

4-2021

Defusing Polarization: The Politics of Medicaid Expansion in Louisiana

Sarah Procopio

Follow this and additional works at: https://repository.lsu.edu/honors_etd



Part of the [Mass Communication Commons](#)

Recommended Citation

Procopio, Sarah, "Defusing Polarization: The Politics of Medicaid Expansion in Louisiana" (2021). *Honors Theses*. 1171.

https://repository.lsu.edu/honors_etd/1171

This Thesis is brought to you for free and open access by the Ogden Honors College at LSU Scholarly Repository. It has been accepted for inclusion in Honors Theses by an authorized administrator of LSU Scholarly Repository. For more information, please contact ir@lsu.edu.

Defusing Polarization: The Politics of Medicaid Expansion in Louisiana

by

Sarah Procopio

Undergraduate honors thesis under the direction of

Dr. Michael Henderson

Manship School of Mass Communication

Submitted to the LSU Roger Hadfield Ogden Honors College in partial fulfillment of
the Upper Division Honors Program.

April 2021

Louisiana State University
& Agricultural and Mechanical College
Baton Rouge, Louisiana

ACKNOWLEDGMENTS

I want to extend my deepest thanks and gratitude to my director and the chair of my thesis committee, Dr. Michael Henderson. The work on this thesis and our weekly meetings to discuss an issue of great importance to Louisiana were a highlight of my senior year and my experience at LSU. Without his guidance and patience, this thesis would not have been possible.

I would also like to acknowledge and thank my committee members, Dr. Granger Babcock and Professor Robert Mann. Their encouragement and commitment to solving the state's challenges inspired my interest to better understand health care in Louisiana.

Finally, I would like to thank my parents, Drs. Claire and Steve Procopio. As professors and life-long Louisianans, their perspectives, support, and encouragement were a great help throughout the process.

ABSTRACT

When politicians, media, and other political elites send messages to the mass public that frame a policy as partisan, mass public opinion often follows their lead and becomes split down party lines. Years of public opinion research suggests Republicans would rate a means-tested and redistributive program like Medicaid expansion (an Affordable Care Act policy) unfavorably. So, what then accounts for the unexpectedly high levels of Republican support for Medicaid expansion in Louisiana? To answer that question, this study examines past survey data from the LSU Public Policy Research Lab's annual Louisiana Survey, a review of the rhetoric on Medicaid expansion from Republican and Democratic leaders in Louisiana, and new data collected from the 2021 Louisiana Survey that primes economic considerations in addition to party and race. A statistical analysis of the survey results will reveal if 1) attitudes toward Medicaid expansion are less polarized along party lines than attitudes regarding the ACA more generally, 2) if attitudes toward Medicaid expansion are less correlated with racial attitudes than attitudes toward welfare more generally, and 3) if Medicaid expansion is more strongly associated with economic predispositions than with racial predispositions or with partisanship. Understanding why Republican attitudes formed the way they did toward Medicaid expansion will add to the body of knowledge on how to defuse partisan polarization.

TABLE OF CONTENTS

Introduction.....	5
Theoretical Background.....	7
Methodology.....	28
Results.....	32
Conclusion	47
Works Cited	50
Appendix A: Supplemental Tables	53
Appendix B: Survey Question Wording.....	59

INTRODUCTION

Saving thousands of lives, significantly reducing uncompensated care costs in hospitals, and expanding primary and preventative health coverage to millions of Americans, Medicaid expansion has accomplished much from a policy perspective. A Kaiser Family Foundation review of 404 studies found that, in the ten years since its implementation, the expansion has had positive effects nationally on outcomes like access and utilization of care, insurance coverage, financial security, and state economy (Guth, Garfield, & Rudowitz, 2020). There is also evidence to suggest that Medicaid expansion has had a positive impact on hospitals' financial ability to withstand COVID-19 (Blavin & Ramos, 2021). Beyond its national achievements, the expansion has also proved to be a political success in the state of Louisiana. Governor John Bel Edwards routinely touted Medicaid expansion as a signature policy achievement during his successful re-election campaign. Louisiana's public has strongly endorsed the policy and gave it an approval rating of 77% in 2021. What may be more impressive is the expansion's substantial levels of bipartisan support given how polarized most issues in the state and nation are today.

Yet, despite a widely shared consensus for Medicaid expansion in Louisiana, the policy emerged from an intense partisan battle. When Congress passed the Patient Protection and Affordable Care Act (ACA) in 2010, it did so without a single Republican vote. In addition to requiring most individuals to secure health insurance, the ACA also included a provision that expanded Medicaid to Americans under age 65 whose family income is at or below 138 percent of the federal poverty level (Kaiser Family Foundation, 2013). Tackling healthcare reform was a daring challenge for the Democrats, and it brought with it an equally strong response from Republicans in the 2010 midterms. A study of the 2010 congressional vote on the ACA concluded that 13 Democrats lost their seats to Republican challengers because they voted in

favor of the act (Nyhan, McGhee, John, Masket, & Greene, 2012). In addition to those congressional seat losses, the ACA was met with other staunch opposition in the form of legal challenges that reached the U.S. Supreme Court. In 2012, the Supreme Court decided in *National Federation of Independent Business v. Sebelius* to uphold the constitutionality of the ACA's requirement that all Americans have health coverage; however, in a surprising decision, the Court also ruled the mandate to expand Medicaid unconstitutional. That ruling meant it would be up to each state to decide whether to adopt and implement Medicaid expansion. While most states have expanded Medicaid, the region with the most holdouts is the Southeast. The holdout states in that region include Louisiana's politically conservative neighbors of Texas, Mississippi, Alabama, Georgia, and Florida. Louisiana broke from the trend and expanded Medicaid in 2016. While having a Democratic governor certainly affected the decision to adopt the expansion, public opinion data reveal broad support among Louisiana residents, including Republicans.

How did this bipartisan support emerge in a conservative-leaning state, especially for a policy that began in one of the most intensely polarized debates of recent American history? This thesis explores the question: What explains support for Medicaid expansion among rank-and-file Republicans in Louisiana? Although not as overwhelmingly as Democrats, a substantial share of Republicans in Louisiana view Medicaid expansion favorably. Given how highly polarized views of the ACA are along party lines and the historical distaste for means-tested programs among Republicans, this support for Medicaid expansion in the state is surprising. What, then, accounts for Republican support of Medicaid expansion?

Building on theories of how Americans form their political attitudes, this thesis hypothesizes that the failure of Louisiana Republican leaders to frame the policy in terms of partisanship or welfare opened the door for other considerations in the formation of attitudes

toward Medicaid expansion. Specifically, Republicans who were cross pressured between their party and their economic views relied on the latter, shrinking the gap between aggregate opinion among Democrats and Republicans.

The findings of this thesis indicate that the relationship between economic attitudes held by Republicans that sympathized with the poor and Republican support for Medicaid expansion was significant. Furthermore, the finding that the magnitude of the relationship between economic attitudes and Republican support for Medicaid expansion was greater than for other means tested programs. Those findings support this thesis' charge that when political leaders did not prime partisanship and race in Louisiana, the rank-and-file Republicans of the state fell back on economic attitudes, which ultimately led to higher levels of support.

These findings imply that it is possible to garner bipartisan support from the public on large, impactful policies when political elites do not polarize them. However, the findings also reveal the vulnerability of policies to polarization because of how reliant we are on political leaders to help shape our thinking about policy.

THEORETICAL BACKGROUND

Public opinion researchers have long found that Americans are not particularly ideological in their political thinking; that is, they do not tend to approach political issues using highly organized and coherent structures of principle. In *The Nature of Belief Systems in Mass Publics*, Phillip Converse (1964) argues that our political attitudes are not as driven by logic or internal ideological consistency as we might hope or assume. Converse defines ideology as “a configuration of ideas and attitudes in which the elements are bound together by some form of constraint or functional interdependence” (Pg. 3). In short, they are internally consistent belief

systems in which an attitude on one topic is related to attitudes on other topics in so far as those topics are related. Rather than making up his or her mind about individual political issues in an ad hoc way, someone who thinks ideologically would root those attitudes in a broader belief system. As such, someone might oppose both welfare and Medicaid because they believe means-tested programs share a common flaw. Alternatively, someone might oppose higher levels of government spending and oppose higher taxes, rooting these attitudes in a coherent fiscal philosophy.

However, Converse argues that most voters do not have a clear-cut ideology and have little interest in understanding issues that do not impact them directly. While members of the public might see their belief systems as perfectly logical, Converse believes the way most voters arrive at their feelings toward policies or politics is messy and more likely to be formed by quasi-logic and social factors. That can include forming attitudes based on perceptions of the groups benefitting from a policy or how others who share an individual's partisanship view a policy.

To test his theory, Converse analyzed studies conducted by the University of Michigan that covered the 1956 and 1960 presidential elections and the 1958 midterm elections. In the studies, interviewers asked a representative sample of the population about politics and tracked the ideological justifications given by respondents to questions like "Is there anything you like about Democrats?" (1964). Converse concluded that only 2.5 percent of the respondents (who represented a cross-section of the American population) could be classified as ideological when it came to politics. That number is even more interesting considering how low the threshold for meeting the classification of "ideological" was: Kinder and Kalmoe (2017) remark that Converse took "any evidence of ideological justification appearing in any portion of their commentary on the parties or on the candidates" as sufficient to place them in the ideological category (Pg. 15).

Finding an ideology among the responses was rare, and when there was an ideology, it usually came in terms of liberal or conservative.

Converse's article also illustrates the stratification between elites and the mass public when it comes to being consistent in thoughts about policy. By citing a comparison of candidates for the United States Congress and a cross-section of the electorate in 1958, he illustrates the difference in ideological consistency between political elites and ordinary citizens. The congressional candidates, who would be classified as political elites, were far more consistent in applying their ideologies across specific issue beliefs than the mass public. In other words, if the candidate was conservative in one area, like education, they could reliably be seen as conservative in other issue areas – there was ideological consistency from one area to the next for elites. However, for ordinary members of the public, Converse (1964) concluded, “boundaries between belief systems [were] relatively independent,” meaning that there was less consistency in their thinking from one issue to the next (Pg. 32).

Research tells us that the public's lack of highly organized structures in attitudes can often lead to inconsistent opinions. A particularly well-known example of this is attitudes toward government spending. A survey authored by researchers David Sears and Jack Citrin (1982) during the height of the 1970s anti-taxation movement in California revealed that “substantial majorities of the California electorate wanted cutbacks in government spending and taxes, and expressed strong preferences for a smaller or less powerful government bureaucracy, while at the same time (and by equally strong majorities) requesting additional services in most areas of government responsibility” (Pg. 44). The Tax Revolt Survey, as it was named, shows the paradox of Californians who “seemed to want something for nothing.” When it comes to taxes, there is well-documented hostility from the American public. As evidence, Sears and Citrin cited

Gallup polling that “documents the proportion of the American public who felt they were paying an unfair amount of taxes rose from below 50 percent in the 1960s to a high of 72 percent in 1976” (Pg. 44). Sears and Citrin also showed that the public expressed greater hostility toward taxes that have higher visibility and are thought to be increasing quickly. That claim is evidenced by data in the California Survey. The survey reported a drop in the percentage of respondents who cited the property tax as the most unfair state or local tax in 1977 at 62 percent to only 21 percent in 1980 (Sears & Citrin, 1982). The researchers suggest that between 1977 and 1980, Proposition 13 (which dramatically reduced the property tax for Californians) was implemented and affected the public's opinion toward taxes. Sears and Citrin then suggest from the data that “attitudes toward the tax system are influenced by fiscal realities” (Pg. 45). That shift tracks with Converse’s postulation that the American public is better at understanding issues that have a tangible and day-to-day impact on them.

If Americans followed constrained, logically consistent ideologies, then the following assumption might be that they couple their preference for lower taxes with a desire to have governmental services rolled back or reduced. However, national opinion polling reveals this is not the case. Sears and Citrin reference the General Social Survey conducted by the National Opinion Research Center to make this point. The survey asked respondents if “we’re spending too much money,” “too little money,” or “about the right amount” on eleven different services. The responses indicate that while people oppose taxes and government in a general sense, they like governmental spending. In seven of the General Social Surveys conducted from 1973 to 1980, the response “too little” outnumbered “too much” in spending on most service categories. It is important to note that there were critical differences in the level of support for specific programs. Services that are thought to benefit everyone like the police, firefighters, public

transportation, and parks received a high level of public support; however, Sears and Citrin (1982) point out that the public generally supports cutbacks for means-tested service, welfare.

The dually held beliefs that 1) taxes and government should be lowered and small while 2) services should be ample are seemingly inconsistent. Sears and Citrin conclude that American people “seem to have compartmentalized these attitudes, so that they coexist without close examination of their fiscal relationships.” The public being pro-austerity for government generally but hesitant to reduce spending for specific programs is a pattern seen again in contemporary national and state-level surveys. In 2019, the Pew Research Center conducted a survey that asked Americans about 13 different public services offered by the government, ranging from healthcare to environmental protection, and few respondents were in favor of cuts in any area (Pew Research Center, 2019). However, the same survey revealed that Americans are much less supportive of expanding the size of government, with 47% of the respondents saying they would rather have a smaller government with fewer services. On a state level, the Louisiana Survey found in 2015 that the Louisiana public was generally in favor of addressing a state budget shortfall by cutting spending, but when asked about specific cuts like K-12 education, higher education, and infrastructure, large majorities wanted to increase spending. (Henderson, Davis, & Climek, 2015). The pattern here reveals that the absence of an ideological structure does not mean that people form opinions randomly. The formation of those dually held beliefs is rooted in predispositions about economics and the scope of government, even though the relationships between those predispositions do not have what we might call the logic of an ideology.

Despite a lack of a clear ideology, the public’s thinking is not random or chaotic. There are other organizing principles researchers have found that the public uses to arrive at attitudes

toward policies. Group attachment is one of the ways people form attitudes. Group attachment, or social grouping, posits that people often form attitudes about policies based on the groups they associate with those policies and their attitudes toward those groups. Converse (1964) uses survey data to support the idea that group attachment is highly central to the belief systems of the less informed. Converse sampled a cross-section of U.S. citizens, providing them with questions concerning the desirability of action on the part of the federal government in the desegregation of public schools. He then measured the correlation between the segregation responses and two other previously asked questions regarding fair treatment for African Americans in jobs and housing. Converse found that there was a high correlation between their desegregation responses and their jobs and housing responses. The respondents had a clear image of whom they were linking to a policy and made judgments based on their opinion about that group.

The power group attachments have in the cognitions of the less informed has had a significant impact on policies linked in people's minds to race and Black Americans. A well-known example is attitudes toward means-tested cash assistance programs, colloquially known as welfare. Many white Americans associate welfare with particular groups, specifically Black Americans. As a result, people's views of welfare largely reflect their beliefs, stereotypes, and attitudes about Black Americans.

It is well-documented that welfare programs received much opposition, and the link between that opposition and attitudes toward Black Americans is strong. That opposition is fueled by negative racial attitudes, and the link between race and welfare many Americans perceive. In Martin Gilens' book *Why Americans Hate Welfare*, he explains how the mental link between race and poverty has had profound consequences on the public perception of welfare. Gilens references a 1994 CBS/*New York Times* survey where 55 percent of the respondents

believed most people on welfare were African American. Among those who thought most welfare recipients were Black, 63 percent also believed that those on welfare were there due to a “lack of effort on their own part” (p. 139). In contrast, only 40 percent of responders who correctly thought the majority of welfare recipients were white thought that those on welfare were there due to a “lack of effort on their own part.” Additionally, Gilens summarizes that “those who saw most welfare recipients as black also expressed substantially more negative views about welfare recipients when asked whether most people on welfare really want to work and whether most people really need it” (p. 139). Gilens makes the point that Americans who incorrectly believe the majority of Americans on welfare to be Black are substantially more likely to view welfare recipients as undeserving of federal assistance. This example supports Converse's claim that group attachment is central to the less-informed public's attitudes and that the public will assess a program based on the group they perceive to be benefitting.

Race is not the only social group orientation people may use to assess policies. Another important way the mass public organizes their thoughts is through party-based thinking. People tend to sort policies as “Republican” or “Democrat” and then form opinions on that policy based on their predispositions and values. John Zaller explicates this process, noting how opinion can become organized and structured (along party or other lines) even when people are not inherently structured in their thinking about political issues (Zaller, 1992).

The strength of group attachments depends on the level to which certain conditions are met. Like his predecessors Converse and Gilens, researcher Spencer Piston (2018) asserts that attitudes toward social groups are an important way that the public can reach conclusions on policies that can be complicated. Piston describes group attachments as an “efficient means to sort through a complicated information environment and reach a decision” (Pg. 39). However,

Piston also argues that the strength of attitudes about social class groups on policy opinion relies on two conditions: 1) “social groups must be linked to specific policies in the public mind for views about these groups to influence public opinion” and 2) “whether a particular redistributive policy is actually known to be redistributive by the public” (Pg. 40). Those conditions depend on how the policy is presented and framed to the public, and, as Piston puts it, if “political elites have incentives to downplay class by framing issues in ways that evoke alternate considerations” (Pg. 40).

The process of how the public forms opinions is detailed by John Zaller. Zaller explains how the mass public takes in information on events outside their immediate experience and how people then convert that information into opinions in his foundational work *Nature and Origins of Mass Opinion*. Zaller starts by emphasizing the important role that information and predispositions have in forming and changing opinions. Zaller explains how most individuals in large societies dependent on political elites to receive information about the greater world. These “political elites” are defined by John Zaller (1992) as those “whom we depend, directly or indirectly, for information about the world” and “persons who devote themselves full time to some aspect of politics or public affairs” (Pg. 6). Zaller theorizes that because the average citizen does not have the time to immerse themselves in news and politics (and also very little desire to do so), they rely on the “highly selective and stereotyped” opinions of politicians, higher-level government officials, journalists, some activists, and many kinds of experts and policy specialists to get their news. There are two kinds of messages elites can transmit: 1) persuasive messages, which Zaller defines as “arguments or images providing a reason for taking a position or point of view; if accepted by an individual, they become considerations” and 2) cueing messages which

Zaller defines as consisting of "contextual information about the ideological or partisan implications of a persuasive message" (Pg. 40).

While the effect of political elites' messaging to the public is important and powerful in shaping opinion, people do not just accept any message elites give them. Zaller explains that every individual possesses "interests, values, and experiences that may greatly affect their willingness to accept – or their resolve to resist – persuasive influences" (Pg. 20). Those values and experiences that we all hold are political predispositions which Zaller defines as "stable, individual-level traits that regulate the acceptance or nonacceptance of the political communications the person receives" (Pg. 20).

To explain how the interplay between information and predispositions form and change opinions in the mass public, Zaller created the Receive-Accept-Sample (RAS) Model. The model is a set of four assertions about how individuals use political information to form opinions. The first assertion, or axiom, Zaller describes is the Reception Axiom (A1): "The greater a person's level of cognitive engagement with an issue, the more likely he or she is to be exposed to and comprehend – in a word, to receive – political messages concerning that issue" (Pg. 42). The Reception Axiom is meant to engage with the general, chronic awareness that individuals have of political matters with the assertion that "reception of politically relevant communications, whatever their origin, is positively associated with intellectual engagement with a given issue" (Pg. 44). The second axiom is the Resistance Axiom (A2): "People tend to resist arguments that are inconsistent with their political predispositions, but they do so only to the extent that they possess the contextual information necessary to perceive a relationship between the message and their predispositions." People will resist arguments that run counter to their predispositions as long as they have the information from elites that make them realize how the argument does not

fit with their predispositions. This ability to resist depends on A1. As Zaller states: “A1 and A2 together imply that the likelihood of resisting persuasive communications that are inconsistent with one's political predispositions rises with a person's level of political attentiveness. Putting it another way, politically inattentive persons will often be unaware of the implications of the persuasive communications they encounter and end up “‘mistakenly’ accepting them” (Pg. 44-45). If citizens are poorly informed on politics, they are worse at accepting or rejecting political messages based on their predispositions; if citizens are well-informed, they are much better at sorting arguments based on their predispositions. The third axiom in Zaller’s model is the Accessibility Axiom (A3): “The more recently a consideration has been called to mind or thought about, the less time it takes to retrieve that consideration or related considerations from memory and bring them to the top of the head for us” (Pg. 48). A consideration is defined by Zaller as “a compound of cognition and affect – that is, a belief concerning an object and an evaluation of the belief” (Pg. 40). The opposite of the axiom also holds in that “the longer it has been since a consideration or related idea has been activated, the less likely it is to be accessible at the top of the head; in the limit, a long unused set of considerations may be completely inaccessible, which is to say, forgotten” (Pg. 48). We are more likely to recall ideas, experiences, and concepts that we have come across more recently than ones we have not engaged with for a while. The final axiom in the model is the Response Axiom (A4): “Individuals answer survey questions by averaging across the considerations that are immediately salient or accessible to them” (Pg. 49). This axiom asserts that people, when asked survey questions on issues, do not think deeply and engage with all the possible considerations they may have toward an issue; rather, they will recall considerations they have “at the top of the head.” Zaller’s model asserts that people form opinions based on the considerations in their heads at the time. Those

considerations related to their underlying predispositions come to mind based on the interplay between those predispositions and the messages they receive in the discourse.

The messages individuals receive from during political discourse about policy are key. Messages are how people figure out how to connect their varied and general predispositions to specific political issues. That means elites (politicians, the media, activists) have significant power in shaping which predispositions are in play when people think about an issue. The racialization of poverty in America is a prime example of that process. Martin Gilens breaks down how the media connected race and poverty in people's minds through media coverage of the issue. Gilens starts by outlining the background conditions for the racialization of poverty. He names two occurrences that caused a shift in images of poverty during the 1960s into the 1970s: 1) the national trend of migration by Black southerners to northern urban areas and 2) the shifting racial composition of the Aid to Families with Dependent Children (AFDC) (Pg. 107). Those background events caused a clear and sudden shift in the mind of Americans of who benefitted from welfare, but next, Gilens details the more immediate effect that 1) the civil rights movement's shift from fighting for legal equality to economic equality and 2) rioting had. After fighting to end racial segregation and disenfranchisement, the issue of economic inequality became a key focus for the civil rights movement. Dr. Martin Luther King Jr.'s efforts in Chicago during 1966 focused on the lack of support for the Black urban poor and the 1968 Poor People's March in D.C. turned the public's focus to the issue of Black American poverty. Gilens also asserts that the series of riots (in 1964, 1966, and 1968), fueled by the frustrations surrounding the struggle for racial equality, that occurred during the '60s "helped bring the black urban poor to the forefront of American social problems" (Pg. 111).

While the events above brought to mind Blacks Americans and poverty in a way not done in the first half of the twentieth century, Gilens states that the portrayal of poverty by news media had a strong impact on how people came to think of welfare through a racialized lens. To assess how the media covered poverty from the 1950s to the early 1980s, Gilens analyzed stories from that period about poverty published by three well-read national newsmagazine publications. The immediate takeaway from his analysis is that “African Americans have generally dominated news media images of the poor since the late 1960” (Pg. 114). Looking at the key spans of time that Gilens tracks shows how the media racialized poverty in American minds. Gilens starts with the early newsmagazine coverage of poverty from 1950 to 1964. During this time, Gilens’ research reveals that there were few stories from newsmagazine publications about poverty from that time until 1964, and even then, the images of poverty depicted white, rural poverty. Breaking out the two-year span of 1965 to 1967, Gilens emphasizes that time as a turning point in the media’s coverage of poverty. The percentage of photos depicting Black people that accompanied stories on poverty grew from 27 percent in 1964 to 58 percent in 1967 (Pg. 120). Gilens also notes that this time marked a shift in the way black poverty and white poverty were depicted visually by media: “positive coverage of poverty—coverage that focuses on either more sympathetic subgroups of the poor or periods in which the poor as a whole were viewed more sympathetically—was more likely to include pictures of poor whites than was the negative coverage of poverty associated with less sympathetic groups and less sympathetic times” (Pg. 121). Next, Gilens describes the coverage from 1972 to 1973 as a period of “sustained negative coverage of welfare” and, at the same time, media overrepresented Black people in the images they used for stories on poverty. From 1974 to 1975, the country faced a period of economic downturn. The percentage of images using Black Americans in stories on poverty dropped, but

Gilens notes that the images were largely dependent on the subject of the story. Articles that covered poverty in a general sense still primarily used images of Black Americans; however, stories that focused “on unemployment policy were illustrated predominately by whites” (Pg. 124). Coverage of welfare during this time continued the trend of dogging governmental programs for their cost to the taxpayer, and “unlike the unemployment stories, stories on welfare were filled primarily with black faces” (Pg. 125). A marked shift occurred during 1982 and 1983 in the percentage of Black Americans used for images in articles on poverty. Gilens categorizes this as a time of sympathetic coverage of white poverty where the “newly poor,” formerly middle-class Americans whose poverty was caused by the country’s economic downturn, were depicted as sympathetic and white (Pg. 127). Gilens highlights the clear split between “the racial images associated with the sympathetic portrayals of the ‘deserving poor’ in the early 1980s and the unsympathetic portraits of the ‘undeserving poor’ in the early 1970s” (Pg. 127). Gilens’ recounting of the consistent usage of Black Americans in images by the media in stories that depicted poverty (and depicted it negatively) captures the process by which poverty and Black people became linked in the American public’s mind.

The process of how information cued by elites interacts with our predispositions and brings forth a mix of considerations that people use to form opinions (which Zaller described and Gilens exemplified) can also lead to more or less division in the public on the issue. Zaller uses his RAS Model to explain how 1) if elites split along some dimension (e.g., party), then people will listen to the elites that are more closely associated with their predispositions and not the other side, and 2) if elites do not split, then you see consensus in public as well. Using the RAS Model, Zaller helps predict how public opinion will react when political elites disagree. In this explanation, Zaller assumes that 1) elites would be divided by a roughly equal amount on a

partisan issue with one side favoring the liberal stance on an issue and the other side favoring the conservative stance, 2) that each side will be sending cueing messages explaining why a policy does (or does not) fit with liberal/conservative values, and 3) the messages have an equally likely chance of reaching a person at a given level of political awareness (Pg. 100). Zaller recalls A1 and states that “within the general public, increases in awareness will lead to increased reception of persuasive messages favoring both the liberal position and the conservative position and also increased reception of cueing messages concerning the issue” (Pg. 100). Zaller then uses the example of politically aware and unaware liberals to illustrate how awareness affects the ability to reject messages inconsistent with one’s partisanship:

Since politically aware liberals will be likely to possess cueing messages that enable them to see the ideological implications of the messages they receive, they will be likely to reject conservative arguments on this issue; these cueing messages will not, however, impede their internalization of liberal messages. Less politically aware liberals, by contrast, will be exposed to few persuasive messages, and owing to their low reception of cueing messages and the lower accessibility of these cues in memory, will be less selective about the persuasive messages they internalize (Pg. 101).

Zaller holds that the above argument also logically holds for conservatives. When the partisan elite are divided on an issue and there is an even flow of partisan messages, those that are more politically aware will become polarized on an issue and internalize the messages from the side that aligns with their partisanship. The polarization effect Zaller described can be seen in the deep partisan divide that existed over the ACA. When the ACA was being debated in Congress with Republican elites and Democratic elites firmly divided on the legislation, Pew Research

found that 61% of Democrats favored the ACA and while only 12% of Republicans were in favor of it (Smith, 2015).

Everyone has predispositions that they draw on to form opinions about policy, but people do not tend to have a coherent ideology when approaching issues. The predispositions that people depend on the most to form their opinions depend on how elites discuss policies. When elites split along a dimension, like party, people listen to the leaders whose predispositions most closely align with their own. This thesis argues that when elites do not split on an issue, that consensus is reflected in public opinion. Rhetoric from elites around Medicaid expansion in Louisiana and the high approval the policy received from the public is an example of the theory at work.

RHETORIC REVIEW FROM LOUISIANA POLITICAL ELITE ON MEDICAID EXPANSION

A brief history of Louisiana's partisan rhetoric surrounding Medicaid Expansion will show what messages political elites sent to the public. This history will first cover the Jindal administration. Jindal was head of the state when the ACA passed, the U.S. Supreme Court ruled on Medicaid expansion, and states first started to adopt the expansion.¹ Next, it will cover Medicaid expansion messages in the 2015 gubernatorial election from the two candidates for governor: Republican leader U.S. Senator David Vitter and Democratic State Representative John Bel Edwards.² Finally, it will cover Medicaid expansion messages in the 2019 gubernatorial campaign, which occurred post-expansion, from Republican challengers U.S. Congressman

¹ Articles found by searching “Jindal, Medicaid Expansion” on *Nola.com* advanced search between the dates of 2013-01-01 to 2014-01-01.

² Articles found by searching “Vitter, Medicaid Expansion” on *Nola.com* and *The Advocate* between the dates of 2015-01-01 to 2015-12-31.

Ralph Abraham and businessman Eddie Rispone.³ These periods will take us through the cueing messages that top Republicans in the state were sending 1) in the aftermath of the ACA, 2) when many other states were expanding Medicaid, and 3) in a post-expansion Louisiana.

In 2013, Bobby Jindal was in his second term as governor and was the apparent head of the Republican Party in Louisiana. As Medicaid expansion first started to be adopted by other states, Jindal called on Obama in January of 2013 to sit down with the country's governors to rework the expansion mandate. A vocal opponent of the ACA, Jindal wrote multiple op-eds calling Medicaid expansion an "entitlement program" and a "rigid and expensive program that won't work for states" (Jindal, To fix Medicaid, listen to governors, 2013). A month after his open letter to Obama, two Republican governors expanded Medicaid in their states.

Organizations across Louisiana petitioned Jindal to adopt the expansion, and they received an unequivocal "no" from the governor's office. In an emailed statement to *Nola.com* on why he would not expand Medicaid, Jindal said he would not expand a broken program: "Medicaid still operates under a 1960s model of medicine with inflexible, one-size-fits-all benefits and little consumer engagement and responsibility" (Adelson, 2013). In late February, Jindal continued to lambaste Medicaid expansion as a tool of the Obama administration, which Jindal asserted had an "insatiable appetite for higher taxes and government growth" (McGaughy, 2013). During a round of budget cuts, Jindal also stressed the fiscal necessity to cut Medicaid expansion: "One idea I had was to delay Obamacare by not implementing the health-insurance exchanges and the Medicaid expansions. This would save tens of billions of dollars, and it wouldn't cut a program that has already started" (McGaughy, 2013). In response to the Public Service Commissioner Foster Campbell's chastising of Jindal for turning down the federal money the state would

³ Articles found by searching "Risponse, Medicaid Expansion" on *Nola.com* between the dates of 2019-01-01 to 2019-12-12.

receive to expand Medicaid, Jindal's spokesperson Kyle Plotkin replied, "Federal money isn't free, it's taking money away from our children and grandchildren. Foster Campbell wants to go the way of President Obama with more spending, higher taxes and a European-style approach. We're going to continue to stand up for Louisiana" (Staff, 2012). Jindal did not just face pressures to expand Medicaid at home. In March of 2013, officials at the federal Department of Health and Human Services urged Jindal to accept Medicaid expansion. However, Jindal's Secretary of the Department of Health and Hospitals said, "The expansion would likely move over 100,000 Louisiana residents from private insurance into a government run health care system" (Alpert, 2013). As Louisiana moved into the summer of 2013, the legislative session began, and legislators introduced bills and resolutions to circumvent the governor and expand Medicaid without his approval. In response to one such bill that passed out of the Senate Health and Welfare Committee in May, Jindal argued the expansion would move 171,000 people from private insurance plans to Medicaid and cost the state billions. Jindal said by way of argument against the bill, "You're talking about 41 percent of our population being in just this one welfare program" (Kumar, 2013). As this paper explored previously, the use of the term "welfare" to describe Medicaid expansion is a cue to Republicans that they should be against the program. After successfully beating back legislators' attempts to force him to expand Medicaid in the 2013 Louisiana legislative session, Jindal wrote an opinion piece for *Nola.com* where he reiterated his reasons for refusing to bend on the expansion. Bluntly titled "Why I opposed Medicaid expansion," the article frames Medicaid expansion as a welfare policy that puts more people onto public assistance. Jindal restates that 41 percent of Louisiana's population would qualify for the expansion. He then frames that negatively by saying, "We should measure success by reducing the number of people on public assistance. But the Left has been very clear – their

goal is to transform all health care in America into government-run health care” (Jindal, Why I opposed Medicaid expansion, 2013). The last moment to mention is when President Obama visited New Orleans in November of 2013 and delivered a speech calling upon Jindal to expand Medicaid. Jindal, who was in the audience for Obama’s speech, released a statement in response saying, “We will not allow President Obama to bully Louisiana into accepting an expansion of Obamacare” (Sayre, 2013). Bobby Jindal, the chief Republican voice in the state, cued to other Republicans that Medicaid Expansion was an Obamacare welfare policy that conservatives should be against supporting.

The 2015 gubernatorial race attracted many top Republican officials in the state, and the question of expanding Medicaid was a top campaign issue. Medicaid expansion rhetoric from U.S. Senator David Vitter, the highest-profile politician in the race, did not prime partisanship nearly as hard or as often as Jindal. While Democratic candidate John Bel Edwards was delivering a definitive “yes” to the question of expanding Medicaid as governor, Vitter was less clear in his stance and more reliant on economic frames in his rhetoric than party or welfare frames. The U.S. senator had been telling the press since 2014 that he would think about accepting the federal money, which was a far cry from the stance of Jindal, his predecessor. One month before the election, Vitter wrote in a statement that to accept the expansion, he would require three things beforehand: 1) to “reform programs through a private coverage or other model,” 2) to “ensur[e] that this doesn’t lead to death by a thousand cuts to priorities like higher education,” and to 3) “increas[e] work requirements for able bodied citizens who receive help” (Shuler, 2015). That laundry list of conditions is a lot less clear than Jindal’s “no” or Edward’s “yes.” Vitter’s open-mindedness about the expansion stayed consistent throughout the race. When asked about it in early November, he carried the conditional support he had for the

program in October saying the expansion was not “off the table, but in order for that to be a responsible option, I think we need to make sure of several things” (Ballard, 2015). In the debates, Vitter did try to tie Medicaid to Obama saying that Edward’s plan to expand Medicaid would be “under Barack Obama’s terms.” Vitter then said if he were to expand Medicaid, it would be “under Louisiana’s terms.” This is a prime example of how the cue to Republicans about the expansion from Vitter was messy: if they vote for John Bel Edwards, Medicaid is an Obama program, but if they vote for David Vitter, the expansion would be a Louisiana friendly program. In defending his decision to expand Medicaid, John Bel Edwards countered by distancing the decision he would make to expand Medicaid from his Democratic affiliation with President Obama saying, “It is not the Obama plan, it is the Louisiana plan. We’ve already reformed it in Louisiana, and it would have saved \$52 million this year alone. That’s how it was scored. Thirty states have done it – 13 with Republican governors. This isn’t right versus left. This is right versus wrong” (C-SPAN, 2015). Vitter’s pro-Medicaid-with-conditions stance and Edward’s Louisiana-focused, pro-Medicaid stance continued into the second and final televised debate. In that debate, the moderator first brings up the topic of Medicaid expansion by introducing it as a topic where there is commonality between Edwards and Vitter saying, “you both say you are open to using Medicaid money.” There again, Edwards said the right thing to do was expand Medicaid and “bring \$1.6 billion of our tax dollars home [and] take care of the working poor in Louisiana” (Hudson, 2015).

In the 2019 gubernatorial race, Governor Edwards touted the expansion of Medicaid as an economic and moral victory for the state throughout his campaign. Challenging Edwards in the primary were Republican Congressman Ralph Abraham representing Louisiana’s 5th district and Republican businessman Eddie Rispono, both of whom refused to say that Louisiana should

repeal Medicaid expansion. Instead of being openly against the program, the Republican candidates were cagey in their critiques. They cited concerns of waste in the Medicaid program published in a report from the legislative auditor's office released in November 2018. Abraham and Rispone attacked Edwards on his management of the program, but not on the program itself (Crisp, 2019). An article covering a meet and greet in January with Rispone said he "doesn't agree with Medicaid expansion, but didn't say whether he would repeal it." Abraham, a physician, was more generous about the expansion than Rispone saying, "I want the voters to understand nobody's going to get kicked off the rolls. But are we going to make this program better for the taxpayer and those that need the program? Absolutely, and that's just good common sense" (Grace, 2019). Abraham's pro-Medicaid message and Rispone's begrudging acceptance of its existence in Louisiana is hardly the kind of rhetoric expected from Republicans who are challenging a Democratic incumbent over an Obama-era program. While it is impossible to prove causation, it is worth noting that a month after Abraham's above comment, LSU released its annual Louisiana Survey, which reported that Medicaid expansion received support from 76 percent of those polled, including 57 percent of Republicans. (Henderson, 2019). A majority of Republicans reported that they supported Medicaid expansion. Then in the fall, the second gubernatorial debate took place. In the debate, Abraham, Rispone, and Edwards were all asked for a yes-or-no answer on if they would repeal Medicaid, and all three said "no" (Chauvin, 2019). Ultimately, it was Rispone and Edwards who moved to the runoff. In the runoff campaign, Edwards continued to tout the expansion as a win for both his administration and the state. Rispone stated his preference was to freeze Medicaid enrollment until an investigation could be conducted into potential fraud and waste (Karlin, 2019).

While Jindal sent clear partisan cues in his messages about the expansion, those messages faded by 2015. It is also worth noting that Jindal was a highly unpopular figure in the state by the time he left office – even among Republicans. Then, as other top Republicans had to give their position on the expansion in their campaigns for governor, they talked about the policy in terms of economics and offered ways to make it more efficient – a far cry from the themes of governmental overreach and welfare that were ever-present in Jindal’s rhetoric on the expansion.

HYPOTHESES

From the theory covered, we know that people have multiple predispositions that do not necessarily fit together in the ways we might assume. The ways people use those predispositions to form policy opinions are reliant upon information they get from elites who play an important role in determining what predispositions come into play on a given topic. In Louisiana, elites have mostly talked about Medicaid expansion in economic terms, and elites from both parties have supported expansion after Jindal. With that as the case, it is expected that economics would play a more important role than partisanship in forming the public’s support of the expansion. Specifically, I hypothesize:

- H₁*: Opinion of Medicaid expansion is less divided along party lines than opinions toward the ACA or welfare (another means-tested benefit).
- H₂*: Even when controlling for partisanship, economic attitudes – particularly attitudes toward the poor – are more strongly related to Medicaid expansion than they are to other means-tested programs.

METHODOLOGY

Introduction

To test my hypotheses, I will proceed through a series of tests with different sets of data. I will first look at the overall trend in support for Medicaid expansion by party. Next, I will analyze original survey data collected in the 2021 Louisiana Survey where I developed questions to measure a variety of economic attitudes. I will analyze an experiment from the 2019 Louisiana Survey that explored if Republicans are more sensitive to economic treatments. Then I will conduct an analysis to measure racial attitudes.

Trends

To demonstrate the trend in support for Medicaid expansion, I recorded overall support and support by party for every year the Louisiana Survey included a question gauging Medicaid expansion approval. The Louisiana Survey is collected through telephone interviews conducted among a statewide sample of adults (18 years of age or older) living in Louisiana. The Louisiana Surveys from 2013, 2015, 2017, 2018, 2019, and 2021 had questions measuring support for Medicaid expansion.⁴ The 2013 and 2015 Louisiana Surveys were fielded prior to Medicaid expansion and the questions asked if respondents wanted to accept the federal money to expand the Medicaid program in Louisiana. The 2017, 2018, 2019, and 2021 surveys measured support for the expansion after it was implemented in Louisiana and gauged approval.

After reviewing Republican support for the expansion, I will show how that support is a special case by comparing it to support levels for the ACA and TANF. To show the difference in expansion support and ACA support from Republicans, I compared proportions of support for

⁴ See Appendix B for an exact wording of all relevant questions from the Louisiana Survey.

the ACA found by a question in the 2017 Louisiana Survey to a question gauging Republican support for Medicaid expansion in the same survey. I then compared proportions of support for TANF fielded in 2021 Louisiana Survey to a question gauging Republican support for Medicaid expansion in the same survey.

2021 Original Survey Data

In addition to drawing comparisons from the existing survey data, I collected original survey data designed specifically to test my hypotheses about the relationship between economic attitudes and means-tested policies among Louisiana Republicans. I measured a variety of economic attitudes that fall into three dimensions: fiscal sense, scope-of-government, and sympathy toward the poor/class attitudes.

First, to test potential relationships between opinions on means-tested policies and general attitudes toward fiscal policy, I used two measures: attitudes toward government spending and attitudes toward state taxes. The measure of government spending included a battery of four questions asking participants whether they favored increasing, decreasing, or keeping current spending levels for elementary and secondary education, higher education, infrastructure, and prisons.⁵ I averaged across those responses by Republicans to create a scale of general preferences on government spending. Higher values on the scale indicate a respondent was more friendly toward government spending and lower values indicate more hostility toward government spending. I then divided the distribution of this variable into thirds to make comparisons between Republicans who were in the top-third (most friendly toward spending) and those who fell into the bottom third on the scale (least friendly toward spending).

⁵ Items about healthcare or welfare spending are excluded because the outcome variables are related to those policy areas more directly.

To measure attitudes on taxes, I used three questions that gauged feelings about the state income tax, state sales tax, and perceptions of whether the respondent pays their fair share in taxes.⁶ I combined those responses into a scale of general attitudes toward state taxes. Then, I separated the scale into thirds, with the bottom third being the least anti-tax and the top third being the most anti-tax. I then compare attitudes toward Medicaid expansion among Republicans in the top and bottom thirds.

The second dimension of economic attitudes taps general beliefs about the ideal size and scope of government. I captured this dimension with two survey questions. The first question asked if individuals prefer a larger government with more services or a smaller government providing fewer services. Next, I compared the proportions of support for Medicaid expansion between Republicans who answered that they preferred a smaller government and those that replied they preferred a larger government against the difference in proportions of support between the same groups for TANF. The second question I used in this dimension asked respondents if they thought the government should provide more or less assistance to needy individuals. Respondents could reply that they thought the government should provide more assistance, less assistance, or the right amount of assistance. Next, I compared the difference in proportions of support for Medicaid expansion between Republicans who replied less assistance and more assistance. I compared the difference in proportions of support between the same groups for TANF.

The third and final dimension of economic attitudes (and most central to my hypothesis) taps social groups, specifically perceptions of social class or what might be called economic populism. This includes questions about if being poor helps or hurts people's chances to get

⁶ See Appendix B for an exact wording of all survey questions used from the 2021 Louisiana Survey.

ahead and if being rich helps people's chances to get ahead. In addition to comparing the differences in proportions of support for the expansion among Republicans who answered differently on those questions, I combined the responses to these two questions to create a scale of relative sympathy for the poor versus the rich in perceptions of how socioeconomic status shapes one's future opportunities. I then separated that scale into a top and bottom half and compared the difference in proportions of support for Medicaid expansion and TANF. The next measure in this economic attitude dimension included a question about if the economic system in the United States unfairly favors the wealthy. The final measure analyzed a question about if individuals themselves or broader structures are the cause of one's economic success. I again compared the differences in proportions of support for Medicaid expansion and TANF.

A full test of my hypotheses across these dimensions involved 1) identifying the relationship between economic attitudes and Medicaid expansion and 2) comparing this relationship to the relationship for welfare (TANF). In other words, substantiating my hypothesis required a measurement to show that economic attitudes play a bigger role in opinions on Medicaid expansion than they did for other means tested policies like TANF.

Economic Frames Experiment

I analyzed an experiment from the 2019 Louisiana Survey that tested Republican sensitivity to economic frames on Medicaid expansion. The experiment randomly assigned one of three versions of a question gauging support for Medicaid expansion. The first question was a control, the second question employed a coverage frame that highlighted Medicaid expansion's success in causing fewer residents to go without health coverage, and the third question

employed a spending frame that highlighted the increasing cost of Medicaid expansion for the state.

Racial Attitude Analysis

Finally, to test the degree of racialization in attitudes toward Medicaid expansion, I conducted an analysis of the relationship between racial attitudes and support for Medicaid expansion that parallels my analysis using economic attitudes. Whereas the analysis described above will reveal whether economic class beliefs played a role in attitudes toward Medicaid expansion, this analysis will reveal if racial attitudes also played a role.

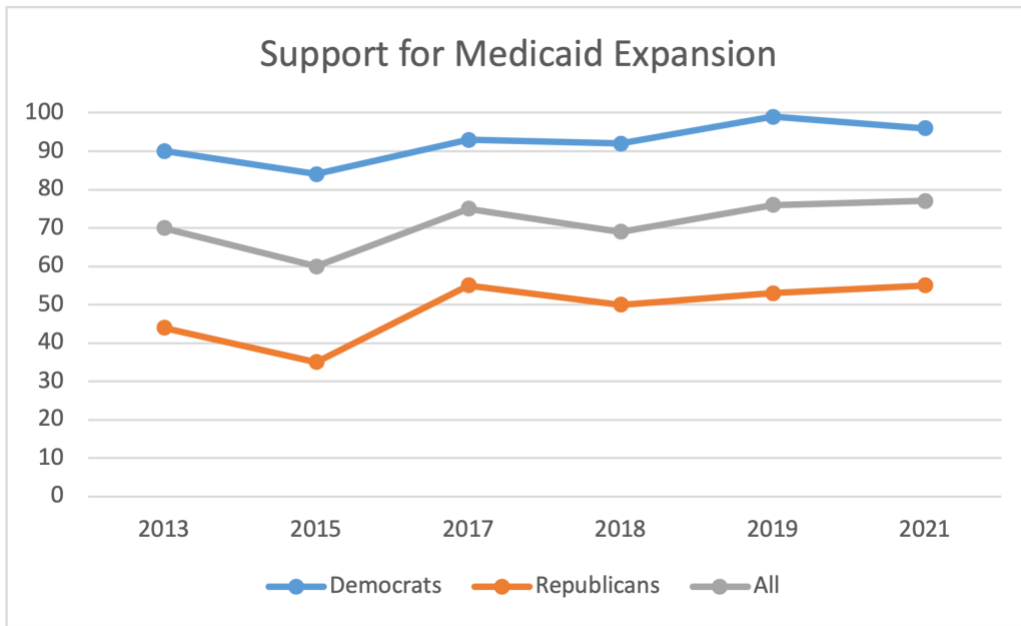
Using questions about race from the 2021 Louisiana Survey, I looked at perceptions of discrimination against Black Americans.⁷ I separated the responses into thirds to make comparisons. In these comparisons, the respondents in the top third are Republicans who perceive more discrimination against Blacks Americans than against whites. The respondents in the bottom third perceive less discrimination against Black Americans than whites.

RESULTS

Trends

The percent of Republican support, Democratic support, and total support is shown in Graph 1 to give a picture of the trend in support for Medicaid expansion. The trend is graphed over the years that the Louisiana Survey fielded a question gauging support for Medicaid expansion.

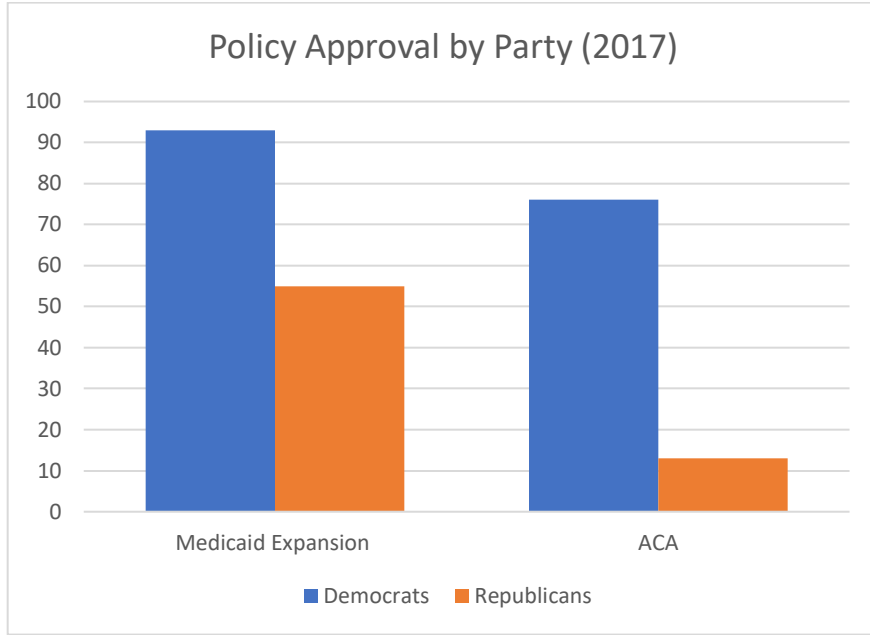
⁷ See Appendix B for an exact wording of all survey questions used from the 2021 Louisiana Survey.



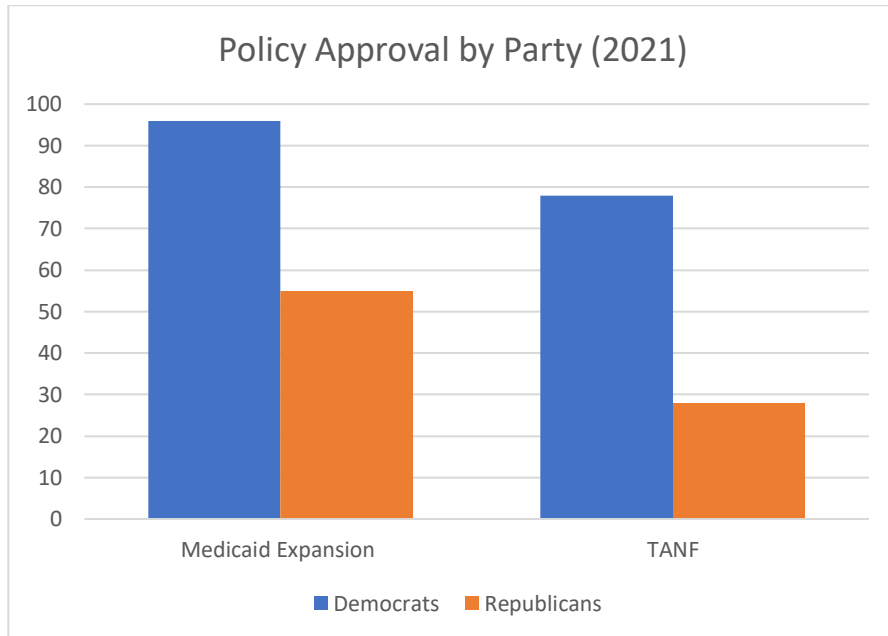
Graph I. Trend in levels of support for Medicaid expansion as measured by the Louisiana Survey broken out by Democrats, Republicans, and total support.

From Graph 1 we can see that overall support for the expansion rose through the years, but what is noteworthy is when and how Republican support for this means tested program (which are not historically favored among Republicans) rose. The two years where support for the expansion was the lowest were the years that Jindal was governor of Louisiana. Zaller’s RAS Model suggests that Republican support rose after those years in part because the partisan and welfare frames with which Jindal discussed the expansion were no longer top-of-mind. Instead, Louisianans were exposed to economic frames and fewer partisan frames.

While there is a difference in support by party for Medicaid expansion, that difference is not as great as it is for other means tested programs. As explored in the literature review, TANF and the ACA receive little support from Republicans. Graph 2 and Graph 3 illustrate that difference.



Graph II. Republican and Democratic support for Medicaid expansion versus the ACA



Graph III. Republican and Democratic support for Medicaid expansion versus TANF

Republican support for expansion was 55% in both 2017 and 2021 while Republican support for the ACA was only 13% and for TANF it was still low at 28% – the differences in Republican support between the expansion and the ACA and the expansion and TANF were both statistically significant at the alpha 0.05 threshold. This suggests that the gap in party support for Medicaid expansion could have been much wider given their low levels of support for similar programs. Additionally, unlike the ACA or TANF, Republican support for Medicaid expansion remained on the majority side (over 50% support) in both comparisons. This helps demonstrate that the level of Republican support for the expansion was unique.

2021 Original Survey Data

The results presented so far show a possible narrowing of the party gaps on Medicaid expansion after 2015 and that those gaps were significantly smaller than the party gaps on ACA and TANF. Next, I turn to an analysis of original data collected in the 2021 Louisiana Survey that allowed me to compare Republican policy preferences to their attitudes on economic issues.⁸

The results in this section show that there is a relationship between economic attitudes and Medicaid expansion and that relationship is larger in magnitude than it is for welfare (TANF). After exploring three buckets of economic attitudes (fiscal, scope-of-government, and class attitudes toward poor), class attitudes toward the poor played a special role in Medicaid

⁸ While this thesis focuses on *relationships* between these attitudes and support for social welfare policies among Republicans, it is also important to note the *distribution* of these attitudes among Republicans in Louisiana. In short, these attitudes would shrink the partisan gap in opinion on Medicaid expansion only if the attitudes are related to policy support *and* if sufficient numbers of Republicans hold the attitudes that are more Medicaid-friendly. Appendix A contains tables showing the distribution of each of these economic attitudes among partisan groups. In each case, a non-negligible share of Republicans (approximately one-eighth or more) hold what might be described as more economically liberal attitudes. This is especially true for attitudes about class sympathies and economic populism, where typically one- to two-thirds fall on this end of the distribution.

expansion support. The data suggest that the magnitude of the relationship between class attitudes toward the poor is bigger for Medicaid expansion than it is for TANF which supports my hypotheses. Now I will discuss the results for each of the economic dimensions.

Starting with the results from economic attitudes about fiscal policy, Table 1 shows that there is a relationship between spending attitudes and Medicaid expansion, but the relationship is no bigger than it is for the means tested program TANF. Looking at those Republicans who are least friendly to government spending in general (the top row in Table 1), 48% of these Republicans supported Medicaid expansion while 69% of Republicans who are the friendliest to government spending support Medicaid expansion for a difference of 20.2 percentage points (statistically significant at a $\alpha = 0.05$ threshold). Turning to TANF (the final column of Table 1) 51% of Republicans who were the friendliest to government spending support TANF while 22% of Republicans who are the least friendly toward government spending support TANF for a difference of 29 percentage points and a similar magnitude as for Medicaid expansion (statistically significant at a $\alpha = 0.05$ threshold). In sum, attitudes about government spending appear to be related to both means tested policies (Medicaid expansion and TANF) and to relatively similar degrees. That indicates spending attitudes matter, but they are not the economic attitudes playing an outsized role in how Republicans evaluated Medicaid expansion.

Pro-spending attitudes	Medicaid expansion	TANF
Bottom Third	48.4	22.1
	[40.1, 56.8]	[15.8, 30.2]
Middle Third	62.3	27.5
	[48.5, 74.3]	[17.3, 40.7]
Top Third	68.6	51.3
	[52.3, 81.3]	[34.8, 67.5]
Difference between top and bottom	20.2	29.2
	[3.5, 36.9]**	[10.3, 48.3]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in approval between individuals' highest and lowest levels of pro-government spending attitudes. ** → difference is statistically significant at a $\alpha = 0.05$ threshold

The next attitude explored in the fiscal dimension of economic attitudes was attitudes toward taxes. Table 2 shows that Republicans who had the strongest anti-tax beliefs (in the top third in the scale) had the lowest percentage of respondents who approved of Medicaid expansion at 38%. That is not an unexpected result; however, of the Republicans who held the least anti-tax attitudes (the bottom third of the scale) 62% approved of the expansion, a 24 percentage point gap in approval. The difference between the top and bottom thirds for TANF approval is a 16 percentage point gap (also statistically significant); however, the difference is not distinguishable in magnitude from the relationship with Medicaid expansion. Again, tax attitudes played a role in Republican attitudes toward Medicaid expansion, but the relationship is no greater than the relationship between those attitudes and TANF.

Table 2: Policy attitudes by anti-tax attitudes

Anti-tax attitudes	Medicaid expansion	TANF
Bottom Third	62.3	29.3
	[49.5, 73.6]	[19.3, 41.8]
Middle Third	59.4	33.8
	[49.8, 68.4]	[25.0, 43.9]
Top Third	38.2	13.3
	[26.8, 51.0]	[7.0, 23.8]
	24.1	16
Difference between top and bottom	[6.8, 41.4]**	[1.5, 30.6]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in approval between individuals' highest and lowest levels of anti-tax attitudes. ** → difference is statistically significant at a $\alpha = 0.05$ threshold

The next economic dimension I will look at is scope of government. Looking at our results in Table 3, 90% of Republicans who prefer a larger government with more services support Medicaid expansion while only half as many Republicans who prefer a smaller government with fewer services (46%) support Medicaid expansion. The difference between those two levels of support is 45 percentage points (statistically significant at a $\alpha = 0.05$ threshold). We can see that preferences on the size of government matter for Republican approval of Medicaid expansion; however, they do not seem to matter more than for TANF where the gap between size of government preferences was 48 percentage points (statistically significant at a $\alpha = 0.05$ threshold). This shows that there is a relationship between policy attitudes and size of government attitudes, but the magnitude of the relationship for Medicaid expansion is comparable to the means tested program TANF.

Table 3: Policy attitudes by size of government preference

Size of government preference	Medicaid expansion	TANF
	45.9	16.6
Prefer a smaller government providing fewer services	[38.7, 53.3]	[11.8, 22.6]
	90.4	64.6
Prefer a larger government providing more services	[78.0, 96.1]	[47.6, 78.5]
	44.5	48.0
Difference between top and bottom	[33.4, 55.7]**	[31.4, 64.7]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in attitudes about the ideal size of government. ** → difference is statistically significant at a $\alpha = 0.05$ threshold

Continuing to look the scope of government dimension, Table 4 shows a relationship between policy attitudes and attitudes about what level of assistance the government should be providing. The gap between approval for Medicaid expansion between Republicans who felt the government should provide more assistance and those who felt the government should provide less assistance was 58 percentage points (statistically significant at a $\alpha = 0.05$ threshold). The gap between those two groups for TANF was 60 percentage points (statistically significant at a $\alpha = 0.05$ threshold). While there is a relationship between policy attitudes and the attitudes about if the government should provide fewer or more services, the magnitude of the relationship for Medicaid expansion is once again comparable to the means tested program TANF.

Attitudes about amount of government services	Medicaid expansion	TANF
Government should provide more assistance	88.3 [74.0, 95.2]	65.5 [46.8, 80.3]
Government is providing the right amount of assistance	67.4 [57.6, 75.9]	35 [25.7, 45.5]
Government should provide less assistance	30.5 [21.9, 40.8]	5.8 [2.5, 12.8]
Difference between top and bottom	57.8 [44.0, 71.5]**	59.7 [42.0, 77.3]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in approval between individuals' preference for more government assistance and individuals' preference for less government assistance. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

So far, results show that general fiscal considerations and predispositions about size or scope of government both play a role in attitudes toward Medicaid expansion for Republicans. However, and more important for my argument, they play no more of a role in this particular policy than they do in attitudes toward what is commonly called welfare. In other words, these considerations fail to explain why Republicans support Medicaid expansion more than they support welfare.

I turn to the final economic dimension to test my central hypothesis that attitudes about economic groups played a central role in Republican support for Medicaid expansion, sympathy for the poor (or economic populism). Findings in this dimension generally support my hypothesis.

The first analysis in this dimension compared attitudes toward Medicaid expansion and TANF with perceptions about whether being poor helps or hurts people's chances to get ahead in America. Table 5 shows that there is relationship between policy attitudes and attitudes on how being poor helps or hurts people's ability to get ahead; furthermore, the table shows that the

relationship between those economic attitudes and Medicaid is greater than the relationship between those attitudes and TANF. Of Republicans who believe being poor does not hurt people’s ability to get ahead, 43% supported Medicaid expansion compared to 60% of Republicans who believe being poor hurts people’s ability to get ahead for a statistically significant difference (at a $\alpha = 0.10$ threshold) of 18 percentage points. For TANF, 23% of Republicans who believed being poor does not hurt people’s ability to get ahead support TANF, while 28% of Republicans who believed being poor hurts people’s ability to get ahead supported TANF, a difference that is not statistically significant. The greater difference in support for Medicaid expansion than TANF indicates that economic attitudes played a bigger role in opinions on Medicaid expansion than they did for other means tested policies which supports my thesis.

Table 5A: Policy attitudes by responses toward if being poor helps one get ahead

Perceptions of how being poor helps/hurts one get ahead	Medicaid expansion	TANF
	42.8	23
Being poor does not hurt people’s ability to get ahead	[31.4, 55.0]	[14.0, 35.4]
	60.5	28.4
Being poor hurts people’s ability to get ahead	[52.6, 67.9]	[25.1, 45.9]
	17.7	5.4
Difference between top and bottom	[3.4, 32.0]**	[-7.7, 18.5]

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in perceptions of how being poor helps/hurts one get ahead. ** → difference is statistically significant at a $\alpha = 0.10$ threshold.

Also supporting the idea that economically populist economic attitudes played a role in Republican approval of Medicaid expansion, Table 6 displays that pro-poor sympathies played an outsized role in support for the expansion. The table shows a 22 percentage point difference in

support for Medicaid expansion between Republicans who were in the top and bottom half of the pro-poor sympathy scale (statistically significant at a $\alpha = 0.05$ threshold). That is compared to only a 10 percentage point difference in support between Republicans who were in the top and bottom half of the pro-poor sympathy scale for TANF, a difference though statistically significant at $\alpha = 0.10$ that is substantially smaller in magnitude than for Medicaid expansion. The large disparity between Medicaid expansion difference and the TANF difference supports my thesis' assertion that economic attitudes play a special roll for Medicaid expansion in a way not seen for other means tested programs.

Table 6: Policy attitudes by pro-poor class attitudes

Pro-poor/Class sympathy attitudes	Medicaid expansion	TANF
Bottom half	47.3	23.9
	[39.0, 55.7]	[17.3, 32.0]
Top half	69.6	34.7
	[59.3, 78.1]	[25.1, 45.9]
Difference between top and bottom	22.3	10.8
	[13.0, 34.0]**	[-2.4, 23.7]

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in individuals' highest and lowest levels of pro-poor sympathies. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

Table 7 also finds an outsized relationship between economic attitudes and Republican support for Medicaid expansion. The table shows a 35 percentage point difference in support for Medicaid expansion between Republicans who felt the economic system in this country unfairly favors the wealthy and those who did not (statistically significant at a $\alpha = 0.05$ threshold). That is compared to only a 14 percentage point difference of support for TANF between Republicans who felt the economic system in this country unfairly favors the wealthy and those who did not. While economic attitudes matter for both policies, the magnitude is significantly larger for

Medicaid expansion than TANF. The large disparity between the Medicaid difference and the TANF difference supports my thesis' assertion that economic attitudes were playing a special roll for Medicaid in a way not seen for other means tested programs.

Table 7: Policy attitudes by perceptions of the economic system's favorability toward the wealthy

Perceptions of the economic system's favorability toward the wealthy	Medicaid expansion	TANF
The economic system in this country unfairly favors the wealthy	73 [64.1, 80.4]	33.9 [25.3, 43.7]
The economic system in this country is generally fair to most Americans	37.9 [29.2, 47.4]	20 [13.2, 29.1]
Difference between top and bottom	35.1 [22.9, 47.3]**	13.9 [1.5, 26.7]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in perceptions of the economic system's favorability toward the wealthy. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

The last economic attitude measured within the economic liberalism/class attitudes dimension was perceptions of whether individuals themselves or broader structures are the cause of one's economic success. Table 8 shows that there is a relationship between policy attitudes and perceptions of what is generally more often to blame if a person is poor, but the magnitude of the relationship for Medicaid expansion is comparable to the means tested program TANF.

Table 8: Policy attitudes by perceptions of what is generally more often to blame if a person is poor

person is poor	Medicaid expansion	TANF
	42.7	13.6
Lack of effort on his or her own part	[34.3, 51.4]	[8.7, 20.8]
	74.8	48
Circumstances beyond his or her control	[63.8, 83.3]	[36.4, 59.8]
	32.1	34.4
Difference between top and bottom	[18.9, 45.2]**	[21.1, 47.7]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in perceptions of what is generally more often to blame if a person is poor. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

To summarize the results from the economic populism dimension, I had four measures of sympathy for the poor, and in three out of the four cases, those measures mattered more for Medicaid expansion than they did for TANF. This dimension has the strongest evidence to suggest an economic attitude played an outsized role in the relatively high levels of Republican support for Medicaid expansion. Those attitudes of sympathy for the poor were most likely to be the attitudes driving Republican support for the Medicaid expansion, supporting my hypotheses.

Economic Frames Experiment

The 2019 Louisiana Survey’s Medicaid expansion experiment reveals that Republican opinion on Medicaid expansion is sensitive to economic framing. Table 9 shows the results of the experiment broken out by party and frame.

The spending frame caused a 13 percentage point drop in support for the expansion among Republicans (statistically significant at a $\alpha = 0.10$ threshold). The spending frame did not cause a statistically significant drop in support among Democrats from the control. The takeaway here is that the spending frame moved Republicans in a negative direction and the gap between parties grew. If Republican leaders had used more frames like the spending frame (which

emphasized the state’s increasing cost share of the expansion), the state may not have seen the high levels Republican support for the expansion that it did.

The coverage frame did not increase support for Medicaid expansion among Republican respondents from the level of support shown in the control. Support among Republicans who had the control question was 58% and for those that had the coverage frame it was 59% (not a statistically significant change). However, while it is tempting to conclude that this means Republicans are not influenced by a coverage frame, I argue that it demonstrates the effect that the rhetoric by political elites already had on the public. In other words, Republican opinion does not move in response to the coverage frame which, when paired with results from the previous section, suggests that this economic framing was already baked in by elites like Vitter, Abraham, and Rispone.

Table 9: Republican and Democratic Medicaid attitudes by experiment frame

Experiment frame	Republican	Democrat
No frame (control)	57.6	98.4
	[46.0, 68.5]	[89.5, 99.7]
Spending frame	45.4	94.5
	[34.6, 56.8]	[86.4, 97.8]
Coverage frame	59.3	84.4
	[47.7, 70.1]	[73.5, 91.3]

Note: Cells display percent of Medicaid expansion approval by Republicans (column 1) and Democrats (column 2). Republicans and Democrats include leaners. Brackets contain 95% confidence interval.

Racial Attitude Analysis

As discussed by Gilens in my literature review, means tested policies like welfare are often viewed through a racial lens which affects support levels negatively. It was important to determine if Medicaid expansion was subject to the same racial attitudes as other welfare programs. As Table 10 demonstrates, Republicans who think there is more discrimination against

Black Americans, are more supportive of Medicaid expansion than those who think there is less discrimination against Black Americans. The top and bottom third of Republicans had a 33 percentage point difference in approval on Medicaid expansion; however, this is not statistically distinguishable from the magnitude of the relationship between racial attitudes and TANF.

Understanding if racial attitudes influenced support for the Medicaid expansion is important because of the policy’s origin and mission. Attitudes toward means-tested programs like TANF are linked to racial attitudes, so this analysis helped to reveal that Medicaid expansion support was also linked to racial attitudes. Medicaid expansion support was not free of influence from racial attitudes.

Table 10: Policy attitudes by Perceptions of Discrimination

Perceived discrimination against Black Americans	Medicaid expansion	TANF
Bottom Third	45.1	12.6
	[36.7, 53.8]	[7.8, 19.9]
Middle Third	69.2	48.8
	[58.8, 77.9]	[37.8, 60.0]
Top Third	78.3	55.0
	[52.0, 92.3]	[29.6, 78.2]
Difference between top and bottom	33.2 [11.0, 55.4]**	42.4 [15.0, 69.8]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in approval between individuals highest and lowest levels of perceived discrimination against Black residents. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

CONCLUSION

Medicaid expansion has been successful in Louisiana. The policy expanded access to primary and preventative care to over 600,000 residents. With that coverage, the expansion has meant thousands in the state receive care, including regular doctor visits, cancer screenings, mental health services, and substance abuse services. Despite the expansion originating from the ACA (which rigidly divided the public along partisan lines), it was adopted by Louisiana in 2016 with high Republican support that grew over time.

It is important to understand what shaped public opinion on Medicaid expansion in Louisiana because it can provide clues on how to generate bipartisan support for future policies and maintain support for the expansion. That includes knowing which rhetorical frames help foster support from the public and which divide the public when discussing a policy.

Public opinion informs policymaking in a democratic republic. Opinion polling, like the kind in the Louisiana Survey, captures the public's judgment on policies. Because officials cannot ask each individual they represent how they feel about a policy, public opinion polling becomes a way to gauge what policies voters favor. Those opinions are then a metric that leaders can use to guide their decisions. For this reason, policies can live or die on the support of the public.

Gathering support for a policy can be difficult in today's hyper-partisan political climate. It is often even more difficult for significant, redistributive policies to gain sweeping support; the low approval from Republicans on TANF and the ACA are evidence of that. In Medicaid expansion's case, while most states in the U.S. have adopted it, there are still many states where partisanship remains a barrier to adoption. In those states yet to expand, many share the political

leanings of Louisiana; however, the state still expanded Medicaid with high bipartisan support levels.

Public opinion research suggests that when leaders are polarized on an issue, the public follows their lead. When Democratic leaders tell their base to support a policy and Republican leaders tell their base not to, public opinion is expected to break along party lines. However, the rhetoric from Republican leaders in Louisiana around expansion relied less on partisan framing. While former Governor Bobby Jindal did use partisan frames, the top brass of Republican leadership in the state that succeeded him did not use partisan framing to the degree Jindal did. Senator David Vitter, Congressman Ralph Abraham, and businessman Eddie Rispone talked about the expansion in economic terms. Moreover, unlike Jindal, they all were supportive of the expansion's general existence in Louisiana.

This research aimed to identify what accounted for the relatively high levels of Republican support for Medicaid expansion and hypothesized that because Republican leaders after Jindal did not use partisanship to frame welfare, Republicans fell back onto other considerations to assess Medicaid expansion. This thesis further hypothesized that the considerations Republicans fell back on were economic considerations, specifically class considerations, which led to higher levels of Republican support.

The results support those hypotheses. A comparison of Republican support for Medicaid expansion and TANF when looking at their economic considerations revealed that class considerations played an outsized role in Medicaid expansion support in a way not seen for welfare. That finding substantiates the idea that Republicans used economic considerations – and specifically sympathy for the poor, and that consideration drove Republican support in a way unique to Medicaid expansion.

An implication from this thesis' findings is that bipartisan support for impactful policy is possible when leaders do not prime partisanship when discussing the policy. However, these findings also imply that the public is highly reliant on leaders to tell them how to think about policy. Thinking about policy in ways that are not reliant upon partisanship or social groupings depends on political leaders deciding not to frame a policy in a way that encourages the public to back into their red and blue tribal corners.

While Republicans will likely never support Medicaid expansion to the degree that Democrats do, their current concerns about the expansion focus on efficiency, cost, and making sure the people who need the help the most are prioritized. In other words, the discussion that will decide the expansion's future is not about whether the policy is liberal or conservative. In this case, leaders chose to debate the policy on its economic merits, causing the public to evaluate Medicaid expansion using economic considerations. Those considerations played a unique role in Republican support for Medicaid expansion, which has become a successful policy in Louisiana.

WORKS CITED

- Adelson, J. (2013, February 7). *Bobby Jindal holding firm on rejection of Medicaid expansion despite other governors' change of heart*. Retrieved from Nola.com: https://www.nola.com/news/politics/article_f4cff918-625b-56e1-adfd-8dad345e5524.html
- Alpert, B. (2013, March 29). *Obama administration 'waiting' for Medicaid expansion waiver request from Jindal*. Retrieved from Nola.com: https://www.nola.com/news/politics/article_3ef1c3d0-bbe1-5cb4-9475-3161e9bead06.html
- Ballard, M. (2015, November 4). *Let's talk about governor's race issues: David Vitter, John Bel Edwards agree on more than you might think*. Retrieved from The Advocate: https://www.theadvocate.com/baton_rouge/news/politics/elections/article_3a59e234-b310-5107-8fef-e68bb5f1c75f.html
- Blavin, F., & Ramos, C. (2021, January). Medicaid Expansion: Effects On Hospital Finances And Implications For Hospitals Facing COVID-19 Challenges. *Health Affairs*, 40(1), 82-90.
- Chauvin, B. (2019, September 19). *Louisiana gubernatorial candidates clash in second televised debate on Thursday*. Retrieved from Reveille: https://www.lsureveille.com/news/louisiana-gubernatorial-candidates-clash-in-second-televised-debate-on-thursday/article_42642800-e0c9-11e9-bc7b-072d92eaeaf13.html
- Converse, P. (1964). The nature of belief systems in mass publics. In *Ideology and Its Discontent* (pp. 1-74). New York: Free Press of Glencoe.
- Crisp, E. (2019, January 8). *5 takeaways from meet and greet with Eddie Rispone, Republican candidate for governor*. Retrieved from The Advocate: https://www.theadvocate.com/baton_rouge/news/politics/article_f4a6bec4-13ba-11e9-b208-cff1e9e18794.html
- C-SPAN. (2015, November 10). *Louisiana Gubernatorial Debate*. Retrieved from C-SPAN: <https://www.c-span.org/video/?400354-1/louisiana-gubernatorial-debate>
- Deslatte, M. (2015, November 13). *WBRZ*. Retrieved from Vitter talks of his conditions for Medicaid expansion in La.: <https://www.wbrz.com/news/vitter-talks-of-his-conditions-for-medicaid-expansion-in-la/>
- Gilens, M. (2000). *Why Americans Hate Welfare: Race, Media, and the Politics of Antipoverty Policy*. Chicago: The University of Chicago Press.
- Grace, S. (2019, March 19). *Grace Notes: John Bel Edwards' gubernatorial rivals criticize Medicaid expansion, but stop short of promising to undo it*. Retrieved from The Advocate: https://www.theadvocate.com/baton_rouge/opinion/stephanie_grace/article_5c6f1e98-4a61-11e9-9c92-1bb9713a03f2.html
- Guth, M., Garfield, R., & Rudowitz, R. (2020, March 17). *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review*. Retrieved from Kaiser Family Foundation: <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>
- Henderson, M. (2019). *The Louisiana Survey 2019*. Louisiana State University, Manship School of Mass Communication. Baton Rouge: Reilly Center for Media & Public Affairs.

- Henderson, M., Davis, B., & Climek, M. (2015). *2015 Louisiana Survey*. Louisiana State University, The Reilly Center for Media and Public Affairs Manship School of Mass Communication. Baton Rouge: LSU Public Policy Research Lab.
- Hudson, S. (2015, November 17). *Louisiana Governor's Debate 11-16-2015 Part 1*. Retrieved from YouTube: <https://www.youtube.com/watch?v=3Oe62vzSeCE>
- Jindal, B. (2013, January 28). *Bobby Jindal: To fix Medicaid, listen to governors*. Retrieved from Washington Post: https://www.washingtonpost.com/opinions/bobby-jindal-to-fix-medicaid-listen-to-governors/2013/01/28/ff5c8e5e-6711-11e2-85f5-a8a9228e55e7_story.html
- Jindal, B. (2013, July 23). *Why I opposed Medicaid expansion*. Retrieved from Nola.com: https://www.nola.com/opinions/article_c0155e08-f87b-5c8f-b4e3-092a5b095991.html
- Kaiser Family Foundation. (2013, April 25). *Summary of the Affordable Care Act*. Retrieved from Kaiser Family Foundation: <https://www.kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>
- Karlin, S. (2019, October 30). *John Bel Edwards, Eddie Rispone blast each other during only runoff debate*. Retrieved from https://www.theadvocate.com/baton_rouge/news/politics/elections/article_36113be6-fa74-11e9-b2fc-03473e0352c4.html: https://www.theadvocate.com/baton_rouge/news/politics/elections/article_36113be6-fa74-11e9-b2fc-03473e0352c4.html
- Kinder, D., & Kalmoe, N. (2017). *Neither Liberal nor Conservative*. Chicago: University of Chicago Press.
- Kumar, S. (2013, May 1). *Medicaid expansion bill clears Louisiana Senate health committee*. Retrieved from Nola.com: https://www.nola.com/news/politics/article_99f0c490-2691-5857-8bc1-84c51c090379.html
- Litten, K. (2015, October 21). *3 of 4 governor's candidates would seek Medicaid expansion changes, but that could get expensive*. Retrieved from NOLA.com: https://www.nola.com/news/politics/article_0d6130ad-4525-57cd-9d50-ecd73f66bc40.html
- McGaughy, L. (2013, February 28). *Bobby Jindal: Obama administration has 'insatiable appetite' for government growth*. Retrieved from Nola.com: https://www.nola.com/news/politics/article_99cf78e2-1852-5f27-8986-c44c3f88da03.html
- Nyhan, B., McGhee, E., John, S., Masket, S., & Greene, S. (2012, September). One Vote Out of Step? The Effects of Salient Roll Call Votes in the 2010 Election. *American Politics Research*, 40(5), 844–879.
- Pew Research Center. (2019, April 11). *Little Public Support for Reductions in Federal Spending*. Retrieved from Pew Research Center: <https://www.pewresearch.org/politics/2019/04/11/little-public-support-for-reductions-in-federal-spending/>
- Piston, S. (2018). *Class Attitudes in America*. Cambridge: Cambridge University Press.
- Sayre, K. (2013, November 9). *President Obama calls on Louisiana to expand Medicaid coverage*. Retrieved from https://www.nola.com/news/politics/article_dc2567fa-5e9c-577e-91f9-244c03ef0250.html: https://www.nola.com/news/politics/article_dc2567fa-5e9c-577e-91f9-244c03ef0250.html

- Sears, D., & Citrin, J. (1982). *Tax Revolt: Something for Nothing in California*. Cambridge: Harvard University Press.
- Shuler, M. (2015, October 26). *Medicaid expansion draws governor candidate differences*. Retrieved from The Advocate: https://www.theadvocate.com/baton_rouge/news/politics/elections/article_a0a283fe-a631-5f51-b1cd-55cd86a3e233.html
- Smith, S. (2015, June 25). *From the very start, sharp partisan divisions over Obamacare*. Retrieved from Pew Research Center: <https://www.pewresearch.org/fact-tank/2015/06/25/from-the-very-start-sharp-partisan-divisions-over-obamacare/>
- Staff, T.-P. (2012, July 8). *Gov. Bobby Jindal blasted for refusing federal Medicaid money*. Retrieved from Nola.com: https://www.nola.com/news/politics/article_d2883d67-4f74-52de-8997-b6f0fde20133.html
- Zaller, J. (1992). *The Nature and Origins of Mass Opinion*. Cambridge: Cambridge University Press.

APPENDIX A: Supplemental Tables

Table 1A: Policy attitudes by pro-spending attitudes

Pro-spending attitudes	Medicaid expansion	TANF
	48.4	22.1
Bottom Third	[40.1, 56.8]	[15.8, 30.2]
	62.3	27.5
Middle Third	[48.5, 74.3]	[17.3, 40.7]
	68.6	51.3
Top Third	[52.3, 81.3]	[34.8, 67.5]
	20.2	29.2
Difference between top and bottom	[3.5, 36.9]**	[10.3, 48.3]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in approval between individuals' highest and lowest levels of pro-government spending attitudes. ** → difference is statistically significant at a $\alpha = 0.05$ threshold

Table 2A: Policy attitudes by anti-tax attitudes

Anti-tax attitudes	Medicaid expansion	TANF
	62.3	29.3
Bottom Third	[49.5, 73.6]	[19.3, 41.8]
	59.4	33.8
Middle Third	[49.8, 68.4]	[25.0, 43.9]
	38.2	13.3
Top Third	[26.8, 51.0]	[7.0, 23.8]
	24.1	16
Difference between top and bottom	[6.8, 41.4]**	[1.5, 30.6]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in approval between individuals' highest and lowest levels of anti-tax attitudes. ** → difference is statistically significant at a $\alpha = 0.05$ threshold

Table 3A: Policy attitudes by size of government preference

Size of government preference	Medicaid expansion	TANF
Prefer a smaller government providing fewer services	45.9	16.6
	[38.7, 53.3]	[11.8, 22.6]
Prefer a larger government providing more services	90.4	64.6
	[78.0, 96.1]	[47.6, 78.5]
	44.5	48.0
Difference between top and bottom	[33.4, 55.7]**	[31.4, 64.7]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in attitudes about the ideal size of government. ** → difference is statistically significant at a $\alpha = 0.05$ threshold

Table 4A: Policy attitudes by government assistance attitudes

Attitudes about amount of government services	Medicaid expansion	TANF
Government should provide more assistance	88.3	65.5
	[74.0, 95.2]	[46.8, 80.3]
Government is providing the right amount of assistance	67.4	35
	[57.6, 75.9]	[25.7, 45.5]
Government should provide less assistance	30.5	5.8
	[21.9, 40.8]	[2.5, 12.8]
	57.8	59.7
Difference between top and bottom	[44.0, 71.5]**	[42.0, 77.3]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in approval between individuals' preference for more government assistance and individuals' preference for less government assistance. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

Table 5A: Policy attitudes by responses toward if being poor helps one get ahead

Perceptions of how being poor helps/hurts one get ahead	Medicaid expansion	TANF
Being poor does not hurt people's ability to get ahead	42.8	23
	[31.4, 55.0]	[14.0, 35.4]
Being poor hurts people's ability to get ahead	60.5	28.4
	[52.6, 67.9]	[25.1, 45.9]
	17.7	5.4
Difference between top and bottom	[3.4, 32.0]**	[-7.7, 18.5]

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in perceptions of how being poor helps/hurts one get ahead. ** → difference is statistically significant at a $\alpha = 0.10$ threshold.

Table 6A: Policy attitudes by pro-poor class attitudes

Pro-poor/Class sympathy attitudes	Medicaid expansion	TANF
Bottom half	47.3	23.9
	[39.0, 55.7]	[17.3, 32.0]
Top half	69.6	34.7
	[59.3, 78.1]	[25.1, 45.9]
Difference between top and bottom	22.3 [13.0, 34.0]**	10.8 [-2.4, 23.7]

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in individuals' highest and lowest levels of pro-poor sympathies. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

Table 7A: Policy attitudes by perceptions of the economic system's favorability toward the wealthy

Perceptions of the economic system's favorability toward the wealthy	Medicaid expansion	TANF
The economic system in this country unfairly favors the wealthy	73	33.9
	[64.1, 80.4]	[25.3, 43.7]
The economic system in this country is generally fair to most Americans	37.9	20
	[29.2, 47.4]	[13.2, 29.1]
Difference between top and bottom	35.1 [22.9, 47.3]**	13.9 [1.5, 26.7]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in perceptions of the economic system's favorability toward the wealthy. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

Table 8A: Policy attitudes by perceptions of what is generally more often to blame if a person is poor

person is poor	Medicaid expansion	TANF
Lack of effort on his or her own part	42.7	13.6
	[34.3, 51.4]	[8.7, 20.8]
Circumstances beyond his or her control	74.8	48
	[63.8, 83.3]	[36.4, 59.8]
Difference between top and bottom	32.1 [18.9, 45.2]**	34.4 [21.1, 47.7]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in perceptions of what is generally more often to blame if a person is poor. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

Table 9A: Republican and Democratic Medicaid attitudes by experiment frame

Experiment frame	Republican	Democrat
No frame (control)	57.6	98.4
	[46.0, 68.5]	[89.5, 99.7]
Spending frame	45.4	94.5
	[34.6, 56.8]	[86.4, 97.8]
Coverage frame	59.3	84.4
	[47.7, 70.1]	[73.5, 91.3]

Note: Cells display percent of Medicaid expansion approval by Republicans (column 1) and Democrats (column 2). Republicans and Democrats include leaners. Brackets contain 95% confidence interval.

Table 10A: Policy attitudes by Perceptions of Discrimination

Perceived discrimination against Black Americans	Medicaid expansion	TANF
Bottom Third	45.1	12.6
	[36.7, 53.8]	[7.8, 19.9]
Middle Third	69.2	48.8
	[58.8, 77.9]	[37.8, 60.0]
Top Third	78.3	55.0
	[52.0, 92.3]	[29.6, 78.2]
Difference between top and bottom	33.2	42.4
	[11.0, 55.4]**	[15.0, 69.8]**

Note: Cells display percent of Republicans who approve of expanding Medicaid (column 1) and approve of TANF (column 2). Republicans include leaners. Brackets contain 95% confidence interval. Final row displays the difference in approval between individuals highest and lowest levels of perceived discrimination against Black residents. ** → difference is statistically significant at a $\alpha = 0.05$ threshold.

Distribution of economic attitudes

Pro-spending scale			
Party	Bottom Third	Middle Third	Top Third
Democrat	42.19	25.7	32.11
Republican	61.22	25.36	13.42
Neither	49.59	27.47	22.94
Do not know / Refused to answer	43.55	27.47	28.98
Total	50.92	26.04	23.04

Anti-tax scale			
Party	Bottom Third	Middle Third	Top Third
Democrat	44.99	39.02	15.99
Republican	27.99	44.26	27.75
Neither	29.46	41.66	28.88
Do not know / Refused to answer	36.94	30.4	32.66
Total	34.97	41.3	23.74

Size of government preference			
Party	Smaller	Larger	Do not know/Refused
Democrat	18.77	75.45	5.782
Republican	78.4	17.69	3.911
Neither	47.95	40.02	12.02
Do not know / Refused to answer	30.16	30.64	39.19
Total	47.56	44.91	7.525

Amount of government assistance for the needy attitudes				
Party	Should provide more	Should provide less	Provides the right amount	Do not know/Refused
Democrat	67.09	4.386	22.93	5.589
Republican	16.15	40.27	39.16	4.419
Neither	39.01	16.11	37.79	7.092
Do not know / Refused	33.75	10.91	37.25	18.09
Total	41.08	20.34	32.7	5.877

Attitudes toward if toward if being poor helps one get ahead		
Party	Does not hurt	Hurts
Democrat	11.65	88.35
Republican	30.38	69.62
Neither	13.41	86.59
Do not know / Refused to answer	24.08	75.92
Total	19.15	80.85

Pro-poor class attitudes / Relative sympathy for the poor		
Party	Bottom half	Top half
Democrat	33.06	66.94
Republican	63.22	36.78
Neither	44.86	55.14
Do not know / Refused to answer	74.32	25.68
Total	47.85	52.15

Perceptions of the economic system's favorability toward the wealthy			
Party	Favors wealthy	Fair to all	Hurts
Democrat	84.58	13.47	1.956
Republican	48.13	48.77	3.101
Neither	67.97	29.86	2.168
Do not know / Refused to answer	38.72	44.47	16.8
Total	66.14	31.01	2.852

Perceptions of what is generally more often to blame if a person is poor			
Party	Lack of effort	Circumstances beyond control	Do not know/Refused
Democrat	17.89	72.39	9.715
Republican	53.62	34.27	12.11
Neither	27.04	60.66	12.3
Do not know / Refused to answer	20.71	45.21	34.08
Total	33.09	55.02	11.89

APPENDIX B: Survey Question Wording

Medicaid expansion support (2013 Louisiana Survey)

“Do you think the Louisiana state government should accept or reject federal money to expand the Medicaid program for uninsured adults?”

Don't know

Accept money to expand Medicaid

Reject money to expand Medicaid

Medicaid expansion support (2015 Louisiana Survey)

“Do you think the Louisiana state government should accept money from the federal government in Washington D.C. to expand the Medicaid program in this state in order to provide health insurance to more people who do not have it even if doing so may require additional state spending in the future OR do you think state government should reject the money to keep state health care spending from increasing in the future?”

Accept federal money to expand Medicaid

Reject money to expand Medicaid

Don't know

Refused

Medicaid expansion support (2017 Louisiana Survey)

“As you may know, Medicaid is a program to provide health coverage mostly to low-income individuals. Last year Louisiana expanded its Medicaid program to provide health care coverage to more people. Do you approve or disapprove of the state expanding its Medicaid program?”

Approve

Disapprove

Don't know

Refused

Medicaid expansion support (2018 Louisiana Survey)

“As you may know, Medicaid is a program to provide health coverage mostly to low-income individuals. Two years ago, Louisiana expanded its Medicaid program to provide health care coverage to more people. Do you approve or disapprove of the state expanding its Medicaid program?”

Approve

Disapprove

Don't know

Refused

Medicaid expansion support (2019 Louisiana Survey)

“As it turns out, a few years ago, Louisiana expanded its Medicaid program to provide health care coverage to more people. Do you approve or disapprove of the state expanding its Medicaid program?”

Approve
Disapprove
Don't know
Refused

Medicaid expansion support (2021 Louisiana Survey)

“As you may know, Medicaid is a program to provide health coverage mostly to low-income individuals. A few years ago, Louisiana expanded its Medicaid program to provide health care coverage to more people. Do you approve or disapprove of the state expanding its Medicaid program?”

Approve
Disapprove
Don't know
Refused

ACA Support (2017 Louisiana Survey)

“As you may know, the Affordable Care Act was signed in to law in 2010. Given what you know about the Affordable Care Act, do you have a generally favorable or unfavorable opinion of it?”

Favorable
Unfavorable
Don't know
Refused

TANF support (2021 Louisiana Survey)

“As you may know, Temporary Assistance for Needy Families, commonly known as welfare, is a program to provide money to low-income individuals. Do you approve or disapprove of the state expanding this program?”

Approve
Disapprove
Don't know
Refused

Spending attitudes (2021 Louisiana Survey)⁹

“What about spending for elementary and secondary education? Should this be increased, decreased, or kept the same?”

Increased
Decreased
Kept the same
Don't know
Refused

“What about spending for higher education? Should this be increased, decreased, or kept the same?”

Increased
Decreased
Kept the same
Don't know
Refused

“What about spending for roads, bridges and highways? Should this be increased, decreased, or kept the same?”

Increased
Decreased
Kept the same
Don't know
Refused

“What about spending for prisons and incarceration? Should this be increased, decreased, or kept the same?”

Increased
Decreased
Kept the same
Don't know
Refused

Anti-tax attitudes (2021 Louisiana Survey)¹⁰

“Would you say that state income taxes on individuals and households are too high, too low, or just about right?”

⁹ Republican responses to spending attitude questions were averaged to create the pro-spending scale.

¹⁰ Republican responses to anti-tax attitude questions were averaged to create the anti-tax scale.

Too high
Too low
Just about right
Don't know
Refused

“Would you say that the state sales tax is too high, too low, or just about right?”

Too high
Too low
Just about right
Don't know
Refused

“Now, thinking about the taxes you and your household pay to the state of Louisiana, do you think you're paying more than your fair share, less than your fair share, or about the right amount?”

More than your fair share
Less than your fair share
About the right amount
Don't know
Refused

Size of government attitudes (2021 Louisiana Survey)

“If you had to choose, would you rather have a smaller government providing fewer services or a larger government providing more services?”

Smaller government and fewer services
Larger government and more services
Don't know
Refused

Government assistance attitudes (2021 Louisiana Survey)

“Thinking about the assistance government provides to people in need. Do you think the government...”

Should provide more assistance
Should provide less assistance
Is providing about the right amount of assistance
Don't know
Refused

Perceptions of if being poor helps or does not hurt people’s ability to get ahead (2021 Louisiana Survey)¹¹

“Overall, how does being poor affect people’s ability to get ahead in our country these days?”

- Helps a lot
- Helps a little
- Hurts a little
- Hurts a lot
- Neither helps nor hurts
- Don't know
- Refused

Perceptions of if the economic system unfairly favors the wealthy (2021 Louisiana Survey)¹²

“Which of these two statements comes closer to your own views -- even if neither is exactly right?”

- The economic system in this country unfairly favors the wealthy
- The economic system in this country is generally fair to most Americans
- Don't know
- Refused

Attitudes about what is generally more often to blame if a person is poor (2021 Louisiana Survey)

“In your opinion, which is generally more often to blame if a person is poor?
Lack of effort on his or her own part, or circumstances beyond his or her control?”

- Lack of effort
- Circumstances beyond control
- Don't know
- Refused

Medicaid expansion framing experiment (2019 Louisiana Survey)

Respondents were randomly assigned to either version A, B, or to version C

Version A (Control question)

“As it turns out, a few years ago, Louisiana expanded its Medicaid program to provide health care coverage to more people. Do you approve or disapprove of the state expanding its Medicaid program?”

¹¹ Republican responses to create the pro-poor/class sympathy scale.

¹² Republican responses to create the pro-poor/class sympathy scale.

Approve
Disapprove
Don't know
Refused

Version B (Coverage frame)

“As it turns out, a few years ago, Louisiana expanded its Medicaid program to provide health care coverage to more people. Many state residents have enrolled in the program, and now fewer people in Louisiana go without health coverage. Do you approve or disapprove of the state expanding its Medicaid program?”

Approve
Disapprove
Don't know
Refused

Version C (Spending frame)

“As it turns out, a few years ago, Louisiana expanded its Medicaid program to provide health care coverage to more people. The state must spend tax dollars to pay for part of the program, and this cost will increase in coming years. Do you approve or disapprove of the state expanding its Medicaid program?”

Approve
Disapprove
Don't know
Refused