February, 1994.

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19 The exact wording of this question was: "Do you happen to know, does the (President Bill) Clinton health care reform plan guarantee health insurance coverage to all Americans, or doesn't the plan go that far?"

20 The exact wording of this question was: "Do you happen to know, does the (President Bill) Clinton health care reform plan guarantee that workers do not lose their health insurance coverage if they lose or quit their jobs or doesn't the plan go that far?"
<table>
<thead>
<tr>
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<th>Would</th>
<th>Would Not</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
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<td>36%</td>
<td>12%</td>
</tr>
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</tr>
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<td>32</td>
<td>3</td>
</tr>
<tr>
<td>2/2-2/6/94⁵</td>
<td>1252</td>
<td>62</td>
<td>33</td>
<td>5</td>
</tr>
</tbody>
</table>

*These surveys used the following question wording: "From what you have heard of it, do you think President (Bill) Clinton's health care plan, if it is passed by Congress and implemented would ensure that everyone has health insurance or not?"

*These surveys used the following question wording: "From what you have heard or read of it, do you think President (Bill) Clinton's health care reform plan, if it is passed by Congress and implemented would ensure that everyone has health insurance or not?"

Table 5.9 Knowledge of Universal Health Coverage Guarantee

Summary and Discussion

This examination of public opinion has illuminated much about the content of and changes in citizen opinion toward health care reform during 1993 and 1994. Citizen support for Clinton's health care reform proposal was quite high in 1993 but decreased substantially throughout 1994. Despite this, a majority of citizens continued to support two of the central provisions of Clinton's plan: the universal coverage guarantee and the employer mandate. These findings suggest that aggregate support for the plan was not related to support for these key features of the plan. In contrast, beliefs about the potential negative impact of Clinton's plan on the health care system may have influenced overall support for the plan. As the debate progressed, a larger number of citizens believed that Clinton's plan would increase the cost of health care. Similarly, the percentage of citizens thinking that Clinton's plan would decrease the quality of health care also increased. Perhaps, then, substantive statements about the negative consequences of Clinton's plan had a stronger influence on support for the plan than did
arguments in favor of the universal coverage and employer mandate provisions of the plan.

What do the results from this chapter suggest about policy communication among citizens, elites, and the media for the issue of health care reform? Although hypotheses from the monologue, dialogue and mediated conversation models were not directly tested, one pattern of results correspond with characteristics of both the monologue and dialogue model. During a policy monologue, the opinions of citizens are influenced by the content of substantive statements from the elites. In contrast, the opinions of citizens will be influenced by both elite substantive statements and individual predispositions if a dialogue occurs. Thus if support for Clinton's plan was influenced by statements about the negative impact of Clinton's plan on health care, as this analysis of aggregate opinion indicates, the monologue and dialogue models would both be supported.21 Distinguishing between these two models would then depend on whether or not citizen opinions were also influenced by individual predispositions. This latter topic is the focus of chapter 6.

On the other hand, my findings of low levels of perceived knowledge and understanding of Clinton's plan among the citizenry hint strongly against the presence of a policy dialogue. One key assumption of the dialogue model is that during a policy debate citizens become informed about the details of a policy proposal as well as hear arguments both in favor of and in opposition to the proposal. It is this information that the citizens use in forming their opinions toward the proposal. The analysis of media coverage of health care reform in chapter 4 demonstrates that substantive information about Clinton's plan was available to the citizens, although less so as the debate progressed and strategic statements became more common. Obviously, though, the public did not feel very confident about their knowledge of the plan possibly because many of the details of the health care reform debate were extremely technical and the debate was peppered with policy jargon (Annenberg Public Policy Center 1995). While this is merely a speculation, if the public found the substantive statements about Clinton's proposal confusing, it is quite possible that these statements did not have much of an impact on their opinions toward the plan. This assumption is tested directly in chapter 7.

21Of course, fully testing any of the three models requires examining additional hypotheses, such as those relating to the nature of media coverage of health care reform, the impact of personal characteristics on citizen opinion, and the impact of substantive and strategic statements on opinion. These other hypotheses are discussed and tested in chapters 4, 6 and 7.
CHAPTER 6

THE IMPACT OF INTERESTS AND PARTISANSHIP ON SUPPORT FOR CLINTON'S HEALTH CARE REFORM PROPOSAL

While aggregate citizen support for Clinton's health care reform plan declined considerably throughout the policy debate, this decline was probably not uniform for all subgroups of the population. For example, citizens who were likely to benefit from the passage of Clinton's plan might not have reduced their support for the plan. In this chapter, I examine the dynamics of support for Clinton's plan for a variety of subgroups of citizens. This subpopulation analysis allows for additional tests of hypotheses from the dialogue model of public policy communication. The monologue and dialogue models differ in the degree to which citizen opinion toward a policy issue is influenced by personal predispositions, such as interests and political attitudes. The monologue model suggests that personal predispositions play no, or a very minimal, role in the formation of citizen opinion. In contrast, the dialogue model posits that citizen opinion results from a combination of elite communication and personal predispositions. The media content analysis in chapter 4 demonstrated that there was elite disagreement over the substantive details of Clinton's health care plan. Therefore, because citizens did have access to competing arguments about Clinton's plan, it is possible that they integrated their existing interests and attitudes with the elite policy communication, as the policy dialogue model suggests they will. This assumption can be tested more directly, however, by examining differences in subgroup opinion toward Clinton's plan.

The dialogue model is based on the assumption that citizens' predispositions will influence their opinions toward a policy issue. One predisposition that should influence citizen opinion is whether or not one will benefit from a policy change. Those citizens whose material interests will be best served by enacting a policy proposal should be more likely to support the policy than those whose interests would be harmed by the proposal. In the case of health care reform, because Clinton's plan would have guaranteed health
care coverage for all Americans, anyone without health care insurance would have benefited most directly from the plan. Thus, those citizens without health insurance should have been more supportive of Clinton's plan than those who were covered.

Regardless of material interests, if a policy dialogue exists, support for a policy proposal should also be influenced by political attitudes related to the issue. For the topic of health care reform, and support for Clinton's plan in particular, party identification likely had a strong impact on citizen opinion. Health care reform policymaking was divided clearly along partisan lines. The primary reform proposal was not bipartisan but rather was the president's plan. Furthermore, this proposal was formulated by a Task Force appointed by Clinton and consisting of Democrats (Johnson and Broder 1996). While the Task Force did solicit opinions from Republicans, the final decisions were made by Clinton and his Democratic advisors. Furthermore, as chapter 4 demonstrated, Republican elites were much more likely to present substantive arguments against Clinton's plan while Democratic elites presented more supporting than opposing substantive arguments. Given that the policy elites were divided along partisan lines, then, the party identification of the citizens should have influenced their support for Clinton's plan with Democrats expressing more support than Republicans. It is not simply the case, however, that these partisan differences among the citizenry are due only to their acceptance of whatever arguments their fellow partisans among the policymakers put forth. Democratic and Republican citizens also differ in a number of more specific political attitudes, especially those relating to the proper role of the government in health care provision. Compared to Democrats, Republicans were less supportive of key features of Clinton's plan, such as the employer mandate provision (Blendon, Brodie and Benson 1995). Democrats are also more likely than Republicans to believe that the health care system should be run by the government (Blendon et al. 1994b). While Clinton's plan did not propose that the health care system be taken out of the hands of private insurance companies and given to the federal government, he did propose that the government be more involved in the health care system than it currently is.

The goal of this chapter is to test these hypotheses from the dialogue model of communication. First, results from analyses of the bivariate relationship between citizen support for Clinton's plan and both interests and party identification are presented. After considering these relationships cross-sectionally and longitudinally, I then present the results from a multivariate analysis of longitudinal variation in the impact of interests and partisanship on opinions toward Clinton's proposal.
Data and Methods

The public opinion data from the previous chapter were obtained from POLL, the on-line database of opinion polls from the Roper Center archive. However, these data are only available in aggregate form and thus are not adequate for an examination of subgroup differences in opinion. Examining subgroup differences in opinion toward health care reform requires access to the original survey data sets rather than only aggregate results. Fortunately, many data sets in their archive are available from the Roper Center. More specifically, the data presented in this chapter are drawn from the 13 surveys conducted by CNN, USA Today, and Gallup that included measures of support for Clinton's plan.

Whenever possible, it is best to examine trends in public opinion by using responses to identically worded questions (Schuman and Presser 1981). Thus, I focused my analysis on polls conducted by one survey house to ensure that all of the items in the analysis were measured using the same question wording over time. Furthermore, the Gallup organization assessed support for Clinton's plan more often than any of the other polling firms that were active on this issue. These data are thus richer than data from surveys conducted by one of the other polling organizations. Finally, all of the results presented in this chapter are based on analyses using weighted data. When analyzing data from their surveys, Gallup weights the cases to be representative of the broader population. Therefore, all published results from Gallup surveys, as well as the marginal frequencies that are contained on POLL, are based on weighted data.

1 Very recently, the Roper Center began to include subgroup opinion breakdowns for selected survey items and for selected subgroups along with the marginal frequencies. For items assessing public support for Clinton's plan, less than half of these items have subgroup breakdowns, and thus are inadequate for this analysis. Furthermore, these data do not permit multivariate examinations of support for Clinton's plan.


3 Personal communication; Mark Maynard; Roper Center for Public Opinion Research; Storrs, CT; April 8, 1998.
Subgroup Differences in Support for Clinton's Plan

As chapter 5 demonstrated, aggregate support for Clinton's plan declined over time. Focusing only on the results from the Gallup opinion surveys, 64% of the public supported Clinton's plan in September, 1993, but this support level dropped to approximately 50% in November. Support rebounded to 60% near the time of Clinton's State of the Union address in January, 1994. By late February, however, only 49% of the public supported Clinton's plan and support hovered near 45-47% until July when it reached a low of 42%. Thus, from the beginning of the elite debate over Clinton's plan until near the end, support for his plan declined by 22%.

The two primary personal characteristics that likely influenced support for Clinton's plan are whether one had health insurance coverage or not (as a measure of material interests) and party identification. Unfortunately, the Gallup surveys did not ask respondents if they had health insurance. To compensate, I use two demographic characteristics as proxies: age and income. Compared to other citizens, young people and those with low incomes are especially likely to be without health insurance (Fraser 1997). Thus, I would expect these citizens to have higher support for Clinton's plan than their older and wealthier counterparts. In terms of party identification, Democratic citizens should be the most supportive of Clinton's plan, followed by Independents. Republicans should be the least supportive.

To test these hypotheses, I examined the nature and strength of the relationship between support for Clinton's plan and income, age, and party identification for each of the 13 cross-sectional Gallup opinion surveys.4 The relationship between income and support was very strong and in the predicted direction (see Table 6.1). For all 13 time points, Clinton's plan was most strongly supported by those citizens whose annual income was less than $20,000. With the exception of October, 1993, and June, 1994, citizens earning more than $50,000 were the least supportive. Generally, support among the lowest income citizens was 15-25% higher than was support for the wealthiest citizens. Also, the relationship between income and support was statistically significant for 12 of the 13 surveys. Only in mid-June, 1994, was the chi-square not significant at least the .05 level. Finally, within each category of income, support for Clinton's plan declined over time. By the summer of 1994, each group had witnessed a decline in support of approximately 20% from the beginning of the health care reform debate.

4The text of the question wordings as well as descriptions of the coding for all variables that appear in this chapter are presented in Appendix B.
### Annual Income

<table>
<thead>
<tr>
<th>Dates of Survey</th>
<th>&lt;$20,000</th>
<th>$20,000-$29,999</th>
<th>$30,000-$49,999</th>
<th>&gt;$50,000</th>
<th>Sig. of chi-sq.</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/24-26/93</td>
<td>70.9%</td>
<td>64.3%</td>
<td>62.7%</td>
<td>53.8%</td>
<td>.002</td>
<td>(880)</td>
</tr>
<tr>
<td>10/28-30/93</td>
<td>56.6</td>
<td>50.6</td>
<td>43.5</td>
<td>50.5</td>
<td>.036</td>
<td>(859)</td>
</tr>
<tr>
<td>11/2-4/93</td>
<td>66.7</td>
<td>64.2</td>
<td>52.2</td>
<td>47.0</td>
<td>.000</td>
<td>(881)</td>
</tr>
<tr>
<td>11/19-21/93</td>
<td>62.9</td>
<td>58.0</td>
<td>54.8</td>
<td>48.5</td>
<td>.019</td>
<td>(875)</td>
</tr>
<tr>
<td>1/15-17/94</td>
<td>66.4</td>
<td>63.8</td>
<td>55.7</td>
<td>51.8</td>
<td>.003</td>
<td>(911)</td>
</tr>
<tr>
<td>1/28-30/94</td>
<td>67.6</td>
<td>65.7</td>
<td>60.9</td>
<td>45.2</td>
<td>.000</td>
<td>(925)</td>
</tr>
<tr>
<td>2/26-28/94</td>
<td>59.8</td>
<td>53.0</td>
<td>48.3</td>
<td>35.6</td>
<td>.000</td>
<td>(911)</td>
</tr>
<tr>
<td>3/28-30/94</td>
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<td>47.5</td>
<td>35.7</td>
<td>.000</td>
<td>(863)</td>
</tr>
<tr>
<td>4/16-18/94</td>
<td>58.0</td>
<td>49.7</td>
<td>45.1</td>
<td>40.9</td>
<td>.002</td>
<td>(870)</td>
</tr>
<tr>
<td>5/20-22/94</td>
<td>53.5</td>
<td>52.7</td>
<td>49.0</td>
<td>40.0</td>
<td>.021</td>
<td>(888)</td>
</tr>
<tr>
<td>6/11-12/94</td>
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<td>41.5</td>
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<td>50.9</td>
<td>49.4</td>
<td>38.3</td>
<td>.011</td>
<td>(888)</td>
</tr>
<tr>
<td>7/15-17/94</td>
<td>53.8</td>
<td>40.1</td>
<td>37.0</td>
<td>33.2</td>
<td>.000</td>
<td>(896)</td>
</tr>
</tbody>
</table>

^aColumn entries are the percentage of citizens supporting Clinton's plan.
^bColumn entries are the significance of the chi-square statistic, two-tailed test.

**Table 6.1** Support for Clinton's Plan across Levels of Income, by Survey Date

The relationship between age and support for Clinton's plan is somewhat more complicated and considerably weaker (see Table 6.2). As expected, younger people (those under the age of 30) were generally the most supportive of Clinton's plan.\(^5\) Citizens over 65 are covered by Medicare and are the only age group for which universal coverage currently exists. The elderly potentially had the most to lose from the enactment of Clinton's plan, assuming (as some opponents to Clinton's plan argued) that the breadth and quality of health care for those with insurance would be reduced in order to provide coverage to everyone without insurance. Therefore, support for Clinton's plan

\(^5\)The only exception to this occurred in September, 1993, when people under 30 were the least supportive. Just under 60% of the youngest citizens supported Clinton's plan then while nearly 70% of those aged over 65 did.
should have been the lowest for this age group. In fact, for only seven of the thirteen surveys was this the case. Perhaps the most striking result from this analysis is that age and support for Clinton's plan were rarely significantly related. Only in mid-January, late February and late March, 1994 did the chi-square statistic reach statistical significance (at the .05 level). Furthermore, for these three time periods, the precise relationship between age and support varied. In mid-January and February, the youngest and oldest citizens were both more supportive of Clinton's plan than were the two middle-aged groups of citizens (30-49 and 50-64). In contrast, older citizens were the least supportive in March. As was true with income, however, support for Clinton's plan declined for all age groups over time. The largest decline occurred for the oldest citizens.

<table>
<thead>
<tr>
<th>Dates of Survey</th>
<th>18-29</th>
<th>30-49</th>
<th>50-64</th>
<th>65+</th>
<th>Sig. of chi-sq.</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/24-26/93</td>
<td>59.7%</td>
<td>64.3%</td>
<td>65.7%</td>
<td>69.2%</td>
<td>.282 (922)</td>
<td></td>
</tr>
<tr>
<td>10/28-30/93</td>
<td>53.8</td>
<td>52.3</td>
<td>49.1</td>
<td>40.4</td>
<td>.059 (917)</td>
<td></td>
</tr>
<tr>
<td>11/2-4/93</td>
<td>60.8</td>
<td>55.8</td>
<td>56.8</td>
<td>51.0</td>
<td>.309 (926)</td>
<td></td>
</tr>
<tr>
<td>11/19-21/93</td>
<td>60.1</td>
<td>53.8</td>
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<td>.514 (931)</td>
<td></td>
</tr>
<tr>
<td>1/15-17/93</td>
<td>66.5</td>
<td>55.0</td>
<td>57.2</td>
<td>61.8</td>
<td>.038 (952)</td>
<td></td>
</tr>
<tr>
<td>1/28-30/94</td>
<td>65.8</td>
<td>58.3</td>
<td>60.7</td>
<td>57.1</td>
<td>.239 (960)</td>
<td></td>
</tr>
<tr>
<td>2/26-28/94</td>
<td>59.2</td>
<td>42.1</td>
<td>48.6</td>
<td>52.4</td>
<td>.001 (957)</td>
<td></td>
</tr>
<tr>
<td>3/28-30/94</td>
<td>59.2</td>
<td>46.6</td>
<td>43.8</td>
<td>42.5</td>
<td>.003 (926)</td>
<td></td>
</tr>
<tr>
<td>4/16-18/94</td>
<td>55.7</td>
<td>47.8</td>
<td>41.6</td>
<td>46.3</td>
<td>.051 (898)</td>
<td></td>
</tr>
<tr>
<td>5/20-22/94</td>
<td>55.0</td>
<td>46.6</td>
<td>50.3</td>
<td>43.5</td>
<td>.100 (955)</td>
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</tr>
<tr>
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<td>.656 (698)</td>
<td></td>
</tr>
<tr>
<td>6/25-28/94</td>
<td>53.1</td>
<td>44.0</td>
<td>47.6</td>
<td>47.2</td>
<td>.203 (938)</td>
<td></td>
</tr>
<tr>
<td>7/15-17/94</td>
<td>46.0</td>
<td>41.8</td>
<td>40.3</td>
<td>37.1</td>
<td>.384 (953)</td>
<td></td>
</tr>
</tbody>
</table>

\*Column entries are the percentage of citizens supporting Clinton's plan.  
\*Column entries are the significance of the chi-square statistic, two-tailed test.

Table 6.2 Support for Clinton's Plan across Age Groups, by Survey Date
The impact of age on support for Clinton's plan was substantially different than predicted, especially for the elderly. As expected, younger citizens were almost always the most supportive of Clinton's plan, probably because they were the least likely to have health insurance and thus would have benefited most directly from the universal coverage guarantee of the plan. Support for the plan among those over the age of 65 was probably influenced less by this guarantee, however. There were other aspects of Clinton's proposal, especially those related to Medicare, that might have also influenced support for the plan among the elderly. Clinton's plan proposed to expand Medicare to cover prescription drugs as well as provide benefits for long term care - expansions that were likely very well received by Medicare recipients. Furthermore, Clinton's plan permitted the elderly to remain covered by Medicare even though all other citizens would be encouraged to join managed health care plans (White House Domestic Policy Council 1993). Despite these promises of preserving, and even expanding Medicare, the plan did propose reductions in Medicare spending increases. And opponents of Clinton's plan argued that, in order to pay for the universal coverage guarantee of his plan, Medicare spending would need to decrease even further than Clinton predicted (Johnson and Broder 1996). These components of Clinton's proposal thus sent conflicting messages to the elderly in terms of how the proposal would influence their health care coverage and perhaps also explains why the American Association of Retired Persons (AARP) refused to take an official position on Clinton's plan. While the AARP did lobby on behalf of the prescription drug and long term care benefits, they did not endorse Clinton's plan fully (Johnson and Broder 1996). In retrospect, then, I should not have expected support for Clinton's plan among the elderly to be uniformly lower than support among other age groups. Accordingly, and also because the bivariate relationship between age and support was rarely statistically significant, the remainder of this chapter examines only the impact of income and partisanship on support for the plan.

Turning now to political attitudes, the relationship between support for Clinton's plan and party identification was stronger than that for either income or age. As Table 6.3 demonstrates, this relationship was highly statistically significant for each of the 13 opinion surveys. At the beginning of the debate, support for Clinton's plan was highest for Democratic citizens, approximately 20-25 points lower for Independents, and another 20-25 points lower for Republicans. The main change in these partisan differences in support for Clinton's plan over time was that the gap between Democrats and the other two groups increased. Support among all three categories declined over time, but there was a greater decline among Independents and Republicans than for Democrats.
Not surprisingly, then, subgroup differences in support for Clinton's plan existed. These results support the dialogue model as they indicate that individual characteristics, especially income and party identification, impacted opinion toward health care reform. The dialogue model emphasizes more than only group differences in policy opinion, however. According to this model, opinion is a product of the integration of elite communication with personal characteristics and attitudes. Thus, the dialogue model will be more thoroughly supported if subgroup differences in support for Clinton's plan changed over time as the topics of substantive policy statements from the elites varied.
In particular, differences in support based on levels of income should have varied depending on the degree to which the elite debate focused on the impact Clinton's plan would have on health insurance coverage and health care. Support for Clinton's plan should have increased for poorer citizens as proponents argued that Clinton's plan should be enacted because it would provide health insurance to all citizens. Arguments in favor of Clinton's universal coverage guarantee would not, by and of themselves, lead to a decline in support for wealthier citizens. However, support among this group might have declined as Clinton's opponents discussed the potential negative consequences of the plan on the quality of health care, especially for those with insurance. In other words, as the substantive elite debate over Clinton's plan focused on topics related to health insurance coverage and the quality of health care, differences in opinion between those who were likely to have health insurance (the wealthy) versus those who were less likely to be covered (the poor) should have been magnified.

Before examining longitudinal variation in subgroup support for Clinton's plan, then, we first need to examine the content of the substantive policy debate among policy elites. Using data from the content analysis of media coverage, I assessed the degree to which the elite debate centered on statements related to health insurance coverage or health care. For each time period in between the dates of the Gallup surveys, I counted the number of substantive statements related either to the likely benefits of Clinton's universal coverage guarantee or to the likely negative impact Clinton's plan would have on the current provision of health care. The percentage of total substantive statements that focused on these topics for each time period is plotted in Figure 6.1.

While the trend is not uniform, it is clear that as the elite debate progressed, it did narrow around a discussion of the impact (either positive or negative) of Clinton's plan on access to health insurance and care. Shortly after the announcement of the details of Clinton's plan, elite supporters of the plan discussed its many possible benefits. These arguments included, among others, statements that Clinton's plan would decrease health care costs, eliminate waste and fraud, and streamline paperwork. Over time, however, supporters were more likely to emphasize that Clinton's plan should be supported because it would provide health insurance coverage for all citizens. As supporters increased their attention to this universal coverage guarantee of Clinton's plan, opponents were also more likely to argue that passage of Clinton's plan would have negative consequences. Especially prominent were statements that health care would be rationed, taxes would

6These time periods were selected so that I can consider the impact of media coverage on public opinion for each Gallup survey.
increase, and the quality of health care for everyone would decline in order to provide universal coverage. Since the substantive policy debate focused more on topics related to coverage and health care over time, if citizens and elites were engaged in a policy dialogue, the differences in support for Clinton's plan between citizens with low income versus those with high income should have increased over time.

![Diagram](image)

**Figure 6.1** Longitudinal Variation in the Content of Substantive Policy Statements

Similarly, longitudinal variation in the relationship between citizen partisanship and support for Clinton's plan may have also been influenced by the content of the elite debate. Elite disagreement occurred not only over the impact of Clinton's plan on health care and insurance coverage but also along more traditional partisan divisions. Policymakers disagreed over the degree to which the government or private health insurance companies should be more active in the provision of health insurance. Also,
some elites argued that Clinton's plan should not be supported because it would require too much government regulation of health care when a free market approach to solving problems in health care provision would be more appropriate. Further, elites also disagreed as to whether (and which) taxes should be increased to pay for Clinton's plan. Thus, some elite points of dispute fell along traditional party lines in approaching policy issues.

To examine the extent to which the elite debate was waged over typical party divisions, I also calculated the percentage of substantive policy statements that focused on topics such as government regulation and taxes. These results also appear in Figure 6.1. Essentially, there were two time periods during which these partisan statements were most prominent: January - March and late May - mid July, 1994. If the dialogue model accurately describes policy communication between citizens and elites, partisan differences among citizens should have been greatest during these two time periods.

To test these hypotheses about longitudinal changes in subgroup differences, for each Gallup survey, I compared levels of support between the two most extreme categories for income and party identification. More specifically, for income, I subtracted the percentage support for Clinton's plan of the highest income citizens (those earning more than $50,000 annually) from the percentage support for those with the lowest income (less than $20,000). For party identification, I subtracted the level of support of Republicans from that of Democrats. These measures permit an examination of the magnitude of subgroup differences in support for Clinton's plan. Finally, since I am testing hypotheses about the interaction of elite communication and individual predispositions, this analysis includes only the most attentive citizens. These are the citizens who are the most likely to be exposed to and familiar with the elite communication and thus their opinions should be more responsive to elite communication than would the opinions of less attentive citizens.

Unfortunately, Gallup did not include measures of attention to politics or attention to news on any of these surveys. As is quite standard in the study of public opinion, I use education as a proxy for attentiveness (Almond 1950; Krosnick and Telhami 1995; Price and Zaller 1993). Any respondent who graduated from college is considered a member of the attentive public.

In his examination of the impact of attentiveness on attitude change, John Zaller (1992) demonstrates that the most attentive citizens are not the most susceptible to attitude change. In addition to being more familiar with elite communication, attentive citizens are also more knowledgeable about politics and thus are less likely to be persuaded by the elites than are citizens who are less attentive. My hypotheses do not focus on attitude change but rather on the ability of citizens to know that a policy
The results of this analysis appear in Figure 6.2. If citizen opinion had been strongly influenced by the integration of elite communication and personal characteristics, as the dialogue model suggests, the differences between the highest and lowest income groups should have increased over time. Since the substantive debate over Clinton's plan narrowed to a debate between providing universal health insurance coverage versus the potential negative impact Clinton's plan would have on those people who currently have health insurance, the differences in levels of support for Clinton's plan should have been greater for these two income groups as the debate progressed. Instead, the subgroup differences for income do not follow a consistent pattern. As the debate over Clinton's plan evolved, subgroup differences in support for Clinton's plan first remained quite constant, then sometimes decreased and sometimes increased, seemingly regardless of the content of the substantive policy debate. Between September, 1993, and mid January, 1994, support among low income citizens averaged 17.9% higher than support among high income citizens. Differences in support among these two groups fluctuated more during the latter months of the debate and the average difference decreased to 13%. Clearly, then, subgroup differences in opinion by income levels did not increase over time, as predicted by the dialogue model.

proposal is in their best interests or to know whether or not it corresponds with their existing political attitudes. Since attentive citizens possess the highest levels of political knowledge, they are most likely to have this ability. The correspondence between elite communication and individual predispositions should thus be stronger for them than for less attentive citizens.

9Excluding the result from late January, 1994 (when higher income attentive citizens were actually more supportive of Clinton's plan than were their lower income counterparts), the average difference in support was 16%. 120
Not surprisingly, given the results in Table 6.3, subgroup differences in partisanship were consistently larger than the differences across income levels. Support for Clinton's plan among Democratic citizens was consistently 55-65% higher than support among Republican citizens. The difference in support between these two partisan groups was also remarkably stable over time, regardless of the content of elite substantive policy statements. The partisan differences in levels of support were especially stable throughout 1994 even though the degree to which the elite debate was waged along traditional partisan lines varied greatly. Thus, since subgroup differences do not appear to be dependent on the content of substantive policy statements, these results as well as those for income cast some doubt on the dialogue model.
Finally, I use another, and more rigorous, approach for examining the relationship between individual characteristics and support for Clinton's plan. The bivariate analyses indicate not only that the relationship between partisanship and support was stronger than that for income, but also that the impact of these individual characteristics on support was not affected by the content of elite substantive communication. To gain a more complete understanding of the impact of these two characteristics on support for Clinton's plan, a multivariate analysis, which allows for control of the impact of other relevant characteristics on support, is in order.

For each of the cross-sectional Gallup surveys, I regressed support for Clinton's plan on a number of explanatory variables. Support for Clinton's plan was measured dichotomously; therefore, I used logistic regression to estimate the models (Aldrich and Nelson 1984). The explanatory variables consist primarily of individual characteristics that were potentially related to opinions toward Clinton's plan. In addition to income, age, and party identification, I also included gender and race. Since both women and blacks were less likely to have health insurance than, respectively, men and whites (Fraser 1997; Stark 1996), they might have been more likely to support Clinton's plan. Finally, since I expect the impact of these characteristics to be strongest for attentive citizens, I also included a number of interaction terms. The value for each of the individual characteristics was multiplied by attentiveness for each respondent. Even though I am primarily interested in the role of attentiveness in mediating the impact of income and party identification on support, I included interaction terms for all characteristics, as well as attentiveness as an explanatory variable, because the models would not be properly specified otherwise (Jaccard, Turrisi and Wan 1990).

The complete results for the 13 logistic regression models appear in Appendix B. Here, I concentrate only on the impact of two characteristics (income and party identification) on support for Clinton's plan. To examine the influence of these characteristics on support over time, the coefficients for income and party identification are graphed in Figure 6.3. The points on the line graphs are logistic regression coefficients. These coefficients represent the change in the log odds of support for Clinton's health care reform plan for a one-unit change in each independent variable. Furthermore, I have graphed the results for attentive and inattentive citizens separately in order to test the hypothesis that the impact of income and party identification should be stronger for attentives than inattentives.
A few noteworthy results are evident from this analysis. First, the impact of income on support for Clinton's plan neither varied tremendously over time nor differed greatly between attentive and inattentive citizens. Longitudinal variation in the influence of income on support appears greater for attentive citizens, as we might expect if the opinions of these citizens were more strongly influenced by elite communication than were the opinions of less attentive citizens. But, given the results presented in Figure 6.1, if elite communication influenced the opinions of attentive citizens, the impact of income on support for Clinton's plan should have increased over time. It did not. Furthermore, and also in contradiction to the dialogue model, the difference in coefficients between attentive and inattentive citizens was not always in the predicted direction. Since the
relationship between income and support should be negative (higher income results in lower support), if income more strongly influenced support for attentive citizens, the size of the coefficients for this group should be more negative than for inattentive citizens. It is clear from Figure 6.3, however, that this was not the case. In other words, attentiveness did not mediate the impact of income on support in the predicted manner.

In contrast, the impact of party identification on support for Clinton's plan was consistently stronger and more positive for the attentive than the inattentive citizens. Party identification is coded so that a higher number indicates Democratic identification while support for Clinton's plan is coded so that one equals support and zero equals opposition. Thus, I expected the coefficient for party identification to be positive. It is for all citizens. Furthermore, the coefficient for attentive citizens is larger than that for inattentive citizens, suggesting, as the dialogue model posits, that attentiveness did mediate the impact of party identification on support. However, the influence of party identification on support among attentive citizens was quite stable throughout 1994 despite variation in the content of partisan-related substantive communication. This result suggests that, contrary to the dialogue model, citizen opinions were not influenced by an integration of elite communication and individual political attitudes. In conclusion, then, this multivariate analysis provides only partial support for the dialogue model for party identification, but essentially no support for this model for income.

Summary and Discussion

The many analyses in this chapter demonstrate that subgroup differences in support for Clinton's plan did exist. Democrats were more supportive of the plan than were either Independents or Republicans. Wealthier citizens were less supportive than were those with lower incomes. While certainly not earth-shattering, these results do support a weak version of the dialogue model. In contrast to the monologue model, where citizen opinions are posited to be influenced only by elite communication, group differences in opinion should exist if citizens and elites engage in a policy dialogue. In contrast, a stronger, and more complete, version of this model suggests that citizen opinions will be influenced by an interaction of substantive elite communication and individual attitudes. There is little evidence in this chapter, however, to support this strong version of the dialogue model. Subgroup differences in support for Clinton's plan

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did not vary in response to changes in the content of substantive policy communication from the elites.

The results from this chapter also highlight another feature of the health care reform debate: it was extremely partisan. Of the individual characteristics that were examined, party identification had the strongest and most consistent impact on support for Clinton's plan. Even among the least attentive citizens, partisanship significantly predicted support throughout the entire debate. Furthermore, partisanship overwhelmed the impact of interests (as measured by income) on opinions toward Clinton's plan. Most likely, health care reform was a partisan issue from the point of view of the citizens because it was also a partisan issue from the elites' perspective. Clinton's proposal was not formulated with bipartisan support, nor did bipartisan consensus appear very likely during the policy debate. In fact, as the title of their book that describes the proposal, the White House Domestic Policy Council (1993) chose *The President's Health Security Plan*, thus clearly identifying the plan with Clinton. Furthermore, throughout the debate, disagreement over the details of Clinton's plan divided along partisan lines. The strongest elite supporters of Clinton's plan were Democrats while the strongest opponents were Republicans.

Given this structure of elite disagreement, it is not surprising that the opinions of citizens were also strongly shaped by partisanship (Zaller 1992, 1994a). During the early years of the Vietnam War, for example, nearly all elites agreed that American troops should be involved in the conflict. During this time, a majority of citizens, regardless of partisanship, agreed with the elites. Gradually, though, elite partisan disagreement emerged with Democratic elites opposing the war. As this partisan disagreement developed, the opinions of citizens also divided by partisanship with Republican citizens being more supportive of the war than Democratic citizens (Zaller 1992). A similar trend appeared during the elite debate leading up to the Persian Gulf War. Shortly after the Iraqi invasion of Kuwait in 1990, most elites supported the Bush Administration policy of sending American troops to Saudi Arabia. After a few months, however, Democratic elites began to express support for pursuing diplomatic routes and economic sanctions in an attempt to remove Iraq from Kuwait. Republican elites, in contrast, were more likely to believe that the United States should use military force to remove Iraq. Once this elite partisan disagreement emerged, Republican citizens were also more likely than Democratic citizens to support the use of military force against Iraq (Zaller 1994a).

As it turns out, partisan differences in citizen opinion are likely only if the elite policy disagreement falls along party lines. That is, if elites disagree over a policy
proposal, but this disagreement does not correspond with the partisanship of the elites; citizen opinions will not be strongly influenced by party identification. Consider, for example, the North American Free Trade Agreement (NAFTA). During the debate over NAFTA, elite disagreement did exist, but, especially after Clinton was elected President, this disagreement did not fall along partisan lines. The strongest elite supporters of NAFTA were Clinton and congressional Republicans while many congressional Democrats did not approve of NAFTA. Correspondingly, the impact of party identification on citizen opinion toward NAFTA was quite weak and inconsistent. According to opinion polls conducted by Hart and Teeter, in September of 1993, 46.6% of Republicans supported NAFTA while 42.4% of Democrats did. In October, support among both groups had risen slightly, to 52.3% for Republicans and 47.5% for Democrats. In November, however, support for NAFTA was higher among Democrats (62.1%) than Republicans (50.7%). These examples, along with the case of health care reform, suggest that elite partisan disagreement is necessary for strong and consistent partisan differences to exist among the public.

In a sense, then, because citizen differences in support for Clinton's plan did resemble elite partisan differences in support, there is some evidence to suggest that the citizens responded to the elites. However, citizens responded not to the changing content of the substantive elite debate, as the dialogue model posits, but rather to other aspects of the communication, such as the partisanship of the sources of both supporting and opposing statements. Accordingly, the public divided into partisan camps early in the elite debate. The primary change in citizen opinion in the months that followed was a decline in support across all partisan groups.

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10 These opinions toward NAFTA were assessed using the following question wording: "Do you favor or oppose NAFTA, the North American Free Trade Agreement with Mexico and Canada that eliminates nearly all restrictions on imports, exports, and business investment between the United States, Mexico and Canada? If you feel you have not heard enough about this issue yet to have an opinion, just say so." The results are calculated only for those citizens who voiced an opinion on this issue and they were obtained from POLL.
CHAPTER 7

THE IMPACT OF MEDIA COVERAGE ON SUPPORT FOR CLINTON'S HEALTH CARE REFORM PROPOSAL

The preceding analyses of media coverage of the health care reform debate and changes in both aggregate and subgroup opinion toward Clinton's proposal provide initial support for two of the models of policy communication. As demonstrated in chapter 4, media coverage of this debate consisted of both elite disagreement over the substantive details of Clinton's plan as well as strategic statements related to the politics of health care policymaking. These results suggest that communication among citizens, elites and the media during the health care reform debate could have resembled either a policy dialogue or a mediated conversation. Furthermore, the analyses of subgroup differences in support for Clinton's plan provide minimal, if any, support for the dialogue model. Party identification and income did have strong and relatively consistent effects on opinions toward Clinton's plan. However, neither predisposition responded terribly well to elite communication, as the dialogue model would predict.

While instructive, these results are not complete enough to draw firm conclusions about policy communication during the health care reform debate. I have, after all, examined media coverage of health care reform and citizen opinion independent of one another, yet I intend to draw conclusions about the influence of communication between them. Therefore, to complete hypothesis testing, I explore the impact of media coverage of the elite debate over Clinton's health care reform plan on citizen opinion toward this plan. If public opinion is influenced most strongly by the substantive policy statements contained in the news stories about health care reform, then a citizen-elite dialogue could have occurred. If, instead, strategic statements have the strongest impact on public opinion, the mediated conversation model will be supported.

According to the dialogue model, media coverage of an elite policy debate accurately reflects the content of this debate. Thus, to test the dialogue model fully requires an assessment of the elite debate independent of the content of media coverage.
In this chapter, I first test these hypotheses by examining the impact of media coverage on changes in aggregate public opinion toward Clinton's plan. Then, I examine changes in support for specific subgroups of the population. It is quite likely that no one model of policy communication exists for all types of policy issues. A dialogue model might be more likely for a familiar issue while a monologue model would be more likely for a newly emerging issue, for example. It is also possible that no one model of policy communication holds for all types of citizens. A dialogue model would perhaps be more likely to occur for the most attentive citizens since they are more likely to be familiar with elite policy communication as well as be more likely to integrate this communication with their existing predispositions (Zaller 1992). Or, since the health care reform proposal was formulated by a Democratic president and since elite disagreement over this issue divided largely along party lines, the partisanship of the citizens might mediate the impact on citizen opinion of specific statements from the news media. The opinions of Democratic citizens might have been more strongly influenced by substantive rather than strategic messages throughout the policy debate, suggesting support for the dialogue model. In contrast, Republican citizens might have given greater weight in their opinions to the strategic statements, especially near the end of the debate, indicating support for a mediated conversation model. I explore these topics in the second half of the chapter.

Data and Methods

To examine the impact of media coverage of the health care reform debate on changes in public opinion, I ran a series of regression analyses, using OLS estimation procedures. A number of commercial polling firms and news media organizations measured public opinion toward Clinton's plan at various times throughout the health care reform debate. Each survey house used a slightly different question wording to elicit these opinions. Since the wording of survey questions can influence the responses, to examine opinion change over time, researchers generally do not combine responses to differently worded questions (Schuman and Presser 1981). However, when the wordings
differ only slightly, such as in the introductory phrase or when only one or two words are different, combining the responses from such questions is less problematic. Howard Schuman and his colleagues (1997), for example, did combine results from questions that had minor differences in question wording in their analysis of trends in racial attitudes.²

Three survey houses used very similar question wordings to measure support for Clinton's plan. Polls conducted by CNN, USA Today, and Gallup including the following question: "From everything you have heard or read about the plan so far, do you favor or oppose President (Bill) Clinton's plan to reform health care?" Polls conducted by Time, CNN, and Yankelovich Partners asked their respondents, "In general, do you favor or oppose President (Bill) Clinton's health care reform plan?" Finally, NBC News, the Wall Street Journal, and Hart and Teeter polls asked the following: "From what you have heard or read, do you favor or oppose President (Bill) Clinton's health care program?" Because of the similarities in these questions, I combined measures from these three survey houses.³

An examination of the trend in responses to each of these questions indicates that citizen support for Clinton's plan declined substantially over time. At the time that Clinton's plan was announced before a joint session of Congress on September 22, 1993, nearly two-thirds of the citizens supported the plan. Support declined rather quickly, to just above 50% at the end of October. Near the time of Clinton's State of the Union address in January, 1994, support had rebounded somewhat, with approximately 60% of

²Knowing that responses to survey questions can be influenced quite strongly by the wording of the questions, public opinion researchers generally do not compare responses to differently worded questions. However, often overlooked is the fact that responses can also be influenced by the placement of questions (Schuman and Presser 1981). In fact, the exact location of a question and the content of questions that precede it tend to vary across surveys. Thus, responses to identically worded questions asked by the same survey organization might not be completely immune from questionnaire effects.

³The polls conducted by ABC News and the Washington Post measured opinion toward Clinton's plan by using the following question: "From what you know of it, do you approve or disapprove of (President) Bill Clinton's health care plan?" While this question is very similar to the questions used by the other survey organizations, I have not included results from these polls in the analysis because the response options were different. The other three organizations asked respondents whether they favored or opposed Clinton's plan, but the ABC News/Washington Post polls asked if respondents approved or disapproved of the plan. Although this appears to be a minor difference, the results from items with different response options can be even greater than results based on different question wordings (Krosnick 1989).
the public supporting the plan. By late February, however, aggregate support had dipped below 50% and generally ranged between 43-48% for the remainder of the debate.\footnote{The exact results in terms of support for Clinton's plan for each of the three survey organizations is contained in chapter 5.}

The dependent variable for each regression model is the percentage of respondents who supported Clinton's plan out of those respondents who voiced an opinion toward the plan.\footnote{Those without an opinion toward the plan are thus excluded from the measures of public opinion.}

Since public support for an issue at one point in time is generally a strong predictor of support at a later time (Page and Shapiro 1992), I also included public support for Clinton's plan in the previous time period as an independent variable.

Two explanatory variables relating to media coverage of health care reform are included in the models. The first captures the balance of supporting versus opposing substantive policy statements. Using the media content analysis data from chapter 4, I computed the difference between the quantities of supporting and opposing substantive messages for the days in-between adjoining measures of public opinion. For example, opinion surveys conducted on the following dates assessed public support toward Clinton's plan: September 24-26, 1993; October 22-26, 1993; and October 28-30, 1993.

The corresponding values of substantive policy statements for each measure of public opinion are computed from media coverage of health care reform for the following dates, respectively: September 1-23, 1993; September 27 - October 21, 1993; and October 27, 1993.\footnote{For the time period before the first Gallup poll, I somewhat arbitrarily chose September 1 as the beginning date for the corresponding measure of substantive policy statements. As it turns out, this case is excluded from the regression results because there is no measure of public opinion from a previous point in time.} For each time period, I simply subtracted the number of opposing substantive statements from the number of supporting substantive statements. Positive values of this variable thus indicate that there were more supporting than opposing substantive policy statements for the specific time period. The second media-focused independent variable is the balance of supporting minus opposing strategic statements. I computed this variable in the exact same manner as for the substantive statements variable.

Although it is unlikely that the differences in question wording accounted for any change in public opinion, it is possible. Furthermore, differences in procedures across the three survey houses may have produced variation in their results. Again, this is unlikely
(Schuman et al. 1997; Smith 1984), but I did want to control for either possibility. To do so, I created dummy variables for two of the survey houses: NBC, Wall St. Journal and Time, CNN. The former was coded one for public opinion measures collected from the NBC, Wall St. Journal surveys and zero for all others. Similarly, the latter was coded one for items contained on the Time, CNN surveys and zero for all other cases.

For this analysis, I first regressed public support for Clinton's plan on previous public support, substantive policy statements, strategic statements and the dummy variables for survey house. However, it is likely that opinions toward health care reform, as well as the content of media coverage of the health care debate, were also influenced by the broader political environment. For example, Clinton's activity in other policy debates, such as the crime bill, or information about the Clintons' involvement in the Whitewater land development deal, may have influenced support for Clinton's plan. Increasing attention to Whitewater may have also resulted in more negative media coverage of health care reform. To try to capture the influence of the broader political environment, I respecified each model to include a measure of presidential approval. This variable is measured as the percentage of respondents who approved of Clinton's performance as President out of only those who had opinions on this topic.

Impact of Media Coverage on Aggregate Opinion

The results of the regression analysis predicting changes in aggregate opinion are presented in Table 7.1. As evidenced by the adjusted R²'s, the fit of these models is quite good, and higher when presidential approval is included in the model. The crucial test of the hypotheses relating to the influence of media coverage on public support for Clinton's plan involves comparing the impact of substantive statements versus strategic statements on this support. As is clear from both the significance levels and the beta coefficients, strategic statements had a larger impact on public support than did substantive

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7The question wordings for the presidential approval items are as follows: "Do you approve or disapprove of the way Bill Clinton is handling his job as President?" for the Gallup surveys; "In general, do you approve or disapprove of the way President (Bill) Clinton is handling his job as President?" for the Time and CNN surveys; and "In general, do you approve or disapprove of the job Bill Clinton is doing as President?" for the NBC News and Wall Street Journal surveys.
When the balance of supporting minus opposing strategic statements increased by ten, aggregate support for Clinton's plan increased approximately two percentage points. Or, more appropriately, since nearly every value of strategic statements was negative for these models, public support declined as the relative balance increased.

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>beta</th>
<th>b</th>
<th>beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Public Support</td>
<td>.62***</td>
<td>.80</td>
<td>.50***</td>
<td>.64</td>
</tr>
<tr>
<td></td>
<td>(.12)</td>
<td></td>
<td>(.13)</td>
<td></td>
</tr>
<tr>
<td>Substantive Statements</td>
<td>.07</td>
<td>.18</td>
<td>.10</td>
<td>.25</td>
</tr>
<tr>
<td></td>
<td>(.06)</td>
<td></td>
<td>(.06)</td>
<td></td>
</tr>
<tr>
<td>Strategic Statements</td>
<td>.20+</td>
<td>.29</td>
<td>.20*</td>
<td>.30</td>
</tr>
<tr>
<td></td>
<td>(.12)</td>
<td></td>
<td>(.11)</td>
<td></td>
</tr>
<tr>
<td>NBC, WSJ Survey</td>
<td>.12</td>
<td>.01</td>
<td>-1.26</td>
<td>-.09</td>
</tr>
<tr>
<td></td>
<td>(2.33)</td>
<td></td>
<td>(2.22)</td>
<td></td>
</tr>
<tr>
<td>Time, CNN Survey</td>
<td>1.74</td>
<td>.13</td>
<td>1.05</td>
<td>.08</td>
</tr>
<tr>
<td></td>
<td>(2.20)</td>
<td></td>
<td>(2.03)</td>
<td></td>
</tr>
<tr>
<td>Presidential Approval</td>
<td></td>
<td></td>
<td>.45*</td>
<td>.34</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(.21)</td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>19.53**</td>
<td></td>
<td>1.47</td>
<td></td>
</tr>
</tbody>
</table>

Adjusted R²: .54 (22) .62 (22)

Note: Table entries in the b columns are OLS unstandardized coefficients (standard errors in parentheses) and entries in the beta columns are standardized coefficients. Levels of significance are indicated as follows: ***p<.01; **p<.05; *p<.10; and +p<.11.

Table 7.1 Predicting Changes in Aggregate Support for Clinton's Health Care Plan

For the model without presidential approval, the impact of strategic media coverage on aggregate opinion was only marginally significant (p=.104). Nonetheless, this type of coverage did have a larger impact on opinion than did substantive coverage.
of opposing strategic statements increased. In contrast, the balance of substantive policy statements did not have a significant impact on public support for Clinton's plan. As expected, the organization conducting the survey did not significantly impact changes in aggregate public opinion, as evidenced by the insignificant survey house dummy variables. Finally, opinions were also influenced by presidential approval. Support for Clinton's plan increased as general approval of Clinton also increased. As more citizens disapproved of the job Clinton was doing as president, support for his plan decreased.^9

These results provide convincing support for the mediated conversation model of communication. Citizen opinion toward Clinton's plan was influenced quite strongly by media coverage of the politics of the health care reform debate. However, there may be more to the communication story for this issue. Changes in public opinion may have influenced the content of media coverage of the elite debate. The results from Table 7.1 cannot be explained by this countervailing communication flow because of the coding of the variables. Strategic and substantive coverage were measured for the days preceding the date of the opinion surveys. It is possible, though, that public support influenced media coverage simultaneously with the impact of media coverage on public opinion. To test for this possibility, I regressed both substantive and strategic coverage on a number of explanatory variables, including public support for Clinton's plan. These results appear in Table 7.2. Public support for Clinton's plan did not influence either the content of substantive or strategic statements in the news media. The balance of supporting versus opposing substantive statements also was not significantly influenced by public approval of Clinton nor by the content of strategic coverage. Similarly, neither presidential approval nor substantive statements influenced the content of strategic coverage of health care reform. In fact, the most obvious result from these analyses is the poor fit of the models, as evidenced by both the low adjusted R^2's and the lack of significant predictor variables.

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^9A potential problem with these regression results is that they might be influenced by autocorrelation, or correlation among the residual errors. Autocorrelation, which violates an assumption of linear regression and influences the size of the standard errors of the coefficients (Schroeder, Sjoquist, and Stephan 1986), is especially likely when one of the independent variables in a regression model is a lag of the dependent variable. Since my results are based on such an autoregressive model, I tested for the presence of autocorrelation by computing a Durbin h statistic for these two models (Gujarati 1995). Based on the results of this test, autocorrelation is not present in either model.
<table>
<thead>
<tr>
<th></th>
<th>Substantive Statements</th>
<th>Strategic Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$</td>
<td>$\beta$</td>
</tr>
<tr>
<td>Public Support</td>
<td>-.61 (.72)</td>
<td>-.24</td>
</tr>
<tr>
<td>Presidential Approval</td>
<td>-.51 (.87)</td>
<td>-.15</td>
</tr>
<tr>
<td>Substantive Statements</td>
<td>- .11 (.13)</td>
<td>-.19</td>
</tr>
<tr>
<td>Strategic Statements</td>
<td>-.36 (.42)</td>
<td>.20</td>
</tr>
<tr>
<td>Constant</td>
<td>63.98</td>
<td>-30.85</td>
</tr>
</tbody>
</table>

Adjusted $R^2$: 0.09 (22) 0.11 (22)

Note: Table entries in the $b$ columns are OLS unstandardized coefficients (standard errors in parentheses) and entries in the $\beta$ columns are standardized coefficients. Levels of significance are indicated as follows: ***$p<.01$; **$p<.05$; and *$p<.10$.

Table 7.2 Predicting the Content of Media Coverage of Health Care Reform

Impact of Media Coverage on Subgroup Opinion

Not all citizens respond to policy communication in the same manner. Two characteristics that likely influence the impact of communication on opinion are attentiveness and partisanship. Attentive and inattentive citizens not only differ in the degree to which they pay attention to political matters, but also in their knowledge of policy issues (Zaller 1992). Thus, the impact on opinion of substantive policy statements versus strategic statements should vary by attentiveness. More specifically, the opinions of attentive citizens should be more strongly influenced by substantive statements than
should the opinions of less attentive citizens. This should have especially been the case with a complex policy issue such as health care since the content of the substantive debate was fairly difficult to understand. In contrast, the opinions of inattentive citizens were likely influenced more strongly by strategic statements than were the opinions of the attentive public. These latter statements are much easier to digest, especially for a casual observer of health care reform.¹⁰

To explore the impact of media coverage by levels of attentiveness, I compared changes in support for attentive and inattentive citizens separately, using nearly the same regression model as for the analysis of changes in aggregate support presented above (see Table 7.3). The data for the analysis by attentiveness is drawn only from the CNN, USA Today, and Gallup opinion surveys, however, because I have subgroup breakdowns in opinion for only these surveys.¹¹ The results from the other survey organizations are available only in aggregate form and thus cannot be disaggregated by attentiveness. Finally, for each of the models presented here, the explanatory opinion variables are measured only for the subgroup of interest in the model. That is, for the model predicting changes in support for attentive citizens, support is regressed on previous support and presidential approval for only these citizens. The measures of media content, in contrast, remain constant across all models.

For comparison purposes, Table 7.3 includes a model for the aggregate public for only the Gallup survey data. These results confirm those in Table 7.1 that aggregate support for Clinton's plan was more strongly influenced by strategic rather than substantive statements. The other columns of Table 7.3 demonstrate that this conclusion is not accurate for all citizens, however. As expected, for inattentive citizens, strategic statements had a larger impact on support for Clinton's plan than substantive statements did. Contrary to expectations, however, changes in support for Clinton's plan among attentive citizens were not influenced by substantive policy statements. In fact, the opinions of these citizens were not significantly influenced by either type of media.

¹⁰This discussion presumes, of course, that inattentive citizens received some information about the health care reform debate. While it is certainly the case that inattentive citizens are not aware of the details of some policy debates, it is unlikely that many people heard nothing about health care reform as it was an extremely salient public policy debate.

¹¹These Gallup surveys were used for the analyses in chapter 6. Because only data from one survey organization are now being used for the regression analyses, dummy variables for survey house are no longer necessary.

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coverage of the elite debate. Instead, previous public support and approval of Clinton strongly influenced support for Clinton's plan.

<table>
<thead>
<tr>
<th>Aggregate Public</th>
<th>Attentive Public</th>
<th>Inattentive Public</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$ $\beta$</td>
<td>$b$ $\beta$</td>
</tr>
<tr>
<td>Previous Public Support</td>
<td>.09 (.22)</td>
<td>.47** (.18)</td>
</tr>
<tr>
<td>Substantive Statements</td>
<td>-.11 (.14)</td>
<td>-.11 (.12)</td>
</tr>
<tr>
<td>Strategic Statements</td>
<td>.21** (.09)</td>
<td>.13 (.09)</td>
</tr>
<tr>
<td>Presidential Approval</td>
<td>.83** (.30)</td>
<td>.34* (.18)</td>
</tr>
<tr>
<td>Constant</td>
<td>5.15</td>
<td>8.21</td>
</tr>
<tr>
<td>Adjusted $R^2$</td>
<td>.57 (12)</td>
<td>.72 (12)</td>
</tr>
</tbody>
</table>

Note: Table entries in the $b$ columns are OLS unstandardized coefficients (standard errors in parentheses) and entries in the $\beta$ columns are standardized coefficients. Levels of significance are indicated as follows: **$p<.05$; ***$p<.01$; and *$p<.10$.

Table 7.3 Predicting Changes in Support for Clinton's Plan by Attentiveness

The impact of media coverage on support for Clinton's plan could have also been mediated by party identification. In particular, Democratic citizens, who were likely to agree with the contents of Clinton's proposal and thus also support it, might have given greater weight to substantive than strategic statements. That is, even in the face of increasing strategic statements that suggested Clinton's plan would not pass, support
among Democratic citizens should not have declined as strongly as did support among their Republican and Independent counterparts. In contrast, changes in support for Republicans and Independents should have been influenced less strongly by substantive statements, especially since these statements were, on balance, supportive of Clinton's plan.

![Table 7.4 Predicting Changes in Support for Clinton's Plan by Party Identification](image)

To examine partisan differences in support for Clinton's plan, I regressed support on previous support, the two types of media statements, and presidential approval.
separately for Democrats, Independents, and Republicans. The results from these analyses appear in Table 7.4. My expectations were partially confirmed. Strategic statements did significantly influence changes in support for Clinton's plan for Republican and Independent citizens but did not impact support among Democrats. Contrary to expectations, however, the content of substantive policy statements did not influence changes in support among Democratic citizens. For Democrats, support for Clinton's plan was significantly related only to presidential approval. As approval of Clinton increased, so did support for his health care reform plan, regardless of the content of media coverage of the details of the plan or its likelihood of passage.

A comparison of the results from Tables 7.3 and 7.4 further indicate that health care reform was a very partisan issue for most citizens. Support for Clinton's plan was strongly influenced by presidential approval for both attentive and inattentive citizens and also for both Democrats and Republicans. Support for the plan increased with presidential approval and decreased as levels of approval decreased. Only for Independent citizens did this relationship not hold, thus suggesting that Independents did not view the issue in as strongly partisan terms, as we might expect. What mattered most for Independents in terms of their support for Clinton's plan was the plan's prospects for passage. As the strategic aspects of media coverage indicated that Clinton's plan was unlikely to pass, support among Independent citizens decreased.

Summary and Discussion

While the results from earlier chapters (especially chapters 4 and 6) hinted that policy communication between citizens and elites was strongly shaped by the media during the health care reform debate, support for the mediated conversation model is strongest in this chapter. Changes in aggregate support for Clinton's proposal were influenced by the content of strategic messages. As the media presented statements either suggesting that Clinton's plan was unlikely to pass or that questioned the tactics of Clinton and his supporters, citizen support for Clinton's plan declined. No such relationship existed between changes in aggregate support and substantive policy statements. Indeed, changes in the balance of supporting versus opposing substantive statements did not influence levels of support for Clinton's proposal.

What accounts for this finding? Why might strategic statements have a stronger impact on public opinion than substantive statements? This finding, perhaps, resembles a
"jump off the bandwagon" effect. Maybe citizen support declined because the public did not want to support a plan that was unlikely to pass. In contrast, perhaps the "horse race" statements provided the citizens with additional information. Since these statements stated that Clinton's plan probably would not pass, the public may have inferred that there were many problems with Clinton's plan and these problems (although unspecified) accounted for the lack of support among policymakers. In other words, just as citizens rely on sources of policy statements as cues to help them understand a policy debate (Mondak 1993; Sniderman, Brody and Tetlock 1991), they might also rely on the content of strategic coverage as cues to the strengths and weaknesses of a policy proposal. Alternatively, strategic statements may have reduced confusion about Clinton's plan. By providing information about political issues and events, one impact of media coverage on the public is to resolve any ambiguity or uncertainty about political matters (De Fleur and Ball-Rokeach 1982). Because the substantive details about Clinton's plan were very complex, the public could have relied on strategic statements to help them interpret and provide meaning to this issue.

The findings in this chapter further our understanding of the role played by the media in shaping public perceptions of elite policy debates. Most analyses of media strategic coverage of politics have focused only on election campaigns. While the tendency of journalists to portray elections as "horse races" is well established (Ansolabehere, Behr and Iyengar 1993; Patterson 1993), media coverage of policy debates in such strategic terms has generally been unexplored (but see Entman and Page 1994; Jamieson and Cappella 1998). The results from chapter 4 demonstrate that news reporters did indeed discuss the health care reform debate in a strategic manner, with the percentage of strategic statements increasing over time. The current chapter demonstrates that this strategic coverage had a profound effect on citizen support for Clinton's plan. Certainly, I cannot presume that strategic statements will always have a stronger impact on citizen opinion than will substantive statements. In fact, it is possible that certain features of this policy issue account for the findings. In particular, Clinton's health care reform plan was very complex and this complexity may have made it more likely that news reporters would present the issue in strategic rather than substantive terms. Many reporters are policy generalists. When reporting on policy issues with which they are not extremely familiar, journalists fall back on reporting the issue in a format that they know well: the game of politics (Fallows 1997). Media coverage of other issues that are less complex, such as the Family and Medical Leave Act or the Brady Bill, might be less likely to be strategic. Furthermore, the complexity of the issue may have increased the
likelihood that citizen opinions would be more strongly influenced by strategic rather than substantive messages. Understanding the content of the substantive statements was sometimes challenging. Thus, while these results are not necessarily generalizable beyond the case of health care reform, they nonetheless demonstrate that the media can and do significantly shape both the presentation of elite policy debates as well as public support for policy proposals.

The findings from this chapter also indicate that not all citizens responded in the same manner to the content of media coverage of health care reform. Changes in support among inattentive citizens, Republicans and Independents were influenced by the content of strategic media statements. In contrast, support for Clinton's plan among attentive citizens and Democrats was not responsive to the content of either strategic or substantive policy statements. For these two groups of citizens, support for Clinton's plan was instead only strongly related to approval of Clinton.

Interestingly, though, for neither the aggregate public nor any of the subgroups of citizens did substantive policy messages influence changes in support for Clinton's plan. This finding disconfirms a major part of the dialogue model. This model presumes that citizen opinions are influenced by the substantive details of a policy debate. The dialogue version of communication suggests that there is an exchange of policy information between citizens and policymakers with the opinions of citizens being jointly influenced by elite communication and individual predispositions. Thus, it is reasonable to think that not all citizens would be influenced by substantive communication. Rather, this influence may be limited either to the most attentive citizens or to citizens with the same partisanship as the major supporter of a policy proposal. However, since I did not find evidence that the opinions of any citizens changed in response to the content of substantive policy statements, a necessary condition of the dialogue model is clearly not supported for the issue of health care reform.

This finding that substantive statements did not impact citizen opinions dovetails nicely with the conclusions in chapter 6. In the analysis of changes in support for Clinton's plan for subgroups of citizens in this preceding chapter, there was little evidence that the opinions of subgroups changed in response to the content of substantive policy statements. In particular, although those citizens who stood to benefit most from Clinton's plan were more supportive of the plan than those who might have seen their health coverage worsen, the magnitude of the difference between these two groups did not change as the content of the substantive elite debate narrowed around issues related to their respective concerns. Additionally, partisan differences in citizen support for
Clinton's plan remained quite stable over time, even during periods when the elite debate was waged over traditional partisan divisions. While those findings only suggest that citizen opinions responded to factors other than substantive policy statements, this speculation is confirmed in the current chapter. For most citizens, it was the strategic media coverage that influenced their views toward Clinton's health care reform proposal.
CHAPTER 8

MEDIATED POLITICAL COMMUNICATION

Media and the Decay of American Politics
- Robert Entman (1989)

How the Media Undermine American Democracy
- James Fallows (1997)

The News Media as a Political Institution
- Timothy Cook (1998)

In contemporary America, citizens and leaders rarely communicate directly with one another. During both election campaigns and periods of policymaking, citizens learn about the activities and preferences of elites largely via the news media. Similarly, the news media are one of the sources that leaders use to become informed about the opinions of the public (Kennamer 1992; Schoenbach and Becker 1995). Political discussion between the represented and the representatives is thus mediated. Given the size of the United States, in both people and land, mediated communication is necessary. Furthermore, mediated communication is not a new development in the American democracy. However, as the subtitles of books by Robert Entman, James Fallows, and Timothy Cook imply, the quality with which the news media transmit information between citizens and leaders has recently come under scrutiny. All three contend that the content of media coverage of politics is shaped not only by the details of actual political debates and activities but also by other factors, such as routines of news gathering and economic pressures faced by the media. Ultimately, they conclude that the ability of citizens to become informed about important political matters suffers (see also Carey 1995; Page 1996). Perhaps Pippa Norris (1997, 1), another media scholar, states this conclusion best: "[T]he press, far from acting as a bridge
linking citizens and the state, has come to act as a barrier to the effective functioning of representative democracy."

One of the goals of the current study was to examine if the news media dominate communication between citizens and elites during public policymaking. While the above media analyses suggest that the news media have a profound impact on this communication process, most models of public policy downplay the role of the media. Thus, I contrasted one media-dominant model of policy communication with two others that posited a minimal intervening role for the media between citizens and leaders. From my analysis of the health care reform debate, the story that emerges is one of a mediated conversation where the news media greatly shaped the content of policy information as well as the opinions of the citizens. This concluding chapter begins with a summary of the evidence that supports this model as well as the evidence that refutes the other two. Then, I discuss how these results further our understanding of why health care reform failed in 1994 as well as how policy communication might differ for other issues. Finally, I conclude by discussing the implications of this study for related topics in American politics.

Health Care Reform: A Mediated Policy Conversation

During the formulation of public policy, communication among citizens, elites and the media can take a variety of forms. The elites might dominate the policy conversation, with the opinions of citizens largely following the preferences of these elites. Elite-dominant communication is especially likely when the elites do not disagree over the merits of a policy proposal. Since citizens do not have access to information that is critical of the elite-preferred option, they are unlikely to oppose it and their opinions are unlikely to correspond with their personal characteristics and existing political attitudes (Page 1996). This pattern of communication occurred during the early years of the Vietnam War. Nearly all elites agreed that the United States should be involved in the conflict and a majority of citizens - Democrats and Republicans alike - concurred (Zaller 1992). The nature of communication during the health care reform debate, however, was quite different. First, as chapter 4 demonstrated, there was elite disagreement over Clinton's proposal throughout the entire policy debate. Given this, a policy monologue was unlikely to occur for health care reform. Since citizens were exposed to arguments both in support of and in opposition to Clinton's proposal, their opinions were likely influenced by their personal characteristics. This conclusion was confirmed in chapter 6. Contrary to predictions from the monologue
model, opinions toward Clinton's plan did differ by personal characteristics of the citizens. In particular, support for Clinton's plan was higher for low income than for high income citizens. Also, Democratic citizens were more likely to support Clinton's plan than were either Independents or Republicans.

In contrast to a monologue, communication between elites and citizens might sometimes resemble a dialogue. During a policy dialogue, there is an exchange of information between the public and the policymakers. Citizens learn about the details of a policy proposal as well as its merits from the elites. The preferences of the citizens are influenced by information from the elites, but citizen opinions are not completely determined by this information. That is, citizens sort through the elite communication and integrate it with their predispositions in forming their opinions on the issue. For a policy dialogue to occur, then, citizens need to learn about the substantive details of a policy proposal as well as arguments from both supporters and opponents of the issue. This type of substantive information was available for Clinton's health care reform plan, as evidenced by the results from the media content analysis presented in chapter 4. In fact, just over two-thirds of the statements contained in media stories about health care reform were substantive in nature.

The availability of substantive information is probably necessary for a policy dialogue to take place, but other conditions must be met also. Most importantly, the opinions of the citizens should be shaped by an integration of this substantive information with their individual predispositions. For the dialogue model to be supported, then, public opinion must respond to the content of this substantive information and the impact of substantive statements must be mediated by personal characteristics of the citizens. At first glance, some findings from the analysis of communication during health care reform appear to conform to this pattern. As demonstrated in chapter 5, aggregate support for Clinton's plan declined over time as did the percentage of citizens who felt that Clinton's plan, if enacted, would increase personal health care costs, increase taxes, or decrease the quality of health care. One common set of arguments presented by elite opponents of Clinton's plan was that the plan would have many negative consequences. Thus, at the aggregate level, citizen opinion seemed to respond to this elite communication.

Additionally, and also in line with expectations from the dialogue model, support for Clinton's plan differed in predictable ways for subgroups of citizens, as demonstrated in chapter 6. Because of the guarantee of universal health care coverage, citizens without health insurance stood to benefit most directly from Clinton's plan. Not surprisingly, the lowest income citizens, who were also the most likely to be without insurance, were more
supportive of the plan then were those with higher incomes. Support for Clinton's plan was also mediated by party identification, perhaps because some features of the elite policy debate revolved around traditional partisan divisions. Supporters of Clinton's plan, who were primarily Democrats, believed that government intervention in the health care system was necessary to solve two specific problems with the system: the millions of uninsured citizens and the steady increases in health care costs. On the other hand, elite opponents of the plan, many of whom were Republican, were wary of increasing the level of government regulation of health care, did not want the establishment of a new government entitlement, and were concerned that taxes would need to increase to pay for the guarantee of universal coverage. As the dialogue model would suggest, public opinion toward Clinton's plan was also divided by partisanship with Democratic citizens being the most supportive.

Despite this confirming evidence, many other results from this examination of health care reform ran counter to predictions from the dialogue model. This model presumes that elites share policy information with the citizens. If such substantive information is available to the citizenry, we would expect citizen knowledge of a policy proposal to increase throughout a policy debate. For the case of health care reform, as illustrated in chapter 5, the percentage of citizens who felt knowledgeable about Clinton's plan instead decreased over time. In addition to perceived knowledge, actual knowledge also decreased. The percentage of people who knew which features were contained in Clinton's plan declined as the debate progressed.1 Also, chapter 6 demonstrates that subgroup differences in opinion toward the plan did not vary as the content of elite substantive statements did. According to the dialogue model, the magnitude of the difference in support for Clinton's plan for high versus low income citizens should have increased as the elite substantive debate focused more on the potential impact of Clinton's plan on the health coverage of both of these groups. It did not. Similarly, the difference in levels of support between Democratic and Republican citizens remained quite constant over time, even as the partisan dimension of the elite debate varied greatly. If citizens had integrated the elite substantive communication with their personal characteristics, as the dialogue model presumes, the magnitude of these subgroup differences should have more closely resembled the content of the elite debate.

1Of course, any knowledge gain from the media is likely not uniform across citizens. Higher educated viewers acquire knowledge more quickly than do those with low levels of education. Generally, then, both groups of citizens gain information about political issues, but the gap between the higher and lower educated increases over time (Viswanath and Finnegan 1996). In contrast, however, levels of aggregate knowledge about health care reform actually decreased as the policy debate progressed.
The dialogue model took its strongest hit, though, in chapter 7. The impact of substantive policy statements on citizen opinion toward Clinton's plan was tested directly in this chapter. At the aggregate level, the balance of supporting versus opposing substantive policy statements did not influence changes in support for Clinton's plan. This result also held for the impact of communication on the opinions of the most and least attentive citizens as well as the opinions of Democrats, Independents, and Republicans. Substantive policy statements did not significantly influence changes in support for Clinton's plan for any of these groups of citizens. Obviously, some details of the elite substantive debate did impact the opinions of citizens. Otherwise, support for the plan would not have been mediated by income and party identification. The public learned enough about the elite debate to know how Clinton's plan would likely influence their personal health care and also to know which party supported Clinton's plan and which did not. Beyond this, however, there is no evidence indicating that the substantive statements influenced citizen opinion toward Clinton's plan.

All three models of policy communication assume that citizens and elites converse with each other through the media rather than directly. The monologue and dialogue models further assume that the media do not independently influence the content of communication between citizens and elites. No such assumption is made for the mediated conversation model. In direct contrast, the mediated conversation model posits that citizens and elites cannot effectively communicate with one another because the content of their original communication is altered by the news media. The media may, for example, not provide balanced coverage to all sides of the elite debate. Journalists might devote extra attention to the supporters of a policy proposal while downplaying the arguments presented by the opponents, or vice-versa (Cook 1998; Page and Entman 1994). News stories might also misrepresent the nature of public opinion toward an issue (Page 1996; Schoenbach and Becker 1995). Finally, the media may not cover the substantive details of a policy debate and instead focus on the politics of the debate. This type of strategic coverage, which is quite common in media coverage of election campaigns (Patterson 1993), focuses primarily on the prospects that a proposal will pass.

For the issue of health care reform, this mediated conversation model of communication received the strongest empirical support. Specifically, media coverage of the strategic aspects of the health care reform debate had a strong impact on public perceptions of Clinton's plan. Generally, examinations of strategic media coverage have been confined to media treatment of election campaigns. In contrast, analyses of media coverage of policy debates have been more likely to focus only on the substantive coverage (but see Entman
and Page 1994; Jamieson and Cappella 1998). In my content analysis of media coverage of health care reform, I coded for both types of statements. Overall, as demonstrated in chapter 4, the substantive statements were more common. However, as the elite debate progressed, media coverage of this debate in strategic terms increased. During the final months of the debate, rather than learning about the substantive details of health care reform, the public was more likely to hear the debate described as a "horse race" or learn about the tactics of the key policymakers involved in the debate. Importantly, this type of coverage had a strong impact on public support for Clinton's plan. As journalists stated that the passage of Clinton's plan appeared unlikely, support for his plan declined.

The impact of strategic statements on public opinion overwhelmed the impact of substantive statements, thus clearly demonstrating that communication during the health care reform debate conformed more to the mediated conversation than to the dialogue model. Another aspect of the mediated conversation model remains untested, however. In addition to focusing attention on the politics of policymaking, the media could also interrupt the flow of communication from the elites to the citizens by misrepresenting the content of the elite debate. That is, the media could have devoted more time and space to the supporters of Clinton's plan than was warranted, given the balance of supporting versus opposing arguments that existed in the non-mediated elite debate. Also, the media may have focused on certain arguments made by either supporters or opponents even though alternative arguments were actually more common. To test these aspects of the mediated conversation model, I would need a measure of the elite debate that is distinct from media coverage of this debate. In future research, I plan to assess the elite health care reform debate directly by analyzing the content of original speeches made by and press conferences held by various policymakers, such as President Clinton, members of the Task Force, other Administration officials, members of Congress, and representatives from interest groups. The results of this future analysis cannot change my present conclusion that the mediated conversation model best describes communication among citizens, elites and the media during the health care reform debate. Results from my existing analyses of media coverage of the debate as well as public opinion toward Clinton's plan have already disproved the other two models.

Since, unlike the other policymakers, there is not an archive of the transcripts of speeches made by interest group representatives, the best source of statements made by them will be op-ed articles in major newspapers. Unfortunately, these articles are not completely free of media influence because the editors of a newspaper determine which op-eds to include in their paper. And sometimes the op-eds are chosen to agree with the editorial statements of the newspaper (Page 1996). However, interest group representatives can present a fuller account of their views on the op-ed page than is possible in routine news coverage, which generally presents only excerpts of their statements.

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However, by comparing media coverage of the elite debate to the original statements made by the policymakers, I would be able to understand the role of the media in covering elite policy debates more completely.

The Failure of Clinton's Proposal

Since the end of the health care reform debate in 1994, explaining why Clinton's proposal failed to pass has practically become a cottage industry. A number of special issues of health policy-related journals, such as the *Journal of Health Politics, Policy, and Law* and *Health Affairs* have been devoted exclusively to this topic. Additionally, the failure of Clinton's plan has been the topic of a number of books, including *The System* by Haynes Johnson and David Broder (1996), *Boomerang* by Theda Skocpol (1996), and *The Road to Nowhere* by Jacob Hacker (1997). A number of explanations have centered around institutional aspects of policymaking in America. Many committees in Congress had jurisdiction over Clinton's health care bill, thus making agreement over one version of reform unlikely (Baumgartner and Talbert 1995). Even within specific committees, such as the House Committee on Ways and Means, agreement was hampered because a high degree of partisanship was present (Talbert 1995). In contrast, Theda Skocpol (1996) argues that weak parties, especially divisions among congressional Democrats, are to blame for the failure of Clinton's plan.

Still others suggest that, for a variety of reasons, Clinton is at fault. One common critique is that the plan was designed by policy experts who were unaware of the political context, especially the difficulty in passing a very complex bill (Fallows 1995; Hacker 1997). Clinton was also blamed for creating a Task Force to formulate the bill rather than having a more open process, especially one that involved members of Congress from both parties (Hansen et al. 1996). Some contend that the plan did not pass because Clinton and his supporters were unable to mobilize support for the plan among the public (Marmor and Goldberg 1995; Skocpol 1996). Finally, others suggest that Clinton is not to blame directly for the failure of his plan but rather his opponents should be applauded for successfully mobilizing opposition to the plan. In fact, this is one of the most common explanations for why the plan failed. One variant of this argument is that the opponents were better financed than were Clinton's supporters and thus were more able to disseminate their messages (Fallows 1995; Hansen et al. 1996). In contrast, Robert Hackey (1995) and Theda Skocpol (1996) argue that the opponents were more successful because of the content of their
arguments. Clinton's supporters tended to focus on descriptions of reform proposals while his opponents emphasized values and themes that were more commonly understood by the public.

The results from my analysis of public support for Clinton's plan suggest a somewhat different explanation for the plan's failure, especially in terms of the success of elite mobilization. In particular, I found that the impact of the mobilization efforts by elites depended on the party identification of the citizens. As others have also noted (Blendon, Brodie, and Benson 1995), Clinton was unable to hold together a majority coalition in support of his plan. A majority of Democratic citizens supported his plan throughout the debate, but this was not the case for Independents and certainly not for Republicans. Among these two latter partisan groups, the content of substantive arguments from elite supporters of the plan did not convince them to support the plan. My findings thus confirm the results from earlier studies that the plan's supporters failed in their mobilization attempts. However, the content of supportive substantive messages did not influence the opinions of Democratic citizens either. Democrats supported the plan because they supported Clinton.

Furthermore, and in direct contrast to the explanations offered by others, I find no evidence that the substantive statements of Clinton's opponents created a decline in public support for the plan. Rather, neither supporters nor opponents influenced public opinion through substantive statements. Instead, for Independents and Republicans, support for Clinton's plan declined because of the content of strategic statements from news reporters. Support for the plan among these two groups decreased as journalists stated that the plan looked less and less likely to pass. Thus, to the long list of existing culprits, I add another: the media.

Other Sources of Information about Clinton's Proposal

For this study, the media were operationalized as the evening news broadcasts of ABC News. Certainly, the public did acquire information about Clinton's health care reform proposal from other sources, most likely the evening news shows on other networks, or newspapers. It is possible, of course, that my conclusions about the impact of media coverage on public opinion would have been different had I content analyzed the evening news from a different network. However, this is probably unlikely because the content of media coverage of political issues is extremely similar across these three networks (Entman
This similarity of coverage should not be surprising, since television journalists rely on the same norms and techniques for gathering and reporting the news (Bennett 1996). News collection, for example, is organized around beat reporting and the three major networks have reporters at the same political beats in Washington: the White House, Congress and important executive branch departments such as the Pentagon (Cook 1994). Thus, journalists tend to rely on the same official sources for their news and the substance of political statements is very similar for the three nightly news shows (Neuman, Just and Crigler 1992; Reese, Grant, and Danielian 1994). Finally, news editors from all three networks tend to rely on the same set of factors when determining which topics to air and which information to include in the news stories (Fowler and Showalter 1974).

Of course, the three nightly news shows do not rely on exactly the same statements nor do they air exactly the same stories every night. However, since I am concerned with the impact of the balance of substantive versus strategic statements on opinion, my results would differ only if one network had significantly more substantive (or strategic) coverage than the other two networks. If this were the case, then I could not assume news coverage on ABC is representative of news coverage on the other channels. While I cannot be confident that the balance of these two types of statements was roughly equal during the health care reform debate, strategic coverage of election campaigns is nearly equal across networks (Patterson 1993), indicating that the possibility of unequal balance is quite unlikely.

While most Americans do rely on the evening television news as their source for political news, newspapers are the next most common source (Ansolabehere, Behr and Iyengar 1993). Thus, if newspaper coverage of the health care reform debate differed significantly from television news coverage, my results about the impact of media coverage on opinion may be inaccurate, at least for the newspaper-reading public. Again, this is probably unlikely. Largely because newspaper reporters follow the same news gathering and presentation techniques as television journalists, the content of coverage between these two mediums is very similar for policy debates (Cook 1998; Entman and Page 1994) as well as for election campaigns (Dalton, Beck, and Huckfeldt 1998). More specifically and importantly, the percentage of substantive versus strategic statements does not vary tremendously across the two mediums. Thomas Patterson (1993) finds that the percentage of stories that focus on the "horse race" in election campaigns is only slightly less (within 5%) for newspapers than for television. In their examination of media coverage of health care reform during 1994, Kathleen Hall Jamieson and Joseph Cappella (1998) conclude that
the percentage of stories that covered the debate in "horse race" terms was essentially the same for television news and newspapers.

Finally, and potentially more problematic, the opinions of some citizens were likely influenced by communication other than political news. Thus, while I can argue that my content analysis of ABC News shows is probably representative of media coverage of the policy debate, I cannot so easily account for the impact of information obtained from other sources. The most likely alternative source of information about health care reform was advertisements. More so than any previous policy debate, both political parties and a variety of interest groups aired many health care reform advertisements (West and Francis 1996). The best known of these were the "Harry and Louise" ads which featured a couple sitting at their kitchen table and discussing what they did not like about Clinton's proposal. Each of these ads ended with either Harry or Louise stating, "There's got to be a better way." Even though these ads were the most common, many other ads were also aired. In fact, fourteen organizations, including both supporters and opponents of Clinton's plan, spent at least $1 million on health care advertisements (West, Heith and Goodwin 1996).

In contrast to media coverage of health care reform, these advertisements contained only, or at least primarily, substantive statements. Also, since opponents of Clinton's plan outspent supporters by approximately two to one (West, Heith and Goodwin 1996), there were likely more opposing than supporting substantive statements contained in the ads. As chapter 4 demonstrated, substantive statements in the media were, on balance, supportive. Thus, had I included the content of advertisements in my analysis of the impact of communication on citizen opinion, substantive statements might have had a significant impact on opinion. Or, they might not have. As it turns out, despite the tens of millions of dollars that were spent on health care reform ads, most citizens never saw one of the ads unless it was covered by the news media. A majority of the ads aired in the New York, Los Angeles, and Washington, DC, media markets, rather than throughout the nation. The "Harry and Louise" ads, for example, aired more often than other ads, yet only 19% of the public saw them (West, Heith and Goodwin 1996). All major television news shows covered these ads, however. In fact, my sample of ABC news stories includes some that were devoted entirely to advertising in the health care reform. Thus, the measures of substantive statements that were created from this content analysis contain some information about the content of the ads. Finally, opinions toward Clinton's plan did not differ for those people who saw the ads and those who did not (Annenberg Public Policy Center 1995; West, Heith and Goodwin 1996). Thus, I suspect my conclusions would not have changed
dramatically had I included a measure of the content of health care advertisements in my analyses.\footnote{Nonetheless, I actually would have preferred to code the content of health care reform commercials to include this information in my measure of substantive policy statements. Unfortunately, there are many practical difficulties in doing so. Interest groups are reluctant to discuss where and when their ads were aired. Furthermore, to include a measure that was comparable to my content analysis of media coverage, I would need to code the entire ad, rather than simply a description of it. Again, this information can be very tricky, if not impossible, to obtain (Kedrowski 1995; West, Heith and Goodwin 1996).}

Is Health Care Reform Unique?

In a sense, every policy issue is unique. Policy issues differ in a number of ways, each of which might influence the nature of policy communication among citizens, elites and the media. For example, communication may more closely resemble a policy dialogue than a monologue for salient issues. Citizens are more likely to become informed about salient than non-salient issues and the impact of citizen opinion on elite policy decisions is greatest for salient issues (Jacobs 1993a; Jones 1994; Miller and Stokes 1963; Page and Shapiro 1983). Issues also differ on a number of other dimensions. Some issues are new; others have been on the national policy agenda before. Some issues are technical; others are not. Citizens have loads of personal experience with some issues but no experience with others. Each of these characteristics should influence the nature and impact of policy communication. In fact, a number of specific features of health care reform probably contributed directly to the presence of a mediated policy conversation for this issue.

Clinton's health care reform proposal was extremely complex and technical. A mediated conversation may be more likely for highly technical issues because reporters are less able to present the complexities of a technical debate in a limited amount of time and space. Thus, they would be more likely to describe a technical policy debate in strategic terms (Fallows 1997). Also, citizens may find the substantive details of a technical debate hard to understand, and instead rely on media "horse race" coverage when evaluating the debate. In addition to being complex, Clinton's health care reform proposal was also new. Citizens had prior experience with health care, but not any prior knowledge of many aspects of Clinton's plan. Thus, digesting the substantive arguments over Clinton's plan was quite challenging. Perhaps a policy dialogue would be more likely for repeated policy issues,
such as crime or abortion, or for issues that are quite easy to understand, such as the Brady Bill.

In contrast, there are two features of the health care reform debate that would seem to predispose this issue to a policy dialogue model. We might expect a mediated conversation to be more likely for issues that citizens do not experience directly whereas a dialogue would occur for issues that are experienced directly. Issues that are not directly experienced are harder to understand (Neuman, Just, and Crigler 1992) and citizen opinions are thus less likely to be influenced by substantive policy statements. However, most people do have some experience with health care. This suggests either that personal experience was overwhelmed by the complexity of Clinton's health care reform plan or that the impact of media "horse race" coverage on opinion would be even stronger for other issues. Finally, a dialogue should be more likely when elite disagreement over a proposal falls along party lines, as it did in the case of health care. When elite disagreement does not fall along party lines, it should be harder for citizens to sort through the elite debate, suggesting that either they would be more likely to rely on media "horse race" coverage or that it is less likely that policy opinions will correspond with pre-existing attitudes.

Given these conflicting expectations, what is it about the health care reform debate that contributed to support for the mediated conversation model? Why, given that health care is experienced directly and that the elite disagreement was partisan, was there no strong support for the dialogue model? Herein lies a shortcoming with case study research. Since studying the nature and flow of communication among citizens, elites and the media during policymaking requires collecting a variety of data for each policy debate, the case study method is the best for this type of analysis. As with any research method, though, case studies have their shortcomings. Primarily, the results from a single case study are not easily generalizable to other policy issues. Unfortunately, then, until I examine policy communication patterns for other issues, I will not be able to determine what specific features of health care reform contributed to the presence of a mediated conversation rather than a policy dialogue for this issue.

Implications for the Study of American Politics

The results from this analysis of the health care reform debate speak most directly to the nature and impact of communication during public policymaking. This communication-focused approach as well as the specific findings from my analysis also have implications
for related topics in American politics. An examination of communication during policymaking naturally leads to a consideration of the role of the media in the policymaking process. Most traditional models of policymaking focus instead on the role of various actors either within institutions of government or affiliated with interest groups (Jones 1984; Kingdon 1995; Ripley 1985; Sabatier and Jenkins-Smith 1993). According to these models, the final content of public policy depends largely on which actors are most involved in policy formulation, either individually or within advocacy coalitions. While these models do account for the impact on policy of the broader political environment, including both the media and the public, these factors are generally given a subordinate role.

In contrast, a number of scholars have recently argued that the media can have an independent influence on public policy and thus should be given a more prominent role in policymaking models (Kennamer 1992; Page 1996; Pritchard 1992). The nature of media coverage of politics, for example, influences the activities and statements of policymakers (Kedrowski 1996). Elites know that certain issues and topics - those that are "timely, terse, easily described, dramatic, colorful and visualizable" (Cook 1998, 112-3) - are more likely to be covered by the news. Certainly, elite descriptions of a policy proposal are influenced by these parameters, as elites attempt to get their interpretations of a policy issue covered by the news media. As it turns out, these media pressures can also influence the content of policy proposals (Cook 1998; Spitzer 1993). Policymakers, for example, sometimes opt for policies that are not very complex because these proposals will be easier to explain (Skocpol 1994). Additionally, the media have an influence on policymaking because they influence the public's perceptions of issues and policymaking (Entman 1989; Fallows 1997; Gilens 1996). By finding that public support for Clinton's plan was influenced very strongly by media "horse race" coverage of this issue, my results add further evidence to this conclusion.

While early examinations of public opinion considered the role of the political context in shaping opinion (Key 1966; Schattschneider 1960), beginning with the work of Philip Converse (1964), the study of public opinion focused primarily within the individual. The emphasis was on understanding the relationship (or lack thereof) between issue opinions and individual predispositions, such as political ideology, related political attitudes, and demographic characteristics. More recently, especially in the past decade, theories of public opinion formation have re-incorporated the impact of the political context on opinion. In addition to predispositions, this research indicates that public opinion is also influenced by the content of public policy (Durr 1993; Wlezien 1993), policy cues from elites (Kuklinski and Hurley 1994, 1996; Mondak 1993; Sniderman, Brody and Tetlock 1991),
economic trends (Kluegel 1987; Page and Shapiro 1992), and the structure of the elite policy debate (Zaller 1992).

Media coverage also influences the opinions of citizens. Simply by devoting attention to an issue, the media influence which problems the citizens think are most important for the government to address (Iyengar and Kinder 1987). In addition, as the media devote more attention to a specific issue, citizens are more likely to evaluate public officials based on their performance on this issue (Iyengar and Kinder 1987; Krosnick and Kinder 1990). The impact of media coverage on the public does not end with their decisions as to which issues to cover, however. The content of media coverage of political issues also matters. The way in which the media frame, or construct, a political issue can impact public opinion (Iyengar 1991; Kinder and Sanders 1990; Nelson and Kinder 1996). When reporters frame a Ku Klux Klan rally as a free speech issue, for example, tolerance for allowing the KKK to hold public rallies is higher than if the rally is framed as a threat to public order (Nelson, Clawson, and Oxley 1997). Additionally, persuasive messages contained in newspaper editorials can influence public evaluations of candidates (Dalton, Beck, and Huckfeldt 1998). Another aspect of media content that influences the opinions of the public is strategic coverage, as my findings from the issue of health care reform demonstrate.

Finally, my focus on policy communication among citizens, elites and the media is useful for furthering our understanding of the relationship between public opinion and public policy. Many scholars have examined this relationship by comparing aggregate public opinion with the content of enacted policies across a large number of policy issues and years. Their findings suggest that public policy changes in response to changes in public opinion, leading to conclusions that policymakers are responsive to the public (Erikson, Wright and McIver 1993; Hill and Hinton-Andersson 1995; Monroe 1979; Page and Shapiro 1992; Stimson, MacKuen and Erikson 1995). While this is evidence of one type of responsiveness (Pitkin 1967), it may not necessarily be democratic responsiveness. As Benjamin Page and Robert Shapiro (1992, 394) define it, democratic responsiveness occurs when the "government does" what the "citizens want." In other words, responsiveness is democratic if the policymakers respond to the true interests and needs of the citizens.

Thus, before we draw any conclusions about whether the responsiveness of policymakers to public opinion change is democratic or not, we must first know what caused the opinion change. Public opinion toward a policy can change because the interests of and needs of the public have changed. Alternatively opinion can change because of
misleading information from elite policymakers or, as my study of health care indicates, because of media "horse race" coverage. If elites are responsive to one of these latter versions of opinion change, we would not conclude that democratic responsiveness has occurred. Essentially, then, we cannot relate findings about the relationship between the public and policymakers to democratic theory until we first understand the way in which policy information is communicated between these two groups in our mass-mediated democracy.
APPENDIX A

CODING CATEGORIES FOR CONTENT ANALYSIS OF
MEDIA COVERAGE OF HEALTH CARE REFORM DEBATE

I. Categories for Story Characteristics

A. Date of story (in mm/dd/yy format)

B. Placement of story

11. Lead story
12. Story before first commercial
13. Story after first commercial

C. Length of story (number of words)

D. Length of story (number of sentences)

II. Categories for Sentence Characteristics

A. Content of sentence

[Statements Supporting Clinton Plan: General]

100. Task Force procedures: inclusive process
- meetings held with many interested groups/people
- some meetings open to public, some not; impractical to have all open
- trying to accommodate opposing views
101. Clinton seeks advice from many people/parties; willing to compromise
- his plan not set in stone; open to suggestions from others
102. Clinton working/making progress on health care reform
103. Hillary Clinton qualified to lead h.c. reform effort
- people are happy that Hillary Clinton is chair of Task Force
104. There is general agreement that h.c. system must be reformed
105. American public wants health care reform; will be happy when h.c. reform is passed
106. H.c. reform is Clinton's top priority
107. H.c. reform must be passed now
- opportunity now exists to change h.c. system
Statements Supporting Clinton Plan: Problems with current health care system

109. General reference to problems; h.c. system needs change/reform
110. Many un- or underinsured individuals
111. Individuals can lose coverage when change (or lose) jobs
112. Many individuals cannot afford coverage/care
113. Many individuals do not have access to needed care
114. High and/or escalating health care costs
115. Health care costs are increasing federal deficit or are large(r) share of federal budget
116. Greedy insurers/doctors/hospitals/drug companies
   -profits/incomes are very high
117. Too much waste, fraud, inefficiencies and abuse (driving up costs, etc.)
119. Businesses are suffering
   -businesses want employees to pay more of their h.c.
   -employee (and retiree) h.c. costs are high and/or rising
   -businesses pass on h.c. costs to consumers in form of higher prices
120. There is a health care crisis
121. High health care costs are hurting state governments, are large(r) share of state budgets
122. Health care dollars are not being spent wisely
123. Health care is rationed under current health care system (because of limited resources, etc.)
126. Malpractice insurance/worry about malpractice cases (defensive medicine)/high malpractice awards producing high h.c. costs
128. Too many h.c. rules, regulations, paperwork for doctors/administrators/patients
130. Not enough GPs/primary care doctors; too many specialists
   -GPs save money because of fewer tests, lower fees, etc.
131. Insurers deny coverage because of pre-existing conditions or deny certain (experimental, expensive) treatments
   -or businesses won't hire because of pre-existing conditions
132. Companies are dropping coverage for retirees (benefits were promised)
134. H.c. costs are high in order to cover costs of uninsured
135. Insurance cos./hospitals/doctors/drug cos. costs are high b/c of overhead
136. Little incentive in current system to keep costs down
    -most people have insurance and insurance pays for h.c., even high fees
137. Medicare/Medicaid costs are increasing & need to be controlled
    -Medicare will run out of money in few years
140. Current h.c. system is hurting the economy
141. H.c. quality is poor in rural areas
    -too few doctors, hard to compete for better care
142. US spends a lot of money on h.c.
    -large share of GNP, but resources are finite
144. General concern for h.c. security, worry about future problems/access to adequate care
145. H.c. problems are due to the practices of insurance companies
    -denial of coverage, etc.
147. Current h.c. system harms middle class, working Americans
148. Quality of h.c. in US lower than other nations, but US spends more money
099. Businesses refuse to cover their workers or reduce workers' benefits
Statements Supporting Clinton Plan: Benefits of Plan/Support for Plan Specifics

149. Support for Clinton plan (general statement or miscellaneous reason)
150. Clinton plan will insure everyone (universal coverage)
151. Clinton plan will give everyone access to insurance/care (univ. access)
   - plan will provide basic benefits package for everyone
152. Clinton plan will provide security
   - "health care that can never be taken away"
   - individuals will not lose insurance due to job loss, etc. (portability)
153. Clinton plan will reduce h.c. costs or reduce increases in h.c. costs
   - support for controlling costs
154. Clinton plan will eliminate waste, inefficiencies, fraud, abuse (general)
155. Clinton plan will reform insurance companies' practices
   - cover pre-existing conditions; eliminate lifetime limits on policies
156. Clinton plan will ensure choice of health plans and doctors
   - sometimes plans which provide for this choice will cost more
157. Clinton plan will maintain/improve high quality of health care system
158. Clinton plan will promote responsibility
   - everyone will contribute toward insurance/costs
159. Clinton plan will expand Medicare
   - add prescription drugs/long term care benefit to Medicare coverage
160. Clinton plan will preserve/maintain Medicare; benefits will not be cut
161. Clinton plan will benefit business
   - h.c. costs will be lower
   - small businesses to get subsidies to pay for employee coverage
162. Taxes on tobacco fair b/c of high h.c. costs for smokers and/or taxes will discourage smoking
163. Controls on drug prices, doctor/hospital fees are fair/necessary (to control h.c. costs)
164. Medicaid will be phased out under universal coverage
165. No increase in taxes to pay for h.c. (general statement or specific taxes)
166. Clinton plan will save money; plan will reduce deficit
167. States are given more leeway in h.c. reform, will retain control over h.c.
168. Clinton plan will/must pay for abortion because it is fair
   - most insurance now covers abortion; safe access to abortions
169. No taxes on insurance benefits paid by employers
170. Encourage more doctors to be GPs/primary care doctors
171. H.c. costs will be lower under managed care/competition or HMOs
172. H.c. quality will remain high under managed care/competition or HMOs
173. People will pay less for their h.c. under Clinton plan
   - lower insurance payments, etc.
174. General benefits of managed care/competition or HMOs
   - general statement or miscellaneous benefit
175. Cap on insurance premiums (to control costs)
176. Support for employer mandate provision of Clinton plan
177. Regional cooperatives/health alliances will keep h.c. costs down
178. Preventive care will be completely covered under Clinton plan
   - general support for preventive care
179. Clinton plan will include broad benefit package for everyone
   - rather than smaller package
   - same or better benefits than under most current insurance policies
"Payroll premiums" will be substitute for current insurance premiums (not new expense)

H.c. system will improve under Clinton's plan (general reference)

Clinton plan will not drastically change h.c. system (h.c. delivery, etc.)

Clinton will not compromise on univ. coverage/secure access to h.c. for everyone (veto threat)

Clinton plan will help economy/increase jobs or won't lead to job losses

General support for universal coverage/universal access

-or universal coverage is possible

Do not pass incremental plan; Clinton plan is most complete plan; do not compromise

Support for insuring less than 100% (~95%) of public immediately

-nation cannot afford to or practically impossible to cover 100%

American public should have same coverage or same guarantee of coverage that members of Congress do

Universal coverage will benefit middle-class; h.c. reform must help middle class

-or no universal coverage will hurt middle-class

Providing universal coverage might be expensive, but it will be small % of h.c. spending

Support for encouraging people to be responsible with their h.c.

-incentives to keep costs down

General support for health security

[Statements Supporting Clinton Plan: "Horse Race" Coverage]

Bill Clinton/Hillary Clinton meeting/speech increased support for plan

Clinton's plan supported by or gaining support from interest groups/professional organizations/businesses

Event or announcement (court ruling, CBO report, IG report, endorsement) is good news/favorable for Clinton(s)/Task Force

-or not bad news/unfavorable

Reform movements in the states are giving Clinton momentum

Clinton still pursuing h.c. reform goals even if he makes compromises

Hillary Clinton successful in selling/increasing support for plan

Hillary Clinton's h.c. efforts well-received; positive evaluation of her Congressional testimony

The public supports Clinton's plan

Positive evaluation of speech made/event attended by Clinton

Clinton's opponents are feeling the pressure to support h.c. reform, are making concessions

Clinton(s) stand up to their opponents/criticize them/promise to fight

Major triumph for Clinton if h.c. reform is passed

Clinton's plan will/likely to pass in 1994

Clinton has initiative/momentum on h.c. (or has not lost momentum)

Whitewater is not influencing Clinton's attention/to/effort on h.c. reform

General support for Bill or Hillary Clinton (not linked to health care)

Clinton's plan has not been defeated; there is no need to compromise

Clinton's compromise on universal coverage is good because it makes passage of h.c. more likely

Congress has made progress on h.c. reform

Health care reform will/is likely to pass in 1994
[Statements Supporting Clinton Plan: Negative evaluation of tactics/decisions of Clinton's opponents]

193. Opponents of Clinton using false/misleading information, scare tactics
194. Opponents/Republicans are obstructing h.c. reform, hostile to change, creating gridlock
198. IGs who oppose plan are concerned mainly with their own interests
210. Republicans are playing partisan politics in opposing Clinton
211. General criticism of or questioning tactics of Clinton's opponents
213. Republicans trying to/have made Whitewater a political issue, but it should not be
215. Republicans are not unified, disagree over h.c. reform
217. Republicans will be blamed if h.c. reform does not pass

[Statements Opposing Clinton Plan: General]

300. Clinton's big government program is inconsistent with American values
   -Americans distrustful of powerful government
301. Clinton plan is socialized medicine
303. Cannot trust the federal government to manage health care
   -government will not fulfill its promises
306. General criticism/expression of skepticism toward Clinton plan
   -no specific reason/complaint or miscellaneous reason
307. Clinton plan is not perfect, has some problems
308. Clinton plan tries to do too much, is too ambitious, is too sweeping
309. Clinton putting too much emphasis on h.c.; other issues are important too
310. Worry that h.c. reform will not pass; Clinton plan too complex, controversial
313. Disapproval of Clinton's handling of h.c. reform
314. Republicans should not try to help Clinton improve his bill
315. Americans do not support sweeping h.c. reform; support incremental plan
   -or are divided over h.c. reform

[Statements Opposing Clinton Plan: Denial of Problems with Health Care System]

320. Health care system is not in crisis; problems have been exaggerated
321. American health care system is the best in the world - why change it?
323. Health care system requires only modest/incremental changes
   -no need to fundamentally alter existing health care system
   -gradually phase-in changes
324. Focus only on improving access to h.c. for those who do not have access
325. Let the free market (not government) determine health care provision; or minor regulations
326. Competition among doctors, insurers, patients will keep h.c. costs down
328. H.c. costs are decreasing (or slower rate of increase) on their own
329. H.c. reform should focus only on making h.c./insurance affordable
330. No need to rush h.c. reform, especially if changes are not positive
   -take time to do it right
331. Economy has improved; workers less worried about losing h.c. coverage
[Statements Opposing Clinton Plan: Formation of the Clinton plan]

340. Task Force meetings held in secret; they should be open to public
342. Clinton/Task Force missed deadlines in finalizing health care plan; unclear when plan will be finalized
343. Clinton/Task Force should listen to opinions of health professionals
344. Hillary Clinton should not have power because she is unelected
345. Task Force trying to please many political constituencies
347. Disagreement within Task Force or between Clinton and Task Force over content of h.c. plan

[Statements Opposing Clinton Plan: Negative Consequences of the Clinton plan]

360. Taxes will (or may) increase (general statement)
361. Federal budget deficit will increase
362. Job losses will occur, wages will decrease
   -because of tax increases, employer mandate, etc.
363. Negative impact on economy, decreased economic growth
   -because of high cost of plan, etc.
364. Creation of big bureaucracy, large social program, new entitlement
365. Too much government control/regulation over h.c., government-run h.c.
366. Quality of h.c. will decline: less time for patients
367. Quality of h.c. will decline: less R&D, less training for doctors
368. Quality of h.c. will decline: general statement or miscellaneous
369. Health care will be rationed
   -will be hard to find a doctor
   -waiting lists for specialists and surgery will occur
   -certain procedures will not be allowed; limits on expensive technology
370. Loss of doctor/hospital/insurer choice
371. Loss of patient privacy
372. Unclear consequences because many aspects (e.g. managed competition) of plan are untested
374. Cost controls on doctor’s fees, drug prices, etc. will be established
   -will lead to decrease in h.c. quality
375. Business will suffer
   -because of increased taxes, employer mandate, etc.
   -will have to pay more for h.c. than they do now
   -businesses will close down because of added costs
376. Clinton plan will be expensive
   -providing universal coverage, broad benefits package, etc.
   -how will Clinton pay for his plan? (implication: it will be expensive)
377. H.c. reform will make system worse (general statement)
378. Taxes/fees will increase and/or benefits will decrease because of high cost of Clinton plan
379. Clinton plan will not control costs
380. Individuals will pay more for their h.c. under Clinton plan
381. Clinton plan will harm doctors
   -decrease in income, won’t be able to practice in specialization, etc.
382. Clinton plan will drastically/radically change current h.c. system
383. Clinton plan will harm insurance companies
   -many will stop selling health insurance
   -required to provide same benefits to all

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Clinton's plan won't cover all benefits that current plans cover
Everyone will be required to join an HMO
Many people's insurance plans will be taxed
Clinton plan will benefit the poor, but not the middle-class

[Statements Opposing Clinton Plan: Opposition to Specifics of Clinton Plan]

400. General opposition to increase in taxes to pay for h.c.
   -or opposition to specific taxes
   -higher taxes on tobacco, alcohol not fair, because these taxes affect only certain people
401. Opposition to employer mandate
   -businesses shouldn't be forced to provide insurance to employees
   -small businesses cannot afford to pay
402. No price controls: doctors' fees, insurance premiums, drug prices should not be regulated
403. Clinton plan will make abortion on demand available
404. Negative consequences of managed care/competition or HMOs
   -will restrict patient choice, long waits for care, limit procedures
405. HMOs more worried with saving money than patient care
   -quality of h.c. will decline
406. HMOs do not save money and/or keep costs down
407. General criticisms of managed care/competition/HMOs
408. Abortion coverage should not be included in benefits package
   -opponents of abortion would be financially contributing to coverage
409. Clinton plan should not change Medicare
410. Payroll taxes should not be increased to pay for Clinton plan
411. Should be no overall limit on h.c. spending
412. Medicare and/or Medicaid should not be cut to pay for Clinton's plan
413. Clinton's estimates of savings and/or costs of his plan are questionable/unrealistic
414. Government shouldn't create new h.c. program/entitlement for h.c./be more involved in h.c.
415. Subsidies to low income people and small businesses should not be limited
416. Employer-paid insurance premiums are federal program, must be in federal budget
417. Clinton plan not fair enough to women (mammograms/contraceptives not always covered, etc.)
418. Taxes will need to increase to pay for universal coverage
419. Increase in tax on tobacco should be reduced from $1.25 to .45
420. Opposition to universal coverage; it is not possible/necessary
421. Members of Congress/Clinton/White House Staff should give up government subsidized h.c. coverage
422. Opposition to covering even 95% of public; US cannot afford it
423. Opposition to mandatory health purchasing alliances
424. Anything less than 100% coverage will leave many people uninsured
425. Americans do not have a right to h.c.
426. H.c. reform should not add to the budget deficit

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[Statements Opposing Clinton Plan: "Horse Race" Coverage]

305. Whitewater is hurting Clinton on h.c. reform
   - Whitewater allegations are evidence that Clinton(s) can't be trusted
   - Whitewater is about health care

311. Skepticism/worry about Hillary Clinton's ability to lead h.c. reform in face
     of Whitewater allegations

434. IGs/prof. org's/h.c. workers/businesses will/do not support Clinton plan
435. Clinton plan or specific part losing support/not supported in Congress
436. Clinton plan or specific part losing support/not supported among citizens
     - or many citizens opposed; demonstrations against Clinton plan
437. Opponents' messages/ads have decreased public (or other) support
440. Specific industry(ies)/IG(s) has lots of power, influence and opposes (parts
     of) Clinton's plan
441. Clinton's opponents will be hard to defeat/have advantage/will likely win
443. Clinton/Task Force under pressure to finalize plan/pass h.c. reform
444. Court ruling/CBO report/announcement is defeat/bad news for Clinton
445. Court ruling/CBO report/announcement victory for Clinton's opponents
446. Long battle likely in passage of Clinton plan
449. Clinton will be/is forced to compromise over h.c. reform
     - plan is scaled back/modified
450. Clinton might compromise too much in order to get h.c. reform passed
451. Audience of Bill/Hillary Clinton hostile/skeptical of Clinton plan
453. Congressional procedures (committee jurisdiction fights, etc.) will be
     obstacle to passage of Clinton plan
454. Impossible to meet some goals of Clinton's plan immediately; gradual
     phase-in will be necessary
459. IG/professional organization/business/members of Congress endorse
     alternative health care plan
460. (Congressional) Republicans are unified against Clinton on health care
461. Alternative h.c. proposals gaining more support than Clinton's; presenting
     Clinton with challenge
462. Passage of Clinton plan will be harder without Rostenkowski as chair of
     Ways and Means or because of Mitchell's retirement from Senate
463. Clinton has lost/is losing momentum/initiative on h.c.
464. Clinton plan will not pass/is dead/is unlikely to pass
465. Clinton/supporters concerned about opponents/losing support; worried that
     plan won't pass
466. Whitewater controversy is causing problems for Clinton(s)
     - no direct link to h.c. reform
467. Clinton's vision of health care reform will not pass
     - plan will see major changes as it passes through Congress
     - to pass, Clinton's plan will need to be changed in specific ways
470. Clinton might have to compromise on/give up universal coverage to get
     h.c. reform passed
     - less than 100% coverage, phase universal coverage in, etc.
473. Health care reform (plans) is (are) dead
474. Time running out for Clinton (and/or Congress) to pass h.c. reform
475. Health care reform/BC's plan in trouble because Clinton is unpopular
478. Congress/Congress and President might not be able to compromise
     on/pass health care reform
479. Alternative h.c. plan is good because it is not Clinton's plan
   - support for h.c. reform as long as it is not Clinton's plan
   - "my bill is not Clinton's bill"

480. Clinton will take what he can get with health care reform; focus on incremental changes

481. Universal coverage will not pass (not even 95% goal)

482. Republicans have the momentum on health care reform

483. Clinton's health care plan is in trouble because of other policy issues
   - defeat of crime bill; decisions about Haiti situation

604. Only h. care plan that is likely to pass is bare bones/incremental plan

[Statements Opposing Clinton Plan: Negative evaluation of tactics/decisions of Clinton and/or Clinton's supporters]

430. Clinton/associates doing a poor job of explaining/selling plan
   - not staying 'on message', shifting messages
   - plan too complex to explain simply
   - or avoiding a description of the details

431. Clinton/associates wedded to public opinion/campaign promises in formulating/selling plan

433. Clinton/associates made political missteps
   - waited too long before submitting bill to Congress
   - did not anticipate number and content of attacks
   - not focusing enough on legislative process
   - expectations for passage unrealistically high

438. Democrats disagree over h. care reform; Dem(s) disagree with Clinton

439. Reforming h.c. will be risky/challenging for Clinton/Task Force

442. Tough problem for Clinton of balancing competing concerns
   - providing universal coverage at reasonable cost, high quality, or without raising taxes
   - or, save money and also increase benefits

447. Bill/Hillary Clinton/Task Force refuse to answer unpopular questions
   - e.g. will taxes increase or not?

448. Clinton following wishes of powerful lobby(ies)/legislators in formulating plan

452. Description of problems at Clinton-sponsored h.c. event
   - technical difficulties, poor planning, etc.

455. Clinton working on many issues at the same time
   - challenging; might lead to problems, confusion over details of each one

456. Clinton trying to keep focus on h.c. but other issue(s) dominate

457. Bill/Hillary Clinton's criticisms of opponents unfair, inaccurate

458. Clinton reduced his estimates of savings/deficit reduction of plan

471. Bill/Hillary Clinton or Clinton supporters tactics unfair; trying to intimidate opponents; avoiding real debate

509. Clinton/TF making decisions based on what will make plan easiest to sell
   - e.g. no tax increase, appeal to elderly

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Neutral Statements: Formation of Clinton plan

500. Description of Task Force - membership
501. Description of Task Force - meetings
502. Hillary Clinton named chair of Task Force; involved in h.c. reform
503. H. Clinton not involved in Task Force activities because of father's stroke
504. Hillary Clinton is close advisor of Bill Clinton's
505. Task Force considering options and/or making decisions re: Clinton's plan
506. Decision about specific part of plan not made yet
507. Court issues ruling re: Task Force meetings, procedures
508. H.c. plan delayed because of work on other legislation (budget, NAFTA)

Neutral Statements: Description of current health care system/problems or story about specific case/program

510. General description of current health care system
511. Description of gov't health program (Medicare, Medicaid, VA hospitals)
513. Description of financing of current health care system
514. Increase in use of alternative medicine/treatments
515. Description of person with medical problems, without insurance, worried about future problems
516. Description of health insurance provision; cost of individual's insurance
517. Description of medical malpractice case; description of insurance/health care fraud
518. Immunization rates of children low in the U.S.
519. Description of provision of vaccines
520. Description of local/state program that addresses specific h.c. problem
521. Description of health care worker (caring for patient, training, etc.)
   - or coverage of h.c. worker on the job
522. Description of providing long-term care to the elderly (high cost, etc.)
523. Lots of money is spent to keep dying patients (or premature babies) alive
   - or lots of money spent on certain risky procedures
524. Description of h.c. system/problem in other country (Germany, Canada)
525. Description of h.c. technology
526. Description of h.c. coverage/cost for members of Congress/federal employees (coverage better/cost cheaper than for most Americans)
125. Medicaid does not provide adequate coverage for the poor
127. Problems in h.c. are due to doctors
133. Shortage of qualified h.c. workers (doctors, nurses, etc.) in inner cities
138. Tobacco-related illnesses cost lots of money and/or tobacco results in many deaths
139. VA hospitals have poor care & poor conditions; they are costly and/or unnecessary
143. High h.c. costs due to unhealthy habits of people
146. Medicare coverage varies across nation
   - costs vary; types of procedures covered, etc.

Neutral Statements: Description of Clinton plan

530. General description of Clinton plan
531. Everyone (who can pay) will pay portion of their costs under Clinton plan
532. Employer mandate description

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533. Description of managed care/competition/HMOs/prepayment contract
534. Health care alliances/purchasing cooperatives description
535. Support for subsidies for low-income workers/small businesses
   -because they can't afford to provide coverage
536. Insurance premiums/doctor or hospital fees/drug prices will be capped
537. Increase in cigarette, alcohol taxes (sin taxes)
538. Changes in Medicare, including Medicare long-term care benefit
539. Cap amount of malpractice awards; try to reduce malpractice problems
542. Employers & workers encouraged to choose inexpensive h.c. plan
543. Luxury tax on benefits beyond basic care; tax on insurance companies
   with high premiums
544. Some benefits won't be covered under Clinton plan (to keep cost down)
   -or certain parts (e.g. universal coverage) to be phased in slowly
545. "Payroll premiums" (% of wages paid by employer and employee) will
   pay for h.c. plan
546. Everyone will have to sacrifice under Clinton plan; no one will be
   completely happy
547. Abortion will be covered under Clinton plan
548. Hospitals/drs. won't be required to perform abortions under Clinton plan
549. Certain procedures might be limited because they are expensive
557. Cuts in Medicare and/or Medicaid to pay for Clinton plan
559. Clinton's estimates of costs, savings are accurate
563. Clinton's h.c. reform plan is ambitious
564. H.c. reform/Clinton plan complex, confusing, proposed legislation is long
565. General description of universal coverage (including how to pay for it)
   -not necessarily true that everyone would be covered
566. Description of cost of health care reform
     -unclear whether costs will increase or decrease
570. Every American will be influenced by h.c. reform

[Neutral Statements: Consequences of Clinton's Plan or Health Care Reform]

566. Description of cost of health care reform
     -unclear whether costs will increase or decrease
567. Unclear how much Clinton plan will cost or how much providing universal coverage will cost ("What will this plan cost?")
568. Unclear how Clinton plan will be paid for
569. Unclear what consequences of Clinton plan will be
     -"what will Clinton plan mean?"
570. Every American will be influenced by h.c. reform

[Neutral Statements: Preferences/Activities of Citizens]

589. Many people (including citizens) have offered Clinton advice on h.c.
    reform
593. Many people (including citizens) are interested in h.c. reform/Clinton's plan/Clinton speech
594. Many people (including citizens) have high expectations for Clinton and/or h.c. reform
606. Citizens will settle for less than universal coverage/stripped down plan
     -especially if cost is too high/taxes will increase for broader plan
610. Public is confused about health care reform

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Americans want compromise/bipartisan solution on health care reform

[Neutral Statements: Politics of the Policymaking Process]

- Description of health care reform legislative process/debate
- Status of Clinton bill/h.c. reform in Congress (committee meetings, etc.)
- Reforming h.c. system will be complex, involve trade-offs
  - no reference to Clinton
  - hard to build enough support in Congress
- Support for Clinton plan is unclear (public or Congress)
- No guarantee that health care reform will pass in 1994
- Gridlock over h.c. due to voters who send conflicting messages
- Members of Congress are trying to compromise over h.c.
  - health care reform might pass with compromise bill
  - hope that health care reform will pass
- Worry that time is expiring for h.c. reform/will have to wait for 1995
- Disapproval of Congress' handling of health care reform
- Fight/battle is likely or is occurring over specific aspect of health care reform
  (no reference to Clinton)
- Supporters & opponents of Clinton plan will likely/have to compromise to get h.c. reform passed
  - or, room for compromise on specifics of h.c. plan
- Focus of h.c. debate: how will I be affected? don't cut my benefits, increase my costs, etc.
- Republicans might try to compromise/cooperate with Clinton over h.c.
- Rostenkowski leaving/Mitchell's retirement won't hurt passage of Clinton plan/h.c. reform
- Clinton needs backing of specific group (e.g. elderly) for plan to pass
  - no indication if this support is likely or not
- Clinton/Democrats need to/try to compromise with Republicans or opponents over health care (or over universal coverage)
- Congress under pressure to pass h.c. reform; time to act on h.c. reform
- Congress not working on h.c. because of work on other issues (e.g. crime)
- Passage of health care reform in Congress is too close to call
- Special interests are to blame for failure of health care reform
- Partisan politics is to blame for failure of health care reform

[Neutral Statements: Description of Tactics/Activities of Policymakers]

- AMA having minimal role in h.c. reform, not 'heavy hitter' this time
- Bill Clinton gives (or will) speech/attends event; attempt to mobilize support for plan at event
- Hillary Clinton gives (or will) speech/attends event; attempt to mobilize support for plan at event
- Bill/Hillary Clinton visits Congress, testifies before Congress
- Description of tactics of lobbyists/IGs/Clinton's opponents
  - grass roots mobilization, candidate donations, meetings with members of Congress, advertising, etc.
- Groups want to be heard by Task Force/want their interests represented in h.c. reform (general statement or specific description)
- Task Force member(s)/Clinton Administration member(s) attends event, gives speech, visits Congress
Members of Congress try to influence content of h.c. plan
Description of BC/HRC/supporters' tactics in mobilizing support for plan
Description of groups/actors involved in h.c. reform debate
Description of Whitewater-related event (no link to health care)
Republicans debate health care; try to devise strategy
Will Clinton really veto h.c. plan without universal coverage if that means no h.c. reform?
Republicans want health care reform too
- they don't want to be viewed as obstructionists
Members of Congress are not sensitive to h.c. problems because they have very good coverage (unwilling to offer similar coverage to the public)
Health care reform ads are confusing, misleading
- general reference; unclear which ads
Summit on h.c. reform necessary because topic is too confusing
Description of h.c. related special interest spending (donations, ads, etc.)
Health care debate is confusing, full of interpretations/rhetoric
- difficult to determine what is fact/truth
Catholic church should stay out of health care reform debate
No problem if Republicans are blamed for health care reform not passing
Clinton will continue to fight for health care reform next year

[Description of Other Health Care Reform Proposals]
Regulating doctors fees is acceptable if their costs (malpractice ins., gov't paperwork) also decrease
Miscellaneous proposal
Opposition to capping malpractice awards or to making malpractice harder to prove (h.c. quality might decrease)
Description of proposal to make childhood vaccines more accessible
- including mention of high cost
General limitation on costly procedures is unfair
- decisions should be made on case-by-case basis
- always try to save a life if possible
Expand care to VA hospitals (reduce wait lists, improve facilities, etc.)
Veterans deserve a separate h.c. system
New h.c. technology can decrease h.c. costs and/or increase h.c. quality
States should have flexibility, chance to implement own programs
- federal government could learn from states
- states are fearful of program from federal government
Description/mention of alternative h.c. plan(s)
Focus on women's health issues as part of health care debate
Women's health issues must be included in health care reform
Support for modified version of employer mandate provision
- trigger mechanism (only if univ. coverage not reached after X years)
- businesses pay less than 80% of employees coverage
Support for gradual phase-in of universal coverage
- children first, not until 2001, etc.
Medicare should not be expanded to cover poor, uninsured

169
[Support for Other Health Care Reform Proposals]

254. Support for/arguments in favor of Democratic leadership bill(s)
578. Benefit(s) of alternative h.c. plan(s)

[Opportunity toward Other Health Care Reform Proposals]

312. Criticism of bills proposed by Democrats/Democratic leadership
577. Criticism(s) of alternative h.c. plan(s)

["Horse Race" Coverage: Other Health Care Reform Proposals]

484. Democratic leadership bill(s) not supported/losing support in Congress

[Non Health Care-Related Statements]

599. Reporter identification; story placement/story identification information
600. Miscellaneous message

B. Source of sentence content

[Media Sources]

011. Television reporter or anchor
320. Journalist (quoted in story written/reported on by different journalist)
321. Story in newspaper, magazine (other than current one)

[White House/Clinton Administration/Cabinet sources/Advisors]

021. White House/Clinton Administration (general)
022. Task Force (memo, document, statement attributed to Task Force)
023. President Bill Clinton
024. Hillary Rodham Clinton
025. Ira Magaziner
026. Thomas McLarty
027. George Stephanopoulos
028. David Gergen
029. Bob Boorstin
030. Lloyd Bentsen
031. Roger Altman
032. Donna Shalala
033. Laura D'Andrea Tyson
034. Alice Rivlin
035. Vice President Al Gore
036. Aide(s) to Bill Clinton or Hillary Clinton
037. Judy Feder (Task Force chair OR Assistant Secretary, HHS)
038. Clinton's economic advisors

170
039. Jesse Brown
040. Dee Dee Myers (White House Press Secretary)
041. Advisor to Clinton (Paul Starr, Paul Begala)
042. Leon Panetta
043. Janet Reno
044. Bruce Babbitt
045. Bruce Reed (Domestic Policy adviser)
046. Lloyd Cutler (White House Counsel)
047. Bruce Lindsey (Senior White House adviser)
009. Robert Reich
008. Ron Brown

[Congress: General]

048. Specific Committee members
049. Lawmakers, Members of Congress, Senators
     -bipartisan collection of Representatives/Senators or no party label
079. Unidentified Representative/Senator

Democratic members of Congress]

050. Congressional Democrats (general)

Democratic Senators]

051. Senate Democrats (general)
052. Senate Democratic leadership (general)
053. George Mitchell (ME)
054. John Breaux (LA)
055. Edward Kennedy (MA)
056. Bob Kerrey (NE)
057. Daniel Patrick Moynihan (NY)
058. Jay Rockefeller (WV)
059. Harris Wofford (PA)
060. Bill Bradley (NJ)
061. Tom Harkin (IA)
062. Paul Wellstone (MN)
063. Tom Daschle (SD)
064. Barbara Boxer (CA)
065. Patty Murray (WA)
066. Barbara Mikulski (MD)
067. David Pryor (AK)
068. Max Baucus (MT)
069. Daniel Inouye (HI)
070. Robert Byrd (WV)
071. James Exon (NB)
072. Paul Simon (IL)
073. Frank Lautenberg (NJ)
074. Joseph Lieberman (CT)
075. Joseph Biden (DE)
076. Sam Nunn (GA)
077. Dianne Feinstein (CA)
078. Christopher Dodd (CT)
360. John Kerry (MA)
361. John Glenn (OH)
362. Howard Metzenbaum (OH)
363. David Boren (OK)
364. Patrick Leahy (VT)
365. Richard Shelby (AL)
366. Russell Feingold (WI)

[Democratic Representatives]

080. House Democrats (general)
081. House Democratic leadership (general)
082. Tom Foley (WA)
083. Richard Gephardt (MO)
084. Jim Cooper (TN)
085. John Dingell (MI)
086. Sam Gibbons (FL)
087. Jim McDermott (WA)
088. Dan Rostenkowski (IL)
089. Pete Stark (CA)
090. Harry Waxman
091. Ron Wyden (OR)
092. Bill Richardson (NM)
093. William Ford
094. Robert Wise (WV)
095. Billy Tauzin (LA)
096. Roy Roland (GA)
097. Sanford Bishop (GA)
098. Jim Slattery (KS)
099. Charles Rangel (NY)
100. Michael Andrews
101. Lewis Payne (VA)
102. Vic Fazio (CA)
103. David Bonior (MI)
104. Don Edwards (CA)
105. Nita Lowey (NY)
106. Charles Shumer (NY)
107. Joseph Kennedy (MA)
108. Sander Levin (MI)
109. John Lewis (GA)

[Republican members of Congress]

110. Congressional Republicans (general)

[Republican Senators]

111. Senate Republicans (general)
112. Senate Republican leadership (general)
113. Bob Dole (KS)
114. John Chafee (RI)
115. Phil Gramm (TX)  
116. Connie Mack (FL)  
117. Arlen Specter (PA)  
118. Trent Lott (MS)  
119. Bob Packwood (OR)  
120. Pete Domenici (NM)  
121. William Cohen (ME)  
122. Alfonse D'Amato (NY)  
123. Daniel Coats (IN)  
124. Orrin Hatch (UT)  
125. Dave Durenberger (MN)  
126. John Danforth (MO)  
127. Christopher Bond (MO)  
128. Robert Bennett (UT)  
129. Bob Smith (NH)  
130. Judd Gregg (NH)  
131. Nancy Kassebaum (KS)  
132. Alan Simpson (WY)  
133. Jesse Helms (NC)  
134. Kay Bailey Hutchison (TX)  
135. John McCain (AZ)  

[Republican Representatives]  
140. House Republicans (general)  
141. House Republican leadership (general)  
142. Robert Michel (IL)  
143. Newt Gingrich (GA)  
144. Fred Grandy (IA)  
145. Henry Hyde (IL)  
146. William Clinger (PA)  
147. Chris Smith  
148. Bill Thomas  
149. Constance Morella (MD)  
150. Olympia Snowe (ME)  
151. Christopher Shays  
152. Bill Archer (TX)  
153. Rod Grams (MN)  
154. Jim McCrery (LA)  
155. Robert Goodlatte (VA)  

[Governors]  
160. The nation's governors (general)  
161. Governor Roy Romer (CO)  
162. Governor Gaston Caperton  
163. Governor Barbara Roberts  
164. Governor William Donald Schaefer (MD)  
165. Governor Howard Dean (VT)  
166. Governor Carroll Campbell (SC)  
167. Governor Pete Wilson (CA)  
168. Governor Ned McWherter (TN)
169. Other governors

[Government Agencies]

170. Congressional Budget Office (general)
171. Robert Reischauer, CBO Director
180. General Accounting Office (general)
181. Office of Technology Assessment
182. Office of Personnel Management
185. Department of Health and Human Services
186. Commerce Department
187. National Institutes of Health
188. Centers for Disease Control
189. Public Health Official(s)

[Other Government Officials/References]

019. Washington; Congress and the President
020. The government, government report
325. Federal employee
338. City/local officials
340. State government/official
342. Former Government Official (including former presidents)
343. Mayor(s)
344. Whitewater Special Counsel (Robert Fiske, Kenneth Starr)

[Political Parties/Ideological References (elite references only)]

200. Democratic National Committee
201. Democrats (no reference to specific institution; multiple institutions)
202. Liberals
204. Moderates
205. Republican National Committee
206. Republicans (no reference to specific institution; multiple institutions)
207. Conservatives
208. Conservative Democrats

[IG representatives/spokespersons or Group References]

209. Lobbyist (unspecified affiliation)
210. AFL-CIO
211. Families USA
212. American Federation of State, County and Municipal Employees
213. American Association of Retired Persons
214. Health Insurance Association of America
215. National Federation of Independent Business
216. American Medical Association
217. Public Citizen
218. Federation of Small Businesses
219. Beer industry (general)
220. Tobacco industry/tobacco farmers/pro-tobacco protestors (general)
221. Tobacco Institute
222. National Small Business United
224. Doctors lobby (general)
225. American Physicians and Surgeons
226. Industrial Biotech Association
227. Trial Lawyers of America/Trial Lawyers Association
228. Children’s Defense Fund
229. Coalition of diverse IGs
230. Pharmaceutical Manufacturers Association
231. Association of Retarded Citizens
232. Citizen Action
233. Physicians National Health Plan
234. American Society of Internal Medicine
235. Physicians for Health Care Policy
236. Right to Life Committee
237. Anti-Abortion lobby/protestors (general)
238. Abortion rights/Pro-choice lobby (general)
239. NARAL
240. American Cancer Society
241. Veterans lobby (general)
242. Insurance industry (general)
243. Labor unions (general)
244. United Auto Workers
245. Health Care Equity Action League
246. Business lobby (general)
247. National Vietnam Vet Coalition
248. Small business lobby (general)
249. National Restaurant Association
400. Farmers lobby (general)
401. Medical community lobby (general)
403. Planned Parenthood Federation
404. Lupus Association
405. Incurable diseases associations (general)
406. U.S. Chamber of Commerce
407. Business Roundtable
408. Coalition on Smoking or Health
409. Women's Research and Education Institute
410. Consumers Union
413. Seniors Coalition
414. American Council for Health Care Reform
415. U.S. Catholic Conference/Catholic officials
416. Catholics for Free Choice
417. Family Research Council
418. American Civil Liberties Union
419. Anti-tax organization(s) (general)

[Policy Experts/Academics/Think Tank Researchers]

250. Health Policy Expert/Analyst/Advocate
251. C. Everett Koop
252. Center for Policy Analysis
253. Harvard School of Public Health
254. Bernadine Healy

175
260. Research study(ies) (unnamed)
261. New England Journal of Medicine
262. Journal of the American Medical Association
263. Employee Benefit Research Institute
264. Annenberg Public Policy Center
265. Center for Public Integrity
266. Lewin Company
267. Center for Disease Control
270. Think Tank Representative/Researcher
271. Kaiser Foundation
273. Commonwealth Fund
274. Science and Government Report
275. Brookings Institution
276. Economist
277. Historian
278. Political Scientist
279. Budget Analyst
280. Retirement consultant
281. Medical consultant
282. Industry specific analyst (Auto industry, etc.)
283. Ethicist
411. Empower America
412. Heritage Foundation

[Health Care Professional/Organization]

300. Health care professional (general)
301. Pharmaceutical company executive/spokesperson/industry
302. Doctor(s)
303. Clinic/hospital/Medical school spokesperson
304. Health care worker (receptionist/aide)
305. Insurer (Blue Cross/Blue Shield, etc.); Insurance Sales Person
306. Pharmacist
307. Nurse
308. HMO (general or specific reference)
322. Health Care purchasing alliance representative/member

[General Public]

223. The elderly/Seniors (group reference)
309. Student (high school or younger)
310. Citizen(s)
311. Person(s) with illness, medical problem, physical disability or relative
   -not a patient or unclear
312. Hospital/clinic patient(s)
314. "Polls show that...", Result from specific opinion poll
316. Member of HMO
317. Recipient of Medicare
323. Senior citizen (reference to individual person)
402. Middle class (group reference)
[Business References]
313. Small business/owner of small business/self-employed person
315. Large corporation (named or unnamed), Business leader

[Health Care-Related Commercial]
319. Commercial Actor/Actress/Announcer
324. Harry and Louise (from commercials)

[Legal Professionals]
335. Prosecuting attorney
336. Defense attorney
337. Attorney (unclear)
339. Judge Royce Lamberth/Federal Appeals Court

[General/Unspecified/Miscellaneous Sources]
012. Anonymous source
013. "There is consensus that...", "Everybody says..."
014. Miscellaneous
015. "All experts say...", "Analysts agree that..."
016. Unclear
017. "There is debate over...", "Supporter of...", "Opponent of..."
318. Person from foreign country (citizen, doctor, government official)
330. Critic/opponent of Clinton plan (general/unnamed)
331. Supporter of Clinton plan (general/unnamed)
334. Health care reformers
341. H. Ross Perot
345. Rush Limbaugh
346. Conservative Radio Talk Show Host
347. Liberal Radio Talk Show Host
I. Question Wording of Items from CNN, USA Today, Gallup Surveys

The exact question wordings and coding of all variables used in the analysis of subgroup differences in support for Clinton's health care reform plan are as follows:

**Support for Clinton's health care reform plan**

"From everything you have heard or read about the plan so far, do you favor or oppose President Clinton's plan to reform health care?"

0=oppose 1=favor

**Income**

"Is your total annual household income before taxes $20,000 or more or is it less than $20,000?" [If 'under' ask:] "Is it over or under $15,000? Is it over or under $10,000?" [If 'over' ask:] "Is it over or under $30,000? Is it over or under $50,000? Is it over or under $75,000?"

1=less than $20,000 2=$20,000-29,999
3=$30,000-49,999 4=$50,000 or greater

**Age**

"What is your age?"

1=18-29  2=30-49  3=50-64  4=65 or older
Party Identification

"In politics, as of today, do you consider yourself a Republican, a Democrat, or an Independent?"

1=Republican 2=Independent 3=Democrat

Attentiveness

This variable was created from a question about education. The education question was worded as follows: "What is the last grade or class that you completed in school?" The response options were: "None, or grades 1-4;" "Grades 5, 6 or 7;" "Grade 8;" "High school incomplete (Grades 9-11);" "High school graduate, Grade 12;" "Technical, trade, or business after high school;" "College/university incomplete;" and "College/university graduate or more." All respondents with less than a college degree were categorized as inattentive (coded 0) while college graduates were categorized as attentive (coded 1).

Gender

"Check respondent's sex:" 0=female 1=male

Race

Before the survey conducted between November 19-21, 1993, race was assessed with the following questions: "What is your race? Are you white, black, Asian or some other?" After this survey, respondents were first asked if they were of Hispanic descent and then were asked their race. All Hispanic respondents were then asked if they considered themselves to be white or black. For all surveys, only white and blacks were included in the analysis and the race variable was coded as follows:

0=white 1=black
II. Logistic Regression Results for Figure 6.3

Table B.1 presents the results from the complete logistic regression models for the analysis presented near the end of chapter 6. More specifically, the coefficients that are graphed in Figure 6.3 are drawn from these models. For each cross-sectional Gallup opinion survey, the dependent variable is support for Clinton's health care reform proposal. The entries in the top half of Table B.1 are logistic regression coefficients with standard errors in parentheses. Each coefficient represents the change in log odds of supporting Clinton's plan for a one-unit change in each independent variable. Significance levels are indicated as follows: ***$p < .01$; **$p < .05$; and *$p < .10$. 

With the exception of the attentiveness interaction terms, the coding of all variables in the logit models appears on the preceding pages of this appendix. These interaction terms were created by multiplying attentiveness by the relevant personal characteristic (for example, income or party identification). Attentiveness is a dummy variable with inattentive citizens coded as zero and attentive citizens coded as one. Thus, the explanatory variable for each individual characteristic captures the impact of this characteristic on support for Clinton's plan for only the inattentive citizens. The impact of each characteristic on support for attentive citizens is determined by adding the coefficient for the characteristic plus that for the characteristic-attentiveness interaction term (Schroeder, Sjoquist, and Stephan 1986). In other words, for each model the impact of party identification on support for inattentive citizens is simply the coefficient for party identification. For attentive citizens, it is this coefficient plus the coefficient for the party identification by attentiveness interaction term.
Table B.1  Complete Logistic Regression Results for Figure 6.3
<table>
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<tr>
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<td>Income</td>
<td>-.18**</td>
<td>-.12</td>
<td>-.15*</td>
<td>.00</td>
<td>-.08</td>
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<td>(.08)</td>
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<td>Age</td>
<td>-.30***</td>
<td>-.11</td>
<td>-.27***</td>
<td>-.08</td>
<td>-.09</td>
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<td>(.09)</td>
<td>(.09)</td>
<td>(.11)</td>
<td>(.09)</td>
<td>(.10)</td>
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<tr>
<td>Party Identification</td>
<td>1.08***</td>
<td>.60***</td>
<td>1.22***</td>
<td>.94***</td>
<td>.96***</td>
<td>1.35***</td>
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<td>(.13)</td>
<td>(.11)</td>
<td>(.13)</td>
<td>(.12)</td>
<td>(.14)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>-.13</td>
<td>-.17</td>
<td>-.16</td>
<td>.18</td>
<td>-.05</td>
<td>.46**</td>
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<tr>
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<td>(.18)</td>
<td>(.18)</td>
<td>(.18)</td>
<td>(.21)</td>
<td>(.18)</td>
<td>(.20)</td>
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<tr>
<td>Race</td>
<td>.85**</td>
<td>.68**</td>
<td>.47</td>
<td>.93***</td>
<td>1.31***</td>
<td>1.49***</td>
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<td>(.34)</td>
<td>(.32)</td>
<td>(.31)</td>
<td>(.35)</td>
<td>(.38)</td>
<td>(.35)</td>
</tr>
<tr>
<td>Attentiveness</td>
<td>-.14</td>
<td>-1.17</td>
<td>-2.45**</td>
<td>-.20</td>
<td>-1.60</td>
<td>.20</td>
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<td>(1.04)</td>
<td>(.95)</td>
<td>(1.04)</td>
<td>(1.24)</td>
<td>(1.06)</td>
<td>(1.06)</td>
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<tr>
<td>Income x Attentiveness</td>
<td>-.11</td>
<td>-.09</td>
<td>.08</td>
<td>-.41*</td>
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<td>.00</td>
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<td>(.21)</td>
<td>(.19)</td>
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<td>(.23)</td>
<td>(.21)</td>
<td>(.20)</td>
</tr>
<tr>
<td>Age x Attentiveness</td>
<td>.12</td>
<td>-.08</td>
<td>.56**</td>
<td>-.03</td>
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<td>-.06</td>
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<td>(.21)</td>
<td>(.23)</td>
<td>(.27)</td>
<td>(.23)</td>
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<tr>
<td>Party x Attentiveness</td>
<td>.31</td>
<td>.83***</td>
<td>.31</td>
<td>.65**</td>
<td>.52*</td>
<td>.12</td>
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<td>(.32)</td>
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<tr>
<td>Gender x Attentiveness</td>
<td>-.70*</td>
<td>.21</td>
<td>.14</td>
<td>.25</td>
<td>-.08</td>
<td>-.18</td>
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<td>(.50)</td>
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<tr>
<td>Race x Attentiveness</td>
<td>-.42</td>
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<td>1.33</td>
<td>6.02</td>
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<td>-.17</td>
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<td>(.74)</td>
<td>(1.19)</td>
<td>(1.09)</td>
<td>(11.62)</td>
<td>(1.21)</td>
<td>(1.04)</td>
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<tr>
<td>Constant</td>
<td>-1.16***</td>
<td>-.80**</td>
<td>-1.51***</td>
<td>-2.12***</td>
<td>-1.77***</td>
<td>-3.05***</td>
</tr>
</tbody>
</table>

Goodness of Fit:
- % Predicted Correctly: 68.78% 66.74% 71.26% 70.80% 70.56% 73.38%
- -2 Log Likelihood: 930.75 975.17 912.95 686.83 931.27 858.79
- Model Chi-Square: 186.66*** 111.40*** 205.61*** 142.06*** 178.05*** 235.63***
- Number of Cases: (809) (806) (808) (599) (802) (807)

Table B.1 (con't.) Complete Logistic Regression Results for Figure 6.3
LIST OF REFERENCES


