Perceptions of Deservingness and the Politicization of Social Insurance: Evidence from Disability Insurance in the United States[*]

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Abstract

Concerns about the deservingness of policy beneficiaries appear to explain skepticism about redistributive social assistance programs. Many social insurance programs, despite requiring beneficiaries to pay in ahead of time, require discretionary evaluations of the merits of claims for benefits. Do perceptions of deservingness also affect attitudes toward these discretionary social insurance programs? Examining the politics of Social Security Disability Insurance (SSDI), a program whose size and beneficiaries have been increasingly politicized, we investigate these questions by analyzing novel survey data and two experiments conducted on national surveys. We show that people use information about a beneficiary's eligibility-determining impairment—but *not* their race, which prior work argues is a key heuristic—to infer their deservingness. Moreover, support for SSDI is responsive to policy arguments emphasizing the program's social insurance features and potential abuse. Our findings demonstrate important psychological processes relevant to the contemporary politicization of social insurance programs involving discretionary eligibility rules.

Keywords: public opinion; policy attitudes; social insurance; deservingness; disability insurance

How do citizens form opinions about the merits of benefit provision under social insurance programs? In contrast to universalistic redistributive social assistance programs, most social insurance programs require potential beneficiaries to contribute ahead of time to be eligible to receive benefits in specific, defined circumstances. These programs therefore pool risk among a contributing population and are generally popular relative to redistributive programs that also serve individuals who are in need.[1] However, there is little scholarship examining whether the basis on which social insurance beneficiaries are eligible for and receive assistance affects perceptions of their deservingness. Such concerns are particularly important for understanding the contemporary politics of those social insurance programs where individuals receive benefits only after discretionary determination of the merit of their claim (as compared to programs where eligibility is determined by formal objective criteria like age, as in the case of Social Security and Medicare). As the size and cost of these "discretionary" social insurance programs (often involving case-by-case determinations of the merits of each claim for benefits) have grown over time, new efforts to scale back these programs have emerged and appear, in part, to be motivated by concerns that these programs increasingly pay benefits to those who should not receive them.

Prior work argues that support for redistributive welfare programs is governed by a "deservingness heuristic," in which the willingness to support programs or benefits for particular beneficiaries is shaped by beliefs about whether beneficiaries demonstrated they warrant care.[2] Perceptions of the deservingness of welfare beneficiaries in general are correlated with support for welfare (i.e., cash assistance), and differences in perceptions of deservingness across individuals (for example, across beneficiaries of different races) are correlated with differences in support for providing benefits to those individuals (e.g., Gilens 1999; Appelbaum 2001). This raises the question of whether, despite key differences in program design, the psychological processes explaining mass attitudes toward program beneficiaries are similar for social assistance and discretionary social insurance programs. Specifically, are beneficiaries of discretionary social insurance programs evaluated on the basis of the same "deservingness heuristic" that prior work shows is a powerful predictor of attitudes toward those receiving welfare and other social assistance programs? And do perceptions

of the race of program beneficiaries, which prior work shows is a powerful predictor of attitudes toward support for redistributive spending (Gilens 1999), also affect beliefs about the deservingness of SSDI recipients? In this regard, SSDI is a useful case for study because it is not an overtly racialized policy domain, although individuals may perceive it as such.

We investigate this question using the case of support for the Social Security Disability Insurance (SSDI) program. SSDI is a large and growing social insurance program in the United States that provides cash assistance to individuals who have a severe, long-term disability that interferes with work.[3] Theoretically, SSDI combines a social insurance program design with support for individuals who have been determined to have a health-driven disability that prevents work. It is therefore an ideal case for understanding the interplay of these two factors — the requirement to pay in ahead of time and discretionary determination of the merit of a claim for receiving benefits — in shaping program support. The program is funded by worker payroll taxes and provides benefits only to those who have met recent work and earnings requirements. Because of the program's social insurance features such as prior contribution requirements and the limited basis for claiming benefits, SSDI (and SSDI recipients) may be broadly popular. In recent decades, however, the number of individuals successfully obtaining SSDI has increased substantially, accompanied by changes in who is participating (increasingly working age men) and the basis for being declared disabled (increasingly certain musculoskeletal and mood disorders) (Autor & Duggan 2003). To some observers, these changes show that the core function of the program has changed from being last-resort social insurance to a subsidy for individuals who choose not to work.[4] What is unknown, however, is whether these changes have had any effect on support for SSDI. Is support for SSDI beneficiaries, or for the program more generally, related to beliefs about whether those seeking benefits are in fact unable to work, or do the program's social insurance features blunt these concerns about deservingness? Relatedly, if support for SSDI beneficiaries is partly a function of their perceived deservingness, what are relevant markers of beneficiaries that people use to form perceptions of their deservingness? Is beneficiary race a relevant factor in shaping opinions toward the program despite its social insurance features and lack of past history of racialization?

A nascent line of political science research examines support for government-provided health care benefits for sick individuals and finds that those with diseases that are less controllable (e.g., due to a pathogen or genetics rather than failure to exercise) warrant greater support (Jensen & Petersen 2017). That research has not examined willingness to provide cash assistance to individuals with health impairments, which may differ in important respects from the provision of health care because of the greater possibility of misuse of cash. Nor has that work examined how determinations of merit are affected by different models for eligibility for government benefits (e.g., in the case of medical care, social insurance [like Medicare], means-tested redistributive programs [like Medicaid], universalistic government provision, etc.). Finally, while the source of an illness may be an important basis for deciding about the merits of providing government health care, SSDI is designed to compensate individuals not for lost health directly, but instead for the labor income that is loss because an impaired individual is unable to work. The critical question in adjudicating the merit of an SSDI claim, therefore, is whether the claimant is able to work, which in addition to evaluating whether the person is sick, requires determining whether or not they could work. Thus, even if one broadly believe sick individuals are deserving of government health care, we do not know if the basis on which one claims medical impairment affects perceptions of deservingness in the social insurance context.

In particular, building on prior theoretical work on deservingness perceptions, we expect that individuals combine cues about beneficiary-level attributes (such as the impairment they have) and group stereotypes (about beneficiaries possessing specific attributes) to form judgments about their deservingness as a function of those attributes. We focus on ease of diagnosis, by which we mean the degree to which an impairment is readily verifiable as preventing work, as a key measure of deservingness (e.g., the true merit of a claim). We expect increased perceptions of undeservingness to be associated with reduced support for a social insurance program like SSDI and its beneficiaries. The need for a discretionary evaluation of the merit of a person's claim may therefore counteract the general popularity that accompanies social insurance programs where beneficiaries pay into those programs ahead of time. Additionally, we compare the effect of beneficiary impair-

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ment to another possible marker of deservingness, beneficiary race, to understand the similarity between SSDI and more traditionally racialized policy domains such as welfare. Finally, in light of these countervailing forces and prior research on policy framing effects and historical accounts of the politicization of social insurance in the United States, we test whether public support for social insurance programs is also responsive to policy arguments emphasizing the program's social insurance features and potential abuse.

To investigate these expectations, we analyze both observational and experimental data from a novel nationally representative survey, supplemented with additional analysis from online convenience samples. Specifically, we begin by measuring knowledge and perceptions of those receiving disability benefits. We find that, on average, individuals report being uncertain about whether those who receive disability could have worked. Thus, despite the social insurance features of the SSDI program, individuals do have beliefs about the relative merits of those receiving benefits and not all are solicitous. Additionally, we find that the relative frequency with which individuals believe that those receiving disability could have worked is increasing in the social distance between an individual and the benefit recipient they are evaluating, such that individuals are more skeptical of beneficiaries who are not family members. We also investigate beliefs about the racial composition of the SSDI beneficiary pool and partisan differences in perceptions of the deservingness of program beneficiaries.

Next, we designed and fielded a vignette experiment in a nationally representative survey to investigate whether individuals with medical impairments that are more difficult to diagnose are more likely to be perceived as undeserving of disability benefits as compared to individuals with impairments that are easier to diagnose. Ease of diagnosis therefore proxies verifiability as truly impaired, a marker of deservingness, rather than merely claiming impairment to garner support. We find causal evidence that subjects are much less likely to agree with the government's decision to grant SSDI benefits to a recipient whose impairment is having a mood disorder as compared to counterfactual recipients with either a job-related physical injury, chronic heart failure, severe arthritis of the spine, or a stroke-induced intellectual disability. This finding supports our the-

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oretical expectation that a beneficiary's eligibility-determining medical impairment is a relevant attribute others use to form judgments about the beneficiary's deservingness. This result also has an important policy implication, as it suggests that the inclusion of harder-to-diagnose impairments in the set of medical impairments that determine SSDI eligibility (i.e., the impairment classes that have grown the most with increasing SSDI caseloads in the last 20 years) might explain growing skepticism about the merits of SSDI beneficiaries more generally. We do not find evidence that individuals perceive the SSDI beneficiary pool to overrepresent racial minorities (in contrast to more traditional redistributive spending programs) and the race of a specific SSDI claimant has no effect on perceptions of their deservingness, in contrast to the effects of those cues in the welfare context.

Finally, in a second experiment embedded in a nationally representative survey, we tested whether arguments emphasizing the social insurance features of SSDI or arguments about abuses of the system affect support for the program. We find causal evidence that arguments emphasizing the risk pooling features of SSDI generally increase support for the current SSDI program, whereas arguments emphasizing the program's costliness and lax eligibility rules generally increase support for stricter eligibility requirements and a smaller program overall. These results provide evidence pushing back against mono-causal claims that either a program's social insurance features or concerns about the deservingness of beneficiaries alone shape social insurance policy attitudes. More narrowly, this is evidence that argumentative appeals about the size, design, and effects of SSDI have effects on attitudes toward the program.

Theoretical Expectations

What explains individuals' attitudes toward social insurance programs? A large body of research has shown that a person's attitude toward a public policy is influenced by their personal experience with that policy (e.g., Campbell 2012; Mettler 2007) as determined by how a program is designed and implemented and that these personal "policy feedback" effects can be consequential for the political development of public policies and useful for explaining cross-national variation in social

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policy attitudes (e.g., Skocpol 1992; Hacker 1998).

The argument that personal experience with a public policy program affects attitudes toward that program implies that the distribution of attitudes toward a program in the mass public is principally a function of the distribution of the program's benefits and costs in the population. For many social insurance programs, individuals pay in over time to become eligible and later receive a tangible benefit conditional on meeting some objective criteria (e.g., age rules for Social Security and Medicare). Thus all individuals who bear the cost of a social insurance program today should expect either that they will likely benefit from the program in the future or if a defined shock occurs (e.g., death of a spouse) that they will be able to claim insurance. These expectations may explain broad support for many social insurance programs, especially compared to support for redistributive welfare programs (e.g., Page & Shapiro 1992; Cook et al. 2002).

At the same time, not all social insurance programs provide benefits on the basis of these sorts of non-discretionary evaluations. In the case of SSDI, for example, individuals have to demonstrate a medical impairment that prevents work. In this case, the implementation of the social insurance program, as with many other redistributive programs (e.g., welfare), requires an evaluation of the merits of a claim. In these cases, program design therefore likely causes individuals to think about the deservingness of those who obtain benefits (i.e., granting benefits requires an evaluation of subjective merit, which raises questions about whether each program recipients should qualify). An extensive literature in public opinion and political psychology emphasizes how beliefs about the deservingness of policy beneficiaries plays a key role in shaping policy attitudes (e.g., Gilens 1999; Van Oorschot 2000; Larsen 2008; Petersen et al. 2010, 2012; Friedman 2019). Psychological research has shown that the use of such a "deservingness heuristic" in forming attitudes about social policies is an automatic and affective psychological process that is often more powerful than cultural stereotypes and political values (Cosmides & Tooby 1992; Weiner 1995; Feather 2006; Petersen et al. 2010) and that is shaped by readily-available informational cues (Petersen 2009).

In a synthesis of psychological theories of deservingness, Van Oorschot (2000) notes that in order to form perceptions of a benefit recipient's deservingness, individuals employ informational

cues about the recipient's (1) degree of control over their condition justifying benefits, (2) level of need for benefits, (3) identity in relation to the perceiver, (4) docility and gratefulness for receiving support, and (5) level of reciprocity, operationalized as whether they have earned support. In the case of social insurance programs, unlike traditional redistributive programs, beneficiaries will have demonstrated reciprocity (criterion 5 from above) by previously contributing financially into the risk pool to become eligible. However, individuals in the mass public may still take into account any combination of the other (non-reciprocity) informational cues to form perceptions about the deservingness of beneficiaries, conditional on their beliefs about who receives benefits (Schneider & Ingram 1993) and who *should* receive benefits (Wilson 1986). In the case of SSDI, determining the merit of a claim explicitly requires such a discretionary adjudication of deservingness, deciding that someone cannot work due to a medical impairment.

Motivated by the different arguments raised in these sometimes disparate literatures, we extend prior work on the deservingness heuristic's role in shaping policy attitudes in four ways. First, we assess whether perceptions about the deservingness of program beneficiaries are also relevant to the politics of *discretionary social insurance* programs, especially when a program is perceived to benefit a narrow segment of the eligible population and is potentially allocated with error (i.e., to some who are undeserving). Our work therefore departs from prior opinion research, such as work by Cook & Barrett (1992, Ch. 4), which only examines attitudes toward redistributive and non-discretionary social insurance programs (such as Social Security, where eligibility is age-based). We focus specifically on the case of SSDI, a program whose growing size and the deservingness of its beneficiaries have been politicized in recent decades in American politics. We view our focus on a specific social insurance program as an advantage of our study and an important contribution to the study of the politics of actual social insurance programs. By contrast, prior psychological research on the deservingness heuristic tends to abstract away the policy details of specific social insurance programs, which reduces its external validity for understanding actual political conflicts surrounding existing policies.

Second, we assess informational factors that affect how people form perceptions of the de-

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servingness of disability insurance beneficiaries. Building on related work about generic support for government health care benefits for people with different ailments (Jensen & Petersen 2017), we argue that individuals evaluate the deservingness of policy beneficiaries by making inferences about the beneficiary's true need in light of the beneficiary's control over their condition (criteria 1 and 2, above).[5] In this circumstance, this evaluation may apply to whether an individual is responsible for their illness, actually ill, and if ill, whether their impairment prevents work. In effect, we contend that individuals engage in statistical discrimination (e.g., Phelps 1972; Arrow 1973) when evaluating beneficiary deservingness by making an inference about the beneficiary's location on an underlying dimension—their deservingness—as a function of perceived observables that are salient and deemed relevant.

In our empirical analysis, we focus on a realistic and politically relevant informational cue used as a marker of deservingness: the medical impairment causing the recipient to become eligible for and receive benefits.[6] We expect beneficiaries with impairments that are more difficult to diagnose reliably (i.e., the probability someone with a given diagnosis is not actually ill or, if they are ill, that they are still able to work, is smaller) to be perceived as less deserving of receiving benefits as compared to SSDI recipients with impairments that are easier to diagnose reliably (i.e., the probability that someone with a given diagnosis is both truly ill and unable to work is larger). Our notion of ease of diagnosis is linked closely to the idea of whether an impairment is externally verifiable, that is whether it is easy for outsiders to determine whether the (claimed) disease is an actual impediment to work. (While we focus on ease of diagnoses, a related question is whether impairments also affect deservingness through different beliefs about personal responsibility for one's impairment or other impairment-level biases, a topic we return to in the discussion section.) We expect impairments that are difficult to diagnose (as compared to those that are easy to diagnose) to reduce support for benefits because this can both decrease the mean and increase the variance of one's belief about the beneficiary's level of need or their degree of control over the condition justifying benefits. For example, an individual may not believe that a SSDI recipient deserves benefits if the recipient's impairment is having an anxiety disorder (which is more diffi-

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cult to reliably diagnose than, say, a spinal fracture) because that individual believes that there is a non-trivial probability that the recipient does not, in fact, have a disability or that, even if they have it, that they could still find a suitable job.[7]

In light of prior research, we also examine how race may affect perceptions of SSDI beneficiaries' deservingness in two ways. We first examine individuals' beliefs about the racial composition of those receiving SSDI benefits (in comparison to more traditional redistributive spending programs). Second, in light of past research on how the race of a welfare recipient affects beliefs about their deservingness (e.g., Gilens 1999), we examine whether a SSDI beneficiary's race affects beliefs about their deservingness.

Additionally, we explore partisan variation in perceptions of beneficiary deservingness and in attitudes toward SSDI. While disability insurance has long been a non-partisan issue with strong bipartisan support, political analysts have noted that disability insurance has become increasingly polarized along partisan lines in recent years, with polarization on the issue perhaps accelerating during the 2016 presidential election (e.g., Graham 2016).[8] We expect Democrats (as compared to Republicans) to be more likely to perceive SSDI recipients as deserving benefits. This expectation is consistent with prior psychological research by Skitka et al. (2002) and Skitka & Tetlock (1992) showing that perceptions of the circumstances causing the need for welfare are correlated with both perceptions of deservingness and ideology, with conservatives being more likely to view the cause of needing aid as laziness and liberals being more likely to attribute the cause of needing aid to circumstances outside of the beneficiary's control.

Finally, we assess whether arguments about either deservingness or the social insurance features of SSDI shape attitudes toward social insurance programs and beneficiaries. We argue that while concerns about the deservingness of beneficiaries and the social insurance features of SSDI play an important role in shaping social insurance attitudes, they will not eliminate the effects of additional arguments about program design and abuse. Instead, many possible considerations can affect stated policy opinion (e.g., Chong & Druckman 2007b; Zaller 1992). To test this expectation, we examine how real world policy arguments that either support or criticize aspects of the

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SSDI program affect attitudes about the program's size and design. Specifically we test whether arguments highlighting the risk pooling benefits of SSDI or the costs of the SSDI program affect attitudes about SSDI's size or design. We also test more expansive versions of these arguments that also stress the low risk of program abuse by beneficiaries (on top of highlighting the risk-pooling aspect of the program's design) or stress the problem of liberalized eligibility requirements (on top of highlighting the program's skyrocketing costs). Thus, in addition to theoretical debates about whether one set of considerations dominate the other in shaping attitudes toward social insurance, our analysis also contributes to ongoing debates about the effect of elite discourse—i.e., arguments to maintain or retrench social insurance—on social insurance policy attitudes in the mass public.

Data

Our primary data are from items we fielded on a team module of the 2016 Cooperative Congressional Election Study (CCES), a nationally representative, two-wave, stratified sample survey of adults in the United States administered by YouGov/Polimetrix. The two waves of the CCES were fielded before and after the 2016 general election in November. Our study includes 1,145 respondents from the pre-election survey and 1,231 respondents from the post-election survey (932 respondents took both surveys). Our samples from the pre- and post-election surveys are demographically similar to the nationally representative sample from the 2016 CCES Common Content file (Ansolabehere & Schaffner 2017) (see Appendix Table A1).

We first analyze these data to make descriptive inferences about perceptions of the deservingness of SSDI beneficiaries among U.S. adults. In both the pre- and post-election surveys of our CCES team module, we included multiple survey items to measure these perceptions. We supplement these data from the CCES with additional data from a census-balanced convenience sample of 3,034 U.S. adults recruited between December 8, 2017 and January 9, 2018, using Lucid, an online survey sampling firm[9], as well as a sample of 1,287 respondents recruited from Lucid between May 7-9, 2019, to understand beliefs about the demographic composition of those receiving SSDI.

We also analyze data from two experiments embedded in our CCES team module to answer our causal questions of interest. In the pre-election survey, we embedded a vignette experiment to assess the causal effect of informational cues about a hypothetical SSDI recipient's impairment on subjects' perceptions of the recipient's deservingness. In the post-election survey, we embedded a second experiment to assess the causal effect of SSDI-specific policy arguments on attitudes about the program's design and size. We supplement these experiments with a similar experiment from 2019 in which we also manipulate the beneficiary's race to understand the causal effect of race on perceptions of their deservingness. For clarity, we describe the details of each design alongside our analysis of the data gathered using that design.

Descriptive Results: Perceptions of SSDI Beneficiaries

We begin by documenting Americans' perceptions of SSDI beneficiaries they know and beneficiaries in general. First, in the CCES pre-election survey, we measured respondents' perceptions of the deservingness of other SSDI recipients whom they personally know. To ensure that respondents knew what SSDI is, we first briefly described the program in the following way: "The Social Security Disability Insurance (SSDI) program is a federal program paying benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The program requires benefit recipients to have paid Social Security payroll taxes for a certain number of years and to earn below a monthly income threshold." We then asked respondents to consider four groups: anyone else in your household, anyone in your extended family, any of your friends, and anyone in your community.[10] For each of these groups, respondents were asked whether they knew anyone who has received SSDI benefit payments and, if so, whether they legitimately received benefits or illegitimately received benefits (i.e., they could have worked).

Table 1 presents the distribution of respondents' knowledge and perception of other SSDI beneficiaries across various reference groups. We describe these perceptions among all respondents (panel I) in order to present the raw data, as well as among respondents who know anyone in their own household *and* anyone outside of their household receiving SSDI (panel II). This restric-

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tion allows us to examine perceptions of deservingness among the subset of respondents who can evaluate multiple beneficiaries varying in social distance.

[TABLE 1 HERE]

The marginals shown in the top panel of Table 1 reveal two striking patterns. First, across all social reference groups, a majority of respondents do not know of others who receive SSDI benefits. However, of those who do, perceptions that the SSDI recipient is illegitimately receiving benefits (row 3) increase in the social distance between the respondent and the benefit recipient (i.e., moving from left to right in the table). Even when focusing on the subset of respondents who know of beneficiaries both in and outside of their household (panel II.A), we observe a similar pattern where the average respondent is more likely to view the beneficiary as legitimately receiving benefits than not as the social distance between the respondent and the beneficiary decreases.

To quantify this association, we also calculate, by social reference group, the ratio of the number of respondents who know a SSDI recipient who is perceived as legitimately receiving benefits (row 2) to the number of respondents who know a SSDI recipient who is perceived as illegitimately receiving benefits (row 3).[11] Ratios greater than (less than) 1 mean that respondents, on average, are more (less) likely to perceive SSDI recipients in a given reference group as legitimately receiving benefits. As Table 1 shows, these ratios tend to be larger when respondents think about beneficiaries in proximal groups (within one's household or in one's extended family) as compared to those in distal groups (among friends or the extended community).[12]

Next, we examine respondents' perceptions of SSDI beneficiaries in general. In the post-election survey, we asked respondents to estimate the share of SSDI recipients who "are in fact able to work but do not want to work;" respondents could select either "0-20% (Few)," "20-40%," "40-60%," "60-80%," "80-100% (Most)," or "Don't know."[13] Figure 1 presents, overall and by the respondent's partisanship[14], the distribution of estimates of the perceived share of SSDI recipients who can but do not want to work.

[FIGURE 1 HERE]

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Most importantly, the figure reveals that there are widespread perceptions that a substantial share of SSDI recipients are cheating the system by collecting disability insurance despite being able to work. Among the 1,040 respondents who report a perception (85.5%) of the 1,231 total respondents in the post-election survey, 653 (62.8%) perceive that at least 20% of SSDI recipients can but do not want to work, and the median respondent perceives this level to be between 20 and 40%. We find similar results in our Lucid sample, where respondents estimated that on average about 43 of every 100 SSDI beneficiaries could have worked.[15]

One possible explanation for skepticism about the true need of SSDI beneficiaries, highlighted by prior research, is that individuals may perceive the SSDI program as racialized. To assess this possibility, in our 2019 Lucid survey we asked respondents to consider SSDI and another randomly assigned social policy program – either Temporary Assistance for Needy Families (TANF) [welfare], Medicaid [welfare], or Social Security [social insurance] – and to estimate for each the share of program beneficiaries they believe are Black or African American, women, and born in the United States.[16] As Appendix Figures A4 and A5 and Appendix Table A16 show, on average, respondents do not believe that Blacks and African Americans comprise a disproportionate share of SSDI beneficiaries. Focusing on partisan subgroups, Republicans (as compared to Democrats) are more likely to perceive redistributive welfare programs as serving minorities, but this partisan difference does not extend to social insurance programs. Beliefs that racial minorities are overrepresented in the SSDI recipient pool therefore does not seem likely to explain skepticism about these beneficiaries' deservingness, particularly in contrast to those welfare programs that are perceived (especially by Republicans) as racially targeted.

At the same time, consistent with claims that SSDI has become politicized along party lines, we find that perceptions of the pervasiveness of cheating are correlated with partisanship. Among respondents reporting a perception, Republicans are more likely than Independents, who are more likely than Democrats, to perceive a larger share of SSDI recipients as being able to work but not wanting to. Among both Democrats and Independents, the median respondent perceives that between 20 and 40% of SSDI recipients are able to work but do not want to. By contrast, the

median Republican respondent perceives this level to be between 40 and 60%. (Per the prior paragraph, however, it seems unlikely that these differences arise because of partisan difference in beliefs about the racial composition of the beneficiary pool.) Formal statistical analyses presented in Appendix Table A3 and Appendices C.2 and C.3 confirm these partisan differences both for the CCES sample and the 2018 Lucid survey.

Overall, our descriptive results document the prevalence of mass beliefs that disability insurance beneficiaries are undeserving despite the social insurance features of the program. We also show clear evidence of separation in beliefs about the deservingness of SSDI beneficiaries along partisan lines, with Republicans more likely to believe that beneficiaries are undeserving as compared to Democrats. However, average skepticism, as well as differences between the parties, seem unlikely to originate in beliefs, or differences in beliefs, about the race of SSDI recipients. Not only is SSDI not perceived in starkly racialized terms, we also do not find differences between the parties in beliefs about the racial composition of the SSDI recipient pool.

Experiment 1: How Impairment Type Affects Deservingness Perceptions

Experiment 1 is designed to allow us to assess whether informational cues about an SSDI recipient's impairment type affects others' evaluations of the recipient's deservingness. This survey experiment was embedded in the pre-election wave of our CCES team module.

Design

Subjects are presented with the following brief vignette about a hypothetical SSDI recipient: *Scott is a 34 year old white male who previously attended two years of college but did not graduate. He had been consistently working and making a living since he was 16, but in the last year he [DIAGNOSIS] and stopped working. Following the diagnosis, with the help of a legal aid attorney, he applied for and was approved to receive monthly disability benefits from the SSDI program.*

For the [DIAGNOSIS] field in the vignette, subjects are randomly assigned with equal probability to see one of the following: (1) "was injured on the job"; (2) "suffered a stroke that led to him

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becoming intellectually disabled"; (3) "was diagnosed with a mood disorder"; (4) "was diagnosed with chronic heart failure"; or (5) "was diagnosed with severe arthritis of the spine."[17]

We designed the treatment conditions, which manipulate the SSDI recipient's medical impairment, with several considerations in mind. First, the mood disorder condition is our operationalization of a difficult-to-diagnosis impairment; the other conditions are intended to represent easier-to-diagnose conditions.[18] Second, we include two conditions—being injured on the job, and severe arthritis of the spine—as examples of musculoskeletal disorders, because both musculoskeletal and mental disorders have been the largest growing categories of impairment designations that have been associated with growth in the disability rolls. To isolate the effect of varying the impairment on perceptions of recipient deservingness, we hold fixed all other information about the SSDI benefit recipient in the vignette across treatment arms.

Notably, the hypothetical SSDI recipient in our vignette displays potentially high markers of deservingness across all treatment conditions, having worked consistently for almost two decades. Because the types of informational cues about disability insurance beneficiaries one might encounter in the real world likely involve multiple, bundled pieces of information about their (lack of) deservingness, we argue that the estimated effects of difficult-to-diagnose impairment cues on perceptions of recipient deservingness in this setting can be interpreted as a lower bound for this class of effects.

To measure subjects' evaluation of the deservingness of the SSDI beneficiary, subjects are then asked: "Do you agree or disagree with the government's decision to allow Scott to collect SSDI benefit payments? (1 Strongly disagree; 2 Disagree; 3 Neither disagree nor agree; 4 Agree; 5 Strongly agree)." For ease of interpretation, we rescale the outcome variable to range from -2 (Strongly disagree) to 2 (Strongly agree).[19]

Results

How does a SSDI beneficiary's impairment type affect others' evaluation of their deservingness? Figure 2 presents mean agreement scores with 95% confidence intervals by impairment type for

the pooled sample (panel A) and by the subject's party identification (panel B).[20]

[FIGURE 2 HERE]

Figure 2 Panel A shows that subjects assigned to consider a SSDI recipient with easier-to-diagnose impairments agree with the government's decision to grant benefits to the hypothetical recipient on average. The estimated mean agreement score is 0.686 (s.e.=0.069) if the beneficiary was injured on the job, 0.835 (s.e.=0.071) if the beneficiary has chronic heart failure, 0.846 (s.e.=0.071) if the beneficiary has severe arthritis of the spine, and 1.032 (s.e.=0.073) if the beneficiary has a stroke-induced intellectual disability. When testing the null that each of these means equals zero (i.e., a neutral evaluation), all of these means are statistically significant at the 1% level.

By contrast, considering a SSDI beneficiary with a mood disorder (i.e., a harder-to-diagnose impairment) causes a decrease in support for the government's decision to grant them benefits as compared to considering counterfactual beneficiaries with easier-to-diagnose impairments such as a job-related injury[21] (difference=−0.72 points, s.e.=0.099), chronic heart failure (difference=−0.87 points, s.e.=0.10), severe arthritis of the spine (difference=−0.88 points, s.e.=0.10), and a stroke-induced intellectual disability (difference=−1.06 points, s.e.=0.10).[22] Each of these differences is statistically significant at the 0.01 level, and remains significant even after applying a Bonferroni correction to account for multiple testing.[23]

Importantly, these effects are also substantively significant. The mean agreement score in the mood disorder condition is -0.031 (s.e.=0.071) and not statistically distinguishable from zero. Thus, on average, while beneficiaries with easier-to-diagnose impairments are considered deserving of receiving SSDI benefits, beneficiaries with harder-to-diagnose impairments such as a mood disorder are *not* considered deserving.

In our 2019 Lucid study, we expanded our experimental design to examine the influence of recipient race on perceptions of their deservingness. This allows us to understand both the relative importance of information about the impairment of disability insurance beneficiaries on perceptions of their deservingness and whether beneficiary race is itself a piece of information individuals

draw on to assess deservingness (the race heuristic effect found in prior work on welfare). In this experiment we modified the prior vignette design in three ways. First, we randomized the SSDI recipient's race to be white or African American. Second, in the interest of preserving statistical power, we reduced the number of recipient impairments conditions from 5 to 3, such that the recipient could either be injured on the job, have a mood disorder, or have an intellectual disability due to stroke. Third, we changed the name of the SSDI recipient from Scott to Michael, as the latter (but not the former) name is one that is more plausibly held by both whites and African Americans.

We first replicate the main finding from Experiment 1 and show in the left panel of Appendix Figure A7 that subjects perceive SSDI recipients as being less deserving if the recipient has a mood disorder (as compared to either being injured or having an intellectual disability due to a stroke. This result is driven by both Democrats and Republicans in the sample: the effect of the recipient having a mood disorder as compared to having a job injury is -0.39 for Democrats (s.e.=0.12, $p<0.01$), -0.17 for Independents (s.e.=0.19, n.s.), and -0.67 for Republicans (s.e.=0.14, $p<0.01$). Next, as the right panel of Appendix Figure A7 shows, we assess the average effect of recipient race on perceived deservingness and find no effect of an African American beneficiary (as compared to a white beneficiary) on perceived deservingness (estimate=-0.05, s.e.=0.07, $p=0.42$). Appendix Figure A9 shows that recipient race does not affect deservingness perceptions across partisan subgroups: the effect of the recipient being African American (as compared to white) is -0.04 for Democrats (s.e=0.10, n.s.), 0.16 for Independents (s.e.=0.15, n.s.), and -0.21 for Republican (s.e.=0.11, $p<0.1$). Figure 3 presents mean deservingness perceptions by recipient race and recipient impairment, clearly showing that differences in deservingness perceptions are only causally attributable to differences in recipient's impairment type, and not to differences in the recipient's race.

[FIGURE 3 HERE]

These results show that for social insurance programs like SSDI, the beneficiary's condition that is used in discretionary evaluations of the merits of claims for benefits (in this case the beneficiary's impairment type), is a primary heuristic used to form deservingness perceptions, trumping

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a racial cue when it is available. These results also cut against the conventional wisdom in political science research that the perceived deservingness of social policy beneficiaries is primarily shaped by the beneficiary's race for both redistributive welfare programs *and* social insurance programs.[24]

We also explored whether there are partisan differences in how SSDI recipients with varying impairments are evaluated.[25] Figure 2 Panel B displays mean agreement scores by impairment type and by the subject's partisanship. The figure shows that a partisan gap exists between Democrats and Republicans in their perceptions of the deservingness of SSDI recipients for some easier-to-diagnose impairments and for a specific class of harder-to-diagnose impairments, mood disorders. Democrats are more likely than Republicans to perceive an SSDI recipient as being deserving of benefits if the recipient has a mood disorder (difference=0.822 points, $p<0.01$) or is injured on the job (difference=0.410, $p=0.02$). We also find suggestive evidence that Democrats are more likely than Republicans to perceive an SSDI recipient as being deserving of benefits if the recipient has an intellectual disability due to stroke (difference=0.347, $p=0.06$) or has chronic heart failure (difference=0.264, $p=0.15$).[26] We find no difference between Democrats' and Republicans' evaluations of the deservingness of recipients with severe arthritis of the spine (difference=-0.056, $p=0.73$).

These results raise the possibility that a person's partisanship moderates the effect of a SSDI beneficiary's impairment type (i.e., whether it is harder or easier to diagnose) on how that person evaluates the deservingness of the beneficiary. We are theoretically agnostic about whether such an interaction effect exists. On the one hand, a larger partisan gap in deservingness perceptions may exist for harder-to-diagnose impairments than for easier-to-diagnose impairments if there are partisan differences in the extent to which co-partisan elite rhetoric emphasizes and makes salient the notion that an SSDI recipient with a harder-to-diagnose impairment may not deserve benefits. On the other hand, there may be no difference in partisan gaps in deservingness perceptions between harder- and easier-to-diagnose impairments if the impairment cue contains the same information, is similarly construed, and has the same average effect for all subjects regardless of party.

To test these competing expectations, we regress the agreement score on impairment type treatment indicators (excluding the mood disorder condition as the comparison group), party identifica-

tion dummies for Democrats and Independents (excluding Republican as the comparison group), and treatment-by-party interactions. We also estimate a second regression of agreement on a coarsened binary treatment indicator for any easier-to-diagnose impairment, the same party dummies for Democrats and Independents (excluding Republicans), and treatment-by-party interactions. For both estimating equations, we test the null hypothesis that the coefficients on the treatment by Democratic interactions are equal to zero using two-sided tests.[27] The estimated coefficients on the impairment-by-Democratic interactions are consistently negative. In the model containing interactions involving specific impairments, two of the interactions (workplace injury and stroke-induced intellectual disability) are statistically significant at the 10% level, the chronic heart failure by Democratic interaction is significant at the 5% level, and the spinal arthritis impairment by Democratic interaction is significant at the 1% level. In the model pooling all easier-to-diagnose treatments into a single coarsened treatment indicator, the effect of easier-to-diagnose impairments (as compared to a harder-to-diagnose mood disorder impairment) on mean perceptions of deservingness is smaller by 0.57 points (s.e.=0.20, $p<0.01$) for Democrats than for Republicans. These results provide evidence that, on average, Republicans are more likely than Democrats to view an SSDI beneficiary with a harder-to-diagnose impairment (i.e., mood disorders) as less deserving of benefits as compared to a beneficiary with an easier-to-diagnose impairment.

Taken together, the results from the first experiment show that others' perceptions of whether a SSDI recipient deserves benefits is causally affected by the type of impairment the recipient has: SSDI recipients with harder-to-diagnose impairments (in this case a mood disorder) are perceived as less deserving of disability insurance benefits than counterfactual recipients with easier-to-diagnose impairments. Moreover, these results make clear that a person's partisan identity is correlated with how they use information about a SSDI recipient's impairment to form perceptions about their deservingness: the effect on a SSDI beneficiary's perceived undeservingness of harder-to-diagnose impairments (as compared to an easier-to-diagnose impairment) is larger for Republicans than for Democrats.

Experiment 2: How Policy Arguments Affect Program Attitudes

In experiment 2, we assess the causal effect of policy arguments about SSDI on policy attitudes toward the program's size and design, focusing specifically on how subjects thought an individual's impairment status and work status should affect benefit eligibility. This survey experiment was embedded in the post-election wave of our CCES team module.

Design

In this experiment, subjects first read a short paragraph providing a description of the the SSDI program. Subjects were then randomly assigned with equal probability either to a pure control condition (where no additional information is provided) or to one of the following four treatment conditions presenting a different policy argument about SSDI: (1) a pro-SSDI argument highlighting the advantages of risk pooling, (2) a pro-SSDI argument that highlights the advantages of risk pooling and additionally provides assurances that the probability of program abuse is low, (3) an anti-SSDI argument highlighting the growing and high costs of the SSDI program, or (4) an anti-SSDI argument that highlights the growing and high costs of the SSDI program and additionally attributes the program's growth to the liberalization of the program's screening criteria.[28] The treatment arguments were modeled on real-world policy arguments about SSDI that have been articulated publicly by national think tanks.[29] Because these treatments are compound arguments inspired by real-world political arguments, treatment effects may be more difficult to detect either because subjects already know the argument (and thus their attitudes are unlikely to be moved by information they already know) or because they may be perceived as muddled (see, e.g., Chong & Druckman 2007a,b).

Subjects are then asked whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree[30] with six randomly-ordered evaluative statements about the SSDI program: (a) The federal government is spending too much on SSDI benefit payments; (b) It is a major problem that people capable of working are instead opting for the disability rolls when confronted with employment challenges; (c) Individuals with non-severe medical impairments, such as mood

disorders and chronic fatigue or pain, should not be considered eligible for SSDI benefits; (d) Individuals with less severe impairments and residual capacities to work should be encouraged to return to work at a new job compatible with their capacity to work; (e) People should be allowed to exceed the monthly income threshold ($1,130 per month at the time the study was fielded) while still receiving SSDI benefits; and (f) SSDI, a government program, should be replaced with a policy where all employers are mandated to provide full-time employees with long-term disability insurance that is at least as generous as the SSDI program.

Our main outcome measures are the extent to which subjects agree with statements (a) through (d), because these items measure subjects' attitudes about the size and design of the SSDI program that are theoretically expected to be affected by the treatments. Responses to (a) measure subjects' general policy attitudes about the size of the SSDI program, which are plausibly affected by arguments about the risk pooling benefits of SSDI or about the total costs of the program. Responses to (b) and (d) are related to subjects' attitudes about the conditions under which benefit receipt should condition on a potential beneficiary's employment situation, which are plausibly affected by arguments priming considerations about who receives SSDI benefits and about their deservingness. Similarly, responses to (c) and (d) are related to subjects' attitudes about how SSDI eligibility should be a function of the severity of an applicant's impairment, which may also be affected by arguments priming considerations about who receives SSDI benefits and their deservingness. Importantly, all of these primary outcome measures implicitly prime considerations about the risk pooling features of SSDI social insurance and the deservingness of SSDI recipients, and thus offer leverage to test whether either precludes persuasion along the other dimension. Specifically, if we find that the appeals have no effect on attitudes, then that would be consistent with the claim that either set of considerations dominates. To reduce the likelihood of demand effects, we include the other two statements (e and f) as items that are seemingly unrelated to the content of the treatment appeals and for which the expected effect of the appeals on attitudes is theoretically ambiguous ex ante.[31] Outcomes are measured on a 5-item scale and are rescaled to range from -2 (Strongly disagree) to 2 (Strongly agree) for ease of interpretation. On all outcome measures, positive values

are coded to be directionally consistent with anti-SSDI attitudes.

Results

How do policy arguments about SSDI affect attitudes toward SSDI's size and design? Figure 4 presents, for each primary outcome (i.e., agreement with statements about the SSDI policy), unadjusted group means with 95% confidence intervals by experimental condition.[32]

[FIGURE 4 HERE]

The estimated effects of the risk pooling appeal relative to the control condition are consistently negative across all outcomes, suggesting that arguments emphasizing the risk pooling logic of SSDI increase support for SSDI. As compared to the pure control condition (no additional appeal provided), the risk pooling treatment decreases mean levels of agreement with the statement that the federal government spends too much on SSDI benefits from 0.118 to -0.148 (difference=-0.266, s.e.=0.11, p=0.01) and decreases mean levels of agreement with the statement that individuals with less severe impairments should be encouraged to return to work at a new job compatible with their capacity to work from 0.945 to 0.727 (difference=-0.218, s.e.=0.08, p=0.005).

When the risk pooling appeal includes additional information that the risk of program abuse is low, we observe similar effects only for attitudes about the size of the SSDI program: the mean agreement level decreases from 0.118 in the control condition to -0.113 in the risk pooling plus low abuse risk condition (difference=-0.231, s.e.=0.11, p=0.04). For the other outcomes, the estimated effects remain negative but are smaller in magnitude and not statistically distinguishable from zero. We speculate ex post that differences in effects between the risk pooling only arm and the risk pooling plus low program abuse arm may be due to the fact that informing subjects about the low risk of abuse could be priming those concerns, allaying those concerns, or doing both.

Next, we evaluate the effects of anti-SSDI arguments. We find that the estimated effects of appeals emphasizing both the costliness of the SSDI program and concerns about the liberalization

of screening criteria are generally positive across all outcomes, suggesting that this combination of arguments moves attitudes in the anti-SSDI direction. Notably, as compared to the control condition, the costly program and lax eligibility treatment increases mean levels of agreement with the statement that non-severe impairments should not be considered eligible for SSDI benefits from -0.076 to 0.141 (difference$=0.217$, s.e.$=0.10$, $p=0.04$). By contrast, the estimated mean effects of appeals that only emphasize the costliness of the SSDI program, while mostly positive, are smaller in magnitude and statistically indistinguishable from zero.

These results suggest that two dominant policy arguments about SSDI that exist in contemporary American political discourse have diverging effects on mass attitudes toward SSDI. Whereas arguments emphasizing the risk pooling features of SSDI tend to increase support for the program's size and the status quo design, arguments emphasizing the costliness of the program and reasons for its growing costs tend to move attitudes in the opposite direction.[33] Overall, the results from this experiment show that informational appeals containing policy arguments about both the positive (social insurance and risk-sharing) and negative (potential abuse leading to undeserving beneficiaries) implications of politicized social insurance programs like SSDI can affect the direction of public support for these programs.

Discussion

As public social insurance programs at the core of the modern American social safety net and the beneficiaries of these programs have become increasingly politicized, an important but underexamined set of questions about the politics of social insurance programs has emerged. First, to what extent do heuristics about the deservingness of program beneficiaries, which play a key role in explaining the contours of mass opinion about redistributive social assistance programs, also matter for mass opinion about social insurance programs, particularly those that require a discretionary determination of eligibility to receive benefits? Second, to what extent do informational appeals emphasizing the social insurance design and potential abuse of these programs affect support for social insurance programs?

To address these questions, we focus on the case of the Social Security Disability Insurance program, a politically contested social insurance program in the contemporary United States. Analyzing novel survey data and two experiments conducted on the 2016 CCES as well as supplementary survey data from a large online convenience sample, we report three main sets of results.

First, we document surprisingly widespread skepticism about the deservingness of SSDI recipients. We uncover high baseline levels of concern across all citizens that cheating among SSDI beneficiaries is frequent, and find that many individuals believe a substantial portion of SSDI recipients could, if they wanted to, work–our operationalization of illegitimately receiving benefits. This skepticism increases in the social distance between the recipient and the perceiver and by the perceiver's partisanship. Individuals are more likely to perceive other SSDI recipients who they know as illegitimately receiving benefits as the social distance between the perceiver and the recipient increases. Republicans are about twice as likely as Democrats to perceive significant shares of SSDI recipients as receiving benefits illegitimately. In contrast to many other policy domains that have been described as racialized, however, we find little evidence that individuals believe SSDI serves minorities at disproportionate rates. These descriptive findings enrich our understanding about the content of the social imagery of SSDI beneficiaries and their deservingness and how these perceptions correlate with both political and social factors. More generally, they also reveal that despite the social insurance features of SSDI, individuals have concerns about the deservingness of SSDI beneficiaries.

Second, we test whether realistic informational cues about the medical impairment causing an individual to receive SSDI benefits have a causal effect on others' perceptions about the recipient's deservingness. Using an original vignette experiment where subjects are asked to evaluate whether they agree with the government's decision to grant SSDI benefits to a hypothetical individual, we find causal evidence that SSDI recipients with harder-to-diagnose impairments (i.e., mood disorders) are viewed as less deserving of disability benefits than otherwise identical recipients with easier-to-diagnose impairments. In addition to shedding light on how politically-relevant cues about SSDI beneficiaries affect perceptions of their deservingness, these findings also have

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theoretical implications for our understanding of the logic of mass attitudes toward social insurance beneficiaries in programs with discretionary determinations of eligibility. Our results show that heuristics about the deservingness of social insurance beneficiaries—specifically information about their level of need and information about their control over their condition, both of which are bundled in the impairment cue—affect individual beliefs about the deservingness of beneficiaries. Accordingly, the pattern of attitudes toward social insurance beneficiaries looks strikingly similar to the pattern of attitudes toward welfare recipients when the benefit recipient is perceived as undeserving. Moreover, we show that partisanship moderates the effect of cues about recipients' impairments on individuals' perceptions of the deservingness of disability insurance recipients.

At the same time, we also document that beneficiary race, a factor that prior work shows affects perceptions of beneficiary-level deservingness in the case of welfare, does not affect perceptions of the deservingness of a specific SSDI beneficiary. Therefore while deservingness perceptions are important for understanding the contours of support for SSDI benefits, race is not a relevant factor in this domain

Third, we test whether common policy arguments emphasizing pro- and anti-SSDI policy considerations affect attitudes about the SSDI program's size and aspects of the program's design. We find causal evidence that arguments emphasizing the risk pooling features of SSDI generally increase support for the current SSDI program, whereas arguments emphasizing the program's costliness and lax eligibility rules generally increase support for stricter eligibility requirements and a smaller program overall.

Our investigation of the role of deservingness heuristics in how people form attitudes toward SSDI contributes to ongoing social scientific debates about the psychological processes explaining mass support for social insurance programs, and seeks to motivate additional scholarship to understand the politics of disability insurance in particular and the politics of social insurance programs more broadly. We note several potential avenues for future research. First, in the same way that prior scholarship on welfare politics was enriched by understanding common and focal perceptions of welfare beneficiaries, additional research on (i) the stereotypes people hold about who receives

and deserves social insurance benefits and (ii) how these stereotypes are both formed and revised is needed to develop a concrete understanding of the considerations and social images people have in mind when forming attitudes toward politicized social insurance policies.

Second, future work investigating the effects of cues about the deservingness of beneficiaries on perceptions about their deservingness may be advanced in several ways. In this paper, we only tested the effects of two types of real-world cues: the medical impairment causing an individual to become eligible to receive SSDI benefits, which bundles two sets of informational cues about the recipient's level of need and their level of control over their condition, and their race. Future research should test the effect of other theoretically-motivated real-world cues (such as individuals' employment histories, decisions, and contexts), the effects on attitudes of unbundled informational cues, and interaction effects on attitudes of multiple cues. Doing so would provide leverage to test competing hypotheses about the channels through which cues affect attitudes and about the relative importance of competing cues. We find the strongest disease-level concerns about deservingness for a mood disorder, a type of impairment where individuals may have greater skepticism both about an individual's claim to illness and whether it interferes with work. For other diseases, for example chronic back pain, individuals may be much more willing to believe an accurate diagnosis prevents work but may instead have skepticism about whether an individual can prove they have that condition. One idea would be to have individuals read simulated applications that lay bare these distinctions (verifiability of condition versus impact if true) and assess deservingness.

In addition, future work should further investigate whether and how subjects' partisanship moderates the effect of these cues on perceptions of beneficiary deservingness. Lastly, the impairments we tested in Experiment 1 were purposely designed to be broad and potentially vague for subjects who are expected to lack specialized medical knowledge in order to achieve treatment realism. As an extension to this feature and limitation of our design, future work could also test whether providing additional information about the onset, diagnosis, and consequences of a given impairment (especially those considered more difficult to diagnose) affect others' perceptions of an SSDI recipient with that impairment. At present we have made assumptions about why individuals with

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certain impairments, like mood disorders, are more likely to be viewed skeptically when claiming SSDI benefits, but it would be desirable to measure the inferences individuals make about people with different medical conditions directly.

Third, additional research is needed on the effects of informational appeals on policy attitudes about the size and design of social insurance programs. Additional experimental replications with larger samples are needed to precisely identify effects. As was the case with Experiment 1, we also prioritized treatment realism in Experiment 2 and tested realistic policy arguments that contained multiple appeals in order to forcefully make specific arguments. Doing so allowed us to assess the causal effects of common policy arguments on policy attitudes, to document how targeting individuals with diverging appeals leads to divergence between groups in support for SSDI, and to conduct a first-order evaluation of the claim that each type of appeal can affect policy support. But this approach also limited our ability to test the effect of specific appeals and combinations of appeals on attitudes. Future experiments should therefore design treatment appeals to isolate the effect of theoretically-motivated appeals on attitudes. To further investigate how people form social insurance policy attitudes in realistic information environments, future research should additionally test the effects of competing appeals on policy attitudes, how policy appeals interact with individuals' social and political information environments to affect these attitudes, whether individuals misperceive the prevalence of impairments, and how treatment effects are moderated either by the prevalence of impairments (actual or perceived) or by the misperception of prevalence.

Finally, this paper investigated the psychological processes underlying the formation of mass attitudes about a specific, politicized social insurance program in the United States involving discretionary evaluations of the merits of claims for benefits: SSDI. To better understand the role of deservingness across social insurance programs, future work should examine the how deservingness matters in shaping program attitudes across different types of discretionary social insurance programs and whether the role of the deservingness heuristic in shaping program support varies between social insurance programs with discretionary versus non-discretionary eligibility rules.

Notes

[1] e.g., Page & Shapiro (1992); Cook et al. (2002)

[2] Examples not discussed below include Cook (1979); Harris (1992); Cook & Barrett (1992); Will (1993); and Gans (1995).

[3] As the largest social policy program that compensates individuals for injuries in the United States, SSDI paid $11.3 billion in benefits to 10 million beneficiaries in December 2016 alone (of which $10.3 billion was paid to 8.8 million disabled workers) (Social Security Administration Office of Retirement and Disability Policy 2017, p. 17, Table 4). SSDI beneficiaries begin to receive monthly cash payments 2 months after the onset of disability with benefits indexed to the Consumer Price Index, and also automatically become entitled to Medicare 2 years after the onset of disability. In December 2010, Medicare costs for SSDI beneficiaries totaled $59 billion (Autor 2015).

[4] e.g., `http://www.webcitation.org/78iEAozsS`; `http://www.webcitation.org/78iERsnCL`; `http://www.webcitation.org/78iEu3fYT`; and `http://www.webcitation.org/78iFDrb9i`.

[5] This logic also extends to explain deservingness perceptions for a set of beneficiaries.

[6] Given the degree to which efforts to politicize SSDI by policy entrepreneurs in recent decades have focused on attributing the expansion of caseloads to the inclusion of "minor" and harder-to-diagnose impairments as valid impairments justifying SSDI benefit recipient (see, e.g., `http://www.webcitation.org/78iDnD9eO`), this question investigates a substantively interesting quantity capturing the effect of a politically-relevant cue on attitudes about SSDI policy beneficiaries.

[7] Importantly, while we do not directly measure the channel through which changes in beliefs about deservingness occur, if they do, we argue that a first-order question that must be answered to justify further research into mechanisms is whether informational cues about the diagnosis of SSDI recipients have any effect on perceptions of their deservingness.

[8] Given the high correlation between partisanship and ideology in contemporary American politics, we focus on partisanship in this study and show in the Appendix that our main results are similar for ideology.

[9] See Coppock & McClellan (2019), who show that demographic and experimental results replicated on Lucid samples track well with benchmark results that use national probability samples.

[10] We randomized the order in which these groups were presented.

[11] We observe similar patterns if we recalculate ratios as either (i) the ratio of row 2 to the sum of rows 3 and 4 or (ii) the ratio of row 2 to the sum of rows 3, 4, and 5.

[12] One potential concern is that the response options for these items may conflate respondents' perceptions of recipients' ability to work with their perceptions of recipients' deservingness. To disentangle these perceptions, we fielded items on a large follow-on survey with Lucid where we asked respondents whether they knew of SSDI beneficiaries in

an expanded set of social reference groups [The expanded categories are (by increasing social distance): one's parents, immediate family, extended family, friends, coworkers, acquaintances, online acquaintances, and in the community.] and if so, two separate items on whether they thought they were able to work and whether they thought they deserved to receive benefits. Consistent with our findings from our pre-election CCES module, we find that SSDI recipients are more likely to be perceived as deserving than undeserving and more likely to be perceived as being unable to work than able to work as the social distance between the perceiver and recipient decreases. These descriptive results from the Lucid sample are reported in Appendix Tables A4 and A5. Another potential concern is measurement error that arises if respondents inaccurately report knowing others on SSDI or if respondents do not know about the program and report non-attitudes about beneficiaries they do know. Such measurement error would need to be correlated with social distance to threaten our descriptive finding that social distance and perceptions of undeservingness are positively associated. We argue however that this not a concern because we observe the same finding even after conditioning on respondents who know an SSDI recipient in their household and at least another SSDI beneficiary outside of their household (i.e., they know about SSDI, know SSDI beneficiaries, and thus are unlikely to hold non-attitudes). In addition, we note an odd, non-monotonic pattern between social distance and perceived deservingness, for which we cannot explain given the data. We encourage future research to replicate this pattern and seek to explain it if it is a robust finding that replicates.

[13]We embedded this question in a series of questions asking respondents to estimate the composition of SSDI recipients on a range of dimensions. For transparency, these items and associated descriptive results are reported in Appendix Figure A2.

[14]We code partisans to include leaners.

[15]See Appendix Table A6 for corresponding results and questionnaire details.

[16]Following Ahler and Sood (2018), we also provide all respondents with the true share of the U.S. population who have each of these traits to guard against misperceptions due to ignorance of base rates. Our analysis restricts the sample to respondents who correctly answered attention check questions assessing whether they read and understood the description of the programs they were asked to consider after reading information about each program provided by the researchers in the survey context. Results are qualitatively similar for the unrestricted sample.

[17]Using randomization inference, we verify the randomization procedure for Experiment 1 is valid (p=0.38).

[18]We assume here that individuals may be skeptical about mood disorders for two reasons. First, that they may believe they are harder to diagnose correctly, so some individuals who claim to have a mood disorder may not actually have it. Second, that they may believe that it is harder to diagnose when a mood condition interferes with work, so some individuals with a mood condition may in fact be able to work. It is also possible that individuals are simply biased against individuals with mental health conditions (see, e.g., Corrigan 2004).

[19]There are no missing outcome data in this experiment.

[20]Tables reporting the estimates shown in Figure 2 are presented in Appendix Tables A8 and A9.

[21]This effect is notable in light of the fact that workplace injuries, as a general class of situations causing impairments, are commonly associated with disability insurance fraud cases where impairments are hard to diagnose (e.g., alleged injuries leading to back pain rather than broken bones).

[22]We report unadjusted effect estimates in the text. Results are unaffected by covariate adjustment. Appendix Table A9 reports both sets of estimates and model specification details.

[23]That is, after adjusting the test size to $\alpha/q = 0.05/4 = 0.0125$.

[24]For an important exception, see work by Winter (2006), who shows that some issue frames can racialize social insurance programs like Social Security.

[25]We show similar results by ideology in Appendix Figure A3 and Table A10.

[26]While the magnitude of these estimates suggest substantively meaningful mean differences, they are not statistically significant at the 0.05 level. Future replications using larger partisan subgroups are needed to estimate whether these partisan differences are statistically distinguishable from zero.

[27]Full results are presented in Appendix Table A11.

[28]Using randomization inference, we verify the randomization procedure for Experiment 2 is valid (p=0.27).

[29]The risk pooling and low program abuse treatments are based on arguments published by the Center for American Progress (e.g., http://www.webcitation.org/78iFeBSGl) and the program costs and lax eligibility treatments are based on arguments published by the Cato Institute (e.g., http://www.webcitation.org/78iG3pRnA). Appendix A contains the full text of the treatment scripts.

[30]Subjects are allowed to select "Don't know" as a response option; these responses are recoded as "neither agree nor disagree."

[31]For transparency, we include analyses of the effects of appeals on subjects' agreement with statements (e) and (f) in Appendix Table A14.

[32]Covariate adjusted estimates are qualitatively similar and are reported alongside the unadjusted estimates in Appendix Table A12, top panel. We also find qualitatively similar results in a robustness check that conditions on subjects who were also in the pre-election wave and who stated that they never received SSDI benefits; see Appendix Table A12, bottom panel.

[33]We formally assess the expectation that these appeals have diverging effects by pooling the two arms containing any risk pooling appeal and by pooling the two arms containing any costly program appeal. Pooling across arms in this way also addresses potential concerns about statistical power, which future experimental replications should address using larger samples, and concerns about cherry-picking statistically significant results from the initial analysis. We regress each outcome on a binary indicator for assignment to any risk pooling appeal and a binary indicator for assignment to any costly program appeal, both without and with covariates, and we formally test the null hypothesis

that the difference between the two coefficients on the treatment indicators (any risk pooling minus any costly program) equals zero. Per Appendix Table A13, across all outcomes and all model specifications, the differences in estimated coefficients are consistently negative and significant at a 0.01 level. Thus, we find strong support for the argument that these appeals have diverging effects on SSDI attitudes. We also partition the sample by the subject's party identification and re-estimate these models to explore conditional divergent effects by party. Per Appendix Table A15, we find similar results across partisan subgroups, with the strongest evidence of diverging effects across all outcomes for Republicans.

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Table 1: Reported Knowledge and Perception of Other SSDI Benefit Recipients, by Social Reference Group

A. Distribution by social reference group and by belief about the legitimacy of others' benefit receipt

Knowledge and Perception of Other SSDI Benefit Recipients in Group	In Household N	In Household %	In Extended Family N	In Extended Family %	Among Friends N	Among Friends %	In Community N	In Community %	In Household N	In Household %	In Extended Family N	In Extended Family %	Among Friends N	Among Friends %	In Community N	In Community %
	I. Among all respondents								II. Among respondents knowing someone in own household *and* anyone outside household receiving SSDI							
(1) No	952	83.14	747	65.24	753	65.76	627	54.76	0	0.00	23	14.74	41	26.28	30	19.23
(2) Yes and Legitimately Received	115	10.04	274	23.93	199	17.38	176	15.37	98	62.82	87	55.77	55	35.26	51	32.69
(3) Yes but Could Have Worked	42	3.67	70	6.11	121	10.57	206	17.99	39	25.00	20	12.82	35	22.44	47	30.13
(4) Yes but Don't Know if Could Work	22	1.92	49	4.28	60	5.24	118	10.31	19	12.18	25	16.03	25	16.03	25	16.03
(5) Don't Know/Refused	14	1.22	5	0.44	12	1.05	18	1.57	0	0.00	1	0.64	0	0.00	3	1.92
(6) Total	1145	100.00	1145	100.00	1145	100.00	1145	100.00	156	100.00	156	100.00	156	100.00	156	100.00

B. Ratio of perceiving other SSDI recipients as legitimate beneficiaries to perceiving other SSDI recipients as illegitimate beneficiaries (i.e., they could have worked)

	In Household	In Extended Family	Among Friends	In Community	In Household	In Extended Family	Among Friends	In Community
	I. Among all respondents				II. Among respondents knowing someone in own household *and* anyone outside household receiving SSDI			
Ratio of Legitimately Received (Panel A, Row 2) to Could Have Worked (Panel A, Row 3)	2.74	3.91	1.64	0.85	2.51	4.35	1.57	1.09
Alternative Ratios:								
Panel A Row 2 / (Sum of Panel A Rows 3 & 4)	1.80	2.30	1.10	0.54	1.69	1.93	0.92	0.71
Panel A Row 2 / (Sum of Panel A Rows 3 to 5)	1.47	2.21	1.03	0.51	1.69	1.89	0.92	0.68

Source: 2016 CCES team module, pre-election wave
Cells contain frequencies and percentages. Percentages may not sum to 100 due to rounding.

Figures

Figure 1: Perceptions of the Percentage of SSDI Recipients Who are Able to Work but Do Not Want to Work, by Respondent Party Identification. The height of the bars denote estimated proportions. Source: 2016 CCES team module, post-election wave.
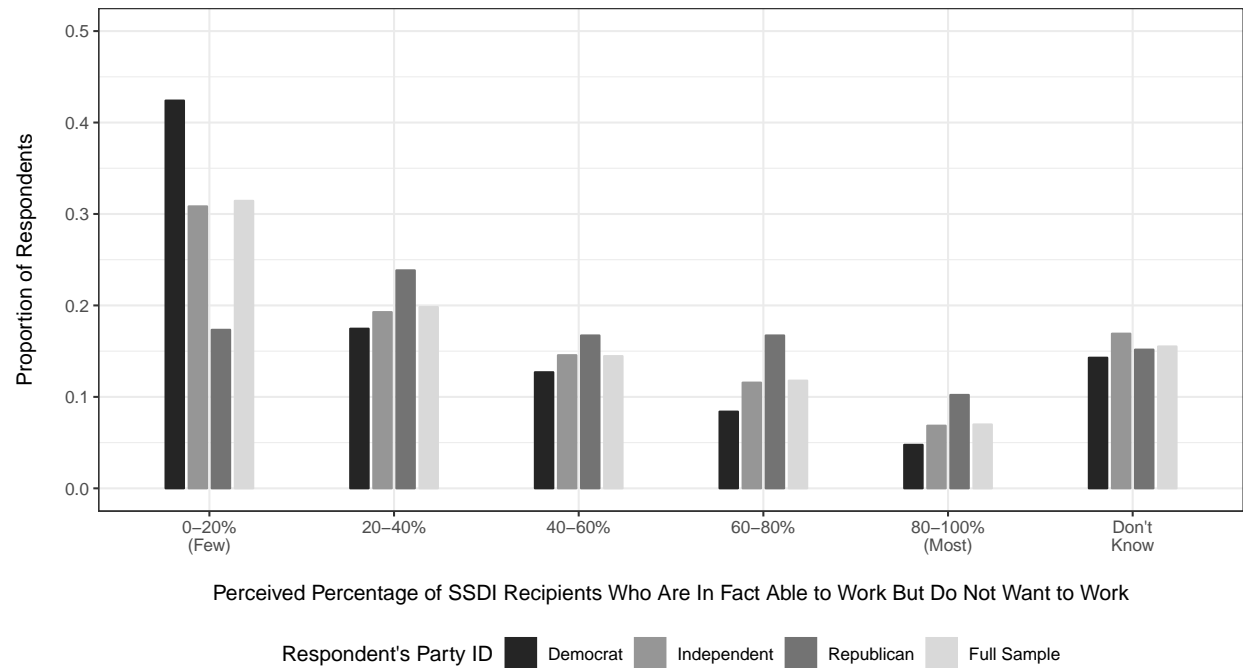
Figure 2: Mean levels of agreement with government decision to grant SSDI benefits to recipient by the medical impairment of the SSDI benefit recipient, among all subjects (panel A) and by partisanship (panel B), with 95% confidence intervals. In panel B, the partisan gap in mean agreement scores between Democrats and Republicans is shown using solid black lines. Source: 2016 CCES team module, pre-election wave.

(a) Pooled analysis

(b) By subject's party identification
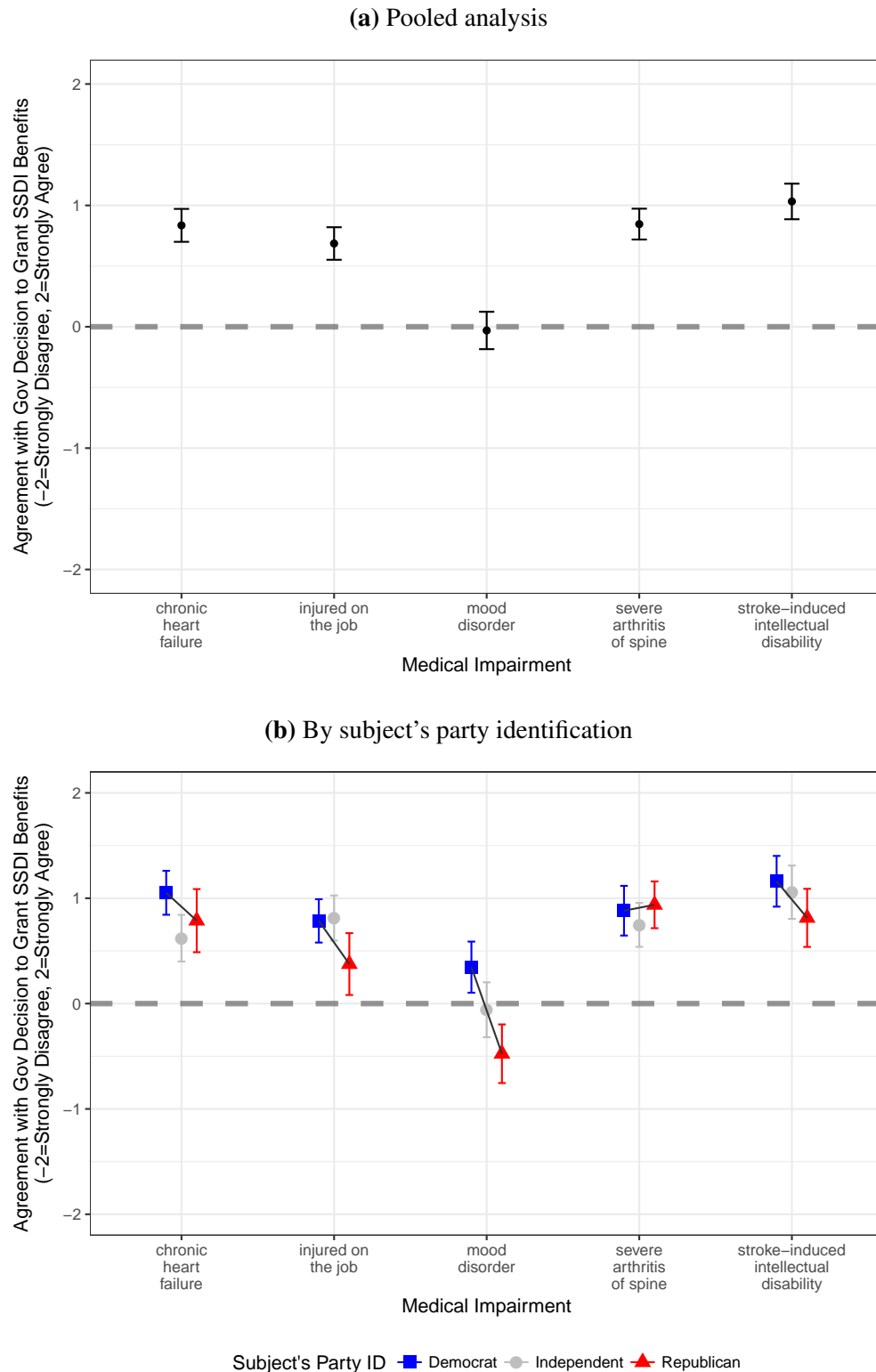
Figure 3: Mean Deservingness Perceptions by Recipient Race, Recipient Impairment, and Subject's Party. The figure presents mean levels of agreement with government decision to grant SSDI benefits to recipient by the recipient's race and by the recipient's impairment, with 95% confidence intervals. Source: 2019 Lucid survey experiment.
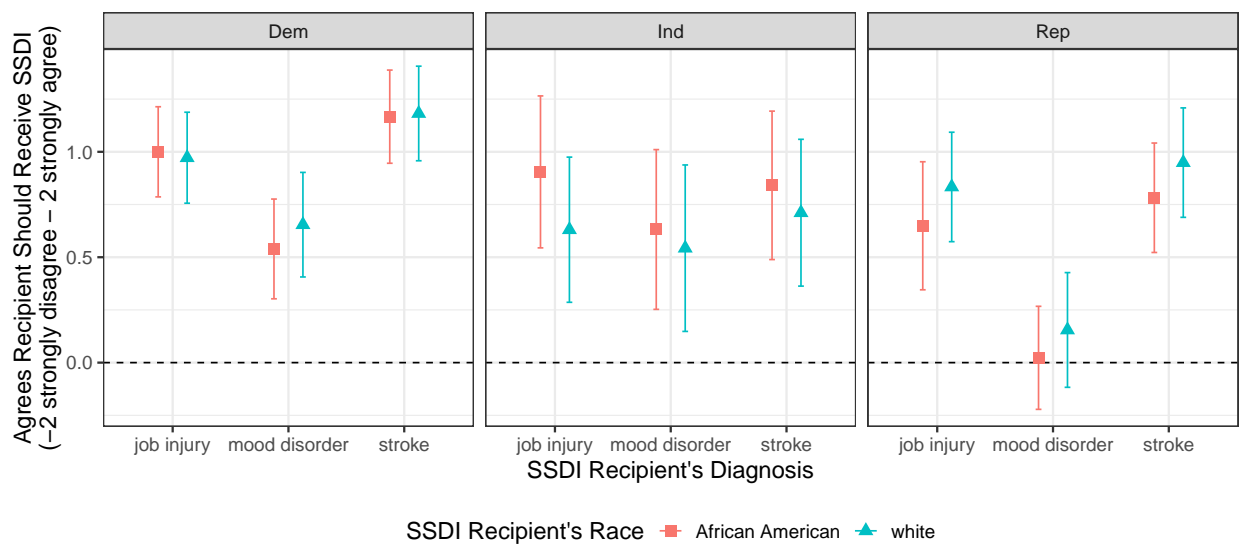
Figure 4: Informational appeals about the SSDI program and SSDI program attitudes. The figure displays, by outcome measure (i.e., agreement with each statement), mean levels of agreement with each statement by treatment arm with 95% confidence intervals. Source: 2016 CCES team module, post-election wave.
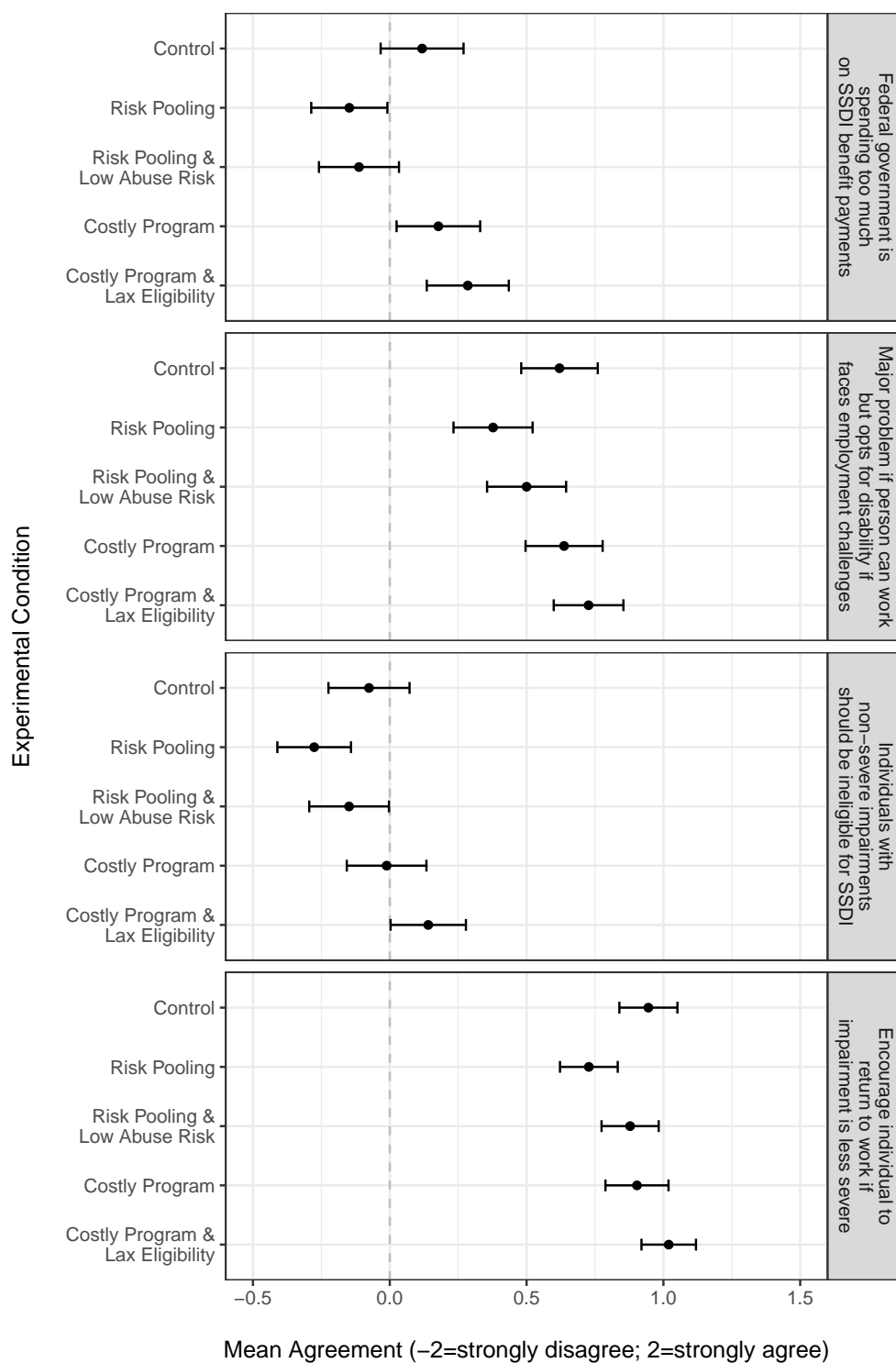
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Supplemental Appendix for:

Perceptions of Deservingness and the Politicization of Social Insurance: Evidence from Disability Insurance in the United States

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Yale University   Yale University

June 21, 2019

A SURVEY INSTRUMENTS

A.1 CCES Team Module, Pre-Election Wave Survey Instrument

DI Benefit Receipt - Self (single choice)
Randomize order of response options.

The Social Security Disability Insurance (SSDI) program is a federal program paying benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The program requires benefit recipients to have paid Social Security payroll taxes for a certain number of years and to earn below a monthly income threshold.

Have you ever received SSDI benefit payments?

1 Yes
2 No

DI Benefit Receipt - Others (grid)
Randomize order of rows.

Of the following groups, do you know anyone who has received SSDI benefit payments? If so, could they have worked at the time they received benefits?

Rows:

- Anyone else in your household
- Any of your friends
- Anyone in your extended family
- Anyone in your community

Columns:

- No
- Yes, and they legitimately received benefits because they could not work at the time
- Yes, and they received benefits even though they probably could have worked at the time
- Yes, but I don't know if they could have worked at the time

---

DI Case Decision (single choice)
*Randomly select one phrase from the variable **[DIAGNOSIS]** to insert into the question text. Randomly reverse the answer choices.*

Scott is a 34 year old white male who previously attended two years of college but did not graduate. He had been consistently working and making a living since he was 16, but in the last year he [DIAGNOSIS] and stopped working. Following the diagnosis, with the help of a legal aid attorney, he applied for and was approved to receive monthly disability benefits from the SSDI program.

Do you agree or disagree with the government's decision to allow Scott to collect SSDI benefit payments?

1 Strongly disagree
2 Disagree
3 Neither disagree nor agree
4 Agree
5 Strongly agree

[DIAGNOSIS]
Condition 1: was injured on the job
Condition 2: suffered a stroke that led to him becoming intellectually disabled
Condition 3: was diagnosed with a mood disorder
Condition 4: was diagnosed with chronic heart failure
Condition 5: was diagnosed with severe arthritis of the spine

A.2 CCES Team Module, Post-Election Wave Survey Instrument

DI Recipient Composition (grid)
Randomize the order of rows.

The Social Security Disability Insurance (SSDI) program is a federal program paying benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The program requires benefit recipients to have paid Social Security payroll taxes for a certain number of years and to earn below a monthly income threshold.

What proportion of SSDI benefit recipients do you think:

Rows:

- Have a physical impairment not caused by injury
- Have an injury
- Have a mental disorder
- Have an intellectual disability
- Are in fact able to work but do not want to work
- Are able and want to work but are unable to find suitable employment
- Are non-elderly (under age 65)
- Are women
- Have 1-2 children
- Have 3 or more children
- Are white
- Receive other forms of public assistance (e.g., food stamps, cash assistance)

Columns:

- 1: 0-20% (Few)
- 2: 20-40%
- 3: 40-60%
- 4: 60-80%
- 5: 80-100% (Most)
- 9: Don't know

DI Program Attitudes (grid)
*Randomize the order of rows. Randomly select one statement from the variable **[ARGUMENT]** to insert into the question text.*

The Social Security Disability Insurance (SSDI) program is a federal program paying benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The program requires benefit recipients to have paid Social

---

Security payroll taxes for a certain number of years and to earn below a monthly income threshold.

[ARGUMENT]

State whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each of the following statements.

Rows:

- Individuals with non-severe medical impairments, such as mood disorders and chronic fatigue or pain, should not be considered eligible for SSDI benefits.
- It is a major problem that people capable of working are instead opting for the disability rolls when confronted with employment challenges.
- Individuals with less severe impairments and residual capacities to work should be encouraged to return to work at a new job compatible with their capacity to work.
- People should be allowed to exceed the monthly income threshold (which is currently $1,130 per month) while still receiving SSDI benefits.
- SSDI, a government program, should be replaced with a policy where all employers are mandated to provide full-time employees with long-term disability insurance that is at least as generous as the SSDI program.
- The federal government is spending too much on SSDI benefit payments.

Columns:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 9 Don't know

[ARGUMENT]

Condition 1 [control]: (blank)

Condition 2 [risk pooling]: Today, the SSDI program protects more than 9 out of 10 American workers and their families in the event of a life-changing disability or illness that prevents substantial work. While it may not be easy to think about, a young worker starting a career today has a one-in-three chance of either dying or needing to turn to Disability Insurance before reaching his or her full Social Security retirement age of 67. While benefits are modest, averaging just over $1,000 per month, Social Security Disability Insurance plays a significant role in boosting economic security for beneficiaries, and for 8 out of 10 beneficiaries it is their main or only source of income.

Condition 3 [costly program]: SSDI was originally created as a modest safety net aimed at severely disabled workers. Over time, however, the number of benefit recipients and the cost of these payments have grown dramatically. Between 1989 and 2009, the share of adults receiving SSDI benefits doubled. During the same period, cash payments to SSDI recipients tripled to $121 billion.

Condition 4 [costly program + lax eligibility]: SSDI was originally created as a modest safety net aimed at severely disabled workers. Over time, however, the number of benefit recipients and the cost of these payments have grown dramatically. Between 1989 and 2009, the share of adults receiving SSDI benefits doubled even though the share of the U.S. working-age population reporting a severe disability remained stable. One controversial reason for the increase in SSDI recipients is the liberalization of the program's screening criteria, which makes it easier to get benefits for certain conditions. In 2014, for example, 14.7 percent of disabled workers receiving SSDI had a mood disorder diagnosis (e.g., anxiety-related disorders) and 31.2 percent of disabled workers receiving SSDI were diagnosed with diseases affecting the musculoskeletal system and connective tissue (e.g., arthritis or burns).

Condition 5 [risk pooling + low abuse]: Today, the SSDI program protects more than 9 out of 10 American workers and their families in the event of a life-changing disability or illness that prevents substantial work. While it may not be easy to think about, a young worker starting a career today has a one-in-three chance of either dying or needing to turn to Disability Insurance before reaching his or her full Social Security retirement age of 67. While benefits are modest, averaging just over $1,000 per month, Social Security Disability Insurance plays a significant role in boosting economic security for beneficiaries, and for 8 out of 10 beneficiaries it is their main or only source of income. The SSDI program has strict eligibility standards. In addition to having to earn disability insurance coverage by working at least 5 of the 10 years before the disability began, applicants must prove medical eligibility using evidence provided by licensed physicians, specialists, or other approved medical providers. As a result, most claims for SSDI benefits (more than 60%) are denied.

A.3 Lucid Survey Instrument

ss1 The Social Security Disability Insurance (SSDI) program is a federal program paying benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The program requires benefit recipients to have paid Social Security payroll taxes for a certain number of years and to earn below a monthly income threshold.

For each of the following groups, do you know anyone who has ever received SSDI benefit payments?

[GRID]
Columns: Yes; No
Rows:

- Parent or guardian
- Immediate family member (e.g., sibling, spouse, domestic partner, or child)
- Family relative (e.g., grandchild, aunt, cousin, or father-in-law)
- Close friend
- Someone from work
- Acquaintance (someone you see in person at least occasionally)
- Online acquaintance (someone you only interact with online)
- Person in your community (someone you do not interact with but know of)

Before you proceed, please take a second to think about the person in each group who you know has received SSDI benefits, if any.

If you know more than one person in one of the aforementioned groups who has received SSDI benefits, just think about the <u>first</u> person that comes to mind.

[PAGE BREAK]

SHOW ss2 AND ss3 ONLY IF THERE IS AT LEAST 1 'YES' RESPONSE TO ss1; ELSE SKIP TO ss4

ss2 In your opinion, did this person deserve SSDI benefits?
[GRID]
Columns: Yes; No
Rows: *Carry forward groups where YES is selected for Question ss1*

ss3 Which of the following best describes your perception of whether they could have worked at the time they collected SSDI benefits?
[GRID]
Columns: They could have worked; They could not have worked; I am uncertain whether they could have worked

Rows: *Carry forward groups where YES is selected for Question ss1*

[PAGE BREAK]

ss4 *As a reminder, the description of the SSDI program is repeated here:*

The Social Security Disability Insurance (SSDI) program is a federal program paying benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The program requires benefit recipients to have paid Social Security payroll taxes for a certain number of years and to earn below a monthly income threshold.

We would like to know your beliefs about the average SSDI benefit recipient in the United States today.

ss5 In your opinion, does the average SSDI benefit recipient deserve to collect benefits?

- Yes
- No

ss6 In your opinion, do you think the average SSDI benefit recipient could in fact work?

- Yes, the average SSDI recipient could in fact work
- Not, the average SSDI recipient is unable to work
- I don't know

[PAGE BREAK]

ss7 *As a reminder, the description of the SSDI program is repeated here:*

The Social Security Disability Insurance (SSDI) program is a federal program paying benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The program requires benefit recipients to have paid Social Security payroll taxes for a certain number of years and to earn below a monthly income threshold.

ss8 In your opinion, out of every 100 people receiving SSDI, how many do you think could have worked? Please provide your best guess.

[SLIDER: 0-100]

B SUMMARY STATISTICS

B.1 CCES Sample

Table A1: Demographic Characteristics by Sample. The table reports proportions or means with standard errors in parentheses for the pre-election sample, the post-election sample, and the 2016 CCES Common Content File.

Covariate	Pre-Election Survey n=1,145		Post-Election Survey n=1,231		2016 CCES n=64,600	
	Mean	(SE)	Mean	(SE)	Mean	(SE)
Age	48.005	(0.504)	50.611	(0.462)	47.880	(0.066)
Gender:						
Female	0.534	(0.015)	0.572	(0.014)	0.543	(0.002)
Male	0.466	(0.015)	0.428	(0.014)	0.457	(0.002)
Party ID:						
Democrat	0.379	(0.014)	0.358	(0.014)	0.385	(0.002)
Independent	0.362	(0.014)	0.379	(0.014)	0.378	(0.002)
Republican	0.259	(0.013)	0.262	(0.013)	0.237	(0.002)
Ideology:						
Very Liberal	0.086	(0.008)	0.089	(0.008)	0.090	(0.001)
Liberal	0.190	(0.012)	0.181	(0.011)	0.194	(0.002)
Moderate/DK	0.390	(0.014)	0.387	(0.014)	0.415	(0.002)
Conservative	0.231	(0.012)	0.228	(0.012)	0.222	(0.002)
Very Conservative	0.103	(0.009)	0.114	(0.009)	0.078	(0.001)
Registered Voter?:						
Yes	0.904	(0.009)	0.924	(0.008)	0.883	(0.001)
No	0.085	(0.008)	0.070	(0.007)	0.103	(0.001)
Don't know	0.011	(0.003)	0.006	(0.002)	0.013	(0.000)
Highest Education Attained:						
No HS	0.024	(0.004)	0.018	(0.004)	0.031	(0.001)
High school graduate	0.266	(0.013)	0.252	(0.012)	0.254	(0.002)
Some college	0.239	(0.013)	0.253	(0.012)	0.243	(0.002)
2-year	0.113	(0.009)	0.113	(0.009)	0.111	(0.001)
4-year	0.227	(0.012)	0.223	(0.012)	0.230	(0.002)
Post-grad	0.132	(0.010)	0.141	(0.010)	0.132	(0.001)
Race:						
Asian	0.045	(0.006)	0.041	(0.006)	0.035	(0.001)
Black	0.123	(0.010)	0.097	(0.008)	0.123	(0.001)
Hispanic	0.067	(0.007)	0.068	(0.007)	0.081	(0.001)
Middle Eastern	0.002	(0.001)	0.001	(0.001)	0.002	(0.000)
Mixed	0.018	(0.004)	0.020	(0.004)	0.022	(0.001)
Native American	0.009	(0.003)	0.011	(0.003)	0.008	(0.000)
Other	0.016	(0.004)	0.016	(0.004)	0.012	(0.000)
White	0.720	(0.013)	0.745	(0.012)	0.717	(0.002)
Hispanic origin:						
No	0.898	(0.009)	0.904	(0.008)	0.881	(0.001)
Unknown if Hispanic	0.070	(0.008)	0.071	(0.007)	0.084	(0.001)
Yes	0.032	(0.005)	0.025	(0.004)	0.035	(0.001)
Marital status:						
Divorced	0.114	(0.009)	0.119	(0.009)	0.104	(0.001)
Domestic partnership	0.033	(0.005)	0.035	(0.005)	0.044	(0.001)
Married	0.548	(0.015)	0.562	(0.014)	0.534	(0.002)
Separated	0.015	(0.004)	0.015	(0.003)	0.016	(0.000)
Single	0.248	(0.013)	0.219	(0.012)	0.256	(0.002)
Unknown marital status	0.001	(0.001)	0.001	(0.001)	0.001	(0.000)
Widowed	0.041	(0.006)	0.050	(0.006)	0.045	(0.001)
Employment status:						
Full-time	0.445	(0.015)	0.433	(0.014)	0.432	(0.002)
Homemaker	0.072	(0.008)	0.073	(0.007)	0.075	(0.001)
Other	0.026	(0.005)	0.024	(0.004)	0.018	(0.001)
Part-time	0.121	(0.010)	0.110	(0.009)	0.108	(0.001)
Permanently disabled	0.053	(0.007)	0.062	(0.007)	0.060	(0.001)
Retired	0.191	(0.012)	0.223	(0.012)	0.199	(0.002)

(continued)

Table A1 (continued): Demographic Characteristics by Sample

	Pre-Election Survey n=1,145		Post-Election Survey n=1,231		2016 CCES n=64,600	
Covariate	Mean	(SE)	Mean	(SE)	Mean	(SE)
Student	0.038	(0.006)	0.027	(0.005)	0.046	(0.001)
Temporarily laid off	0.005	(0.002)	0.004	(0.002)	0.007	(0.000)
Unemployed	0.049	(0.006)	0.044	(0.006)	0.055	(0.001)
Homeownership status:						
Own	0.640	(0.014)	0.658	(0.014)	0.630	(0.002)
Rent	0.320	(0.014)	0.301	(0.013)	0.323	(0.002)
Other	0.038	(0.006)	0.038	(0.005)	0.046	(0.001)
Unknown	0.003	(0.002)	0.002	(0.001)	0.001	(0.000)
Union member:						
Yes, currently	0.081	(0.008)	0.071	(0.007)	0.074	(0.001)
Formerly	0.195	(0.012)	0.209	(0.012)	0.178	(0.002)
Never	0.722	(0.013)	0.719	(0.013)	0.746	(0.002)
Unknown union status	0.002	(0.001)	0.001	(0.001)	0.002	(0.000)
Union household (Anyone in household a union member):						
Yes, currently	0.091	(0.008)	0.088	(0.008)	0.092	(0.001)
Formerly	0.139	(0.010)	0.139	(0.010)	0.131	(0.001)
Never	0.768	(0.012)	0.772	(0.012)	0.771	(0.002)
Unknown union household status	0.003	(0.002)	0.002	(0.001)	0.006	(0.000)
Family income:						
$10,000 - $19,999	0.073	(0.008)	0.064	(0.007)	0.070	(0.001)
$100,000 - $119,999	0.051	(0.006)	0.054	(0.006)	0.063	(0.001)
$120,000 - $149,999	0.051	(0.006)	0.050	(0.006)	0.055	(0.001)
$150,000 - $199,999	0.031	(0.005)	0.032	(0.005)	0.029	(0.001)
$150,000 or more	0.002	(0.001)	0.002	(0.001)	0.003	(0.000)
$20,000 - $29,999	0.097	(0.009)	0.102	(0.009)	0.100	(0.001)
$200,000 - $249,999	0.013	(0.003)	0.011	(0.003)	0.013	(0.000)
$250,000 - $349,999	0.008	(0.003)	0.009	(0.003)	0.007	(0.000)
$30,000 - $39,999	0.101	(0.009)	0.102	(0.009)	0.102	(0.001)
$350,000 - $499,999	0.003	(0.002)	0.002	(0.001)	0.003	(0.000)
$40,000 - $49,999	0.081	(0.008)	0.084	(0.008)	0.089	(0.001)
$50,000 - $59,999	0.089	(0.008)	0.091	(0.008)	0.089	(0.001)
$500,000 or more	0.002	(0.001)			0.003	(0.000)
$60,000 - $69,999	0.083	(0.008)	0.082	(0.008)	0.070	(0.001)
$70,000 - $79,999	0.084	(0.008)	0.080	(0.008)	0.073	(0.001)
$80,000 - $99,999	0.079	(0.008)	0.077	(0.008)	0.088	(0.001)
Less than $10,000	0.043	(0.006)	0.041	(0.006)	0.044	(0.001)
Prefer not to say	0.109	(0.009)	0.115	(0.009)	0.101	(0.001)
Immigration status:						
First generation	0.099	(0.009)	0.098	(0.008)	0.095	(0.001)
Immigrant Citizen	0.066	(0.007)	0.059	(0.007)	0.066	(0.001)
Immigrant non-citizen	0.020	(0.004)	0.014	(0.003)	0.021	(0.001)
Second generation	0.188	(0.012)	0.206	(0.012)	0.195	(0.002)
Third generation	0.618	(0.014)	0.617	(0.014)	0.621	(0.002)
Unknown immigrant status	0.009	(0.003)	0.005	(0.002)	0.002	(0.000)

B.2 Lucid Sample

Table A2: Demographic Characteristics of the Lucid Sample (n=3,034). The table reports unweighted and weighted frequencies and proportions. The weighted estimates use raking weights, which are calculated using the 2016 American Community Survey 1-year estimates to match population marginals by age, education, and household income.

Variable	Unweighted N	Unweighted Prop.	Weighted N	Weighted Prop.
Age: 18-24	325	(0.11)	595.03	(0.20)
Age: 25-29	303	(0.10)	603.4	(0.20)
Age: 30-49	1119	(0.37)	633.38	(0.21)
Age: 50-69	984	(0.32)	629.82	(0.21)
Age: 70+	303	(0.10)	572.37	(0.19)
Party ID: Strong Democrat	660	(0.22)	631.14	(0.21)
Party ID: Democrat	421	(0.14)	394.94	(0.13)
Party ID: Lean Democrat	289	(0.10)	289.36	(0.10)
Party ID: Independent	599	(0.20)	570.65	(0.19)
Party ID: Lean Republican	239	(0.08)	304.07	(0.10)
Party ID: Republican	331	(0.11)	330.39	(0.11)
Party ID: Strong Republican	495	(0.16)	513.44	(0.17)
Ideology: Very Liberal	321	(0.11)	314.18	(0.10)
Ideology: Liberal	540	(0.18)	556.52	(0.18)
Ideology: Moderate	1287	(0.43)	1264.54	(0.42)
Ideology: Conservative	575	(0.19)	593.99	(0.20)
Ideology: Very Conservative	304	(0.10)	294.37	(0.10)
Race: Black	397	(0.13)	354.2	(0.12)
Race: Other	504	(0.17)	531.38	(0.18)
Hispanic	336	(0.11)	417.46	(0.14)
Female	1577	(0.52)	1572.82	(0.52)
Household Income Scale: 1 (Lowest)	569	(0.19)	337.18	(0.11)
Household Income Scale: 2	229	(0.08)	141.09	(0.05)
Household Income Scale: 3	237	(0.08)	149.8	(0.05)
Household Income Scale: 4	164	(0.05)	132.91	(0.04)
Household Income Scale: 5	201	(0.07)	141.94	(0.05)
Household Income Scale: 6	158	(0.05)	113.26	(0.04)
Household Income Scale: 7	106	(0.03)	127.23	(0.04)
Household Income Scale: 8	124	(0.04)	106.33	(0.04)
Household Income Scale: 9	163	(0.05)	107.75	(0.04)
Household Income Scale: 10	84	(0.03)	95.99	(0.03)
Household Income Scale: 11	97	(0.03)	98.22	(0.03)
Household Income Scale: 12	75	(0.02)	86.88	(0.03)
Household Income Scale: 13	93	(0.03)	92.49	(0.03)
Household Income Scale: 14	79	(0.03)	82.58	(0.03)
Household Income Scale: 15	41	(0.01)	81.6	(0.03)
Household Income Scale: 16	37	(0.01)	67.26	(0.02)
Household Income Scale: 17	22	(0.01)	68	(0.02)
Household Income Scale: 18	51	(0.02)	59.02	(0.02)
Household Income Scale: 19	133	(0.04)	204.42	(0.07)
Household Income Scale: 20	63	(0.02)	147.59	(0.05)
Household Income Scale: 21	29	(0.01)	89.74	(0.03)
Household Income Scale: 22	33	(0.01)	42.41	(0.01)
Household Income Scale: 23	27	(0.01)	77.99	(0.03)
Household Income Scale: 24	35	(0.01)	98	(0.03)
Household Income Scale: 25	184	(0.06)	284.34	(0.09)
Highest Education Attained: HS or less	189	(0.06)	362.4	(0.12)
Highest Education Attained: 2	869	(0.29)	884.38	(0.29)
Highest Education Attained: 4	728	(0.24)	643.3	(0.21)

(continued)

A-11

Table A2: Demographic Characteristics of the Lucid Sample (continued)

Variable	Unweighted N	Unweighted Prop.	Weighted N	Weighted Prop.
Highest Education Attained: 5	322	(0.11)	274.98	(0.09)
Highest Education Attained: 6	610	(0.20)	570.73	(0.19)
Highest Education Attained: 7	256	(0.08)	254.46	(0.08)
Highest Education Attained: PhD+	60	(0.02)	43.75	(0.01)
Region: Northeast	563	(0.19)	646.27	(0.21)
Region: South	1164	(0.38)	1128.74	(0.37)
Region: West	675	(0.22)	677.27	(0.22)
Political Knowledge Scale: 0 (Lowest)	258	(0.09)	231.7	(0.08)
Political Knowledge Scale: 1	531	(0.18)	537.76	(0.18)
Political Knowledge Scale: 2	589	(0.19)	593.58	(0.20)
Political Knowledge Scale: 3	445	(0.15)	428	(0.14)
Political Knowledge Scale: 4	417	(0.14)	427.5	(0.14)
Political Knowledge Scale: 5	340	(0.11)	353.54	(0.12)
Political Knowledge Scale: 6 (Highest)	454	(0.15)	461.92	(0.15)
Political Interest: Not at all	303	(0.10)	288.94	(0.10)
Political Interest: Slightly	360	(0.12)	357.19	(0.12)
Political Interest: Somewhat	900	(0.30)	885.43	(0.29)
Political Interest: Very	781	(0.26)	788.29	(0.26)
Political Interest: Extremely	689	(0.23)	713.9	(0.24)
Registered to Vote	2326	(0.77)	2302.36	(0.76)
Voted in 2016 General Election	1944	(0.64)	1904.61	(0.63)
2016 Pres. Vote Choice: Voted for Clinton	861	(0.28)	813.64	(0.27)
2016 Pres. Vote Choice: Did Not Vote for Clinton or Trump	1349	(0.44)	1375.74	(0.45)
2016 Pres. Vote Choice: Voted for Trump	824	(0.27)	844.63	(0.28)
Mobile Device User: Yes	1660	(0.55)	1609.99	(0.53)

C ADDITIONAL DESCRIPTIVE RESULTS

C.1 CCES Data

Figure A1: Perceptions of the Percentage of SSDI Recipients Who Are Able and Want to Work But Are Unable to Find Suitable Employment

Perceived Percentage of SSDI Recipients Who Are Able and Want to Work But Are Unable to Find Suitable Employment

Respondent's Party ID ■ Democrat ■ Independent ■ Republican
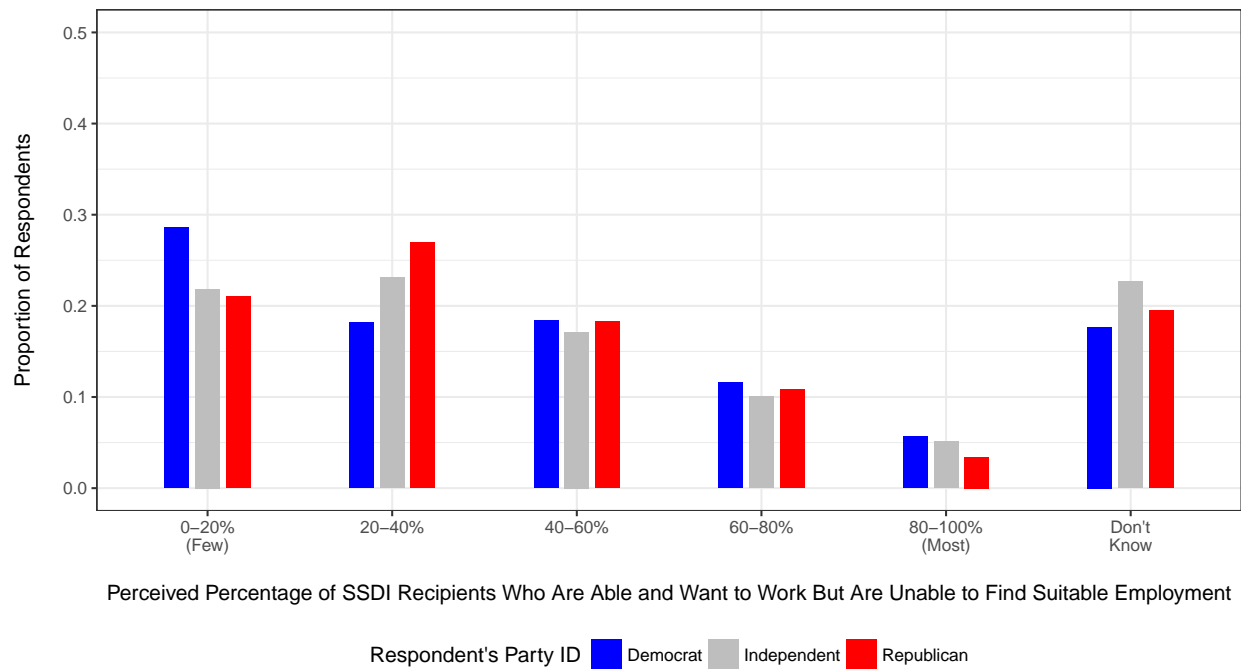
Source: 2016 CCES team module, post-election wave.

Figure A2: Perceptions of the Percentage of SSDI Recipients with Other Given Characteristics
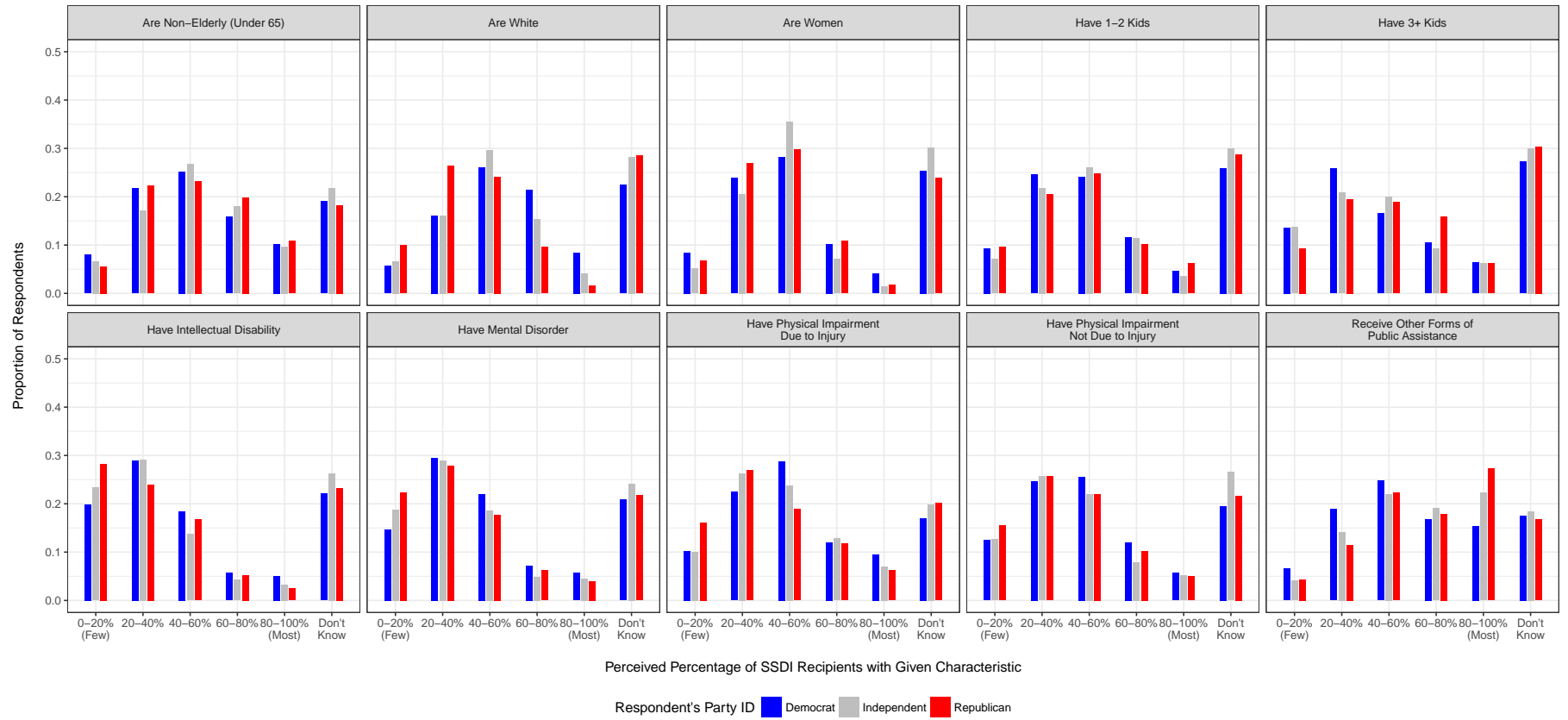
Source: 2016 CCES team module, post-election wave.

Table A3: Party Identification and Perceptions of the Share of SSDI Recipients Who Can But Do Not Want To Work

	DV: Perceives at least k% of SSDI recipients can but do not want to work (1=Yes, 0=No)											
	k=40	k=40	k=40	k=40	k=60	k=60	k=60	k=60	k=80	k=80	k=80	k=80
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Independent	0.095***	0.062*	0.103***	0.080**	0.068**	0.056*	0.066**	0.045	0.027	0.006	0.020	−0.005
	(0.035)	(0.035)	(0.037)	(0.038)	(0.030)	(0.031)	(0.032)	(0.033)	(0.020)	(0.021)	(0.021)	(0.022)
Republican	0.213***	0.185***	0.199***	0.185***	0.164***	0.163***	0.150***	0.153***	0.065***	0.035	0.056**	0.034
	(0.038)	(0.038)	(0.042)	(0.041)	(0.033)	(0.033)	(0.036)	(0.036)	(0.022)	(0.022)	(0.024)	(0.024)
Constant	0.302***	0.330***	0.370	0.550**	0.153***	0.171***	0.126	0.226	0.056***	0.076***	0.283*	0.221*
	(0.025)	(0.025)	(0.273)	(0.224)	(0.021)	(0.022)	(0.234)	(0.196)	(0.014)	(0.015)	(0.157)	(0.133)
With Covariates?	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y
Weighted?	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
Observations	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040	1,040
Adjusted R^2	0.027	0.021	0.034	0.100	0.022	0.021	0.017	0.080	0.007	0.001	−0.002	0.047

*p<0.1; **p<0.05; ***p<0.01

Cells report estimates from OLS models regressing a binary indicator that the respondent perceives at least k% of SSDI recipients can but do not want to work on predictors. Standard errors are reported in parentheses. Sample restricted to respondents in 2016 CCES team module post-election wave survey who did not select "Don't Know" to the question about their perceptions of the percentage of SSDI recipients who are able to work but do not want to work. The omitted reference category is Democrats. Control variables included in the model specification are age, voter registration status, gender, highest education level attained, race, Hispanic, marital status, employment status, homeownership status, union member, union household, family income level, and immigration status.

C.2 Lucid Data

Table A4: Reported Knowledge of Other SSDI Benefit Recipients and Beliefs about their Deservingness, by Social Reference Group

Knowledge of SSDI Recipient in Group and	Parent		Imm. Family		Ext. Family		Friend		Coworker		Acquaintance		Online Acq.		In Community	
Belief about their Deservingness	N	Pct	N	Pct	N	Pct	N	Pct	N	Pct	N	Pct	N	Pct	N	Pct
A. Unweighted																
(1) No	2051	67.60	2006	66.12	1928	63.55	1966	64.80	2347	77.36	1911	62.99	2489	82.04	1882	62.03
(2) Yes and deserving	859	28.31	908	29.93	886	29.20	838	27.62	471	15.52	790	26.04	393	12.95	837	27.59
(3) Yes and undeserving	105	3.46	109	3.59	207	6.82	209	6.89	196	6.46	319	10.51	138	4.55	299	9.85
(4) Don't Know/Refused	19	0.63	11	0.36	13	0.43	21	0.69	20	0.66	14	0.46	14	0.46	16	0.53
Ratio: Deserving to Undeserving (Row 2 to Row 3)	8.18		8.33		4.28		4.01		2.40		2.48		2.85		2.80	
Alt. Ratio: Row 2 to Sum of Rows 3-4	6.93		7.57		4.03		3.64		2.18		2.37		2.59		2.66	
B. Weighted																
(1) No	2101.35	69.26	2158.99	71.16	1959.27	64.58	2110.63	69.57	2336.16	77.00	2020.70	66.60	2494.46	82.22	1950.35	64.28
(2) Yes and deserving	803.59	26.49	751.90	24.78	793.13	26.14	698.53	23.02	469.37	15.47	705.07	23.24	341.34	11.25	742.93	24.49
(3) Yes and undeserving	113.34	3.74	110.33	3.64	266.20	8.77	207.38	6.84	208.93	6.89	290.92	9.59	190.63	6.28	331.37	10.92
(4) Don't Know/Refused	15.72	0.52	12.77	0.42	15.40	0.51	17.46	0.58	19.54	0.64	17.31	0.57	7.58	0.25	9.34	0.31
Ratio: Deserving to Undeserving (Row 2 to Row 3)	7.09		6.82		2.98		3.37		2.25		2.42		1.79		2.24	
Alt. Ratio: Row 2 to Sum of Rows 3-4	6.23		6.11		2.82		3.11		2.05		2.29		1.72		2.18	

Table A5: Reported Knowledge of Other SSDI Benefit Recipients and Beliefs about their Ability to Work, by Social Reference Group

Knowledge of SSDI Recipient in Group and Belief about their Ability to Work	Parent		Imm. Family		Ext. Family		Friend		Coworker		Acquaintance		Online Acq.		In Community	
	N	Pct	N	Pct	N	Pct	N	Pct	N	Pct	N	Pct	N	Pct	N	Pct
A. Unweighted																
(1) No	2051	67.60	2006	66.12	1928	63.55	1966	64.80	2347	77.36	1911	62.99	2489	82.04	1882	62.03
(2) Yes and could not have worked	578	19.05	653	21.52	667	21.98	620	20.44	305	10.05	483	15.92	230	7.58	481	15.85
(3) Yes and could have worked	218	7.19	217	7.15	258	8.50	253	8.34	228	7.51	335	11.04	142	4.68	312	10.28
(4) Yes and DK if could work	166	5.47	146	4.81	167	5.50	174	5.74	135	4.45	295	9.72	157	5.17	345	11.37
(5) Don't Know/Refused	21	0.69	12	0.40	14	0.46	21	0.69	19	0.63	10	0.33	16	0.53	14	0.46
Ratio: Could Not Work to Could Work (Row 2 to Row 3)	2.65		3.01		2.59		2.45		1.34		1.44		1.62		1.54	
Alt. Ratio: Row 2 to Sum of Rows 3-4	1.51		1.80		1.57		1.45		0.84		0.77		0.77		0.73	
Alt. Ratio: Row 2 to Sum of Rows 3-5	1.43		1.74		1.52		1.38		0.80		0.75		0.73		0.72	
B. Weighted																
(1) No	2101.35	69.26	2158.99	71.16	1959.27	64.58	2110.63	69.57	2336.16	77.00	2020.70	66.60	2494.46	82.22	1950.35	64.28
(2) Yes and could not have worked	498.27	16.42	522.51	17.22	615.10	20.27	517.20	17.05	295.63	9.74	422.05	13.91	209.79	6.91	403.52	13.30
(3) Yes and could have worked	260.55	8.59	206.49	6.81	273.61	9.02	244.66	8.06	260.48	8.59	343.44	11.32	147.71	4.87	329.73	10.87
(4) Yes and DK if could work	155.36	5.12	133.07	4.39	170.77	5.63	149.79	4.94	122.44	4.04	242.21	7.98	166.61	5.49	341.86	11.27
(5) Don't Know/Refused	18.46	0.61	12.93	0.43	15.25	0.50	11.72	0.39	19.29	0.64	5.59	0.18	15.43	0.51	8.54	0.28
Ratio: Could Not Work to Could Work (Row 2 to Row 3)	1.91		2.53		2.25		2.11		1.13		1.23		1.42		1.22	
Alt. Ratio: Row 2 to Sum of Rows 3-4	1.20		1.54		1.38		1.31		0.77		0.72		0.67		0.60	
Alt. Ratio: Row 2 to Sum of Rows 3-5	1.15		1.48		1.34		1.27		0.74		0.71		0.64		0.59	

Table A6: Beliefs about the Average SSDI Recipient (Lucid sample)

Quantity	Unweighted		Weighted		
	Estimate	95% CI	Estimate	95% CI	N
Proportion of respondents who believe the average SSDI recipient deserves benefits	0.78	[0.76, 0.79]	0.76	[0.75, 0.78]	3027
Mean respondent belief about whether the average SSDI recipient could work	0.46	[0.44, 0.47]	0.49	[0.47, 0.50]	3028
Mean estimate: Number out of 100 people receiving SSDI who could have worked	42.89	[41.99, 43.80]	44.11	[43.22, 44.99]	3018

Table A7: Party Identification and Beliefs about the Average SSDI Recipient

	Dependent variable:											
	Deserve				Could Work				Num. Could Work			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Independent	−0.130***	−0.072***	−0.171***	−0.098***	0.058***	0.024	0.097***	0.060**	4.961***	2.290*	7.147***	3.074**
	(0.020)	(0.023)	(0.021)	(0.024)	(0.021)	(0.024)	(0.021)	(0.024)	(1.237)	(1.378)	(1.212)	(1.350)
Republican	−0.136***	−0.053**	−0.125***	−0.019	0.144***	0.080***	0.165***	0.115***	9.260***	4.560***	8.424***	2.673**
	(0.017)	(0.024)	(0.017)	(0.024)	(0.017)	(0.024)	(0.017)	(0.024)	(1.028)	(1.396)	(0.994)	(1.328)
Constant	0.849***	0.547***	0.844***	0.504***	0.395***	0.385***	0.405***	0.315***	38.659***	45.368***	39.537***	50.661***
	(0.011)	(0.119)	(0.012)	(0.116)	(0.011)	(0.120)	(0.012)	(0.115)	(0.680)	(7.011)	(0.680)	(6.503)
With Covariates?	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
Weighted?	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y
Observations	3,027	3,027	3,027	3,027	3,028	3,028	3,028	3,028	3,018	3,018	3,018	3,018
Adjusted R^2	0.025	0.036	0.028	0.083	0.022	0.046	0.030	0.091	0.026	0.109	0.025	0.155

*p<0.1; **p<0.05; ***p<0.01.

Outcome variables: Deserve (Believes the average SSDI recipient deserves benefits: 1=Yes, 0=No); Could Work (Believes the average SSDI recipient could work: 0=No, 0.5=DK, 1=Yes); Num. Could Work (Estimate of number of people, out of 100 SSDI recipients, who could work).

Covariates include political interest, ideology, state, mobile respondent, total survey duration, passed screener, education, race (Black, other), Hispanic, female, household income, region dummies, level of political knowledge, voter registration status, whether the respondent voted in 2016, vote choice in the 2016 presidential election, and age.

C.3 Analysis of Descriptive Differences between Partisan Subgroups in the Perceived Pervasiveness of Cheating

To formally test whether there are descriptive differences in the pervasiveness of cheating between partisan subgroups, we construct binary indicators for whether the respondent perceives at least 40, 60, or 80% of SSDI recipients as not wanting to work despite being able to, and then we regress these indicators on the respondent's partisanship. Full results and model specification details are shown in Appendix Table A3. Among those reporting a perception, about 30% of Democrats perceive that at least 40% of SSDI recipients can but do not want to work, as compared to about 40% of Independents (difference=0.095, s.e.=0.035, *p*<0.01) and 52% of Republicans (difference=0.213, s.e.=0.038, *p*<0.01). Republicans are about 1.7 times more likely than Democrats to hold this perception. These associations are robust to weighting and the inclusion of demographic controls, and thus provide strong evidence of a partisan gap in perceptions of the degree of cheating among SSDI recipients. We observe similar and statistically significant partisan gaps between Democrats and Republicans in the belief that bigger shares of SSDI recipients are illegitimately receiving benefits. (As compared to Democrats, Republicans are about twice as likely to believe that 60% of SSDI recipients can but do not want to work (31.7% vs. 15.3%; difference=0.164, s.e.=0.033, *p*<0.01) and twice as likely to believe that at least 80% of SSDI recipients can but do not want to work

(12.1% vs. 5.6%; difference=0.065, s.e.=0.022, *p*<0.01).)

These observational associations also replicate in the large Lucid sample, where we asked respondents whether the average SSDI benefit recipient deserves to collect benefits (1=Yes, 0=No); whether the average benefit recipient could in fact work (1=Yes; 0.5=Don't know; 0=No); and their guess of how many SSDI beneficiaries (out of every 100) could have worked. We regress each of these measures on respondent partisanship and find similar patterns: Republicans are less likely than Democrats to believe that the average SSDI recipient deserves benefits (difference=-0.053, s.e.=0.024, *p*<0.05), more likely than Democrats to believe that the average SSDI recipient could work (difference=0.079, s.e.=0.024, *p*<0.01), and believes that a higher share of SSDI recipients could in fact work (difference=4.544, s.e.=1.396, *p*<0.01). These results are robust to weighting and the inclusion of demographic controls. See Appendix Table A7 for full estimation results.

D ADDITIONAL TABLES AND FIGURES FOR EXPERIMENT 1

Table A8: Mean agreement with government decision to grant SSDI benefits to recipient, by the medical impairment of the SSDI benefit recipient and by the subject's (perceiver's) party identification.

| | | By Subject's Party ID | | | |
| | All Subjects | Dems | Inds | Reps | Diff (D-R) |
	(1)	(2)	(3)	(4)	(5)
Injured on the job	0.686***	0.785***	0.812***	0.375***	0.410
	(0.069)	(0.110)	(0.115)	(0.132)	[p=0.024]
Intellectual disability due to stroke	1.032***	1.161***	1.057***	0.814***	0.347
	(0.073)	(0.113)	(0.127)	(0.137)	[p=0.06]
Mood disorder	−0.031	0.346***	−0.059	−0.476***	0.822
	(0.071)	(0.118)	(0.115)	(0.133)	[p<0.001]
Chronic heart failure	0.835***	1.052***	0.621***	0.787***	0.264
	(0.071)	(0.107)	(0.113)	(0.154)	[p=0.15]
Severe arthritis of the spine	0.846***	0.882***	0.747***	0.937***	-0.056
	(0.071)	(0.121)	(0.113)	(0.132)	[p=0.731]
Observations	1,145	434	414	297	
Adjusted R^2	0.335	0.415	0.313	0.301	

Source: 2016 CCES team module, pre-election wave
*p<0.1; **p<0.05; ***p<0.01
The outcome variable is the subject's agreement with the government's decision to grant SSDI benefits to a hypothetical recipient with a given medical impairment, and is measured using a 5-point scale (-2=Strongly Disagree, 2=Strongly Agree). The table reports coefficients from an ordinary least squares model regressing the agreement score on binary treatment indicators and no intercept. Standard errors are shown in parentheses; two-tailed *p*-values are shown in brackets.

Table A9: Effect of alternative easier-to-diagnose impairments (as compared to having a mood disorder, a harder-to-diagnose impairment) on agreement with government decision to grant SSDI benefits to recipient with a given impairment.

	Unadjusted (1)	Covariate adjusted (2)
Injured on the job	0.717***	0.723***
	(0.099)	(0.099)
Intellectual disability due to stroke	1.063***	1.104***
	(0.102)	(0.102)
Chronic heart failure	0.866***	0.870***
	(0.100)	(0.100)
Severe arthritis of the spine	0.876***	0.874***
	(0.100)	(0.101)
Constant	−0.031	0.147
	(0.071)	(0.469)
With Covariates?	N	Y
Mean Outcome in Comparison Group (Mood Disorder):	-0.031	-0.031
Observations	1,145	1,145
Adjusted R^2	0.102	0.151

Source: 2016 CCES team module, pre-election wave

*p<0.1; **p<0.05; ***p<0.01

The outcome variable is the subject's agreement with the government's decision to grant SSDI benefits to a hypothetical recipient with a given medical impairment, and is measured using a 5-point scale (-2=Strongly Disagree, 2=Strongly Agree). The table reports coefficients from an ordinary least squares model regressing the agreement score on binary treatment indicators (omitting the mood disorder condition as the reference group). Standard errors are shown in parentheses. Pre-treatment covariates included in the covariate adjusted model include age, gender, party identification, ideology, voter registration status, education, race, Hispanic origin, marital status, employment status, home ownership status, union member status, union member household status, family income level, and immigrant status.

Figure A3: Mean levels of agreement with government decision to grant SSDI benefits to recipient by the medical impairment of the SSDI benefit recipient, by the subject's ideology, with 95% confidence intervals. The ideological gap in mean agreement scores between liberals and conservatives is shown using solid black lines. Source: 2016 CCES team module, pre-election wave.
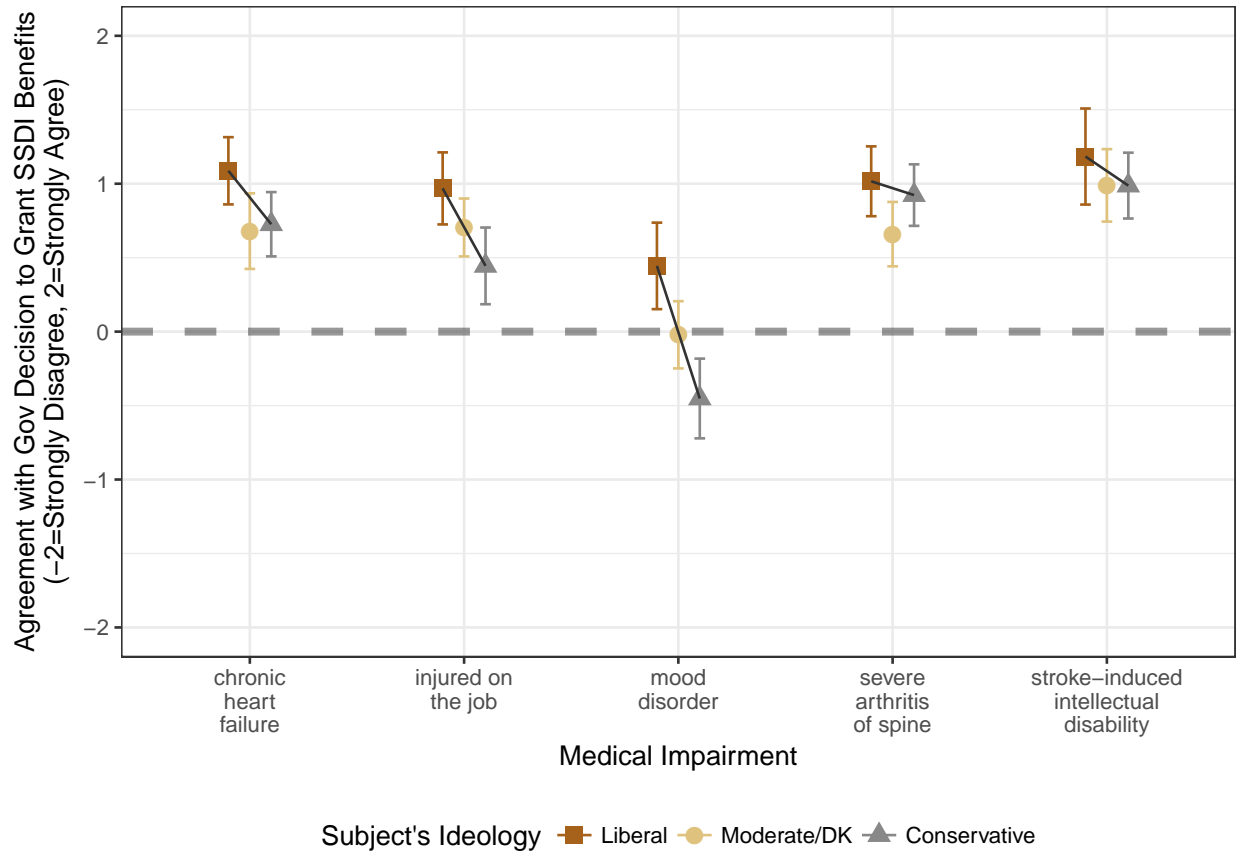
Table A10: Mean agreement with government decision to grant SSDI benefits to recipient, by the medical impairment of the SSDI benefit recipient and by the subject's ideology.

| | All Subjects | By Subject's Ideology | | |
| | | Liberal | Moderate | Conservative |
	(1)	(2)	(3)	(4)
Injured on the job	0.686***	0.968***	0.704***	0.444***
	(0.069)	(0.131)	(0.109)	(0.116)
Intellectual disability due to stroke	1.032***	1.184***	0.989***	0.987***
	(0.073)	(0.149)	(0.114)	(0.118)
Mood disorder	−0.031	0.444***	−0.022	−0.452***
	(0.071)	(0.131)	(0.112)	(0.122)
Chronic heart failure	0.835***	1.087***	0.679***	0.726***
	(0.071)	(0.116)	(0.122)	(0.122)
Severe arthritis of the spine	0.846***	1.016***	0.659***	0.923***
	(0.071)	(0.133)	(0.115)	(0.118)
Observations	1,145	316	446	383
Adjusted R^2	0.335	0.461	0.282	0.332

Source: 2016 CCES team module, pre-election wave

*p<0.1; **p<0.05; ***p<0.01

The outcome variable is the subject's agreement with the government's decision to grant SSDI benefits to a hypothetical recipient with a given medical impairment, and is measured using a 5-point scale (-2=Strongly Disagree, 2=Strongly Agree). The table reports coefficients from an ordinary least squares model regressing the agreement score on binary treatment indicators and no intercept. Standard errors are shown in parentheses.

Table A11: Heterogeneous effects, by subject partisanship, of alternative easier-to-diagnose impairments (as compared to having a mood disorder, a harder-to-diagnose impairment) on agreement with government decision to grant SSDI benefits to recipient with a given impairment.

	(1)	(2)
Injured on job	0.851***	
	(0.188)	
Stroke-induced intellectual disability	1.290***	
	(0.192)	
Chronic heart failure	1.263***	
	(0.204)	
Severe arthritis of the spine	1.414***	
	(0.188)	
Any easier-to-diagnose impairment		1.198***
		(0.151)
Democrat	0.822***	0.822***
	(0.178)	(0.179)
Independent	0.417**	0.417**
	(0.176)	(0.177)
Injured on job * Democrat	−0.412*	
	(0.247)	
Stroke * Democrat	−0.475*	
	(0.252)	
Chronic heart failure * Democrat	−0.558**	
	(0.259)	
Arthritis * Democrat	−0.878***	
	(0.253)	
Injured on job * Independent	0.019	
	(0.248)	
Stroke * Independent	−0.174	
	(0.257)	
Chronic heart failure * Independent	−0.584**	
	(0.260)	
Arthritis * Independent	−0.608**	
	(0.247)	
Any easier-to-diagnose impairment * Democrat		−0.572***
		(0.200)
Any easier-to-diagnose impairment * Independent		−0.343*
		(0.199)
Constant	−0.476***	−0.476***
	(0.133)	(0.134)
Observations	1,145	1,145
Adjusted R^2	0.127	0.115

Source: 2016 CCES team module, pre-election wave
*p<0.1; **p<0.05; ***p<0.01
The outcome variable is the subject's agreement with the government's decision to grant SSDI benefits to a hypothetical recipient with a given medical impairment, and is measured using a 5-point scale (-2=Strongly Disagree, 2=Strongly Agree). The table reports coefficients from an ordinary least squares model regressing the agreement score on binary treatment indicators (omitting the mood disorder condition as the reference group), party identification dummy variables (omitting Republicans as the reference group), and treatment by party interactions. Standard errors are shown in parentheses.

E ADDITIONAL TABLES AND FIGURES FOR EXPERIMENT 2

Table A12: Effect of informational appeals about the SSDI program on SSDI program attitudes

	DV = Agreement with statement (5-pt scale, -2 strongly disagree to 2 strongly agree)							
	Federal gov spends too much on SSDI benefits		Problem if can work but is on SSDI		Non-severe should be ineligible		Encourage work if impairment is less severe	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
A. Among All Subjects								
Risk Pooling	−0.266**	−0.184*	−0.243**	−0.154	−0.200*	−0.131	−0.218***	−0.180**
	(0.106)	(0.098)	(0.100)	(0.095)	(0.102)	(0.100)	(0.076)	(0.077)
Risk Pooling + Low Abuse Risk	−0.231**	−0.230**	−0.120	−0.081	−0.073	−0.078	−0.067	−0.041
	(0.110)	(0.101)	(0.104)	(0.098)	(0.106)	(0.104)	(0.079)	(0.079)
Costly Program	0.059	0.101	0.017	0.063	0.064	0.082	−0.042	−0.015
	(0.106)	(0.097)	(0.100)	(0.094)	(0.102)	(0.099)	(0.076)	(0.076)
Costly Program + Lax Eligibility	0.167	0.199**	0.106	0.176*	0.217**	0.249**	0.074	0.086
	(0.106)	(0.096)	(0.100)	(0.094)	(0.102)	(0.099)	(0.077)	(0.076)
Constant	0.118	0.086	0.620***	0.537	−0.076	−0.073	0.945***	0.767*
	(0.077)	(0.532)	(0.072)	(0.517)	(0.074)	(0.544)	(0.055)	(0.417)
With Covariates?	N	Y	N	Y	N	Y	N	Y
Control Group Mean Outcome	0.118	0.118	0.620	0.620	-0.076	-0.076	0.945	0.945
Observations	1,231	1,231	1,231	1,231	1,231	1,231	1,231	1,231
Adjusted R^2	0.017	0.234	0.009	0.175	0.012	0.126	0.010	0.084

B. Robustness Check: Among Subjects Who Never Received SSDI Benefits
(and who were in both pre- and post-election waves)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Risk Pooling	−0.278**	−0.175	−0.169	−0.065	−0.216*	−0.094	−0.221**	−0.181*
	(0.129)	(0.119)	(0.123)	(0.117)	(0.126)	(0.124)	(0.092)	(0.094)
Risk Pooling + Low Abuse Risk	−0.234*	−0.264**	−0.030	−0.023	−0.099	−0.085	−0.031	−0.044
	(0.135)	(0.124)	(0.128)	(0.122)	(0.131)	(0.129)	(0.096)	(0.098)
Costly Program	0.012	0.027	0.159	0.152	0.029	0.090	0.048	0.066
	(0.128)	(0.116)	(0.121)	(0.115)	(0.124)	(0.122)	(0.091)	(0.092)
Costly Program + Lax Eligibility	0.127	0.176	0.178	0.254**	0.117	0.211*	0.124	0.131
	(0.129)	(0.117)	(0.122)	(0.116)	(0.125)	(0.122)	(0.091)	(0.092)
Constant	0.213**	−0.131	0.594***	0.919	0.000	−0.380	0.975***	0.766
	(0.092)	(0.664)	(0.088)	(0.658)	(0.090)	(0.695)	(0.066)	(0.526)
With Covariates?	N	Y	N	Y	N	Y	N	Y
Control Group Mean Outcome	0.212	0.212	0.594	0.594	0.000	0.000	0.975	0.975
Observations	814	814	814	814	814	814	814	814
Adjusted R^2	0.013	0.253	0.009	0.179	0.005	0.126	0.015	0.077

Source: 2016 CCES team module
*p<0.1; **p<0.05; ***p<0.01
The table reports coefficients from an ordinary least squares model regressing each outcome variable on binary treatment indicators, without and with covariates. The omitted reference category is the control group. Standard errors are shown in parentheses. Pre-treatment covariates included in the covariate adjusted model include age, gender, party identification, ideology, voter registration status, education, race, Hispanic origin, marital status, employment status, home ownership status, union member status, union member household status, family income level, and immigrant status.

Table A13: Effect of any risk pooling appeal or any costly program appeal on SSDI program attitudes

| | DV = Agreement with statement (5-pt scale, -2 strongly disagree to 2 strongly agree) | | | | | | | |
| | Federal gov spends too much on SSDI benefits | | Problem if can work but is on SSDI | | Non-severe should be ineligible | | Encourage work if impairment is less severe | |
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Any Risk Pooling Treatment	−0.250***	−0.205**	−0.186**	−0.120	−0.141	−0.106	−0.148**	−0.115*
	(0.094)	(0.086)	(0.088)	(0.084)	(0.090)	(0.089)	(0.068)	(0.068)
Any Costly Program Treatment	0.113	0.150*	0.061	0.120	0.140	0.166*	0.016	0.036
	(0.093)	(0.084)	(0.087)	(0.082)	(0.089)	(0.086)	(0.067)	(0.066)
Constant	0.118	0.109	0.620***	0.524	−0.076	−0.073	0.945***	0.733*
	(0.077)	(0.530)	(0.072)	(0.516)	(0.074)	(0.543)	(0.055)	(0.416)
With Covariates?	N	Y	N	Y	N	Y	N	Y
Control Group Mean Outcome	0.118	0.118	0.620	0.620	-0.076	-0.076	0.945	0.945
Diff: Any Risk Pooling Treatment	−0.363***	−0.355***	−0.247***	−0.239***	−0.281***	−0.272***	−0.164***	−0.151***
Minus Any Costly Program Treatment	(0.075)	(0.067)	(0.071)	(0.066)	(0.072)	(0.069)	(0.054)	(0.053)
	[p<0.001]	[p<0.001]	[p<0.001]	[p<0.001]	[p<0.001]	[p<0.001]	[p=0.002]	[p=0.004]
Observations	1,231	1,231	1,231	1,231	1,231	1,231	1,231	1,231
Adjusted R^2	0.018	0.234	0.009	0.175	0.011	0.125	0.007	0.082

Source: 2016 CCES team module, post-election wave
*p<0.1; **p<0.05; ***p<0.01
The table reports coefficients from an ordinary least squares model regressing each outcome variable on binary treatment indicators, without and with covariates. The omitted reference category is the control group. Standard errors are shown in parentheses. Pre-treatment covariates included in the covariate adjusted model include age, gender, party identification, ideology, voter registration status, education, race, Hispanic origin, marital status, employment status, home ownership status, union member status, union member household status, family income level, and immigrant status.

Table A14: Effect of informational appeals about the SSDI program on other attitudes about SSDI

	DV = Agreement with statement (5-pt scale; -2 strongly disagree to 2 strongly agree)			
	Allow SSDI recipients to exceed monthly income limit		Mandate employers to provide long-term DI at least as generous as SSDI	
	(1)	(2)	(3)	(4)

A. Among All Subjects

	(1)	(2)	(3)	(4)
Risk Pooling	0.176*	0.129	−0.029	−0.067
	(0.098)	(0.099)	(0.100)	(0.102)
Risk Pooling + Low Abuse Risk	0.114	0.045	−0.168	−0.195*
	(0.101)	(0.102)	(0.104)	(0.105)
Costly Program	0.060	0.013	0.076	0.033
	(0.098)	(0.098)	(0.100)	(0.100)
Costly Program + Lax Eligibility	−0.097	−0.118	0.033	0.027
	(0.098)	(0.098)	(0.100)	(0.100)
Constant	−0.114	−0.982*	−0.025	1.584***
	(0.071)	(0.538)	(0.072)	(0.553)
With Covariates?	N	Y	N	Y
Control Group Mean Outcome	-0.114	-0.114	-0.025	-0.025
Observations	1,231	1,231	1,231	1,231
Adjusted R^2	0.004	0.063	0.002	0.051

B. Robustness Check: Among Subjects
Who Never Received SSDI Benefits
(and who were in both pre- and post-election waves)

	(1)	(2)	(3)	(4)
Risk Pooling	0.316***	0.288**	−0.069	−0.124
	(0.120)	(0.124)	(0.124)	(0.129)
Risk Pooling + Low Abuse Risk	0.256**	0.212*	−0.155	−0.180
	(0.126)	(0.129)	(0.129)	(0.135)
Costly Program	0.078	0.072	0.056	0.010
	(0.119)	(0.121)	(0.122)	(0.127)
Costly Program + Lax Eligibility	0.057	0.050	−0.026	−0.027
	(0.120)	(0.122)	(0.123)	(0.127)
Constant	−0.256***	−1.423**	−0.056	1.252*
	(0.086)	(0.692)	(0.088)	(0.724)
With Covariates?	N	Y	N	Y
Control Group Mean Outcome	-0.256	-0.256	-0.056	-0.056
Observations	814	814	814	814
Adjusted R^2	0.008	0.057	−0.001	0.016

Source: 2016 CCES team module
*p<0.1; **p<0.05; ***p<0.01
The table reports coefficients from an ordinary least squares model regressing each outcome variable on binary treatment indicators, without and with covariates. The omitted reference category is the control group. Standard errors are shown in parentheses. Pre-treatment covariates included in the covariate adjusted model include age, gender, party identification, ideology, voter registration status, education, race, Hispanic origin, marital status, employment status, home ownership status, union member status, union member household status, family income level, and immigrant status.

Table A15: Effect of any risk pooling appeal or any costly program appeal on SSDI program attitudes, by subject's party identification

	Federal gov spends too much on SSDI benefits		Problem if can work but is on SSDI		Non-severe should be ineligible		Encourage work if impairment is less severe	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
With Covariates?	N	Y	N	Y	N	Y	N	Y
A. Democrats								
Any Risk Pooling Treatment	−0.220	−0.248	−0.187	−0.082	−0.236	−0.208	−0.133	−0.111
	(0.156)	(0.161)	(0.163)	(0.167)	(0.154)	(0.167)	(0.115)	(0.122)
Any Costly Program Treatment	0.167	0.170	−0.032	0.089	0.057	0.050	−0.072	−0.052
	(0.156)	(0.159)	(0.163)	(0.165)	(0.154)	(0.165)	(0.115)	(0.121)
Constant	−0.354***	−0.118	0.342**	0.933	−0.228*	0.087	0.873***	0.859*
	(0.130)	(0.584)	(0.136)	(0.606)	(0.129)	(0.607)	(0.096)	(0.445)
Control Group Mean Outcome	-0.354	-0.354	0.342	0.342	-0.228	-0.228	0.873	0.873
Diff: Any Risk Pooling Treatment	−0.387***	−0.418***	-0.155	-0.171	−0.293**	−0.258**	-0.061	-0.059
Minus Any Costly Program Treatment	(0.122)	(0.121)	(0.127)	(0.126)	(0.120)	(0.126)	(0.089)	(0.092)
	[p=0.002]	[p<0.001]	[p=0.223]	[p=0.175]	[p=0.015]	[p=0.041]	[p=0.497]	[p=0.521]
Observations	441	441	441	441	441	441	441	441
Adjusted R^2	0.018	0.136	0.0001	0.128	0.010	0.038	−0.001	0.051
B. Independents								
Any Risk Pooling Treatment	−0.294**	−0.202	−0.161	−0.026	−0.106	−0.069	−0.205*	−0.128
	(0.146)	(0.143)	(0.139)	(0.141)	(0.142)	(0.148)	(0.114)	(0.113)
Any Costly Program Treatment	−0.015	0.016	0.092	0.239*	0.111	0.123	−0.030	0.024
	(0.143)	(0.136)	(0.136)	(0.134)	(0.139)	(0.141)	(0.111)	(0.108)
Constant	0.272**	−0.383	0.576***	0.572	−0.076	−0.626	1.000***	0.568
	(0.119)	(0.783)	(0.112)	(0.772)	(0.115)	(0.809)	(0.092)	(0.620)
Control Group Mean Outcome	0.272	0.272	0.576	0.576	-0.076	-0.076	1.000	1.000
Diff: Any Risk Pooling Treatment	−0.279**	−0.218*	−0.254**	−0.265**	−0.217*	−0.192*	−0.174*	−0.151*
Minus Any Costly Program Treatment	(0.118)	(0.112)	(0.112)	(0.111)	(0.114)	(0.116)	(0.091)	(0.089)
	[p=0.018]	[p=0.053]	[p=0.023]	[p=0.017]	[p=0.058]	[p=0.100]	[p=0.057]	[p=0.090]
Observations	467	467	467	467	467	467	467	467
Adjusted R^2	0.010	0.202	0.007	0.134	0.003	0.088	0.006	0.167
C. Republicans								
Any Risk Pooling Treatment	−0.101	−0.182	−0.138	−0.164	−0.008	−0.073	−0.069	−0.181
	(0.162)	(0.163)	(0.128)	(0.136)	(0.168)	(0.172)	(0.120)	(0.126)
Any Costly Program Treatment	0.286*	0.185	0.185	0.134	0.316*	0.224	0.208*	0.140
	(0.159)	(0.160)	(0.126)	(0.134)	(0.165)	(0.169)	(0.118)	(0.124)
Constant	0.470***	0.659	1.015***	1.869	0.106	1.027	0.955***	0.038
	(0.131)	(1.585)	(0.103)	(1.327)	(0.135)	(1.674)	(0.097)	(1.229)
Control Group Mean Outcome	0.470	0.470	1.015	1.015	0.106	0.106	0.955	0.955
Diff: Any Risk Pooling Treatment	−0.387***	−0.368***	−0.323***	−0.298***	−0.324**	−0.297**	−0.278***	−0.321***
Minus Any Costly Program Treatment	(0.132)	(0.133)	(0.105)	(0.111)	(0.137)	(0.140)	(0.098)	(0.103)
	[p=0.004]	[p=0.006]	[p=0.002]	[p=0.008]	[p=0.019]	[p=0.035]	[p=0.005]	[p=0.002]
Observations	323	323	323	323	323	323	323	323
Adjusted R^2	0.021	0.177	0.023	0.081	0.014	0.137	0.020	0.097

Source: 2016 CCES team module, post-election wave
*p<0.1; **p<0.05; ***p<0.01
The table reports coefficients from an ordinary least squares model regressing each outcome variable on binary treatment indicators, without and with covariates. The omitted reference category is the control group. Standard errors are shown in parentheses. Pre-treatment covariates included in the covariate adjusted model include age, gender, ideology, voter registration status, education, race, Hispanic origin, marital status, employment status, home ownership status, union member status, union member household status, family income level, and immigrant status.

F PERCEPTIONS OF THE COMPOSITION OF PROGRAM BENEFICIARIES (2019 LUCID SURVEY)

F.1 Survey Items

Show all respondents the SSDI block. Randomly assign each respondent to see one of the other three blocks (TANF, Medicaid, or Social Security) with equal probability. Randomize the order of the two blocks.

SSDI Block

Social Security Disability Insurance (SSDI) is a federal program that pays benefits to people who cannot work because they have a medical condition expected to last at least one year or result in death. The program requires benefit recipients to have paid Social Security payroll taxes for a certain number of years and to earn below a monthly income threshold.

Which of the following statements are true? Check all that apply. *[Randomize response option order]*

- SSDI beneficiaries must have previously worked and paid payroll taxes
- SSDI beneficiaries do not need to have previously worked

What percent of SSDI beneficiaries do you think are <u>Black or African American</u>?
(For your reference, about 13% of the U.S. population is Black or African American)
Please enter a number between 0 and 100.

What percent of SSDI beneficiaries do you think are <u>women</u>?
(For your reference, about 51% of the U.S. population is women)
Please enter a number between 0 and 100.

What percent of SSDI beneficiaries do you think were <u>born in the United States</u>?
(For your reference, about 87% of the U.S. population was born in the United States)
Please enter a number between 0 and 100.

TANF Block

Temporary Assistance for Needy Families (TANF) is a federal program that provides cash assistance to poor families. Benefits have a maximum limit of two consecutive years and five years over one's lifetime. The program also requires all recipients to find work within two years of receiving aid, where failure to comply with work requirements could result in loss of benefits.

Which of the following statements are true? Check all that apply. *[Randomize response option order]*

- TANF recipients can collect benefits for up to ten years
- TANF provides cash assistance to poor families

What percent of TANF beneficiaries do you think are <u>Black or African American</u>?
(For your reference, about 13% of the U.S. population is Black or African American)
Please enter a number between 0 and 100.

What percent of TANF beneficiaries do you think are <u>women</u>?
(For your reference, about 51% of the U.S. population is women)
Please enter a number between 0 and 100.

What percent of TANF beneficiaries do you think were <u>born in the United States</u>?
(For your reference, about 87% of the U.S. population was born in the United States)
Please enter a number between 0 and 100.

Medicaid Block

Medicaid is a federal and state program that helps with medical costs for some low-income people in the United States. Beneficiaries must be U.S. citizens or qualified non-citizens with income up to 133% of the poverty line and may include low-income adults, their children, and people with certain disabilities

Which of the following statements are true? Check all that apply. *[Randomize response option order]*
- Medicaid is a program that provides health care to people over the age of 65 when they retire
- Medicaid beneficiaries include low-income adults

What percent of Medicaid beneficiaries do you think are <u>Black or African American</u>?
(For your reference, about 13% of the U.S. population is Black or African American)
Please enter a number between 0 and 100.

What percent of Medicaid beneficiaries do you think are <u>women</u>?
(For your reference, about 51% of the U.S. population is women)
Please enter a number between 0 and 100.

What percent of Medicaid beneficiaries do you think were <u>born in the United States</u>?
(For your reference, about 87% of the U.S. population was born in the United States)
Please enter a number between 0 and 100.

Social Security Block

Social Security is a federal program paying benefits to retired workers and their families, survivors of deceased workers, and disabled workers and their families. The program is financed by current workers' payroll taxes, which fund monthly payments to current beneficiaries.

Which of the following statements are true? Check all that apply. *[Randomize response option order]*
- Survivors of deceased workers can receive Social Security benefits

- Social Security is financed by property taxes

What percent of Social Security beneficiaries do you think are <u>Black or African American</u>?
(For your reference, about 13% of the U.S. population is Black or African American)
Please enter a number between 0 and 100.

What percent of Social Security beneficiaries do you think are <u>women</u>?
(For your reference, about 51% of the U.S. population is women)
Please enter a number between 0 and 100.

What percent of Social Security beneficiaries do you think were <u>born in the United States</u>?
(For your reference, about 87% of the U.S. population was born in the United States)
Please enter a number between 0 and 100.

Figure A4: Perceptions of the Percent of Program Beneficiaries with Given Traits, by Respondent Partisanship. The sample is restricted to respondents who correctly answered attention check questions assessing whether they read and understood the description of the programs they evaluated. Distributions are shown for different combinations of programs (rows) and traits (columns). The dotted line shows the percent of the U.S. population with the given trait; this information was provided to all respondents.
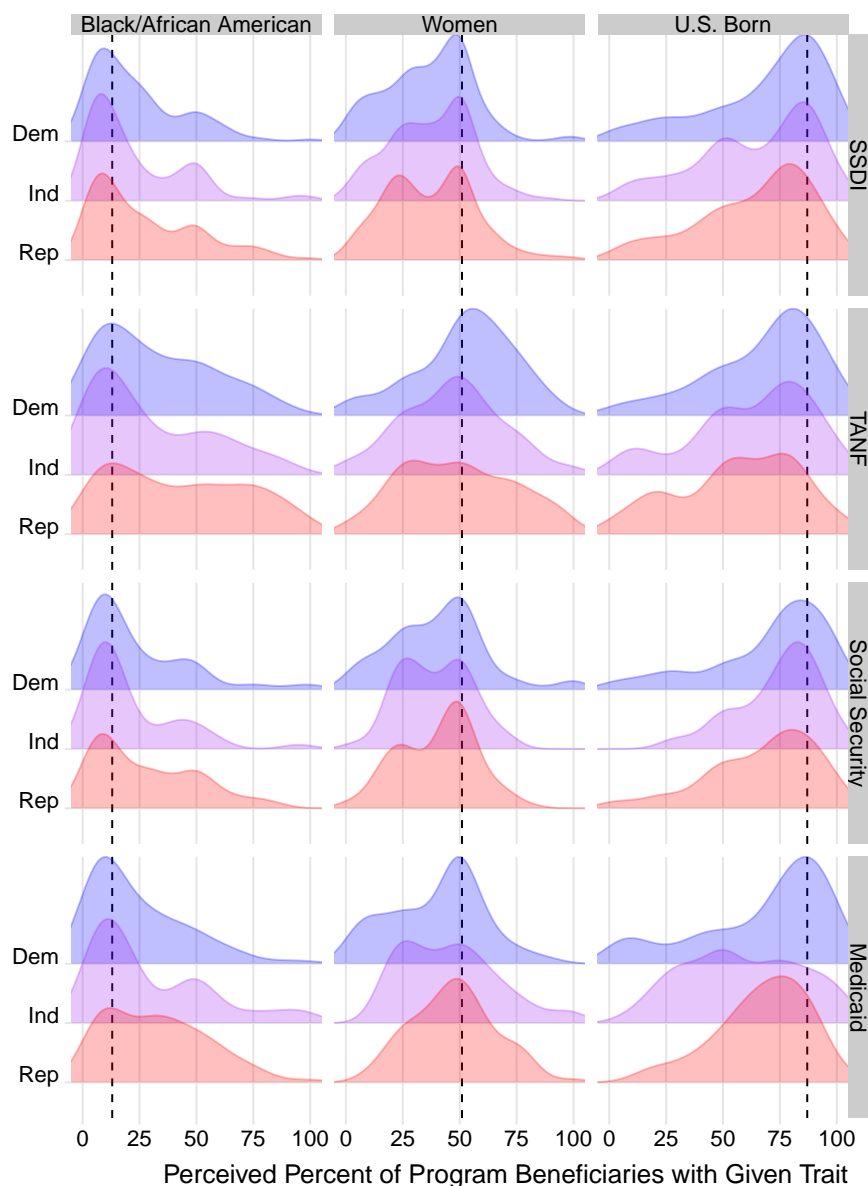
Figure A5: Modal Perception of the Percent of Program Beneficiaries with Given Traits, by Respondent Partisanship. The sample is restricted to respondents who correctly answered attention check questions assessing whether they read and understood the description of the programs they evaluated. Distributions are shown for different combinations of programs (rows) and traits (columns). The dotted line shows the percent of the U.S. population with the given trait; this information was provided to all respondents.
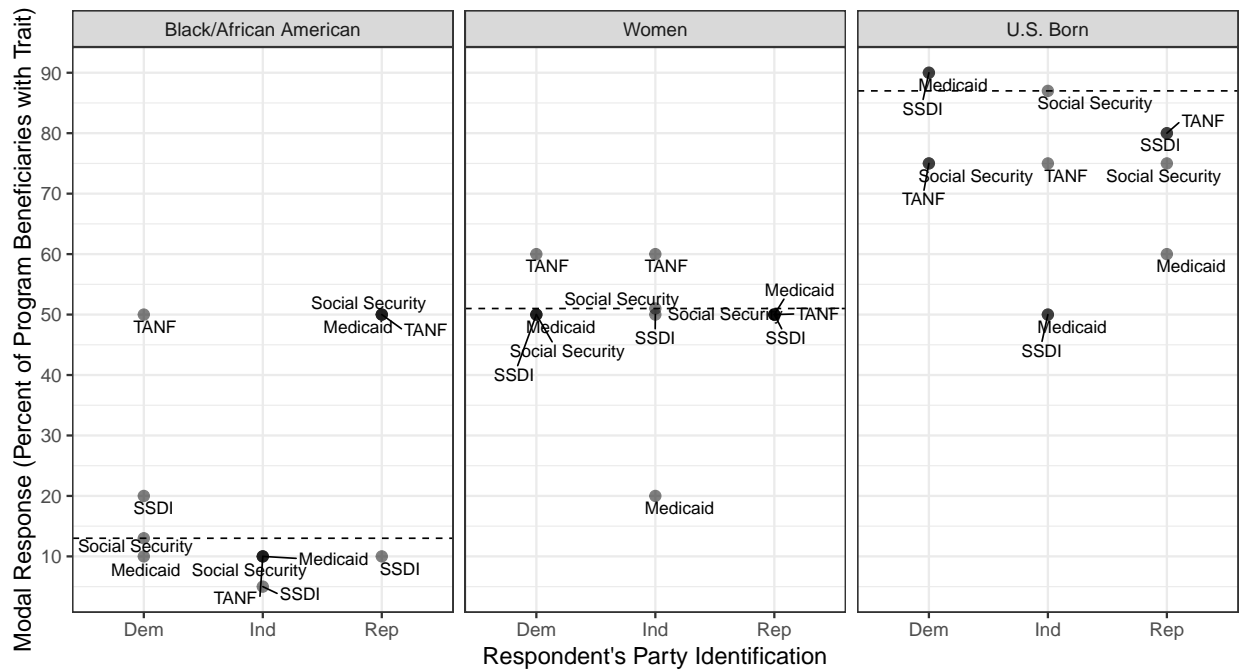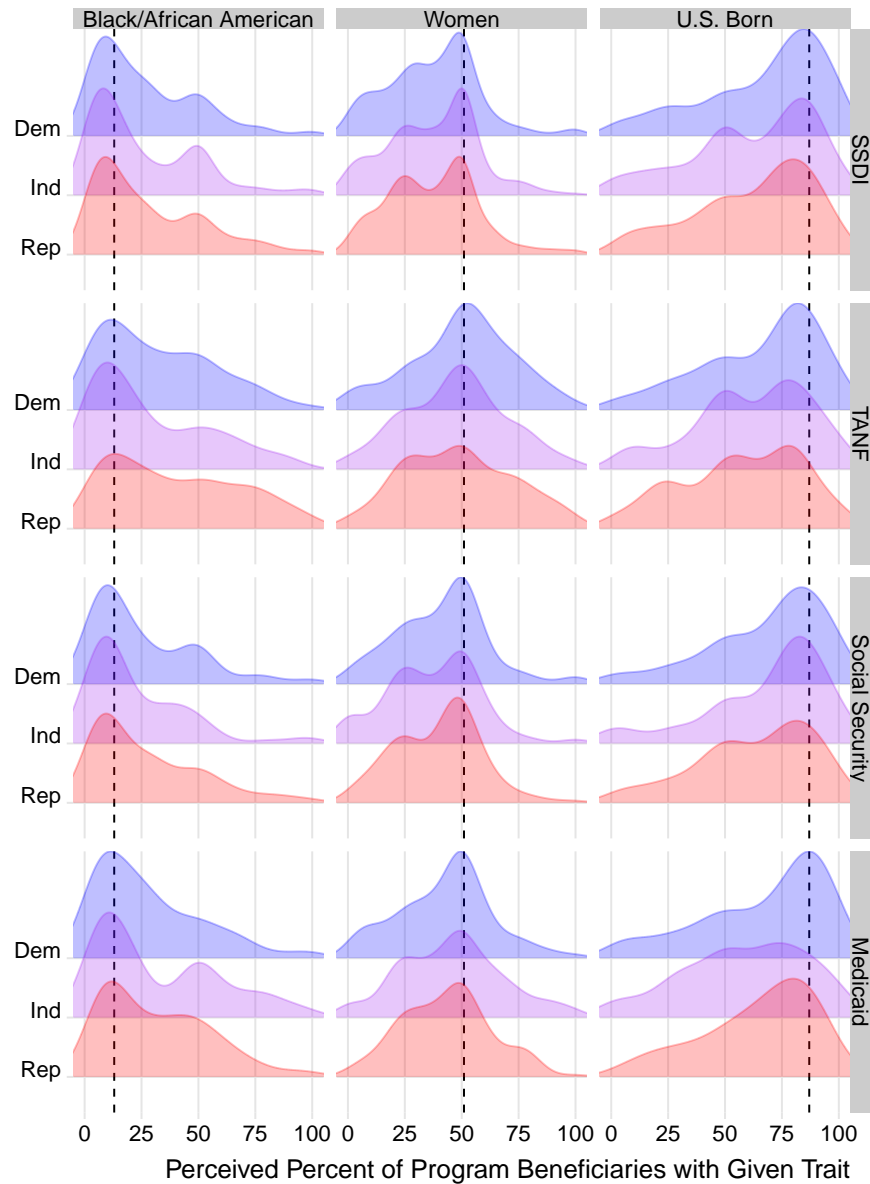
Table A16: Partisan Differences in the Perceived Percent of Beneficiaries with a Given Trait (Sample Restricted to Respondents Passing Attention Check Items Assessing Understanding of Program Description)

	SSDI	TANF	Social Security	Medicaid
	(1)	(2)	(3)	(4)

I. Outcome: Perceived Pct. of Beneficiaries Who Are Black/AfAm

Independent	−1.167	−3.135	−2.396	5.667
	(2.046)	(4.094)	(3.827)	(3.869)
Republican	3.643**	10.096***	4.501	8.565***
	(1.713)	(3.561)	(3.047)	(3.232)
Constant	23.565***	32.620***	23.373***	24.000***
	(1.130)	(2.408)	(1.947)	(2.139)
Observations	786	287	257	242
R^2	0.008	0.042	0.014	0.030

II. Outcome: Perceived Pct. of Beneficiaries Who Are Women

Independent	0.841	−5.860*	−1.263	5.965*
	(1.814)	(3.501)	(3.254)	(3.426)
Republican	0.587	−3.431	0.036	7.451***
	(1.518)	(3.045)	(2.590)	(2.862)
Constant	36.621***	52.579***	40.286***	39.972***
	(1.001)	(2.059)	(1.655)	(1.894)
Observations	786	287	257	242
R^2	0.0003	0.011	0.001	0.030

III. Outcome: Perceived Pct. of Beneficiaries Who Are U.S. Born

Independent	−3.987	−4.799	3.778	−9.071**
	(2.462)	(3.908)	(4.135)	(4.339)
Republican	−4.654**	−10.915***	−3.229	−0.709
	(2.060)	(3.398)	(3.292)	(3.625)
Constant	68.705***	67.612***	70.540***	67.862***
	(1.359)	(2.298)	(2.104)	(2.399)
Observations	786	287	257	242
R^2	0.007	0.035	0.010	0.019

*p<0.1; **p<0.05; ***p<0.01. Cells report unadjusted OLS regression estimates with standard errors in parentheses. The omitted reference group is defined as subjects who identify as Democrats. The sample is restricted to respondents who correctly answered attention check questions assessing whether they read and understood the description of the programs they evaluated.

F.3 No Sample Restrictions

Figure A6: Perceptions of the Percent of Program Beneficiaries with Given Traits, by Respondent Partisanship (No Sample Restrictions). Distributions are shown for different combinations of programs (rows) and traits (columns). The dotted line shows the percent of the U.S. population with the given trait; this information was provided to all respondents.

Table A17: Partisan Differences in the Perceived Percent of Beneficiaries with a Given Trait (No Sample Restrictions)

	SSDI	TANF	Social Security	Medicaid
	(1)	(2)	(3)	(4)

I. Outcome: Perceived Pct. of Beneficiaries Who Are Black/AfAm

	SSDI	TANF	Social Security	Medicaid
Independent	−0.875	−3.383	−3.346	4.645
	(1.741)	(3.290)	(3.109)	(3.164)
Republican	1.443	7.926***	1.565	3.672
	(1.443)	(2.840)	(2.426)	(2.663)
Constant	26.629***	32.360***	25.859***	28.082***
	(0.949)	(1.842)	(1.598)	(1.771)
Observations	1,282	430	438	414
R^2	0.001	0.029	0.005	0.007

II. Outcome: Perceived Pct. of Beneficiaries Who Are Women

	SSDI	TANF	Social Security	Medicaid
Independent	−0.124	−2.744	−3.941	3.142
	(1.512)	(2.915)	(2.647)	(2.702)
Republican	−0.083	−1.621	−1.579	0.770
	(1.251)	(2.517)	(2.066)	(2.274)
Constant	37.517***	50.244***	41.224***	42.799***
	(0.822)	(1.632)	(1.363)	(1.512)
Observations	1,282	430	437	414
R^2	0.00001	0.002	0.005	0.003

III. Outcome: Perceived Pct. of Beneficiaries Who Are U.S. Born

	SSDI	TANF	Social Security	Medicaid
Independent	−4.780**	−3.702	−0.051	−8.851**
	(2.008)	(3.259)	(3.437)	(3.445)
Republican	−4.476***	−8.223***	−5.148*	−2.858
	(1.662)	(2.814)	(2.682)	(2.900)
Constant	66.740***	65.391***	68.388***	67.125***
	(1.092)	(1.825)	(1.767)	(1.929)
Observations	1,282	430	438	414
R^2	0.007	0.020	0.009	0.016

*p<0.1; **p<0.05; ***p<0.01. Cells report unadjusted OLS regression estimates with standard errors in parentheses. The omitted reference group is defined as subjects who identify as Democrats.

## G AUGMENTED VIGNETTE EXPERIMENT (2019 LUCID SURVEY)

G.1 Treatment Script

Michael is a 34-year old [RANDOMIZE: African American / white] male who previously attended two years of college but did not graduate. He had been consistently working and making a living since he was 16, but in the last year he [RANDOMIZE: was injured on the job / suffered a stroke that led him to becoming intellectually disabled / was diagnosed with a mood disorder] and stopped working. Following the diagnosis, with the help of a legal aid attorney, he applied for and was approved to receive monthly disability benefits from the SSDI program.

Do you agree or disagree with the government's decision to allow Michael to collect SSDI benefit payments?

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

G.2 Average Treatment Effects

Figure A7: Average Treatment Effects of Recipient Impairments (left) and of Recipient Race (right) on Perceived Deservingness of SSDI Recipient. The figure presents treatment effect estimates with 95% confidence intervals.
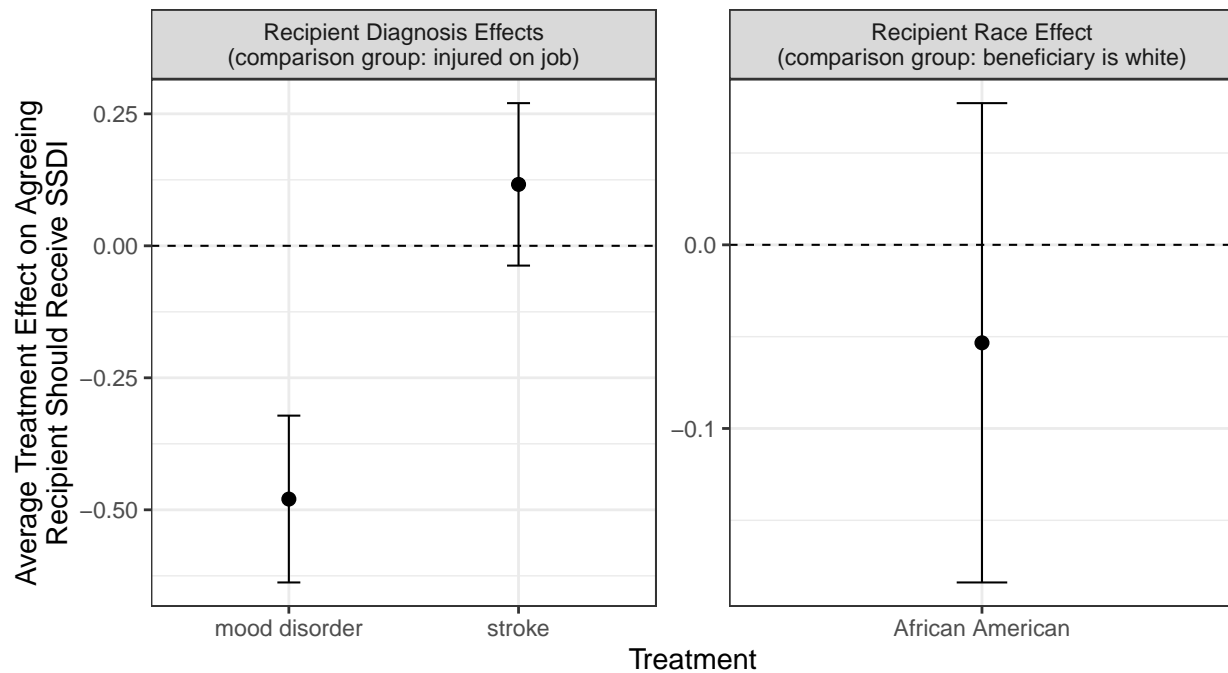
G.3 Average Recipient Impairment Effects, by Subject's Party

Figure A8: Mean Deservingness Perceptions by Recipient Diagnosis and Subject's Party
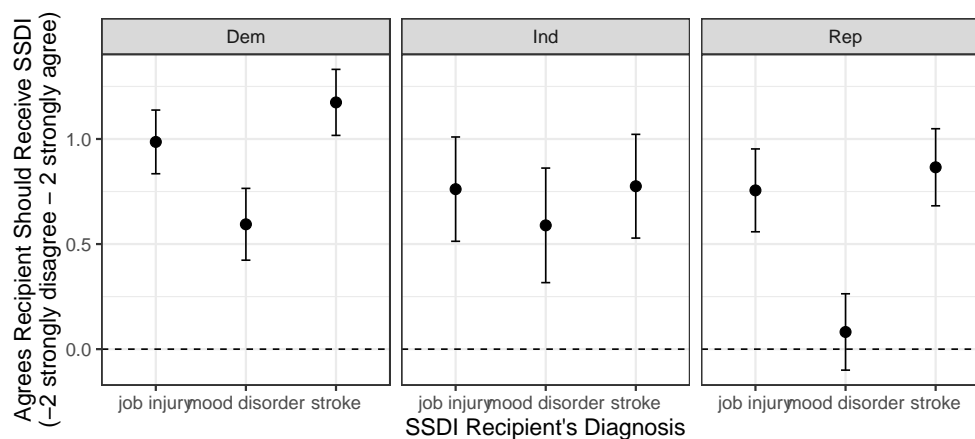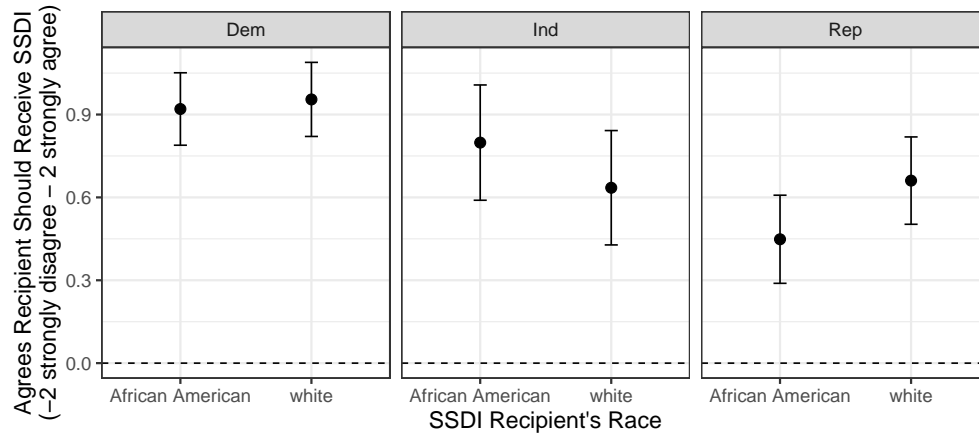

Table A18: Recipient Diagnosis Effects on Perceived Deservingness, by Subject's Party

	DV: Agrees Recipient Should Receive SSDI		
	Dem	Ind	Rep
	(1)	(2)	(3)
Mood disorder	−0.392***	−0.172	−0.674***
	(0.116)	(0.187)	(0.136)
Stroke	0.188*	0.014	0.110
	(0.111)	(0.178)	(0.137)
Constant	0.986***	0.761***	0.756***
	(0.077)	(0.126)	(0.100)
Observations	587	250	450

*p<0.1; **p<0.05; ***p<0.01. Cells report unadjusted OLS estimates with standard errors in parentheses. The omitted reference category is the condition where the recipient's diagnosis is being injured on the job.

G.4 Average Recipient Race Effects, by Subject's Party

Figure A9: Mean Deservingness Perceptions by Recipient Race and Subject's Party

Table A19: Recipient Race Effects on Perceived Deservingness, by Subject's Party

	DV: Agrees Recipient Should Receive SSDI		
	Dem	Ind	Rep
	(1)	(2)	(3)
African American	−0.035	0.163	−0.212*
	(0.095)	(0.149)	(0.114)
Constant	0.955***	0.635***	0.661***
	(0.068)	(0.105)	(0.080)
Observations	587	250	450

*p<0.1; **p<0.05; ***p<0.01. Cells report unadjusted OLS estimates with standard errors in parentheses. The omitted reference category is the condition where the recipient is white.