

**Unexpected Preferences:
Exploring Conservative Attitudes Toward Healthcare
Spending**

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Abstract

In many western democracies, self-proclaimed conservatives display attitudes that are ill-fit with conservative political ideology. This is evident in conservative attitudes toward healthcare spending, with conservatives supporting increased healthcare spending far more than their ideological self-placement would lead us to expect. Using data from Canada, the United States, and Britain, this research seeks to explain this puzzle by examining conservatives as two distinct groups: those who have political preferences that correspond with their ideological identity, and those who do not. I find that in some ways, these two groups of conservatives are different and behave differently, but the differences are not consistent across all three countries. In addition, consistency between political attitudes and ideological identity explains conservative support for healthcare spending in Canada and the United States, but not Britain.

Keywords: conservative; ideological identity; consistency; Canada; United States of America; Britain

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CES	Canadian Election Studies.....	10
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1. Introduction

It is understood by scholars that ideological identity acts as a reference point by which individuals make decisions about political problems (Campbell et al. 1980; Conover and Feldman 1981; Goren, Frederico and Kittelson 2009; Rahn 1993). Ideological identity readies individuals to respond to political issues (Malka and Lelkes 2010) and is a strong predictor of how people will react to political problems (Goren, Frederico and Kittelson 2009). When it comes to healthcare spending, however, it appears that right-of-center voters rely less on their conservative political identity to make decisions than liberal voters (Jensen and Naumann 2016, Schlesinger and Lee 1993). Conservative ideology leads us to expect these voters to disapprove of state funded social services, favouring limited government expenditures. However, when it comes to healthcare, conservatives in Canada, the United States, and Britain support increasing state spending significantly more than we would expect. The same pattern does not exist for liberal voters. Liberal ideology expects liberal voters to support government spending on social services. When asked about increased healthcare spending, they tend to respond affirmatively, as expected. Ideological cues appear to matter less to conservative voters, who on aggregate, display uncharacteristically unconservative attitudes toward government spending on healthcare (Schlesinger and Lee 1993).

Understanding why the electorate responds to policy in the way it does is both an academic and a social puzzle. Public support for redistributive policies tends to precede policy-making (Brooks and Manza 2008; Hobolt and Klemmensen 2005) and when states have public support for healthcare expenditures, healthcare tends to improve (World Health Organization 2000). Given that healthcare quality is tied to its funding, the implications of support for healthcare spending make understanding inconsistent policy attitudes both interesting and important. This research seeks to explain: *Why do we see anomalous preferences for conservatives when it comes to government spending on healthcare?*

This research acknowledges the breadth of literature addressing the importance of ideology in helping the average voter solve political problems (Hurwitz and Peffley 1987; Lau and Redlawsk 2001; Rhan 1993) and posits that the conservative electorate is divided along economic and cultural lines in a way that the liberal electorate is not. When conservatives are asked as a group about their reaction to healthcare spending, they react more positively than expected because there are actually two distinct groups of conservatives under one 'conservative' umbrella: those who identify as 'conservative' because of a non-political association with a conservative social identity, and those who are politically conservative, who have both culturally and economically conservative attitudes and call themselves 'conservative'. Individuals who are both culturally and economically conservative, and who identify as conservative are called 'consistent conservatives' in this research, and those with a mismatch of preferences or unexpected liberal preferences who identify as being conservative are called 'inconsistent conservatives'.

I will suggest that the liberal electorate is not as strongly divided, displaying more consistency between their policy preferences and their identity, which is why their responses to questions about healthcare spending are more in-line with expectation. I will build on existing scholarship to suggest that there is a disconnect between a conservative social identity and political conservatism, which is why conservatives as a group appear to have inconsistent policy attitudes. When we separate conservatives by those who call themselves conservative but have inconsistently conservative political preferences (inconsistent conservatives), and those who are indeed politically conservative and who identify as being conservative (consistent conservatives), I predict that these are two distinct groups of individuals, which is why their attitudes toward healthcare spending when asked as a group are more erratic than we would expect.

There is a strong foundation of literature that associates economic preferences with "old politics", a traditional left-right political model (Flanagan and Lee 2003). These preferences are reflected in redistributive economic issues (*Ibid.* 2003) encompassing attitudes on government economic interference, income and taxation policies, welfare, and trade policies, as well as

egalitarian issues surrounding social benefits, income inequality, and big business (Achterberg and Houtman 2009; Middendorp 1992). Cultural attitudes align with an authoritarian-libertarian model. This is marked by an emphasis on freedom (Evans, Heath and Laljee 1996; Middendorp 1992), with an authoritarian personality manifesting in values of conventionalism, power, and traditionalism (Adorno et al. 1950). Authoritarian cultural attitudes are revealed in respondents' deference to authority, patriotism and nationalism, and distrust of new ideas (Flanagan and Lee 2003). I expect that consistent conservatives (individuals who have aligning cultural and economic attitudes) are likely to disapprove of increased government spending on healthcare, while inconsistent conservatives (those with separate cultural and economic attitudes) are more likely to be ambivalent.

In *Ideology in America* (2012), Ellis and Stimson argue that the American electorate is symbolically conservative, but operationally liberal. They suggest that while many conservatives identify with the 'conservative' political label, when surveyed about policy preferences, they tend to prefer left of center options. In order to broaden Ellis and Stimson's argument and say something about *conservatism itself* rather than just conservatism in the United States, this research analyzes survey data from Canada, the United States, and Britain. This is significant as the bulk of existing literature on attitudes toward healthcare spending is set within an American framework, even though uncharacteristically high conservative support for healthcare spending exists beyond the borders of the United States. By exploring data from three countries, this research will build from Ellis and Stimson's theory and attempt to say something about *conservatism in general*, rather than *conservatism in America*.

2. Understanding the Conservative Preference Toward Healthcare Spending

In addition to the theory proposed by this research, existing literature offers several suggestions as to why conservative voters display unexpectedly positive attitudes when it comes to increasing healthcare spending. Most notable are theories on self-interest, deservingness, lack of political knowledge, and centrist policy preferences among the left and right, all of which will be

examined in this research. I will begin by addressing these theories, and then suggest where the theoretical framework used in this research fits.

Self-Interest

The self-interest hypothesis posits that individuals tend to support policies that they could conceivably benefit from. In a study on British support for social services spending, Brook, Hall and Preston (1997) show a tendency for individuals to approve of policies from which they could reap some reward. This hypothesis suggests that support for increased spending will be higher among those who could benefit from its returns (Button, 1992; Jaeger 2006). When it comes to healthcare, the self-interest hypothesis may explain part of the puzzle: conservative voters tend to be older, and the need for healthcare increases with age. It could be argued that this produces a conflict among conservative voters, whose political ideology prompts them to oppose government spending, but their self-interested need for services makes state spending on healthcare palatable. One way that evidence for this theory could be observed is if age or being sick impacts conservatives' willingness to support increased healthcare spending.

Deservingness

Perceptions of whether individuals regard recipients of social programming as deserving may also be linked to support for healthcare spending. It has been suggested that right-leaning voters are more likely to punish individuals who they perceive as being dependent on the state and welfare programs: freeloaders (Skitka and Tetlock 1993; Williamson, Skocpol and Coggin 2011). This 'punitive hypothesis' exists within a framework that suggests that personal responsibility and acceptance of inequality are key tenets of conservatism (Graham, Haidt and Nosek 2009; Skitka and Tetlock 1993). Perception of 'deservingness' is therefore likely to impact support for government spending (Schlesinger and Lee 1993, Skitka and Tetlock 1993; Williamson, Skocpol and Coggin 2011).

Some scholars note that a possible reason for high conservative support for increased healthcare spending is that being sick is less associated with personal responsibility and more

associated with luck and chance (Jensen and Petersen 2017). Indeed, Jensen and Petersen suggest that ‘deservingness’ acts as a reference point from which to support redistributive policies; however, the heuristic of ‘deservingness’ has little effect on attitudes toward healthcare because individuals generally regard the sick as deserving (2017). The deservingness hypothesis is also tied to the self-interest hypothesis. Conservatives, like most people, can see themselves at some point reaping the rewards of healthcare spending. People generally consider themselves to be deserving, and therefore see the spending itself to be going to deserving recipients. This may lead conservatives to display unexpected preferences toward healthcare spending.

Political Knowledge

Scholarship around political preferences points to lack of political knowledge as a potential reason for policy attitudes that are inconsistent with political labels. Limited participation in politics and low political knowledge may lead voters to support policies that are inconsistent with their party’s platform (Anderson, Heath, and Sinnott 2007; Baker et al. 1996). A discussion on political knowledge would be ill-understood without the work of Phillip Converse (1964), who suggests that political attitudes tend to be inconsistent and ideological understanding is low for American voters (Converse 1964). “Strikingly” low political knowledge among Canadian voters has been attributed to the lower participation in politics at all, especially among young people (Howe 2006:138). Political knowledge scores in Britain are also consistently low (Frazer and Macdonald 2003), making low political knowledge a viable explanation for anomalous policy preferences among conservatives.

Scholars tend to agree that it is unrealistic to think that the average voter has an educated opinion about every political issue that they will encounter. Zaller (1992) suggests that individuals form opinions about political issues on the basis of what is most salient to them at a given time. People use partisan cues and existing information (both of which are closely tied to our ideological identities) to form opinions on specific policy problems (Basinger and Levine 2018; Conover and Feldman 1989). Individuals who have higher political knowledge scores, the theory suggests, are

more likely to know their party's view on similar policy issues and should be able to accurately align their own interests with those of their party. Anderson, Heath, and Sinnot (2007) find that individuals with greater political knowledge are more likely to match their issue preferences to their party's position. Low political knowledge for conservatives may be an indication that they lack a clear idea about conservative policy stance as a baseline, which could explain ambivalent attitudes toward healthcare spending. If political knowledge helps explain anomalous preferences for conservatives, we would expect political knowledge scores to impact both the likelihood of attitude consistency and the willingness for conservatives to support healthcare spending.

Centrism

While some scholars have suggested that liberal and conservative voters are deeply divided (Brewer 2009; Iyengar, Sood and Lelkes 2012), this idea is becoming increasingly disputed in the literature. Centrism has emerged as a theory which can explain a wider breadth of political attitudes. Mason (2015) suggests that even if it appears that partisan polarization is increasing, it is not due to divisions in policy; rather it is a reflection of social polarization. Indeed, Fiorina (2005) argues that for the most part, people are ideologically centrist and that the suggestion that people clash along ideological lines is a myth. Within the context of centrism, it could be argued that conservative voters are ambivalent toward healthcare spending because they are not all that different from liberals in the first place. If this is the case, it is plausible that those who identify as conservative, especially if they have split cultural and economic attitudes, would display inconsistent preferences toward healthcare spending. Centrism is likely to lead both liberals and conservatives to hover somewhere in the middle of a policy preference spectrum, especially on valence issues such as healthcare (Bodenheimer 2005). Healthcare in particular may be the anomaly because of its universal necessity. We can test if centrism is at work by

analyzing mean scores on a left/right spectrum for both conservatives and liberals to see where their attitudes tend to fall.¹

In exploring high conservative support for healthcare spending, I will draw on the theories mentioned above in addition to Ellis and Stimson's theory of the conservative American electorate addressed in *Ideology in America* (2012).

In order to discuss both policy preference and consistency, it is important to understand what makes up consistent conservatives' attitudes. Conservatives with similar economic and cultural preferences (in addition to their self-identifying as right-wing) makes them 'consistent' in this research, and those with non-conservative economic and/or cultural preferences who identify as right-wing are 'inconsistent'.

Economic preferences

Economic preferences are indicative of a traditional, 'old politics' (Flanagan and Lee 2003) view that primarily focuses on egalitarianism and fairness (Achterberg and Houtman 2009; Middendorp 1992). These preferences are related to the left/right political model which has been commonly used to capture policy preferences (Flanagan and Lee 2003; Van Assche et al. 2018). These preferences tend to manifest in individuals' opinions on social benefits, state intervention in reducing income inequality, taxation and trade union policies, education policy, and positions on big business (Achterberg and Houtman 2009; Houtman 2003; Middendorp 1992). Conservative economic attitudes favour private enterprise over public funding, oppose increased taxation, and have a preference for the free market in handling income inequalities.

Cultural preferences

Cultural political preferences are attitudes on political problems, borne from our social identities and associated with our sense of right and wrong. These preferences are often rooted

¹ Note that while I believe that this theory is important and worth testing, it does not fit into the analysis of this research tidily. As a result, an analysis and discussion relating to this theory can be seen in Section 3 in the appendix.

in an authoritarian-libertarian model (Flanagan and Lee 2003; Stubager 2009). The literature on authoritarian personality type as a predictor for political identity is vast, and stems from Adorno and colleagues' 'F scale' measures (Adorno et al. 1950). These preferences tend to manifest in opinions on conventionality, social hierarchy, freedom of political expression, intolerance of minority groups and women, deference to authority, and moral issues such as abortion and homosexuality (Adorno et al. 1950; Flanagan and Lee 2003; Janowitz and Marvick 1953; Middendorp 1992; Stubager 2009).

Many conservatives with non-conservative cultural and/or economic preferences appear to have taken on the 'conservative' label as a political identity, when in fact they are referring to a social identity. Social identities are perceptions of our own belonging within distinct social groups, and the value that we attach to these group memberships (Tajfel 1974). Social identities are largely derived from the unique social categories in which individuals identify (Hogg and Abrams 1988; Stets and Burke 2000). Tajfel's *Social Identity Theory* is a cornerstone of the social identity discourse. This theory suggests that people desire a positive image of themselves and in order to achieve it, they engage in a process of social categorization (grouping the world into distinct categories), social identity (observing your place in these observed categories), social comparison (comparing your own group to others' groups), and psychological distinctiveness (perceiving your group as distinct from other groups) (Tajfel 1974).

Individuals with non-conservative policy preferences who identify as conservative regardless appear to be describing their social identity, rather than their political identity in their use of the political term, 'conservative' (Ellis and Stimson 2012). People interact with their own identities much more frequently than they interact with politics; they go to church weekly but engage in politics far less frequently. As a result, it is not uncommon for one to use their social identity as a proxy for a political identity, "without an understanding of what the label means for political issue positions" (*Ibid*, 116). Given that many conservatives (in America as Ellis and

Stimson address, but also in other countries such as Canada and Britain) actually have left-leaning policy preferences, it appears that there is a disconnect between these two identities.

I recognize that there can be an overlap between conservative social identities and politically conservative preferences (we know that in some cultural capacities, these do tend to be linked [Ellis and Stimson 2012]), however my argument is that there are a group of people who identify as politically conservative because of a 'conservative' social identity (possibly connected to their identification with a religious community) but do not actually have politically conservative attitudes.² Some culturally conservative policy preferences may be guided by a conservative social identity (for example, opposition to the legalization of gay marriage, a political decision, may have something to do with being religious, a social identity) but this is not necessarily the case, and is unlikely to translate into coherent conservative economic attitudes.

In addition to this, Ellis and Stimson suggest that the word 'conservative' is "more popular and multidimensional" and has "non-political connotations" in comparison with the term 'liberal' (2012, 112). They argue that a liberal social identity is much less prevalent in Americans, and as a result, those who say that they are liberal are referring to the political ideology from the start (*Ibid.*, 2012). While I agree, I further suggest that cultural liberalism when used as a proxy for economic liberalism is actually just an alignment that is effective in creating a political identity. For example, it is easy to build the connection between belief in equality of opportunity and redistributive social policy. The connection between social and economic policy is simpler in the liberal context, likely leading some liberals with a socially liberal identity to fall into a liberal political identity in a way that makes sense. For conservatives, political and social identities overlap less. It is not obvious that a belief in God is connected in any way to preference for limited social spending, which could be why conservatives show a more diverse range of preferences when asked as a group about attitudes on healthcare spending. Some conservatives have identified

² Politically conservative attitudes being the combination of both cultural (authoritarian) and economic (right-leaning) preferences, as noted above.

with the political label because of a socially conservative identity, though they do not have policy preferences that align with a conservative political agenda.

Ellis and Stimson build their theory on an American case study and link their explanations for unexpected conservative attitudes to a history of Americanism; from the civil rights movement to the Reagan era and beyond. In this research, I take the stance that their theory does not need to be rooted in an American context. Using the word ‘conservative’ as a placeholder for political views, when in actuality it is a social or religious identity, may be a concept that occurs outside of the United States, demonstrated by inconsistent policy attitudes for conservatives in other countries as well. This research will test my hypotheses, as well as those identified in the existing literature (self-interest, deservingness, political knowledge, and centrism) in three countries (Canada, the United States, and Britain) in order to separate the ‘American conservatism’ discussed by Ellis and Stimson from conservatism more generally. I will attempt to show that the hypotheses addressed in the literature do not explain the full extent of the anomaly, and that there are other considerations that are worth exploring. If the theory proposed in this research is correct, I expect to see:

- 1. Ideological consistency will be greater for liberals than for conservatives*
- 2. Ideologically inconsistent conservatives will display greater variance in responses toward increased government healthcare spending than ideologically consistent conservatives*
- 3. Ideological consistency will have a negative effect on willingness to support healthcare spending for conservatives*

3. Data and Methodology

The cases selected for this research include Canada, the United States, and Britain. These three countries benefit this research in a pragmatic way by being primarily English speaking with sufficient and available data. Publicly available data from the Canadian Election Study (CES) 2015 (Fournier et al. 2015), American National Election Studies (ANES) 2016 (American National Election Studies 2017), and British Election Study (BES) 2015 (Fieldhouse et

al. 2015), are used. All datasets are nationally representative of voting aged individuals (18 years old and above). This research could be conducted using data from any range of years, but recent years are chosen to make this research relevant to the current political discussion.

To test that there is an economic/cultural divide that contributes to ambivalent policy preferences for conservatives when it comes to healthcare spending, I constructed two scales of five points each: an authoritarian/libertarian scale (AL) which is representative of cultural attitudes, and a left/right scale (LR), which is representative of economic attitudes, for each dataset. Respondents' positioning on the scales was based on their mean responses to the five questions that make up each scale. Respondents who indicated 'Don't know' or 'Refused' or were 'Missing' on four or five questions of the five-point scales were excluded from the analysis.³ The variables used for each scale are rooted in the same conceptual framework, though the variables themselves differ slightly between datasets.⁴

The AL and LR scales were subject to a confirmatory factor analysis, which produced high factor loadings both *within* the AL and LR scales, and when the scales were *combined*, suggesting both that all variables within each scale are related to one another, and that the AL and LR scales when combined are measuring the same political leaning, as Middendorp (1992) and Flanagan and Lee (2003) have suggested. Cronbach's alpha (α) was used as a secondary measure of consistency. There is considerable debate over what is considered an acceptable Cronbach's α score. Scholars doing similar research comparing authoritarianism/libertarianism and left/right preferences have justified Cronbach's α scores between 0.55 and 0.94 (Achterberg and Houtman

³ This equates to 8.75% of Canadian respondents, 3.2% of American respondents, and 10.9% of British respondents.

⁴ See Section 1 in the appendix for a detailed description of variables used.

2009⁵; Heath, Evans and Martin⁶ 1994; Stubager 2009⁷). In this research, Cronbach's α scores for combined AL and LR scales were 0.72, 0.76, and 0.66 for CES, ANES, and BES respectively.⁸ The AL and LR scales were then used to create a 'political matrix', with AL on the y-axis and LR on the x-axis. In this way, respondents could be placed on the matrix according to their economic and cultural attitudes.

The decision to investigate political preferences along economic and cultural lines (and to analyze these concepts in tandem) is not a new one. In an effort to predict vote choice among Dutch voters, Middendorp (1992) produced research that uses a political matrix between economic and cultural attitudes. This research will build from Middendorp's structure and generate a similar matrix to understand political consistency, which will be used to group voters. In an analysis of value change among twelve western democracies, Flanagan and Lee (2003) suggest that perceptions of left and right have moved from an exclusively economic understanding of politics to include the authoritarian/libertarian dimension (indicative of cultural attitudes). They note that a solid percentage of strong libertarians identify as left (49% in their analysis) and a strong percentage of authoritarians identify as right (35% in their analysis) (Flanagan and Lee 2003, 249-250). This is to suggest that this research is justified in assuming that the

⁵ Measuring value coherence, Achterberg and Houtman refer to previous research to note that "value coherence was measured as in Achterberg (2006) by constructing a scale for egalitarianism from the five items above, in which higher scores stand for progressive values, and then by standardizing the scale (Cronbach's $\alpha = .78$)" (2009, 1656). When constructing a measure (economic insecurity) for a scale used in value coherence, the authors refer to a "rather modest" scale reliability with a Cronbach's α score of 0.55 (Ibid, 1657), which they justify given that the measure contains five variables. In a scale of 12 indicators in the same research, Achterberg and Houtman justify an α score of 0.94 (Ibid, 1656).

⁶ In their research on socialist/laissez faire and libertarian/authoritarian attitudes, Heath, Evans and Martin construct two, six-point scales with Cronbach's α scores of 0.53 (which they suggest is a low, but justified given the skew of individual items) and 0.64 (which their "experience suggests is acceptable for a six-item scale") (2009, 119-120).

⁷ In a measure of authoritarian personality, Stubager justifies a Cronbach's α score with the following: "The scale has a Cronbach's alpha of 0.69 and runs from 0 to 100 with 100 as the most authoritarian position" (Stubager 2009, 216). On economic indicators, Stubager notes "the inter-correlations (measured by t_b) range from 0.19 to 0.30 and the scale has a Cronbach's alpha of 0.59" (Ibid, 221).

⁸ A full list of factor loadings can be seen in Section A1.1 of the appendix.

authoritarian/libertarian and left/right analysis should, when examined together, produce attitudes that describe consistency among respondents.

In order to analyze conservatives separately from liberals, respondents were separated into 'conservative' and 'liberal' groups according to their self-placement on a ten-point left/right scale where zero indicates 'left' and ten indicates 'right'. Those who identified as 0-4 were grouped as liberals and those who identified between 6 and 10 were grouped as conservatives.⁹ Those who indicated a '5' were excluded from the analysis.¹⁰ Conservatives and liberals were placed on separate political matrices.

In order to identify 'ideological consistency', I grouped respondents based on their position on the political matrices. Respondents in this research are analyzed as 'consistent' and 'inconsistent'. Consistent respondents have aligning economic and cultural attitudes (meaning that consistent conservatives identify as conservative and have both authoritarian and right-leaning economic attitudes, and consistent liberals identify as liberal and have both libertarian and left-leaning economic attitudes) and both inconsistent conservatives and liberals have economic and/or cultural attitudes that are unexpected, given their identity.¹¹

⁹ When I refer to 'conservatives' as the subject of this analysis, I mean those who identified as right-leaning on a left/right scale. The same goes for liberals, for whom I call 'liberal' because of their self-placement as left-leaning on a left/right scale. The terms left/right and conservative/liberal are used somewhat interchangeably.

¹⁰ CES- 33.88 percent identified as '5' (centre) on the left/right spectrum, compared to 31.69 percent who identified as liberal and 34.43 percent who identified as conservative. The mean positioning on the left/right spectrum is 5.01 (se=0.04).

ANES- 28.64 percent identified as '5' (centre), compared to 24.19 percent who identified as liberal and 47.17 percent who identified as conservative. The mean positioning on the left/right spectrum is 5.70 (se=0.04).

BES- 37.07 percent identified as '5' (centre) compared to 31.65 percent who identified as liberal and 31.29 percent who identified as conservative. The number of individuals who identify as 'centre' is notably higher than those who identify as left or right wing. This will be discussed further in the 'Discussion' section. The mean positioning on the left/right spectrum is 4.96 (se=0.04). High mean scores on a left/right self-placement scale are indicative of centrism, as Fiorina (2005) and Mason (2015) suggest.

¹¹ The reason why respondents without either cultural or economic attitudes that align with their self-placement on an ideological scale (meaning those who identify as conservative, but do not indicate any authoritarian or right-leaning tendencies, or those who identify as liberal, but do not indicate any libertarian or left-leaning tendencies) are included in the analysis as 'inconsistent' is because these individuals indicated themselves that they identified as either right-wing or left-wing on a left/right spectrum. This tells us that their perception of their attitudes is itself inconsistent with their cultural or economic preferences.

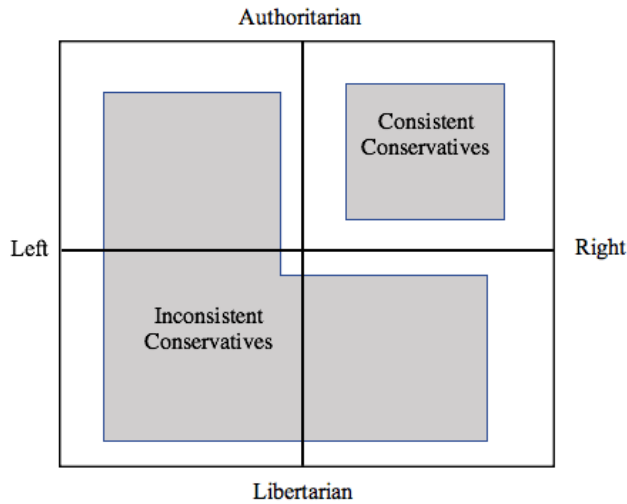


Figure 1A. Reference Political Matrix for Conservatives

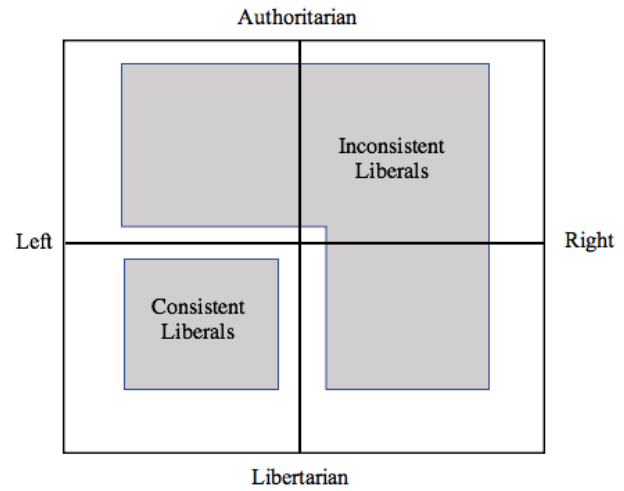


Figure 1B. Reference Political Matrix for Liberals

The terms ‘consistent’ and ‘inconsistent’ are not intended to be value judgements. Rather, they are used to identify that the political attitudes expressed do not map where we would expect for individuals who identify with being on a particular side of the ideological spectrum. Flanagan and Lee suggest that we *should expect* consistency among the two scales, given the tendency for political attitudes on one scale (either AL or LR) to elicit a similar placement on the other scale (2013). We expect that identification as ‘right wing’ or ‘left wing’ will place respondents within the respective ‘consistent’ categories (Flanagan and Lee 2013), however as this research will show, this is not always the case. Figures 1A and 1B above illustrate liberal and conservative political matrices and their respective ‘consistency’ groupings.¹²

Analysis

In this research, I conduct three primary tests. The objective of the first test is to establish that conservatives are divided along economic and cultural lines in a way that liberals are not. In order to do this, I place conservatives and liberals on separate political matrices to identify

¹² Note that in previous versions of this research, respondents were grouped by quadrant and analyzed separately, rather than just ‘consistent’ and ‘inconsistent’. While I do consider this is a worthwhile task, the resulting analysis has proven to be beyond the scope of this research at this time.

ideological consistency. I expect that there will be less correlation between the AL and LR scales (indicating less attitude consistency) for conservatives than for liberals. In addition, I will examine the proportion of conservatives and liberals who are 'consistent' and do a t-test of difference of means to compare them. This test corresponds with my first hypothesis: that ideological consistency will be greater for liberals than for conservatives

The second test moves the focus to conservatives, the subject of this research. This test addresses the differences between consistent and inconsistent conservatives. I expect that these two groups will *be* different and *behave* differently. Like the bulk of research analyzing political activity, I predict that attitude consistency will vary by age, income, political knowledge, religiosity, gender and health status.¹³ Research by Achterberg and Houtman (2009), Fraile (2013), and Malka and Lelkes (2010) leads me to believe that conservatives with aligning economic and cultural attitudes will be wealthier, more politically active, and more political knowledgeable. While these attributes tend to also align with being older, the self-interest hypothesis tells us that age may prompt these conservatives to have preference for social spending (and healthcare spending in particular), and thus display attitudes that are inconsistent with their ideological identity. I compare consistent and inconsistent conservatives using a t-test of difference of means to analyze variances in demographics and behaviours. Additionally, I compare the proportional variance of attitudes toward increased healthcare spending among consistent and inconsistent conservatives. This analysis parallels my second hypothesis, that ideologically inconsistent conservatives will display greater variance in responses toward increased government healthcare spending.

¹³ Health status is somewhat of an outlier and not generally included in discussions around political activity. I include it as this research is centered around attitudes toward healthcare spending. Building on Button (2012), Jaeger (2006), and Brook, Hall, and Preston's (1997) discourse around the 'self-interest hypothesis', I think that those with poor health status are more likely to support healthcare spending, regardless of their political leaning.

The third test investigates the impact of consistency on attitudes toward increased healthcare spending, controlling for variables of interest from the second test. In this section, I run a logistic regression with support for increased spending as the dependent variable, in two separate models. In this test, I aim to determine if consistency does impact attitudes toward healthcare spending. This corresponds to my third hypothesis that consistency will have a negative effect on willingness to support healthcare spending.

4. Analysis and Results

Summary Statistics

A table of summary statistics describing the data are shown below in Table 1.¹⁴ Included in this summary report are age, income, gender, religiosity, political knowledge, a 'poor health' indicator, attitudes toward healthcare spending and welfare spending, and political activities (feeling aligned with a left/ right party, voting for a left/ right party, and voting in the last election). Full question phrasing measuring these variables can be seen in the appendix, Section A1.2. In general, I find results that are consistent with what we know about political attributes and attitudes. Compared to liberals, conservatives across all three countries are older, more religious, less likely to support healthcare and welfare spending, and less likely to feel aligned with a right leaning party (than liberals are to feel aligned with a left-leaning party). In Table 1, we see that liberals are significantly more likely than conservatives to vote for a liberal candidate (than conservatives are to vote for a conservative candidate), to feel aligned with a left-leaning party (than conservatives are to feel aligned with a right-leaning party), and to vote at all. Interestingly, conservatives across all three countries are considerably more likely to support increased healthcare spending compared to welfare spending,¹⁵ supporting Jensen and Peterson's (2017) hypothesis that conservatives may be more willing to support healthcare spending than other

¹⁴ Section A2.1 in the appendix displays a more detailed t-test of difference of means between liberals and conservatives.

¹⁵ See Section A2.3 in the appendix for a t-test of difference of means showing support for healthcare spending compared to support for welfare spending

social spending because the sick are perceived as 'deserving', while those on social assistance are not.

See table on following page.

Table 1. Summary Statistics by Country

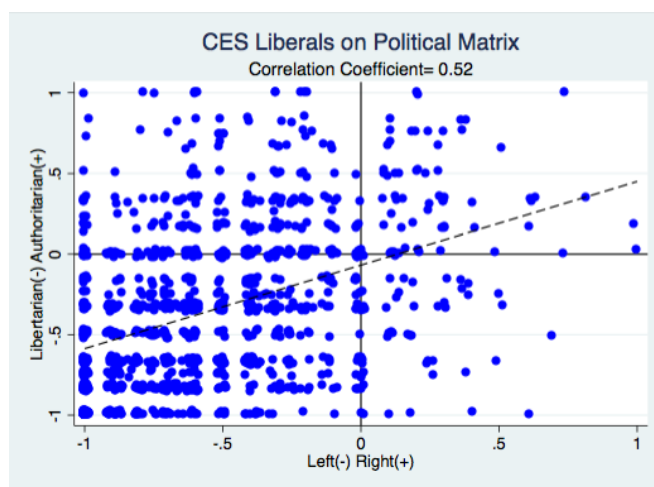
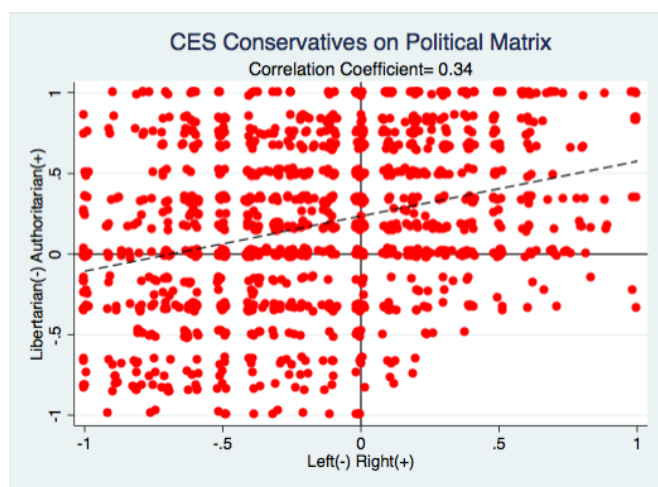
	CES		Dif.	ANES		Dif.	BES		Dif.
	Conservative	Liberal		Conservative	Liberal		Conservative	Liberal	
Age (mean)	51.03 (0.47)	47.83 (0.5)	**	51.34 (0.44)	47.45 (0.60)	**	57.02 (0.63)	49.63 (0.61)	**
Income (mean): CAD, USD, and GBP respectively	80,998 (0.04)	76,798 (0.04)	**	56,798 (0.20)	67,098 (0.27)	**	37,658 (0.16)	33,642 (0.16)	**
Percentage female	42.66 (0.01)	51.69 (0.01)	**	50.69 (0.01)	53.48 (0.02)	**	48.24 (0.02)	52.17 (0.02)	
Percentage religious	79.81 (0.01)	63.85 (0.01)	**	60.76 (0.02)	37.76 (0.02)	**	67.36 (0.02)	49.87 (0.01)	**
Political knowledge (mean, 0-1)	0.48 (0.01)	0.53 (0.01)	**	0.59 (0.01)	0.72 (0.01)	**	0.76 (0.01)	0.71 (0.01)	**
Percentage with 'poor' health	7.55 (0.01)	10.40 (0.01)	*	3.3 (0.00)	2.29 (0.01)		NA	NA	
Percentage who believe that healthcare spending should be increased	68.35 (0.01)	80.73 (0.01)	**	32.10 (0.02)	74.49 (0.02)	**	80 (0.01)	91.78 (0.02)	**
Percentage who believe that welfare should be increased	24.79 (0.01)	42.95 (0.01)	**	11.78 (0.01)	35.43 (0.02)	**	7.67 (0.01)	36.47 (0.02)	**
Percentage who feel aligned with a right/left-leaning party	49.63 (0.01)	92.21 (0.01)	**	74.09 (0.01)	96.03 (0.01)	**	82.21 (0.01)	83.36 (0.02)	**
Percentage who voted for a right/left-leaning party in the last election	44.31 (0.01)	92.33 (0.01)	**	69.91 (0.01)	88.29 (0.01)	**	82.85 (0.01)	83.36 (0.02)	
Percentage voted in the last election	93.03 (0.01)	92.82 (0.01)		75.84 (0.01)	81.45 (0.01)	**	86.44 (0.01)	78.68 (0.01)	**

* $p < 0.05$; ** $p < 0.01$

Notes: This table is intended to be a snapshot of the data. Refer to the appendix, Section A2.1 for a more detailed account of the above table. Where there is a statistically significant difference between liberals and conservatives, the 'Dif.' Column displays asterisks corresponding to the level of significance and the data are bolded. Income is in CAD for Canada, USD for America, and GBP for Britain.
Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

Test One: Consistency among conservatives and liberals

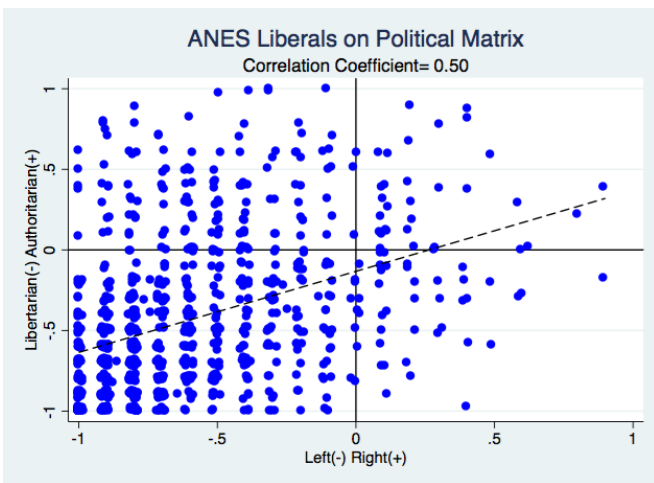
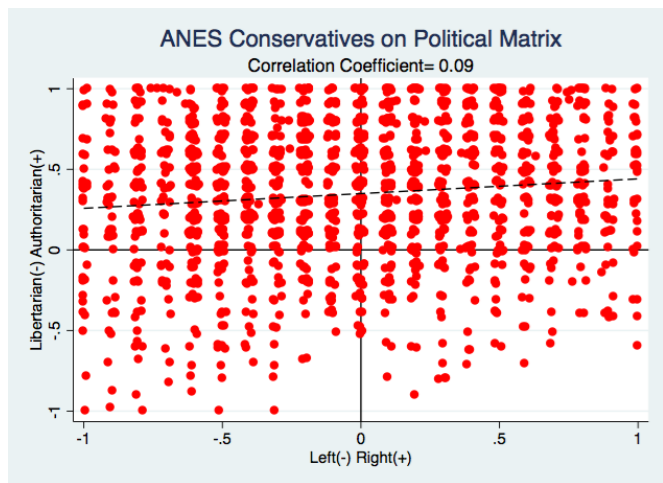
I first examine how attitude consistency varies by conservative and liberal respondents. I expect both greater consistency between the AL and LR scales for liberals, and a greater proportion of liberals than conservatives to be in the 'consistent' category. Figures 2A to 2F below place respondents on separate political matrices according to their liberal or conservative self-identification. The correlation coefficient refers to the relationship between the AL and LR scales, indicating attitude consistency.



Figures 2A and 2B. Canadian Conservative and Liberal Placement on Political Matrices

N=769, R- Squared= 0.01
Data source: Fieldhouse et al. 2015

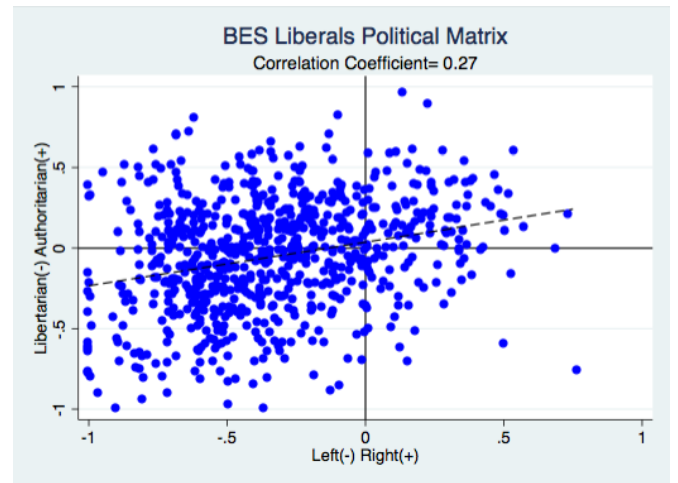
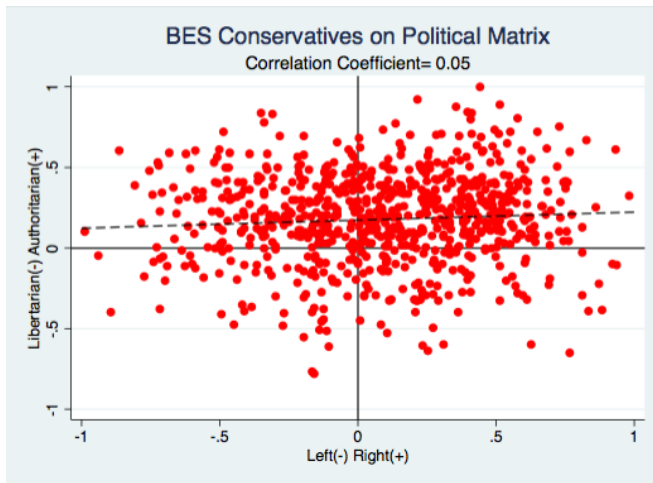
N=759, R- Squared= 0.07
Data source: Fieldhouse et al. 2015



Figures 2C and 2D. American Conservative and Liberal Placement on Political Matrices

N=1,609, R- Squared= 0.01
Data source: ANES 2017

N=832, R- Squared= 0.14
Data source: ANES 2017



Figures 2E and 2F. British Conservative and Liberal Placement on Political Matrices

N=1,164, R- Squared= 0.09
Data source: Fournier et al. 2015

N=1,089 , R- Squared= 0.16
Data source: Fournier et al. 2015

The relationship between the AL and LR scales is notably weaker for conservatives than liberals across all three countries, meaning that conservatives do in fact show less consistency between their economic and cultural attitudes than liberals. Knowing this can help us understand why we see anomalous preferences for healthcare spending. Consistent attitudes are easier to predict. Conservatives, when surveyed on aggregate in all three countries, indicate markedly less predictable political attitudes, often responding irregularly to cultural and economic policy questions.

We can also count conservatives that fit into the 'consistent' category. Table 2 below illustrates the percentage of respondents falling into the 'consistent' category, for both liberals and conservatives.

Table 2. Percentage of Liberals and Conservatives Falling into Consistent Category

	CES		ANES		BES	
	Conservative	Liberal	Conservative	Liberal	Conservative	Liberal
Consistent	36.71	68.64	40.36	76.97	51.79	52.16
Difference	31.93**		36.16**		0.36	
N	1958		2189		1420	

* $p < 0.05$; ** $p < 0.01$

Note: T-test of difference of means used.

Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

In Canada and the United States, conservatives are less likely to have economic and/or cultural attitudes that are consistent with their identity, compared to liberals. This mirrors the correlations between economic and cultural attitudes displayed in Figures 2A to 2D above. However, the difference in consistency is negligible in Britain, with both groups hovering around the 52 percent mark. This is interesting given that there is a clear (though less pronounced) difference for Brits in correlation between the AL and LR scales in Figures 2E and 2F for liberals and conservatives.

Test Two: Differences between consistent and inconsistent conservatives

I have made the argument that within the conservative electorate, consistent and inconsistent conservatives *are* different and *behave* differently. In separating consistent and inconsistent conservatives, I suggested that many conservatives have used the word ‘conservative’ to indicate political views when in actuality they have a social identity that is unrelated to conservative politics.¹⁶ Based on work by previous researchers, I expect that inconsistent conservatives will have lower incomes, have lower political knowledge scores, be

¹⁶ At the risk of repetition, I believe it is important to remind the reader that consistent conservatives are individuals who have right-wing economic preference, authoritarian tendencies, and have self-identified as being right-wing on a left/right spectrum. Inconsistent conservatives are individuals with a mismatch of preferences (authoritarian but left-leaning economic preferences, libertarian but right-leaning preferences, or both libertarian and left-leaning preferences) who have identified being right-wing on a left/right spectrum

less aligned with conservative party platforms, and be less politically active (Acheterberg and Houtman 2009; Fraile 2013; Malka and Lelkes 2010). I also expect that inconsistent conservatives will be more religious than consistent conservatives, given that it is possible that their inconsistency is due to using a conservative social identity as a proxy for a conservative political identity.

See table on following page.

Table 3. T-test of Differences Among Consistent and Inconsistent Conservatives

Descriptor	CES				ANES				BES			
	Consistent	Inconsistent	Dif.	N	Consistent	Inconsistent	Dif.	N	Consistent	Inconsistent	Dif.	N
Age (mean)	52.92 (0.86)	51.42 (0.67)	-1.5 (0.01)	972	54.52 (0.72)	49.27 (0.06)	-5.25** (0.95)	1403	60.14 (0.92)	54.4 (0.89)	-5.74** (1.28)	724
Income (mean): CAD, USD, and GBP respectively	89,098 (0.07)	75,998 (0.05)	-13,200** (0.09)	924	77,398 (0.06)	65,998 (0.05)	-11,400** (0.08)	1356	46,598 (0.09)	45,646 (0.08)	-952 (0.12)	581
Female (%)	33.52 (0.02)	44.75 (0.02)	11.23** (0.03)	975	45.92 (0.02)	55.23 (0.02)	9.31** 0.03	1393	50.29 (0.03)	46.54 (0.03)	-3.74 (0.04)	724
Religious (%)	81.1 (0.01)	80.60 (0.02)	0.45 (0.03)	882	64.00 (0.04)	60.00 (0.03)	-4.00 (0.05)	428	71.92 (0.02)	64.63 (0.02)	-7.29* (0.04)	723
Political knowledge	0.54 (0.02)	0.46 (0.01)	-0.08** (0.02)	976	0.69 (0.01)	0.51 (0.01)	-0.17** (0.02)	1079	0.77 (0.01)	0.74 (0.01)	-0.03 (0.02)	724
Poor health (%)	6.63 (0.01)	7.53 (0.01)	0.9 (0.02)	956	2.47 (0.01)	4.06 (0.01)	1.59 -0.02	1402	NA	NA	NA	NA
Healthcare spending should be increased (%)	49.42 (0.03)	77.54 (0.02)	28.11** (0.03)	954	11.11 (0.01)	45.29 (0.02)	34.18** (0.02)	1386	78.72 (0.02)	81.67 (0.02)	2.95 (0.03)	712
Welfare spending should be increased (%)	7.44 (0.01)	36.27 (0.02)	28.82** (0.03)	924	1.94 (0.01)	18.56 (0.01)	16.61** (0.02)	1399	3.14 (0.01)	13.74 (0.03)	10.60** (0.03)	403
Feel closely aligned to a right-leaning party (%)	75.97 (0.03)	38.04 (0.03)	-37.93** (0.05)	428	98.50 (0.01)	52.71 (0.02)	-45.78** (0.03)	894	93.61 (0.01)	71.34 (0.03)	-22.27** (0.03)	632
Voted for a right- leaning candidate in the last election (%)	70.57 (0.03)	32.96 (0.02)	-37.61** (0.03)	851	93.79 (0.11)	50.43 (0.21)	-43.36** (0.03)	1052	93.77 (0.01)	73.08 (0.03)	-20.69** (0.03)	615
Voted in the last election (%)	94.5 (0.02)	92.06 (0.02)	-2.44 (0.02)	495	84.66 (0.02)	69.22 (0.02)	-15.43** (0.02)	1400	89.14 (0.02)	83.51 (0.02)	-5.63* (0.03)	724

* $p < 0.05$; ** $p < 0.01$

Notes: Standard errors are in parentheses. T-test used to establish differences between group means. Refer to Section A1.2 in the appendix for detailed variable information.

Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

Many features of Table 3 are noteworthy. When conservatives are separated by consistency, we can see that in some respects, they are different and behave differently, however the results are not consistent across all three countries. Looking at demographics (how they *are* different), *some* of what we see is consistent with the theory in this research. Inconsistent conservatives are younger, but only in the United States and Britain. They have lower incomes and are more likely to be female (which tend to be connected), but only in Canada and the United States. Most interestingly, I predicted that inconsistent conservatives would be more religious than consistent conservatives, given Ellis and Stimson's argument that some individuals who inappropriately identify as politically conservative are doing so because of a social identification with conservatism, for which religion is an excellent proxy (2012). However, Table 3 shows that in these three countries, inconsistent conservatives are no more religious than consistent conservatives. In fact, the opposite is true for British respondents where we see that inconsistent conservatives are actually *less* religious than consistent conservatives. In terms of demographics, there are no consistent findings across all three countries, so it is difficult to make a generalized statement about how different groups of conservatives *are* different.

How conservatives *behave* differently by consistency grouping is slightly more telling. Generally, inconsistent conservatives appear to be less politically engaged than consistent conservatives. They are less likely to have voted in the United States and Britain, though there is not a significant difference in Canada (where both consistent and inconsistent conservatives report to have voted in the last election at remarkably high rates¹⁷). In all three countries, inconsistent conservatives are less likely to interact with right-leaning parties as we see significant differences in having voted for and feeling closely aligned with a right-leaning party. This is not

¹⁷ According to Elections Canada, the voter turnout for the 2015 election referenced in this question was 66.1% of eligible voters. Almost 93% of Canadian liberals in the same dataset report voting in the last election. The total percentage of all respondents who report voting in the last election (including those in the 'centre' politically), is approximately 92.5%, which raises some suspicions about either the type of people who agreed to participate in this study, or the memory recall of respondents.

overly surprising given that by virtue of being 'inconsistent' in this study, they have indicated a limited preference for right-leaning politics, despite identifying as right-leaning. Inconsistent conservatives across all three countries are also more likely to support increased welfare spending, which is inconsistent with conservatism as an ideology. Lower political knowledge scores are also associated with inconsistent attitudes in Canada and the United States, but not in Britain, where political knowledge scores are quite high compared to both Canada and the United States.¹⁸ In many ways, the information in Table 3 shows us that conservatives with attitudes that are inconsistent with their ideological identity *do* act politically different than conservatives with correlated economic and cultural attitudes.¹⁹

When it comes to attitudes toward increased healthcare spending, preferences vary by country. In Canada and the United States, there is a clear difference between consistent and inconsistent conservatives. Consistent conservatives are more in line with our expectations about support for healthcare spending (they support it less than inconsistent conservatives), as

¹⁸ This is consistent with Section A2.2 in the appendix which finds that political knowledge predicts consistency for Canadian and American conservatives, but not British conservatives (while it is statistically significant, the odds ratio is 1.01 indicating almost no impact). It is also important to note that scales making up the political knowledge predictor vary by country. While they are all intended to measure political knowledge, Canadian and American questions focus on name and title recognition for political actors, and British questions focus on the electoral process. Section A1.2(ii) in the appendix contains complete descriptions of these scales.

¹⁹ In this research, I also attempted to answer what causes consistency among conservatives. Research suggests that those with greater political interest and activity are more likely to vote for the 'correct' party so having voted and having greater political knowledge would be indicators of this. A logistic regression predicting the impact of these variables on consistency can be seen in the appendix, Section A2.2. The results of this regression are also not consistent across countries. Age is significant in predicting consistency for American conservatives, but with an odds ratio of 1.02, the impact is almost non-existent. Political knowledge is significant in predicting consistency across all three countries, though the results in Britain run into the same roadblock; odds ratios of 1.01 while significant, tell us almost nothing about the impact. Income is significant in predicting consistency for Canadian conservatives, but no-one else. Interestingly, having voted in the last election is significant in Britain and the United States, however in opposite directions. In the United States, conservatives who voted in the last election are about 25 percent less likely to be consistent, while British conservatives who did the same are about 74 percent more likely. No other variable predicted consistency for conservatives, so while we can see how these two groups are different and behave differently, it remains unclear what makes conservatives across all three countries consistent in the first place.

predicted.²⁰ For Brits however, this is not the case. British conservative respondents, regardless of whether their economic and cultural attitudes are aligned, overwhelmingly support increased healthcare spending. The difference between the two consistency groups is not statistically significant. It appears that for the British, conservatives support increased healthcare spending, regardless of how consistent their attitudes are.

Given that increased state spending of any kind tends to be incompatible with contemporary conservative parties' rhetoric in all three countries, I assumed that consistent conservatives would oppose increased spending on healthcare across the board. To put another way, I expected that inconsistent conservatives would display greater variance in support for healthcare spending and that their attitudes toward healthcare spending would be more erratic and less predictable than consistent conservatives. We can use the proportion of those who support increased healthcare spending by consistency groups as a measure of response variability, where 0.5 indicates the most variance, and zero or one indicates the least variance.

Table 4. Proportion Supporting Increased Healthcare Spending as a Measure of Attitude Variance

	CES		ANES		BES	
	Consistent	Inconsistent	Consistent	Inconsistent	Consistent	Inconsistent
Proportion in Support of Increased Spending	0.49	0.78	0.11	0.45	0.79	0.82
Difference	0.28**		0.34**		0.03	
N	346	610	540	806	273	304

* $p < 0.05$; ** $p < 0.01$

Notes: Standard errors are in parentheses. T-test used to establish differences between group proportions. Refer to Section A1.2 in the appendix for detailed variable information. Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

²⁰ In Canada and Britain, support for increased spending is still markedly high for consistent conservatives. This can likely be attributed to a national culture that values and has become accustomed to publicly funded healthcare.

Using proportion as a measure of variability, we cannot accept the hypothesis that response variance is greater for inconsistent conservatives in all three countries. Only in the United States do conservatives with economic and cultural attitudes that are inconsistent with their ideological identity have more varied opinions toward increased healthcare spending. Inconsistent conservatives in Canada and the Britain actually display less variance in their attitudes toward healthcare spending than consistent conservatives; they are more likely to support increased spending than consistent conservatives are to oppose it, though the difference in proportions is not statistically significant for British respondents. This seems counterintuitive—we should be better able to predict the political behaviours of those with consistent preferences. This is likely because a culture around universal healthcare in these two countries has led the average person to expect universal healthcare, regardless of their political leaning. To not support delivery of universal healthcare is an anomaly. In both Canada and Britain, it is likely that most people support public expenditures on universal healthcare as a baseline, so the type of person who opposes it is demonstrating a clearer deviation from the norm.

Test Three: Impact of consistency on attitudes toward healthcare spending

The third test examines whether ideological consistency will impact support for healthcare spending. I predicted that consistent conservatives will respond to increased state spending on healthcare in a predictable manner—consistency should have a negative impact on conservative support for healthcare spending in all three countries. Table 5 presents the results of a logistic regression predicting attitudes toward increased healthcare spending for conservatives, with odds ratios reported. The first model is a simple logistic regression, without the addition of control variables. In the second model, age, religiosity, political knowledge, income, gender, poor health, interest in politics, and having voted in the last election are added as controls to see if the effect of consistency on attitudes toward healthcare spending decreases with the presence of control variables.

In Model 1, we see that attitude consistency is significant in predicting support for increased healthcare spending in Canada and the United States, but not in Britain.²¹ An odds ratio of 0.34 suggests that the odds of a consistent conservative supporting healthcare spending (versus not supporting healthcare spending) are only 66 percent of those for an inconsistent conservative. The results are even more pronounced in the United States, where an odds ratio of 0.12 means that the odds of consistent conservative support for healthcare spending are about 88 percent of those for an inconsistent conservative. As has been the case throughout this research, British conservative respondents appear undivided on consistency, and the results from this regression show that consistency does not predict unexpectedly positive support for increased healthcare spending.

We know that there are a number of other factors which may impact both consistency and willingness to support healthcare spending. Model 2 adds demographic and attitudinal variables to the analysis. The addition of these variables has almost no impact to the relationship between consistency and support for healthcare spending, suggesting that the odds of supporting increased healthcare spending among those who have cultural and economic attitudes that are consistent with their ideological identity are about 67 and 89 percent of those who have preferences that are unaligned with their ideological identity in Canada and the United States, respectively.

²¹ This is relatively unsurprising given that previous tests reveal that there is no clear difference between consistent or inconsistent conservatives in Britain, nor do either group exhibit significantly different attitudes toward healthcare spending.

Table 5. Logistic Regression Predicting Attitudes Toward Increased Healthcare Spending for Conservatives

	Model 1			Model 2		
	CES	ANES	BES	CES	ANES	BES
Consistency	0.34** (0.07)	0.12** (0.05)	0.66 (0.14)	0.33** (0.08)	0.11** (0.05)	0.67 (0.15)
Age				0.99 (0.01)	1.01 (0.01)	1.00 (0.01)
Religious				0.98 (0.29)	1.00 (0.49)	1.11 (0.26)
Political knowledge				1.57 (0.58)	0.11* (0.10)	0.65 (0.37)
Income				0.90 (0.08)	1.01 (0.03)	0.97 (0.03)
Gender (Female)				1.27 (0.29)	0.86 (0.42)	2.13** (0.51)
Poor health				1.41 (0.64)	2.78 (3.45)	-
Voted in the last election				1.47 (0.72)	0.84 (0.46)	1.86 (0.62)
Interest in politics				0.90* (0.05)	1.12 (0.33)	0.71* (0.12)
Cons	2.90 (0.41)	1.22 (0.39)	5.20 (0.81)	0.00 (0.00)	2.32 (2.50)	11.86 (8.12)
Model X ₂	24.75	25.72	3.69	41.29	34.32	27.19
N	406	142	573	406	142	573

* $p < 0.05$; ** $p < 0.01$

Notes: Standard errors are in parentheses. Odds ratios are reported. Attitude toward increased healthcare spending is a 0/1 indicator of whether the respondent supports increasing state spending on healthcare.

Variable Definitions: Complete definitions can be found in the appendix, Section A1.2

Data Source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

Further results are interesting and statistically significant in the second model, though they are not consistent across countries. In Canada, the odds for conservatives with an interest in politics to support increased healthcare spending are less than the odds of those without an interest in politics.²² In the United States, conservatives with high political knowledge scores are

²² Interest in politics has been linked to higher voter turnout (Denny et al. 1996) and the likelihood to engage others in political discussions (Bennet, Flickinger, and Rhine 1996), among many other aspects of political activity, fitting this result neatly into existing literature.

considerably less likely (about 89 percent) to support increased healthcare spending than those with low political knowledge scores. In Britain, where we see that consistency does not predict support for healthcare spending, gender does have a strong relationship with willingness to support increased spending. The odds for women to support increased healthcare spending are more than twice as large than the odds for men to support it.

If we only look at Canadian and American respondents, Table 5 shows that we can predict levels of support for healthcare spending by analyzing conservatives as two distinct groups of people: those who have attitudes that are consistent with their ideological identity, and those who do not. In these two countries, respondents with consistent attitudes are more likely to react to increased healthcare spending in a way that we can predict. However, the intention of this research was to say something about conservatism in general. The fact that attitude consistency does not impact conservative opinions on healthcare spending in Britain means that we cannot generalize these findings to a discussion on 'conservative identity'. Rather the extent of this discussion must be limited to conservative Canadians and Americans, with an attempt to explain why the theory does not fit in Britain.

5. Summary of key points

Findings

- Consistency between economic and cultural attitudes is weaker for conservatives than liberals in all three countries.
- There are significantly fewer conservatives than liberals with economic and cultural attitudes that are consistent with their ideological identity in Canada and the United States. There is no significant difference in Britain.
- Demographic characteristics describing consistent versus inconsistent conservatives are not constant across the three countries. Specifically, inconsistent conservatives are not more religious than consistent conservatives in any of the three countries, suggesting that inconsistent conservatives may not be conflating a social identity with a political identity.
- Inconsistent conservatives are less politically engaged than consistent conservatives. They are also younger and less wealthy.

- Inconsistent conservatives do not have greater variance in their attitudes toward increased healthcare spending than consistent conservatives, except for in the United States.
- Consistency predicts support for healthcare spending in Canada and the United States, but not in Britain.
- The results for Canada and the United States were more in line with the expectations of this research. High conservative support for healthcare spending in Britain was not explained by this analysis.

6. Limitations

There are several caveats to place on the findings of this research. The first has to do with the left/right scale which determined if a respondent would be categorized as liberal or conservative. It is debatable whether this is an accurate representation of 'liberal' or 'conservative' identity in that it implies a considerable baseline knowledge about the traditional left/right spectrum. This way of grouping also treats '10s' on the scale (the farthest right) with '6s' as being in the same category. It is possible in future research to use this method differently and focus on those with more definite placements on the scale (say, respondents who claim they sit between 8-10 on the ten-point left/right scale). For future research, different ways of separating respondents into liberal and conservative categories may be by their vote choice in the last election, which political party they feel most closely aligned with, or simply by asking them about their ideological identity.

In addition, the hypotheses underlying this research, when constructed, overlooked the intense cultural attitudes that develop around universal healthcare. It is almost certain that the culture around state intervention (and healthcare in particular) is significantly different in Canada and Britain, which are considerably more liberal than the United States. The accessibility of universal healthcare has built an expectation in Canada and Britain that quality healthcare *will* be provided, regardless of political leaning or party in power. The United States is a relative outlier among Western nations in its limited social services and reluctance to adopt a universal

healthcare system. This makes expecting consistent results across the United States and other countries relatively difficult.

7. Discussion and Conclusion

In this research, I examined uncharacteristically high levels of conservative support for healthcare spending. I drew from Ellis and Stimson's view of the American electorate as 'symbolically conservative' but 'operationally liberal' to suggest that those identifying as conservative are divided among those who have consistent economic and cultural attitudes and those who do not, in a way that liberals are not. When conservatives as a group are asked about their attitudes toward increased healthcare spending, they tend to respond more positively than we would expect. I suggested that the reason for this is because there are actually two distinct groups of people under one 'conservative' umbrella: those who have identified themselves as 'conservative' because of a non-political identification with traditionalism or the conservative label, and those who are politically conservative, who have both culturally and economically conservative attitudes. Self-identified conservatives with both culturally and economically conservative attitudes were called 'consistent' and those with unexpectedly liberal preferences or a mismatch between preferences who identified as being right-wing were called 'inconsistent'. I argued that these two groups of people *are* different and *behave* differently, which leads to what looks like a skewed preference for healthcare spending when conservatives are surveyed as a group. I expected that consistent conservatives' attitudes would be more in line with our expectations of conservative political ideology, and that consistency would negatively impact support for healthcare spending.

When it comes to explaining *why* conservatives were divided in a way that liberals were not, this research ran into difficulties. Beyond associating religiosity with a conservative social identity (and thus the potential for conflating a social identity with a political one), it is difficult to say why conservatives were divided along economic and cultural lines. In all three countries, inconsistent conservatives were not more religious than consistent conservatives (nor did

religiosity predict consistency), which was a backbone to the theory that this group has used their social identity as a political identity, causing anomalous preferences. Even though consistency does impact support for healthcare spending in Canada and the US, we cannot definitively say that the reason for that is because conservatives have mistakenly conflating a social identity with a political one. Ignoring British respondents for whom consistency was not significant at all (a finding which will be discussed in a moment), it is still not clear that the reason why consistency matters for Canadian and American conservatives is because of an incongruity between social and political identities. There is not enough evidence to say that what *causes* consistency is using a social identity as a proxy for a political one. Future research would benefit from building on this theory further and creating more in-depth tests of attitude consistency to demonstrate a causal relationship.

While we do not know what *causes* attitude consistency, this research has shown that attitude consistency does predict support for healthcare spending in Canada and the United States. It is difficult to speculate on conservatism in general, given that I found inconsistent results across the three countries. It is not true that across all three countries, consistent conservatives *were* different and *behaved* differently from inconsistent conservatives. While inconsistent conservatives did tend to be less political and less likely to align themselves with conservative politics, this should not be overly surprising given that by virtue of being 'inconsistent', they need to have identified preferences that are misaligned with their identity. It is possible that the comparison between the three countries was too great of a stretch. While Canada, the United States, and Britain are all primarily English-speaking western democracies, inconsistent results may be attributed to cultural and social differences between the countries that make them difficult to compare. Conservatism in the United States has a different connotation than conservatism in Britain, for example. Attitudes around healthcare in all three countries are all fundamentally different as well. Future research would benefit from comparing countries with more similar policies and political cultures.

It is possible that rather than a misalignment of social and political attitudes, an explanation for high conservative support for healthcare spending is that by and large, conservatives are more centrist than they are right of centre. This a theory addressed earlier by scholars who suggest that most people place themselves in the middle of the political spectrum (Fiorina 2005; Mason 2015). Section 3 in the appendix analyses this more in detail. In all three countries, conservatives' attitudes are much more centrist on a left/right scale than liberals' are. Where we see liberals in all three countries generally on the left of the ideological spectrum, conservatives tend to sit in the middle. In addition, a large number of respondents in all three countries do not actually pick a side of the left/right spectrum to identify with.²⁴ Indeed, centrism may help explain the statistically insignificant results for British respondents throughout this research. It is very likely that Brits are more centrist than citizens in the other two countries overall. In Britain, a majority of respondents placed themselves as a '5' on the 10-point left/right spectrum (about 37 percent compared to about 31 percent on either side), indicating that they saw themselves as politically centrist. A culture around centrism in Britain could contribute to why British conservatives do not fit well into this research. Building on centrism as a theory to explain uncharacteristically high levels of support for healthcare spending may be an interesting avenue to continue from and is one that could be explored in future research.

Finally, British respondents may not fit into this analysis smoothly because of the period in which the data were collected. Politics were unusually turbulent leading up to and during the time of sampling. The 2010 British election resulted in a hung parliament in which no government

²⁴ This information was noted previously in this research, but is valuable to be repeated here. CES- 33.88 percent identified as '5' (centre) on the left/right spectrum, compared to 31.69 percent who identified as liberal and 34.43 percent who identified as conservative. The mean positioning on the left/right spectrum is 5.01 (se=0.04).

ANES- 28.64 percent identified as '5' (centre), compared to 24.19 percent who identified as liberal and 47.17 percent who identified as conservative. The mean positioning on the left/right spectrum is 5.70 (se=0.04).

BES- 37.07 percent identified as '5' (centre) compared to 31.65 percent who identified as liberal and 31.29 percent who identified as conservative. The number of individuals who identify as 'centre' is notably higher than those who identify as left or right wing. This will be discussed further in the 'Discussion' section. The mean positioning on the left/right spectrum is 4.96 (se=0.04).

won the majority, resulting in a Conservative-Liberal Democrat coalition. Shortly thereafter, public support for the Liberal Democrats crashed. In May of that year, the Conservative party won a majority federally in the United Kingdom on a platform that, in an effort to swing votes from an increasingly popular UKIP, strategically included a European referendum (Green and Prosser 2016). Sampling for the 2015 British Election Survey was between May and September 2015, with the 'Brexit' referendum in June 2016. It is unclear how this unsettled political time and/or the Brexit referendum may have impacted conservative support for healthcare spending or conservative attitude alignment (this is likely an interesting topic for future research), but it is possible that it does have some impact on uncharacteristically high conservative support for healthcare spending²⁵ and/or British attitude alignment.

While the results presented by this research are not consistent across all three countries studied, they do contribute to the understanding of attitude alignment as a basis of understanding how individuals make political decisions. There are a number of subsequent questions that result from this research: How can this model be used to predict support for other policies? Do conservatives in other countries have the same responses to spending on healthcare and does the theory on a split electorate apply there? In what other ways can we measure the differences between consistent and inconsistent conservatives in order to better explain preferences? This research has shown that using political labels as all-encompassing umbrellas does not accurately demonstrate political preferences. Combining left/right and authoritarian/libertarian attitudes as a way of parsing out consistency is an approach which could be used to analyze political preferences to more than just healthcare spending in future research. I believe that future research would benefit from using political matrices similar to the one used in this research to explore other political questions.

²⁵ Interestingly, at the time of the survey in 2015, 54.38 percent of British respondents report that the National Health Service had gotten a little or a lot worse, compared to 13.07 percent who say that it had gotten a little or a lot better since 2010 (32.55 percent said it had remained the same) (Fieldhouse et al. 2015).

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Appendix

Section 1: Variable Descriptions

- A1.1. Authoritarian/Libertarian and left/right scales
- A1.1(i). CES Unrotated Factor Scores for Left/Right and Authoritarian/Libertarian Scales, and Combined Scales
- A1.1(i). ANES Unrotated Factor Scores for Left/Right and Authoritarian/Libertarian Scales, and Combined Scales
- A1.1(i). BES Unrotated Factor Scores for Left/Right and Authoritarian/Libertarian Scales, and Combined Scales
- A1.2 Variable Descriptions
- A1.2(i) Summary Statistic Variable Information
- A1.2(ii). Political Knowledge Scales by Dataset
- A1.2(iii). Variables Matching Having Voted for a Left/Right Leaning Party and Feeling Aligned with a Left/Right Leaning Party

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- A2.1. Comparison of Liberal and Conservative Summary Information (T-test of Means)
- A2.2. Impact of independent variables on consistency
- A2.3. Paired T-test Showing Difference in Support Between Healthcare and Welfare Spending for Conservatives

Section 3: Centrism

- A3.1. T-test Reporting the Differences in Mean Left/Right Scores for Conservatives and Liberals
- A3.2(i). CES Histogram Showing Mean Attitudes on the Left/Right Scale
- A3.2(ii). ANES Histogram Showing Mean Attitudes on the Left/Right Scale
- A3.2(iii). BES Histogram Showing Mean Attitudes on the Left/Right Scale

Section 1: Variable Descriptions

A1.1(i). CES Unrotated Factor Scores for Left/Right and Authoritarian/Libertarian Scales, and Combined Scales

Variable	AL	LR	Combined
People who don't get ahead should blame themselves, not the system	0.41		0.50
The government should be able to crack down on suspected terrorists, even if that means interfering with the rights of ordinary people	0.50		0.50
Here are some qualities that children can be encouraged to learn. Which one do you think is more important? Obedience or self-reliance?	0.59		0.45
Here are some qualities that children can be encouraged to learn. Which one do you think is more important? Independence or respect for authority?	0.55		0.44
How much do you think should be done to reduce the gap between the rich and the poor in Canada?		0.52	0.50
When businesses make a lot of money, everyone benefits, including the poor		0.57	0.49
What is the best way to deal with major economic problems: more government involvement, or leave it to the private sector?		0.58	0.44
The government should leave it entirely to the private sector to create jobs		0.57	0.48
Should corporate taxes be increased, decreased or kept about the same as now?		0.46	0.48
Cronbach's α	0.63	0.67	0.72
N	1,660	1,479	1,396

Data source: Fournier et al. 2015

A1.1(ii). ANES Unrotated Factor Scores for Left/Right and Authoritarian/Libertarian Scales, and Combined Scales

Variable	AL	LR	Combined
The newer lifestyles are contributing to the breakdown of our society	0.67		0.66
What our country really needs is a strong, determined leader who will crush evil and take us back to our true path	0.78		0.71
Our country would be great if we honor the ways of our forefathers, do what the authorities tell us to do, and get rid of the rotten apples who are ruining everything	0.77		0.69
Irish, Italians, Jewish and many other minorities overcame prejudice and worked their way up. Blacks should do the same without any special favors.	0.68		0.70
Which one is more important for a child to have: Obedience or self-reliance	0.47		0.39
Do you favor, oppose, or neither favor nor oppose increasing income taxes on people making over one million dollars per year?		0.53	0.47
The less government, the better or there are more things that government should be doing?		0.62	0.54
In your opinion, when it comes to regulating the activities of banks, should the government be doing more, less, or the same as it is now?		0.52	0.48
The government should take measures to reduce differences in income levels		0.71	0.59
How would you rate labour unions?		0.56	0.45
Cronbach's α	0.77	0.67	0.76
N	2,414	2,380	2,364

Data source: ANES 2017

A1.1(iii). BES Unrotated Factor Scores for Left/Right and Authoritarian/Libertarian Scales, and Combined Scales

Variable	AL	LR	Combined
Young people today don't have enough respect for traditional British values	0.53		0.36
Censorship of films and magazines is necessary to uphold moral standards	0.48		0.31
If welfare benefits weren't so generous, people would learn to stand on their own two feet	0.49		0.70
People should be allowed to organize public meetings to protest the government*	0.34		0.40
Some people feel that, in order to fight terrorism, we have to accept limits on privacy and civil liberties, others feel that privacy and civil liberties are to be protected at all cost. Where would you place yourself on this scale?***	0.28		0.33
Ordinary working people get their fair share of the nation's wealth		0.50	0.45
Thinking about public expenditure on welfare benefits, should there be much more than now, somewhat more than now, the same as now, somewhat less than now, or much less than now?		0.53	0.61
Thinking now of trade unions and big business in this country. First, do you think that trade unions have too much power or not?		0.45	0.46
Some people feel that government should make much greater efforts to make people's incomes more equal. Other people feel that government should be much less concerned about how equal people's incomes are. Where would you place yourself on this scale?		0.59	0.50
Private enterprise is the best way to solve Britain's economic problems		0.50	0.46
Cronbach's α	0.55	0.60	0.66
N	1,430	765	748

Notes: *Question included in Evans, Heath, and Lalljee's 1996 analysis of Libertarian/Authoritarian values using BES dataset

**This is a reflection of Adorno et al.'s discussion on "destructiveness and cynicism" and "power and 'toughness'", both of which are categories with which they construct their F-scale (Adorno et al. 1950)

Data source: Fieldhouse et al. 2015

A1.2(i). Summary Statistic Variable Information

Variable	CES	ANES	BES
Age	In what year were you born?	What would you estimate R's age to be?	Place can you me tell your age at your last birthday
Income	We don't need the exact amount; does your household income fall into one of these broad categories?	Please mark the answer that includes the income of all members of your family living here in 2015 before taxes.	Which of the letters on this card represents the total income of your household from all sources before tax - including benefits, savings and so on?
Percentage Female	Are you: Male/Female?	Is R male or female?	Interviewer to observe and record: gender of respondent
Percentage Religious	What is your religion, if you have one?	Regardless of whether you now attend any religious services do you ever think of yourself as part of a particular religion?	Do you regard yourself as belonging to any particular religion?
Interest in Politics	How interested are you in politics generally?	How interested would you say you are in politics?	How interested would you say you are in politics?
Political Knowledge (mean, 0-1)	See A1.2(ii)	See A1.2(ii)	See A1.2(ii)
Percentage with 'poor' health	Compared to other people your age, you would describe your physical health as (excellent, very good, good, fair, poor)	Would you say that in general your health is (excellent, very good, good, fair, or poor)?	NA
Percentage who believe that healthcare spending should be increased	Should the federal government spend more, less, or about the same as now on health care?	Do you favor an increase, decrease, or no change in government spending to help people pay for health insurance when they can't pay for it all themselves? (Increase, decrease, no change)	Now, using one of the answers on this card, what is your view about putting more money into the health service? (Very important that it should be done and fairly important that it should be done [combined], it doesn't matter either way, fairly important that it should not be done, very important that it should not be done [combined])
Percentage who believe that welfare should be increased	Should the federal government spend more, less, or about the same as now on welfare?	Should federal spending on welfare programs be increased, decreased, or kept the same?	Thinking about public expenditure on welfare benefits, should there be much more than now, somewhat more than now, the same as now, somewhat less than now, or much less than now?
Percentage who feel aligned with a right/left-leaning party	See A1.2(iii)	See A1.2(iii)	See A1.2(iii)
Percentage who voted for a right/left-leaning party in the last election	See A1.2(iii)	See A1.2(iii)	See A1.2(iii)
Percentage voted in the last election	Talking with people about the general election on May 7th, we have found	In 2012 Barack Obama ran on the Democratic ticket against Mitt Romney	Did you vote in the election?

	that a lot of people didn't manage to vote. How about you, did you manage to vote in the general election?	for the Republicans. Do you remember for sure whether or not you voted in that election?	
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Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

A1.2(ii). Political Knowledge Scales by Dataset

CES	ANES	BES
Do you happen to recall the last name of the federal Minister of Finance?	The first name is: Joe Biden What job or political office does he now hold?	Please tell me if you think that the following statements are true or false. If you don't know, just say so and we will skip to the next one: Polling stations close at 10.00pm on election day
And the last name of the Governor-General of Canada?	Paul Ryan. What job or political office does he now hold?	No-one may stand for parliament unless they pay a deposit
And the last name of the Premier of your Province?	Angela Merkel What job or political office does she now hold?	Only taxpayers are allowed to vote in a general election
And the last name of the President of Russia?	Vladimir Putin What job or political office does he now hold?	The Liberal Democrats favour a system of proportional representation for Westminster elections.
	John Roberts What job or political office does he now hold?	MPs from different parties are on parliamentary committees

Notes: One point per question, scaled to 0/1 for consistency across datasets.

Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

A1.2(iii). Variables Matching Having Voted for a Left/Right Leaning Party and Feeling Aligned with a Left/Right Leaning Party

	CES		ANES		BES	
	Right	Left	Right	Left	Right	Left
Which party do you identify with in federal politics? AND Which party did you vote for in the last election?	Conservative	Liberal, NDP, Bloc Quebecois, Green Party	Republican	Democrat	Conservative Party, UKIP, BNP	Labour Party, Plaid Cymru, Liberal Democrats, Scottish National Party

Notes: Exact phrasing for political identification and which party respondent voted for in the last election varies by dataset, but the questions are of the same nature.

Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

Section 2: Statistical Testing

See table on following page.

A2.1. Comparison of Liberal and Conservative Summary Information (T-test of Means)

	CES				ANES				BES			
	Conservative	Liberal	Dif.	N	Conservative	Liberal	Dif.	N	Conservative	Liberal	Dif.	N
Age (mean)	51.03 (0.47)	47.83 (0.5)	-3.20** (0.68)	2396	51.34 (0.44)	47.45 (0.60)	-3.90** (0.75)	2439	57.02 (0.63)	49.63 (0.61)	-7.39** (0.89)	1524
Income in CAD, USD, and GBP respectively (mean)	80,998 (0.04)	76,798 (0.04)	-4,200** (0.05)	2270	56,798 (0.20)	67,098 (0.27)	10,300** (0.34)	2367	37,658 (0.16)	33,642 (0.16)	-4,016** (0.23)	1524
Percentage female	42.66 (0.01)	51.69 (0.01)	9.03** (0.02)	2403	50.69 (0.01)	53.48 (0.02)	2.80 (0.02)	2413	48.24 (0.02)	52.17 (0.02)	3.93 (0.03)	1524
Percentage religious	79.81 (0.01)	63.85 (0.01)	-15.95** (0.02)	2227	60.76 (0.02)	37.76 (0.02)	-22.99** (0.03)	974	67.36 (0.02)	49.87 (0.01)	-17.50** (0.02)	1520
Political knowledge (mean, 0-1)	0.48 (0.01)	0.53 (0.01)	0.04** (0.01)	2405	0.59 (0.01)	0.72 (0.01)	0.13** (0.01)	1880	0.76 (0.01)	0.71 (0.01)	-0.05** (0.01)	1524
Percentage with 'poor' health	7.55 (0.01)	10.40 (0.01)	2.85* (0.01)	2374	3.3 (0.00)	2.29 (0.01)	-1.01 (0.01)	2437	NA	NA	NA	NA
Percentage who believe that healthcare spending should be increased	68.35 (0.01)	80.73 (0.01)	12.38** (0.02)	2353	32.10 (0.02)	74.49 (0.02)	42.39** (0.02)	2418	80 (0.01)	91.78 (0.02)	11.78** (0.02)	1507
Percentage who believe that welfare should be increased	24.79 (0.01)	42.95 (0.01)	18.16** (0.02)	2284	11.78 (0.01)	35.43 (0.02)	23.65** (0.02)	2429	7.67 (0.01)	36.47 (0.02)	28.79** (0.03)	864
Percentage who feel aligned with a right/left-leaning party	49.63 (0.01)	92.21 (0.01)	42.58** (0.02)	1079	74.09 (0.01)	96.03 (0.01)	21.94** (0.02)	1563	82.21 (0.01)	89.09 (0.01)	6.88** (0.02)	1318
Percentage who voted for a right/left-leaning party in the last election	44.31 (0.01)	92.33 (0.01)	48.01** (0.02)	2140	69.91 (0.01)	88.29 (0.01)	18.39** (0.02)	1897	82.85 (0.01)	83.36 (0.02)	0.51 (0.02)	1216
Percentage voted in the last election	93.03 (0.01)	92.82 (0.01)	-0.22 (0.01)	1201	75.84 (0.01)	81.45 (0.01)	5.61** (0.02)	2434	86.44 (0.01)	78.68 (0.01)	7.66** (0.02)	1520

* $p < 0.05$; ** $p < 0.01$

Notes: T-test of difference of means used. Standard error in parentheses. Refer to Section A1.2 in the appendix for detailed variable information.

Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

A2.2. Logistic Regression Predicting Consistency in Canada, the United States, and Britain

	CES	ANES	BES
Conservative	0.00 (0.01)	1.00 (0.00)	0.89 (1.11)
Age	1.00 (0.01)	1.02* (0.01)	1.00 (0.00)
Religious	1.19** (0.33)	1.20 (0.50)	0.65** (0.08)
Political knowledge	2.42** (0.84)	1.56** (1.17)	1.01** (0.28)
Income	1.29** (0.10)	1.02 (0.03)	0.97 (0.02)
Gender (Female)	0.96 (0.21)	0.48 (0.20)	0.77 (0.09)
Voted in the last election	1.60 (0.77)	0.75* (0.36)	1.74** (0.31)
Interest in politics	0.93 (0.05)	1.39 (0.42)	1.16 (0.09)
Chi- Squared	46.28	14.67	36.91
N	419	143	1,143

* p<0.05; ** p<0.01

Notes: Odds ratio is reported. Standard errors are in parentheses. Independent variable definitions are in Section A1.2 of the appendix. Consistency is a 0/1 measure of whether the respondent is in the 'consistent' quadrant of the political matrix.

Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

A2.3. Paired T-test Showing Difference in Support Between Healthcare and Welfare Spending for Conservatives

	CES	ANES	BES
Support for increase in healthcare spending	68.33 (0.01)	31.99 (0.01)	80.84 (0.01)
Support for increase in welfare spending	24.81 (0.01)	11.74 (0.01)	7.71 (0.01)
Difference	43.52** (0.02)	20.25** (0.01)	73.13** (0.02)
N	1,180	1,585	428

* $p < 0.05$; ** $p < 0.01$

Notes: This shows that conservatives are considerably more likely to support healthcare spending than welfare spending. These numbers are slightly different than the results used in A2.1 (summary statistics) because I used a paired t-test. This was not possible to do for A2.1 given that the groups being compared are independent.

Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

Section 3: Centrism

Given that I was unable to elaborate on ‘centrism’, a theory derived from existing literature to explain anomalous attitudes toward healthcare spending, I have included a small note to address it further here. The ‘centrism’ theory supposes that an explanation for uncharacteristically high levels of support for healthcare spending among conservatives is that either conservatives in practice are actually quite close to liberals ideologically, or that conservatives are more likely than liberals to hover around the middle of the left/right spectrum, leading to unpredictable attitudes on particular policy problems like healthcare spending. Perhaps conservatives are more centrist than right, where liberals are more left than centrist. In order to test this, I compared the mean scores on the left/right scale between liberals and conservatives in A3.1 below.

A3.1. T-test Reporting the Differences in Mean Left/Right Scores for Conservatives and Liberals

	CES		ANES		BES	
	Conservative	Liberal	Conservative	Liberal	Conservative	Liberal
Left/Right Score	-0.16 (0.01)	-0.52 (0.01)	-0.02 (0.01)	-0.57 (0.1)	0.09 (0.01)	-0.32 (0.01)
N	1163	1088	1608	831	765	751

Notes: Standard error in parentheses. All data above are significant at a 0.05 level.
Data source: Fournier et al. 2015; ANES 2017; Fieldhouse et al. 2015

In order to test whether conservatives are ideologically close to liberals or just more political centrist as an explanation for uncharacteristically high support for healthcare spending, A3.1 compares mean scores on the LR scale used in this research for both conservatives and liberals. As a reminder, the LR scale runs from -1 to 1 where negative values are associated with the political left and positive values are associated with the political right. All three datasets provide evidence for the theory that conservatives are more centrist in general, though it does not appear that they are ambivalent toward healthcare spending because they are ideologically close to liberals. The histograms below (A3.1(i) - A3.1(iii)) show that conservatives in all three countries

hover in the middle of the LR spectrum, where liberals are more in line with our expectations of positioning.

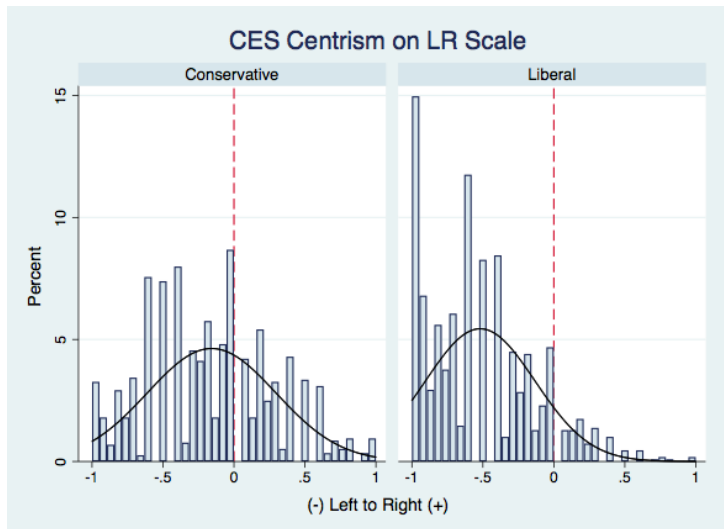


Figure A3.1(i). CES Histogram Showing Mean Attitudes on the Left/Right Scale
Data source: Fournier et al. 2015

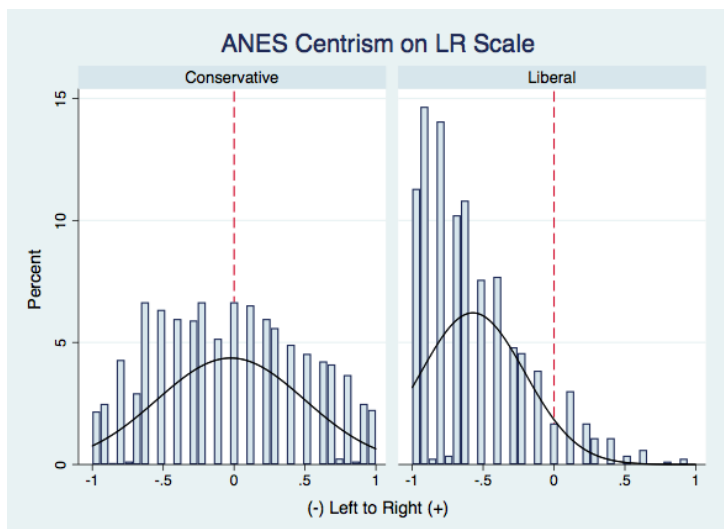


Figure A3.1(ii). ANES Histogram Showing Mean Attitudes on the Left/Right Scale
Data source: ANES 2017

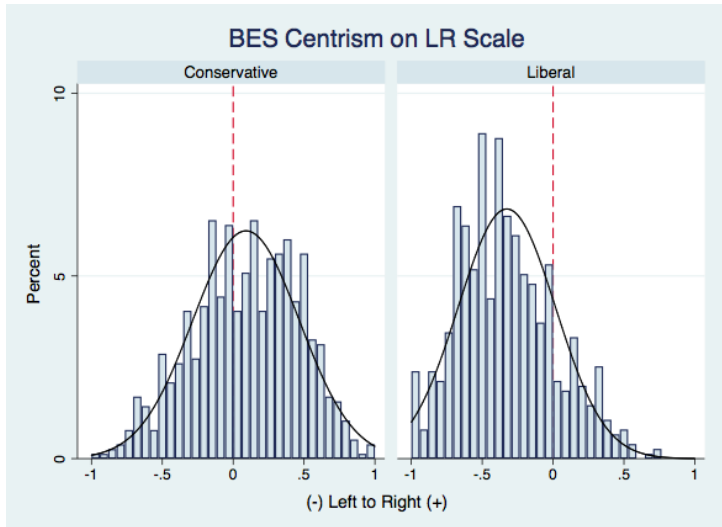


Figure 3.1(iii). BES Histogram Showing Mean Attitudes on the Left/Right Scale
 Data source: Fieldhouse et al. 2015