# A Theory of Policy Representation (Assignment 3)

*Robbie Richards*

In an ideal representative democracy, the wishes of the people are translated directly into public policy, with each citizen receiving equal consideration in the representational function. This occurs through the actions of representatives, who are elected ostensibly to do what voters would do if asked to make the decision directly. When judging the representativeness of a government, scholars, pundits, and citizens alike often think in these terms, though with varying degrees of sophistication. However, this idealized picture often does not comport with reality. Public opinion and public policy regularly diverge, often significantly, even in societies that are zealously committed to democratic ideals.

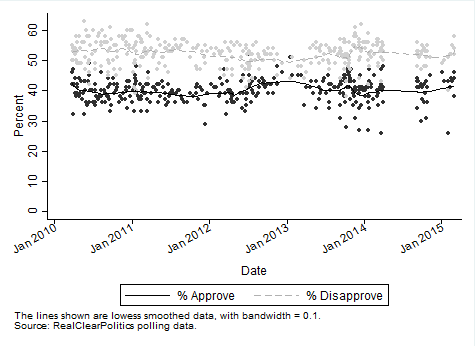


Figure 1: ACA Public Approval Since Passage

For example, the Patient Protection and Affordable Care Act of 2010 (ACA) was passed by a narrow, partisan majority of Congress and has proceeded through many phases of implementation, despite the reported opposition of a majority of Americans. This public disapproval was manifest in many public opinion polls at the time of passage (Blendon and Benson 2010). As shown in Figure 1, the public has remained sharply divided, though with small but persistent pluralities or majorities in opposition. On the other hand, there has often been broad-based public support for various national health reform proposals (Starr 1982, 2011), but none has ever become law, even temporarily, with the exception of Medicare in 1965 and the ACA. If America is supposedly a democratic society, why does public policy not reflect public opinion more closely?

The existence of another simple normative model of the policy process highlights an important tension in American politics. This second model, adhered to by many policy experts and scientists, often implicitly, suggests that policy should reflect current scientific understanding of a problem. Policy should change in response to advances in human knowledge to deliver the "best" possible outcomes for society, based on good scientific analysis. Despite their commitment to democracy, Americans also tend to seek out elegant, unbiased solutions through formulas and innovative programs (Marmor and Oberlander 2012), and they tend to view analysis as a preferable alternative to ugly politics (Lindblom 1965). Thus, both the public opinion model and the expert model are intricately woven into American ideals of democratic government and representation. The fact that public opinion and elite opinion does not always agree (D. G. Smith 2002) makes this distinction meaningful, and sets the stage for competition between the two over policy representation.

The tension between these two ideals prevents both from being fully met. Policy does not reflect public opinion very well, but neither does it reflect state-of-the-art scientific knowledge. To be sure, experts contribute heavily to public policy, but their proposals are rarely translated directly into policy, and are often altered in ways analysts feel are harmful to the overall goals of the proposed policy (Bernier and Clavier 2011; Oliver 2006). For example, the ACA was certainly not liberal experts' first choice of health reform plan, but compromise was necessary in order to pass the bill (Oberlander 2010). Part of this general phenomenon is due to ongoing debates between experts, particularly those who take narrower views of what good policy does, but it is also a result of the tension between the ideals of public-driven policy and expert-driven policy. Some expert thinking on health policy has begun to explicitly account for the demands of the public (for example, Kornai (2009)), and a handful of public health experts are calling for more active and explicit consideration of the politics of health policy making (Bernier and Clavier 2011; Lezine and Reed 2007; Navarro 2008; Oliver 2006).

The normative tension described above leads to an important positive question: how is resulting policy affected by these two competing ideals? In my dissertation, I seek to form the beginnings of an answer to this question by studying legislative behavior in the US at the federal and state levels. Based on my reading of relevant literature, I hypothesize that institutional factors will mediate the effects of public opinion and of policy elites. The balance of power between those two primary actors is predicted to vary across time, issues, and institutional contexts, even within policy making bodies and individual policy makers.

Three subfields of political science research illuminate various complexities of this topic and can help explain the processes of policy making and representation. First, decades of public opinion studies identify many nuances in public opinion itself that have significant implications for representation and public policy. Second, various political science theories and studies suggest political institutions affect both the policy process and the roles of elites and the public in that process. Finally, theories of the policy process itself generally account for public opinion, elites, and institutions, though they tend to reach different conclusions about how these relate to each other. I use the major theories and findings of these literatures to form the basis of my model. I also draw heavily from scholarly analysis of various high-profile attempts at major health reform in the United States, a policy area that provides a rich case study for my proposed theory. I do not intend to only analyze health policy; these cases are meant as helpful illustrations of my model, and others could certainly be chosen.

While the literatures listed above provide a good foundation for my research, the model I propose will advance our understanding of representational politics. Theories of the policy process reach different conclusions about which factors are active or important in policy making, and which represent only a constraining influence on the process. In some, public opinion is active but constrained by policy elites, while others hypothesize the opposite. Different cases are brought to bear as evidence for each theory, but this leads to narrow perspectives of particular situations and contexts. In my research, I intend to work toward a more unified, generalizable view of the policy process. This will afford greater understanding of not only what factors are important in policy making, but also when and why we might expect the impact of certain factors to vary and the implications for policy.

# Policy Theories

The public is an important part of any democratic state, but it is not the only voice to which representatives might listen. In contrast to the democratic ideal of policy as a representation of public opinion stands the "expert model," namely that policy should meet standards of rationality and current scientific knowledge. Many experts, from economists to public health researchers, prescribe policies they believe to be correct (Lindblom 1965; Oliver 2006). Other experts and members of the policy community advocate for more narrow interests, but public arguments still center on the notion of what policy is best. Because of disagreement among policy elites, conflict in the elite sphere is generally a conflict over information: what information will be considered, how it will be framed, what alternatives are considered, how problems are defined, etc. The struggle over single issues or problems takes place over a period of many years, even a decade or more (Kingdon 1995; Sabatier 1988). Unlike the public at large, individuals with resources such as expertise or political or economic influence can and do devote lots of time and attention to specific issues, making them formidable players even in a democratic society.

Policy makers often receive input (both solicited and unsolicited) from analysts, lobbyists and interest group representatives, advocates, journalists, legislative and executive staff, and other policy makers. Kingdon refers to these actors collectively as "policy entrepreneurs" (Kingdon 1995), and concludes that this enterprising class is critical in the process of policy change. These kinds of actors also factor prominently into other models of the policy process (Sabatier 1988; C. S. Weissert and Weissert 2008). Generally speaking, we know policy elites affect the information environment surrounding an issue (Jacobs and Shapiro 2000; Kingdon 1995; Sabatier 1988; C. S. Weissert and Weissert 2008; Zaller 1992). The public might also participate in that environment to some extent by voicing opinions on issues and officials. However, different models of the policy process posit different relations between these two sets of actors. By understanding these models of the policy process, we can understand how the actions of policy elites might compete with public opinion in affecting legislators' representational style. After surveying this landscape, we can then begin to look at the characteristics of public opinion and political institutions that might affect representation.

## Modified Garbage Can Model

In Kingdon's (1995) modified garbage can model of the policy process, agenda and policy change occur as three separate streams, the policy, problem, and political streams, come into alignment. This alignment occurs as a result of the actions of policy entrepreneurs, who are seeking some sort of policy benefit. Thus, policy entrepreneurs have incentives that may or may not line up with those of the public, leading to a potential conflict between public opinion and entrepreneur/ elite opinion.

Another important contribution of Kingdon's model is the conceptualization of problems and policies as independent streams. Problems do not naturally come with a list of solutions attached. Policy entrepreneurs must attach solutions to problems. Often, the policy proposals offered as solutions to problems were generated before the problem was recognized. In these cases, policy entrepreneurs have preferred policies but are looking for problems to which they can attach their proposals. To the extent a policy entrepreneur can make that connection and then sell it well in the political stream (itself also an independent set of conditions), policy will change. This process requires policy entrepreneurs to be proactive in "softening up" others in the policy community to the favored policy. Merely waiting for a problem to arise and for favorable political conditions will leave the policy stream unready to align at the right time.

Kingdon's model does allow public opinion to affect policy, to the extent that policy makers can detect and discern it. However, they do this imperfectly, getting a "feel" for the national mood, rather than always looking at exact percentages from the latest polls on all important issues. Some studies suggest that polls have helped democratic governments to get a more accurate sense of public opinion (Jacobs 1993), and political scientists feel that polls could provide an important link between the public and their representatives (Verba 1996), but even polling can only provide a limited amount of information. Kingdon views public opinion as a potential constraint on policy change, but not a driving force. Policy makers are often left open, within constraints set by their imperfect sense of public opinion, to the influence of policy entrepreneurs and their own inclinations.

## Incrementalism

Incrementalist theories of public policy (see Lindblom 1965) highlight the political conflict inherent in policy change and conclude that because of powerful interests and institutions, significant policy changes are generally kept off the agenda. This makes for a weakened public, unable to effectively promote its position. As a result, policy change happens incrementally, with vested interests successfully keeping major changes off the table.

The importance of institutions will be discussed later, but incrementalists also make important contributions to our understanding of policy elites as independent actors. First, they point out the tension between analysis as an alternative to politics and analysis as politics (Lindblom 1965 ch. 5). Many scientists would prefer that scientists themselves be left out of politics, leaving others to make policy-relevant conclusions based on the knowledge generated by scientific inquiry (Oliver 2006; Rothman and Poole 1985). Analysis, in this perspective, is a favored alternative to politics. On the other hand, the incrementalists point out that a great deal of analysis is itself political, both generated and presented with specific policy goals in mind. The strategic use of analysis is gaining greater attention in fields that traditionally tried to remain apolitical, such as public health (Bernier and Clavier 2011; Lezine and Reed 2007; Navarro 2008; Oliver 2006).

A second important point made by incrementalists is that analysis itself is often limited and subjective. Even the most scientifically rigorous and objective policy analysis must still define a problem and make the case for a particular policy or program as a solution to the problem. For example, some analysts could argue on the basis of their research that restricted access to health care can be solved by making insurance more widely available, while others could argue that cost is the driving factor. Given the conflict between different expert points of view, we would expect people to either mistrust all analysis (Lindblom 1965) or side with experts who share their worldviews (Zaller 1992). Incremental models thus posit an important role for policy elites, with the public at a disadvantage and at the mercy of sympathetic elites.

## Punctuated Equilibrium Theory

Punctuated equilibrium theory (PET; see Jones and Baumgartner 2005; True, Jones, and Baumgartner 1999), as applied to policy change, also predicts long periods of relatively stable policy. However, this model of the policy process recognizes the potential for significant and sudden departures from the status quo, punctuations that result in a shift to a new equilibrium. Institutions again play an important role in this theory, but the theory also makes an important point about the capacities of both elites and masses to pay attention to an issue. PET assumes, quite reasonably based on past research (Downs 1972), that a nation has a limited amount of attention to devote to any policy issue at any given time. Because of this finite amount of attention, what the public pays attention to matters. When the public does not pay attention to a particular issue, policy elites will generally maintain the status quo. If the public focuses its attention on an issue (often very suddenly), the politics of the issue change dramatically, and policy may also move to a new equilibrium. Proponents of PET say their theory builds in crucial ways on incremental models of policy change, explaining not only the status quo bias of public policy but also the previously anomalous radical departures from the status quo. PET restores some power to the people, in contrast with the incrementalist view of public opinion as highly constrained and Kingdon's observation of public opinion as merely a constraining influence.

## Advocacy Coalition Framework

A fourth model of the policy process, the advocacy coalition framework promoted most prominently by Paul Sabatier (1988), is based on networks of policy elites and policy makers who work behind the scenes to enact policies. These subsystems, also called advocacy coalitions, have core values and beliefs about the proper course for public policy that develop over time. These developments occur slowly, over a decade or more in most cases, unless an exogenous shock to the system produces rapid change. Core beliefs in the advocacy coalitions change more slowly than peripheral beliefs, and are likely to endure while the peripheral ones are altered to align the core with external circumstances. Even exogenous shocks do not immediately change policy. One example of this dynamic is the changes in attitudes toward the role of public health departments after the September 11, 2001, terrorist attacks and the subsequent spate of anthrax-laced envelopes discovered in the postal system. Public health experts, law enforcement officials, and many American citizens were worried about the lack of preparedness to deal with bioterrorism. However, the long-standing core values of federalism, fear of government abuse of power, and personal and economic freedom impeded full adoption of expert recommendations (Gostin 2002). The advocacy coalition framework would predict this resistance to change as a result of the status quo bias within policy subsystems. In this model, like the incremental model, policy elites impose a constraint on the system, while the public is often viewed as the group agitating for policy change.

## Implications

The models described in this section illuminate different characteristics of policy elites and their relation to policy and public opinion. Policy elites tend to have more resources and better access to policy makers. They tend to support policies with interest-based arguments that their preferred policies are "right" or "best." This is in contrast to the less-organized, preference-oriented nature of public opinion. However, the various models also present some conflicting views of policy elites and public opinion. The garbage can model suggests that elites are the ones advocating changes, while the public imposes more of a constraining, negative influence. Conversely, both the incremental and advocacy coalition models posit an activist public, frustrated in its wishes by the conservative actions of policy networks. We are thus left with competing theoretical predictions about who provokes policy change and who prevents it.

PET, with its emphasis on attention, also leaves us agnostic on this issue. When the public pays attention to an issue, significant change can occur. Otherwise, the policy process is dominated by policy elites, which often leads to competition resulting in preservation of the status quo. It would seem from that description that the public is active and the policy community is restrictive. However, the public, realizing that the prevailing equilibrium is no longer acceptable, might suddenly pay attention to a problem that has been created by the previously unnoticed actions of policy elites. Another alternative scenario is that policy elites, hoping to enact some favorable change at the public's expense, inadvertently arouse public opinion in opposition to the proposed change (increased attention need not lead to change, but may also lead to preservation of the status quo). Its lack of micro-level causal explanations leaves PET unable to explain which dynamic is occurring, or whether different issues exhibit different dynamics. Again, we cannot say from these theories whether the public or the experts lead on policy.

Within the broad domain of health policy, we find empirical evidence for both public leadership and elite leadership. There have been times when public opinion in favor of reform has been undeniable. In 1965, public opinion in favor of Medicare was strong enough to sweep aside the best efforts of powerful policy elites like the American Medical Association and House Ways and Means Chairman Wilbur Mills (Jacobs 1993; Marmor 1970). At other times public opinion has been ignored, with policy instead favoring the status quo and powerful health industry interests (Starr 1982, 2011). On the other hand, public opinion itself has often turned against elite attempts at reform, as was the case with President Clinton's managed competition proposal in 1993-1994 (Skocpol 1996). Based on the ambivalence of these and other empirical findings, as well as the competing views of policy models, it becomes apparent that both the public and experts lead at certain times on policy. This begs the question, which voices are policy makers most inclined to represent in a given policy decision, and how is this decided? That leaves the question of the factors involved in settling the representational decision. We will return to this question later.

# The Model

Existing theories of the policy process provide important insights into how policy is made, but such models are generally based on a limited set of cases. PET, for example, is based mainly on budgeting, and has not really been tested on other policies. Kingdon's work mainly examines a few years' worth of observations on health and transportation policies. Incrementalism is unable to explain important anomalies (as PET theorists point out). Without devaluing these existing theories, I argue that our understanding of and ability to shape the policy process could be enhanced by a model that is more general and more predictive. By building on previous policy models, I believe we can construct such a model, and I aim to lay the beginnings of one in my dissertation research.

One of the main differences across the models mentioned above is the notion of who is leading in the policy process and who is exerting more of a constraining influence. The different models, with their different cases as evidence, suggest that while elites often lead, there is some room for the public to exert independent influence rather than to merely constrain. In theory, we might therefore expect both elites and public opinion to have effects on policy makers. This influence, including the relative strength of the two actors, will vary based on characteristics of the two, the temporal and issue contexts prevailing in a given case, and the institutions and structures shaping the debate. Figure 2 gives a graphical representation of this conceptual model. This is not meant to be an operationalized model to be tested, but merely a guide to my basic thinking on policy representation. Operational hypotheses will be presented below, after pulling relevant details from the literature on public opinion and institutions.

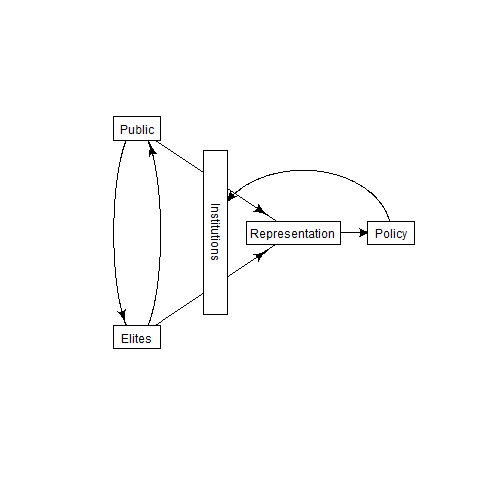


Figure 2: The Conceptual Model

There are a couple more effects depicted in the figure that need further explanation. First is the mutual effects of elites and public opinion on each other. It is certainly the case that elites often attempt to influence public opinion. Jacobs and Shapiro (2000) find some evidence of "crafted talk" being used by elites during the debate over the Clinton health plan. If this phenomenon accurately describes policy making in general, then policy elites are always the ones "in charge," whether public opinion appears to play any role or not. While it is important to note that elite influence on public opinion can (see Zaller 1992 ch. 12) and does sometimes occur, it is doubtful that this happens universally. Some studies find no evidence of politicians affecting public opinion to suit their personal policy preferences (Soroka and Wlezien 2010), and the attempt by Democrats in 2010 to sell the ACA to voters (Bradley and Chen 2014) does not seem to have been very effective, based on figure 1 and the result of the 2010 elections. Furthermore, various models conceptualize public opinion as exogenous to political influence, rather than being subject to elite domination generally (Fenno 1977; Kingdon 1995; Mayhew 1974). It is also possible that elite opinion will reflect deeply held public values in some cases (Lindblom 1965; Zaller 1992). Thus, the causal arrows in my conceptual model run in both directions. Which is relatively stronger in a given situation requires empirical testing.

The second arrow to mention is the feedback effect of policy on institutions. The passage of a policy affects the environment in which future policy discussions will take place. For example, the passage and implementation of Medicare and Medicaid in 1965 has indelibly altered the health policy arena since that time. There is a temporal dynamic to this; the passage of the Medicare bill certainly does not affect the environment in which that bill was passed. Rather, it affects future policies and future discussions. Analytically, it may not make sense to have this arrow in a particular model, but I include it in the figure to highlight the existence of feedback effects in general. These effects will be discussed in more detail later.

In order to test some of these concepts, we need to know some things about public opinion, policy elites, and institutions. Much of what we know about elites comes from the policy theories and other studies already mentioned. However, there are vast literatures on both public opinion and political institutions. Reviewing these literatures provides us with some testable hypotheses related to the concepts in figure 2. I turn now to developing these hypotheses in more detail.

# Public Opinion

In democratic theory, public opinion is often seen as a prime mover of policy. However, public opinion may not always be directly translated into policy. It seems, however, that certain characteristics of public opinion might influence policy makers to pay more attention to the public than to elites. In discussing public opinion, it will be useful to discuss a few relevant characteristics individually, namely valence, stability, salience, and heterogeneity. Other classifications or terms may be better suited for other purposes, and this list is not necessarily exhaustive of all the characteristics of public opinion, but these four characteristics are each relevant to policy representation.

## Valence

Valence is the directionality of public opinion, and is probably what most people have in mind when they talk about "public opinion." The public may favor one policy or one elected official over another. Alternatively, the public may approve or disapprove of a policy maker, policymaking body, or specific policy. Whether considered in unidimensional or multidimensional terms, we can speak of public opinion taking (or failing to take) a certain valence, or position relative to the opinion object.

If the public generally agrees on an issue, then the valence of public opinion is quite clear. In these cases, politicians will generally receive a strong signal that they should act in a certain way. However, if aggregate public opinion on an issue takes a more moderate valence, then the signals politicians receive become more ambiguous. A moderate valence can be produced either by many people holding truly moderate opinions or by sizable, relatively equally sized groups having opinions at both extremes. The latter case fits the definition of polarization, a subject of considerable debate in political science.

There is very little argument over the reality of elite polarization, but scholars disagree on whether the public has become similarly divided. Some claim that the public is divided "closely," not "deeply," meaning most people hold politically moderate views and thus are not truly polarized (Fiorina and Abrams 2008; Fiorina, Abrams, and Pope 2006). However, evidence of increasingly extreme opinions in the ideological wings of both major parties and increasing social cleavages leads other scholars to describe the public as quite polarized (Abramowitz and Saunders 2008).

The picture of mass polarization becomes even more complicated when ambivalence and multidimensionality are thrown into the mix. Prominent public opinion research shows that people are often not genuinely moderate in their opinions, but hold competing considerations on particular issues (Hochschild 1981; Zaller 1992; Zaller and Feldman 1992). This means the public could be induced to support either side of a policy debate if politicians seek to sway public opinion through "crafted talk" (Jacobs and Shapiro 2000). In addition, the public does not seem to adhere to a strictly unidimensional ideology (Treier and Hillygus 2009), and may even be completely "innocent of ideology" (Converse 1964). Other evidence suggests that non-elite citizens tend to "morselize" their views on issues, thinking about issues in distinct ways that do not necessarily apply the same considerations or ways of thinking consistently (Kinder 1983; Lane 1962). Thus, we cannot necessarily speak of aggregate moderation as people genuinely taking a moderate position, when perhaps the moderation is only an overall average of ambivalent individual-level opinions.

The debate over polarization, the existence of multiple unrelated dimensions in public opinion, and simultaneous support for competing considerations makes a complete and accurate assessment of the valence of public opinion very difficult, highlighting the noisiness of signals being sent to policy makers. Political scientists and others will continue to examine the microfoundations of public opinion in an attempt to settle the polarization question, but politicians are unlikely to conduct such thorough analysis. Kingdon reports claims by policy makers themselves that they are able to sense public opinion, at least roughly (Kingdon 1995), but this is only an ability to discern valence at a very high level, without much nuance or sophistication. Later models of party identification also suggest that partisanship is based on evaluations of the various political parties (Fiorina 1984; Johnston 2006), implying that an aggregate measure of partisanship might provide useful signals of public opinion at a very general level (MacKuen, Erikson, and Stimson 1989). However, neither partisanship nor elites' gut-level sense of public opinion can fully capture the valence of public opinion on every issue. There is thus no reason to think politicians understand or generally care why public opinion takes the valence they perceive. Politicians are therefore receiving noisy signals from the public, rendering them less likely and less able to respond directly to public opinion when aggregate public opinon is moderate and especially when it is moderate and polarized.

Analytically, we can define moderation as being in favor of the status quo. When the valence of public opinion is strongly in favor of a shift from the status quo, politicians will be more likely to go along with that because such a clear signal has electoral implications. If, however, public opinion is polarized in such a way that half favor a significant shift from the status quo in one direction, while the other half favor a significant shift in the opposite direction, elected officials will be less responsive to aggregate public opinion in setting policy. The aggregate in this latter case is moderate on average, but politicians can pick one side and still say they are representing "the public." Which side they choose will depend on other factors that will be described below (particularly institutions and salience of opinion), but we can still hypothesize on a first order that opinion in favor of the status quo on average but with high variance will elicit less representative actions from elected officials.

## Stability

Stability, another characteristic of public opinion, refers to the processes by which opinion changes or does not change. In talking about stability, I refer not to whether public opinion changes or not, but rather how it changes. Does public opinion follow a path of only minor, incremental changes, or does it tend to fluctuate wildly from one extreme to another? Does it change predictably, or is the change random and unpredictable? As with valence, the stability of public opinion affects the clarity of the signals public officials receive from the public. In addition, stability or lack thereof has implications for the mobilization and malleability of public opinion.

Various theories of public opinion yield different conclusions regarding stability. The classic view of "crystallized opinions" essentially models public opinion as an aggregation of stable, preexisting mental constructs in each individual's mind, as reported to a pollster (Converse 1964; Kinder 1983, 1998). When a person is asked his/ her opinion of the president or the death penalty or the state of the health care system, he/ she retrieves the relevant opinion construct from memory and reports its value to the pollster. One implication of the crystallized opinions model, along with the cognitive constraints of the human mind, is that opinions on one issue will be correlated with opinions on other issues (Kinder 1983). Ideological constraint, based on the ideological frameworks given by political elites, help people know "what goes with what," as Converse (1964) puts it. This kind of stability in opinions would make for very strong signals from the people to their elected officials.

In 1964, Philip Converse published a withering critique of the crystallized opinions model, based on evidence of significant instability in public opinion (see also Kinder 1983). Converse found that most Americans were not ideologically constrained in their political beliefs. Their opinions on one issue did not correspond with opinions on other issues. Converse also found that attitudes were highly unstable over time, and not in ways that would indicate any kind of constraint or crystallized attitude. Converse concludes that the public holds no stable "crystallized opinions," but rather relies on group memberships and imperfect understandings of the issues. This means that instead of stable, clear signals, politicians are getting only meaningless noise from public opinion.

Converse's (1964) powerful critique of the crystallized attitudes model left public opinion scholars deeply divided over the issue of whether attitudes can be treated as preexisting constructs or not. The memory-based model, which John Zaller also calls the Receive-Accept-Sample (RAS) model (Zaller 1992; Zaller and Feldman 1992), attempts to explain the observed instability and inconsistency of public opinion. When citizens receive a message, they choose whether or not to accept that message. If accepted, the information becomes a "consideration," and is placed in memory for later use. Considerations are stored in a sort of mental pile, with more recently processed considerations on top of the pile being more accessible. When asked a question, a person conducts a quick search of his/ her mental pile for relevant considerations. This search has a stochastic element, but is also affected by the relative accessibility of considerations in memory. This is generally a very quick process, with cognitive effort kept to a minimum. The person does not go digging through the pile looking for considerations that satisfy some minimum criterion of relevance, but rather picks a few easily accessible considerations from the top of the pile that look most relevant. If relevant considerations are successfully located, the respondent averages across those considerations and gives a response accordingly.

The memory-based model predicts unstable public opinion, based partly on stochastic processes, but this version of public opinion is not as unstable as the version put forth by Converse and others. Zaller identifies some predictable elements to public opinion, based on the information environment in which voters operate. The RAS model's predictions about opinion change indicate that there is at least some meaning behind public opinion as measured by polls and other methods. Perhaps politicians, being familiar as they are with the political information environment (indeed, they create much of this information), really can have some sense of public opinion in the manner Kingdon (1995) describes. Still, according to the memory-based model, there is a lot of noise in the signals politicians receive from the public.

Another class of public opinion theories is based on the online model of cognitive processing (Hastie and Park 1986; Lodge, McGraw, and Stroh 1989; Taber and Lodge 2006). According to these models, opinion constructs are updated each time new information related to the opinion object is encountered. Later iterations of this model have added motivated reasoning, in which the prior value of the tally affects how the new information is incorporated. For example, if a voter already dislikes Bill Clinton, then she will be more likely to view information about the Monica Lewinsky scandal as a reason to dislike him more, whereas a person with a more favorable prior attitude toward Bill Clinton might be prone to say the scandal does not really matter. This model implies that opinions will be relatively stable, though changes in response to information can occur. Zaller (1992) argues that the online model is simply a more modern version of the crystallized attitudes model.

Despite the conflicting mechanisms and conclusions of the different models, most public opinion scholars agree that information matters in public opinion, especially in terms of its stability. If citizens have information, they can give opinions that are at least more stable than they otherwise would be. Even in the online model, a lack of information could cause the running tallies of uninformed voters to easily swing from one valence to another. When citizens have appropriate information and can use it well, signals are strong. This brings up a couple of important questions. Do citizens have the information necessary for an informed public opinion, and do they know how to use the information they do have?

The answer to the first question is generally "no." Americans in particular fare quite poorly on tests of political knowledge (Delli Carpini and Keeter 1996; Kinder 1998). However, there is still a possibility that voters can leverage certain pieces of information in making rational political assessments, leading to stable and predictable public opinion despite the public's relative ignorance. Perhaps people can use simple cues as heuristics or shortcuts that allow them to reach the same conclusion they would make if fully informed. For example, relatively uninformed voters who knew the position of the insurance industry on a series of 1988 California ballot initiatives voted about the same way in the aggregate as better informed voters (Lupia 1994). However, other research suggests the use of heuristics is not generally a satisfactory substitute for full information, and that less sophisticated voters often employ heuristics ineffectively or even incorrectly (Kinder 1998; Kuklinski and Quirk 2000; Lau and Redlawsk 2001). More recent models of the policy process have either used assumptions that do not require fully informed voters (Soroka and Wlezien 2010) or explicitly assume that voters are not well-informed about all issues at all times (Jones and Baumgartner 2005; True, Jones, and Baumgartner 1999).

Stability in public opinion and voting behavior can come from group identities, such as partisanship, religion, or social class (Converse 1964; Dalton and Wattenberg 1993), as well as from self-interest (Dalton and Wattenberg 1993; Krosnick 1990). However, the effect of group identities on political attitudes seems to have generally declined in recent decades, leading to a more egocentric, "individualized" politics. (Dalton and Wattenberg 1993). Still, some group identities might affect attitudes on at least some issues. For example, studies have documented increasing racialization and partisan polarization of health politics in the US in recent years (Henderson and Hillygus 2011; Tesler 2012). Self-interest also remains a strong predictor of attitudes on health policy (Henderson and Hillygus 2011), though there may be distinctions between peoples' opinions on their own experience with the health care system and their view of the system as a whole (Soroka, Maioni, and Martin 2013).

The models of public opinion presented above and findings of generally low information in the mass public imply that public opinion is not especially stable. Stochastic processes play at least some part in the formation of expressed preferences, though the degree of randomness involved is up for debate. It seems that opinion stability varies across contexts and issues. As discussed above, mass opinion is multidimensional, ambivalent, and "morselized." Thus, we might conceive of differences in the relative noisiness of some signals from the public. Just because scholars present evidence of a lack of stable, clear public opinion in certain issue areas does not mean opinion on all issues is equally unclear and unstable. The relative stability across issues requires empirical measurement, and evidence so far suggests significant variance.

In terms of policy representation, stable opinions provide more reliable signals for elected officials to follow. As explained above, stability is affected by information. It is difficult for policy makers to distinguish informed voters from uninformed, but they can be aware of the aggregate amount of publicly available information surrounding an issue. When elites and the media talk more about an issue publicly, opinions on that issue can become more stable, holding individual-level awareness constant, and this in turn strengthens the public's position relative to elites. We might reasonably wonder, then, why elites would ever talk about policies publicly. Indeed, they often do not, preferring to operate behind closed doors. However, if political adversaries are talking about a policy issue, that might force elites to go on message themselves in order to not lose the public entirely. This zero-sum competition among elites can lead to a more robust information environment on an issue, and in turn to more stable public opinion. The predictions about valence still apply, but holding all else constant, we would expect to see policy makers more responsive to public opinion when there is more public information and reporting on an issue.

Group identities also affect the stability of public opinion, but group identities vary across members of the public, as does the salience of group identities. Thus, the possibility of affecting public opinion as a whole using group identities is limited. However, some testable hypotheses related to group identities are possible once we understand how public opinion in general might be heterogeneous. I discuss heterogeneity in a coming section, so for now, it is enough to say that group identities will affect how well public opinion is represented.

## Salience

A third factor with potential implications for representation is salience, or the level of importance placed on an issue. This concept has factored very prominently into more recent political science theories (Burstein 2003). The memory-based model (Zaller 1992), for example, allows for the effects of salience on expressed opinions by positing that salient considerations will have greater weight in the process of forming an opinion. At an aggregate level, the salience of an issue affects how much the public responds to changes in policy or current conditions (Soroka and Wlezien 2010). This in turn affects how much elected officials will respond to public opinion on the issue.

One way to conceptualize and measure salience is in terms of attention. At a macro level, theories of punctuated equilibrium in public policy are based on the limited attention citizens and institutions can devote to particular issues at a given time (Jones and Baumgartner 2005; True, Jones, and Baumgartner 1999). This is consistent with Downs' issue attention cycle (1972). Kingdon (1995) also sees cycles of attention to issues in his analysis of the policy areas of health and transportation, with instances of high attention leading at least to significant changes in the political agenda, if not public policy itself. Longer-term studies of health politics in general (Starr 1982, 2011) and Medicare politics in particular (Marmor 1970; Oberlander 2003) also reveal shifts in attention and perceptions of crises in the health system over time. Changes in the overall salience of an issue can change the agenda, an important aspect of policy change.

As with valence and stability, the manner in which politicians perceive salience is important in determining representation. To a certain extent, the US Congress seems to be sensitive to shifts in salience in the manner described (Jones and Baumgartner 2005). However, Congress does not focus all of its attention on the issues the public most cares about. Punctuated equilibrium theorists (Jones and Baumgartner 2005; True, Jones, and Baumgartner 1999) tend to explain this in terms of the government's higher institutional capacity, but other theories often explain this phenomenon as differences in the attentiveness and resources of different groups (Lindblom 1965; Sabatier 1988). Institutional capacity is an important necessary condition identified by punctuated equilibrium models, but just because the government can devote attention to multiple issues does not mean it will without other incentives to do so. Either way, it seems apparent that the government has the ability and the incentives to focus on issues about which the public feels most strongly, but that they also devote some attention to other, less salient issues. Thus, not all policy is based on what the public feels is most salient.

Despite these caveats, we might still expect more responsiveness to public opinion in response to changes in the salience of an issue. While pollsters may be able to report an opinion on any given issue, those opinions will not be as important to policy makers unless they are salient to many voters. One important nuance to this prediction is that the issues most voters deem important are probably also issues that draw attention from large and resource-rich groups of policy elites. A robust test of this hypothesis will probably require controls for this confounding factor.

## Heterogeneity

Valence, stability, and salience can show wide variance within a population. Public opinion is easier to interpret when it is homogeneous on any of these other three measures, but such homogeneity is rarely observed in reality. Still, it may be possible for some signal to reach elected officials from a heterogeneous public, depending on how that heterogeneity of opinion is organized.

Observational studies show that members of Congress tend to see groups of voters, some of which they must pay attention to more than others (Fenno 1977). For example, members of Congress are sometimes more responsive to constituents who identify with a particular political party (Clinton 2006). Thus, on at least some issues, politicians may focus their representative efforts on certain groups rather than their entire official constituencies. Groups of voters referred to as "issue publics" care strongly about one or two issues or policies, causing them to vote and otherwise act largely based on those opinions (Converse 1964; Krosnick 1990). These groups might also hold similar positions and have relatively more stable opinions on a given issue. This makes them potentially more visible or relevant to politicians in some issue areas and contexts, and less so in others. Issue publics may also help the public in general to overcome its lack of information by acting as specialists in a particular issue area (Hutchings and Piston 2011), checking elected officials in behalf of the rest of the electorate. While opinions on an issue may be unstable overall, issue publics may exhibit much greater opinion stability.

The subconstituency theory of representation suggests that politicians may even take advantage of the heterogeneity of public opinion in achieving their political goals (Bishin 2009). Theoretically, subconstituencies differ from issue publics in that they can be latent groups, not activated until events or elite rhetoric makes a group identity temporarily salient. Politicians can target certain identities, such as race, ethnicity, gender, class, or partisanship to activate a subconstituency. Bishin finds that members of Congress tend to represent the views of important subconstituencies on different issues, and that the overall visibility or salience of an issue does not have any effect on representation (as previous scholars hypothesized). For my purposes, this finding is important because it shows that politicians are not merely representing the preferences of their district medians, at least not on the issues Bishin examines.

In general, heterogeneity in public opinion within constituencies can have significant impacts on representational behavior. As Fenno (1977) observed, members of Congress see groups of constituencies, and they have some sense of how much support they might gain from those groups. Some representatives feel a need to be very open with constituents about their policy actions and persuade them that those actions are justified, whereas others do not make policy issues part of their campaigns, preferring instead to use constituent service and completely ignore some groups who are certain to either vote for them or not vote for them (strong partisans, for instance). Heterogeneity in the constituency can allow politicians to corner certain groups and entirely ignore their preferences on issues they do not perceive as important.

Testing for effects of homogeneity is more complex than testing the aggregate-level hypotheses formulated in previous sections. Doing this requires knowledge of specific contexts, including which groups will find the issue most salient, have the lowest variance in opinions, and have the most stable opinions. In general, we would expect politicians to be more responsive to the opinions of groups with these characteristics. Doctors probably exert a high level of influence on policy related to health providers (at least this has been the case in the past; see Starr (1982)). Gun owners have many of the characteristics of a strong issue public that might exert influence in gun policy. On the other hand, groups like the uninsured poor are unlikely to be cohesive enough to garner any representational consideration from their elected leaders. Testing of this hypothesis will require careful selection of specific cases and identification of trends in a more qualitative fashion, though such analysis is certainly possible.

It is important to note that just because a group has an organization representing it does not mean that the broader group exerts no independent influence. Indeed, organized interest groups often function more as policy elites than as mere reflections of the aggregated opinions of the group they claim to represent. For example, not all gun owners are members of the National Rifle Association (NRA), and the NRA does not necessarily reflect the positions of most gun owners. The same could be said of the American Medical Association (AMA) for doctors and of advocacy groups for the uninsured poor. Accounting for the actions of these organizations is certainly important in tests of the issue public hypothesis, but there is theoretically still plenty of room for independent influence by corresponding issue publics.

## Summary and Implications

To summarize my hypotheses to this point, public opinion is expected to exert more consistent influence on representatives' behavior under the following conditions, considering each factor individually and holding all other factors constant:

* When public opinion clearly favors a change from the status quo
* When public opinion has a low variance
* When there is more publicly available information about an issue
* When an issue is more salient overall

Group identities and issue publics are also expected to have effects on representatives' decisions, depending on specific contexts and on how well particular groups meet the conditions above. Cases that satisfy these hypotheses to some extent are readily available, indicating that more rigorous tests are warranted.

Regarding health policy, Americans generally hold a "negative consensus" that something needs to be done to fix the nation's health system, but opinion on specific reform proposals often becomes sharply divided as debate over the specific package unfolds (Marmor 1994; Skocpol 1996; Starr 1982, 2011). Compared to other developed countries, the negative consensus is strongest in the US (Blendon et al. 1990), despite the lack of support for many actual proposals. The negative consensus has been fairly stable over time, at least since the 1960's (Jacobs 2008; Starr 1982, 2011), though shifts in this valence and/ or the intensity of public calls for reform may lead elected officials to place health reform on the political agenda after periods of relative inactivity on the issue. These shifts often seem to occur in response to events and conditions in the health system itself. For example, Medicare politics is often characterized by high levels of attention when there is a perceived crisis, such as looming insolvency of the Medicare trust fund (Oberlander 2003), which often leads to more public discussion of the issue. Presidents Bill Clinton (Skocpol 1996) and Barack Obama (Jacobs 2008; Starr 2011) sought to capitalize on increased salience of the negative consensus, though with differing levels of legislative success. When public views on health policy have been less intense, major attempts at reform have generally been stymied (Starr 1982).

Public views on health care vary widely across different groups. Doctors, hospitals, and drug companies tend to prefer minimal government involvement in health care, though there are considerable differences of opinion and strategy within this group (Starr 1982). The middle class, many of whom receive health insurance through their employers, are leery of any policy change that might disrupt their current comfortable situations (Skocpol 1996). The elderly display a strong support for the publicly-administered Medicare program (Oberlander 2003). The poor and uninsured tend to favor government involvement in the health care system, though as a group they are difficult to activate due to low levels of salience and cross-cutting group memberships that may be more salient. Race has also become a salient group identity for health policy opinion in recent years (Henderson and Hillygus 2011; Tesler 2012). Many disease-specific patient interest groups have had some policy success vis-à-vis larger payer and provider interests, though these groups have proven unable to provide a strong, coherent voice for patient interests in general (Keller and Packel 2014).

# Institutions

One of the main contributions of political science research to our understanding of society is that institutions matter. Immergut (1992) compares the health policy systems in three European countries (Sweden, France, and Switzerland), and finds that despite similar organization of interests in these three countries, differences in political institutions led to different health systems. Other comparative studies corroborate and extend this finding of the significance of institutions (Gray 1998; Hacker 2004). For example, Goss (2004) argues that gun control advocates in the United States have been hindered in their quest for gun control policies by institutional factors, in spite of widespread public support for such policies (T. W. Smith 2001; Wozniak 2015). In US health policy, institutions such as congressional committees, parties, and bicameralism (D. G. Smith 2002; Volden and Wiseman 2011) and federalism (Haeder 2012; Ogden 2012) have been shown to affect policies at the state and federal levels (see also Morone 1992).

While institutions themselves are not primary actors in policy making, they do affect policy. In the model presented in this paper, institutions affect the relative strength of the public vis-à-vis policy elites in determining representational style. Institutions can magnify or diminish the signals sent by these two groups to elected officials. For example, countries with different governmental structures show different levels of responsiveness to public opinion in budgetary matters (Soroka and Wlezien 2010). We may also hypothesize that institutions can make governments more or less responsive to policy experts. Thus, while the public and policy elites are primary actors in the information environment, their relationship to government is mediated by institutions.

## Government Structure

The constitution or overall structure of a government matters. Both vertical and horizontal power may be concentrated or diffuse. Whether a government is unitary, with power concentrated at the top and delegated to regional and local authorities, or federal, with semi-sovereign regional governments in addition to a national government, affects the number of venues in which a policy debate can occur. In the United States, health policy is set somewhat independently by the federal government and the 50 state governments, though the supremacy of the federal government leads to some overlap. This means policy elites, if they fail at one level of government, can try again at a different level, which they often do (D. G. Smith 2002; C. S. Weissert and Weissert 2008).

In addition to the vertical separation of powers in its federal structure, the United States also has diffuse powers horizontally at each level. The legislative, executive, and judicial branches each have their own powers, including checks on the power of the other branches. For example, presidents can veto legislative proposals, but they cannot make laws or allocate money without Congressional action. By contrast, the British prime minister has considerable leeway to act without the express approval of Parliament, leading to more consolidation of power within a single entity. In the United States, legislators and presidents also face different constituencies. Within Congress, members of the House face different groups of voters than their Senate counterparts. The president and vice-president are the only US officials elected by the entire country. This makes the relevant "public opinion" different for each elected official, attenuating the power of public opinion and allowing for greater influence by policy elites.

The role of many elected officials as policy entrepreneurs presents an interesting situation, explainable by institutional factors. On issues in which an official is an expert or specialist, he/ she will likely be more inclined to serve specific interests (perhaps those of a whole constituency, or perhaps more narrow interests). Legislators like Rep. Henry Waxman (D-CA) and the late Sen. Edward Kennedy (D-MA), very active on health issues, were likely not as concerned about public opinion on these issues, but in order to win elections (as both did frequently), paid attention to it on other issues in which they had less expertise. Analytically, we can treat the specialization of certain policy makers as products of institutions, particularly legislative committees. Members of relevant committees are likely to have more contact with policy elites in the issue area, and so are likely to be more sensitive to signals coming from elites (Fenno 1973). Congressional leadership may also be more sensitive to elite signals for similar reasons, though other characteristics of leadership institutions might make them less responsive to elites.

## Political Parties

Another institution that affects representation is political parties, particularly as they manifest themselves in legislative bodies. Under classical rational choice models, parties are governing coalitions that enact a policy platform promised in the prior election (Downs 1957). While this version of responsible party government may occur in other countries, the model does not fit the United States very well. Some scholars question whether American political parties have any independent influence on policy at all (Krehbiel 1993). Most political scientists have come to agree on a model of conditional party government, in which legislative parties are more capable of independent governance when their constituent legislators have homogenous policy views relative to the other party (Aldrich 2011; Rohde 1991). For example, if the Republicans in Congress are more ideologically similar to other Republicans than they are to the closest Democrats, then a Republican majority would be better able to enact its preferred policies. During the mid-1900's, when conservative Democrats often sided with Republicans on social issues, the Democratic majority was often unable to implement policies supported by a majority of the party. It is precisely for this reason that the passage of Medicare was delayed until 1965. Rep. Wilbur Mills, chair of the House Ways and Means committee, and other conservative Democrats, balked for years at the passage of this big new government program. Only after a landslide electoral victory for President Johnson and liberal democrats in 1964 did the conservative Democrats participate in moving forward on Medicare (Marmor 1970; Starr 1982).

Political parties, as electoral brands (Mayhew 1974) as well as governing organizations, are not entirely independent actors. They must listen to the voters, policy elites, and legislators who provide their power. However, as institutions, they can manipulate policy agendas and the course of a policy debate if they satisfy the conditions for independent power. Parties with such power often have the ability to pull policy more toward ideological extremes. Moderate parties, generally weak because of heterogeneity within their ranks and overlap with the other party, are unable to enforce any particular agenda of their own. Weak parties will tend to allow legislators more leeway to pursue the interests of their constituents, since imposing constraints on members would lead to electoral defeat (Canes-Wrone, Brady, and Cogan 2002). In recent years, as congressional parties have become increasingly polarized (K. T. Poole and Rosenthal 1984), some researchers have identified a trend of "leap-frog representation," in which voters elect representatives from different parties than the prior incumbents, which leads to significant swings from roll call voting that is significantly more conservative (liberal) than constituent preferences to voting that is significantly more liberal (conservative) than the voters (Bafumi and Herron 2010). Presumably, representatives would have been closer to constituents when the parties were less distinguishable from one another, but we do not have the data to verify this. Still, the disparities in representation of public opinion attributable to party composition of the legislature indicate that parties as institutions are affecting the way in which members of Congress relate to their constituents, and probably to policy elites as well. In general, we might think stronger parties would lead to policy goals based more on interests than on public opinion.

## Policy Feedback

One final set of institutions relevant to policy representation is the existing policy regime. In a static context, this includes rules and procedures exogenous to the policy issue being considered. For example, the US government has policies governing the actions of interest groups and voters, prescribing who may participate in elections and how. These policies are not directly related to health policy, security policy, transportation policy, etc., but may have significant effects on the information environment surrounding these policy areas. Who turns out to vote, for example, is partly influenced by voter registration laws, the complexity and frequency of voting procedures, what is being decided, etc. This in turn affects the signals politicians receive through elections from the public (Dalton and Wattenberg 1993). Having less voter-friendly election procedures increases the relative strength of policy elites compared to voters. However, there are also restrictions on policy elites in the form of lobbyist registration and disclosure rules, campaign finance regulation, and other similar policies. The enactment of policies like the FECA in 1972 and BCRA in 2002 might have served to strengthen the public relative to elites, though the Citizens United Supreme Court decision may have given some power back to elites.

In addition to the exogenous policies described above, there may also be important feedbacks from prior policies in an issue area directly into the current debate on the issue. For example, the passage and implementation of Medicare created a huge shift in the opinions of physicians, a very important group in health policy. In the years before Medicare passed, the AMA and many individual doctors were strongly opposed to the proposal, though not universally so (Colombotos 1968). Just a few years after passage, however, physicians had shifted to overwhelming support for the new program (Colombotos 1969). The current debate on the ACA has come to be characterized at least in part by feedbacks from the implementation of the policy itself (Oberlander and Weaver 2015). Such feedbacks can affect the views of policy elites, as in the Medicare example (see also Sabatier 1988), and/ or the public, as in the ACA debate. Again, we see that the institution of existing policies can shift the balance of power between the two groups of actors.

Testing the effect of policy feedbacks does not seem to be as clean as testing for other institutional factors. One way to do it, however, would be to control for time in a model and see if there are significant changes in the effects of time after certain key breakpoints. If BCRA did indeed impact the ability of the public to have its voice heard, then there should be a change in the effects of time after 2002. The passage of Medicare or the ACA should lead to different effects after their passage, but only in the realm of health policy (transportation policy, for example, should remain unaffected after 1965 and 2010).

# References

Abramowitz, Alan I., and Kyle L. Saunders. 2008. “Is Polarization a Myth?” *The Journal of Politics* 70(02): 542–55. <http://journals.cambridge.org/article_S0022381608080493>.

Aldrich, John H. 2011. *Why Parties? A Second Look*. Chicago: University of Chicago Press.

Bafumi, Joseph, and Michael C Herron. 2010. “Leapfrog Representation and Extremism: A Study of American Voters and Their Members in Congress.” *American Political Science Review* 104(3): 519–42.

Bernier, Nicole F., and Carole Clavier. 2011. “Public Health Policy Research: Making the Case for a Political Science Approach.” *Health Promotion International* 26(1): 109–16. <http://heapro.oxfordjournals.org/content/26/1/109.abstract>.

Bishin, Benjamin. 2009. *Tyranny of the Minority: The Subconstituency Politics Theory of Representation*. Temple University Press.

Blendon, Robert J., and John M. Benson. 2010. “Public Opinion at the Time of the Vote on Health Care Reform.” *New England Journal of Medicine* 362(16): e55. <http://www.nejm.org/doi/full/10.1056/NEJMp1003844>.

Blendon, Robert J., Robert Leitman, Ian Morrison, and Karen Donelan. 1990. “Satisfaction with Health Systems in Ten Nations.” *Health Affairs* 9(2): 185–92. <http://content.healthaffairs.org/content/9/2/185.full.pdf>.

Bradley, Katharine W. V., and Jowei Chen. 2014. “Participation Without Representation? Senior Opinion, Legislative Behavior, and Federal Health Reform.” *Journal of Health Politics, Policy and Law* 39(2): 263–93. <http://jhppl.dukejournals.org/content/39/2/263.abstract>.

Burstein, Paul. 2003. “The Impact of Public Opinion on Public Policy: A Review and an Agenda.” *Political Research Quarterly* 56(1): 29–40. <http://prq.sagepub.com/content/56/1/29.abstract>.

Canes-Wrone, Brandice, David W. Brady, and John F. Cogan. 2002. “Out of Step, Out of Office: Electoral Accountability and House Members’ Voting.” *American Political Science Review* 96(01): 127–40. <http://journals.cambridge.org/article_S0003055402004276>.

Clinton, Joshua D. 2006. “Representation in Congress: Constituents and Roll Calls in the 106th House.” *Journal of Politics* 68(2): 397–409.

Colombotos, John. 1968. “Physicians’ Attitudes Toward Medicare.” *Medical Care* 6(4): pp. 320–31. <http://www.jstor.org/stable/3762838>.

———. 1969. “Physicians and Medicare: A Before-After Study of the Effects of Legislation on Attitudes.” *American Sociological Review* 34(3): pp. 318–34. <http://www.jstor.org/stable/2092498>.

Converse, Philip E. 1964. “The Nature of Belief Systems in Mass Publics.” In *Ideology and Discontent*, ed. David E. Apter. New York: The Free Press, 206–61. <http://www.tandfonline.com/doi/pdf/10.1080/08913810608443650>.

Dalton, Russell J., and Martin P. Wattenberg. 1993. “The Not so Simple Act of Voting.” In *Political Science: The State of the Discipline*, ed. Ada Finifter. Washington, DC: APSA Press. <https://publiceconomics.files.wordpress.com/2011/06/26-dalton-y-wattenberg-act-of-voting.pdf>.

Delli Carpini, Michael X., and Scott Keeter. 1996. *What Americans Know About Politics and Why It Matters*. New Haven, CT: Yale University Press.

Downs, Anthony. 1957. *An Economic Theory of Democracy*. New York: Harper.

———. 1972. “Up and down with Ecology- the ‘Issue-Attention Cycle’.” *The Public Interest* 28: 38–50. <http://www.unc.edu/~fbaum/teaching/articles/Downs_Public_Interest_1972.pdf>.

Fenno, Richard F. 1977. “U.S. House Members in Their Constituencies: An Exploration.” *The American Political Science Review* 71(3): pp. 883–917. <http://www.jstor.org/stable/1960097>.

Fenno, Richard F. 1973. *Congressmen in Committees*. Little, Brown.

Fiorina, Morris P. 1984. “Explorations of a Political Theory of Party Identification.” In *Classics in Voting Behavior*, eds. Richard G. Niemi and Herbert F. Weisberg. Washington, DC: CQ Press.

Fiorina, Morris P., Samuel J. Abrams, and Jeremy C. Pope. 2006. *Culture War? The Myth of a Polarized America*. 2nd ed. New York: Pearson Longman.

Fiorina, Morris P., and Samuel J. Abrams. 2008. “Political Polarization in the American Public.” *Annual Review of Political Science* 11(1): 563–88. [http://dx.doi.org/10.1146/annurev.polisci.11.053106.153836](%20http://dx.doi.org/10.1146/annurev.polisci.11.053106.153836%20%20) .

Goss, Kristin A. 2004. “Policy, Politics, and Paradox: The Institutional Origins of the Great American Gun War.” *Fordham Law Review* 73: 681–714. <http://heinonline.org/HOL/Page?handle=hein.journals/flr73\&div=36\&gsent=1\&collection=journals>.

Gostin, Lawrence O. 2002. “Public Health Law in an Age of Terrorism: Rethinking Individual Rights and Common Goods.” *Health Affairs* 21(6): 79–93. <http://content.healthaffairs.org/content/21/6/79.abstract>.

Gray, Gwen. 1998. “Access to Medical Care Under Strain: New Pressures in Canada and Australia.” *Journal of Health Politics, Policy and Law* 23(6): 905–47. <http://jhppl.dukejournals.org/content/23/6/905.abstract>.

Hacker, Jacob S. 2004. “Review Article: Dismantling the Health Care State? Political Institutions, Public Policies and the Comparative Politics of Health Reform.” *British Journal of Political Science* 34(04): 693–724. <http://journals.cambridge.org/articleS0007123404000250>.

Haeder, Simon F. 2012. “Beyond Path Dependence: Explaining Healthcare Reform and Its Consequences.” *Policy Studies Journal* 40: 65–86. <http://dx.doi.org/10.1111/j.1541-0072.2012.00446.x>.

Hastie, Reid, and Bernadette Park. 1986. “The Relationship Between Memory and Judgment Depends Whether the Task Is Memory-Based or on-Line.” *Psychological Review* 93: 258–68.

Henderson, Michael, and D. Sunshine Hillygus. 2011. “The Dynamics of Health Care Opinion, 2008-2010: Partisanship, Self-Interest, and Racial Resentment.” *Journal of Health Politics, Policy and Law* 36(6): 945–60. <http://jhppl.dukejournals.org/content/36/6/945.abstract>.

Hochschild, Jennifer. 1981. *What’s Fair?* Princeton, NJ: Princeton University Press.

Hutchings, Vincent L., and Spencer Piston. 2011. “Knowledge, Sophistication, and Issue Publics.” In *Oxford Handbook of American Public Opinion and the Media*, eds. Steven Thompson and Robert Shapiro. Oxford University Press.

Immergut, Ellen M. 1992. “Health Politics: Interests and Institutions in Western Europe.” In Cambridge: Cambridge University Press.

Jacobs, Lawrence R. 1993. *The Health of Nations: Public Opinion and the Making of American and British Health Policy*. Cornell University Press.

Jacobs, Lawrence R. 2008. “1994 All over Again? Public Opinion and Health Care.” *New England Journal of Medicine* 358(18): 1881–83. <http://www.nejm.org/doi/full/10.1056/NEJMp0802361>.

Jacobs, Lawrence R., and Robert Y. Shapiro. 2000. “Politicians Don’t Pander.” In Chicago: Chicago: Univ. of Chicago.

Johnston, Richard. 2006. “Party Identification: Unmoved Mover or Sum of Preferences?” *Annual Review of Political Science* 9(1): 329–51. [http://dx.doi.org/10.1146/annurev.polisci.9.062404.170523](%20http://dx.doi.org/10.1146/annurev.polisci.9.062404.170523%20%20) .

Jones, Bryan D., and Frank R. Baumgartner. 2005. *The Politics of Attention: How Government Prioritizes Problems*. University of Chicago Press, Chicago.

Keller, Ann C., and Laura Packel. 2014. “Going for the Cure: Patient Interest Groups and Health Advocacy in the United States.” *Journal of Health Politics, Policy and Law* 39(2): 331–67. <http://jhppl.dukejournals.org/content/39/2/331.abstract>.

Kinder, Donald R. 1983. “Diversity and Complexity in American Public Opinion.” In *Political Science: The State of the Discipline*, ed. Ada Finifter. Washington, DC: APSA Press.

———. 1998. “Opinion and Action in the Realm of Politics.” In *The Handbook of Social Psychology*, ed. Susan T.; Lindzey Gilbert Daniel T.; Fiske. New York: McGraw-Hill.

Kingdon, John W. 1995. *Agendas, Alternatives, and Public Policies*. 2nd ed. HarperCollins.

Kornai, János. 2009. “The Soft Budget Constraint Syndrome in the Hospital Sector.” *International Journal of Health Care Finance and Economics* 9(2): 117–35. <http://dx.doi.org/10.1007/s10754-009-9064-4>.

Krehbiel, Keith. 1993. “Where’s the Party?” *British Journal of Political Science* 23(2): pp. 235–66. <http://www.jstor.org/stable/194249>.

Krosnick, JonA. 1990. “Government Policy and Citizen Passion: A Study of Issue Publics in Contemporary America.” *Political Behavior* 12(1): 59–92. <http://dx.doi.org/10.1007/BF00992332>.

Kuklinski, James H., and Paul J. Quirk. 2000. “Reconsidering the Rational Public: Cognition, Heuristics, and Mass Opinion.” In *Elements of Reason: Cognition, Choice, and Bounds of Rationality*, eds. Arthur Lupia, Matthew D. McCubbins, and Samuel L. Popkin. New York: New York: Cambridge University Press. Book Section. <http://igpa.uillinois.edu/system/files/WP71-RationalPublic.pdf>.

Lane, Robert E. 1962. *Political Ideology*. New York: Free Press.

Lau, Richard R., and David P. Redlawsk. 2001. “Advantages and Disadvantages of Cognitive Heuristics in Political Decision Making.” *American Journal of Political Science* 45(4): 951–71.

Lezine, DeQuincy A., and Gerald A. Reed. 2007. “Political Will: A Bridge Between Public Health Knowledge and Action.” *American Journal of Public Health* 97(11): 2010–13. <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2007.113282>.

Lindblom, Charles E. 1965. *The Policy-Making Process*. Englewood Cliffs, NJ: Prentice-Hall.

Lodge, Milton, Kathleen McGraw, and Pat Stroh. 1989. “An Impression-Driven Model of Candidate Formation.” *American Political Science Review* 83: 399–420.

Lupia, Arthur. 1994. “Shortcuts Versus Encyclopedias: Information and Voting Behavior in California Insurance Reform Elections.” *American Political Science Review* 88: 63–76. <http://www.politics.ubc.ca/fileadmin/userupload/polisci/Faculty/cutler/LupiaSHortcutsandEncyclopedias.pdf>.

MacKuen, Michael B., Robert R. Erikson, and James A. Stimson. 1989. “Macropartisanship.” *American Political Science Review* 83(4): 1125–42. <http://www.jstor.org/stable/1961661>.

Marmor, Theodore R. 1970. *The Politics of Medicare*. Transaction Publishers. <http://books.google.com/books?hl=en&lr=&id=OFBSDLQIG5sC&oi=fnd&pg=PR11&dq=marmor+medicare&ots=MLXjF1MNMF&sig=82ORWcp4_uO6B_TXtHnD1cTDAy4>.

———. 1994. “The Politics of Universal Health Insurance: Lessons from Past Administrations?” *PS: Political Science & Politics* 27(02): 194–98. <http://journals.cambridge.org/article_S1049096500040403>.

Marmor, Theodore R, and Jonathan Oberlander. 2012. “From HMOs to ACOs: The Quest for the Holy Grail in US Health Policy.” *Journal of general internal medicine* 27(9): 1215–18. <http://link.springer.com/article/10.1007/s11606-012-2024-6>.

Mayhew, David. 1974. *Congress: The Electoral Connection*. New Haven: Yale University Press. Book.

Morone, James A. 1992. “The Bias of American Politics: Rationing Health Care in a Weak State.” *University of Pennsylvania Law Review* 140(5): pp. 1923–38. <http://www.jstor.org/stable/3312436>.

Navarro, Vincent. 2008. “Politics and Health: A Neglected Area of Research.” *The European Journal of Public Health* 18(4): 354–55. <http://eurpub.oxfordjournals.org/content/18/4/354.short>.

Oberlander, Jonathan. 2003. *The Political Life of Medicare*. University of Chicago Press. Book.

———. 2010. “Long Time Coming: Why Health Reform Finally Passed.” *Health Affairs* 29(6): 1112–16. <http://content.healthaffairs.org/content/29/6/1112.abstract>.

Oberlander, Jonathan, and R. Kent Weaver. 2015. “Unraveling from Within? The Affordable Care Act and Self-Undermining Policy Feedbacks.” *The Forum* 13(1): 37–62. <http://www.degruyter.com/view/j/for.2015.13.issue-1/for-2015-0010/for-2015-0010.xml>.

Ogden, Lydia. 2012. “How Federalism Shapes Public Health Financing, Policy, and Program Options.” *Journal of Public Health Management & Practice* 18(4): 317–22. <http://journals.lww.com/jphmp/Abstract/2012/07000/HowFederalismShapesPublicHealthFinancing,.6.aspx>.

Oliver, Thomas R. 2006. “The Politics of Public Health Policy.” *Annual Review of Public Health* 27(1): 195–233. [http://dx.doi.org/10.1146/annurev.publhealth.25.101802.123126](%20http://dx.doi.org/10.1146/annurev.publhealth.25.101802.123126%20%20) .

Poole, Keith T, and Howard Rosenthal. 1984. “The Polarization of American Politics.” *The Journal of Politics* 46(04): 1061–79.

Rohde, David W. 1991. *Parties and Leaders in the Post-Reform House*. Chicago: University of Chicago Press.

Rothman, Kenneth J., and Charles Poole. 1985. “Science and Policy Making.” *American Journal of Public Health* 75(4): 340–41. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1646232/?page=1>.

Sabatier, Paul A. 1988. “An Advocacy Coalition Framework of Policy Change and the Role of Policy-Oriented Learning Therein.” *Policy Sciences* 21(2-3): 129–68. <http://dx.doi.org/10.1007/BF00136406>.

Skocpol, Theda. 1996. *Boomerang: Health Care Reform and the Turn Against Government*. New York: W.W. Norton & Company. Book.

Smith, David G. 2002. *Entitlement Politics: Medicare and Medicaid, 1995-2001*. Transaction Publishers. Book.

Smith, Tom William. 2001. “2001 National Gun Policy Survey of the National Opinion Research Center: Research Findings.” <http://www.hawaii.edu/hivandaids/National_Gun_Policy_Survey_Research_Findings,_2001.pdf>.

Soroka, Stuart N., and Christopher Wlezien. 2010. “Degrees of Democracy: Politics, Public Opinion, and Policy.” In Cambridge University Press.

Soroka, Stuart N., Antonia Maioni, and Pierre Martin. 2013. “What Moves Public Opinion on Health Care? Individual Experiences, System Performance, and Media Framing.” *Journal of Health Politics, Policy and Law* 38(5): 893–920. <http://jhppl.dukejournals.org/content/38/5/893.abstract>.

Starr, Paul. 1982. *The Social Transformation of American Medicine (Book 2)*. Basic Books. Book.

———. 2011. *Remedy and Reaction*. New Haven: Yale University Press.

Taber, Charles S, and Milton Lodge. 2006. “Motivated Skepticism in the Evaluation of Political Beliefs.” *American Journal of Political Science* 50(3): 755–69. <http://www.unc.edu/~fbaum/teaching/articles/AJPS-2006-Taber.pdf>.

Tesler, Michael. 2012. “The Spillover of Racialization into Health Care: How President Obama Polarized Public Opinion by Racial Attitudes and Race.” *American Journal of Political Science* 56(3): 690–704. <http://dx.doi.org/10.1111/j.1540-5907.2011.00577.x>.

Treier, Shawn, and D. Sunshine Hillygus. 2009. “The Nature of Political Ideology in the Contemporary Electorate.” *Public Opinion Quarterly* 73(4): 679–703. <http://poq.oxfordjournals.org/content/73/4/679.abstract>.

True, James L., Bryan D. Jones, and Frank R. Baumgartner. 1999. “Punctuated-Equilibrium Theory: Explaining Stability and Change in American Policymaking.” In *Theories of the Policy Process*, ed. Paul A. Sabatier. Westview Press, 97–116.

Verba, Sidney. 1996. “The Citizen as Respondent: Sample Surveys and American Democracy.” *American Political Science Review* 90(01): 1–7. <http://journals.cambridge.org/article_S0003055400205285>.

Volden, Craig, and Alan E. Wiseman. 2011. “Breaking Gridlock: The Determinants of Health Policy Change in Congress.” *Journal of Health Politics, Policy and Law* 36(2): 227–64. <http://jhppl.dukejournals.org/content/36/2/227.abstract>.

Weissert, Carol S., and William G. Weissert. 2008. *Governing Health: The Politics of Health Policy*. JHU Press. Book.

Wozniak, Kevin H. 2015. “Public Opinion About Gun Control Post-Sandy Hook.” *Criminal Justice Policy Review* 26: 1–24. <http://cjp.sagepub.com/content/early/2015/03/25/0887403415577192.abstract>.

Zaller, John. 1992. *The Nature and Origins of Mass Opinion*. Cambridge: Cambridge University Press. Book.

Zaller, John, and Stanley Feldman. 1992. “A Simple Theory of the Survey Response: Answering Questions Versus Revealing Preferences.” *American Journal of Political Science* 36(3): 579–616. <http://www.jstor.org/stable/2111583>.