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British public services have traditionally been overseen by appointees. The idea that many of these posts should be filled by direct election, as a means of increasing engagement with local communities and accountability to them, appears to be gaining traction. In Health Board Election pilots in 2010 the Scottish Government replaced appointees to regional Health Boards (serving six-figure populations) with popularly-elected members. The Government attempted to maintain the insulation of Health Boards from party politics by restricting the use of partisan labels. Voters were deprived of a heuristic which usually helps them to decide how to cast their votes. Many electors did not vote, while others sought alternative heuristics. Interviewees simultaneously decried partisan politics, lack of information, and low turnout by the rest of the population. These dislikes seem to conflict with each other. Moreover, the experience shows how the heuristics available to voters can shape democratic governance.

Should the public directly elect public officials? The principle that the highest-level decision-makers should be elected has become totemic in Britain. Yet in practice many administrative decisions are made by appointees (Skelcher 1998, Wilks 2007). If democracy equals elections, it is tempting to assume more elections equals more democracy and electing officials at lower levels of governance will lead to more of the kinds of virtues we usually associate with democratic systems (Greer *et al* 2014). British governments have been experimenting with direct elections for various lower-level positions, such as mayors and police commissioners (Sampson 2012), with the declared aim of enhancing local accountability. At the same time, turnout remains a concern. Elections can only democratize if electors are able and willing to choose between competing alternatives. But as elections proliferate, voters will need more and more information to make informed decisions. This paper is not so much concerned with who voters choose as with how difficulty distinguishing among candidates affects participation.

Voters rarely possess detailed biographies of the candidates. Instead, they use a range of heuristic devices to guess at salient facts about the contenders (Johns and Shephard 2011: 637-9).

In conventional elections party labels are the key heuristic which helps many voters decide even when they know little about candidates (or even the office). There are many areas of the

public sector where voters oppose 'politicisation', particularly partisan conflict. As we will see, the National Health Service is one of the most sensitive (see also BBC 2007). As a result, pilot elections to two Scottish Health Boards were made nonpartisan. Our research suggests that this generates inherent tensions.

We present a case study of these elections. While nonpartisan elections do occur in the UK, they usually involve small communities where voters are likely to know most candidates personally; these elections were outliers because the Health Boards serve 6-figure populations. The high cost of information depressed turnout, while voters who did participate relied heavily on alternative heuristics. Restricting a popular shortcut had perverse consequences.

We first set out the context of the elections, and explain why gathering enough information to decide between candidates became troublesome for electors. Political parties were restrained from trying to affect their decisions due to a taboo against partisan politics in the NHS. We note that the existing literature indicates that parties usually play an important heuristic role, helping voters to decide without costly research. When deprived of conventional heuristic devices, electors should be more likely to abstain or seek alternatives. Our empirical evidence shows exactly that. Which heuristics are made available to voters affects outcomes at least at the margin, and this necessarily shapes democratic governance.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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Context

Since devolution, the NHS in Scotland has been controlled by the Scottish Government. The Health Service is administered largely by 14 territorial Health Boards[1], each responsible for NHS operations in specified geographic regions. These Boards have historically been composed of Executive Directors, who are senior NHS employees, and Non-Executive Directors who are either representatives of key interest groups or Scottish Government appointees (Greer 2008). Government appointees are the largest group.

The Scottish National Party formed its first government in Scotland in 2007. Before the election, the SNP had committed to hold elections for regional Health Boards, replacing Scottish Government appointees with popularly-elected citizens. The SNP lacked an overall majority, and Ministers were unable to gain the support they would have needed to institute elections across Scotland. Instead, they secured support for *pilot* elections in two Health Boards, Fife and Dumfries & Galloway, in June 2010. The pilots were to be evaluated before any decision was taken on a national roll-out of elections.

We were commissioned to conduct the statutory evaluation, which granted us unparalleled access to electors. We

- analysed official voting records for the whole electorate

- surveyed a sample of local electors, selecting 3000 residents of Fife and 3000 residents of Dumfries & Galloway at random from the electoral register

- interviewed 10 electors in each area to find out about the mental process they went through in deciding whether and how they would vote

Each of these sought slightly different information. The in-depth interviews and surveys gave us an insight into why electors did or did not vote. Only interviews informed us about how electors decided between the candidates. Our survey included closed-form questions about how much information respondents felt they had about the election, and also an open-text box asking them to write in an explanation of why they voted or (more commonly) did not vote. We discuss the details under 'electors' reactions'.

Our most striking finding was that turnout in the elections was dramatically lower than in national or local council elections. 22.6% of ballots were returned in Dumfries & Galloway, where a controversial hospital-closure plan had been proposed, and 13.9% in Fife. The Health

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[1] There are 'Special' Health Boards which provide some Scotland-wide services such as blood transfusions and specialised education, but elections have only been proposed for territorial Boards.

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Board elections closely followed the 2010 UK General Election, a well-publicised and highly partisan contest. This may well have contributed to voter fatigue, depressing turnout.

This disappointing turnout occurred despite efforts to make voting as accessible as possible. The Health Board elections were all-postal, with ballot papers and explanatory notes sent to over half-a-million eligible electors in the two pilot areas. By contrast, in the General Election everyone was asked to travel to a polling station, with postal votes only for those who specifically requested one. We did hear some anecdotal evidence of electors simply discarding Health Board voting packs without reading them, but it seems unlikely that the postal ballot depressed turnout. While the evidence is not absolutely conclusive, all-postal voting has generally been associated with somewhat higher turnout than conventional ballots (see e.g. Electoral Commission 2005, Karp and Banducci 2000, Leuchinger, Rosinger and Stutzer 2007, cf. Kousser and Mullin 2007). Karp and Banducci (2000) argue that this benefit is particularly apparent in "low-stimulus" elections dealing with local issues which receive less media attention, a description which seems to fit the Health Board contests very well, while Kousser and Mullin (2007) suggest that there may *only* be benefits in these kinds of elections[2]. Both are sceptical that postal voting will appeal to alienated groups, but expect that it will encourage people who typically vote but do not consider a particular election important enough to bother travelling to a polling station. This suggests the all-postal ballot would have increased turnout, at least among the kinds of electors who tend to turn out normally.

On the other hand, there are good reasons to think most electors would have needed to spend a lot of time informing themselves about the elections. This made them critical tests of how electors respond to elections in which voters find gathering information about their choice very expensive.

Costs of information in these elections

Most voters are not familiar with the role of Health Boards, particularly their non-executive members, in the wider NHS system. While Health Boards do make important decisions, they are not high-profile bodies – and most fundamental policy changes are ultimately made by the Scottish Government (Greer 2008). From our interviews with voters and candidates it was

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[2] Patricia Funk's (2008) findings challenge this idea, showing that when postal voting was introduced in Switzerland turnout actually fell in some areas. She interprets this as a sign that non-voters no longer felt stigmatised by not being seen to turn out. However, it is not clear that we should have expected analogous effects in the Health Board elections, since Funk finds this effect in small, close-knit communities and in established elections with fixed polling places. The Health Board elections were distinguished by their novelty, large electorates and voter privacy.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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clear that even well-informed citizens were not clear what kind of influence elected members would actually have.

The Health Board elections themselves were unlike conventional elections in several respects, even though the Health Board areas had six-figure electorates and few voters knew any given candidate personally.

Ordinarily, Scottish voters are presented with a list of candidates' names and addresses and a prominent party symbol. If voters want more information about the people on the ballot they need to conduct independent research before they arrive at the polling station; once there, all they have to rely on is name, party and address (and major party candidates usually list a constituency office rather than their home address). Without advance research, or personal experience, voters rely on information presented with the ballot paper. This makes the party label a key heuristic. Hence, printing party labels on ballot papers for other elections increases parties' salience – the Progressive rationale for holding non-partisan elections in the United States (Schaffner, Streb and Wright 2001).

For the Health Board elections, seventy people stood as candidates in Dumfries & Galloway and sixty in Fife. This reflected trivial barriers to becoming a candidate. With very few exceptions, anyone who lived in the area could stand if they could persuade one other person to support them. Candidates were not asked for any monetary deposit, although they were restricted to spending a maximum of £250 of their own money on campaigning[3]. Electoral rules also diminished the crucial informal barrier to entry in most elections: selection by a major political party. As in most mature democracies, candidates in British elections usually only have a realistic chance of being elected if they are endorsed by a major political party. Independents are elected, but only rarely. Successful independents typically have a high profile locally before they stand (Cowley and Stuart 2009). In the Health Board elections low-profile figures were forced to be 'fully independent' in Copus *et al's* (2009) terminology.

Few candidates had party affiliations, but those who did could not have their party symbol printed on the ballot. The Health Board elections were designed to restrict the role of political parties and increase independents' odds of success (Scottish Government Interview One, Scottish National Party Interview One). Instead, voters were faced with a ballot paper which listed only names in alphabetical order and addresses. The ballot paper was accompanied by a booklet in which each candidate was allocated around 18 square inches and 250 words in which to make his or her case. These booklets ran to well over 10000 words of fairly small print. Pictorial symbols were banned and a party name was only supposed to

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[3] In Fife, this worked out at less than £0.001 per elector.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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be used with formal permission, which three of the four major parties discouraged. Copies of the ballot papers and booklets are reproduced in Appendix Two. Given their limited information about the role, voters had to decide for themselves how they would choose. As one candidate put it, "although you've got all those candidate statements there was actually no criteria … it's like getting a CV with no job description" (Candidate Interview One, Fife).

Obviously voters *could* still access adequate information, but this required much more effort than usual. They had the option of reading the candidate statements and searching for the candidates' backgrounds in the local press and by word of mouth. Making candidates' contact details available allowed voters to call them, and in fact a few candidates reported being interviewed in phone calls by particularly heroic voters who wanted to speak to their shortlisted candidates.

Most electors, however, had many competing calls on their time and energy. The issue was not the inaccessibility of information but its high cost versus the expected utility of choosing a candidate who was marginally more promising than the others. As Popkin (1994) emphasizes, it is unrealistic to expect most voters to devote much time to research. Instead most rely on information they can obtain 'for free' as a by-product of everyday life – or else in the polling booth.

Similarly, a few voters with extreme party allegiances could have found out candidates' allegiances with a lot of research, but most voters would have struggled. Candidates who were also members of political parties may have made other party members aware that they were standing, but very few mentioned a party affiliation in their statements. The exceptions were three Liberal Democrats who mentioned their allegiance (only one was elected, and that was probably better explained by his credentials as a surgeon and former leader of the British Medical Association) one Green and one Labour member (both elected; the Green member placed a particularly eye-catching exhortation to "STOP COMMUNITY HOSPITAL CLOSURES!" much more prominently then her party allegiance). The names of candidates who were also Conservative members were posted on the Conservative Party website in Dumfries & Galloway, but only a tiny proportion of the population would have visited that website prior to the election.

Some other candidates were coincidentally party members, and – for example – a Labour member could potentially have casually informed activists she knew personally that she was standing. But this would not have been very different from the informal contact with friends and acquaintances which most candidates described in interviews. It was very different from a formal endorsement. Labour-leaning voters who did not know the candidate personally or

6

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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by reputation as a Labour activist would not have been aware of this allegiance. They were deprived of that information in order to mute the influence of partisan politics in elected Boards. Similarly, we saw little evidence that parties were actively campaigning, and if any were doing so surreptitiously those campaigns must have been stunningly unsuccessful, given how uninformed many voters felt.

The restriction on party symbols reflected a taboo against politicisation of the NHS.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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The Party Taboo

We discussed the elections with a wide range of local people and found widespread opposition to political parties playing a role in the NHS. One unaffiliated candidate in Fife summed up the concern that possible politicization would impede NHS personnel:

> "I really disagree with there being political parties involved in this… I think if we start politicizing health, then decisions are going to be made for the wrong reasons. And I'm suspicious, I've got friends who are councilors in different areas and they'll be quite happy telling me that they will argue something out, even if they agree with it, because it's the other party that said it" (Candidate Interview Two, Fife)

Voters were similarly sceptical:

> "I just don't feel that party politics should come into anything to do with health. Because health is for everybody and some people will have different ideas on health – different parties will possibly have different ideas on health … the main issue is to be with the health people [clinicians]" (Voter Interview One, Dumfries and Galloway)

Several open-text responses to our survey of electors spontaneously expressed hostility to political parties, for example fearing that an elected Board would be "The same as politics. They promise everything but when they get in, nothing".

There is clearly a strong current of public opinion which wants the management of the NHS to be as far removed from party politics as feasible. Some were cynical about the kinds of people who become involved in partisan politics[4]. Others foresaw structural problems maintaining consensus in a Health Board if some members had partisan agendas. Still others believed that decisions affecting life and death should be made by medical professionals – who have been shown time and again to enjoy greater public trust than politicians, at least when the two groups are presented in the abstract (Ipsos MORI 2011).

It may seem odd that partisan politicians would seek to restrict their own parties from increasing their own influence over a key public service, and a cynic might imagine that they were being disingenuous, perhaps hoping that their loyalists would win election in spite of the restrictions. However, our interviews with Party and Government officials (Scottish National Party Interview One, Scottish Government Interview One, Scottish Government Interview Two) suggest they really wanted to keep partisan competition out of the NHS. Influential figures within the main political parties themselves feared that partisan activity

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[4] This research was conducted in the aftermath of the 2010 MPs' expenses scandal, which saw several national politicians charged with fraud.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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would either be inappropriate for the NHS or might inflame public opinion. One official in the governing Scottish National Party put this particularly clearly:

> "Q: Was there any formal party endorsement of people who were [coincidentally also] SNP members who put their names forward?
>
> A: No
>
> Q: Why was that?
>
> A: Because we were quite certain in our view that these were not for political ends. Any individual wishing to stand was free to do so but we certainly were not putting up a Party ticket… from memory most of the other Parties took that view as well. … certainly we had approaches from one or two people seeking to put the name Scottish National Party on the ballot paper and they were told we weren't authorizing any use of the SNP name… We did not see this as a political, Big P election…
>
> I don't think people would have appreciated it if they'd been told 'here's a chance to get some actual say in the people sitting on the Health Board' and suddenly you find you've got a slate from each party…
>
> It may sound odd coming from a political party but, you know, you can't politicize everything." Scottish National Party Interview One

   We are inclined to believe that decision-makers genuinely did not intend the elected members to be controlled by political parties. Interviewees were fairly consistent, and the policy of holding elections to Health Boards was very much driven by the Scottish National Party – which prevented anyone from formally running under its banner.

   Given our snapshot of public opinion, this may have been wise. But removing the parties also removed an important heuristic.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

Draft version of an article forthcoming in *Political Studies, 2014.*

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Parties and costs of voting

Political parties have succeeded as a form of organization across developed electoral systems, even where voters are actually asked to select an individual candidate (as they are in constituency-based electoral systems and were in the Health Board elections). One classic explanation is their heuristic function: parties help voters decide which candidate to support based on limited information (Bartels 1996, Coan *et al* 2008, Huckfeldt, Levine, Morgan and Sprague 1999, Lau and Redlawsk 2001, 2006, Lavine and Gschwend 2007, Rahn 1993, Roy 2009, cf. Cutler 2002). Thinking about voting in cost-benefit terms (Downs 1957 cf. Riker and Ordeshook 1968), most of the suggested benefits of voting to the voter come not merely from expressing a preference but from making a meaningful, informed choice between alternatives. Most of the costs of casting a *meaningful* vote are actually costs of gathering information to distinguish among candidates. It may be slightly puzzling that voters turn out given the infinitesimal odds of one vote affecting the outcome, but turnout does seem to some extent sensitive to costs (see Blais 2000). Heuristics reduce these costs. Knowing individuals' party affiliations helps voters to compare them, drawing attention to particular cleavages they may care about (Franklin 2004, Lipset and Rokkan 1967). For example, a party system divided by a religious-secular cleavage should push voters' attention towards religious issues. Voters can make inferences about candidates by knowing which party endorsed them (see Rahn 1993). Voters might reasonably infer (or at least might think they can reasonably infer) that a candidate endorsed by a left-wing party is more likely to support left-wing policies, without needing to study that candidate's background.

   This classic analysis may have applied to the Health Board elections too, but parties may have fulfilled another heuristic function which has received less attention. Most analyses of voter decision-making focus on highly-publicised, high-profile partisan contests in which candidates have undergone intense scrutiny before their names appear on the ballot. In a contest such as a Health Board election - in which entry barriers were so low – endorsement could be an implicit signal of basic competence. Our reasoning is essentially that parties, especially major parties contesting many other constituencies across the country, perform a screening function. Candidates need to be selected by a party to receive its endorsement. Voters may not be aware of how this selection process works, any more than patients in a hospital are aware of the intricacies of medical school curricula. But voters can appreciate, perhaps subliminally, there would be a cost to the party from nominating an embarrassing candidate, just as there would be serious consequences for a medical school which allowed an incompetent student to graduate. A local party branch would risk future vote share and influence, while the national party could risk a much larger contest. Therefore, voters can infer that endorsed candidates are less likely to be a liability to the party and hence to the constituency. In the Health Board elections, voters could not usually infer competence by

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choosing candidates endorsed by someone else, and thus would have no-one else to blame if they had contributed to the election of a dangerously incompetent Board member[5].

Interestingly, heuristic explanations of how parties function do not (necessarily) imply that voters are attracted to parties per se. Voters might find party labels extremely useful while holding political parties as institutions in contempt.

Access to informational shortcuts, like that provided by a party label, should therefore increase turnout. In Health Board elections the limited heuristics available, and the difficulty of picking relevant information out of 10,000 words of candidates' statements, greatly increased the costs of research. And if, as Blais' (2000) argument would seem to suggest, a sense of moral responsibility often drives turnout, there might well be a potential psychological cost to consider. The lack of quality-control usually offered by parties could leave voters bearing the cognitive costs of knowing that they had chosen, based on a 250-word statement, a candidate who turned out to be a disaster.

Thus, the Health Board elections removed a key heuristic. An elector who is not presented with an easy source of information such as a party label can

- seek more information about that candidate as an individual

- simply not vote, or

- seek other heuristics

The first of these options is costly.

Low turnout in these elections suggests that the second option was widespread.

The third option, heuristic-seeking, is also very possible. Voters may be attracted to a wide variety of heuristics. Voters who cannot access 'good' heuristics often resort to bad ones. Johns and Shephard (2011) show that candidates' physical appearance is more likely to influence poorly-informed voters presented with photographs on a ballot paper. Conroy-Krutz (2012) demonstrates that Ugandan voters use candidates' ethnicity to make their decision when they lack information about the candidates' other attributes, but giving more information reduces the salience of ethnicity. And it is no coincidence that VO Key (1949) found particularly widespread "friends-and-neighbors" voting in the Southern United States during its period of Democratic hegemony. In the absence of meaningful party competition,

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[5] The members who were elected did not fit this description – but voters could not have known this in advance.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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Authors: Iain Wilson, Scott L. Greer, Ellen Stewart and Peter D. Donnelly.

personal familiarity as well as civic pride may prove important - although such localism does have (weaker) effect in partisan elections too (Bowler, Donovan and Snipp 1993, Rice and Macht 1987: 452, Tatalovich 1975).

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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Electors' reactions

Our results suggest that electors did respond to the Health Board elections as the theory would predict.

Firstly, official turnout records confirmed that turnout was low, particularly compared with the General Election a few weeks earlier. But of course those records alone gave us limited information to explain why.

Responses to our survey gave us more clues. We mailed survey forms, reproduced in Appendix One, to 3000 names on the Fife electoral register and another 3000 in Dumfries & Galloway. Of those, 35% responded (excluding voters who had moved and whose forms were returned undelivered). Response to our survey skewed slightly towards both older electors and those who had voted, but given our access to the official turnout records we were able to correct this by applying appropriate weightings to the figures (Author citation 2012).

We used logistic regressions to find out what kinds of electors were more likely to turn out: this kind of analysis was, of course, restricted to items included on the survey forms (Appendix One). We fitted two simple logistic models and one hierarchical logistic regression (Table One). The third regression included voters' self-reports of how well-informed they felt about the election. This required a hierarchical model because information is not independent of the other variables but seems likely to act as an intervening variable. The first two models tested whether demographics affected odds of voting, while the third treated demographics as predictors of information which in turn predicted odds of voting.

Independent variables (*=categorical code)	Model One			Model Two			Model Three Block One			Block Two		
	B	S.E.	p	B	S.E.	p	B	S.E.	p	B	S.E.	p
Age	.022	.004	<.001	.022	.004	<.001	.022	.004	<.001	.022	.004	<.001
Health*			.93			.89			.94			.906
Sex*			.31			.30			.25			.28
Declared disability*			.59			.57			.58			.32
Ethnicity*			.29			.28			.47			.44

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

Draft version of an article forthcoming in *Political Studies, 2014.*

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	B	SE	Sig	B	SE	Sig	B	SE	Sig	B	SE	Sig
Education*			.19			.22			.21			.09
Postcode area*			.50[1]									
Scottish Index of Multiple Deprivation rank of postcode			.21			.25			.33			.41
Health Board (DG or Fife)				.25	.109	.003						
Information about election* (reference category: Very well informed)												<.001
Well Informed												.28
Not very well informed										1.38	.18	<.001
Not very well informed										1.29	.18	<.001
Constant	-0.83	1.3	0.53	-1.18	1.3	.37	-.90	1.3	.49	-2.07	1.3	.12
N (missing cases deleted listwise)	1712			1712			1671					
Nagelkerke R^2	.066			.073			.068			.15		

Table One: Logistic regression predicting turnout, forced entry (1 = voted, 0 = abstained)

The first two models show that most of the demographic characteristics which usually predict turnout were not good predictors for the Health Board election. Perhaps surprisingly, where an elector's postcode fell on the Scottish Index of Multiple Deprivation - the closest we had to a measure of socio-economic status - was not a significant predictor. Neither were

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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health, sex, ethnicity, level of education, or which postcode area (e.g. KY2) the elector lived in[6].

Age was strongly correlated with turnout in all models, with each additional year increasing an elector's odds of voting by more than 2%. There are several possible interpretations for this, such as older voters having more time to research, feeling a greater sense of duty to the NHS, or being more likely to know candidates – who also tended to be older – personally. We do not have enough information to generalise.

Electors living in Dumfries & Galloway were significantly more likely to vote than those in Fife. Again, there were several possible explanations. Dumfries & Galloway had a much greater density of candidates and a proposed hospital reorganization had attracted significant attention in the local press; the largely rural area also has a history of higher turnout than Fife in conventional elections.

The hierarchical regression added a measure of how well-informed electors felt. We would expect that demographics would have some causal effect on feelings of being informed as well as on turnout, so the demographics were added as a separate block in the analysis. This hierarchical model showed that (self-rated) level of information was strongly correlated with probability of voting (Table One) even when we controlled for all the demographic difference. Including self-rated information more than doubled the R^2 score to .15, meaning that our model corresponded with the observations much more closely when information was included.

Our survey forms also included a small box (see Appendix One) in which electors were asked "Why did you decide to vote or not to vote in the Health Board election?". Coding these responses[7] revealed that 254 of 481 respondents who reported[8] they had not voted (53%) wrote in responses which reflected their feeling uninformed about either the election or the candidates.

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[6] This is based on the survey data. Analysis of the official turnout records for the whole population showed that certain postcode areas in Dumfries & Galloway containing closure-threatened hospitals did have higher turnout. See (Author Citation 2013).

[7] Two independent coders agreed on103 of a random sample of 113 of these codes, giving a Cohen's Kappa of .867 (p<0.001).We used 18 coding categories in total, and only two of the disagreements were on responses one coder categorised as lack of information.

[8] Respondents were given the option of declaring that they were 'unsure' if they had voted, as well as answering 'yes' or 'no'. Not all voters answered this question and not all wrote in a response, which is why only 487 respondents are included here. The other elements of survey analysis are based on official records rather than self-reported turnout.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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Lack of information	254 (53%)
Protest	56 (12%)
Did not expect vote to have desired effect	33 (7%)
Ineligible or away	30 (6%)
Not interested	25 (5%)
All other categories under 5% of total	83 (17%)

Table Two: Handwritten explanations for not voting

The most plausible interpretation of the data is that lack of information discouraged turnout. We conducted in-depth interviews with 20 electors and the evidence from the interviews further supports our interpretation. Furthermore, our interviews suggested that even voters who did turn out were influenced by the difficulty of learning about the candidates.

Interviews: information was the key factor

We interviewed 20 eligible voters, drawn from the respondents to our survey to ensure wide geographic coverage. We also interviewed more than half of the 130 candidates for election and asked about their feedback from electors. Over and over again, our interviewees stressed the problem of voters' information about the candidates, reinforcing our inferences about causality from the survey results. They emphasized variously

1) Voters being uninformed about what health board members actually do, and therefore about the skills necessary for the role:
"with elections for national government and the Scottish Government and for local government I suppose because they happen more often, you know what sort of role the elected people will have and what sort of decisions they'd be making, but I didn't know much about how the Health Board worked and what the elected members were supposed to be doing. I was very surprised that there was no information provided about that so you were basically asked to choose names at random with no notice of what the positions were" Non-voter Interview One, Fife

2) Finding the information about the candidates provided overwhelming:
"I think the fact that there's 70 candidates is horrendous, I think it's far too many. Obviously they can't put a limit on it but the amount of material – this has been an issue for a lot of people that I have actually spoken to. They know the couple of

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

Draft version of an article forthcoming in *Political Studies, 2014.*

Authors: Iain Wilson, Scott L. Greer, Ellen Stewart and Peter D. Donnelly.

candidates locally that are standing, but the time it takes them to trawl through and read all 70 – I don't know how many people will actually sit down and read all 70 candidate statements, to be honest." Candidate Interview One, Dumfries & Galloway

3) Electors who did read the candidate statements (roughly 10,000 words) finding much of the information was rather unhelpful for assessing candidates' future performance: "when I was presented with the voting information … it is actually very difficult to make any kind of rational decision on the basis of 250 words of self-congratulatory hype" Voter Interview Three, Dumfries and Galloway.

Many of the candidates had not sought elected office before, and had little experience of making a pitch in 250 words.

Consequently, we found at least some voters were tempted to improvise.

<u>Heuristics without parties</u>

While turnout was both low and skewed, many thousands of votes were cast in this election. Even reading the candidate statements represented a considerable investment of time; reading them, remembering all the information, and using it to rank candidates in order of preference was a considerable mental exercise[9]. It would not be surprising if many voters inferred what they could from the information they could access easily (or simply preferred not to vote). Statistics give us limited information about *how* electors made their decisions, but our interviews give us a sense of the kinds of heuristics they were using.

While the Non-Executive role has traditionally been filled mainly by non-clinicians, some electors clearly sought clinical professionals. Medical qualifications might be considered an easily-detectable proxy for competence (McDermott 2005), which, as noted, was more of an issue here than in a partisan election. Although only one candidate had 'Dr' printed in front of his name on the ballot (he was elected), it was relatively easy to locate the words 'Doctor' and 'G.P.' from a skim of the candidate statements. All candidates with those words were elected. Similarly, skimming candidate statements for the word 'nurse' was relatively quick.

> "The hospital I was in last was definitely not clean … so I thought perhaps that nurses – who used to be nurses – could have seen the difference and perhaps they could say something at the [Board] meetings" Voter Interview One

More of the voters we spoke with emphasized that they had chosen local candidates, sometimes candidates they knew personally or recognized from another prominent position (consistent with Streb, Frederick and LaFrance 2009: 650-1) but often based on their postcodes (which were printed on the ballot). This should not be terribly surprising. 'Friends and neighbours' voting is typically most pronounced when identifying differences between the candidates' platforms becomes difficult (Key 1949: 110).

Voters who admitted a strong preference for locals often suggested that having a local on the Board would ensure fair treatment for their area. In Dumfries & Galloway, where the major political issues in local health services was the Board's plan to close small local hospitals and centralize services in a few larger units, using postcodes was rationalized in terms of information flow. Health Board officials in the (relatively large) town of Dumfries, where the region's main hospital is based, were seen as being ignorant of the challenges of being ill in rural areas. Having a local representative was seen as a means of ensuring that the unique challenges of a particular area were not forgotten.

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[9](Author One) observed the count in Fife, and was struck by one ballot on which the (anonymous) voter had faithfully ranked the candidates from 1 to 60.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

Draft version of an article forthcoming in *Political Studies, 2014.*

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"Q: There were a lot of names in there, did you get a chance to read all the way through or –

A: Yes, yes.

Q: In much detail or –

A: I just read where they lived and what they did

Q: Why were you interested in where they lived?

A: Well, the area. I'd like them to be from this area… it's a big area …" Voter Interview One, Dumfries & Galloway

Candidates who had been campaigning widely seemed to believe this was common:

"There is massive evidence from all the people I've spoken to that all the votes are going locally" Candidate Interview Three, Fife

While the Board's formal code of governance precluded members from lobbying on behalf of their local areas, voters were not made aware of this at the time. In the event, some elected members of the Health Board in Dumfries & Galloway who happened to come from rural areas really did voice concerns at this policy once they arrived at the Board table (Greer *et al* 2014).

Almost all our interviewees reported having voted for at least one candidate who was a personal acquaintance or friend of a friend[10]. Almost all voters and candidates emphasized that people were much more likely to vote for candidates who they knew personally – even if they had no idea about their acquaintance's views on healthcare:

"[…] if I hadn't known [candidates], I would never … it was only talking to them that I had any kind of understanding of it. It's not something really that you can vote on, you don't have any depth of understanding about the person that you're reading about… Unless you know them personally… there's not a lot that I could have went on. You've got to really know the person before you can judge them...

Q: How much do you know about the Health Board?

A: Not a great deal, it's something that I know exists, apart from that it isn't of great interest to me" Voter Interview Two, Dumfries and Galloway

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[10] Or for a candidate they thought they knew – there appeared to be a few cases of mistaken identity.

In our interviews with the *candidates*, there was support for some of these hypotheses. Clinicians typically believed the electorate sought clinicians, most thought their neighbours were likely to have voted for them, and almost all expected friends and acquaintances to have voted for them, often emphasizing how many people they knew socially (multiple interviewees described themselves as "a weel-kent[11] face" in the local area).

Almost all our direct evidence that voters were seeking alternative heuristics comes from interviews, although some open-text survey responses spontaneously mentioned a desire for locals or medical professionals. Unlike the survey responses, those interviews do not give us a basis for quantifying how many voters relied on these alternative heuristics. They were certainly common among our twenty interviewees. But we also interviewed half of the candidates and a range of NHS officials. Many of them reported being told similar stories. While hearsay evidence is not ideal, we do think that in combination all of this makes it safe to say that a significant proportion of voters would have been guided by credentials, occupations or geography, even if we are not able to specify frequencies. These were not as easy to identify as a prominent party logo, but they were still relatively accessible to voters reading the ballot and perhaps quickly skimming candidate statements.

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[11] Well-known

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

Draft version of an article forthcoming in *Political Studies, 2014.*

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Normative questions

This evidence raises normative questions about the function of heuristics in elections.

Heuristics are by definition imperfect compared to learning about candidates in depth (Bartels 1996). However, heuristic devices clearly benefit voters by allowing them to make passably reasonable decisions at minimal cost, and there seems to be a case that they encourage turnout. The literature has tended to treat the party heuristic in particular as relatively benign (Coan *et al* 2008). According to this logic, providing voters with relatively sensible heuristics, such as a party label, might be better than forcing them to make a choice between a flawed heuristic and a very costly examination of each candidate's record.

Choosing a candidate because he or she lived nearby, or was a nodding acquaintance, or was a doctor, does not necessarily mean that the voters decided poorly. In fact, there may be very good reason to favour a local candidate (Childs and Cowley 2011) or a GP. Some voters perceived the role of an elected member to be, variously, furthering their local area's interests versus other parts of the Health Board's territory and relaying information about local needs to the centre. The first of these would violate the Boards' own internal codes of conduct, which oblige members to act in the best interests of the region as a whole, and our research on Board operations revealed a strong social taboo against lobbying on behalf of specific areas among established members (Greer *et al* 2014). However, voters were not made aware of this, and would have been much more familiar with elected representatives such as MPs and local councilors for whom lobbying on behalf of constituents is an important part of the job. Similarly, while Non-Executive Directors are supposed to provide a lay person's perspective, and Boards are expected to provide reports to their members which can be interpreted without specialist knowledge, electors were not generally informed about this and had legitimate reason to worry that lay members would not understand or could easily be bamboozled by experts reporting to the Board.

Sociodemographic information may function as a shortcut for policy information, but it is possible that voters are actively seeking other qualities which they believe are captured by simple information about candidates' backgrounds. While McDermott (2005) shows that, in the absence of better information, voters will try to infer candidates' competence from their occupations, Cutler (2002) interprets the relationship rather differently. He argues that voters are attracted to candidates from similar social backgrounds to their own, even when they have the requisite policy information. These positions need not be mutually exclusive – voters might, for example, be making inferences about how a candidate from a similar social background would react to unknown situations.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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This does, however, raise the question of whether the availability of one heuristic rather than another distorts voters' decision-making process. Both arguments seem to imply that which cues are made readily-accessible will be a major factor affecting the outcome of an election – perhaps more important than candidates' actual characteristics.

A similar argument could of course be made about party labels. Dividing a diverse population of candidates for public office into a finite number of parties emphasizes certain cleavages. This is likely to influence voters' decisions. For example, if the major division in a party system is between high taxes and low spending, a voter for whom the legality of abortion is the most important issue and taxation only a minor one will find it difficult to decide on this basis. The voter will need to conduct extensive research prior to the election in order to find out which candidate shares his or her position on abortion. At some point the lower cost of choosing a candidate who shares his or her position on taxation, even if this is a tertiary issue, will affect the decision.

The most accessible fact about Health Board candidates was their home address, printed on the ballots. Did the decision to print candidates' postcodes on the ballot affect the outcome of the election? Given the narrow margins of victory, it seems quite likely that this could have influenced the results, even if only a few voters were influenced. But it may be difficult or impossible to avoid shaping in this way somehow. The psychological literature (see Chaiken and Trope 1999 for a review) shows us that heuristic-seeking is ubiquitous. We may feel that voters should choose a more sensible heuristic than postcode, but what would be the better heuristic is a difficult normative (and inherently political) question in itself. It is possible that at that moment postcode-driven voters genuinely thought a local candidate would have superior access to information about their lives and would represent them best. This is certainly part of the rationale for electing local representatives to Councils and Parliament.

But voters might also have chosen local candidates because information on the candidate's address was easily available and information on policies was difficult to obtain, and only subsequently *rationalized* this behavior in terms of representation. Quite probably both processes occurred at the same time; the distinction is rarely clear-cut (Chaiken and Trope 1999).

If a fair proportion of the voters in elections seek simple heuristics, and it is at least possible that they frame voters' choices, then it makes sense to structure those heuristics in such a way as to avoid artificially incentivizing them to rely on information of limited value. What gets printed in a voting pack is itself political.

The decision to put candidates' addresses on the ballot, however, does not seem to have been a conscious attempt to get voters to think of elected members as champions of particular areas of the Health Board territories. The codes of conduct for non-executives, including elected members, strongly emphasized that they should make corporate decisions in the interest of the region as a whole (NHS Fife 2010: 8-11, 15-6, Greer *et al* 2014). Rather, the electoral rules under which these contests were held had been copied from elections to much smaller national parks, in which it was plausible that most voters would know candidates personally and printing their address would help people know if they were voting for, for example, John Macrae of 1 Election Street or John Macrae of 1 Heuristic Avenue (Scottish Government Interview One). Only in a context of a largely under-informed electorate did this take on greater significance.

There is a risk that voters might infer legislative intent from the heuristics made available. The public were being asked to elect Non-Executive Directors to the Health Board, but the role of a Non-Executive in the NHS is poorly understood. Even within the system, the role seems to be somewhat fluid, with different interviewees expressing different opinions on what non-executives were for (Author Citation 2012). One point about which system insiders agreed, however – be they civil servants, politicians or senior NHS personnel and existing Board members – was that non-executives should not be championing their local areas at the expense of other parts of the Board territory. Given what we know about the voters' likely decision-making processes, making the postcode heuristic readily available seemed to conflict with this.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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Conclusion

The low turnout in the pilot elections provoked media criticism and contributed to the Scottish Government decision not to pursue elections across Scotland (BBC 2013, Greer *et al* 2014). But there is a familiar paradox here. While there is a widespread desire to insulate the NHS from party politics, in conventional elections many voters rely on party politics for most of the information they use to distinguish between candidates. There is a substantial literature which explores the importance of information in turnout decisions, and which implies that trying to reduce the role of political parties in the elections may undermine participation - even while potential participants abhor politicisation.

Electors in both Fife and Dumfries & Galloway were poorly-informed about these elections, and this was a very important factor in the low turnout. Low turnout was doubly unfortunate because turnout was skewed towards older voters. Given the unexpectedly high numbers of candidates, allowing each a 250-word statement overloaded most electors with reading. In this sense, the elections were a victim of their own unexpected success in attracting candidates. However, even if there had been only enough candidates for the elections to be contested the volume of text would still have been significant, and some voters who read the whole leaflet still found the information insufficient or untrustworthy.

At least some, probably many, of the voters sought out heuristics which enabled them to choose a candidate without processing a large body of written material. When deprived of party labels, they resorted to postcodes, doctorates and nodding acquaintances.

This points to a difficult normative question. Voters' choices of heuristic were hardly indefensible. While they might have gained more by reading all the candidates' statements, several of our interviewees were able to rationalize their decision not to do so quite convincingly, on the basis that they gathered much of the information they wanted from the heuristic. Others argued that the 250-word extracts were simply not useful information, distorted by self-promotion.

In this context we cannot easily distinguish post-hoc rationalizations from reasoned decision-making. But voters' judgments about what was important could have been driven by the ready availability of a heuristic. This could, of course, be said of party labels in conventional elections as well. Voters who were driven to research the candidates' backgrounds, or at least to read the candidate statements, might have gathered more reliable information than a party logo would have provided (assuming, perhaps optimistically, that the 250 words were well-chosen). But given the high opportunity costs of actually reading the

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statements it seems likely that many responded by substituting another heuristic, possibly a less useful one, or by not voting at all.

Given public hostility to political parties becoming involved, particularly in the NHS, voter information will remain problematic if direct elections to public bodies are to be instituted elsewhere. If our interviews with voters and candidates in this election are any guide, there is a serious tension between public dislikes. Interviewees simultaneously decried the low turnout in the elections, the potential politicization of the NHS, and the difficulty of deciding who to vote for in these elections compared to conventional, partisan contests.

One obvious finding seems fairly secure: when faced with 10,000 words they are apparently expected to read and reflect on before casting their votes, few voters will actually do so.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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References

Interviews

Candidate Interview One, Fife: A candidate for election to Fife Health Board in 2010

Candidate Interview One, Dumfries & Galloway: A candidate for election to Dumfries & Galloway Health Board in 2010

Candidate Interview Two, Fife: A candidate for election to Fife Health Board in 2010

Candidate Interview Three, Fife: A candidate for election to Fife Health Board in 2010

Non-voter Interview One, Fife: An elector in an urban area of Fife who reported not voting in the Health Board election, but who did vote in the General Election a few weeks earlier

Scottish Government Interview One: A civil servant involved in implementing the pilot Health Board Elections in 2010

Scottish Government Interview Two: A civil servant involved in implementing the pilot Health Board Elections in 2010

Scottish National Party Interview One: A senior official in the Scottish National Party, involved in the national policy on Health Board candidates

Voter Interview One, Dumfries and Galloway: An elector in a rural area of Dumfries and Galloway

Voter Interview Two: An elector in a rural area of Dumfries and Galloway who reported voting in the 2010 Health Board election

Voter Interview Three, Dumfries and Galloway: An elector in a Dumfries and Galloway town who reported voting in the 2010 Health Board election

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

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Bibliography

Bartels, L (2006) 'Uninformed Votes' *American Journal of Political Science* 40(1), 192-230.

BBC (2007) *Public wants NHS 'de-politicised'* downloaded from http://news.bbc.co.uk/2/hi/health/6763553.stm on 19/6/14.

BBC (2013) *Health board elections 'had no impact' says minister* downloaded from http://www.bbc.com/news/uk-scotland-scotland-politics-24866760 on 6/10/14.

Blais, A (2000) *To Vote Or Not To Vote?* Pittsburgh: University of Pittsburgh Press.

Bowler, S, Donovan, T and Snipp, J (1993) 'Local Sources of Information and Voter Choice in State Elections' *American Politics Quarterly* 21(4), 473-89.

Chaiken, S, Chaiken, S and Trope, Y (eds.) (1999) *Dual-Process Theories in Social Psychology*, New York: Guildford.

Childs, S and Cowley, P (2011) 'The Politics of Local Presence' *Political Studies* 59, 1-19

Coan, T, Merolla, J, Stephenson, L and Zechmeister, E (2008), 'It's Not Easy Being Green: Minor Party Labels as Heuristic Aids' *Political Psychology*, 29, 389–405.

Conroy-Krutz, J (2012) 'Information and Ethnic Politics in Africa', *British Journal of Political Science* EarlyView http://dx.doi.org/10.1017/S0007123412000300.

Cutler, F (2002) 'The Simplest Shortcut of All' *Journal of Politics* 64(2), 466-90.

Downs, A (1957). *An Economic Theory of Democracy*. New York: Harper and Row.

Electoral Commission (2005) *Delivering Democracy: The Future of Postal Voting* downloaded from http://www.electoralcommission.org.uk/document-summary?assetid=13164 on 19/11/12.

Franklin, M (2004) *Voter Turnout and the Dynamics of Electoral Competition in Established Democracies Since 1945*, Cambridge: Cambridge University Press.

Funk, P (2008) *Social Incentives and Voter Turnout*, downloaded from http://www2.warwick.ac.uk/fac/soc/economics/pg/modules/topicsinpolecon/ec965/funk.pdf on 28/11/12.

Greer, S. (2008) 'Devolution and Divergence in UK Health Policies', *British Medical Journal* 337: a2616.

Greer, S, Wilson, I, Stewart, E and Donnelly, P (2012) 'Health Board Elections and Alternative Pilots: Final Report of the Statutory Evaluation' http://www.scotland.gov.uk/Publications/2012/12/8580/0

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Authors: Iain Wilson, Scott L. Greer, Ellen Stewart and Peter D. Donnelly.

Greer, S, Wilson, I, Stewart, E and Donnelly, P (2014) 'Democratising Public Services', forthcoming, *Public Administration*, early view http://onlinelibrary.wiley.com/doi/10.1111/padm.12101/abstract.

Grofman, B (1993) 'Introduction' in Grofman, B (ed.) *Information, Participation and Choice*, Ann Arbor: University of Michigan Press.

Huckfeldt, R, Levine, J, Morgan, W, & Sprague, J (1999). Accessibility and the Political Utility of Partisan and Ideological Orientations. *American Journal of Political Science*, 43, 888-911.

Ipsos MORI (2011) *Veracity Index* downloaded from http://www.ipsos-mori.com/Assets/Docs/Polls/Veracity2011.pdf on 25th November 2012.

Johns, R (2009) 'Tracing Foreign Policy Decisions', *British Journal of Politics and International Relations* 11(4) pp574-92.

Johns, R and Shephard, M (2011) 'Facing the Voters', *Political Studies* 59(3), 636-58.

Karp, J and Banducci, S (2000) 'Going Postal', *Political Behavior* 22(3), 223-39.

Kouser, T and Mullin, M (2007) 'Does Voting by Mail Increase Participation?' *Political Analysis* 15(4), 428-45.

Key, V (1949) *Southern Politics*, New York: Vintage.

Lau, R & Redlawsk, D (2001). 'Advantages and Disadvantages of Cognitive Heuristics in Political Decision Making'. *American Journal of Political Science*, 45, 951-971.

Lavine, H and Gschwend, T (2007) 'Issues, Party and Character', *British Journal of Political Science* 37(1), 139-63.

Leuchinger, S, Rosinger, M and Stutzer, A (2007). 'The Impact of Postal Voting on Participation', *Swiss Political Science Review* 13(2), 167-202.

Lipset, S and Rokkan, S (eds.) (1967) *Party Systems and Voter Alignments*, Toronto: Free Press

Lupu, N (2012) 'Party Brands and Partisanship', *American Journal of Political Science* Early View DOI: 10.1111/j.1540-5907.2012.00615.x.

McDermott, M (2005) 'Candidate Occupations and Voter Information Shortcuts' *Journal of Politics* 67(1), 201-19.

NHS Fife (2010) *NHS Scotland Health Board Elections 2010 NHS Fife Information Pack*, downloaded from http://admin.1fife.org.uk/weborgs/nhs/uploadfiles/publications/c64_NHSScotland-InformationPackforCandidates(220310).pdf on 25th November 2012.

'Turnout, information and heuristics in the Scottish Health Board elections: "getting a CV with no job description"'

Draft version of an article forthcoming in *Political Studies, 2014.*

Authors: Iain Wilson, Scott L. Greer, Ellen Stewart and Peter D. Donnelly.

Popkin, S (1993) 'Information Shortcuts and the Reasoning Voter' in Grofman, B (ed.) *Information, Participation and Choice*, Ann Arbor: University of Michigan Press.

Rahn, W (1993). 'The Role of Partisan Stereotypes in Information Processing about Political Candidate' *American Journal of Political Science*, 37, 472-496.

Rice, T and Macht, A (1987) 'Friends and Neighbors Voting in Statewide General Elections' *American Journal of Political Science* 31(2) 448-52.

Riker, W and Ordeshook, P (1968) 'An Introduction to the Calculus of Voting', *American Political Science Review* 62, 25-42.

Roy, J (2009) 'Voter Heterogeneity' *Canadian Journal of Political Science* 42(1), 117-37.

Schaffner, B, Streb, M and Wright, G (2001) 'Teams without Uniforms' *Political Research Quarterly* 54(1) 17-30.

Skelcher, C (1998) *The Appointed State*, Buckingham: Open University Press.

Sniderman, P, Brody, R, & Tetlock P (1991). *Reasoning and Choice: Explorations in Political Psychology*. Cambridge: Cambridge University Press.

Streb, M, Frederick, B and LaFrance, C (2009) 'Voter Rolloff in a Low-Information Context' *American Politics Research* 37(4) 644-69.

Tatalovich, R (1975) '"Friends and Neighbors" Voting' *Journal of Politics* 37(3), 807-814.

Wattenberg, M, McAllister, I and Salvanto, A (2000) 'How Voting Is Like Taking an SAT Test' *American Politics Research* 28, 234-50.

Wilks, S (2007) 'Boardization and Corporate Governance in the UK as a Response to Depoliticization and Failing Accountability' *Public Policy and Administration* 22(4), 443-60.