

**CONNECTING ECONOMIC INTERESTS AND POLICY PREFERENCES:
THE ROLE OF ATTITUDES TOWARD AUTHORITY**

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Abstract: How do Americans connect their economic interests to their policy preferences? This paper analyzes conversations from multiple visits with 31 preexisting informal groups meeting in 23 communities sampled across a Midwestern state. The analyses focus on conversations about health care reform. They reveal that attitudes toward government are a central part of the way people structure their policy preferences. However, there is a great deal of heterogeneity in the skepticism toward government that Americans express. These attitudes vary by both individual and community economic background and perceptions of these backgrounds. In groups composed of people from more working-class backgrounds, people commonly express skepticism toward government as part of a general perspective of skepticism toward institutions of authority in general. In groups of professionals, people question and criticize government, but not authority in general. These perspectives are commonly intertwined with references to geography that operate as metaphors for resource inequalities, identification with sets of values and social classes, and perceptions of the exercise of authority. Recognizing this heterogeneity and revealing these patterns helps us understand the connections between economic interests and policy preferences and the possibilities for social policy reform.

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How do Americans connect their economic interests to their policy preferences? The connections they make are often “imperfect,” meaning policy preferences do not always reflect what observers expect based on objective indicators like income, level of education, and type of occupation. For example, those who stand to lose (or at least not gain) from tax cuts nevertheless support them despite rising income inequality (Bartels 2008, chap. 6). This is just one of many of a long and well-established list of examples of a weak link between interests and preferences (Citrin and Green 1990, Stoker 1994). Political observers’ fascination with the connection between economic interests and political attitudes continues, as the recent controversy over whether white members of the working class are voting for the “wrong” party—Republicans rather than Democrats—attests (Frank 2004, but see Bartels 2006, Gelman et. al. 2008).

What accounts for the imperfect link between interests and preferences? A large part of the answer is information. More politically informed people tend to make choices more consistent with their objective economic interests (e.g., Delli Carpini and Keeter 1996, 238-243). Also, people tend to make decisions that more closely reflect their objective economic interests when they have particular types of information: information that makes it clear which political actors favor a policy (Bartels 2008, 176-181), and information that clearly connects their interests and political choices (Chong et al. 2001).

However, information is not the entire source of the link (or lack of it) between economic interests and political attitudes. For example, one of the most intense policy debates of the 1990s, the debate over health care reform during President Bill Clinton’s first term in office, filled the news media with information, but this did not result in tighter connections between household income and preferences on the issue. In fact, the debate resulted in a weakened relationship between income and preferences—among the most informed as well as those less attentive to politics (Claassen and Highton 2006).

Beyond information, an equally important piece of the story is the role of other considerations besides economic interests in the formation of preferences. In particular, skepticism toward government helps explain why interests that we might expect would predict support for government intervention do not always do so. In addition to partisanship, ideology, and values, attitudes toward government underlie the common phenomenon that socioeconomic indicators are often not the best predictors of political choices. This paper focuses on these attitudes to try to further reveal the way they mediate the effect of economic interests on policy preferences.

This paper also tries to take advantage of another key insight from existing research: understanding the connection between interests and preferences lies in taking into account *subjective* interests, that is, the way in which the people we study conceptualize their interests, as opposed to simply using objective indicators like income as synonymous with their interests. Stoker (1994) demonstrated that the link between interests and preferences is tighter when we take into account these subjective interests. Specifically, her work argued that we typically mistakenly assume that the considerations that count as interests are identical across people, and that all people weigh these considerations the same way. Her analysis showed that these

misspecifications lead us to underestimate the role of self-interest. The gap between objective and self-defined interests is not necessarily large (Chong et al. 2001, 547-549), but the more general point from Stoker's work stands: Understanding the connection between interests and preferences requires investigating interests from the perspective of the people we study.

Based on observation of conversations among informal groups that meet of their own accord in a variety of communities, I argue in this study that attitudes toward government are indeed a central part of the way people structure their policy preferences, but there is a great deal of heterogeneity in the skepticism toward government that Americans express. These attitudes vary by both individual and community economic background and perceptions of these backgrounds. In groups composed of people from more working-class backgrounds, people commonly express skepticism toward government as part of a general perspective of skepticism toward authority in general. In contrast, in groups of professionals, people question and criticize government, but not authority in general. These perspectives are commonly intertwined with references to geography that operate as metaphors for resource inequalities, identification with sets of values and social classes, and perceptions of the exercise of authority. Recognizing this heterogeneity and revealing these patterns helps us understand the connections between economic interests and policy preferences and the possibilities for social policy reform.

To examine how people connect economic interests to their policy preferences, I studied conversations among 31 naturally-occurring groups of people in 23 different municipalities in a Midwestern state. These communities were chosen to vary by median household income, population density, racial and ethnic composition, local industry and agricultural background. I focus on conversations about a particular policy domain: health care reform. I chose to focus on talk about this topic because it is a policy area that affects people of a wide variety of economic backgrounds and therefore is likely to generate conversation in which individuals talked about their stances in light of their own personal circumstances. Also, it is an issue which the public as a whole perceives class conflict (Stoker 1994) and therefore people are likely to reference their economic situations when they talk about it. In addition, it is of prominent public concern and therefore is likely to generate sustained conversation. Thus, conversations about health care served as a window for examining the manner in which people make sense of public policy as people in a particular economic situation.

The paper proceeds by describing the contours of public opinion on health care reform, the methods and data used in this analysis, the results of the study, and then concludes with a discussion of the findings and implications for subsequent research and policy reform.

THE SHAPE OF PUBLIC OPINION TOWARD HEALTH CARE REFORM

The American public expresses a great deal of satisfaction with the current health care system, particularly with health care costs. Although majorities consistently express satisfaction with the quality of their care, only bare majorities, if that, are satisfied with

the amount they pay for their care. For example, a June 2008 Kaiser Family Foundation poll found that 87% of U.S. adults are somewhat or very satisfied with the quality of their care, while only 63% are somewhat or very satisfied with costs.¹ Also, recent polls have shown that 58% say that the cost of health care is affecting them a great deal or quite a bit,² 74% say rise in health care costs has affected their family's financial situation "very" or "somewhat" negatively,³ and 89% of the adult public perceives that the costs of health care are rising too fast.⁴

Along with this concern with costs is a widespread feeling that health care reform should be a major national priority. In recent months, when asked what is the most important problem facing the nation, or what should be the federal government's top priority, health care is regularly the fourth most common response, after jobs and economy, the price of gas, and the war in Iraq.⁵ In addition, when asked in which issue

¹ A Kaiser Family Foundation poll of 1,066 registered voters nationwide, conducted June 3-8, 2008, asked, "For each specific item I name, please tell me whether you are very satisfied with it, somewhat satisfied, somewhat dissatisfied, or very dissatisfied. Your health care costs, including both expenses not covered by insurance, and the cost of your insurance, if any. [subsequent item]: "The quality of the health care you receive."

² A half sample of an NBC News/ Wall Street Journal poll of 1,012 registered voters nationwide, conducted March 7-10, 2008, was asked, "Let me read you a number of aspects dealing with the economy, for each please tell me whether this is currently affecting you a great deal, quite a bit, just some, or very little. If this does not apply to you, just say so. The cost of health care." 60% of a half sample of 1,008 respondents polled December 14-17, 2008, gave these responses.

³ A USA/ Gallup poll of 2,020 adults nationwide conducted January 30-February 2, 2008, was asked, "What effect have these economic problems had on your family's financial situation? Rise in health care costs."

⁴ A Harris Interactive poll of 1,046 16 to 64 year-olds nationwide, conducted April 30-May 12, 2008, asked, "Thinking of the evolution of the health care system in your country in the past few years and its current situation, to what extent do you agree or disagree with the following statements? Costs of care and treatment in the public health care system are rising too fast." Jacobs, Shapiro and Schulman 1993 note that public support for government spending on health care rose across the 1980s and 1990s (395).

⁵ NBC News/ Wall Street Journal Poll of 1,003 registered voters nationwide, conducted July 18-21, 2008, asked, "Let me list some issues that have been proposed for the federal government to address. Please tell me which one of these items you think should be the top priority for the federal government. [Job creation and economic growth, Energy and the cost of gas, The war in Iraq, Health care, Terrorism, Illegal immigration, The environment and global warming, The mortgage and housing situation were listed in randomized order]." If the respondent answered more than one, the interviewer asked, "Well, if you had to choose just one, which do you think should be the top priority?" 23% said Job creation and economic growth, 20% said Energy and the cost of gas, 16% said The war in Iraq, and 11% said Health care. All other options obtained few than 11% of responses. Likewise, a CBS News/New York Times poll of 1,796 adults nationwide, conducted July 7-14, 2008, asked the open-ended question, "What do you think is the most important national issue facing the country today?" 37% said Economy/Jobs, 15% said the War in Iraq, 7% said the Gas/Heating oil crisis, 6% said Health care, 3% said Immigration, and 30% mentioned something else that did not fit into these categories, and 2% were unsure.

area “America is most in need of a new direction and a new approach,” health care obtained the most responses (39%), edging out the war in Iraq (35%).⁶ 83% of adults aged 16-64 think the health care system needs “fundamental changes” or that we need “to completely rebuild it.”⁷

Not only does the American public perceive the need for change, but they perceive that the federal government, namely the president and Congress, is capable of making change,⁸ and majorities perceive it is the government’s responsibility to make sure that everyone has adequate health care coverage.⁹

However, the public is ambivalent about what type of reform ought to be enacted. As Jacobs, Shapiro, and Schulman noted at the time of the push for reform under the Clinton administration, although members of the public see a need for reform, they are ambivalent about expanding government’s involvement in the health care system (1993). Although support for a government insurance plan has increased steadily since 1996, this support still has not reached a majority of voting-age adults.¹⁰ This desire for reform, yet wariness of government intervention is partly driven by attitudes about

⁶ An NBC/Wall Street Journal poll of 1,509 adults, including an oversample of 504 voters, conducted November 1-5, 2007, asked, “Let me read you several issues. Please tell me the one or two, if any, where you feel America is most in need of a new direction and a new approach. Health care, Iraq, immigration, foreign policy in places other than Iraq, family values issues, global warming, and trade.” Respondents were allowed to give up to 2 responses.

⁷ A Harris Interactive poll of 1,046 adults aged 16-64 conducted April 30 to May 12, 2008, asked, “Which of the following statements comes closest to expressing your overall view of your country’s health care system: There are some good things in our health care system, but fundamental changes are needed to make it work better; or on the whole, the health care system works pretty well and only minor changes are necessary to make it work better; or the health care system has so much wrong with it that we need to completely rebuild it?” 12% said minor changes, 50% said fundamental changes, 33% said completely rebuild, and 5% were not sure.

⁸ A Kaiser Family Foundation poll of 1,066 registered voters conducted June 3-8, 2008, asked, “Do you think that the cost of health care is something the president and Congress can do a lot about, do a little about, or is that mostly beyond their control?” 62% said a lot, 21% said a little, 13% said mostly beyond their control and 3% did not know or refused to answer.

⁹ A Quinnipac University Poll of 1,745 registered voters, conducted May 8-12, 2008, asked, “Do you think it’s the government’s responsibility to make sure that everyone in the United States has adequate health care, or don’t you think so?” 61% said yes, 35% said no, and 4% didn’t know.

¹⁰ Since 1970, The American National Election Studies has included a relevant question every two years. It asks, “Some (1988,1994-later: people) feel there should be a government insurance plan which would cover all medical and hospital expenses (1984 and later: for everyone)...Others feel that (1988,1994-1996: all) medical expenses should be paid by individuals, and through private insurance (1984 and later: plans) like Blue Cross (1984-1994: or [1996:some] other company paid plans).. Where would you place yourself on this [7-point] scale [where 1=Government insurance plan, 7=Private Insurance Plan], or haven't you thought much about this?” In 2004, 42% of the 1,211 respondents placed themselves at 1, 2, or 3 on the scale. See The American National Election Studies (www.electionstudies.org). The ANES Guide to Public Opinion and Electoral Behavior. Ann Arbor, MI: University of Michigan, Center for Political Studies.

personal and collective responsibility, but also by “dread” of big government (Zis et. al. 1996; Jacobs et al. 1993; Popkin 2007).

The state of Wisconsin in which the present study was conducted mirrors these national attitudes. A University of Wisconsin Survey Center Badger Poll of 521 adults statewide fielded April 15 to April 24, 2008, asked respondents to rate their support for three competing proposals for reform at the state level.¹¹ 76% “strongly” or “somewhat” favored expanding existing government programs, 65% favored requiring every resident to have health insurance, and 61% favored a new system administered by the state government.

METHODS

To examine the linkages people make between their own economic circumstances and health policy reform, I studied the linkages people make in the course of conversations with people they regularly associate with. I chose the sites of my study by sampling particular communities. I sampled these communities to vary by partisan leaning, median household income, population density, size of community, racial and ethnic heterogeneity, local industry, and agricultural background. To do so, I categorized the counties in Wisconsin into 8 distinct regions, based on the qualities just named, and then purposively chose the city or population center in that region (or randomly selected it if there were multiple central cities), and randomly chose a smaller municipality. Several additional municipalities were chosen purposively to provide additional variation.

To find the groups that I studied, I asked for advice from University of Wisconsin Extension offices¹², local newspaper editors, and local leaders. I sought a group of people who met regularly and casually of their own accord in a neighborhood gathering place to which I could gain access. These groups were typically informal groups that met in local restaurants, cafes or gas stations early on weekday mornings, or groups that met regularly in a local place of worship. (See Appendix A for descriptions of these groups and communities.) Throughout this paper, I refrain from identifying municipalities by name (except Milwaukee and Madison which are large enough to conceal the identity of the groups) and use pseudonyms to refer to the people I observed. I visited each group between 1 and 4 times between May 2007 and August

¹¹ The poll asked, “A number of proposals have been made about ways to change the health care system in the State of Wisconsin. For each of the following proposals, please tell me whether you strongly oppose it, somewhat oppose it, somewhat favor it, or strongly favor it. [Proposal 1]: The state of Wisconsin should combine the resources currently being spent on health care by employers, individuals, state government, and insurance companies to create a new system run by the state government to cover all residents. [Proposal 2]: How about expanding the eligibility of existing state health insurance programs such as BadgerCare, Medicaid, and Healthy Families, to provide coverage for more people without health insurance? [Proposal 3]: What about requiring every resident of Wisconsin to attain health insurance, either from their employer or another source, and offer government subsidies to low-income residents to help them pay for it?

¹² The UW Extension is a set of county-based public outreach offices located throughout the state of Wisconsin that are affiliated with the UW System.

2008. When possible, I spent time with multiple groups in a given municipality, especially to provide greater socioeconomic and gender variation.

The visits, which I refer to as “listening investigations,”¹³ took the following form. The first time I investigated the conversations in a given group, I arrived at the location at the time an informant suggested that a group of regulars would be meeting. I greeted the regulars and asked for their permission to sit with them that morning. I explained that I was a public opinion researcher from the University of Wisconsin-Madison, traveling around the state to get a sense of the issues people were concerned with and their ideas for ways in which the university could better serve the people of the state. I asked for their permission to record our conversation, and passed out “small tokens of my appreciation” for their time—incentives donated from the University of Wisconsin Alumni Association, such as UW football schedules, pencils, pens, adhesive note pads and temporary tattoos. I then asked, “What are the big concerns for people in this community?” and continued with other questions on my protocol (see Appendix B), eliminating some questions if the group began to dissipate, and reordering the questions if a group mentioned a topic before I raised it. All of the conversations were recorded and transcribed, except for one group whose members did not wish to be recorded. For this group, I took handwritten notes as we talked.

I chose to study communities all within one state in order to hold state current events and state health care regulations constant. In addition, at the time of the study, the state of Wisconsin considered and implemented several changes to its state-sponsored health care programs and was considering a single-payer program that increased the chances that the people I studied had recently thought about the issue. Also, the demographics of the state provided a case that promised ample variation across employment status and occupation type, including employment in agriculture, government, and small business.¹⁴

My strategy for finding groups with which to conduct these investigations meant that the people I spent time with were predominantly male, non-Hispanic Caucasian and of retirement age. They also were people who were local leaders either in politics or their occupational community, and people who expressed interest in public affairs. This basic slice of each community varied across the municipalities I sampled, because I had sampled the communities to vary by key community characteristics, as explained above. For example, although the groups often contained local civic group members (Kiwanis,

¹³ These were not focus groups, since they were not groups convened by a researcher. They gathered of their own accord, and I asked for permission to join them after they had already gathered. These were not “listening sessions” either, for the same reason. Also, this method is different from participant observation, in that I did ask to steer the conversation, rather than observe the flow of talk as it occurred without my intentional intervention.

¹⁴ This study was conducted as part of a larger project that served several purposes. First, I used the listening investigations to help set the agenda for a statewide public opinion poll, the UW Survey Center Badger Poll. Second, the project was also intended to investigate perceptions of the UW-Madison among state residents, particularly their ideas about how the university could better serve the people of the state.

Rotarians), but in some places these people were executives of multi-national corporations, in others, the owners of the businesses on Main Street.

To ensure that I spoke with people at the low end of the income scale, I volunteered in a food pantry in Madison, so that I could work alongside of and eventually hold a listening investigation with people who were living in government-assisted housing. I also held an investigation with a group of Mexican immigrants waiting for medical treatment at a pro bono clinic in Milwaukee. To speak with people on the upper end of the income scale, I sought out groups of professionals and community leaders in several of the cities I had sampled. The result was conversations with people who ranged from “one step from homelessness” to wealthy business owners. Therefore my sample does not include people at the extremes of the income scale, but nevertheless encompasses a wide range of people.

Despite this variety across groups, the memberships of each group tended toward homogeneity because they were self-selected. Of the 31 groups, 12 were exclusively male only, 3 exclusively female, and the rest of mixed gender, though were predominantly male. 6 of the groups were composed solely of retirees, 5 of people currently employed (or unemployed), and the rest were composed of a mix of retirees and currently employed, though the majority were retirees. Each of the groups were composed of people of a similar occupational and educational backgrounds, although almost all groups contained variety in that respect. (I did not ask directly about levels of income because doing so had a chilling effect on conversation in pilot studies.) For example, a group of loggers on their way to work readily acknowledged that one of their members was a local public official and one was a real estate agent. Finally, political disagreement was rare within these groups, likely due in part to the homogeneity in these other respects, and also to my presence as an outsider, which served as a point of contrast for the members, as well as a reason to not air internal grievances.

Throughout this study, I also occasionally refer to these groups in social class terms for the sake of expedience to characterize the income, education and occupational background of the people in the group. That is, I use the term “working class” to refer to people with a high school education who are working or worked in the construction industry, as farmers, or as industrial workers. I use the term “upper-middle class” to refer to professionals such as doctors and lawyers, and wealthy small business owners. I do not use the term middle class without further qualifiers given the breadth of label.¹⁵ In addition, I occasionally categorize the groups into lower-income and upper-income, based on levels of income inferred from their stated occupations.

The within-group homogeneity along racial, gender, and socioeconomic lines may have influenced the conversations I observed. My presence combined with their relative socioeconomic homogeneity quite likely led me to perceive more unity in their identities and orientations toward government than the individual members might

¹⁵ There is a long intellectual debate over how to classify individuals according to a social class label (e.g. Wright 1997). My intent is to denote the relative socioeconomic status of the people in this study, rather than to precisely categorize individuals into their “true” social class.

perceive. Since my purpose is to compare across groups, this magnification of the central tendencies was useful for discovering common patterns. To avoid overstating across-group differences, I am careful to make generalizations in this paper only after observing similar patterns across many groups.

My sample is obviously not representative of all U.S. adults, or even Wisconsinites. The purpose of the study is not to describe opinions about health care reform among a general population. Instead, the purpose is to explain the process of connecting economic interests to preferences on health care reform and analyze how attitudes about government enter into these processes. Pursuing this type of question is best achieved through intensive study of people who vary on the key independent variable, economic background, rather than a less in-depth study of a broad cross-sectional representative sample.

I chose to use conversations among groups of people rather than one-on-one interviews with individuals for three main reasons. First, I sought conversational data so that I could see the *process* of connecting economic interests to health care preferences, and observe which considerations people brought to bear in articulating these views. Second, I sought to observe how people interpreted public policy as people in a particular community. Finally, I wanted to observe the expression of political opinion within an actual social setting, similar to the manner in which the people I studied interact with others in the course of their everyday life.

Of course, my presence altered these conversations. I intentionally steered the course of the conversations, and the participants likely altered what they said somewhat because of my presence. On those occasions in which I sat in the restaurant, café, etc. for a short while before asking the group for permission to join them, I was able to get a glimpse of what their talk was like when they were not aware I was observing them. Consistent with previous work in this vein (Walsh 2004), the members of these groups appeared to swear less and talk about public affairs slightly more when they knew I was listening. I have no reason to expect, however, that the manner in which they connected their economic circumstances to their preferences on health care reform was qualitatively different in my presence.

I designed my interview protocol to generate conversations about topics that were likely to invoke economic considerations and references to social class. I chose such topics based on analysis of fieldwork on political conversation (Walsh 2007b). Besides health care, I also asked about tax policy, immigration, and higher education (See Appendix B for protocols). With respect to health care in particular, I initially looked for the reasons people gave for their stance on health care, the considerations they relied on to talk about health care, the manner in which they connected that stance to their own interests, and whether and how they mentioned social class identity in these conversations. After the first round of investigations, it became clear that a key consideration in these discussions was skepticism of the government, as well as reference to other communities in the state. Therefore, in my subsequent visits, I asked additional questions about perceptions of the resources devoted to other communities in

the state, and paid particular attention to references to the government and other institutions of authority.

I went into these investigations in an inductive fashion, looking for the considerations people used to talk about their policy preferences, and looked for ways in which these considerations varied systematically according to the socioeconomic characteristics of the people and the communities that I studied. Based on previous work on political understanding through informal conversations, I expected that when people talked about public policy, they would rely heavily on their sense of who they are in the social world, in other words, their social identities (Walsh 2004). By social identity, I mean individuals' psychological attachments to social groups in society, or their ideas about what type of people they are.¹⁶ Because my focus was on the connection between economic interests and policy preferences, I expected social class identity to be particularly important. It is rare that Americans openly reference their social class identity (e.g., "As a working class person...," "Since I am a member of the middle class..."); however, they do often identify themselves with a particular class through their consumer choices, the way they spend their leisure time, the manner in which they raise their children, and the nature of the work they do for a living (Walsh 2006, Lareau 2003, Bourdieu [1979] 1984). I expected references to different lifestyles to correspond to expression of different policy stances.

In addition to contrasts in lifestyles, previous research has taught us that social class differences show up in conversation as differences in world views or moral outlooks (Lamont 2000). In particular, numerous studies have revealed that ideas about what constitutes "hard work" correlate with the social class people identify with (Lamont 2000, esp. 26, 31, 51, 129; LeMasters 1975; Walsh 2006). On this basis, I expected attitudes about hard work would help explain opposition to government intervention. For example, I expected that when working-class people opposed expansion of social welfare policies, they would do so primarily with an appeal to individual responsibility and a desire to reward hard work.

RESULTS

The conversations were consistent with these expectations, but revealed several much more prominent systematic patterns. That is, people did reference their lifestyles and perceptions of hard work, and these did vary in discernible ways by socioeconomic backgrounds. However, references to power and authority proved to be far more fundamental for the task of making sense of health care.

The majority of groups I visited with opposed state-sponsored universal health care, and each one of them offered up some form of anti-government attitude to explain their stance. These sentiments varied in consistent ways with the class background of the groups. Groups composed of people in working-class occupations expressed anti-government attitudes as part of a more general anti-authority attitude, while groups

¹⁶ My definition of social identity is drawn from social psychological work in the traditions of Henri Tajfel and John C. Turner (e.g. Tajfel et al. 1971, Tajfel and Turner 1979, Turner et al. 1987).

composed of people with more professional occupational backgrounds opposed the government with the sentiment that they could do better if they were in office.

The groups' justifications of opposition to universal health care did not completely diverge by occupational background. People across a variety of occupational backgrounds opposed a single-payer health care system with the claim that the government is inefficient. For example, in one central east Wisconsin village of approximately 3000 people, when I asked a group of Kiwanis of varied but modest economic backgrounds at their monthly meeting how they felt about universal health care, one man responded, "There is only one problem with that. Every time the government takes something over it costs twice as much. So much bureaucracy in between them and us." This assumption that government intervention automatically increase costs was common across several groups.

A general perspective of opposition to authority

Despite a common reference to government inefficiency across people of all economic backgrounds, there was a similarity across working-class groups that did not show up in the groups composed of professionals or retired professionals. Working-class groups tended to disdain government intervention in health care reform through a general anti-authority perspective. By "authority" or "authorities," I mean those institutions and individuals whom people perceived had the capacity to cause them to do something they otherwise would not do, following Dahl's definition of power (1961). With respect to government, anti-authority attitudes often appeared as distrust in government. The group members even expressed sentiments rather similar to some of the standard trust in government measures (Levi and Stoker 2000). For example, many groups had one or more members comment that the government is "full of crooks" or is "a bunch of crooks." However, the gist of their anti-government comments applied to their sentiments about a wide range of actors. In general, they complained that actors in power pursue interests contrary to their own.

In groups of professionals, people also were highly critical of the government. However, the perspectives they conveyed were not of opposition to authority in general, but rather opposition to particular authorities, and claimed that they could lead better if they were in power.

To demonstrate these patterns among relatively lower-income groups, a group of three men who gather over lunch at a local diner every weekday in a suburb of Milwaukee will illustrate. One man, Dan, of middle age, was on disability for rheumatoid arthritis, and sold vintage magazines with another group member, Don, who also was a home health care worker for the elderly. The third member, Bob, remodeled and painted houses and described himself as "lower class."¹⁷ When I asked,

¹⁷ In response to a standard social class identity question (see Appendix B, second visit protocol), he said "Lower. There's no middle class anymore. I don't think." John said, "There is, but it's really small." He responded. "I'm in the lower class, without a doubt. I mean, with what I make? I mean, I work, you know, hand to mouth. That's how I live."

“How about health care? What are your concerns with health care?” they complained that HMOs are building too many facilities and “buying the doctors,” do not treat their employees well, and behaved as if they are above the law. When I asked, “What are your hopes for the presidential election?” they expressed a similar “they don’t care about people like us” attitude.

The painter called the campaign “sickening.” And then the home health care worker added,

Don: All they do is chop on each other. Why don’t they just get their act together and try to agree on something, and move over? And that’s with all of government. They just bitch at each other, and... why don’t they just get the best, I’ve always thought, and everybody says, I guess this is communism, I guess, you get the best scientists, the best mathematicians, the best people in financing, put them all together and try to work together to better the world, better the United States, not all the braggin’ and bitchin’ at each other, and... it’s sickening. It’s all they do. It’s all about them, you know? It’s not about us. And they have their agenda. I don’t even vote because I think they’re all crooks. They all have their ideas about what they’re gonna do the minute they get in, they’re not gonna do what you wanna do anyways. I’ve never voted. And that’s my prerogative, but I don’t, I mean, I don’t bitch about it. But I’m just saying that all... I mean, I think I’m... watch me have the FBI on my doorstep [laughs]. But they all badmouth each other, they all backstab.

After a few more comments back and forth between the two, the home health care worker, Don, continued:

Don: But you know, they should make more on the issues, a lot of them. They kind of bad mouth each other, and not so much the presidents, they do it too, but all of us, you know.

Bob: It’s oil and pharmacies, and that’s the payoffs.

Dan: And they’re, and they’re not big, they’re bigger than that, they’re international.

Bob: They’re monstrous. Just give everyone a pill to keep them dopey, and... [group laugh]. As long as we’re all...

With this comment they launched into a discussion of a doctor in the state who had recently allegedly killed a mother and her young kids when he hit their car while driving under the influence of drugs. Bob expressed another “they’re above the law” sentiment by saying, “If he gets a good lawyer, he might get off in ten years.”

This sentiment that the interests of the resource-rich are very much opposed to those lower-income people was common across lower-income groups in a variety of communities. In a small city in the far north suburbs of Milwaukee, a group of retired factory workers and currently employed construction workers who met every morning at a local restaurant resented the manner in which the health care system, like the government, wasted their money.

When I brought up the topic of health care,¹⁸ the immediate response from one man was “The health care system is completely broken in this country.” At that same time, another man was joining the group. I explained, “We’re talking about health care.” He responded,

Lew: Yeah don’t get me started on that one. We are faced with all these high health care prices. You go to any doctor’s office and you look at what they’re building for hospitals. I mean they are Taj Mahals. I don’t need a Taj Mahal because when I am sick I could care less what the hell the decorating is like!

George: Same with schools. They are building all these Taj Mahals as schools and the facilities don’t matter!

Lew: I mean I am sorry. If this stuff is supposed to be regulated in some way shape or form, why do we have to have all the fancy marble and all this stuff to make me feel better? No. When it is all coming out of my pocket and what not, forget it.

Skip: Well there again the governor wants to tax the hospital. Who’s going to pay for that?

Kathy: So who do you think the current system benefits?

Skip: The rich

George: The top.

Skip: The rich.

Lew: It all boils down to everything that is happening costs the middle class and poor people. The rich people, ah they just view it as an investment or write off. They could care less.

Despite their perception of stark inequalities in the health care system, they opposed a universal system run by the government, because they felt the government, like the HMOs and hospitals, did not have their interests in mind. On my second visit with the group, in response to a question about which reform alternative they would prefer, one man remarked that

Stan: Well, forcing people to have it, I wouldn’t be in favor of that. Then you’re dependant upon the government for everything. Which I’m not in favor of.

Lew: Keep government out of it. Totally. Those politicians can’t sleep well at night trying to figure out how to raise our taxes...

Stan: Yeah.

One might read this conversation as evidence that their stance on health care is simply a function of their distaste for government spending. But when viewed in the context of their conversations, attributing their stance to attitudes toward government spending alone is too narrow of an explanation. It misses the way in which their anti-government sentiments are rooted more deeply in a broader perspective with which they interpret information about a range of institutions.

¹⁸ “What about health care? I was in northern Wisconsin last week talking to folks up there --and well you tell me—is it a big issue for folks in [this city]?”

For example, they discussed health care and education in similar ways. As with healthcare, conversations about education brought out comments about the misuse of taxpayer money, as well as comments about relevant authorities being elitist. They viewed professors and university administrators as privileged people who perceive that they are entitled to special treatment. They perceived that university faculty acted as though they did not have to play by the same rules as ordinary folks. When I asked, “What do you think the UW-Madison does well currently, if anything?” After a long pause, a man I’m calling George said:

I don’t know what they do well, I’ve just got complaints about things that I see happening....One thing I—I wish there were some way we could get rid of the tenure system that they have at the university. There is far too many professors that they rely on their student aids to do their work. They do absolutely nothing and we’re paying their big salaries and then you hear of the corruption that goes on with some of the sexual things and what not and we can’t even get rid of ‘em because they are tenured in. And then we got county agents that just because they been here forever they do whatever they damn well please, can’t get answers out of ‘em that you need from a county agent and there is nothing you can do to get rid of ‘em. I mean the sacred cow thing that we have with the tenure system has gotta be overhauled. Everybody should have to live—with money being so tight, why can’t they—like in the private sector, if I pissed my boss off, I would be gone today. [chuckles] You should have to —just because I been here for 10 years think that we owe you a living and some of the living that they think that we owe them is just astronomical. Today’s with money being tight and everything, why do we owe anybody anything?

Not only did they perceive that university professionals wasted their money, and acted from a position of false privilege, they also opposed university intervention in their community, just like they opposed government intervention in the health care system.

Kathy: Are there things that you think the UW-Madison should be doing, say in [your city]? Like can you imagine ways the university could better benefit people who live here? [pause]

Lew: I think let [our town] be [our town], let Cedarburg be Cedarburg, Port Washington be Port Washington [referring to nearby communities]. We don’t need somebody==¹⁹

Stan: ==from Madison

Lew: ==out of Madison telling us where to plant a tree [laughs a bit].

This sense that people in power have a general disregard for the views of common folk was pervasive among the lower-income groups. In a former mining, now agricultural, community in the southwestern part of the state, among a group of men

¹⁹ This symbol denotes overlapping comments.

who meet in the local diner in the morning, even a man who is running for local level office said that he did not want government-run health care, because national-level politicians, whom he called “yahoos,” look down on people like themselves:

Kathy: When, when you’re talking about the yahoos, you’re mostly talking about the federal level?

Scott: The entrenched...They think that we are idiots and don’t have any grasp of Marbury versus Madison, Brown versus Education, judicial review, anything. They think we’re all....They underestimate us.

Professionals criticizing current authorities, not authority in general

In these relatively lower-income groups, antipathy toward government intervention in the health care system coincided with distrust in government and an antipathy toward people and institutions in power more generally. In upper-income groups, the opposition toward government intervention was not expressed as distrust in government but resentment against current authority or a feeling that authority was being exercised improperly. The members of groups of professionals conveyed that they would make different decisions if they held political power, and that they actually *could* make different decisions if they took the time to run for office.

One example comes from a group meeting in a central Wisconsin city that was an economic and residential center. They were a group of business owners, lawyers, and physicians on their way to work who met in the back of a diner. Their main concerns with health care reform were with cost containment, and how the system could be reformed so that paying for their employees’ benefits would be more feasible. They opposed universal health care, and preferred to rely on market mechanisms to reform the system. They resented that state employees see health care as a “God-given right” and resented government over-regulation of the system. Their comments, however, did not convey a general distrust of authority as much as a perception that people currently in government were improperly exercising their authority. For example, a lawyer in the group remarked, shortly after I had met him during my first visit, that:

State-wise, it is a government that is totally in debt. We issue now junk bonds and only two states issue bonds lower rated than ours—Louisiana and California. We have a budget that is absolutely out of control. And the entire group that work in that capitol building from the governor to every one of those legislators should be ashamed of themselves.

His reference to “we” when talking about the state government is telling. He distanced himself from the state government because of its poor performance, but not because he felt distance from its networks of power. His group contained leaders in the local and state business community, and several had family members who were local elected officials. Numerous times they mentioned “elitists”; however, unlike the lower-income groups, they referred to elitists not as upper-income people, but as left-leaning academics.

In a different city, again an economic and residential center, but in the western part of the state, a group of currently working and retired professionals (physicians, lawyers, judges, and public school administrators) met each morning in a café. During my first visit, the first time health care was mentioned, several of the men in the group argued that the system was not in crisis. They were critical of the government being overly responsive to members of the public who complained about the health care system. When I asked what the main issues of concern in their community were, one man responded,

Bill: You know on a statewide level, I'm not sure there are a whole lot of things that people really complain about. You know. Ah I think that people overemphasize what they think is wrong, like they say oh our people are running around trying to say what they think is wrong with the health care system, well you know the health care system is pretty damn good in this country. Try going someplace else.

Mike: I think it is pretty good in Wisconsin.

Bill: It is damn good in Wisconsin. I think they are trying you know these people trying to fix things that just aren't broken. I'd rather see government stay out of our lives.

Their conversation suggested that with respect to health care, current political leaders were too attentive to ordinary people, a rather stark contrast to comments in the lower-income groups that political leaders routinely ignore the concerns of ordinary people.

This group was composed primarily of self-proclaimed conservatives, but several called themselves "the liberal wing." On my second visit, just this subgroup, composed of four men, had gathered that morning. They expressed open support for substantial government intervention in the health care system. One man, a doctor, said,

I think you could say that the [John] Edwards Plan [proposed while he was running for the Democratic presidential nomination], or the mandated- health care plan, really sort of makes sense. It's sort of a hybrid system saying that everybody's gotta have health insurance, and those who can't afford it [the government provides assistance."

Another in the group stated that

I don't think [health care] is a right like freedom of speech, you know, 'It's my right, I insist I have health care.' But I think it is the responsibility of elected legislators to ensure that everyone has it.

Both the members of the whole group who opposed and those who support government intervention in the health care system criticized current policy makers, and spoke as if they could make better decisions if they instead were holding office. At least one of them had actually run for a local elected office.

Their conversations conveyed that they saw themselves as a kind of elite, with more sophisticated views than the ordinary citizen. When I asked them to describe

whether or not their group was representative of the surrounding community, they claimed that they were pretty different from the common person. They referred to their incomes, their level of education, and their experience working and traveling outside of the community as indicators that they had a broader view of most public problems than the majority of people living in their city.²⁰

Orientations toward authority and support for state-sponsored health care

The analysis thus far has focused primarily on groups that opposed state-sponsored health care. As seen in the group mentioned just above, some groups did display support for government-funded universal health care. Even in these groups, however, people discussed that possibility while voicing skepticism of government. These comments mirrored the lower-income vs. upper income distinction observed in the groups opposing greater government intervention. That is, lower-income groups tended to display a general anti-authority perspective, while upper-income groups were critical of specific leaders, not entire structures of power.

In a small community in far north central Wisconsin, an area in which tourism is the dominant industry, I spent time with a group of men who meet early every morning at the local diner. The group included a small business owner and former county supervisor, a school bus driver, a retired forest service worker, the local fire chief, and an excavator who owns his own business. The former county supervisor in particular was in favor of a single-payer system. However, even he was highly skeptical of state and federal government, and agreed with the other members of the group that these governments ignored the needs of people like themselves. The following demonstrates how these sentiments appeared in conversation.

I asked the members of the group for their thoughts on four potential types of reform, a single-payer system run by the state government, health savings accounts, expansion of existing programs, or mandated health care coverage (see Appendix B, second visit protocol for details). In response, Gary, the former county supervisor said:

Gary: Well, on the health savings account, if you have money left over, maybe you could do that, but most people don't.

Jeff: Yeah.

Gary: I mean, that's available to all of us right now...

Jeff: Yeah.

Gary: I mean, people actually participate in that on their own.

Kathy: Yeah.

Gary: You know, if it's employer-sponsored...

²⁰ There are two additional ways in which the conversations among upper-income people tended to differ from the conversations within other groups. First, they tended to bring up health care later in the conversation, not immediately in response to "What are the major issues facing people in your community?" as did people in the lower-income groups. Second, they tended to discuss health care reform in more abstract terms, spending more time talking philosophically about national priorities and questions of health care as a right.

Jeff: Well, when you get down in the city, people are making more money, so you can afford to do it, but when you're in northern Wisconsin making ten dollars an hour, and you try to stretch that over for a family, you're not gonna get health care. As a matter of fact, you're lucky if you can pay your bills....

Gary: State-paid health care would be very good.

Their main complaint was that government is the realm of the wealthy and composed of people who waste the money of people like themselves. On my third visit to this group, Jeff remarked, "There isn't, you know, a politician you can vote for anymore. They're all in, hanging onto big business and getting the money." On my first visit, when I asked whether they felt they paid their fair share in taxes, he responded immediately that,

Well we'd like to keep more of our money for our school districts up here instead of sending it down below [down south to the state government in Madison]. They're taking so much of our money away from us. Want to close our schools and that sort of stuff, and the schools in Milwaukee and Madison and everywhere south of us they've got all the foreign languages and everything else, and they got their curriculum is so much better than what we can give – because the fact that the state is not allowing us to have our money to educate our kids the way we should.

Just like the perspective among groups that opposed a single-payer system, this group that was more supportive of national health care nevertheless expressed skepticism of institutions of authority that extended well beyond government. They viewed higher education as the realm of the wealthy, similar to the way they had talked about government. The former county board member said, as the others chimed in with agreement, "If you're gonna send your kids to school now, you have to be in the upper half of the wage earners in the state... it's the same thing as the health... if they can't get health insurance, they sure as hell ain't gonna send their kids to school because they can't afford to. There's no way."

A different group in northern Wisconsin also seemed on the verge of supporting universal health care, and they expressed similar reservations about the government—that because it was dominated by moneyed interests, universal health care would never become a reality. The group met in the mornings in a gas station/grocery store/fishing tackle shop/hardware store in a logging community in the northwest part of the state. Most of the roughly 10 members were loggers on their way to work, with several members retired.²¹ On one morning in January 2008, when I asked the group for their thoughts on the four options for reform, one logger interjected as soon as I mentioned a government-sponsored system:

²¹ The size of each of the morning coffee klatch groups varied from day to day, but on the days that I visited with them, most groups ranged between 4 and 10 members.

Louis: How can they do that when uh they've got the insurance companies fighting them?

Kathy: Well, they couldn't. That's why they didn't—it didn't work. It didn't pass [recently in the state legislature].

Louis: Yeah, donate income tax. The insurance companies hold so much power in this state it's—it's pathetic.

Kathy: ...Say the insurance companies would, I don't know, *not* get their way, do you think that would be a good solution to health care problems?

Louis: Well, they're *gonna* get their way. Because they've got all that money, they're just buying everybody off. They're buying Madison. They buy them off. There is no cure to that health care problem.

Kathy: No cure? Well==

Louis: ==Well *you tell me*. Somebody that's working in the—these industries around here that are making eight, nine dollars an hour. With a family of two, how are you going to afford eight hundred dollars a month for health insurance?

Kathy: You can't.

Louis: On eight dollars an hour?

Kathy: [quietly] You can't.

Louis: Eight, ten dollars an hour? At fifteen, fifteen dollars an hour how can you afford it?

Kathy: Maybe not, huh? I mean what is it?

Louis: ==Sure

Kathy: Twelve hundred bucks a month for a family that size?

Louis: Yeah, sure! To get anything decent. Then you go to the, uh, you go to the cheaper plan where you got the high deductible, ok. Every time you go to the doctor it costs you a hundred and fifty bucks, you gotta pay for your prescription

Kathy: ==Just for a doctor visit?

Louis: Oh sure! By the time you get out of there, with the tests and everything. For the doctor call, I think it's a hundred and ten bucks now. Office call?

Steve: A hundred it used to...

The strongest support for universal health care was articulated within a group of African-Americans meeting in a church in Milwaukee. This group, too, expressed skepticism toward government and this skepticism was primarily an accusation that government and society in general were run by money and greed, and that the government was deaf to their concerns. The group was a large group of approximately 30 members, composed of both men and women of a variety of occupational backgrounds, including a preacher, public school teachers, nurses, and a bus driver.²²

²² The female preacher provided a bit more insight into their economic background when she said to me, "You are coming to this table and you're saying to us, many of whom don't even know

Kathy: I know one thing the state legislature is talking about lately is universal health care. Some kind of universal health care plan in the state. How do you all feel about that?

Sheila: That would be wonderful. I'm a health care worker, and I find that even though um I'm in the field, ah we usually have the worst health care insurance than factory workers, kind of backwards, so um that would be wonderful.

John: Universal health care is definitely, definitely the answer, you know, it has been proven all throughout the world, in countries that have a universal health care system that it is a positive effective tool in managing health care for their populations. You know they don't deal with the greed and the attitude that there is money to be made in sickness, not cure, like we have in this country dealing with some of the drug manufacturers here. But it's a common sense answer. It's a doable thing. We spend billions and billions to fight an unpopular war. One fraction of that can be put toward a universal health care system and the whole population would benefit.

Like the communities in rural northern Wisconsin, this group also believed that government was run by greedy, wealthy special interests. They criticized the lack of attention from the government through a perception that greed drives institutions more generally.

Walter: You know I think ah on the top this might sound impossible, but something needs to be done about greedy corporations

John: Bottom line.

Walter: Alongside politicians who rule by special interest groups. Ah most of our jobs are leaving the country and that's not only in Milwaukee, that's all over all across the country you know and every time a job leaves and goes south of the border, it affects thousands of people – it affects taxes, it affects violence in our community, it affects education, it affects all of that. So some kind of way—somebody try to figure out how we gonna keep some jobs in this country. You know?

Robert: Good paying jobs.

[Yeahs from the group.]

The sense that the government was oblivious to their concerns was clear and articulated with a great deal of resentment. At the very start of our conversation, we had this exchange:

Kathy: So really my big question is, what do you all think are the big concerns here in your community? Could be local, state, national, international. What do you think the big issues are?

poverty, I want you to know that, but it's a step in the right direction, Kathy, you're saying to us, what do you see?"

John: With everybody, a lot of things revolve around the crime issue, and the poverty issue...crime is at an all time high, ah we have a police dept that is out-manned, out-gunned to be honest with you, you know there is homicides that go on in our community every day. We live in a war zone, ok? I'm gonna be honest with you. We are at the mercy of urban terrorists you know in some cases, and it seems like that message is not getting through like it should. People don't really have an idea of what really is going on in Milwaukee. They brush over it, politicians brush over it, there are times—to receive votes—and once they get into office, it's like that's going on the back burner, and it's never going to be anything done about it.

Kathy: So the politicians aren't hearing what's going on, and do you feel like that's the case locally in Milwaukee and beyond, at the state level, too?

John: I believe it is a combination. I believe it is Milwaukee, and the state, the state level.

Kathy: OK.

John: And even beyond that to be honest with you.

Later in the conversation, the pastor's wife, herself a preacher and leader within the church, elaborated this sentiment, with vigor, that the views of people in their community are regularly ignored.

Jackie: I've got a few things also, that I just noted, and I think and somebody mentioned this earlier, the facts about our community. If we look at the fact that our city or our public officials would think about doing things *with* us rather than doing things *to* us...And when people don't come to the table and they don't say, just like you're saying, Kathy [referring to my intention to gather their thoughts on what the UW-Madison could contribute to their community], what is it? What do you want? What do you need? And then somebody in Madison, or somebody in Washington decides what the people in [our zip code] need. And I think that gives two things, it gives the people in [our zip code] the feeling that their problems can not be conquered by them. And then they look to those people in Madison. Now the other thing that the people in Madison do is they never ask the people in [our zip code], like you are coming to this table and you're saying to us, many of whom don't even know poverty, I want you to know that, but it's a step in the right direction, Kathy, you're saying to us, what do you see? I mean who says that? I mean we are about to hire a new police chief in our city, and tell me that somebody in [our zip code] is on the hiring committee, since all the policemen are in that zip code, please tell me that."

References to geography as shorthand

The reader may have noticed to this point that a common way in which people expressed their attitudes about government, particularly their animus toward state

government, was to point out the geographic distance between Madison and their own community. In this section, I explore these sentiments further, and argue that this was a common way that people made sense of policy in light of their economic interests. References to cities, regions of the state, highways and geographic distance served as a way people expressed their identity as people with a particular socioeconomic class, and as people with a particular orientation toward authority.

It was common for the people I studied to refer to state government with the shorthand "Madison." And it was very common for people in rural areas to boldly state outright disdain of this city, the state capital. For example, in a small logging community in west central Wisconsin, I met with 2 groups of men in their way to work. One gathered at 6 a.m. at a gas station, and the other met in the back of a local restaurant to play Ship, Captain, and Crew, a common dice game, about 7 a.m. On my third visit to the group, several members of the group asked me if I was going to the horse auction being held in town.

Kathy: I think I will go up once, yeah, I went up I looked through the fence yesterday evening.

Henry: Why don't you buy one of them horses? I got a trailer.

Kathy: Not sure where I'd keep him.

Henry: Hunh?

Kathy: I'm not sure where I'd keep him!

Henry: Keep him in Madison. That's where they keep all the bullshit.

[Laughter]

Henry: Well basically all you gotta do is buy the front end of the horse, they got the back end in Madison!

During that visit, after I had won several rounds of dice, we were joking about my good fortune in the game.

Kathy: I come and ask for your thoughts and I take your money.

Richard: I'll tell you what, that's good though. Because we have so little of it.

Kathy: And it all goes to Madison anyway [joking along with them].

Howard: We expect nothing less from Madison!

Richard: It won't cost any postage to get it down there now!

Resentment of Madison/the state government was not restricted to lower-income groups. Professionals meeting in central and western Wisconsin cities repeatedly stated that people in Madison were arrogant and did not pay enough attention or give enough respect to people in other locations. In the central Wisconsin city, the lawyers, doctors, and business owners who composed the group often talked about local politics in Madison or mentioned people they knew in Madison in a way that conveyed they were connected to the networks of authority in that city. They nevertheless conveyed that they felt looked down upon. For example, they would make comments from time to time about how people in Madison assumed that people in their part of the state were less sophisticated. One lawyer, while speculating about reactions to my research, said

that “being from Madison, they’re probably surprised that we can structure our speech in full sentences and paragraphs using the proper English!”

While the resentment towards Madison among the more urban, professional groups seemed to be primarily about a lack of respect, in the more rural and lower-income groups, the resentment toward Madison was often expressed as part of a more general resentment toward the more densely populated south-central and south-eastern part of the state as a whole. People would often lump Madison and Milwaukee, the two main metropolitan areas in the state, together and draw stark distinctions between that corner of Wisconsin and the rest of the state. A common way in which they did so was by referencing U.S. Highway 8 and Wisconsin Highway 29, two highways that ran east-west across the state as dividing lines (See Appendix C for a map).

For example, in one small, far northwestern community:

Martha; we were told many, many years ago that anything north of Highway 8 is all recreational land.

[Groups says “yep” and “yes” in agreement.]

Mark: No! People that are retired and on welfare!

[Laughter]

And in the northern logging community, which was not far from that hamlet:

Erik: You get north of Highway 29 and there’s, we’re in the end of the world.

Kathy: That’s what a lot of people say, I mean...

Erik: Wha—that’s the way it is, that’s the way it’s always been.

Cindy [cashier, chiming in]: And then if you ever live south of there, they’re glad it’s like this up here.

Erik: Well yeah.

Kathy: Yeah.

Cindy: I lived down there for (all my life...) [husband is from there, returned 6 years ago]

Kathy: Yeah.

Erik: We like our poverty, we enjoy it. Right?

This reference to poverty is telling. Comments about Madison/Milwaukee vs. the rest of the state (often referred to as “outstate” by politicians in the Madison-Milwaukee area) were often accompanied by comments about Madison/Milwaukee as the “resource suck of the state.” Many people claimed that “Madison” diverted taxes from poor people that they never saw again in services because the money was directed toward the urban areas in the south, primarily Milwaukee. “Madison” was often shorthand for state government and the university, while “Milwaukee” was often shorthand for Wisconsin industry and racial minorities (whose Wisconsin populations are concentrated in the Milwaukee area). People within these cities used these references as well.

The sentiment that Madison/Milwaukee took from the ordinary and gave to the urban was particularly acute with respect to health care. In the two groups I met with in the logging community in west central Wisconsin, the men remarked that Madison (referring to both the state legislature as well as the state’s flagship university) had

forgotten their community. In addition, the men at the gas station remarked that people in Madison make poor decisions with respect to reform because as government workers, they have great health care coverage and are therefore far removed from the lived experience of most state residents.

Their comments conveyed that geography mattered—that distance from the state capitol and the urban southern corner of the state meant their concerns were often overlooked. However, geographic distance and boundaries were also a metaphor for more differences in values and lifestyle. Sometimes people in rural areas announced these value differences clearly. In the small hamlet in north western Wisconsin, the group meeting in the basement of the local church described their community as very poor, mentioning the lack of jobs specifically. They viewed health care as part of an overarching crisis of inequality in which very wealthy people in the urban power centers of the state were out of touch with the lives of rural, ordinary folks like themselves. They perceived that they had to work harder than people in other parts of the state, and that people in urban areas are lazy. When I asked them about what the UW-Madison does not do well, they immediately remarked about the qualitatively different lifestyles.

Kathy: What do you think the UW-Madison does not so well? When you think about the UW...

Martha: Represents our area. I mean we are like, we're strange to Madison. They want us to do everything for Milwaukee laws and the way they do things, but we totally live differently than the city people live. So they need to think more rural instead of all this city area.

Donna: We can't afford to educate our children like they can in the cities. Simple as that. Don't have the advantages.

Ethel: All the things they do, based on Madison and Milwaukee, never us.

Martha: Yeah, we don't have the advantages that they give their local people there, I think a lot of times. And it is probably because they don't understand how rural people live and what we deal with and our problems.

I heard similar comments in a hamlet in central Wisconsin, where I met with a group of retired public school teachers and administrators who meet every morning in the local service station. After I had turned my recorder off, a retired principal remarked that because laws governing public schools are made in Madison, they do not apply well to his community. He said that Madison is the most liberal area of the state and that laws made in that environment do not reflect what people want or need in other parts of the state.

The Madison/Milwaukee vs. the rest of the state metaphor for differences in values also included notions about inefficient bureaucracy vs. hard work. Many people talked about Madison and Milwaukee as bureaucratic centers, where information and networking count more than hard work. In the tourist community in far north central Wisconsin, one man offered up the following after I asked his group members about their thoughts on health care.

Jeff:.... Your education, your health...just think about how many people in Madison and Milwaukee and Washington D.C. are studying this problem on health care. Well, take all that money away from people, make a smaller bureaucracy out of it, and you could, it would be just as good.

Kathy: Sure.

Jeff: You could have your local government take part of that health care and study it in their areas. Everything is being studied down below, where the money is, and it's not being studied here as far as, you know, I'd say as many as eighty percent of the people living in [this community] are not making the money for health care, and our president, our next president has never been up here to find out what the hell ... We ain't big enough, you know. They're not going come up here and find out that... The votes just ain't here. They stay around, you know, the major cities, and they talk to them. It's impossible to get somebody worth while in there, you know. They listen to it and say that's a good idea, but that's one good idea out of fifteen.

Here, this man's antipathy toward state government overlaps with his distaste for academia, bureaucracy, and his perception that the concerns of people in his small northern community are often overlooked. During my next visit, three months later (in April 2008), he claimed that the cost of a health care treatment varies depending on where you obtain it in the state, and that rates were unfairly high in small rural communities like his own. From there he launched into a discussion of his first-hand experience with affirmative action as an employee in the forest service and how government bureaucracies regularly promoting poorly-performing bad employees. His comments were emblematic of the way in which people intertwined their anti-government bureaucracy with geographic markers.

Many people who expressed anti-government sentiments through geographic references acknowledged that much of the state's resources were devoted to the urban areas in the southern part of the state because population, business and industry are concentrated there. Some also claimed that more people have health care coverage in the southern part of the state because more employers there are able to afford providing it. Nevertheless, they resented the resources devoted to this part of the state, and it seems they resented this part of the state in general. In many cases people perceived that the tax dollars devoted to the cities came at the expense of money devoted to their own areas, and claimed that the towns in which they lived were dying because of it.

Part of these discussions conveyed a blatant resentment of wealthy people, particularly wealthy people with multiple homes. Many of these rural communities in outstate Wisconsin are places in which people from the Madison and Milwaukee metropolitan areas, as well as Chicago and northern Illinois, have vacation or weekend homes. Locals in these communities commonly complained about their property taxes and told a common story: they had lived in their community for most of their lives, had dreamt of living on the local lake or river, but now that dream was being killed by wealthy folks from the south. These outsiders' willingness to pay large sums for lakefront property, and to build large vacation homes was driving up property taxes.

Less wealthy locals like themselves were unable to keep up with these rising taxes, so many had to “move off the water” or move out of the community altogether.

In several places people remarked that it was not true that all people buying vacation homes or cottages have a lot of money. Several others remarked that actually it was vacation home owners who were the objects of injustice because they could not vote on local property tax issues. Nevertheless, the wealthy-vacation-home-owners-from-down-south story line predominated in any conversation about property taxes. In this way, by contrasting themselves with wealthy outsiders, people announced their identities as people of relatively lower-income social classes.

In addition to a metaphor for resource inequalities, differences in values, and social class identity, the outstate vs. Madison/Milwaukee map also stood for perceptions of how authority was exercised in the state. In general, people in lower-income groups talked about authority flowing outward from these places, and never in the reverse direction. In several places the sense that people in Madison in particular (meaning the state government and the flagship state university) disrespect and fundamentally do not understand rural communities was part of a general distrust of any actor or institution that had lost touch with local communities.

In a former mining, now agricultural, community west of Madison, members of a group meeting in the local diner in the morning expressed this type of sentiment while talking about health care. One man had been hinting that he supported eliminating insurance companies and adopting a single-payer, government-sponsored health care system. When I asked him, “Do you think that would go over well?” He shook his head no and said, “People don’t do the right thing. They do what’s good for their pocket.” A few minutes later, he voiced concern about the effect of corporate farms on the local economy and the quality of life in his town. “There’s an inproportionate amount of wealth being assimilated by large land owners and then a disproportionate-and these guys are just barely making it. The family farm is just going by the way side.”

A different group that met in this diner, a group of retired and near-retired local women, had remarked months earlier that their community was changing rapidly, perhaps more rapidly than most small communities because it had become attractive to artists and people in northern Illinois looking for a charming place for a weekend home. It was in this context that people in this town expressed their protectiveness of all things local against the external forces of state government, agribusiness and wealthy outsiders.

In a far north central resort community, a group of leaders from the local government and public schools met every morning around a coffee machine in the town hall. On two different visits, the members of this small group made it plain that they believed that the cities in the state held the vast majority of power, and even employees of the state government working in the northern part of the state had little say in the regulations governing their community. One man, a former employee of the state Department of Natural Resources remarked that he did not have much control over the way in which policies were implemented. He said that things had changed such that now government agencies were run by politicians, who had little interest in local needs

in his community. “Now the governor appoints all the big shots and they don’t know. Before a guy had to work from the bottom all the way up and then become the head of the DNR. Now they just pick some guy off the street.... A buddy of the Governor.”

The group declared that political power was exercised inefficiently because it actively ignored local wisdom in areas far from the metropolitan areas of the state. For example, one man told a story about researchers constructing a set of elaborate and expensive cribs for fish to spawn around in one of the lakes he regularly fishes on, far off of any highway.

I went looking along and they had, there were bass spawning and there was a little peg in the ground with a little red flag with a number on it. I seen these all over the lake. Well they were there one day when I was fishing and I said, “What’s with the red flags?” and [they] said, “Oh we’re trying to determine if bass spawn in the same place every year.” And I said, “Well if you’d have asked anybody who lives up here they could’ve tell ya ‘yes’ and just save yourself a whole bunch of trouble.” [laughs] They don’t want anything to do with ya. They think they’re smarter than ya. Got that book learning.

Their stories conveyed that their opposition to government authority was interwoven with their perception that city folks ignored local, rural, wisdom at the expense of the good of the state as a whole.

Although upper-income groups did not express general anti-authority sentiments, they too used geography as shorthand to complain about being ignored. Upper income folks, namely professionals in the larger cities, attempted to minimize the figurative distance between themselves and the centers of power, mentioning people they knew or institutions they had ties to in Madison and Milwaukee. Also, when they felt their views had been ignored, it was common for them to attribute arrogance to the entity that had snubbed them, particularly Madison. For example, when I first met with the group of professionals in the western Wisconsin city, I asked about perceptions of the UW-Madison. One man who had worked for one of the University of Wisconsin system universities remarked,

[The UW-Madison] is a world class educational resource. Well I think of a variety of things—but as a world class education resource, and also as it has functioned great as a resource through the Extension, UW Extension, but I also think quickly of UW- Madison as being um something centric that looks – sees the state as it sees some of the little neighborhoods in Madison....Every time Madison came in, it wasn’t to share resources, it wasn’t to cooperate, it was to take over. And it – it’s fine to have a great university system, you know when you have – it was – it reflected the interests of people in Madison and not the people in [our city] and was very, very poor actually at seeing local concerns. It was always viewed through that Madison eye glasses.

This perception, that people in Madison have a hard time paying attention to the concerns of people in the communities in which they were supposedly reaching out to, is very similar if not identical to the complaint among loggers, construction workers,

and farmers in smaller towns throughout the state. In this way, people from a range of class backgrounds placed themselves with respect to political and economic authority by referencing geography, particularly the divides between Madison and Milwaukee and rural outstate Wisconsin. Geographic labels and references function like cognitive heuristics, encompassing many things at once. People used them to stand for claims about resource inequalities, to identify with particular values, lifestyles and social class, and to complain about the exercise of authority. People did not always reference geography when expressing anti-government and anti-authority comments. In many cases people distanced themselves not from other places, but from actors and institutions of authority and higher income within their own community. However, the pattern of people talking about their relationship to political power by referencing their geographic place in the state was remarkably common.

DISCUSSION AND CONCLUSION

This paper has used analysis of focused conversations among 31 preexisting groups of people in 23 municipalities sampled across a Midwestern state to analyze the manner in which people connect their economic interests to their policy preferences. The conversations revealed that sentiments toward government are a key tool in this regard, in a way not captured completely by arguing that attitudes of government trust or attitudes toward government spending function as one of several ingredients in individuals' policy stances. Lower-income people tended to make sense of health care policy through a perspective of attitudes toward authority in general. That is, attitudes toward government were a piece of a larger outlook colored by attitudes toward many power-wielding institutions. Upper-income individuals tended not to talk about health care policy through an anti-authority lens, but instead spoke from positions of authority themselves to criticize particular actors. The analysis also revealed that people across the class spectrum referenced geography while explaining their stances, and did so in ways that implied opposition or identity with a particular economic background, orientation to authority, and affinity or antipathy toward certain values and lifestyles.

The implication for the connections between economics and political preferences is that social identity intervenes. Policy preferences are not a simple calculation of what policy matches up with my needs, nor even of what policy meets the needs of people like me. The calculation also includes perceptions of what type of people designed this policy, and where do I—as well as my community—stand in relation to the networks of power behind it.

Is this a case of a scholar trying hard to rescue our perception of the average citizen as politically incompetent? That is, I am arguing perceptions of government among lower-income people are part of an overarching orientation toward authority. It may seem that I am attributing a level of coherence to their political attitudes that is at odds with our long-standing belief that the vast majority of Americans, particularly those at lower ends of the socioeconomic spectrum, do not reason about politics on the basis of a coherent belief system (Converse 2006 [1964]). Perhaps the apparent coherence I perceived in Wisconsinites' orientations toward authorities across many sectors of life

is just that—my perception, and a function of my ability to carefully review their comments about a wide variety of things. I may have been able to see coherence that the individuals do not consciously recognize and consistently use to reason about the world.

My response is to emphasize that the orientations toward authority that I perceive are more akin to social identities than to ideological belief systems. The sense that “I am a person who is at the bottom of authority hierarchies of government, the workplace, the medical system, etc.” does not appear to be an ideology that undergirds individuals’ political attitudes in a consistent fashion. Instead, it is a lens through which people view information, and it may or may not give rise to political preferences that “are bound together by some form of constraint or functional interdependence” (Converse 2006 [1964], 3). The distinction is akin to Converse’s distinction between ideologues and people who conceptualize politics in terms of group interest. As he explained, people who reason on the basis of group interest may call themselves Socialists because socialists are “for the working man,” but nevertheless favor leaving things like electric power and housing in the hands of private enterprise (15). Social identities are reference points, not necessarily ideologies. My argument that the use of identities as people at the short end of authority in a variety of realms is consistent with Converse’s findings that group interest reasoning is more common among those lower in political sophistication.

Another possible challenge to the conclusions I have reached here pertains to the claim that orientations to government are qualitatively different among lower-income people versus upper-income people. One might argue that in both cases, people are expressing a perception that they are being ignored by government, and that the fact that upper-income people tended to mention particular actors is merely a function of their higher levels of political awareness.

However, the distinction in the manner in which skepticism of government entered into conversations about health care among upper-income people versus among lower-income people was not merely a difference in how often people discussed specific public officials. The more important distinction is with respect to the references people made to their levels of power in relation to those people. Upper-income people often spoke as if they were of similar status compared to the political actors they were criticizing. In contrast, lower-income people often talked about their lack of power in relation to political actors. In addition, the manner of interpretation was also distinguished by the common pattern among lower-income people of talking about their lack of power in relation to a wide range of actors and institutions in society.

Finally, one might argue that my conclusions with respect to the prominence of geography as shorthand for class identities, values, and economic interests are an artifact of my research design. Since I focused my research on people in a particular state, chose my cases by sampling communities across all regions of that state, and conducted my analysis by comparing conversations across communities, one might expect that geography would be part of the patterns I observed. My response is that this is not an artifact, but rather a benefit of the design. References to geography emerged in response to questions about specific policy areas that were not intended to elicit identification

with one particular geographic area over another. It is likely that I would have observed people referencing geography, particularly relationships to urban areas, even if I had studied people in only one municipality.²³ In other words, the design did not manufacture these references. Instead, it made it possible to observe their ubiquity across a variety of locales. In addition, references to geography represented a range of things, including identities, values, and orientations to authority. This complexity seems less an accident of research design than an area for further study.

Further research is also needed to remedy some of the limitations of the present study. The current study was intentionally inductive, and not intended to test hypotheses on a broad population. However, subsequent research ought to examine the generalizability of the claims I have made based on observation of these particular groups. Subsequent fieldwork among women, younger people, and people residing in other areas of the United States would strengthen the claims made here. In addition, testing the claims made here with national sample survey data would greatly strengthen the ability to generalize to a broader population. Also, focusing on health care proved to be a useful way to elicit conversations in which people referenced their economic interests. However, it is possible that the conclusions reached here are specific to that policy domain. Subsequent research ought to examine the connections between economic interests and preferences on a range of additional issues.

Despite its limitations, the present study has implications for our understanding of several phenomena in political behavior. The first is revealed by probing one paradox in the findings: The conversations within these groups displayed a great deal of distancing from government. However, many of the people I studied were current or former elected public officials in city, town, or county government. What should we make of this?

On the one hand, this seeming-hypocrisy is not surprising. Plenty of elected or aspiring politicians on the national level criticize the institutions to which they belong. On the campaign trail, it is strategically advantageous to do so, given widespread cynicism toward the federal government. In casual conversation, this widespread cynicism often makes it more socially acceptable to express anti-government rather than pro-government sentiments (Eliasoph 1998, esp. chapter 6).

But the fact that their behavior as candidates suggests high internal efficacy while their comments suggest low external efficacy holds a different insight, a message about the potential for reform. If we are concerned about the potential for government to enact comprehensive social policy reform, the fact that people who express skepticism toward government are nevertheless behaving as if they value the potential of the government to make a positive difference in their community suggests that opposition to government intervention is not inevitable. The strong strain of liberal individualism in American political culture means that many people believe in the difference that individuals can make, and believe in the decision making conducted within their own

²³ My previous work focusing on informal groups in Ann Arbor, Michigan, displayed the importance of urban areas (i.e., Detroit) as a reference point for interpreting politics (Walsh 2004).

relatively homogeneous communities. The flipside is that they are skeptical of programs and policies that are enacted in a distant, other, realm. As long as people conceptualize government as an “other,” the chances of trusting decisions from this outgroup are slim. Therefore, the key to building support for social policy reform is for policies to be promoted and implemented in ways that convey they are designed with the concerns of the public in mind.

This is an obvious insight, particularly to students of framing. However, even if policy elites are aware of this need for resonance, the conversations investigated here suggest that many members of the public perceive that policy is nevertheless created by people who are blatantly ignoring their interests. In other words, their sentiments suggest that policy elites are not sufficiently conveying they have created these policies with ordinary Americans in mind.

The disconnect is similar to the gap in understanding between policy elites and members of the public that Lau and Schlesinger’s recent work on policy metaphors revealed. Their work demonstrated that there were substantial gaps in the way policy elites (congressional staffers) and members of the mass public understood health care reform in the 1990s (Schlesinger 2002). That is, among elites and members of the public who support market-based reform there were substantial gaps in the notions of fairness they support. There is little reason to expect this gap has narrowed in recent years. Their work also showed that there is substantial shared understanding of relevant policy metaphors across policy elites and members of the mass public, suggesting the potential for resonance to occur (Schlesinger and Lau 2000). Assuming that public approval has to enter into the policy process at some point, it is imperative that people attempting to change the health care system have a better understanding of how members of the public think about the problem and how they interpret the options available for reform (see also Harwood 1994).

Schlesinger and Lau’s (2002) optimistic conclusion that policy can be packaged in ways that cause members of the public to listen and form reasonable opinions leads them to call for more survey-based research on the role of policy metaphors. “It only remains for survey researchers to become more sensitive to the ‘metaphorical’ content of different policy proposals. Were questions designed to more effectively tap into such content, pollsters could more reliably measure support for such proposals” (107). The analyses in this paper have hopefully demonstrated that understanding the gap in understanding between members of the public and policy elites can also fruitfully be pursued through more qualitative and interpretive approaches, such as these listening investigations.

In addition to enlarging our understanding of the potential for policy reform, the analyses in this study also shed insight on the utility of different conceptualizations of social class. Social class is a highly contested concept that has been analyzed within a variety of intellectual traditions. Analyses in the Marxist tradition have treated social class as the relationship to the means of production; more recently, this has included recognition of relationship to authority in the workplace as well. In other words, social class is indicated by objective characteristics, namely income, education, occupational

type, and relative level of authority (Wright 1997). Conceptualizations in a Weberian tradition challenge the idea that class is determined mainly by orientation to the means of production, and instead seek to understand the other ways in which societies are organized in authority hierarchies (Weber [1946] 1968). Jackman and Jackman, in reflecting on these traditions, argue that the important consideration when studying social class is not what scheme of objective characteristics best categorizes people into classes, but instead how people subjectively conceive of their membership in a given class group (1983). Other recent work amplifies this approach by treating social class not only as a function of individuals' perceptions of their relative location in society, but as a force that manifests itself through differences in worldviews and lifestyles (e.g. Bourdieu [1979] 1984; Lamont 1992, 2000; Lareau 2003). Similarly, work in a sociohistorical tradition treats class not as a deterministic product of objective characteristics as tends to be the case in Marxist and Weberian approaches, but as something that is constructed over time in particular historical, political, and legal contexts (Suh 2002; Thompson [1963] 1991).

The conversations examined here suggest that the insights of each of these approaches is necessary for understanding the role of social class as it pertains to political understanding. In the spirit of the Weberian tradition, we see that individuals' relative location with respect to authority in society is important for their political preferences. At the same time, consistent with a Marxist approach, we see that objective indicators of class such as occupation are useful for identifying variations in modes of understanding across people. And consonant with Jackman and Jackman's approach, it is subjective perceptions of one's relationship to authority that matters for how people interpret political affairs.

The final point I wish to make here pertains to conceptions of power. I have used a traditional definition of power when talking about the anti-authority perspectives I observed. That is, I defined power as something that one actor exercises over another. Clarissa Rile Hayward's work comparing the exercise of power across school districts that vary by social class teaches us that power is better understood as something that is embedded in the contexts in which people interact. "We should define power, not as an instrument some agents use to alter the independent action of others, but rather as a network of boundaries that delimit, for all, the field of what is socially possible" (2000, 3). The people I studied referred to power and authority in the more traditional, Dahl-esque decision-making sense. However, the cumulative effect of studying all of their conversations is a picture of power in which broad conceptions of who heeds whose views influences perceptions of the motivations behind public policy and even what type of policy reform is possible. That these boundaries of the possible correspond to geographic boundaries does not mean they are immutable. As in Hayward's work, perceptions of these boundaries are the product of everyday interaction, interpersonally and likely through less personal, mass mediated mechanisms as well.

Appendix A: Descriptions of Groups Observed and Municipalities In Which They Met

Municipality Description	Group Type	Municipality Population (2000)	Median Household Income (1999)
Central hamlet	Daily morning coffee klatch, local gas station (men)	500	38000
Northern tourist location	Weekly morning breakfast group, local restaurant (women, primarily retired)	500	32,000
North western hamlet	Weekly morning coffee klatch, local church (mixed gender, retirees)	500	35,000
North central village	Group of library volunteers at local library (mixed gender, retirees); also, daily coffee klatch of male local leaders meeting in the local municipal building	500	34,000
North eastern resort village	Group of congregants after a Saturday evening service at Immanuel Lutheran Church	1,000	41,000
North western village	Daily morning coffee klatch, local gas station (men)	1,000	32,000
Northern American Indian reservation	Group of family members, during a Friday fish fry at a local gas station/restaurant	1,000	35,000
South central village	Daily morning coffee klatch, local gas station (mixed gender, working and retired)	1,500	31,000
North central village	Daily morning breakfast group, local diner (men)	2,000	38,000
South central village	Women's weekly morning coffee klatch at local diner; also group of male professionals, construction workers, retirees meeting later there	3,000	43,000
Central west village	Two daily morning coffee klatches, one at a local gas station, the other at a local diner (men)	3,000	30,000
Central east village	Kiwanis meeting (mixed gender, primarily retirees); also daily morning coffee klatch of male retirees at local fast food restaurant	3,000	45,000
Western Minneapolis suburb	Daily morning coffee klatch, local diner (male local business owners, lawyers, retirees)	9,000	51,000
Southeastern city on northern edge of Milwaukee metropolitan area	Daily morning coffee klatch, local diner (men)	10,000	54,000
South central city	Middle-aged couple taking a mid-morning break at a local café	10,000	36,000
Central city	Daily morning coffee klatch, local café (middle-aged professionals, mixed gender)	38,000	37,000

Table is continued on next page.

Appendix A, continued

Municipality	Group Type	Municipality Population (2000)	Median Household Income (1999)
East central city	Daily morning coffee klatch, local gas station (retired men)	42,000	41,000
Milwaukee suburb, west of the city	Group of teachers and administrators at local high school (mixed gender); Daily lunch group of middle-aged men	47,000	55,000
Western city	Daily morning coffee klatch, local café (middle-aged professionals, retirees, mixed gender)	52,000	31,000
South eastern city	Weekly morning breakfast group, local diner (mixed gender, retirees and currently employed)	82,000	37,000
North eastern city	Daily morning breakfast group, local diner (men)	100,000	39,000
Madison	Middle-aged, female professionals' book club; also, daily morning coffee klatch of male retirees at bakery; female resident volunteers in food pantry in low income neighborhood	200,000	42,000
North Milwaukee neighborhood	AIDS/HIV activism group meeting after services in a Baptist church	600,000	32,000
South Milwaukee neighborhood	Group of Mexican immigrants, waiting at a pro bono health clinic	600,000	32,000

Note: Population and income figures have been rounded to preserve anonymity of groups observed.

APPENDIX B: LISTENING INVESTIGATIONS PROTOCOL

INITIAL VISIT PROTOCOL

[intro and consent]

Most important issues:

What do you think are the major issues facing people in [name of municipality] these days? Which of these issues are of special concern to you all personally?

[If issues include taxes, health care, or immigration, skip to relevant questions below.]

What do you think should be done about this?

Why do you think this has been overlooked?

Whom does the current policy benefit?

Taxes [if not addressed above]:

With respect to property and income taxes, do you think people similar to yourself currently pay a fair share?

Whom do you think benefits from our current tax policies?

Health care [if not addressed above]:

Now I would like to talk about health care for a few moments. Do you feel that you have been able to obtain adequate health care for you and your families?

Are there people in your community who don't/do have adequate health care? Why do you think that is the case?

Immigration [if not addressed above]:

Is immigration an issue in this community? How does it affect you? How do you think immigration is affecting life in Wisconsin in general?

Self-description (identity and occupation):

How would you describe the kind of people that are a part of your group, to outsiders like me?

Do any of you work outside the home? What kind of work do you do?

Children, activities, and education:

Do you have children? How old are they?

What kinds of activities are they involved in after school?

For those of you with kids still in school, do you think they will go on to obtain some kind of post-high school education?

Would you want them to attend the UW-Madison? Why/why not?

Did any of you attend school after high school? Did any of you attend the UW-Madison, or another UW-system school? [If the latter:] Which one?

University of Wisconsin-Madison:

What, in your opinion, does UW-Madison currently do well?

What, in your opinion, can UW-Madison do better?

What *should* UW-Madison be doing in your community?

Whom do you think the University of Wisconsin-Madison currently benefits?

When you think about the students who attend UW-Madison, and the faculty and staff who work there, what comes to mind?

Financial security:

Thinking about your overall situation here in [name of municipality], would you say that you struggle to make ends meet, or do you live comfortably?

Success and deservingness:

In America today, some people have BETTER JOBS and HIGHER INCOMES than others do. WHY do you think that is — that some Americans have better jobs and higher incomes than others do?

[Here are some reasons other folks have stated—how important do you think these reasons are?

'Because some people have more in-born ability to learn.'

'Because discrimination holds some people back.'

'Because some people don't get a chance to get a good education.'

'Because some people just choose low-paying jobs.'

'Because government policies have helped high-income workers more.'

'Because God made people different from one another.'

'Because some people just don't work as hard.'

What does the term “hard work” mean to you?

I'm going to give you a list of occupations. Tell me which of these folks work hard for a living, and why you think that's the case: lawyers, construction workers, waitresses, public school teachers.

Anything else you want to add?

May I come back sometime?

[End by thanking the participants, reiterate contact information.]

SECOND VISIT PROTOCOL

[Reintroduce, consent]

During my last round of visits with groups like this around the state, I found that many people were concerned about health care, higher education, and issues related to water. I would like to ask more about your thoughts on these topics.

Health care:

What ARE your concerns about health care?

Do you think people here in your community are better or worse off with respect to health care than people in other parts of the state? Why? The country? Why?

In our last Badger Poll, we asked people which of four health care reform solutions they support. Let me describe these and then ask for your opinions . [Describe four alternatives, based on following question wording.]

A number of proposals have been made about ways to change the health care system in the State of Wisconsin. I am going to read some of these proposals and for each please tell me whether you strongly oppose it, somewhat oppose it, somewhat favor it, or strongly favor it.

[In the Badger Poll, the four questions below were randomized]

- A. What about consolidating all the money and resources now being spent by employers, individuals, the state government, and insurance companies to operate the current health insurance system and replace it with a new system, administered entirely by state government and covering all residents of Wisconsin?
- B. How about expanding the eligibility of existing state government health insurance programs for low-income people, such as BadgerCare, Medicaid, and Healthy Families, to provide coverage for more people without health insurance?
- C. What about requiring every resident of Wisconsin to have health insurance, either from their employer or another source, and offer government subsidies to low-income residents to help them pay for it?
- D. How about encouraging individuals to put money into a tax-free health savings account that they would use to pay for their regular health care bills and accompany this with a catastrophic insurance plan they must also purchase to help pay for major medical bills?

Higher education:

In what ways is higher education a big issue for people here in your community?

Is higher education more of a pressing concern for people here than in other parts of the state?

In general, whom do you think the UW-Madison benefits? Whom do you think higher education in general benefits in this country?

Do you have children? Do/did you want your kids to go to college? Why/ why not?

Water:

Taking care of [name issue related to water mentioned in previous visit] will likely require broad support in the state legislature. Do you think it's possible to get that support? Why/ why not?

Is this an issue that all Wisconsinites should be concerned about? How would you sell that to the broader Wisconsin public?

Presidential race:

Which of the candidates would be most attentive to the concerns of people here in your community. Why? Most attentive to concerns of people in Wisconsin? Why?

What are your hopes for this presidential race?

UW-Madison [repeat questions from first round]

Social class identity

People talk about social classes such as the poor, the working class, the middle class, the upper-middle class, and the upper class. Which of these classes would you say you belong to?

THIRD VISIT PROTOCOL

[reintroduce, consent]

Power and authority

- How would you describe your group to an outsider like me? How do you think you compare to the rest of the community?
- Who do you think has power in your community? In the state? The nation?

- Do you tend to feel or not feel that most people with power try to take advantage of people like yourself?
- How has this community changed over time?

Poll agenda

What are the major issues facing people in this community?

What do you think should be done about this?

Why do you think this has been overlooked?

Whom does the current policy benefit?

UW-Madison [repeat questions from first round]

APPENDIX C: MAP OF WISCONSIN



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