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The Effects of Beneficiary Targeting on Public Support for Social Policies

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We assess the tendency for the public to use group-centric policy evaluations with evidence from a survey experiment concerning two issues within the social policy domain, health care and aid to cities. By randomly varying target group identity within each issue and using both negatively and positively regarded groups our evidence shows that differences exist in the tendency for members of the public to use group-centric heuristics. Group-centric evaluations are related to party identification and political ideology. Across both issues conservatives and Republicans are more likely than liberals or Democrats to adopt a group-centric heuristic. Partisan and ideological differences suggest that established theories miss the mark by emphasizing how universal policy designs are preferred to designs that target unpopular groups.

KEY WORDS: policy targeting, public opinion and public policy, policy survey experiments

Introduction

Both group-centric policy evaluations and partisan and ideological differences in social policy evaluations have received significant attention in the study of American politics and public policy. Research on group-centric politics has established that target group identity influences public support for policy and policy design decisions by political elites (Gilens, 1999; Schneider & Ingram, 1993, 1997). Party and ideological differences in the evaluation of social policy are also well documented (Clausen, 1973; Feldman & Zaller, 1992; Shapiro & Young, 1989). Among elites and members of the public, Republicans and conservatives are less supportive of social policy initiatives than Democrats and liberals.

While these issues have attracted scholarly attention, to date they have been treated as separate concerns. Our contribution is to consider how partisan and ideological differences influence the use of group-centric heuristics. We conduct a survey experiment to examine the role that party identification and political ideology play in the tendency of members of the public to respond to target groups that vary in public support. Our research shows that, at least with respect to the two issues we examine—health care and aid to cities—members of the public vary in their tendency to use group-centric heuristics; Republicans, and particularly conservative

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Republicans, are more likely to use target group identity to evaluate policies. By contrast, Democrats, and particularly liberal Democrats, are less responsive to differences in group beneficiaries of a policy. Beyond this, members of the public apparently use group-centric heuristics in a manner that is consistent with the dominant ideology of their party. This finding has implications for group-centric theories and the policy design strategies that political elites are likely to employ.

Existing Research

Group-centric policy evaluations are thought to be common heuristic devices that allow members of the public to economize on information. Philip Converse (1964) first observed that members of the public evaluated policies on the basis of target groups and that group-centric evaluation could be manipulated by elites. Since then, target group identity has been linked to public support for policy and targeting has been seen as a key consideration in policy design.

Anne Schneider and Helen Ingram (1993) proposed a policy typology that linked power (stronger or weaker) and social constructions (deserving or undeserving) to create four different types of target groups. The "advantaged" were seen as deserving and stronger (such as veterans). The "dependents" were seen as deserving and weaker (such as children). The "contenders" were seen as undeserving and stronger (such as the rich). The "deviants" were seen as undeserving and weaker (such as drug addicts). Echoing Converse, Schneider and Ingram also noted that elites are likely to compete to influence the social constructions of target groups. Moreover, Schneider and Ingram also argued that group-centric politics can influence policy design. Policy elites can alter the degree of public support for a proposal by targeting different groups as beneficiaries (1997 and 1993). They suggested that policy support will vary systematically across policy targets and that public support for policies will be greater for target groups with positive social constructions, than groups with negative social constructions. One implication of group-centric policy design is that policies to aid the poor will enjoy more public support if they target positively constructed groups (e.g., children rather than their low-income single mothers).

Support for welfare spending is perhaps the best understood issue domain with respect to target groups. Martin Gilens (1999) used a survey experiment to investigate public opinion regarding welfare (which he defined as means-tested cash assistance) and concluded that negative stereotypes of black welfare mothers were central to white opposition to welfare. Gilens notes that age, marital status, family income, ideology, party identification, and attitudes about individualism contribute to negative perceptions of welfare mothers among whites. Although Republicans and conservatives are more likely to favor decreased welfare spending, the key to white opposition to welfare is negative perceptions of black welfare recipients; stereotypes of black welfare recipients are almost twice as strong in predicting opposition to welfare as are stereotypes of white welfare recipients (Gilens, 1999, p. 99).[1]

More recently, Hector Rodriguez, Miriam Laugesen, and Carolyn Watts (2010) conducted a survey experiment that examined the willingness of voters to support

increased taxes to finance expanded access to health insurance. Their experiment randomly varied two frames (one frame emphasized "externalities," the negative consequences of the uninsured on the insured, and the other emphasized "racial and ethnic disparities in health insurance coverage") and asked respondents about three target groups (all American citizens, all children, and all military veterans). They concluded that framing was insignificant. However, support for increased taxes did vary substantially on the basis of target group identity. Support was highest for military veterans, followed by children, followed by American citizens. Beyond this, they found that party identification "was the strongest predictor of support" (Rodriguez et al., 2010, p. 245). Although veterans enjoyed bipartisan support, Republicans were less likely than Democrats to support increased taxes to fund benefits for all children or all citizens.

Universalism as a Remedy

The bleak political prospects of policies that provide benefits to groups held in low regard by the public has led some to suggest that group-centric policy designs should be abandoned in favor of a universalistic approach. Theda Skocpol (1991) has argued that public support for policies that assist disadvantaged populations is likely to be stronger for universalistic than for narrowly targeted programs. She observes that cross-national research suggests that universalistic policies are more likely to enjoy broad, sustained political support. Universalistic policies (such as social security and Medicare) provide benefits for everyone and create a large base of support that is lacking for narrowly targeted policies (such as means-tested cash assistance).

Beyond this, Skocpol suggests that universal policies (policies that are specifically designed to avoid targeting specific groups) may be the most feasible way to provide benefits for negatively regarded groups. Skocpol proposes that policy design should reflect "targeting within universalism"; that is, policy should be designed initially to create a broad coalition of support by widely distributing benefits. Once the program is established, reforms can be introduced to enhance the generosity of benefits that target needier participants. She observes that "room has been made within certain universal policy frameworks for extra benefits and services that disproportionately help less privileged people without stigmatizing them" (Skocpol, 1991, p. 414). Medicare Part D (the prescription drug benefit), which contains a universal entitlement to prescription drug subsidies for all Medicare beneficiaries along with additional means-tested subsidies for needy participants, is a recent example.

William Julius Wilson has made a similar argument. Wilson (1987, p. 155) advocated assisting inner city minorities through a "hidden agenda" that would promote general welfare policies that are likely to appeal to advantaged groups. The easily mobilized opposition to policies that target poor minorities leads him to propose "nonracial solutions such as full employment, balanced economic growth, and manpower training and education" (Wilson, 1987, p. 147). Upon reflection, Wilson identified race as the critical concern in policy design. The best hope to improve the lives

of the truly disadvantaged is to use "targeted and universal initiatives that are clearly race neutral" (Wilson, 1987, p. 478). That is, avoid policy designs that target controversial or unpopular groups.[2]

Ideology and Partisanship

A separate strand of the literature examines the role of ideological and partisan differences in the evaluation of social policy. At the elite level, Aage Clausen (1973) analyzed the policy positions of members of Congress using congressional voting data and concluded that positions on social policy issues distinguish liberals from conservatives and Democrats from Republicans, an uncontroversial conclusion supported by modern treatments of the roll call record (Poole & Rosenthal, 1997). Democrats are generally more favorably disposed toward social policy initiatives than Republicans.

John Gerring (1998) analyzed the content of elite political communications, including party platforms and major policy speeches during presidential election years from 1828 to 1996. His analysis of recent party ideologies suggests that there are marked differences in the tendency of elites to practice group-centric politics and that these tendencies reflect core differences in political party ideology. In the realm of social policy, Republicans are more likely to express the importance of distinguishing between target groups on the basis of deservedness. Gerring suggests that two questions are central to Republican ideology: Who benefits from government policies? Do members of the target group deserve government benefits? By contrast, Democrats are likely to espouse a more universalistic ideology in which distinctions between deserving and undeserving groups are less important. Gerring's analysis, however, focused on elites and specifically excluded the mass of party voters (Gerring, 1998, p. 22).

While most Americans are conflicted about social policy, noteworthy differences in the ideologies of welfare state supporters and opponents exist. Stanley Feldman and John Zaller (1992, pp. 271–72) examined the role of political culture and ideology in public opinion about the American welfare state and assert that ideology and culture are "closely related" and that ideologies develop in response to conflicts within the culture. Although their analysis suggests that both liberals and conservatives are likely to discover tensions in their beliefs, they contend that value conflicts are more troubling for liberals because they must balance two equally important imperatives: freedom and equality. Conservatives, on the other hand, can justify their opposition to the welfare state by expressing the virtues of individualism and limited government. Although U.S. public opinion about social welfare policies may be an uneasy combination of liberal and conservative beliefs (Free & Cantril, 1968), clear differences of opinions are found when members of the public are grouped by political party and ideology.

Our research complements the existing literature by investigating variation in the use of group-centric heuristics when members of the public evaluate social policies. We address several limitations of the existing literature. First, our analysis makes a contribution by including a baseline measure of policy support (where no

target group is specified). By contrast, much of the existing literature does not directly compare policy that is targeted to specific groups to policy that is universal in its coverage. In addition, studies that have varied the target group of policy to assess the influence of target group specification on policy evaluation have often focused on negative stereotypes. Unlike prior research, we include positively as well as negatively regarded groups. Finally, existing research also does not distinguish members of the public in terms of the extent to which they rely upon group-centric policy evaluations. Our research shows how party identification and political ideology influence the tendency for members of the public to rely on group-centric heuristics.

Research Objectives and Hypotheses

We test five hypotheses (not necessarily mutually exclusive) related to public support for programs based on their perceived target groups. The first three concern public support for policy under conditions of targeting versus various forms of universalism, thus allowing us to directly assess the theoretical claims found in the existing literature. These hypotheses reflect the significance of target group identity (Gilens, 1999; Nelson & Kinder, 1996; Rodriguez et al., 2010; Schneider and Ingram 1993, 1997) and the suggestion that the political feasibility of policies that benefit unpopular groups is enhanced when policy designs avoid targeting specific groups (Skocpol, 1991; Wilson, 1987).

Hypothesis 1 tests Schneider and Ingram's social construction thesis, which is well known and widely cited but has not been subject to empirical testing. We hypothesize that when a target group is identified, public support for policies will be contingent on the social construction of the target population. This is the primary claim of the existing literature with respect to public support for targeted policies; policies targeting populations with positive social constructions are expected to enjoy greater support than policies targeting populations with negative social constructions. We term this the *social construction hypothesis*.[3]

The next two hypotheses examine and clarify the relationship between universal and targeted policy designs. Hypothesis 2 posits that universal policy designs enjoy more support than targeted policies. This is a stronger claim about universalism than is found in the existing literature. Under Hypothesis 2, support for universal public policies will be greater than the support enjoyed by all targeted policies, whether the targets are positive or negative in the sense of Schneider and Ingram. We term this the *strong universalism hypothesis*.

Hypothesis 3 tests the well known but empirically untested contention of Skocpol and Wilson that universal public policies will enjoy higher levels of support than policies that target unpopular groups. Do universal policy designs have more support than targeted policies when the target group is negatively constructed? This is a weaker claim about universalism that is more consistent with the existing literature. Under this form, support for universal public policies will be greater than for those public policies with target populations that have a negative social construction. We term this the *weak universalism hypothesis*.

Our research considers two social policy issues, health care and aid to cities. Hypothesis 4 revisits and refines the first three hypotheses by exploring whether the effects of policy targeting vary across the policy domains we examine. We term this the *policy domain invariance hypothesis*. Rejecting this hypothesis implies that the effects of policy targeting vary across policy domains.

For a variety of reasons, public support for policy action may vary by policy domain. Although it seems inconsistent with the ordinary meaning of the term, to some extent policies are by their essential nature more or less universal, regardless of whether a particular target group is specified. Even when no target group is specified, aid to cities is inherently less universal because people living outside cities are excluded from the direct benefits of such a policy. Beyond this, aid to cities is likely to be more controversial for its racial overtones. Frank Baumgartner and Bryan Jones (1993) argued that urban problems fell off the national agenda in the mid-1970s when Republicans reframed them in terms of minorities, race, and racial conflict and state and local autonomy. Reframing made it more difficult to place urban problems on the national agenda because, as Schneider and Ingram (1993) observed, minorities are negatively constructed policy beneficiaries.

Health care may also be a distinctive policy domain, especially as it relates to universalism. Mark Schlesinger and Tae-ku Lee (1993) identified several elements of health policy that distinguish it from others, including other policies that advance redistribution. In health policy there is generally more support for federal government action than is true for other social policies; members of the public distinguish health care from other forms of redistribution and favor government action for different reasons. In addition, Schlesinger and Lee (1993, p. 618) observe that in comparison to other welfare programs, health care is not racially identified. We expect that health care is more likely to trigger universalistic sentiments because everyone is a potential member of the target group and past studies have shown that when forming opinions about health care members of the public appear to be "motivated by compassion and altruism towards all citizens" (Shapiro & Young, 1986, p. 419).

Hypothesis 5 concerns variation among individuals in the tendency to use group-centric policy evaluations. The literature establishes clear differences between the social policy preferences of Republican and Democratic Party elites (Clausen, 1973; Gerring, 1998). Beyond this, public attitudes toward social policy issues also reflect partisan and ideological differences (Feldman & Zaller, 1992; Rodriguez et al., 2010; Shapiro & Young, 1989). We hypothesize that group-centric evaluations will also differ on these dimensions. Specifically, we expect that Republicans and conservatives are more likely to adopt group-centric evaluations; that is, policy support among Republicans and conservatives is more likely to reflect an evaluation of the policy's target group. We term hypothesis 5 the *group-centric hypothesis*.

Research Design

A general approach to empirically evaluating these hypotheses would be to collect opinion data from a set of respondents on a range of policy issues; code each

policy with respect to whether the affected population is universal or targeted, and if the latter, whether its target population has a positive or negative social construction; and then compare the average level of support across issues, controlling for other determinants of support.

In an observational approach, however, obtaining data to estimate such a model would be problematic, given that most existing policies target multiple populations, many respondents might not be aware of the policies' target populations, and the appropriate controls likely vary across policy issues. Also, if public perceptions of whom a policy serves are affected by prior support for a policy, then the main variable of interest, the target population of the policy, will be endogenous, with the estimated effects then biased and inconsistent.

To avoid these problems, we conducted a survey experiment that allowed us to isolate the effect of target populations from other determinants of support. Given the experimental setup, we test the effect of the policy targets on opinion and the hypotheses above by comparing the mean responses across groups. We do so by estimating the following models for two policy issues. The two policy issues we use here are health care and urban aid,[4] giving us a concrete version of the design described above. We model support for a health policy and an urban aid policy as a function of the target population, specifically whether the target population is universal, positively constructed, or negatively constructed.

This approach allows us to test our first four hypotheses. To test the fifth, that conservatives and Republicans are more likely to engage in group-centric evaluations, we engage in two tests. First, we add a series of group-centric variables, including partisanship and ideology, as independent variables. Second, we segment our sample into subgroups of liberals and conservatives and model support for health policy and urban aid policy as a function of the target population for each of these two subgroups separately. We then repeat this analysis for subgroups of Democrats and Republicans.

Several comments are in order. The treatment of interest, the target population of the policy, is randomly assigned to respondents. Respondents received a positively viewed target population, a negatively viewed target population, or no target population. The latter implies a universal population. This implies that in the estimated models, the intercepts for the equations measure the mean support for the policy issue when no target population is provided. Note also that while the same design is used in two policy areas (in our research, health care and urban aid), and the specific context of either or both of the issues may affect the degree of *overall* support for each issue, the design provides us with a test of our main concerns: the variation of support for a policy based on its target group. Our concern is thus not to explain the overall support for the program but to assess the *change* in the extent of support when, holding other elements of program design constant, the perceived target beneficiary group varies. As a consequence, the specific details of the program, its context, and other factors affecting overall support are not relevant.

To estimate the effects of targeting, we use data from a survey experiment. Data for this experiment come from two questions in a national survey fielded in November of 2006.[5] The questions were in the postelection wave of the George Washington

University module (Sides, 2006), which was part of the Cooperative Congressional Election Study (Ansolabehere, 2006) or CCES.[6] Details on the 2006 CCES can be found in Vavreck and Rivers (2008). Briefly, however, the data for the CCES were collected by Polimetrix (a company subsequently bought by YouGov, a British company). A very large number of potential respondents were recruited over the Internet, and this Internet-based pool of potential respondents was used to find respondents who provided demographic matches to subjects randomly selected from census data (the American Community Survey). The resulting CCES sample was weighted, but even with the weights, the sample has a higher level of information and pays more attention to politics than more traditional survey respondents. Given the ongoing debate about opt-in survey methods, a conservative and reasonable position would place more confidence in the internal validity of the survey experiment than in the external validity, though the same concerns hold for nearly all experimental studies in political science. The question wording for the two questions used to estimate equations (2) and (3), presented below, was as follows: "Would you support or oppose a federal program that would *POLICY* for [the] *POLICY TARGET*?" Two questions were asked. In the first question, the policy was to "reduce health-care costs"; in the second, the policy was to "provide aid to cities." Each respondent was asked both questions. For each question, however, the respondents were randomly assigned a policy target. The policy target varied across five conditions: universal, the elderly, children, federal government workers, and single low-income mothers.

In the "universal" condition, no target group was specified. The other four target groups were selected to vary by social construction as suggested by Schneider and Ingram: two groups with more positive social constructions (the elderly and children) and two groups with more negative social constructions (government workers and single low-income mothers). In Schneider and Ingram's typology, the elderly and children are "deserving," while single low-income mothers and government workers are "undeserving."[7] Respondents were given a closed-ended question, ranging from 1 ("strongly support") to 5 ("strongly oppose").[8] For each question, we have roughly 175 respondents in each experimental group, so we have sufficient power to detect differences in means across groups.

Results

The survey was fielded in the postelection wave of the 2006 CCES. Of the 794 individuals in that wave there were 789 respondents who experienced the treatment and answered both policy questions. Figure 1 illustrates the variation in support across treatment categories and policy issues. The bar charts with density concentrated on the right indicate higher levels of support for the policy for the target population.

The results are largely consistent with our expectations. Comparing the bar charts left to right illustrates the variation in support across target groups. Consistent with Schneider and Ingram's theoretical claims, policies that target what we thought would be more popular target groups (elderly people and children) tended to enjoy

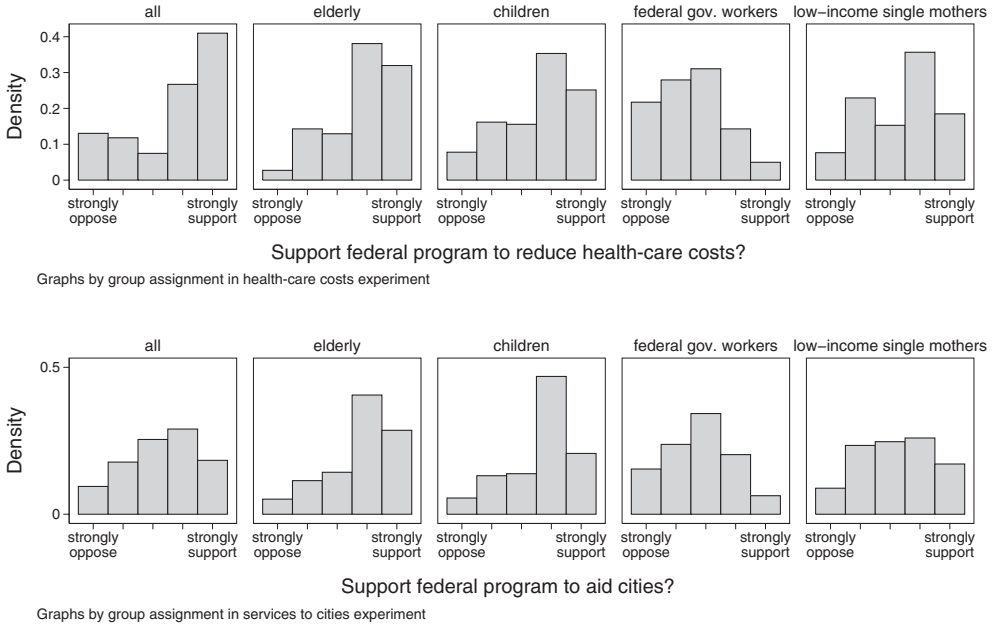

Figure 1. Distribution of Outcome Variables.

Table 1. Percent Support for Federal Programs across Treatment Groups

	All	Elderly	Children	Government Workers	Low-Income Single Mothers	Total
Cities	47.1	68.8	67.6	26.2	43.0	51.0
Health	67.7	69.6	60.5	19.3	54.1	54.0

Note: Here, "support" is defined as respondents who answered "strongly support" or "support" on a 5-point scale, so the cell entries represent the percentages of the two rightmost bars in Figure 1.

higher levels of support. However, programs in support of government workers, in particular, were resoundingly unpopular. Comparing the two rows of bar charts allows one to compare the distribution of support for reducing health-care costs (top panel) to the distribution for urban aid (bottom panel). This picture is more ambiguous, though public support for a program to reduce health-care costs is generally more popular than aid to cities. In addition, the appeal of universalism (where no target group was specified) is much greater in health care than in aid to cities. These initial results confirm that levels of support enjoyed by social policies vary across both policy domain within target populations and across target populations within policy domains. Table 1 provides the mean levels of support (strong support + support) for each of the five experimental conditions together with an overall average. For health care, support varied from 69.6 percent when the elderly were the target group to 54.1 percent when low-income single mothers were the intended beneficiaries and 19.2 percent when government workers were the target. For aid to cities, support varied from 68.8 percent when the aid to cities was intended

Table 2. Experimental Effects

	Health Care Costs	Aid to Cities
Elderly	0.0891	0.511*
	(0.114)	(0.102)
Children	–0.217*	0.403*
	(0.110)	(0.107)
Government workers	–1.144*	–0.593*
	(0.111)	(0.107)
Low-income single mothers	–0.263*	–0.0452
	(0.112)	(0.104)
Constant	3.691*	3.276*
(Universal condition)	(0.0827)	(0.0765)
R^2	0.119	0.077

Standard errors in parentheses, * indicates $p < 0.05$.
Estimation by seemingly unrelated regression, N = 789, cross-equation correlation = 0.59.

for the elderly to 43.0 percent when the intended beneficiaries of aid to the cities were low-income single mothers and 19.3 percent when the target for aid to cities was government workers. Clearly varying the target group influences the extent of support.

Given the two experiments (health care and urban aid), we could estimate an equation for each, but estimating the two equations simultaneously with seemingly unrelated regressions (SUR) yields efficiency gains if the errors are correlated across equations. There is no payoff to SUR in the case of identical regressors, and while it might seem like we have that case here, we do not, since the treatment assignment varies across policy issues. That is, respondents were randomly assigned to a group for the health care question and randomly assigned to a group for the urban aid question. It was possible to be randomly assigned to the same group for both questions. Estimating the equations by SUR produces yields the results in Table 2, with the estimated coefficients over the standard errors as the cell entries.[9]

Of the five target groups, the "universal" condition (where no target group was specified) was omitted. Therefore, the coefficients (save the constant, which is the baseline) can be interpreted as differences in mean for that target group vis-à-vis the universal condition. The individual coefficients are qualitatively consistent with the expectations of both Schneider and Ingram (1993, 1997) and Skocpol (1991), with the exception of the negative coefficient on children in the health-care costs case. Figure 2 illustrates the regression coefficients with 95 percent confidence intervals graphically. The horizontal lines depict the lower and upper bounds for the confidence intervals, with the point predictions indicated by a filled circle. In Figure 2, the dashed vertical lines represent the baseline of universalism, so in the cases where the confidence intervals cross the dashed line (such as for low-income single mothers in the aid to cities issue), the difference in means between the target population and the universal baseline is not statistically significant at the alpha = 0.05 level.[10]

We present the results of joint hypothesis tests in Table 3. The joint tests formalize what is apparent from Figure 2. We test the hypotheses as follows. For the *social*

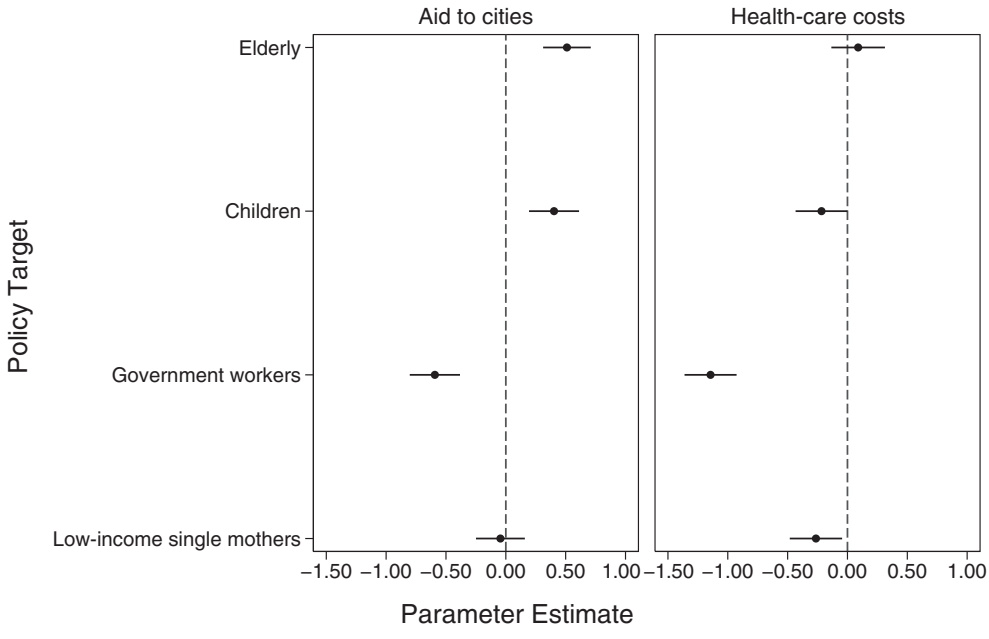

Figure 2. Mean Differences by Policy Domain and Policy Targets.
Note: 95% CIs shown based on estimates from Table 2; estimates relative to universal baseline.

Table 3. Summary of Hypothesis Tests for Results of Table 2

Hypothesis	Health Care Costs	Aid to Cities
Strong universalism	Reject null $p < 0.01$	Do not reject null $p = 0.60$
Weak universalism	Reject null $p < 0.01$	Reject null $p < 0.01$
Social construction	Do not reject null	Reject null
Policy domain invariance	Reject null of invariance $\chi^2(4) = 23.01$, $p < 0.01$	

Decisions based on joint parameter tests as described in text.

construction hypothesis (hypothesis 1), we made a decision rule as follows. We reject the null if the sum of the coefficients for the negatively constructed groups is significant and negative and the sum of the coefficients for the positively constructed groups is significant and positive. We adopt this conservative approach because testing joint inequalities of coefficients is a formidable technical problem.[11]

For the *strong universalism hypothesis* (hypothesis 2), we test whether the sum of the treatment coefficients is significantly less than zero.[12] For *weak universalism* (hypothesis 3), we test whether the sum of the treatment coefficients for the negatively constructed groups is significantly less than zero. And for the *policy domain invariance* hypothesis, we test whether the coefficients for health-care costs are jointly different from the coefficients for urban aid. With respect to the universalism and social construction patterns, the results imply inconsistent conclusions

across the two policy issues. For urban aid, we reject strong universalism but do not reject weak universalism and social construction. A universal urban aid policy is more likely to be favored than a policy targeted toward the most negatively selected group (government workers), but less likely to garner favorable support than a policy targeted toward the two more positively constructed groups, the elderly and children. For health-care costs, we draw different inferences; a universal policy is more favored than a policy that targets the two negatively constructed groups as well as to one of the positively constructed groups (children), so we do not find support for the *social construction hypothesis* in the health domain. The effects of target populations vary across policy issues, so we reject the null of policy issue invariance ($p < 0.01$).

These results expose an ambiguity in the existing literature. The literature makes three central claims; group-centric policy evaluations can be triggered by framing that connects government action to some visible group (Nelson & Kinder, 1996), support for policy reflects the public's views of target groups (Schneider and Ingram 1993, 1997), and universal policies are more popular than policies that target unpopular groups (Skocpol, 1991). If the respondents are using group-centric heuristics to evaluate policy, Schneider and Ingram would predict a consistent ordering of support with groups held in low regard at the bottom and groups held in high regard at the top. Skocpol's claims apply to unpopular target groups: Existing theory implies that if the public is using group-centric evaluations, universal policy designs are expected to hold an intermediate position in the ordering (but never below the levels of support for groups held in low regard). The implications of universalism in comparison to well-regarded target groups are ambiguous. However, if universal designs enjoy more support than policies that target popular groups, it may indicate that some members of the public are practicing strong universalism—that is, resisting group-centric cues when evaluating policy.

The results presented in Tables 2 and 3 can be considered the pure experimental results. No control variables were included, and no subgroups were compared. All the explained variation in the models was due to the variation in the experimental manipulation. We can probe deeper by estimating more complete models and by analyzing by subgroups. This will allow us to test hypothesis 5, the *group-centric hypothesis*, which asserts that conservatives and Republicans are more likely to engage in group-centric evaluations.

In Tables 4 (health-care costs) and 5 (aid to cities), we add both demographic and political variables. Tables 4 and 5 show the baseline model (column (1)), the baseline model + demographics (column (2)), and the baseline model + demographics + political variables (column (3)). Adding these variables increases R^2 considerably, but notice that the experimental effects do not fluctuate much. That makes sense, as they are orthogonal to all the other variables by construction. The changes we see are due to sample quirks and the fact that some chunk of the sample drops out due to missing data on the demographic and political variables. With respect to the two political variables, as hypothesized both party identification (on a 7-point scale) and ideology (on a 5-point scale) are statistically significant at conventional levels, with the effect of ideology having a larger substantive impact than party identification.

Table 4. Adding Controls, Health Care Model

	(1)	(2)	(3)
Elderly	0.115	0.060	0.133
	(0.141)	(0.149)	(0.139)
Children	–0.169	–0.252	–0.224
	(0.137)	(0.143)	(0.133)
Government workers	–1.180*	–1.298*	–1.235*
	(0.138)	(0.146)	(0.136)
Low-income single mothers	–0.364*	–0.350*	–0.306*
	(0.139)	(0.149)	(0.138)
Age		0.002	0.002
		(0.003)	(0.003)
Nonwhite		0.056	–0.139
		(0.139)	(0.132)
Female		0.300*	0.200*
		(0.093)	(0.087)
Education		0.057	0.016
		(0.038)	(0.036)
Family income		–0.028*	–0.002
		(0.014)	(0.014)
Party identification			–0.116*
1 = strong D, 7 = strong R			(0.028)
Ideology			–0.331*
1 = strong L, 5 = strong C			(0.060)
Constant	3.708*	3.574*	5.033*
	(0.098)	(0.252)	(0.276)
R^2	0.122	0.159	0.315
N	793	672	634

Estimated via OLS, standard errors in parentheses; *denotes $p < 0.05$.

Given the sizable effect of ideology and prior research indicating that self-identified liberals and conservatives often respond differently to framings in survey experiments (e.g., Sniderman & Carmines, 1997), we conducted subgroup analysis by ideology. Table 6 presents subgroup effects for liberals (1 or 2 on the ideology scale) and conservatives (4 or 5 on the same scale). These tables contain independent regressions, since we are comparing different subsets of respondents.

Two main patterns of note are evident in the table. First, compare the R^2s across liberals and conservatives. Variation in policy target explains much more variation in support for the policy for liberals than for conservatives. Second, and more importantly, the most striking pattern in the two tables is that universal policy designs are more appealing to liberals (with government workers being the only significant, but negative, variable) whereas targeted designs are more appealing to conservatives. The differences across liberals and conservatives are substantial.[13] This is especially obvious in the cities domain, but the pattern for health care is discernible as well. When the sample is segmented by partisanship and analyses are run separately for Republicans and Democrats, the results are much the same as for liberals and conservatives.[14] These results across subgroups, taken together with the previous results across policy domain, strongly point to the conclusion that the public's response depends on the specific policy issue in question, the particular target groups identified, and the subpopulation of interest.

Table 5. Adding Controls, Aid to Cities

	(1)	(2)	(3)
Elderly	0.470*	0.504*	0.446*
	(0.126)	(0.133)	(0.118)
Children	0.351*	0.333*	0.361*
	(0.132)	(0.139)	(0.123)
Government workers	–0.507*	–0.565*	–0.542*
	(0.133)	(0.140)	(0.125)
Low-income single mothers	–0.100	–0.127	–0.105
	(0.129)	(0.137)	(0.122)
Age		0.002	0.003
		(0.003)	(0.003)
Nonwhite		0.433*	0.205
		(0.130)	(0.119)
Female		0.301*	0.153
		(0.087)	(0.079)
Education		0.060	0.014
		(0.036)	(0.033)
Family income		–0.056*	–0.024
		(0.014)	(0.012)
Party identification			–0.158*
1 = strong D, 7 = strong R			(0.025)
Ideology			–0.297*
1 = strong L, 5 = strong C			(0.053)
Constant	3.290*	3.279*	4.804*
	(0.090)	(0.237)	(0.249)
R^2	0.079	0.144	0.356
N	790	669	631

Estimated via OLS, standard errors in parentheses; *denotes $p < 0.05$.

Table 6. Subgroup Analysis, by Ideology

	Liberals Health Care	Liberals Aid to Cities	Conservatives Health Care	Conservatives Aid to Cities
Elderly	–0.264	0.163	0.504*	0.639*
	(0.252)	(0.174)	(0.199)	(0.175)
Children	–0.636	0.175	0.071	0.396*
	(0.226)	(0.180)	(0.199)	(0.183)
Government workers	–1.605*	–0.891*	–0.620	–0.299
	(0.233)	(0.177)	(0.192)	(0.193)
Low-income single mothers	–0.333	–0.060	0.063	–0.133
	(0.234)	(0.182)	(0.194)	(0.177)
Constant	4.568*	4.197*	2.668*	2.476*
	(0.170)	(0.123)	(0.142)	(0.128)
R^2	0.261	0.211	0.082	0.068
N	167	167	271	271

Standard errors in parentheses, *indicates $p < 0.05$.
Estimation by seemingly unrelated regression, for liberals (N = 167) and conservatives (N = 271) separately.

Conclusion and Discussion

Our research has examined five hypotheses related to group-centric policy evaluation. First, we find that the extent to which group-centric evaluations affect support for policies varies across policy domains and that the differences between policy domains also affect our other findings. Next, we examined policy design (universalism versus target group identification) was related to public support for policies and policy domain. For urban aid, we find that urban aid policies targeted toward positively constructed groups have more public support than does a universal policy. For health care, policies targeted to one of the two positively constructed groups have greater support than does a universal policy. However, the results indicate somewhat greater support for what we have called "weak universalism." In general, universal policies have greater public support than do policies directed toward negatively constructed groups, but less support than do policies that benefit positively constructed groups. This finding is consistent with Skocpol's argument even though it is not consistent with "strong universalism" as we have defined the term.

Our final hypothesis test—that support for targeted policies reflects partisan and ideological differences among individuals—yields a key finding that deserves greater elaboration. When analyzed together important differences in the use of group-centric heuristics between Republicans and Democrats and liberals and conservatives create muddled outcomes. When analyzed separately, however, discernible patterns emerge.

Regardless of the issue under consideration, conservatives (and especially more conservative Republicans) tend to behave in a manner consistent with established theory. Self-identified conservatives' responses vary by target groups and their preferences about social policies are consistent with theoretical predictions (placing lowly regarded groups at the bottom, universal policy designs in the middle, and highly regarded groups at the top). However, liberals, and particularly liberal Democrats, are much less likely to adopt a group-centric heuristic, even when confronted with policy choices in which policies are directed toward groups that vary in public support in a survey experiment. Consequently, their policy preferences are less influenced by target group specification: self-identified liberals and Democrats often prefer universal policy designs even to designs that target popular groups.

The patterns we have observed are consistent with differences in the social policy positions and ideologies of the parties. Gerring (1998), who analyzed the content of elite political communications, found marked differences in the tendency of party elites to practice group-centric politics. With respect to the two policies that we have examined in the realm of social policy, Republicans were more likely to express the importance of distinguishing between target groups on the basis of deservedness. Our findings are consistent with Gerring. Republican leaders appeal to their base when they target governmental benefits to groups that are seen as deserving. On the other hand, Democrats appeal to their base with universal policy designs.

Our findings, if generalizable to other issues, also have implications for group-centric theories and the political feasibility of universalistic policy designs. Conser-

vative Republicans practice "weak universalism" that is consistent with existing theory; they favor universal designs over designs that target unpopular groups. Liberal Democrats, however, practice "strong universalism" that goes beyond the claims of established theory; they favor universal policy designs over designs that target even some popular groups. When Skocpol and Wilson advocate weak universalism they imagine a contest between universal policies and policies that target unpopular groups. They favor universal policy designs as a second-best solution given the poor political prospects of policies that target negatively regarded groups.

However, our analysis implies that partisan policy disputes are unlikely to revolve around the concerns of weak universalism. The policy design question is not whether universal designs are preferred to designs that target unpopular groups; partisan disputes about policy design are more likely to be a contest between universal designs and designs that limit benefits to positively regarded groups.

Notes

1. While our concern is on the effect of the public's evaluation of target groups on support for public policy directed at specific groups, research has demonstrated that evaluation based on target groups can be triggered by issue framing. Thomas Nelson and Donald Kinder (1996) demonstrated that when an issue is framed in a manner that connects government policy to some visible group, group-centric evaluations are more prevalent (see also Sniderman & Carmines, 1997).
2. For a contrary view, see Greenstein (1991).
3. Since Schneider and Ingram's classification of groups was illustrative and speculative, examining this hypothesis also helps to assure that we have established an empirical foundation to assess the effects of target group specification. By testing hypothesis 1, we assess whether or not our group specification conforms to Schneider and Ingram's theoretical expectations.
4. More details on the questions appear further on in the text. The issues are provided here to make the framework more concrete.
5. Readers should note that the data collection for this study took place before the Affordable Care Act was proposed.
6. The module name and authors have been made anonymous for blind review.
7. The classification of groups as deserving or undeserving is based on illustrative examples suggested by Schneider and Ingram. For our purposes the key issue is whether the groups we have identified generate varying levels of support for policies across groups. That is, do the four groups we identified cue reactions that are consistent with Schneider and Ingram's theoretical expectations regarding policy design and target groups?
8. In the analysis that follows, the polarity of the survey responses was reversed, so that positive coefficients indicate higher mean levels of support.
9. Of course, given that the outcome variables here take on five ordered values, some would argue for estimating seemingly unrelated ordered probit models. Such models raise a host of difficulties, so we side with Angrist and Pischke (2009, p. 107) and estimate linear models here. We also estimated ordered probit models, and the results do not depend on our choice of model.
10. When we refer to statistical significance in this article, we use the conventional 0.05 level based on one-tailed tests of our directional hypotheses.
11. For a discussion of the challenges involved, see Geweke (1986).
12. For example, for the health care strong universalism hypothesis test, we sum 0.089, –0.217, –1.144, and –0.263, find the standard error of the sum, and perform the appropriate statistical test. In this case, the sum is –1.53, the standard error is 0.35, and the z-statistic is –4.4, leading us to reject the null that the sum is not less than 0.

13. We did not test for statistical significance within the SUR framework because the equations are estimated using different subsamples of the data. However, we also estimated a single health equation and a single cities equation, adding a dummy denoting liberal ideology and interacting that dummy with each treatment group assignment. For both the health equation and the cities equation, we reject the null of equal effects for liberals and conservatives. For health care, $F(5,429) = 31$, for cities, $F(5,429) = 45$, so both have p-values much smaller than 0.05.
14. Results are available upon request from the lead author. Also note that if controls are included as in Tables 4 and 5, the results of Table 6 do not change. This follows from the fact that, as noted earlier in the text, the assignment to target group is random and therefore uncorrelated with all the controls.

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