

Issue Framing and Engagement: Rhetorical Strategy in Public Policy Debates

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Abstract Conventional wisdom and scholarly research indicate that to win a policy debate political actors should frame the issue strategically—that is, selectively highlight considerations that mobilize public opinion behind their policy position. Engaging the opponent in a dialogue (i.e., focusing on the *same* considerations) is portrayed as a suboptimal strategy because political actors forfeit the ability to structure the debate. Using over 40 public opinion polls and a detailed content analysis of news stories, I examine the use of framing and engagement strategies during the 1993–94 debate over health care reform. The analysis shows that engagement was more effective at increasing support for reform than framing. This study is the first to document the role of engagement in a policy debate, and it extends work showing that this strategy is more common in election campaigns than scholars once suspected.

Keywords Framing · Engagement · Public opinion · Rhetoric

Subtle differences in how political elites frame a policy proposal can have a dramatic effect on public opinion. It is common to conclude that political actors seeking to win the public battle over a policy should emphasize that aspect of the issue which gives their side the rhetorical edge (e.g., Riker 1996; Schattschneider 1960). For example, supporters of affirmative action often highlight the ability of these programs to correct past wrongs; opponents, by contrast, cast them as a form of reverse discrimination (Kinder and Sanders 1996). When it comes to issues of government spending, Republicans speak in general terms, which tends to elicit a negative public reaction. Democrats, for their part, emphasize the specific groups

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that will benefit from federal programs (Jacoby 2000). Even as new evidence shows the limits of framing (e.g., Brewer 2001; Druckman 2001; Druckman and Nelson 2003), few scholars deny its ability to alter public opinion (e.g., Brewer and Gross 2005; Gross 2004; Nicholson and Howard 2003).

Indeed, a diverse body of scholarship portrays framing, or something very much like it, as an optimal rhetorical strategy (e.g., Hammond and Humes 1993; Lakoff 2003; Riker 1996; Simon 2002). These studies predict that opposing sides of a political debate will emphasize different considerations, leading them in effect to “talk past” one another. This study challenges that view. Not only are there limitations to a framing strategy, but there also are conditions under which elites have an incentive to *engage* their opponent in a dialogue (i.e., talk about the same considerations). For political actors seeking to make policy change, engaging the other side can be an effective way to maintain public support.

I test this argument by examining rhetorical strategy during the 1993–94 debate over health care reform. Scholars have concluded that the evolution of the public debate over health care reform was instrumental in understanding why the Clinton plan ultimately died (Blendon et al. 1995; Jacobs and Shapiro 2000; Koch 1998; Skocpol 1994, 1996), making this case an especially informative one for examining the effects of different rhetorical strategies. Although several reasons have been offered for the demise of the Clinton plan, a persistent theme is the inability of the plan’s supporters to frame the debate to their advantage (e.g., Koch 1998; Scarlett 1994; West et al. 1996). This study highlights the role of engagement in the debate, and shows that this strategy was more effective at increasing support for reform than framing. In doing so, it extends work showing that engagement is more common than scholars once suspected (Kaplan et al. 2006; Sigelman and Buell 2004).

Existing Perspectives on Rhetorical Strategy

One of the tasks facing political actors who seek to make policy change—whether they are presidents, interest groups, or policy entrepreneurs—is to generate favorable opinions about their preferred policy alternative among members of the mass public (e.g., Nelson 2004). The strength of a framing strategy rests on the notion that elites need only identify—and then emphasize—those considerations that work to their advantage.¹

Given the distinctive reputations of the two major parties (Petrocik 1996), political actors on opposite sides of a debate tend to be advantaged by different considerations. The end result, scholars have concluded, is that political elites have an incentive to talk past one another in policy debates and political campaigns (e.g., Austen-Smith 1993; Budge and Farlie 1983; Riker 1996). Riker found this particular dynamic to be such a fundamental element of rhetorical strategy that he coined the Dominance Principle, which states: “When one side dominates in the volume of

¹ A similar logic informs treatments of campaign strategy. Candidates, it is thought, highlight issues that they “own” (Petrocik 1996) or dimensions on which they are advantaged (e.g., Carsey 2000; Simon 2002).

rhetorical appeals on a particular theme, the other side abandons appeals on that theme” (1996, p. 6). Recent studies of campaign rhetoric lend some support to this notion of rhetorical specialization (Petrocik et al. 2003; Simon 2002).²

Despite the obvious appeal of a framing strategy, past research suggests several reasons why political actors might engage in a dialogue on the same topic. First, the ability to define the way an issue will be presented to the public is a powerful tool, but neither side in a political debate has complete control in this regard (Jacobs and Shapiro 2000, p. 150). In other words, popular discussion of an issue can cause citizens to give priority to certain considerations, quite independent of the actions of partisan elites. While framing permits elites to take advantage of the ambivalence with which most citizens view political issues (Zaller 1992; also see Jacobs 1993), a strategy of engagement acknowledges that some considerations may come to be more important than others (Chong 1996; also see Ansolabehere and Iyengar 1994; Simon 2002). When this happens, political actors on both sides of an issue will “ride the wave”—i.e., they will try to establish their credentials on subjects of important public concern. Failure to engage the other side on these topics can lead to a loss of credibility in the eyes of the public and ultimately a loss of support (Ansolabehere and Iyengar 1994, p. 337).

Second, and the primary focus of this study, those who seek to make policy change might have an especially strong incentive to engage in a dialogue with their opponents. To see why, consider another one of Riker’s insights in *The Strategy of Rhetoric*. There he argued that those who seek to make policy change have a special burden: they must *explain* the proposed change and also must *defend* it from attack (1996, p. 69). Riker focused on the first task, and concluded that reform proponents would make more positive arguments than opponents because the former had the responsibility of describing the proposed policy change to the public. What went largely unnoticed, however, were the implications for engagement. Insofar as proponents seek to defend themselves against the “deliberate distortions” of the other side, they may be forced to talk about a subject they would rather avoid (e.g., one that is owned by the opponent). In addition to making more positive arguments, proponents of policy change also might be more inclined to engage the opponent in a dialogue. Riker finds, for example, that Federalists (proponents of change) directly rebutted several Antifederalist arguments during the ratification campaign (1996, pp. 110–125).

In short, there are several reasons why political actors on opposite sides of a policy might engage one another, rather than rely exclusively on framing. This conclusion is consistent with Sigelman and Buell’s (2004) contention that when measured correctly, the amount of dialogue in presidential campaigns is considerable. To date, however, we know little about the use of this strategy in policy debates.

² Riker’s argument implies that the loudness (or frequency) of an appeal is the primary criterion when it comes to rhetorical strategy. Recent work by Chong and Druckman (2008) illustrates the importance of argument strength (or quality). I discuss the implications of this research for my findings in a later section.

Hypotheses

Although the theory of issue ownership was formulated in the context of election campaigns and therefore focuses on the tendency of opposing candidates to emphasize distinct *issues*, the logic of the argument applies equally well to policy debates over a single *issue*. As Koch (1998) notes, the multidimensionality of policies allows political actors to focus on those aspects of an issue on which they enjoy a partisan advantage (also see Jones 1994; Petrocik 1996, p. 829). Thus, I expect that political elites will attempt to frame policy debates in a manner that is consistent with their party's core concerns (Hypothesis 1). Applied to the present case, proponents of the Clinton plan (who were predominantly Democrats) should highlight the responsibility of the government to provide health insurance for all citizens, especially underserved populations that lack coverage. Opponents (primarily Republicans) should emphasize the threat of government intervention and economic considerations, such as the cost of the proposal.

In addition to the role of partisan reputation, a political actor's position relative to the status quo has an effect on his or her rhetorical strategy. Those who seek to make policy change (i.e., those who *oppose* the status quo) can highlight the drawbacks of the current state of affairs. But because they need to convince the public that their proposal is worthy of its support, proponents also must emphasize the specific benefits it provides (Riker 1996). Opponents of change (i.e., those who *support* the status quo), have a much simpler task: they need only bring attention to the shortcomings of the proposed policy. Riker attributes this asymmetry to the difficulty of changing people's perceptions about the status quo (1996, p. 69). As a result, he argues that those who support the status quo, "devote all of their efforts to locating reformers negatively" (1996, p. 69), by which Riker means highlighting the costs of policy change. Thus, political actors on opposite sides of an issue will devote different amounts of attention to the costs and benefits of policy change (Hypothesis 2). In the health care reform debate, opponents' arguments will focus exclusively on the shortcomings of the Clinton bill. Proponents will adopt a two-pronged strategy. Their arguments will emphasize the disadvantages of the status quo as well as the benefits of the Clinton plan.

According to the theory of issue ownership, talking about a subject that is owned by the opponent gives more airtime to the other side's agenda (Petrocik et al. 2003, p. 609). From this perspective, engagement makes little sense. For political actors seeking to win public support for policy change, however, defending their proposal from attack is essential (Riker 1996). As Cobb and Kuklinski (1997, p. 91) explain: "one argument against a proposal [speaks] more loudly than several in support." This may be because the negative arguments of reform opponents evoke fear, which has been shown to make individuals risk averse (Lerner and Keltner 2001). Or it may simply reflect the fact that people pay more attention to, and are better able to recall, negative information (Pratto and John 1991). Regardless of the exact mechanism, prior work suggests that when opponents attack a proposal on the grounds that it will do X, proponents may do more than just shift the focus to

consideration Y; they may try to rebut the original argument.³ Reform opponents face a different set of incentives. Without a proposal of their own to defend (and facing the difficulty of changing peoples' beliefs about the status quo), they can channel all of their efforts into attacking the proposed policy change. This implies that proponents will respond to opponent's arguments (i.e., they will engage in a dialogue on topics owned by opponents). Opponents, by contrast, will not respond to proponent arguments. In other words, much if not all of the dialogue occurring in a policy debate should be on reform opponents' turf (Hypothesis 3).

It follows, then, that the ability to sustain public support for change depends not just on proponents' ability to frame the debate to their advantage, but also—maybe principally—on their ability to respond to opposition attacks. Applied to the present case, support for the Clinton plan should be positively related to the level of proponent engagement (Hypothesis 4). That is, support for the Clinton bill should increase as reformers devote more resources (i.e., arguments) to rebutting opponent arguments; it should decrease as they devote fewer resources to this strategy. By contrast, the ability of opponents to respond to proponent arguments (i.e., the level of opponent engagement) should have little or no effect on opinion (Hypothesis 5).

Leading accounts of the 1993–94 health care reform debate hint at several of these dynamics. For example, Walter Zelman, one of President Clinton's advisors on health care reform, explained the defeat of the Clinton plan in the following terms: "...the proposal took on so much that it was too easy for opponents to find things that would make one constituency or another uneasy...that left an awful lot of detail to *defend* and an awful lot of people worrying about how one provision or another would affect them" (Zelman and Brown 1998, p. 62, emphasis added). Likewise, Skocpol writes that the rhetorical strategy adopted by the plan's supporters (emphasizing broad themes, like security) left the Clinton Health Security Act "open to alternative descriptions purveyed by Health Security's fiercest opponents" (1996, p. 132; also see Edwards 2003, p. 170 or Hacker 1997, pp. 148–149). The impact of rhetorical strategy looms large in these and many other treatments of the health care reform debate. As the next section elaborates, this case presents an excellent opportunity for exploring the relationship between political rhetoric and public opinion, as well as putting some of these intuitions to an empirical test.

Data

Comprehensive health care reform has been on the agenda of politicians for decades, making it one of the more challenging problems facing our country (e.g., Eckholm 1993; Numbers 1978; Marmor 1994; Weissert and Weissert 2002). What made the 1993–94 debate remarkable, according to several observers, was the dramatic reversal in public opinion that took place. In the fall of 1993 reform seemed inevitable, with polls showing large majorities in support of change. One

³ See Schrott and Lanoue (1992, p. 463) on the value of rebuttals in candidate debates (also see Brewer 2003 or Brewer and Gross 2005).

Table 1 Content analysis of the 1993–94 health care reform debate

Coding category	Brief description
	<i>Argument refers to...</i>
Security	the security that will be provided by the Clinton health care plan
Status Quo	the problems with the current health care system (e.g., lack of coverage, discrimination by insurers)
Crisis	the general need for change in our health care system, without specific reference to any particular plan
Big Government	the impact of the Clinton plan on size of government or the extent of government involvement
Too Complex	the complexity or scope of the Clinton plan
Quality	the impact of the Clinton plan on the quality of health care coverage (e.g., rationing, choice of doctor)
Cost	the president's ability to pay for the plan or how the method of financing will affect other parts of the budget
Economy	the impact of the Clinton plan on the economy (e.g., job loss)
Group Appeals	the impact of the Clinton plan on specific groups (e.g., the elderly, children, disabled)
Descriptive Statements	the actual provisions of one of the health care reform bills

year later, the Clinton plan lay in ruins and it appeared unlikely that any large-scale reforms would be enacted (Zelman and Brown 1998, p. 61). The extensive public debate, heavy media coverage, and wide swings in public opinion make this case a useful one for examining the influence of different rhetorical strategies (see Claassen and Highton 2006 or Lee and Schlesinger 2001 for related discussions).

To test the five hypotheses outlined above, I conducted a content analysis of the public debate over health care reform as it appeared in the *Associated Press* (AP).⁴ Beginning in late September of 1993, when President Clinton publicly unveiled his reform plan, I coded all statements about health care reform made by elected officials, experts, academics, interest group representatives, and numerous other elites. The data collection stopped in late-July of 1994, after comments by members of Congress that the Clinton plan was dead.⁵ The total number of codeable statements about health care reform in the *AP* during this period was nearly 2,500; however, I excluded a sizeable number of statements by journalists (approximately 900) because they were not directional in nature (i.e., they were neither for nor against the Clinton plan). Thus, the analyses presented below are based on 1,540 statements uttered by proponents and opponents of the Clinton health care reform

⁴ The *AP* serves as an agenda setter for other papers around the nation (Graber 2001). As such, it is one of the most comprehensive sources for the substantive arguments made for and against health care reform (for a similar use of the *AP* see Jacobs and Shapiro 2000, p. 160).

⁵ The content analysis does not include paid television advertising, such as the “Harry and Louise” spot. Rebuttals to ads such as this one regularly appeared in the news, however (e.g., King 1994), and therefore are included, at least indirectly, in the media data (see West et al. 1996 for more on the role of advertising in the health care reform debate).

bill. Over the course of the 11-month debate, that figure translates into about 35 persuasive arguments a week.⁶

To recap, when opposing elites talk about the same considerations, they are engaging in a dialogue. When they highlight different considerations, they are said to be framing. Therefore, an important part of the content analysis consisted of identifying which consideration was most prominent in each of the 1,540 statements. Table 1 lists the coding categories, which I developed with the help of secondary accounts of the health care debate (e.g., Jacobs and Shapiro 2000; Jamieson and Cappella 1998).⁷

Nearly all the statements made during the debate could be coded into one of these ten categories.⁸ In the analyses that follow, I use weekly counts of the number of arguments made by proponents and opponents on each of these topics (e.g., the number of arguments made by proponents that emphasize security considerations, the number of opponent arguments that emphasize security considerations, and so on).⁹

Although there may be drawbacks with using media reports to study rhetorical strategy, there are a number of reasons why news stories are precisely where we ought to be looking. To begin, this is where elites themselves direct their attention. According to Jacobs et al. (1998), legislators consider the media's coverage of public policy debates as "nearly determinative" of public attitudes toward competing proposals (also see Herbst 1998). Thus, elites have an incentive to respond to arguments as they are portrayed in the media (as opposed to statements made on the floor of Congress or in a press release), because they know that this is the principal means by which the public receives political information. Moreover, there is evidence that political elites anticipate journalistic norms and calibrate their public remarks accordingly (Cook 1989; Entman 1989; Jacobs and Shapiro 2000). In the age of "going public," one would expect political elites to develop these capabilities in the name of self-preservation (Kernell 1997).

At the same time, this approach assumes that the rhetorical strategies formulated by political elites are faithfully transmitted by the media, or even if they are not, that little is lost in the translation. In making this assumption, I draw on the work of

⁶ Several proposals were discussed during the debate, but Clinton's bill (the Health Security Act) received most of the attention (Jamieson and Cappella 1998). Accordingly, terms such as "reform proponents" and "reform opponents" refer to proponents and opponents of the Clinton plan.

⁷ I used the secondary literature to develop an initial list of the most important considerations in the health care reform debate. Additional categories were added after reading the entire debate several times. As a result of this iterative process, nearly all the text in the news stories could be coded along a substantive dimension. The categories in Table 1 also correspond to several of the health policy metaphors identified by Lau and Schlesinger (2000). This reduces the concern that the empirical results are a product of arbitrary coding decisions. See Appendix A for details.

⁸ Multiple coders were used. An intercoder reliability analysis on a randomly selected sample of AP reports (36%) shows agreement between coders. The correlation between ratings was .83 ($p < .001$). The value of kappa, a more conservative measure of agreement, was .67 ($p < .001$). Kappa values between .61 and .80 represent "substantial agreement" (Landis and Koch 1977).

⁹ I assume that political actors respond to one another within a matter of days. Given the rise of the 24-h news cycle, this is not an unreasonable assumption. On the other hand, it is highly *unlikely* that political actors would take more than a week to respond to their opponent's claims.

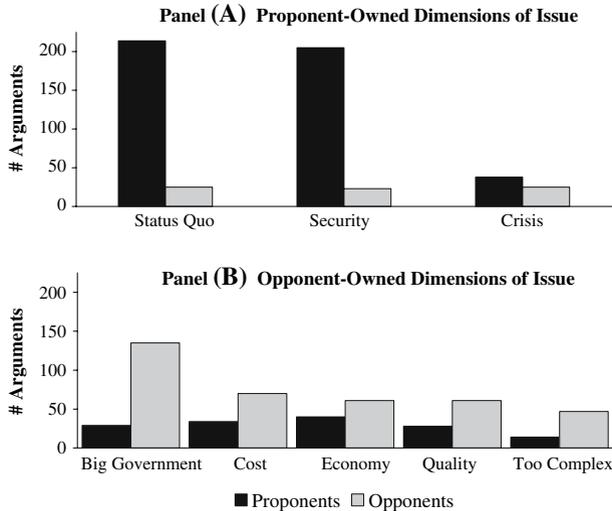


Fig. 1 Patterns of emphasis in the 1993–94 health care reform debate: (A) Proponent-owned dimensions of issue. (B) Opponent-owned dimensions of issue

Bennett (1990), who has found that coverage of national policy debates is indexed to the public statements of authoritative government officials. Importantly, Jacobs and Shapiro (2000) found evidence in support of the indexing hypothesis in their examination of the 1993–94 health care reform debate.¹⁰

Empirical Results

According to the first hypothesis, political actors on opposite sides of the health care reform debate should highlight aspects of the issue that are consistent with their party's reputation. The second hypothesis states that opponents of reform will focus exclusively on the shortcomings of the Health Security Act, while proponents will highlight the problems with the status quo as well as the benefits of the Clinton plan. Figure 1 presents the patterns of emphasis for each side in the debate (see Petrocik et al. 2003 for a similar approach) and shows support for both hypotheses.

Beginning with the left-hand side of Panel A, reform proponents devoted the lion's share of their rhetorical efforts to highlighting problems with the current health care system. They made over 200 statements about the status quo, while opponents made only 25. The primary beneficiaries of the Health Security Act were

¹⁰ One final concern with using the media data to establish the frequency of engagement is the norm of objectivity and the tendency for journalists to seek out opposing views (Bennett 2005). Even if the objectivity norm is operating, we should observe balance in the *number*—as opposed to the *substance*—of arguments made by both sides. Data at the daily level show precisely this pattern. Reform proponents made nearly 3 arguments a day; the corresponding figure for reform opponents was 2. While it is true that journalists solicit opposing views, political actors have discretion over which aspects of an issue they choose to talk about.

low income citizens (Zelman and Brown 1998), a key constituency for the Democratic party. It comes as little surprise, then, that the second most frequent argument made by proponents highlighted the newfound health security that would come with universal coverage (also see Koch 1998). Finally, proponents made slightly more arguments invoking a health care crisis than opponents.

Consistent with Hypothesis 1, Panel B shows that reform opponents highlighted the threat of big government, historically a core concern of the Republican party. They also emphasized economic considerations, such as the cost of the Clinton bill and its impact on the economy (also see Koch 1998). Lastly, and in line with Hypothesis 2, opponents were more likely to raise doubts about the impact of the Health Security Act on the quality of health care and the complexity of the new system Clinton was proposing.¹¹

Figure 1 shows that political actors in the health care reform debate emphasized considerations that were consistent with their partisan reputation (H1) and relationship vis-à-vis the status quo (H2). At the same time, Fig. 1 also shows that, on several topics, the amount of discourse by opponents and proponents is close to being evenly matched. This pattern would appear to support Sigelman and Buell (2004, p. 659) who conclude that when it comes to campaign rhetoric, “a more appropriate starting point is the assumption that the two sides will address the very same issues.” Hypothesis 3 extends prior work and predicts that in a policy debate, engagement will occur primarily on reform opponents’ turf.

To evaluate the third hypothesis, it is necessary to construct a measure of engagement. The key question is how much attention political actors were devoting to a particular topic (security, status quo, and so on), relative to the total number of arguments they made in the debate (Sigelman and Buell 2004, pp. 652–653). For each of the categories in Table 1, I calculated the proportion of rhetorical resources (i.e., arguments) devoted to the topic by proponents and opponents. The critical test of Hypothesis 3 will occur with a z-test for a significant difference between the two proportions for each of the eight categories.¹² According to the argument advanced here, the amount of attention both sides devote to opponent-owned topics should be similar (i.e., the difference between the two proportions should be indistinguishable from zero). Again, this pattern reflects the need for proponents to engage opponents on the latter’s arguments. The amount of attention both sides devote to proponent-owned arguments should be significantly different, reflecting the ability of reform opponents to ignore proponents’ claims.

The columns in Fig. 2 report the results of a series of z-tests between the proportion of proponent and opponent arguments on each topic. Values below the dotted line indicate an insignificant difference between proportions. This means that

¹¹ I exclude descriptive statements and group appeals from the rest of the analysis because these categories are qualitatively different than the others. Descriptive statements consisted of explanations of the alternatives being discussed (i.e., they were intended to be informative, not persuasive). Group appeals included statements that were targeted at many different groups, making the comparison between proponents and opponents difficult. Excluding these categories has little effect on the empirical analysis or the conclusions I draw from it. The pattern in Fig. 1 looks similar when I examine other periods of the debate (e.g., early vs. late).

¹² Kanji (1999) states this test is appropriate when sample size is sufficiently large (i.e., $n \geq 30$).

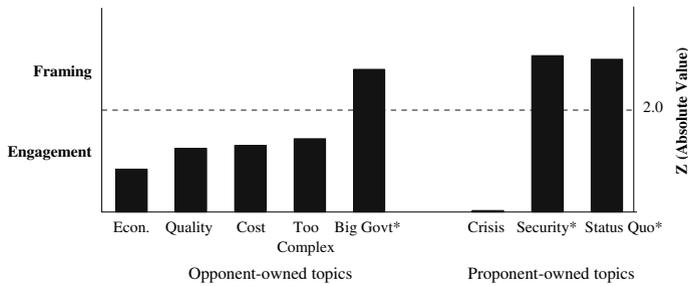


Fig. 2 Evidence of engagement in the health care reform debate. *Note:* * denotes significant difference in proportions ($p < .05$)

proponents and opponents were devoting a similar amount of attention to a particular topic—or engaging in a dialogue.

When it came to opponent-owned subjects, the difference between the proportion of arguments made by proponents and opponents was indistinguishable from zero most of the time (four out of five times). The lack of a significant difference indicates that supporters of the Clinton plan were devoting as much effort to these topics as opponents, even once we take into account differences in the overall volume of arguments made by both sides. Put differently, when it came to essential questions about the Clinton plan (e.g., Will I lose the ability to see my own doctor? Will it cause me to lose my job? Is it going to cost too much?), supporters of the bill were eager to engage the other side. At the same time, supporters of the Clinton plan were relatively silent when it came to the most common criticism of the Health Security Act—that it would result in more government involvement in people’s lives. More than the other arguments made by opponents, the big government charge likely was the hardest for supporters of the bill to refute, given the reputation and record of the Democratic party (see Skocpol 1996 for a related discussion).

Moving to proponent-owned topics, the evidence is largely consistent with Hypothesis 3. Critics of the Clinton bill ignored the two most prominent arguments in favor of it—that it would provide greater health security for millions of Americans and that the status quo was in need of fixing. The z -values are well beyond the level needed to attain statistical significance, indicating that little dialogue took place on either topic. The only exception to the pattern of opponent non-response is the crisis category, where there is no significant difference between the two proportions.¹³ Taken as a whole, the evidence in Fig. 2 is consistent with my expectations six out of eight times. Engagement occurred primarily on reform

¹³ Speculation as to why opponents denied there was a crisis is post hoc, but the pattern that engagement took on this subject is informative. Supporters of the Clinton plan had been making assertions about a health care crisis since the first day of the debate, and yet, opponents did not make their first rebuttal until eight weeks later. Much like the pattern for security and status quo, reform opponents attempted to ignore the subject of a health care crisis. According to journalistic accounts (e.g., Anderson 1994), opponents became worried that the idea of a crisis was beginning to gain traction with the public. This concern likely prompted them to “ride the wave” (Ansolabehere and Iyengar 1994) and to respond, albeit belatedly, to proponent arguments about a health care crisis. Relatively few arguments were made about a health care crisis by either side (see Fig. 1), indicating that this topic was a minor element of the debate.

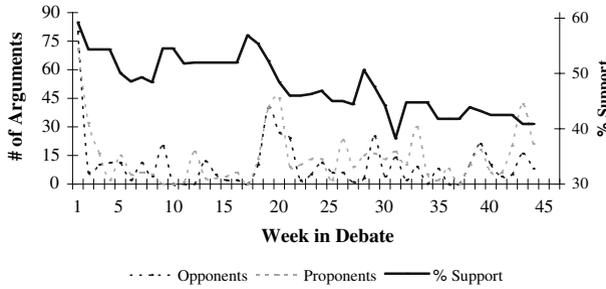


Fig. 3 Support for Clinton plan through out the debate. *Note:* The opinion series combines responses to opinion polls administered throughout the 11-month debate (see Appendix A for details). The rhetoric series combine arguments on all topics for proponents and opponents (except descriptive and group appeals)

opponents’ turf, which is to say that proponents were discussing topics that were owned by the other side (consistent with H3). I turn next to the effect of this strategy on public opinion.

Explaining Public Opinion Change during the Health Care Reform Debate

I begin by showing public support for the Clinton health care reform bill from September 1993 to July 1994 (denoted by the black line in Fig. 3).¹⁴ The dotted lines represent the total number of arguments made by proponents and opponents during this same time period. Although the rest of the analysis will employ specific measures for engagement and framing, for now it is useful to illustrate some of the global patterns in the media data. Consistent with Zaller’s (1992) notion of a two-sided flow, proponent and opponent arguments tracked one another throughout the debate. The largest peaks in volume occurred during the first week of the debate and around week 20, when the President highlighted health care reform in his State of the Union address.

Returning to the opinion series, over half of the electorate (59%) registered support for Clinton’s reform plan in the beginning of the debate. The low point (38%) occurred as the Health Security Act wound its way through Congress in the spring of 1994. There were numerous ups and downs in support throughout the debate, with some week-to-week changes as large as 6 percentage points. What moved public opinion on this issue? A common explanation is that support dropped because proponents were unable to frame the debate to their advantage. The argument advanced here implies that proponents’ ability to respond to the other side’s arguments is at least as important as getting their favored topics to dominate the agenda. More precisely, Hypothesis 4 states that support for the Clinton plan

¹⁴ I measure public support for the Clinton plan by combining responses to 42 opinion polls administered throughout the 11-month debate. See Appendix A for more details.

Table 2 The effect of engagement on public support for the Clinton health care plan

Independent variable	Coeff.	Std. Error
Panel A		
Opponent Framing _(t-1)	-2.133*	1.061
Proponent Engagement _(t-1)	5.326*	2.023
% Favor _(t-1)	0.783	0.083**
Economic Perceptions _(t-1)	0.103	0.103
Constant	7.976*	3.605
<i>Model diagnostics</i>		
Adj. $R^2 = .758$ Breusch-Godfrey = .872 Durbin's alt. test = .881 Box-Ljung $Q = .929$		
Panel B		
Proponent Framing _(t-1)	-2.516*	1.189
Opponent Engagement _(t-1)	3.388	2.021
% Favor _(t-1)	0.805	0.086**
Economic Perceptions _(t-1)	0.043	0.105
Constant	8.999*	3.852
<i>Model diagnostics</i>		
Adj. $R^2 = .748$ Breusch-Godfrey = .866 Durbin's alt. test = .876 Box-Ljung $Q = .885$		

Note: Coefficients are ordinary least squares estimates. $N = 43$ (weeks). The null hypothesis for Breusch-Godfrey and Durbin's A is $\rho = 0$ (no autocorrelation). An insignificant test statistic means that we cannot reject the null hypothesis of no autocorrelation. An insignificant Q statistic indicates that the residuals are white noise. Only results for first lag are shown. Higher order lags were insignificant for all tests

** $p < .01$ * $p \leq .05$ (two-tailed test)

should increase as reformers devote more resources (i.e., arguments) to rebutting opponent arguments; it should decrease as they devote fewer resources to this strategy. As for opponents, one of the most effective ways to weaken support for health care reform is to highlight the negative consequences of the Clinton bill (Riker 1990, 1996). Hypothesis 5 predicts that being able to rebut proponent arguments (e.g., about the plan's benefits) should have little or no effect on public support for the Clinton bill.

When it comes to providing a test of these hypotheses, past research provides insight into the likely dynamics of opinion change. Aggregate opinion has a large inertial component (Erikson et al. 2002; Page and Shapiro 1992), which is to say that one of the strongest predictors of public opinion regarding health care reform should be its own past values. Changes in aggregate opinion, when they occur, reflect measured movements in response to real world events, such as the argument and counter-argument of major policy debates (Erikson et al. 2002, p. 371). I examine these relationships with the following time series model:

$$Y_t = \alpha_1 Y_{t-1} + \beta_1 X_{t-1} + \varepsilon_t$$

The percent supporting the Clinton plan (Y_t) is a function of lagged values of the dependent variable as well as lagged measures of all independent variables.¹⁵ In addition to political rhetoric, citizens' judgments about the economy likely had an effect on opinion about health care reform. After all, the magnitude of the changes Clinton was proposing (especially the employer mandate) was enormous. I examine this possibility with a measure that represents the percentage of respondents saying the state of the nation's economy is "poor" (see Appendix A for question wording).

Table 2 begins by examining the effect of proponent engagement (Hypothesis 4). Focusing on the top panel, the first term (*Opponent Framing* _{$t-1$}) represents the proportion of arguments opponents made on subjects they "owned" (quality, economy, cost, complexity, and big government) in the preceding week. The next term, *Proponent Engagement* _{$t-1$} , corresponds to the proportion of arguments proponents devoted to these same topics during that period (i.e., proponent rebuttals regarding quality, economy, and so on). Controls for lagged support and economic perceptions also appear in the model.¹⁶

Not too surprisingly, as opponents spent more time talking about the drawbacks of the Clinton plan at time t , support for the bill dropped in the following period (coeff = -2.133 ; $p \leq .05$). What is surprising is that support for the plan increased as proponents devoted more resources to engagement—that is, as proponents talked *less* about aspects of the issues they "owned" like security, and *more* about topics they did not "own" such as the economic impact of the bill. The positive and significant coefficient on *Proponent Engagement* _{$t-1$} (coeff = 5.326 ; $p \leq .05$) indicates that as the level of proponent engagement at time t increased, the public voiced more support for the Clinton plan in the following week (consistent with H4).

Predicted probabilities put this last finding in perspective. Moving from the minimum to the maximum on the proponent engagement variable (and holding other variables at their mean) translates into a 5-point increase in support (from 47% to 52%). This effect is modest, but it represents nearly a quarter of the 21-point change in public opinion over the course of the debate. Moreover, this 5-point gain could be achieved simply by altering the *content* of rhetoric (focusing on jobs, for instance, rather than security). In other words, a relatively subtle change in strategy might have prevented at least some of the drop in public support.

The second panel of Table 2 investigates the impact of opponent engagement. The first term (*Proponent Framing* _{$t-1$}) represents the proportion of arguments made

¹⁵ This is an Autoregressive Distributed Lag (ADL) Model. The term "autoregressive" refers to the fact that lagged values of Y appear as a regressor. The term "distributed" indicates that the effect of X is spread over multiple time periods (Charemza and Deadman 1997). In the analyses below, I include a single lag. This implies that support for the Clinton plan at time t was influenced by rhetoric in $t-1$ (the previous week). It is plausible that opinion might change in response to arguments made even earlier (say, at $t-2$). In analyses not shown here, higher order lags were insignificant. Stationarity tests were conducted on all variables (see Appendix B).

¹⁶ Presidential approval might influence support for health care reform (i.e., rising satisfaction with the president's job performance might make the public more willing to embrace health care reform). In analyses not reported here, presidential approval consistently had no effect on support for the Clinton bill. Given the potential for an endogenous relationship between approval and the dependent variable, I excluded this variable from the analysis.

by proponents on subjects they “owned” (security, status quo, crisis) during the previous week. The next variable corresponds to the proportion of arguments opponents devoted to these same topics. Two patterns are worth noting. First, the coefficient on *Proponent Framing*_{*t*-1} is negative and significant. In other words, support for the Clinton plan actually declined as the bill’s supporters focused more on security, the status quo, and crisis. Although proponents perceived these topics to be the key to winning the debate (see, e.g., Skocpol 1996, Chapter 4), they had the opposite effect on public opinion. The second notable finding pertains to the coefficient *Opponent Engagement*_{*t*-1}. Consistent with Hypothesis 5, the level of opponent engagement was unrelated to opinion change on this issue. In other words, being able to rebut arguments about security, the status quo, and crisis (i.e., a *high* level of opponent engagement) did not weaken support for the Clinton bill. Of course, this also means that the failure to rebut proponent arguments (i.e., a *low* level of opponent engagement) had few repercussions either. Thus, opponents of policy change have little to gain from engaging the other side; they also have little to lose when they avoid this strategy altogether.¹⁷

Across both panels, the most important predictor of public support for the Clinton plan at any point in time is its value in the preceding week—a finding that is consistent with prior work on aggregate opinion (e.g., Page et al. 1987). The coefficient on lagged economic perceptions is positively signed, but insignificant in both models. Lastly, as the regression diagnostics in Table 2 demonstrate, neither model is plagued by autocorrelation.¹⁸

Although it is not the central focus of this study, people’s political predispositions seemed to be filtering elite communications throughout the debate (Zaller 1992). Over the period of this study, political independents exhibited the largest shifts in opinion. For this group, the average change from one opinion poll to another was 10 percentage points (compared to a 5 percentage point change for self-described Democrats and Republicans).¹⁹ Across the polls examined here, the minimum change for Independents was one percentage point; the maximum was 33 points (for partisans the corresponding figures were 1 and 12). Though the magnitude of some of these changes may be surprising, the basic pattern is not. Political elites in the health care debate highlighted considerations that were consistent with their party reputations (see Fig. 1; also see Koch 1998). It stands to reason that the salience of partisan considerations stabilized the policy opinions of Democrats and Republicans (especially those who were most attentive to the debate;

¹⁷ Separate models were estimated because measures of opponent (proponent) framing and engagement are highly correlated ($r = -.51$ and $-.64$, respectively; $p < .001$). Similar results are obtained when a single model is estimated (e.g., $p < .10$ for *Proponent Engagement*_{*t*-1}).

¹⁸ OLS estimates can be biased in the presence of outliers, so I examined the data for influential observations. I calculated DFBETAs for the models in this analysis and identified one influential observation. When I replaced the outlier with the mean value for the variable in question, the conclusions from Table 2 remain unchanged. I obtain identical results when I include dummy terms for survey organization (these terms were insignificant so they are not included in Table 2). Finally, using count data in Table 2 (instead of proportions) yields similar results.

¹⁹ Here I rely on the Gallup data because there were more surveys by this organization than any other. Gallup also distinguishes pure independents from those that lean toward one of the major parties (and leaners are closer to partisans in their opinions and behaviors; Keith et al. 1992).

Zaller 1992). Political independents, by virtue of the fact that they lack strong partisan predispositions, naturally should be the most susceptible to the give and take of elite debate (see Lee and Schlesinger 2001 for a more extensive analysis).²⁰

Discussion

The findings from Table 2 suggest that proponents might have been better off devoting more attention to topics raised by opponents (e.g., jobs, quality, the economy). Indeed, the size of the coefficient on *Proponent Engagement*_{*t*-1} (Panel A, Table 2) indicates that proponent rebuttals were an effective counterweight to the claims made by the other side. In the end, though, the overwhelming majority of proponents' rhetorical efforts were devoted to framing the debate in terms of security, the status quo and crisis (see Fig. 1). On average, fewer than one in five arguments was devoted to rebutting opponents' attacks during any given week of the debate. Consequently, by as late as the spring of 1994, a majority of the public still believed that the quality of health coverage was going to decrease under the Clinton plan and that the size of the federal government was going to increase (Blendon et al. 1995, pp. 10–11). These figures might have been lower if the bill's supporters devoted more of their resources to engagement.

Before accepting the results in Table 2, it is important to consider another possibility: that opinion was responding to the overall balance of pro vs. con arguments (e.g., Zaller 1992) rather than the *content* of elite rhetoric (i.e., the precise mix of framing vs. engagement). I examine this alternative hypothesis by creating a measure that represents the difference in the number of arguments made by proponents and opponents (e.g., Fig. 3). This variable, also measured at the weekly level, ranges from -20 to 26 (s.d. = 9.9). Positive values indicate that proponents were making more arguments than opponents, meaning that this variable should be positively related to support for the Clinton plan. In analyses not reported here, the coefficient generally is positive, but in a variety of model specifications it is not significantly related to opinion change. It appears, then, that *what* proponents were saying was more important than simply being able to send the loudest signal (also see Chong 1996, p. 222). Not only that, proponents seemed to benefit from direct engagement with the opponent rather than from strategic redefinition of the issue (i.e., framing).

Of course, the fact that proponents' framing strategy had a negative effect on public opinion (Panel B, Table 2) might reflect the particular weakness of the Clinton plan (see Blendon et al. 1995, pp. 15–19). The bill's most notable feature

²⁰ In a related finding, Koch (1998) uses NES data to show that it was the *moderately* aware who were mostly likely to change their opinions on national health insurance between 1992 and 1994. As Zaller argues (1992, p. 124), this group has the highest probability of both receiving and accepting the messages they receive in the mass media (compared to either the least or most aware). Unfortunately, the surveys used in the present study did not include the types of questions that often are used to create a measure of attentiveness (e.g., political knowledge items). When I examine opinion change across education groups, the average change for people with a high school diploma was twice the size of the change for those with a college degree or more (6 vs. 3 percentage points), a pattern that seems consistent with Koch's (1998) results.

was the promise of universal coverage for all Americans. It was this aspect of the plan that allowed Clinton to claim that the bill provided “health security for every American” (the second most frequent proponent topic, after arguments about the status quo). But this part of the Health Security Act would be a tough sell. As one observer of the debate explained, it meant “trying to appeal to the middle class with an issue—universal coverage—that is really about lower income people and redistribution of resources” (Brown and Zelman 1998, p. 63; also see Edwards 2003, p. 171).

Insofar as this characterization of the debate is accurate, it suggests that the *design* of a policy can influence rhetorical strategy in powerful ways (also see Schneider and Ingram 1997). More to the point, it raises the possibility that universal coverage (and security considerations) did not offer the basis for a “strong” argument (Chong and Druckman 2007, 2008). Indeed, in the fall of 1993, about a month after Clinton’s address before the nation, Gallup Poll asked a national sample of adults, “Under Clinton’s plan, do you think you would feel more secure about your own health care coverage, less secure, or will you feel no different?” Less than a quarter (24%) replied “more secure,” with 34% saying “less secure” and the remainder answering “no different.” By contrast, 53% believed that there would be too much government involvement under Clinton’s plan (with about a third saying the level of government involvement was “just right” and less than 8% answering that it was “too little”). Although this survey only presents a snapshot of the public’s views of the security and big government arguments at a single moment in time, there seemed to be a difference between the two in terms of their persuasiveness.²¹

Aside from concerns about argument strength, one must be cautious about generalizing about rhetorical strategy from a single policy debate. It might be the case, for example, that the effectiveness of framing and engagement varies across issues or policy domain. On this point, experimental work suggests that framing will be least effective on issues where a substantial portion of the public has preexisting (i.e., on-line) opinions (Druckman and Nelson 2003). Framing should be most effective when fewer people have preexisting opinions. Thus, the fact that proponent’s attempts at framing did not have the intended effect might reflect a citizenry with preexisting opinions on the subject of health care (see Jacobs et al. 1993 for evidence on this point).²² Notwithstanding the limitations of examining a single policy debate, this study provides an in-depth look at the relationship between political rhetoric and mass opinion in real time, as the 1993–94 health care reform debate unfolded. It is the combination of this approach with tightly controlled

²¹ Prior studies have discerned argument strength empirically (e.g., by asking experimental subjects to rate a message in terms of its effectiveness; see Eagly and Chaiken 1993). With that approach, the precise factors that make an argument strong or weak remain unspecified (see Chong and Druckman 2008, n. 4). The preceding discussion suggests that a policy’s design has some bearing on the strength of the various arguments that are used to shape public opinion.

²² In a related study, Cobb and Kuklinski (1997) examine the effect of political arguments on opinion about health care reform and the North American Free Trade Agreement (NAFTA). They found more opinion change in response to an experimental frame on NAFTA (an issue on which most subjects were initially neutral) than on health care (an issue on which most subjects had preexisting and polarized views).

laboratory studies that will illuminate how elite communications affect the mass public in the actual circumstances in which policies are debated (Kinder 2003).

Conclusion

Knowing what makes for a successful rhetorical strategy can tell us a great deal about the conditions for successful political action. A common view is that political actors win policy debates by highlighting particular considerations—that is, by framing the issue to their advantage (e.g., see Koch 1998, pp. 209–210). Analysis of the rhetoric from the 1993–94 health care reform debate challenges the conventional wisdom in two respects. First, although both sides attempted to frame the issue strategically, there was considerable evidence of engagement, especially on the subjects raised by opponents. Second, proponent engagement was more effective at increasing support for reform than framing. Many reasons have been offered for the demise of health care reform; this analysis points to the possibility that a greater level of proponent engagement might have stemmed at least some of the loss in public support. Although proponents did attempt to rebut opponent arguments, they still devoted more of their efforts to framing.

As mentioned earlier, the conclusions of this study are based on a single, illustrative case. Thus, it is reasonable to wonder whether these conclusions generalize to other policy debates. They can, in at least one important respect. The Clinton health care reform bill is a classic example of what Edwards et al. (1997) refer to as “important” or “potentially important” legislation (also see Mayhew 1991). Notwithstanding the idiosyncrasies associated with specific administrations, the strategic imperatives facing political actors who propose consequential legislation are similar. Changes in communications technology and the institutional environment in which policy is crafted have made public strategies the norm for political actors seeking to make large-scale policy change (Kernell 1997). This study shows that to be effective, these public strategies should include a healthy dose of engagement—especially for those seeking to make a change to the status quo.

This study has focused on aggregate opinion, but several related areas of research remain unexplored. For example, scholars are only beginning to understand the individual-level consequences of engagement—i.e., how people react when they are exposed to competing claims on the *same* topic (e.g., “The Clinton bill will lead to a loss of jobs” vs. “The Clinton bill will result in job creation”). And yet this “he said/she said” style of discourse is a recurring feature of many campaigns and policy debates (e.g., Jerit 2004). With research on political communication moving away from the study of isolated arguments and toward more complex and realistic scenarios (e.g., Chong and Druckman 2008; also see Kinder 2003, 2007 for discussion), it is important to understand when engagement occurs and with what effects.

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Appendix A: Content Analysis and Data Collection

Elite Rhetoric

The data consist of arguments made by a wide array of elites: administration sources (e.g., Bill Clinton, Hillary Clinton, cabinet members), members of Congress and other elected officials (e.g., Governors), experts, interest groups, and officials from national party organizations (DNC, RNC). Approximately 75% of the arguments were made by elected officials or party members.²³ Examples of proponent and opponent arguments appear in Table A.1.

Table A.1 Examples of arguments from the health care reform debate, 1993–94

Category	Examples (P = proponent argument; O = opponent argument)
Security	With this Health Security Card, if you lose your job or switch jobs, you're covered. (P) The Senator questioned whether it would be possible to devise a system that provided the security of universal coverage to everyone. (O)
Status Quo	Under the current system, thousands of people who work for a living are being denied health care protection. (P) Claims of insurance industry discrimination are overblown; the president is more interested in finding villains than in health care reform. (O)
Crisis	For the last 50 years our country has come close to health care reform—this time we have to move forward. (P) Senator Bob Dole said he did not believe there was a health care crisis. (O)
Big Government	Supporters of the plan denied that it would lead to socialized medicine and reiterated that it built on the private system we now have. (P) The Clinton plan will result in more bureaucracy and more government control in your health care. (O)
Too Complex	After hearing critics assail his plan as too complicated, Clinton countered that it was straightforward and efficient. (P) The plan is very complicated; it tries to do too much too soon. (O)
Quality	The administration's health proposal guarantees patients the ability to choose their health plans and doctors. (P) The president's plan will force too many Americans to change their health care coverage; it could even prevent your own doctor from treating you. (O)
Cost	I want to make it clear that my plan is not some pie in the sky program that is not paid for or thought through. (P) The principle question opponents are raising is, what massive cost is this going to bring about? (O)
Economy	Tyson denounced studies predicting job losses of 3 million or more as "absurd." (P) Critics claim that the employer mandate in Clinton's plan will cost a million or more people their jobs. (O)

²³ Following Petrocik (1996, p. 837) I excluded statements about legislative strategy (also called "game frames"). About 10% of the arguments could not be classified into one of the categories in Table 1 and were placed in a residual category (also excluded from analysis).

Table A.1 Appendix continued

Category	Examples (P = proponent argument; O = opponent argument)
Group	Seniors stand to gain under the Clinton plan. (P) Financing health care reform with a cigarette tax is an unfair burden on the tobacco industry. (O)
Descriptive	Shalala said that under the Clinton plan, pap smears would be free every two years for women ages 50–64. (P) Chafee said his bill would not include an employer mandate. (O)

Table A.2 Component poll questions for the health care public opinion series

Question	No. times asked	Organization
From everything you have heard or read about the plan so far, do you favor or oppose President Bill Clinton’s plan to reform health care?	12	Gallup Polls
In general, do you favor or oppose President Bill Clinton’s health care reform plan?	9	Yankelovich I
From what you have heard or read, do you favor or oppose President Bill Clinton’s health care program?	8	NBC News/Wall Street Journal Poll
From what you have heard or read, do you favor or oppose President Bill Clinton’s health care reform proposals?	4	Princeton Survey Research Associates
Overall, do you favor or oppose President Bill Clinton’s plan for reforming the health care system?	3	Louis Harris Associates
Do you approve or disapprove of the health care reform proposals President Bill Clinton has presented to Congress?	3	<i>Los Angeles Times</i>
As you may know, President Bill Clinton is currently working on major proposals to reform the country’s health care system. In general, do you favor or oppose President Bill Clinton’s health care reform plan?	1	Yankelovich II
Based upon what you know about the changes President Bill Clinton is proposing for the nation’s health care system, do you favor or oppose his plan?	1	<i>Associated Press</i>
From what you know of it, do you approve or disapprove President Bill Clinton’s health care plan?	1	ABC News/Washington Post Poll

Note : Starting dates of the surveys are as follows: Gallup (9/24/93; 10/28/93; 11/02/93; 11/19/93; 1/15/94; 1/28/94; 2/26/94; 3/28/94; 5/20/94; 6/11/94; 6/25/94; 7/15/94); Yankelovich I (10/28/93; 1/17/94; 2/10/94; 3/02/94; 3/09/94; 4/06/94; 4/21/94; 6/15/94; 7/13/94); NBC/WSJ (9/22/93; 10/22/93; 12/11/93; 1/15/94; 3/04/94; 4/30/94; 6/10/94; 7/23/94); PSRA (9/24/93; 10/21/93; 12/02/93; 6/23/94); Harris (10/01/93; 11/11/93; 2/02/94); LA Times (9/25/93; 12/04/93; 4/16/94); Associated Press (7/20/94); ABC/Washington Post (5/12/94); Yankelovich II (9/23/93). With the exception of May, which is represented by 2 polls, every month of the debate is represented by at least 3 polls (and in several cases as many as 4 or 5)

Dependent Variable

Using the WCALC program developed by James Stimson (1999), I combined the responses to 42 public opinion polls administered by nine polling organizations. The algorithm extracts the common components of similar but differently worded questions and estimates latent opinion toward some object (in this case, health care reform). Table A.2 lists the question wording, polling organization, and number of times each question was asked.

A single dimension was extracted from the raw data (reliability = .65). The resulting series represents the percent supporting the Clinton plan (min = 38%; max = 59%).

Economic Perceptions

The economic perception series is based on an *ABC/Money* poll that asked respondents: “Would you describe the state of the nation’s economy these days as: Excellent, good, not so good, or poor” (min = 19%; max = 33%). The time series is based on 43 observations; the question was asked in identical format at each time point.

Appendix B: Auxiliary Analyses

An important step in time series analysis is to establish the stationarity of the variables. This appendix reports the results of a series of Augmented-Dickey Fuller (ADF) tests. For this test the null hypothesis states that a series has a deterministic trend (i.e., it is integrated or non-stationary). The analyst seeks to reject the null.

For the rhetoric variables we can reject the null hypothesis ($p < .05$) that the series have a deterministic trend. In other words, the test statistic is beyond the 5% critical value in the expected direction. In tests involving the economic perception series, we cannot reject the null hypothesis that the series have a deterministic trend. This is potentially problematic, so I took two precautionary steps. First, I confirmed that the results in Table 2 were the same using a differenced version of this variable. Second, I conducted another common test for stationarity (KPSS). This procedure tests the null hypothesis that a series is stationary, meaning that it is desirable *not* to reject the null. In a KPSS test with four lags, I fail to reject the null for the economic perception series.

Lastly, in tests involving the dependent variable, I can reject the null hypothesis that the series has a deterministic trend ($p < .05$). The KPSS test yields similar results. Even though it was not strictly necessary, I re-estimated the models in Table 2 with three different versions of the dependent variable (logged, differenced, logged and differenced) and obtained results that were nearly identical to those in Table 2.

Table B.1 Augmented Dickey-Fuller tests

	Test statistic	5% Critical value
Proponent Engagement		
One lag	-4.051	-3.532
Two lags	-3.828	-3.536
Proponent Framing		
One lag	-6.628	-3.532
Two lags	-5.072	-3.536
Opponent Engagement		
One lag	-3.831	-3.532
Two lags	-3.179	-2.955
Opponent Framing		
One lag	-3.654	-2.952
Two lags	-3.357	-2.955
Economic Perceptions		
One lag	-1.454	-2.952
Two lags	-2.260	-2.955
Support for Clinton plan		
One lag	-3.684	-3.532
Two lags	-3.530	-3.536

Note: MacKinnon critical values are reported. Trends and constants were excluded for the opponent engagement, opponent framing, and economic perceptions variables because they were insignificant. In other cases, trends and constants were included. Other tests (e.g., KPSS, Phillips-Perron) are consistent with those reported above

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