



BUILDING A BIGGER WE

**CHANGING HEARTS & MINDS ON IMMIGRATION
IN RURAL AND SMALL-TOWN AMERICA**



BACKGROUND

People’s Action and the People’s Action Institute are one of the largest multiracial, people’s organizations in the country with 41 member organizations in 28 states, representing over a million grassroots leaders in communities and online. Our mission is to build an America where we put people and planet first. Our strategy is to build powerful state-level community organizations aligned around a long-term agenda for racial, economic, climate and gender justice that can drive coordinated campaigns that win real change in people’s lives and shape an economy and a democracy that works for all of us. To build power for families and communities, we move people in large numbers through issue campaigns and integrated voter engagement – using base-building, leadership development, direct action, large-scale grassroots and netroots action, and movement politics.

In the aftermath of the 2016 election, People’s Action member organizations across the country began meeting to develop a collective strategy to address the moral and strategic imperative to strengthen our work in rural and small-town communities. In 2017 and 2018, People’s Action member organizations engaged in an extensive deep listening process in rural and small-town communities in ten target states.¹ Through this process, we conducted nearly 10,000 conversations in targeted rural and small-town communities and released additional research on voting trends in rural, small-town and suburban communities in collaboration with Catalyst.² Our member organizations and allies have also built 25 new organizing chapters in rural communities around the country and knocked on more than 392,000 doors in rural communities and had more than 115,226 conversations with rural voters in the 2018 midterm elections.

As a communications researcher and campaign advisor, I live by the maxim that it is not the job of a good message to say what is popular; it is the job of a good message to make popular what we need said. Yet for too long progressives have been instructed to steer clear of what our opponents have labeled “identity politics” and speak only and always of colorblind economic concerns. People’s Action is helping prove we need not heed this conventional wisdom. Moreover, through non-judgmental exchanges among strangers and strategic application of the Race Class Narrative (RCN), they have demonstrated this isn’t wisdom at all.

What research has shown consistently is that our most formidable opposition is not the appeal of rightwing ideology; it’s cynicism. Our trouble is not that people don’t think our ideas are right; it’s that they doubt that our ideas are possible. Thus, for any message to work, it must present a compelling vision of how the world can and ought to work for working people. Crafting this requires serious listening to people’s desires and concerns, as People’s Action has demonstrated.

And we must also recognize that politics isn’t solitaire. Our messages must act as a ready rejoinder to what the other side keeps repeating: a divide-and-conquer narrative that blames new immigrants and people of color for our troubles in order to keep us looking the other way while the already wealthy hoard more of the spoils. Thus, it is precisely when we articulate how race and place of origin have been weaponized to keep working people from uniting for the care all of us need that we’re able to persuade those in the middle of our policy solutions. And, at the same time, we energize and motivate our own base.

Having helped lead the research and implementation efforts for the Race Class Narrative, I am thrilled to have provided counsel on the deep canvass protocol and, in particular, the RCN message utilized in this unprecedented empirical investigation of how to persuade rural voters on universal healthcare and immigrant rights.

Anat Shenker-Osorio

Host of Brave New Words Podcast
Principal of ASO Communications

FRAMING THE CHALLENGE

Immigration, Scarcity and Abundance

U.S. Gallup polls indicate about twice as many people believe immigrants take away job opportunities as believe that they improve them.³ A Washington Post-Kaiser poll of rural and small-town America found that rural residents are almost three times as likely as city dwellers to consider immigrants a burden to the United States — 42 percent vs. 16 percent.⁴ The dominant mental model of scarcity is particularly powerful in rural and small-town communities. A major poll conducted by National Public Radio with the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health on day-to-day life and health in rural America found that nearly half of the people — 49% — polled in rural communities could not survive a surprise \$1,000 expense.⁵ In our deep listening campaign, the single most used word was “lack” and our content analysis revealed that the underlying current of financial insecurity — and the resulting instability, stress, health problems and drug and alcohol abuse — ran throughout the vast majority of the responses we heard.

Through our deep listening, we identified a significant need to invest in an effort to “build a bigger we” in rural and small-town communities. 43% of the respondents said that immigrants were either very much responsible [14.5%] or somewhat responsible [28.1%] for the problems in their community. However, one third of respondents said that not being welcoming to immigrants was something that concerned them a great deal or often and 29% of respondents said immigrants were not at all to blame for the problems in their community. When asked if deporting more immigrants was a solution they would support, one in five respondents expressed support for deporting more people.

Our deep listening campaign led us to believe that narratives that connect across race and class could be highly effective in disrupting anti-immigrant narratives in rural and small-town communities.⁶ Eighty-one percent of the respondents we spoke with identified “government controlled by big money donors and corporate lobbyists” as either “very” (56%)

or “somewhat” (25%) responsible for the problems in their communities, 71% blame “rich and powerful individuals,” and two-thirds blame “Wall Street and big corporations.” Many people expressed deep feelings of betrayal and anger towards a government they felt had abandoned them and been co-opted by the rich. We found that there is a crucial need to focus on race and the economy with a specific focus on immigration and concepts of abundance and scarcity.⁷ This is a contested space and there is a clear opening to try to shift these beliefs and behaviors.

Our approach is also informed by the groundbreaking race-class narrative work⁸ developed by Anat Shenker-Osorio and Ian Haney-Lopez and pioneering deep canvassing work, especially recent experiments led by the California Immigration Policy Center and the Immigrant Strategic Messaging Project.⁹

Our strategy has three major components:

- 1) “building a bigger we” that includes immigrants and refugees;
- 2) help people make meaning of their experiences and share an analysis that immigrants and people of color are not drivers of scarcity but are equally impacted by the concentration of wealth in the hands of the few; and
- 3) shape a vision of a multiracial democracy that creates shared abundance.

RESEARCH PROGRAM

In the spring of 2019 we launched an extensive “deep canvass” research experiment in three states: Michigan, North Carolina, and Pennsylvania. The research program was developed and implemented by our member organizations Down Home North Carolina; Michigan United; and Pennsylvania Stands Up with support from the New Conversation Initiative. Specifically, we wanted to explore the roots of mental models around scarcity and immigration and test the power of “solidarity narratives” to “build a bigger we” that includes immigrants. Our strategy integrated the race-class narrative framework with the tool of deep canvassing to build empathy and a shared analysis that could reshape voter’s worldview away from fear and scarcity towards linked fate and shared abundance.

It is widely acknowledged that strategic racism is a major tool used to divide communities and is a driving force behind extreme economic and racial inequalities.¹⁰ However, many efforts to shift voter opinion and reduce prejudice often fail to counter these racist narratives.¹¹ Deep canvassing is a powerful tool that has produced durable persuasion on a broad set of issues, including increasing support for transgender-inclusive non-discrimination laws; and increasing support for citizenship for undocumented immigrants and more humane immigration policies.¹² Deep canvasses are candid, two-way conversations where canvassers ask voters to share their relevant, emotionally significant experiences and reflect on them aloud.

Deep canvasses typically involve:

- **Non-judgmentally** soliciting voters’ views and asking follow-up questions about voters’ experiences.
- **Sharing narratives** about personal experiences with the issue that reinforce values relevant to the issue.

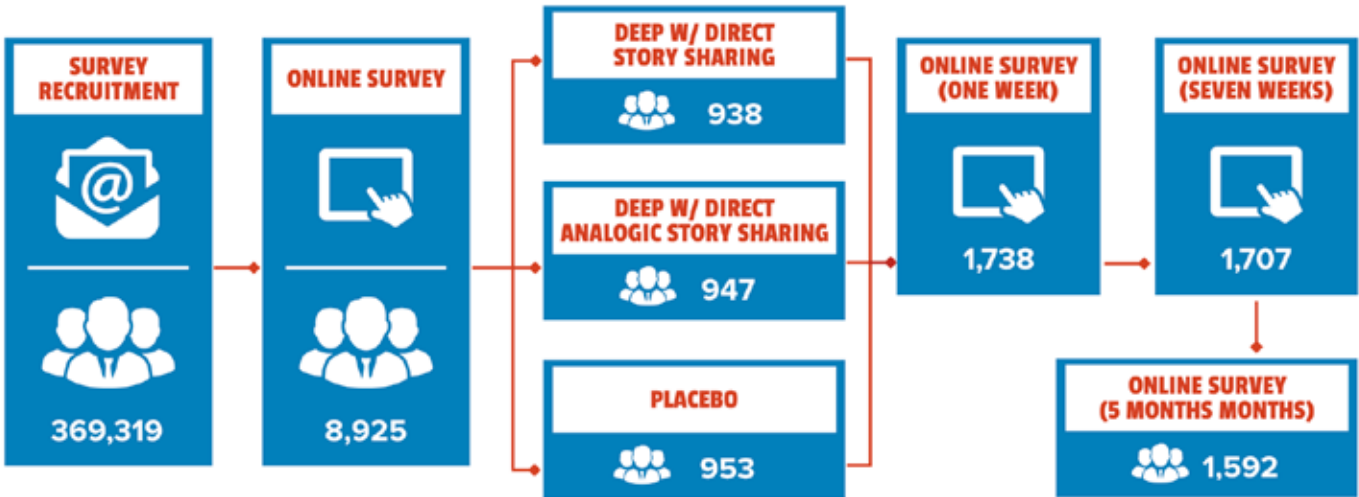
Individuals often resist persuasion because yielding to it would pose a threat to their self-image. It is difficult for people to admit that they have held views that were in error and people generally dislike recognizing inconsistencies in their views or seeing themselves as susceptible to persuasion and manipulation. Deep canvass conversations are positioned to overcome these challenges because non-judgmental listening reduces perceived threat to self-image and being heard increases a feeling of respect. Deep canvassing promotes active processing and participation in a conversation which increases openness to engaging with alternative viewpoints. The practice of sharing narratives also is perceived as less manipulative and more engaging than facts and creates an emotional connection that moves beyond surface-level talking points.¹³



PARTICIPATING ORGANIZATIONS



HOW THE RESEARCH WORKED



HOW THE RESEARCH WORKED

To measure the impact of the deep canvass conversations, Professors Joshua Kalla (Yale University) and David Broockman (UC Berkeley) conducted a randomized field experiment, also known as a randomized controlled trial (“RCT”). First, Professors Kalla and Broockman sent a mail invitation to registered voters in our research sites to participate in a series of ostensibly unrelated, university-sponsored online opinion surveys covering a range of topics, including immigration and healthcare attitudes. A total of 369,319 invitations were mailed and 8,925 people agreed to participate and complete an online survey (when weighting the survey respondents to resemble the population of invited voters, we find the results do not change.)

TRAINING

Before beginning the experiment, the partner organizations dedicated multiple unique canvasser shifts to developing the intervention and developing the training. The canvassers in this experiment were paid. They received training when they first started, including shadowing a more experienced canvasser. Throughout the program, they received ongoing training and feedback. The trainings focused on providing canvassers with the skills of compassionate curiosity and to listen and ask questions of voters in a non-judgmental manner that would elicit narratives from voters about their experiences. Trainings often involved role play and viewing video of past canvass conversations. The canvass team also went through a ten-week period of iteration before finalizing the script.



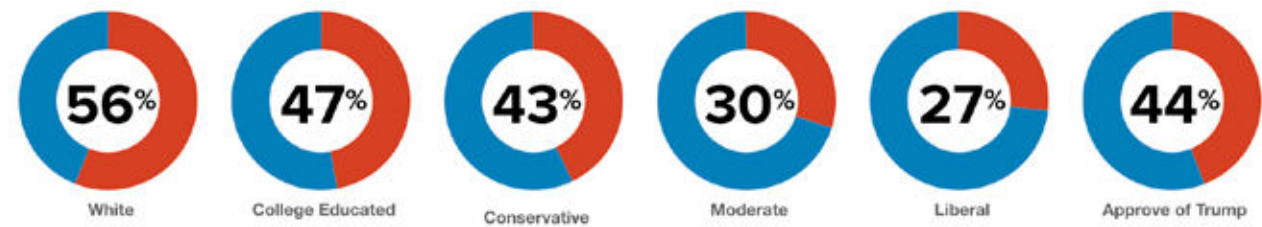
PEOPLE'S ACTION INSTITUTE DEEP CANVASS RESULTS

CANVASSER DEMOGRAPHICS

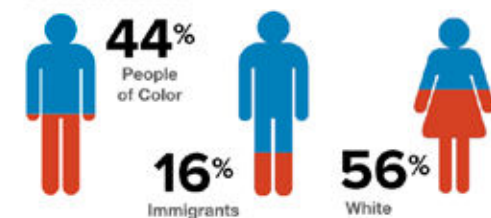
The canvassers for this project were primarily paid canvassers recruited by the three local organizations (Down Home North Carolina, Michigan United, and Pennsylvania Stands Up). 44% of the conversations were conducted by canvassers who self-identified as people of color and 16% by canvassers who self-identified as immigrants.

CANVASS IMPLEMENTATION DETAILS

VOTERS CANVASSED



CANVASSERS



TIME



21%
Support Including
Undocumented Immigrants
Under Universal Healthcare

Intervention Procedure

The canvassers were trained to follow the below procedure when approaching homes when subjects were in the treatment conditions. Canvassers themselves were not aware of the details of the experiment or the survey and nowhere in the conversation did they indicate that the effects of the conversation were being measured or part of the study.

1

Establish Contact

Determine if the voter is home. The canvasser knocks on the door and says, “Hi, are you [voter’s name]?” If the voter identifies themselves, the canvasser marks “Voter came to door” on their walk list. This leads the voter to be targeted for resurveying.

2

Create Non-Judgmental Context

Intervention begins: inform the voter about the policy being discussed. The canvassers began the intervention by engaging in a series of strategies to elicit participants’ opinions in a non-judgmental manner. First, canvassers informed voters that they were at the door to discuss universal healthcare. Canvassers then asked voters about their opinion on the policy and then asked them to explain their position. They then did the same on a more specific question about including unauthorized immigrants in a universal healthcare plan. Canvassers were trained to ask these questions in a non-judgmental manner, not indicating they were pleased or displeased with any particular answer, but rather to appear genuinely interested in hearing the subject ruminate on the question.

3

Exchange Immigration Narratives

Exchange narratives about personal experience with immigration. The canvasser then asked the voter if they know anyone who is an immigrant and, in particular, an unauthorized immigrant. If the voter knows someone, the canvasser would have the voter talk about how they know this person, their immigration story, and how it must feel to be an immigrant. Whether or not the voter knows an immigrant, the canvasser would always share their immigration story. The canvasser would end this section by asking the voter if there is anything about the story that they can relate to, encouraging perspective taking.

4

Exchange Analogic Narratives - Removed in the Perspective-Sharing Only Condition

Exchange narratives about a personal experience with struggle. The intervention attempted to encourage analogic perspective-sharing towards unauthorized immigrants. To do this, canvassers asked voters to share a time when they needed support. In particular, they were prompted to share about “a time when you or a loved one had to pay for or access healthcare in the past.” Canvassers would also share their own stories of struggling in order to make voters feel comfortable sharing a story of their own. Canvassers’ goal was for this non-judgmental exchange of narratives to end with individuals self-generating and explicitly stating aloud implications of the narratives that ran contrary to their previously stated exclusionary attitudes.

5

Make the Case

Provide Race Class Narrative arguments and information. The canvasser would then reiterate for the voter why they were canvassing and why they hoped the voter would become more supportive of including unauthorized immigrants in a universal healthcare system. This section explicitly linked racial concerns with immigration with class.

6

Process Cognitive Dissonance

The canvasser would note any contradictions in the voter’s opinions and talk through them. For example, a canvasser might say: “It sounds like on the one hand you think that immigrants do a lot to benefit this country and on the other hand you think it is more important to take care of our own citizens first. What is on your mind now that we have been talking?” The goal of this part was to explicitly raise any internal contradictions and attempt to resolve them.

7

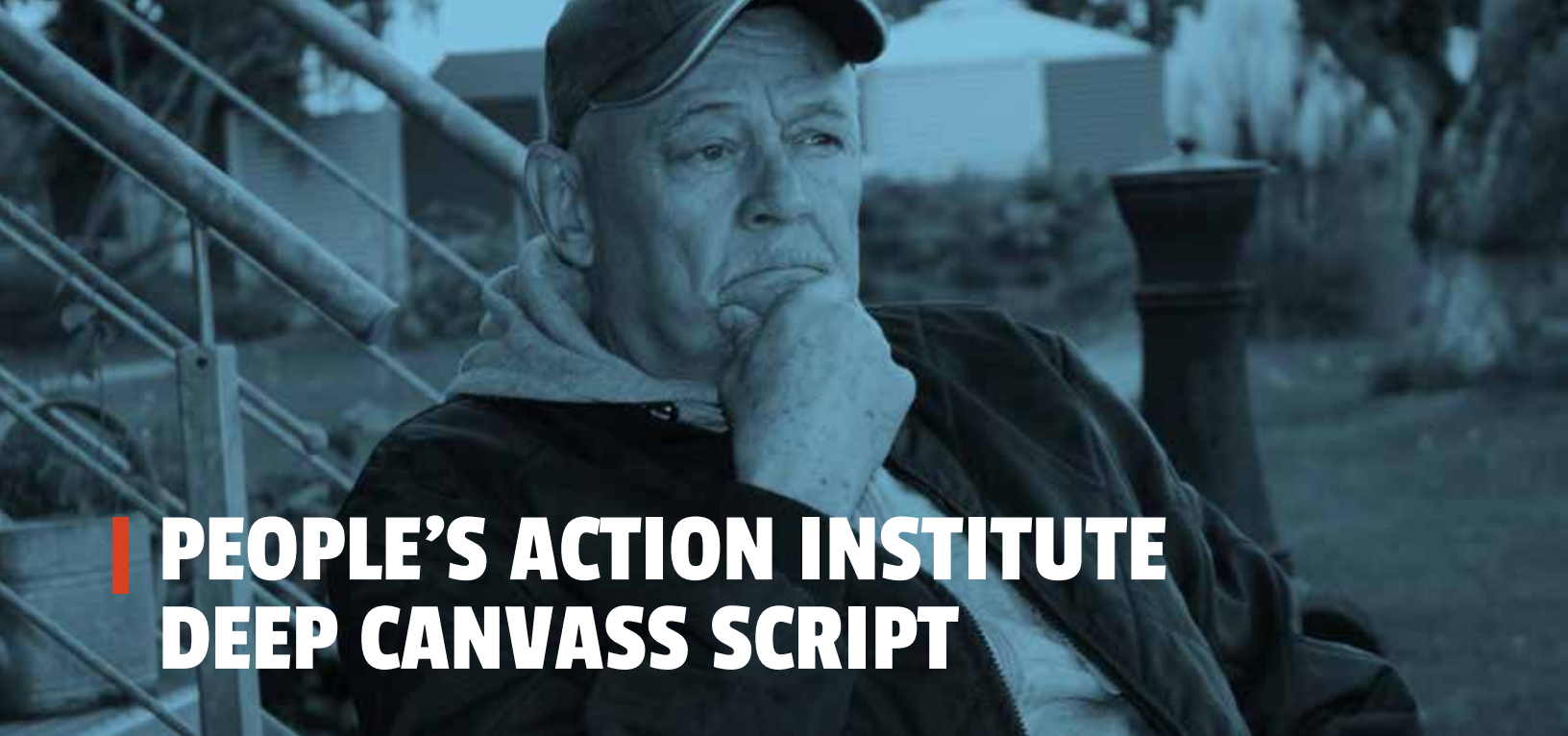
Address Concerns

At this point, the canvasser would return to any concerns about unauthorized immigrants and universal healthcare that the voter may have mentioned earlier. The canvasser would talk through these concerns and, where applicable, provide talking points to refute them. Canvassers were trained not to address concerns until this point in the conversation so that voters would not feel threatened by this section. Only after rapport had been established and stories shared would canvassers address concerns.

8

Encourage Active Processing

Ask for opinion again; rehearse opinion change. The intervention ended with canvassers asking voters if and why the conversation changed their attitudes towards including unauthorized immigrants in a universal healthcare system. Rehearsal of opinion change is a strategy that has been shown to facilitate active processing and increase the persistence of attitude changes.



PEOPLE'S ACTION INSTITUTE DEEP CANVASS SCRIPT

ELICIT CURRENT VIEW ON HEALTHCARE

Hi, are you ____? [CONFIRM CORRECT VOTER] Great! I'm ____ with Down Home North Carolina.

[If not correct voter] We're out here today having face 2 face conversations about issues that impact our neighbors. May I speak with ____?

[If correct voter] We're out here today having face 2 face conversations about issues that impact our neighbors & all of us at a time when these conversations are too rare.

To start us off just given what you know, do you think you'd be in favor or against Universal Health Care, on this scale, where 0 is against and 10 is in favor and 5 is undecided, where would you put yourself?

0	1	2	3	4	5	6	7	8	9	10
Against			←Undecided→				In Favor			

Why is that the right number for you?

- Set non-judgmental tone

ELICIT CURRENT VIEW ON UNDOCUMENTED IMMIGRANTS

Some people say that if we do have Universal Health Care, it should include undocumented immigrants. On the same scale, where would you put yourself on voting for Universal Health Care for everyone, including undocumented immigrants?

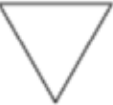
0	1	2	3	4	5	6	7	8	9	10
Against			←Undecided→				In Favor			

Why is that the right number for you now? What's on either side of the issue for you?

- Set non-judgmental tone

NARRATIVE EXCHANGE – PART ONE

- Who do you know who has moved to the US?
☐ NO ☐ YES
- Non-judgmental exchange of narratives
- Perspective-taking

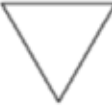
<u>NO - Can't Think of Anyone</u> Maybe someone at work? or a friend of a friend? Do you know much about how your family came to the US? When in your life did you first think about immigration? Do you remember? Did you grow up here? (Lot of people move for economic reasons and good chance ppl moved - national/international migration)	<u>YES – Know Someone</u> Who are you closest to? May I ask - What do you know about their story? How are they doing? What's their name? Do you know if they have documentation? When did you first realize the situation they were in?	<u>CONE OF CURIOSITY</u> How did it feel learning about ____'s story? Why?  Ask questions, can't assume!
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***** SHARE YOUR STORY to Help the Voter Identify with Immigrants *****

The reason I am out here today is because of.... Myself ____ My friend ____

NARRATIVE EXCHANGE – PART TWO

I think this is about how we treat all working people who contribute, whether we're immigrants or were born in the US. We have all faced tough times and needed support.

<u>Voter's Struggle and Support Story</u> When was a time when you really needed care or support? Maybe a time when you were having social, emotional, or financial hardship? When was a time when you or a loved one had to pay for or access healthcare in the past?	<u>CONE OF CURIOSITY</u> What was the situation? How old were you? How did that feel? Why?  Did anyone give you the support you needed at that time? Who? How did that feel?	<u>Your Needing Support Story</u> I remember when... <i>Go slow... paint a picture</i> <i>Talk about the feeling</i> Make a Clear Point. BE patient, may take time!
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- Non-judgmental exchange of narratives
- Values activation
- Analogic perspective-taking

MAKING THE CASE – RACE CLASS NARRATIVE

[Discuss race overtly] No matter where we come from or what our color, we all want the same thing: safety, dignity and a better quality of life for our children and loved ones.

[Name racial scapegoating as a weapon that economically harms us all] ...But today, certain politicians and big pharma/insurance companies hurt everyone by prioritizing profit over the health of our loved ones and instead of taking responsibility and fixing our healthcare system, they turn around and point the finger at immigrants, black folks, poor folks, etc...they are telling us there isn't enough to go around while they are only getting richer. And it is the same billionaire class that also wants the immigration system to stay broken, so they can continue to take advantage of undocumented workers.

What do you think about that?

[Collective action to solve the problem] I think the only way to hold them accountable and actually get a better system is to join together with immigrants... [Invoke cross-racial solidarity] Just like we won better wages, a 9-5 work day, safer workplaces and civil rights in our past...

At DHNC, we've come together to stop Duke Energy Rate Hikes (they wanted us to pay for the problem they caused), to win living wages for city workers in WNC, and more! [Government for all] By joining together, we can build power in our communities and elect new leaders who prioritize us and provide healthcare for all us, not just the wealthy few!

REHEARSE OPINON CHANGE

PROCESS COGNITIVE DISSONANCE

What is on your mind now that we have been talking?

It sounds like on the one hand you said _____ and on the other hand _____. ((End with whichever hand is most positive - point out contradictions but positively pull them along, too!))

Example: On the one hand you want to make sure that we take care of our own first but on the other hand you see the people at the top only getting richer.

Thank you for talking to me today. To finish up back on that scale, where 0 is against and 10 is in favor, how do you think you'd vote on a universal health care plan that includes everyone and undocumented immigrants?

0	1	2	3	4	5	6	7	8	9	10
Against			←Undecided→				In Favor			

[If moved] Why is that the right number? What makes you rate yourself differently?



People’s Action Institute then canvassed those voters and delivered one of three canvass scripts that were randomly assigned to each voter. People’s Action contacted 2,838 voters through the canvass. Voters had no knowledge that the canvass and online surveys were related, and canvassers had no knowledge of voter responses to online surveys.

The three scripts included:

- A deep canvass script that included the canvasser and voter each sharing a story about immigrants they personally know as well as sharing stories about a time when they “really needed care or support.”
- A deep canvass script that only included the stories about immigrants.
- A placebo script about an issue unrelated to immigration (e.g., a survey about the minimum wage).

The three-script design enabled us to gauge the impact of two approaches to the deep canvass conversations, using the randomly-assigned placebo group as a baseline for comparison. This comparison to the randomized placebo group allows us to be confident that the results

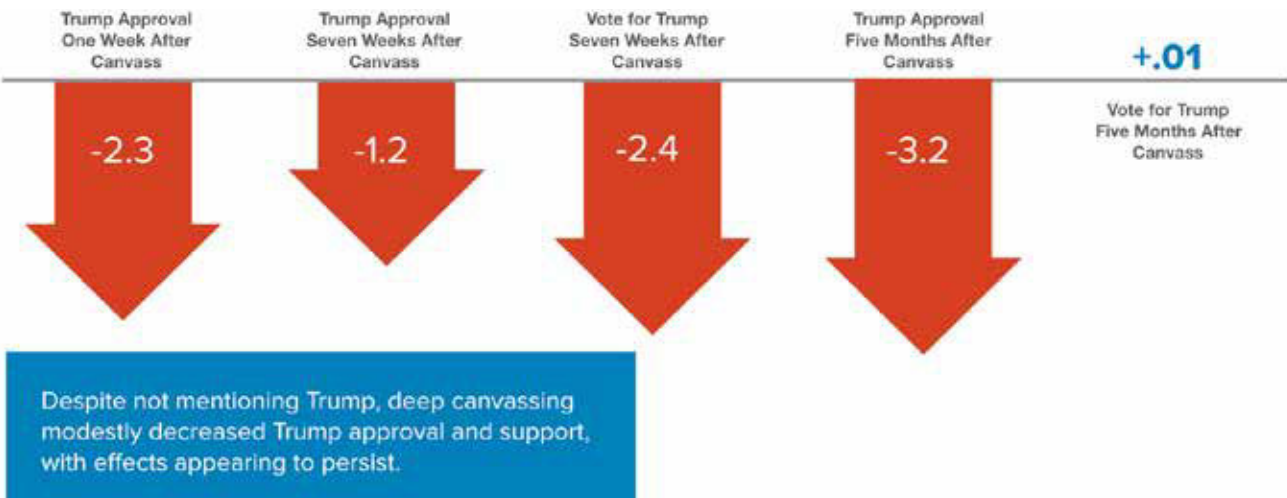
are not being skewed by differences in pre-existing views, media consumption habits, or other factors that might bias the results, since we know that the placebo and deep canvassed groups are identical to start with. In the final part of the experiment, voters received online opinion surveys 1 week, 7 weeks, and 5 months following their canvass visit (again, with no indication that the surveys were related to the canvass). Around 1,700 voters responded to each round of post-canvass surveys.

Professors Kalla and Broockman calculated how people’s responses to survey questions about immigrants and immigration changed after the canvass in the deep canvassed group versus the placebo group. This allowed them to gauge whether (a) the deep canvass increased support for undocumented immigrants’ access to government healthcare programs and other attitudes toward undocumented immigrants, and (b) whether any increases held over time.

To measure attitudes towards immigrants and immigration, Professors Kalla and Broockman examined whether voters would be more likely to agree with statements such as “Low-income undocumented immigrants in [STATE] should be allowed to receive Medicaid” or disagree with statements such as “Undocumented immigrants are a burden on our community.”

RESULTS OVERVIEW: HEALTHCARE POLICY

EFFECT OF DEEP CANVASSING ON SUPPORT FOR HEALTHCARE POLICIES – ONE WEEK AFTER CANVASS





RESULTS

Professors Kalla and Broockman find that the deep canvass in both forms had large and long-lasting effects on voters' immigration attitudes:

People's Action's canvasses generated around 8 new supporters of including undocumented immigrants in an expanded healthcare social safety net for every 100 conversations. These results persist for at least 5 months. It is very rare to observe persuasive effects of political communication persist for more than a couple weeks. A shift of 8 new supporters for every 100 conversations is larger than the shift in vote share away from Democrats from the 2012 to 2016 elections, suggesting these conversations can have meaningful political and social consequences.

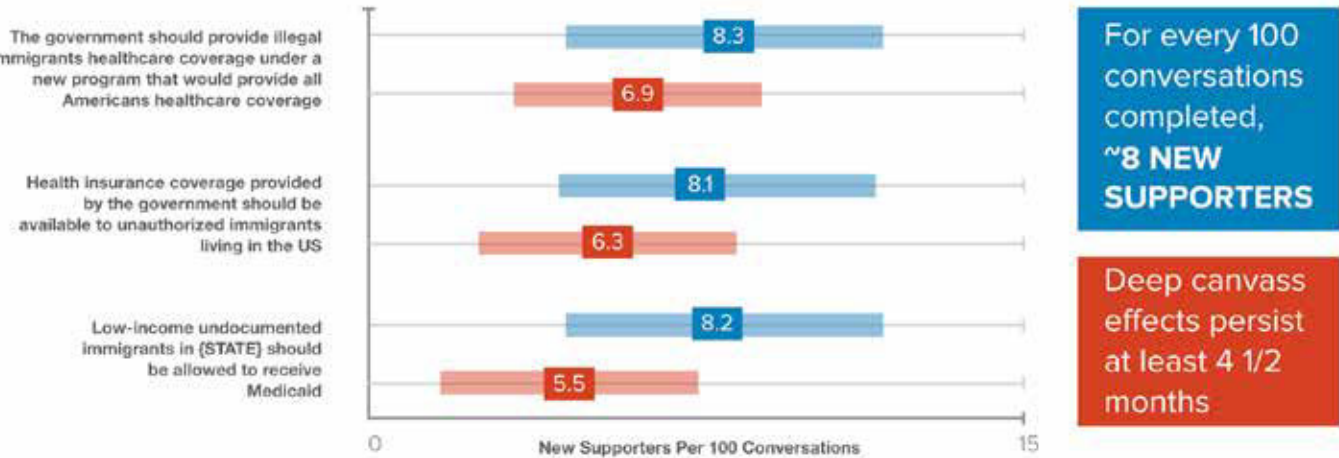
The canvasses persuaded voters of all backgrounds. Voters who approved and disapproved of President

Donald Trump; Democrats, Republicans, and Independents; men and women; and voters from all three states become more supportive as a result of the deep canvass, showing this canvassing can be broadly applied.

The canvassing appears to have caused a broader worldview shift, as voters' attitudes changes were not limited to including immigrants in the social safety net programs discussed at the door. For example, for every 100 deep canvass conversations, there were also 5 new supporters of including undocumented immigrants in food stamps -- even though this program was not discussed as part of the conversations. There is also suggestive evidence that the deep canvass conversations -- despite not mentioning any political party or candidate -- shifted voters' broader political views, including by decreasing Donald Trump's approval rating and stated 2020 vote share.

RESULTS OVERVIEW: HEALTHCARE

EFFECT OF DEEP CANVASSING ON SUPPORT FOR HEALTHCARE POLICIES - 4.5 MONTHS AFTER CANVASS



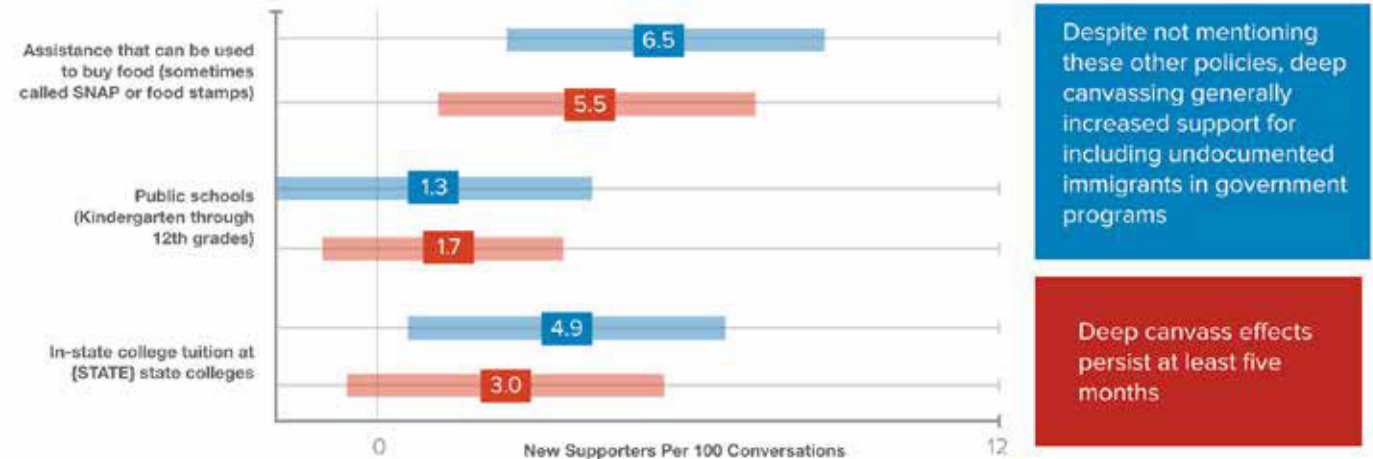
HOW BIG IS 8 PERCENTAGE POINTS?

- Larger than the shift away from Democrats in Michigan, 2012 to 2016
- Around 6 years of change on attitudes towards gay marriage
- Larger than the effects of social pressure on voter turnout in a very quiet election



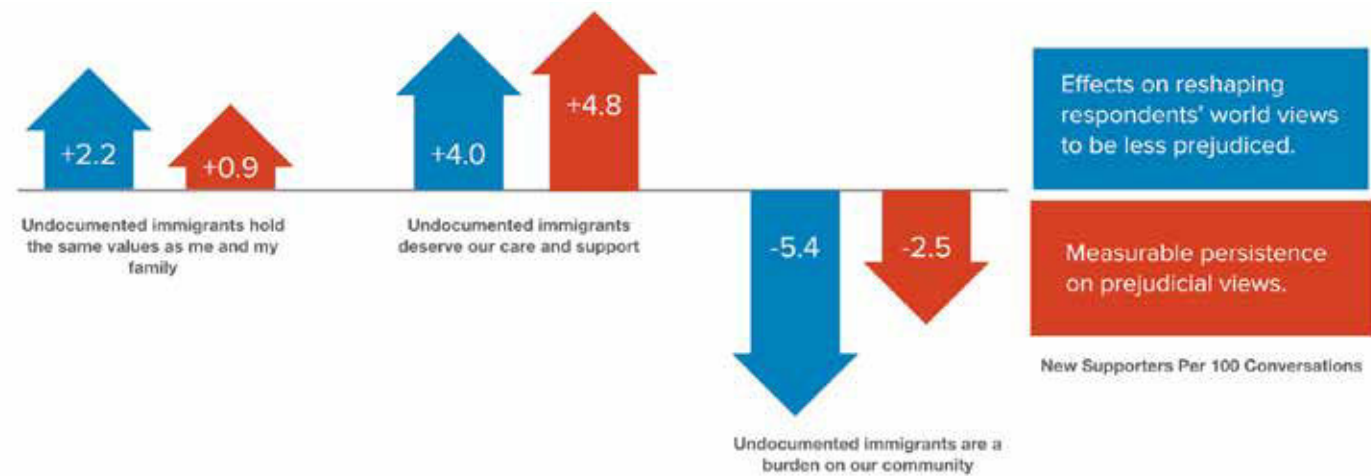
RESULTS OVERVIEW: OTHER POLICIES

EFFECT OF DEEP CANVASSING ON OTHER POLICIES - 4.5 MONTHS AFTER CANVASS



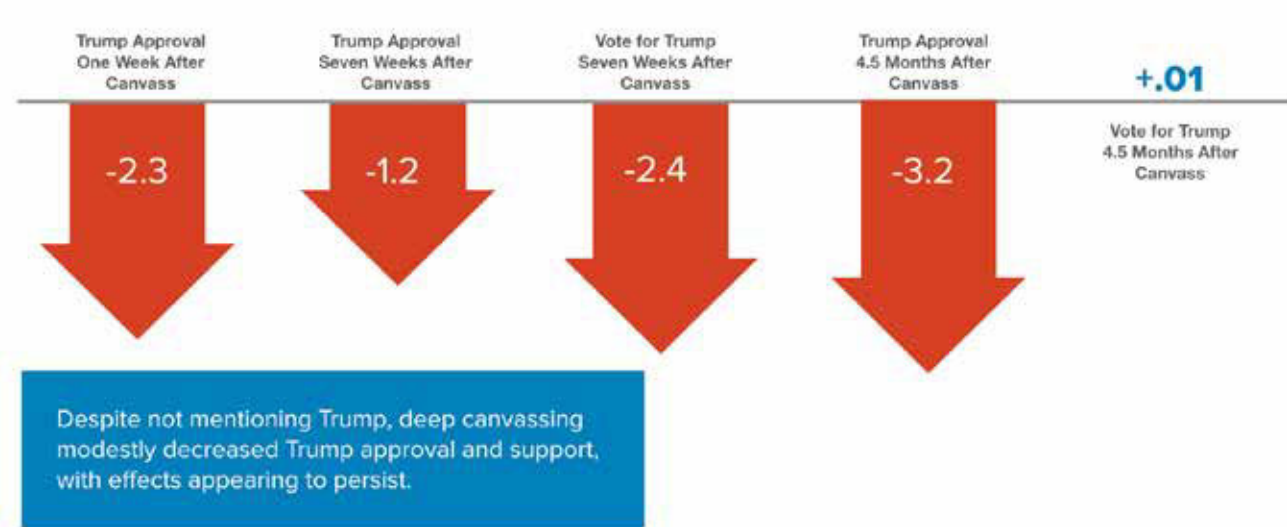
RESULTS OVERVIEW: VIEWS ON IMMIGRANTS

EFFECT OF DEEP CANVASSING ON SUPPORT FOR PREJUDICED WORLD VIEWS - 4.5 MONTHS AFTER CANVASS

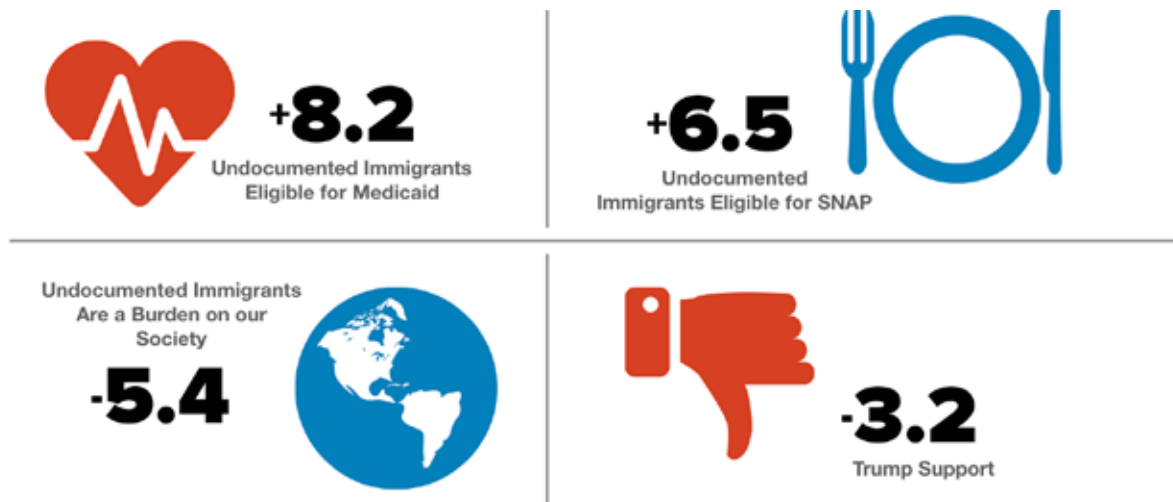


RESULTS OVERVIEW: POLITICAL VIEWS

EFFECT OF DEEP CANVASSING ON SUPPORT FOR DONALD TRUMP

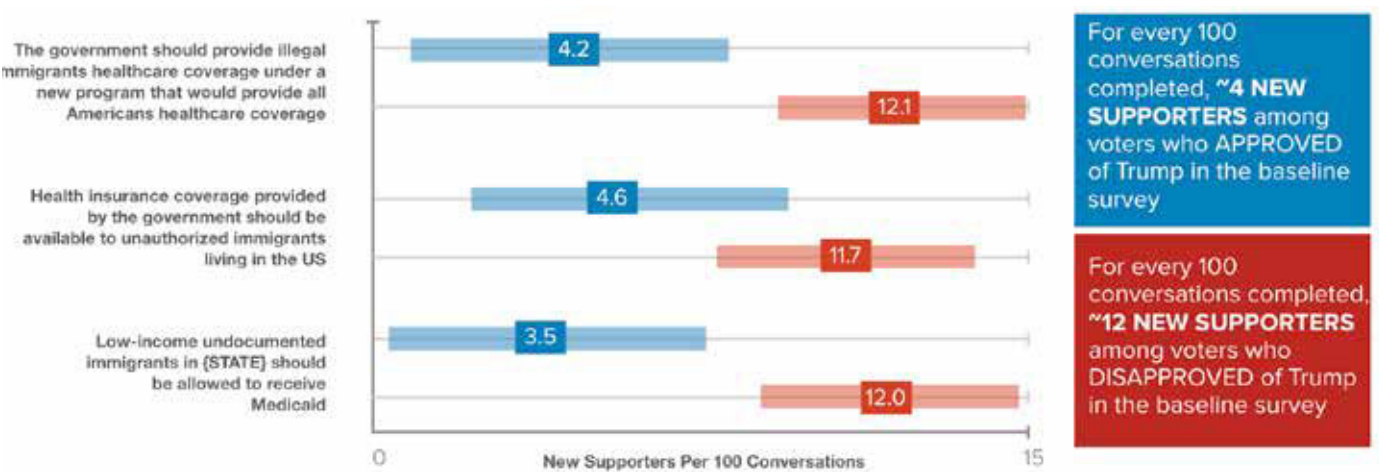


SUMMARY OF RESULTS



DEEP CANVASS PERSUADED BOTH TRUMP SUPPORTERS AND OPPONENTS, SUGGESTING BROAD APPLICABILITY

EFFECT OF DEEP CANVASSING ON SUPPORT FOR HEALTHCARE POLICIES - 4.5 MONTHS AFTER CANVASS



CLOSING SUMMARY

We believe that these findings provide great hope for the possibility of building an enduring multiracial and progressive democracy.

The results of this experiment build on a growing body of knowledge that demonstrate that it is possible to significantly shift worldview through deep canvassing - that 15 minute conversations can create significant change that is extremely durable and lasting. While the process is not automatic or easy, it is well within reach when we invest in the training and leadership of the people in our communities who are determined to create change - the exact work our affiliates have been leading across the country.

We also found that these conversations were vital in helping voters make new meaning in their own lives. The exchanges opened up a different worldview based on a clearer sense of linked fate and mutual interest with groups -- in this instance immigrants -- that had traditionally been the target of racial scapegoating.

We intend to build upon these learnings and scale these efforts in the coming months and years.

ENDNOTES

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