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Editor’s Preface to the Spring Edition

Here at Elon University, we are extremely grateful for the opportunity to host the Pi Sigma Alpha Undergraduate Journal of Politics for the coming years. We are proud to present the Spring 2021 issue, and congratulate all authors published in this issue.

This journal seeks to highlight the intellectual curiosity that has led to innovative scholarship in all subfields of political science, scholarship that addresses timely questions, is carefully crafted, and utilizes diverse methodologies. We are committed to intellectual integrity, a fair and objective review process, and a high standard of scholarship. Through this publication, we aim to accentuate student achievements in political science research and showcase the works of undergraduate scholars, some of which has been traditionally ignored in the broader field of political science literature, despite representing the future of this discipline.

As an editorial team composed entirely of women, we understand that this occurrence is not a common one. Following the lead of the all-female American Political Science Review (APSR) Editorial Board, we are excited to promote research in the areas of “American politics, comparative politics, international relations, political theory, public law and policy, racial and ethnic politics, the politics of gender and sexuality and qualitative and quantitative research methods.” This journal values the relationships formed through student-faculty collaboration and aims to inspire a culture of intellectual curiosity that expands far beyond the college campus. In addition to recognizing the academic endeavors of undergraduate students, we hope to further encourage and empower students to seek out knowledge and realize their potential in contributing to growing scholarship in a variety of disciplines.

In the journal’s first year, we want to emphasize our appreciation for all the individuals who have made this first publication possible. Our advisors, Dr. Laura Roselle, Dr. Baris Kesgin, and Dr. Aaron Sparks, have been unwavering in their support of us throughout this entire process. Without their consistent support and insights, this issue would not have been possible. In addition, we would like to thank the entirety of the Political Science and Policy Studies Department at Elon University, as well as our Faculty Advisory Editorial Board reviewers for all of their hard work and support.

Going forward, we are excited to create a culture within our Editorial Board that embraces these values and continues to strive for excellence for the remainder of the journal’s tenure at Elon University. Thank you for your continued support and readership of our publication, we hope you enjoy our first edition.

Sincerely,

The Editorial Board at Elon University
Submission of Manuscripts

The Journal accepts manuscripts from undergraduates of any class and major. Members of Pi Sigma Alpha are especially encouraged to enter their work. We strive to publish papers of the highest quality in all areas of political science.

Generally, selected manuscripts have been well-written works with a fully developed thesis and strong argumentation stemming from original analysis. Authors may be asked to revise their work before being accepted for publication.

Submission deadlines are October 1st for the Fall edition and February 1st for the Spring edition. Manuscripts are accepted on a rolling basis; therefore early submissions are strongly encouraged.

To submit your work, please email psajournalelon@gmail.com with an attached Word document of the manuscript. Please include your name, university and contact details (mailing address, email address, and phone number) in a separate document.

Submitted manuscripts must include a short abstract (approximately 150 words), citations, and references that follow the *APSA Style Manual for Political Science*. Please do not exceed the maximum page length of 35 double-spaced pages, which includes references, tables, figures, and appendices.

The Journal is a student-run enterprise with editors and an Editorial Board that are undergraduate students and Pi Sigma Alpha members at Elon University.

The Editorial Board relies heavily on the help of our Faculty Advisory Board consisting of political science faculty from across the nation, including members of the Pi Sigma Alpha Executive Council. Due to the time committed to the manuscript review process, we would like to remind students to submit only one manuscript at a time.

Please direct any questions about submissions or the Journal’s upcoming editions to the editors at Elon University: psajournalelon@gmail.com.
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Hannah Liu, St. Olaf College
Frame Convergence as Policy Dialogue: Healthcare Rhetoric in 2020 Congressional Races

Hannah Liu, St. Olaf College

Robust dialogue between candidates on important issues is an essential component of a healthy democracy. Previous literature on campaign dialogue primarily uses issue engagement as a measure for dialogue, but because campaigns use heresthetic maneuvering to avoid highlighting the same aspects of an issue, this measure of dialogue is inadequate in fulfilling democratic norms set out by the literature. This paper addresses this gap, introducing an alternative measure of dialogue — frame convergence — which occurs when two opposing candidates in a race use the same frame to address an issue. Using healthcare as a case study, this study compares frame usage in 2020 U.S. House campaign websites to determine if and when frame convergence occurs. Results indicate that frame convergence tends to occur more often in more competitive races, and that issue ownership dynamics have a relationship with which frames candidates choose to engage.

INTRODUCTION

For decades, scholars have theorized about the role of campaigns in shaping a legitimate and representative democracy. Dahl (1998) considers “enlightened understanding” to be an important criterion in which to judge a democracy (37). Enlightened understanding requires that members of a democracy have “equal and effective opportunities for learning about the relevant alternative policies and their likely consequences” (Dahl 1988, 37). Accordingly, meaningful engagement between candidates, or campaign dialogue, is essential during elections, since voters are “capable of picking the side of the issue that matches their political principles when they are exposed to a full debate” (Sniderman and Theriault 2004, 149). How, then, can a debate be determined as “full” enough to support a democracy?

Criteria in the campaign communication literature sets a baseline for campaign discourse that fully realizes democratic norms of representation. First, clear campaign dialogue should help voters understand their choices in an election. Voters must be able to discern the positions of all candidates on salient issues to make informed decisions (Lipsitz 2013). Second, discourse should be specific enough that voters are able to distinguish candidates from one another (Benoit 2007). Third, candidates should address similar aspects of an issue, so they are not presenting voters with “dueling monologues rather than true dialogue” (Sigelman and Buell 2004, 650). Altogether, healthy campaign debate can generate new ideas and dynamic policy solutions that create a fuller sense of representation (Mansbridge 2003).

These criteria are juxtaposed with the measures of dialogue used in prior research. Campaign dialogue literature has primarily considered “dialogue” as occurring when two candidates discuss the same issue (Banda 2013; Kaplan, Park, and Ridout 2006; Sigelman and Buell 2004; Simon 2002; Xenos and Foot 2005). Although this sort of policy engagement is necessary for campaign dialogue to occur, it is not a sufficient condition to fulfill the normative standards of democratic representation as they are set out by the literature (Dahl 1998; Mansbridge 2003). The use of strategic heresthetic framing by campaigns has caused opposing candidates to talk around each other, even when they are discussing the same issue. Instead of addressing the opposition, candidates manipulate a stockpile of available considerations to highlight the parts of their issue positions they perceive as most advantageous, while avoiding genuine discourse — all the while leaving voters woefully ill-informed (Campbell 1960; Delli Carini and Keeter 1991). This paper proposes an alternative way to evaluate campaign dialogue by looking at not only if, but how candidates are talking about issues. Using healthcare as a case study, this paper determines if candidates in the same race are framing healthcare in the same way, an occurrence called “frame convergence,” on their campaign websites. If candidates are engaging on the same issue with the same frame, they are much more likely to be in dialogue with one another. Results of the study indicate that frame convergence occurs in a majority of the races where both candidates have healthcare pages on their websites but is more likely to occur in races that are more competitive. Additionally, issue ownership dynamics have a relationship with which frames opposing candidates choose to engage.
REVIEW OF PREVIOUS LITERATURE

Campaign Dialogue

Scholars generally conceptualize dialogue as any situation where opposing candidates take stances on the same issue. For example, according to Simon (2002), campaign dialogue occurs “when one candidate raises a subject, [and] his or her opponent responds by discussing the same subject” (Simon 2002, 1). Other scholars adopt a similar approach to dialogue, identifying “issue convergence,” “issue engagement,” or “issue agenda convergence” as a basic precondition for healthy democratic dialogue (Banda 2013; Druckman et al. 2010; Kaplan, Park, and Ridout, 2006).

Campaign dialogue research generally carries the assumption that dialogue is normatively desirable because the presence of dialogue is the first step towards meaningful deliberation and “leads to a more informed and ‘better’ electorate” (Simon 2002, 6; see also Banda 2013; Kaplan, Park, and Ridout 2006). Engagement on at least one issue actually happens quite often in campaigns (Druckman et al. 2010; Sigelman and Buell 2004). This may seem intuitive, but it in some ways sits in tension with other concepts in political science. For example, the notion of issue ownership suggests that the public sees fundamental differences between the two parties’ competencies in different issue areas, so candidates only have incentive to talk about issues in which their parties are viewed as competent (Petrocik 2003). By Simon’s (2002) definition of campaign dialogue, healthy and informative debate must already be occurring between candidates.

There are several unresolved questions in the campaign dialogue literature. For example, in a study about the effects of issue convergence on the public, Lipsitz (2013) found that issue convergence can boost knowledge in some cases, but there is more evidence that it just confuses voters. As an example, she describes healthcare issue convergence in the 2004 election. Both Bush and Kerry talked about healthcare and took positions on it, but the candidates characterized the issue so differently that it made it difficult for voters to extract usable information (Lipsitz 2013). Although Bush and Kerry both discussed the same issue, they did not actually have a dialogue.

Another obstacle to dialogue is framing techniques used by campaigns to talk past one another. Even if candidates speak unambiguously, they can frame issues so that they each talk about completely different aspects of the issue (Sigelman and Buell 2004). Lipsitz gives an example from the 2004 election, explaining that “an advertisement might be coded as discussing ‘health care’, but one has no way of knowing whether the ad discusses prescription drug coverage for seniors or limiting malpractice lawsuits against doctors” (Lipsitz 2013, 845). Issue categories are so broad that candidates can both talk about them without engaging with each other at all. Issue convergence should be a part of a representative democracy, but it should not always be characterized as campaign dialogue.

For these reasons, the operationalization of issue engagement as ‘talking about the same issue’ often falls short of the normative standards of authentic campaign dialogue. In the next section, one of these mechanisms — heresthetic — is explored in greater detail to unpack how common campaign strategies sit in tension with genuine engagement on issues.

Framing as a Heresthetic Maneuver

Heresthetics, as described by William Riker in The Art of Political Manipulation (1986), is a rhetorical tool used by politicians to alter the conditions of a situation or informational environment in their favor. It is a tool set apart from other rhetorical strategies, because instead of aiming to convince, it is used to manipulate (Riker 1986). Heresthetical maneuvers allow candidates to “clear the obstacles and exploit the opportunities of the institutional environment” (Shepsle 2003, 313). Framing is a heresthetic maneuver because it does not change the composition or details of a policy position, but rather highlights certain aspects over others to change the issue’s salience or public perspective (Arbour 2014; Chong and Druckman 2007; Jacobs and Shapiro 2000). It capitalizes on existing opinions and values to shape different narratives of the same issue. Campaigns will often use polls and focus groups to identify the symbols and messaging that will resonate with people (Druckman, Jacobs, and Ostermeier 2004; Jacobs and Shapiro 2000). In this way, framing can especially benefit the underdog in a race, such as a candidate talking about an issue that is not owned by their party or running in a district where they are unlikely to win (Shepsle 2003). If a candidate lacks competence in certain aspects of an issue, they can strategically select their words to make other parts of the issue seem more important.

Like issues, frames are also owned by parties. Arbour (2014) looked into the use of frames in 2004 House and Senate races and found that the partisanship of the candidate was the main determinant of what frames would be used. “Republican” frames were used by Republican candidates and “Democratic” frames were used by Democrats (Arbour 2014). To illustrate, on the issue of taxes, the focus on “corporate tax cuts” would be considered a Democratic frame, while “cutting or reducing taxes” in general would be considered a Republican frame (Arbour 2014). Campaigns also strategically select frames depending on the characteristics of a district. Arbour (2014) found that “Republican” frames tend to be used in Republican districts, and “Democratic” frames used in Democratic districts.

Although it has typically been assumed that the norm for opposing candidates is to “talk past each other” (Csatos and Busch 2001, 47), framing issues the same way can actually open the way for true dialogue. For example, in the 2020 Minnesota Congressional District 2 race, the candidates both employed the choice frame. The Republican in the race opted to expand choice by opening healthcare plan buy-ins across state lines, while the Democrat highlighted the public option.
Both candidates consider the freedom of choice in healthcare, but they are still distinguishing themselves from each other in a productive way. As an additional incentive, addressing the opposing side's frames can actually be politically rewarded. Jerit (2008) found that proponents of healthcare reform have had more success increasing support for reform when devoting more time to topics raised by the opponents and addressing their concerns. In the week immediately following proponents of healthcare addressing opponent frames, such as the frame of big government, public support for healthcare reform increased (Jerit 2008). In other words, engaging with the same frames and having policy conversations can have an effect on policy perception.

Frame Trespassing

There is one more form of engagement to be considered, trespassing. Issue trespassing occurs when candidates address an issue that is owned by the opposing party, regardless of if the other candidate in the race also addresses the issue. Damore (2004) found that candidates who were trailing in the polls were more likely to use issue trespassing as a way to jumpstart their campaigns. Issue trespassing and frame trespassing do not necessarily indicate dialogue between campaigns since voters do not always receive issue position information from both candidates in a race. Nonetheless, ownership dynamics make trespassing a necessary precondition for frame convergence to occur on owned issues. Moreover, to the extent that trespassing is occurring, it suggests that a candidate is engaging with the larger context of party cues and ownership, so it is worth considering in this study.

HYPOTHESES

Candidates engaging on similar frames can move campaign discourse closer to true dialogue by centering the conversation around common aspects of an issue area. The literature points to several circumstances that should encourage frame convergence.

Druckman et al. (2010) found that issue convergence is relatively common on at least one issue, but less common for multiple issues. Frame convergence requires that candidates both include positions about healthcare on their websites and engage on the same frame. Additionally, previous findings in the literature suggest that the standard practice is for candidates to talk around each other, even when they are speaking on the same issue (Lipsitz 2013, Sigelman and Buell 2004). Consequently, frame convergence on the issue of healthcare will occur in fewer than half of 2020 U.S. House races (Hypothesis 1).

Previous literature has overwhelmingly found that increased levels of competitiveness lead to greater occurrences of issue engagement (Banda 2013; Kaplan, Park, and Ridout 2006; Sigelman and Buell 2004; Simon 2002; Xenos and Foot 2005). Competitiveness could also potentially encourage higher levels of frame convergence. Since campaigns strategically engage on the same issues when races are more competitive, that strategy is likely to continue down to their frame selection. Accordingly, more competitive races are expected to have higher levels of frame convergence (Hypothesis 2).

District partisanship is also a potential predictor of engagement. Druckman et al. (2010) found that partisanship was only a predictor of issue engagement for weakly owned issues. However, Arbour's (2014) study specifically into frames found that district partisanship determined where certain frames were used. This leads to mixed expectations about whether hypothesis 3 will be supported by the data: Democratic frames will be used in Democratic districts and Republican frames will be used in Republican districts (Hypothesis 3).

Druckman et al. (2010) found that open seat races tended to have more issue dialogue. On the other hand, Xenos and Foot (2005) found that incumbents were actually more likely to engage in issue dialogue, suggesting that lower levels of issue dialogue would occur in open seat races. Like district partisanship, this leads to mixed expectations about whether open seat status will produce significant results. Thus, this paper hypothesizes that open seat status will not be a significant predictor of frame convergence (Hypothesis 4). Regardless of the ultimate effect of the presence of an incumbent, it is worth considering as a possible predictor of frame convergence.

Republicans are more likely to try to sound like Democrats as an electoral strategy, since the public views Democrats as more competent in the issue area of healthcare (Egan 2013). Therefore, Republicans will trespass on Democratic frames more often than Democrats trespass on Republican frames (Hypothesis 5).

METHODS

Case and Frame Selection

Frame convergence is tested for in a single policy domain, healthcare. Healthcare is an appropriate choice for several reasons. First, issue salience is correlated with higher levels of discussion on the issue (Druckman et al. 2010). Healthcare has been a salient issue over many election cycles, but it has become especially important in recent years (Gollust, Fowler, and Niederdeppe). Therefore, candidates are likely to take positions on healthcare on their websites. Second, healthcare's long history in the public sphere has generated several policy alternatives, providing opportunities for candidates to take specific positions while distinguishing themselves from each other. Finally, healthcare is an especially compelling issue to study since, as pointed out by Gollust, Fowler, and Niederdeppe (2020), the COVID-19 pandemic may have opened the issue agenda for healthcare in ways considered impossible before. In order to understand and identify the frames to be used in the study, this paper examines the recent history of healthcare reform, which has been marked by three
different periods coinciding with the last three presidencies before the Trump administration.

In the years leading up the 1992 Election, the U.S. healthcare system was becoming increasingly costly, inefficient, and inadequate (Sage 2016). There was weak oversight, a lack of structural safeguards against cost overruns, and a serious disparity in quality of care across the country (Sage 2016). The Bill Clinton campaign and administration pushed for more regulation in the industry, while also keeping the greatest worries of the time in mind: the budget deficit and the need for economic rejuvenation (Jacobs and Shapiro 2000). In 1988, when Congress attempted to raise premiums on Medicare for higher income seniors to make the program more cost effective, the mass public made it clear that they desired a certain level of government involvement in the healthcare industry (Sage 2016). In fact, because Medicare was so popular amongst the American public, Republicans were advised against using words like “cut” or “change” and instead opted to use phrases such as “slow the rate of growth” (Schaffner and Sellers 2009).

During the 1992 election, a number of competing frames were used to influence public perception of healthcare reform, including security, big government, and choice (shown in Table 1). While the Clinton campaign pushed for regulation, universal health coverage, and cost limitations under the security frame, the Bush campaign pushed for free market principles, expanding coverage through tax incentives and increasing efficiency to cut costs under the big government and choice frames (Winter 2005).

Clinton’s model of “managed care” failed in many respects, and healthcare continued to be a costly and inefficient system (Sage 2016). Arbour’s (2014) study of the frames used in the 2004 election includes research specifically into healthcare frames. During this election, the framing strategies noticeably diverged between Democrats and Republicans. Democrats streamlined their healthcare messaging into two dominant frames: reducing overall costs of healthcare, under an economy frame, and making healthcare affordable, under the security frame. Republicans focused on completely different and much more specific frames: breast cancer research, tort reform, and children’s healthcare (Arbour 2014).

There was, however, some frame convergence in making healthcare more affordable. Arbour (2014) found that some frames used in Democratic districts, such as health care affordability, were used no matter what the candidate’s leaning was.

In 2010, Obama signed the Affordable Care Act into law. In many respects, the Affordable Care Act aimed to improve the health care system in the same way Clinton’s system of “managed care” did, but with different branding to shake the failed reputation of the previous policy (Sage 2016). Health care policy campaign communication was largely abandoned by Democrats from the implementation of the program until the 2018 election because of its general unpopularity in the public (Gollust, Fowler, and Niederdeppe 2020). In today’s debate over health care, several of the old frames from the previous debate are still applicable, but new frames have emerged in the new era. For example, Republicans have now introduced a focus on pre-existing conditions and a “repeal and replace” frame (Gollust, Fowler, and Niederdeppe 2020).

<table>
<thead>
<tr>
<th>Table 1. Healthcare Frames Described in Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame</td>
</tr>
<tr>
<td>Security</td>
</tr>
<tr>
<td>Status Quo (against)</td>
</tr>
<tr>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>Big Government</td>
</tr>
<tr>
<td>Repeal and Replace</td>
</tr>
<tr>
<td>Complexity</td>
</tr>
<tr>
<td>Quality</td>
</tr>
<tr>
<td>Economy</td>
</tr>
<tr>
<td>Cancer research</td>
</tr>
<tr>
<td>Children’s Healthcare</td>
</tr>
<tr>
<td>Choice</td>
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<tr>
<td>Tort reform</td>
</tr>
</tbody>
</table>
Table 2. Healthcare Frames Selected for Analysis

<table>
<thead>
<tr>
<th>Frame</th>
<th>Author(s)</th>
<th>Party Ownership</th>
<th>Sample Words and Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>Jerit, Winter</td>
<td>DEM</td>
<td>Accessible, affordable, costs, quality, deductibles, coverage, co-pays, right, uninsured, universal, comprehensive, pre-existing conditions</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Arbour</td>
<td>DEM</td>
<td>Pharmaceutical, big pharma, prescription drug prices, price gouging</td>
</tr>
<tr>
<td>Big Government</td>
<td>Winter, Jerit</td>
<td>GOP</td>
<td>control, Washington, regulation, expansion, oversight, single-payer, bureaucrats, government, efficient</td>
</tr>
<tr>
<td>Economy</td>
<td>Jerit</td>
<td>GOP</td>
<td>Debt, deficit, expensive, cost, jobs, invest, economy</td>
</tr>
<tr>
<td>Choice</td>
<td>Winter</td>
<td>GOP</td>
<td>Choice, control, decisions, force, forced, option, competition, transparent, market, competition</td>
</tr>
</tbody>
</table>

In this study, a number of frames used in previous research that are relevant in the current context are selected. Previous literature on healthcare framing is referenced to identify the frames that are most dominant in current healthcare discourse (Table 1). Several of the frames are unlikely to be found in 2020 healthcare discourse because their use was largely confined to earlier iterations of the debate. For example, Benning, Ashby, and Chapp (2020) found that children's healthcare is rarely talked about amongst Republican candidates nowadays. One thing to note is that there are few frames that the literature has identified as emerging from the Obama and Trump administrations (Table 1). Although additional scholarship is needed to fill this gap since healthcare framing has evolved over time, there are few steady frames that campaigns have used throughout several political eras. This study selects five frames that are most applicable to today's political dialogue as described by Gollust, Fowler, and Niederdeppe (2020).

Table 2 includes the healthcare frames that are searched for in the campaign website data for as well as the previous study or studies it is referenced from. One reason these particular frames are chosen is because they are policy-focused, rather than rhetorical practices. Although group-centric frames, such as mentioning children or families, are very commonly used in campaign rhetoric, they are less focused on specific policies. Additionally, the use of “Obamacare” versus the “Affordable Care Act” could be a frame in itself, but the invocation of Obama's name is, again, more of a rhetorical strategy rather than one that could produce actual policy dialogue. Another reason these frames are selected is because they are specific enough to generate policy discussion, but they are also general enough to allow candidates to take multiple sides on the issue. Accordingly, the “big government” frame is adjusted to “role of government” to allow space for policy discussion within the frame.

DATA

The U.S. House campaign website data used in the study are taken from the 2020 Congressional Coding Collection compiled by student researchers at St. Olaf College as part of an American Politics seminar. The Congressional Coding Collection, which receives support from the college, includes data from 2008-2020 and its principal investigator is Professor Christopher Chapp. Coders copied and pasted issue page text into text documents, separated according to the way the text was delineated by headings. The text documents were then organized into issue categories. The data was collected between October 2nd and October 16th, 2020. Other than separating the text into individual documents, the website text was not edited. Although most previous studies use media sources or campaign ads, websites capture an “aggregation of a campaign’s communication” (Druckman et al. 2010, 7). The average voter may not encounter campaign websites regularly, but they provide a good proxy for all other types of campaign communication (Druckman et al. 2018). Websites are appropriate for this analysis not because of their intended or actual audience, but because they give an inclusive view of the campaign’s overall communication strategy. Additionally, website content is direct communication from the campaign, rather than a newspaper’s “filtered report” of candidates’ activities (Kaplan, Park, and Ridout 2006, 726). In fact, journalists are frequent visitors of campaign websites and use website information to write their articles (Druckman et al. 2018; Bimber and Davis 2003). Finally, websites can actually encourage higher levels of position taking (Xenos and Foot 2005), and are much more representative, especially for lower salience races, than other forms of media due to their low cost and accessibility (Druckman et al. 2010).

Frame Dictionary Creation

To assign frames to candidate issue documents, a relative frequency analysis is conducted in the R package quanteda, then frame dictionaries are generated to identify frames being used by each candidate when discussing healthcare. Relative frequency analysis is a tool that compares target texts with reference texts to identify distinctive words in the target texts. In order to select target texts for each of the five frames, 80 healthcare issue pages of House candidates in 2018 were randomly selected. Because of the developments in healthcare policy discourse over the last decade, the most
recent campaign cycle is used to ensure the greatest dictionary accuracy possible (Gollust, Fowler, and Niederdeppe 2020). The 2018 data are also a part of the same Congressional Campaign Archive project, so the format is uniform across the two years. Each text is scored on a scale of 1 to 5 for presence of each frame by two coders, and an average is taken of the two scores and the scores are standardized. Then, cutoff points are chosen to separate target texts from reference texts. The target texts for each frame are compared against the whole body of sample texts, the reference texts, to identify distinctive words that can be used in the frame dictionaries. Five separate analyses are conducted using cutoff points of 0.5, 0.75, 1, 1.25, and 1.5 standard units above the mean standardized score, 0. To illustrate, a text with a standardized score of 0.9 with a 1.25 cutoff point would be included in the reference texts rather than the target texts. This generates five separate lists of words for each frame. Word lists generated with cutoff points outside this range are either too general or too short to be useful.

By generating word lists with relative frequency analysis and validating the dictionaries after, reliability is being balanced with validity. Since framing can be rather subjective, frame dictionaries are the best way to generate results that are reproducible. The machine generated word lists, however, are flawed (containing irrelevant words such as ‘her,’ ‘through,’ ‘in,’ etc.), so they need human validation to accurately detect the frames in the study. First, all words that are not significantly distinctive at a level of p < 0.05 from every cutoff point are removed from the lists for each frame. Then, relevant words are selected based on the general description of frames in the literature. Finally, different tenses of words are added to increase the accuracy of frame detection. For example, the word “affordable” is added to the security frame as a tense of “afford.” The final dictionaries can be viewed in Appendix 1.

Measuring Frame Convergence

A dictionary-based analysis on the 2020 healthcare issue pages is used to evaluate the presence of frames for each candidate. First, the number of words in each frame that appear in each text is compared to the full word count in a proportion. This way, longer documents are not given undue weight for the presence of the frames. All issue pages under 40 words are also removed so very short issue passages are not also given undue weight. Next, the proportions are standardized, since some frame dictionaries have words that are naturally used more often in campaign rhetoric.

Human validation is needed to set the cutoff points that determine the presence of frames. At first, the cutoff for the presence of frame was set at the mean, a standardized proportion of 0. If the standardized proportion of an issue page was above 0 for a certain frame, the frame was considered present in the text. However, at this cutoff point, some texts that contained a frame were not being designated as such. Therefore, the cutoff needs to be adjusted for each frame. At the ideal cutoff point, the texts with standardized proportions above the point would not include texts that did not include the desired frame. To validate the system and determine the optimal cutoff point for each frame, the texts are ordered from highest to lowest by their standardized proportion. Then, the test cutoff points are decreased by increments of 0.25 from 0. Between increments, 3 issue page texts above and below the cutoff point to determine if the point suitably detects the frames. From this human validation process, the economy dictionary is determined to not be able to pick up the frame reliably, likely because there were not enough occurrences in the 2018, so it is removed from analysis.

Predictors

The Cook Partisanship Voter Index is used to measure district partisanship. The Cook Political Report is a standard for measuring competitiveness and district lean in political research and has been used in previous studies on framing (Arbour 2014, Druckman et al. 2010). A more negative score indicates a more strongly Democratic district, while a more positive score indicates a more Republican district. The absolute value of the PVI is used to measure race competitiveness. Lower scores indicate more competitive races and higher scores indicate less competitive races. The Cook PVI score is an appropriate measure of competitiveness because it reflects campaign perception of race intensity better than a post-election measure, such as win margin, would.

Open seat status is determined by data collected with the 2020 Congressional Campaign Archive. A t-test confirmed that open seat races were not significantly more or less competitive than races with an incumbent by both measures, so there is no collinearity with competitiveness. Incumbency, a candidate level predictor for frame trespassing, is also determined by data collected in the Archive.

FINDINGS

Issue Engagement

As expected, Democrats are more likely to have healthcare as an issue on their webpages than Republicans. 73.79% of Democrats (321/435) had healthcare pages, compared to 48.74% of Republicans (212/435). This difference is significant ($\chi^2 = 52.52, p < 0.0001$). This is consistent with the claim that healthcare is a Democratic owned issue (Egan 2013). Logistic regression confirmed that higher competitiveness makes it more likely for candidates of both parties to have healthcare pages (Figure 1). Figure 1.1 shows that races that are most competitive (PVI = 0) are 19 percentage points more likely to have issue convergence on healthcare than moderately competitive races (PVI = 15). This supports previous literature which found that more competitive races are more likely to produce issue convergence (Banda 2013; Druckman et al. 2010; Kaplan, Park, and
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Ridout 2006; Sigelman and Buell 2004). Additionally, Democrats are less likely to have healthcare pages if the district is more Republican (exp coef = 1.04, p<.0001), but district lean is not a significant predictor for Republicans.

Frame Ownership and Trespassing

Consistent with the literature, the role of government and choice frames are used more by Republicans and the security and prescription drug frames are used more by Democrats (shown in Table 4). Republicans used the role of government frame 42.5% more often and the choice frame 32.3% more often than Democrats. Democrats used the security frame 37.9% more often and the prescription drugs frame 16.7% more often than Republicans. The fact that the difference margin is slimmer for Democratic frames indicates that Republican candidates tend to trespass more on Democrat-owned frames.

This is confirmed by tests for frame trespassing. 324 out of 533 candidates with healthcare pages trespassed, or 60.8%. Overall, 76.5% of Republicans trespassed and 56.3%...
of Democrats trespassed, a difference of 20.2% (p<0.0001). 31.8% of Democratic candidates trespassed on the role of government frame, and 34.3% trespassed on the choice frame. 49.5% of Republican candidates trespassed on the security frame and 47.2% trespassed on the prescription drugs frame (shown in Table 3). As far as predictors of trespassing, only two tests produced significant results. The more Republican a district becomes, the more likely Democrats are to trespass on the choice frame (exp coef = 1.04, p < 0.0001). Additionally, the more competitive a race becomes, Republicans become more likely to trespass on the security frame (exp coef = .933, p < 0.0001). Running multivariate models with different combinations of the variables did not change the predictors or their predictive strengths.

**Table 3. Healthcare Frame Usage by Party**

<table>
<thead>
<tr>
<th>Use of Frame</th>
<th>Role of Government</th>
<th>Choice</th>
<th>Security</th>
<th>Prescription Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democrat (309 total)</td>
<td>33.0%</td>
<td>35.6%</td>
<td>91.9%</td>
<td>68.2%</td>
</tr>
<tr>
<td>Republican (196 total)</td>
<td>75.5%</td>
<td>67.8%</td>
<td>54.0%</td>
<td>51.5%</td>
</tr>
<tr>
<td>Difference</td>
<td>42.5%***</td>
<td>32.2%***</td>
<td>37.9%***</td>
<td>16.7%**</td>
</tr>
</tbody>
</table>

Note: Colored cell denotes party owned frame. Significance is determined by chi-square test. Estimates are significant at **p<0.01; ***p<0.001.

**Frame Convergence**

Out of 435 total House races, there were 168 races where both candidates had healthcare pages. Only 39 races out of these 168 races had no occurrences of frame convergence. 71 races converged on one frame, 41 converged on two frames, 16 converged on three frames, and 1 race converged on all 4 frames. As shown in Table 5, both measures of competitiveness demonstrate that competitiveness of a race significantly increases the likelihood of candidates to converge on a frame or multiple frames (p < 0.05). Broken down by frame, however, competitiveness is only a significant predictor for the security and prescription drugs frames. The more competitive a race is, the more likely it is for candidates to converge on these frames. District partisanship and open seat status are
Figure 2. Logistic regressions on competitiveness as a predictor for frame trespassing, broken down by frame. 

*Grey area indicates a 95% confidence interval.*
not significant predictors overall, or for any of the frames. Running multivariate models with different combinations of predictors did not change the results.® In fact, no matter the model specifications, competitiveness remained the strongest predictor of frame convergence.

Figure 2 illustrates the relationship between competitiveness and frame convergence. Regardless of district competitiveness, the probability of frame convergence overall does not drop below 50 percentage points (Figure 2.2). Overall, the most competitive races (PVI = 0) are 13 percentage points more likely to have frame convergence than moderately competitive races (PVI = 15). As mentioned before, competitiveness did not produce significant results on the role of government and choice frames (Figures 2.2 and 2.3). On the security frame (Figure 2.4), the most competitive races (PVI = 0) are 24 percentage points more likely to have frame convergence than moderately competitive races (PVI = 15). On the prescription drugs frame (Figure 2.5), the most competitive races (PVI = 0) are 26 percentage points more likely to have frame convergence than moderately competitive races (PVI = 15).

DISCUSSION

The ability for constituents and candidates to educate and influence each other is an important component in a representative democracy (Mansbridge 2003). Voters need to be informed, not manipulated, for this to exist. Previous research has established that candidates will generally avoid issues brought up by their opponent, but strategically engage on certain issues when it may be electorally beneficial (Banda 2013; Kaplan, Park, and Ridout 2006; Sigelman and Buell 2004; Simon 2002; Xenos and Foot 2005). In 2020, opposing candidates discussed healthcare in only two fifths of House races. Even at the issue level, voters are not receiving all the information they need to make informed decisions. The results of the study within framing tell a similar narrative, but the results identify conditions where true dialogue is more likely to occur.

Although frame convergence occurred in less than half of the races overall, this study found that frame convergence on at least one frame is relatively common when both candidates discuss the same issue (Hypothesis 1). Over three fourths of the races where both candidates had healthcare pages converged on at least one frame. Races having at least some frame convergence is the rule rather than the exception.

Results indicate that competitiveness is the driving force behind frame convergence (Hypothesis 2). District partisanship and open seat status do not have a significant effect (Hypothesis 3 and 4). When broken down by frame, however, it is clear that this strategy is really only being used with the Democratic-owned frames of security and prescription drugs. This likely means that Republicans, ‘underdogs’ in the healthcare arena, are the candidates making the conscious and calculated choices to engage with their Democratic opponents in more competitive races. One example of a calculated choice can be seen in New Hampshire’s 1st Congressional District, a highly competitive race (Table 7, Example 1). The Republican candidate makes clear efforts to highlight that he supports making healthcare more affordable and lowering the cost of prescription drugs.

A counter argument may be raised that Republicans may not be reacting to their opponent, but to potential electoral risks and rewards related to frame ownership. To address this, a closer look can be taken at the frame trespassing results. Since competitiveness is a significant predictor of trespassing on the security frame, Republicans trespass on that frame in more competitive races regardless of if their opponent used that frame or even had a healthcare issue page. It is notable, though, that the same is not true for the prescription drugs frame, even though Republicans trespass on that frame nearly equally frequently. Republicans are only strategically trespassing on the prescription drug frame in more competitive races when the Democratic candidate also discusses healthcare.

Additionally, although there is no relationship between district partisanship and convergence on the choice frame, Democrats tend to trespass on the choice frame in more Republican districts. This indicates that Democrats are not necessarily engaging or having a dialogue on the choice frame, but trying to sound more Republican as their chances of winning become slimmer. Democrats lagging in the polls may be attempting to boost their campaigns with trespassing, as Damore (2004) found was true of issue trespassing. An example of this can be observed in Texas’ 8th Congressional District (Table 7, Example 2). The Democrat in the race is making appeals to choice by establishing that they would like to keep private insurance for those who prefer it. It is notable that Democrats do not employ this strategy with the role of government frame, possibly because they do not believe they can win with that frame.

Overall, Republicans trespass significantly more than Democrats (Hypothesis 5), which makes sense when considering issue ownership dynamics. Altogether this demonstrates that candidates, along with deciding if they should engage on any frame at all, will also deliberately select which frames are the most beneficial to engage with.

There is an important consideration to make that undermines the quality of dialogue still. The existence of frame convergence only indicates that there is a potential for dialogue. Even if candidates are willing to engage each other on the same issue and the same frame, true dialogue may still fail to be produced due to the ambiguity of the language. Candidates can discuss the same issues, but the language may be too vague for voters to discern a candidate’s position. Chapp et al. (2018) found that candidates use increasingly vague language under conditions of risk, such as higher race competitiveness. For this reason, rhetoric that — at first glance
Frame Convergence as Policy Dialogue: Healthcare Rhetoric in 2020 Congressional Races

Table 6. Text Examples

<table>
<thead>
<tr>
<th>Example</th>
<th>Race</th>
<th>GOP</th>
<th>DEM</th>
</tr>
</thead>
</table>
| 1       | New Hampshire Congressional District 1 | “Our healthcare system needs real improvement to make it more affordable and put people in control of their own healthcare decisions — not bureaucrats. Mowers will always fight to ensure that those with pre-existing conditions are covered.”

“Matt will always fight to ensure those with pre-existing conditions are not denied coverage from insurance companies. In Congress, Matt will also work with President Trump to continue the administration’s progress on lowering the costs of prescription drugs.”

“Chris believes the Affordable Care Act (ACA) represents a significant step forward for our country and has repeatedly voted to thwart Republican attempts to roll back the benefits of this landmark legislation, including protections for Granite Staters with pre-existing conditions.”

“Chris opposes all efforts to play politics with Americans’ health care and is working in Congress to support affordable health care for all by: Lowering the cost of prescription drugs by fighting to end special tax breaks for pharmaceutical companies, allow Americans to purchase low-cost prescription drugs from Canada, increase drug pricing transparency, improve access for low-income seniors, and allow Medicare to negotiate drug prices.”

| 2       | Texas Congressional District 8 | N/A | “This plan would offers [sic] Medicare coverage anyone who seeks to use it, but retains the option of private insurance and employer-sponsored health plans for those who prefer that route. This allows many Americans the freedom of choice for their healthcare and eases the burden that the government would shoulder under a pure Medicare for all system.” |

| 3       | California Congressional District 42 | We need a healthcare system that gives families more options to find care that fits their needs. We don’t need a government-run system that puts medical decisions in the hands of D.C. bureaucrats who would ration care. | N/A |

— meets the criteria issue engagement might actually still fail to provide citizens with authentic policy contrasts. An example of ambiguous language can be seen in Table 7 (Example 3). If text is too vague for voters to discern a position, they still cannot be truly informed.

Additionally, since the literature on frame engagement is limited, the results of the study using website data cannot be compared to a similar study using campaign ads or media sources. However, since the study’s findings on issue engagement and frame trespassing align with previous studies using these alternative data, it is reasonable to assume that website data can act, at the least, as a suitable proxy. At the most, it could be argued that in addition to being a proxy, website data add the aforementioned methodological benefits of higher levels of position taking and accessibility.

Finally, studying a single issue does lead to generalizability limitations. Moreover, because healthcare is a Democratic-owned issue (Egan 2013), the inferences that can be drawn about partisanship and frame trespassing are limited. Nonetheless, clear ownership and an established frame usage history allows us to more easily make assumptions about the effect of ownership on the results of the study. Future research should also test Republican owned issues.

Despite the study’s limitations, the results do expand upon prior research that found that competitiveness improves election information environments (Lipsitz 2011). Findings support the notion that higher levels of competitiveness are associated with higher levels of position taking on healthcare for both parties, as well as the higher likelihood of issue convergence. Additionally, competitiveness encourages
candidates to breach the barriers of issue and frame ownership and engage in dialogue with one another. Both of these trends suggest that increased competitiveness is beneficial towards increasing the amount and quality of information available to voters during elections.

CONCLUSION
A more comprehensive set of criteria for assessing dialogue is needed in campaign dialogue research to fulfill democratic standards of representations. The practice of heresthetics concentrates power into the hands of political elites, which undermines the standard of equality under democracy. When candidates are pushed to narrow in on the same frames, voters may have an easier time comparing the two and making authentic, autonomous decisions.

Not only does meaningful dialogue make elections less manipulative, but it also sets a standard of quality for all political discourse. Political actors who are pushed to take clear positions during elections can be held accountable in the next election through promissory representation (Mansbridge 2003). Voters who are given quality information can educate political actors on their evolving desires and push them to develop during their terms through anticipatory representation (Mansbridge 2003). Elections draw a great deal of attention from the public, and political actors should be using that space more productively. As time goes on, the way issues are talked about — public, and political actors should be using that space more productively. As time goes on, the way issues are talked about —

whether it be on campaign websites or through media sources — can help American society build towards an enlightened understanding with a fuller sense of representation.

REFERENCES


Frame Convergence as Policy Dialogue: Healthcare Rhetoric in 2020 Congressional Races


NOTES


2 For more information on quanteda, see Benoit et al. 2018.

3 All the texts for frames were scored, then three student coders gave the texts a second score. Each coder was given the same set of instructions, as well as a codebook with examples, in order to improve intercoder reliability. The codebook is available from the author at request.

4 Frame detection examples are located in Appendix 2 at the end of this document. Frame score cutoff points are located in Appendix 3.

5 Win margin of the race was also tested as a second measure of competitiveness in case there was too much collinearity between my measures of competitiveness and district partisanship. Each measure has its advantages, but ultimately, the win margin acted similarly to the absolute value of the PVI in all models, so it was removed from analysis. Full results available from author at request.

6 Additionally, interacting competitiveness with PVI did not produce significant results. Results available from author upon request.

7 Results of multivariate models can be found in Appendix 4.
APPENDICES

Appendix 1. Healthcare Frame Dictionaries

<table>
<thead>
<tr>
<th>Frame Dictionary Terms</th>
<th>Term(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role of Government</td>
<td>obamacare, government, oppressive, obama, individual, serve, repeal,</td>
</tr>
<tr>
<td></td>
<td>state-run, payout, incompetence, controlled, system, federal,</td>
</tr>
<tr>
<td></td>
<td>congress, president, mandate, takeover, solutions, inefficient</td>
</tr>
<tr>
<td>Choice</td>
<td>doctors, flexibility, employees, decisions, choice, employers, lines,</td>
</tr>
<tr>
<td></td>
<td>across, free-market, competition, choose, compete, decide, enterprise,</td>
</tr>
<tr>
<td></td>
<td>free</td>
</tr>
<tr>
<td>Economy</td>
<td>jobs, workers, middle-class, stakeholders, trillion, economy, labor,</td>
</tr>
<tr>
<td></td>
<td>spends, spending</td>
</tr>
<tr>
<td>Security</td>
<td>preventative, benefits, guarantee, coverage, hospitals, services,</td>
</tr>
<tr>
<td></td>
<td>benefit, access, affordable, accessible, afford, universal</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>drugs, prescription, pharmaceutical, fight, prices, price, gouging,</td>
</tr>
<tr>
<td></td>
<td>negotiate, prescriptions, contraception, drug, generic, pharma,</td>
</tr>
<tr>
<td></td>
<td>companies</td>
</tr>
</tbody>
</table>

Appendix 2. Frame Detection Examples

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Frame(s)</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania District 8,</td>
<td>Security, Prescription Drugs</td>
<td>Matt Cartwright is committed to protecting and expanding access to quality, affordable health care for all northeastern Pennsylvanians. Throughout his time in Congress, Matt has consistently worked to protect and expand Medicare, Medicaid, and protections for people with pre-existing conditions. He'll also keep fighting to rein in the big drug companies and pass legislation to end their outrageous price-gouging practices, because no one should have to choose between taking their life-saving medications and other expenses. Health care access has always been essential, but it’s even more so as we fight a global pandemic. While a team of Republican attorneys general and the administration try to strip health coverage from millions of Americans during a global pandemic, Matt Cartwright is working to lower your health care costs and strengthen pre-existing condition protections.</td>
</tr>
<tr>
<td>Democrat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana District 3,</td>
<td>Security, Choice</td>
<td>Delivering the Promise of Better Healthcare I made the decision to run because my family saw firsthand the shortcomings of our healthcare system. My son was born with a pre-existing condition that requires annual treatment, and last year because of just a simple policy change, my family’s out-of-pocket costs for his treatment increased tenfold overnight. Politicians on both sides of the aisle have been promising to fix our health care system, but I am committed to delivering on that promise because like so many other voters in NE Indiana, this is personal to me. If elected, I will address the attacks on the Affordable Care Act from politicians like my opponent and fix the flaws of the original legislation, including passing a real public option that all Americans can choose for themselves. Our priority in Washington will be to reach universal coverage and bring down premiums and deductibles however we can, to make sure no one has to choose between their own health and bankruptcy.</td>
</tr>
<tr>
<td>Democrat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida District 3,</td>
<td>Role of Government, Choice</td>
<td>In Barack Obama’s destructive wake as a result of failed Obamacare, consumers have seen a decrease in the quality of medical care while seeing sharp increases in cost. I will continue to fight for a full repeal of Obamacare and offer solutions for a replacement with a system that calls for greater consumer choice and transparency. I will advocate for policies that will allow individuals to purchase health insurance across state lines, for tort reform, and for increased transparency in healthcare costs. Furthermore, it is imperative that we renew the relationship between patients and doctors and seek to remove bureaucratic barriers that pretend to have a better understanding of an individual’s healthcare needs.</td>
</tr>
<tr>
<td>Republican</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois District 7,</td>
<td>Security, Choice, Role of</td>
<td>As the most prosperous nation to ever exist, Americans deserve access to quality healthcare, and it’s up to our leadership to make care more accessible at a reasonable cost. America needs market-based healthcare, giving customers more choice, and keeping costs down. Patients and their doctors should be responsible for healthcare decisions, not insurance companies or Washington bureaucrats. We should have laws that encourage employers to offer health insurance plans with more flexibility for the consumer, and work for innovative solutions to help self-employed workers—including farmers—because as our “gig-economy” grows, healthcare access should not hold back bold business ideas that grow small- to mid-sized business and strengthen our communities.</td>
</tr>
<tr>
<td>Republican</td>
<td>Government</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 3. Frame Detection Thresholds

<table>
<thead>
<tr>
<th>Frame</th>
<th>Z-Score Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role of Government</td>
<td>-0.25</td>
</tr>
<tr>
<td>Choice</td>
<td>-0.25</td>
</tr>
<tr>
<td>Security</td>
<td>-0.75</td>
</tr>
<tr>
<td>Economy</td>
<td>0</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>-0.5</td>
</tr>
</tbody>
</table>

### Appendix 4. Multivariate Predictors of Frame Convergence

<table>
<thead>
<tr>
<th>Frame Models</th>
<th>Competitiveness</th>
<th>PVI</th>
<th>Open Seat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>0.949*</td>
<td>1.00</td>
<td>1.69</td>
</tr>
<tr>
<td>Role of Government</td>
<td>0.986</td>
<td>1.01</td>
<td>1.42</td>
</tr>
<tr>
<td>Choice</td>
<td>0.970</td>
<td>1.03</td>
<td>1.55</td>
</tr>
<tr>
<td>Security</td>
<td>0.931**</td>
<td>0.977</td>
<td>0.875</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>0.930**</td>
<td>0.993</td>
<td>0.675</td>
</tr>
</tbody>
</table>

Note: Logistic regression with exponentiated coefficients. All three predictors are included in the multivariate models. Estimates are significant at *p<0.05; **p<0.01