

OUTSIDE THE ISSUE NICHE
The Multidimensionality of Interest Group Identity

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Interest groups care deeply about, and struggle to shape, their identities on Capitol Hill. A group's identity is what makes it unique and separates it from other organizations in the advocacy community. Previous research has argued that interest group identities are formed by creating exclusive niches over narrow policy issues, but this research has neglected the degree to which groups depend on representation, ideology, and advocacy techniques in establishing their uniqueness. The author argues that interest group identities are formed in multiple dimensions, with issues serving as an important, but nondominant, basis for identification. Qualitative and quantitative methods are used to analyze data from interviews with representatives of 168 national interest groups working on health care. The findings provide a basis for bridging theories of group maintenance and influence by demonstrating that identity encourages groups to consider simultaneously the ways their behaviors are perceived on Capitol Hill and by their members.

Keywords: interest groups; identity; issue niches; lobbying; health care

A fundamental problem for interest groups in crafting their legislative strategies is that the number of groups in Washington continues to grow rapidly while the number of members of Congress remains constant (Heinz, Laumann, Nelson, & Salisbury, 1993; Salisbury, 1990).¹ With more groups vying for access, interest groups struggle to provide unique benefits to legislators (Hansen, 1991). One strategy for groups to gain access is to develop autonomy over a distinct area of compe-

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tence (Wilson, 1973, p. 263). Autonomy allows a group to form a clear identity, which is what makes it unique and separates it from other organizations in the advocacy community. Because every group wants to have a clear identity, creating uniqueness may be a considerable strategic challenge for groups operating in competitive policy arenas.

One way for a group to establish uniqueness is to build a reputation for expertise on a policy issue. Browne (1990) argued that an interest group “gains a recognizable identity by defining a highly specific issue niche for itself and fixing its specified political assets (i.e., recognition and other resources) within that niche” (p. 502). He contended that the desire of every group to form a niche “gives rise primarily to very narrow and intensely directed issues,” which leads to “balkanization” of policy domains such that advocates avoid one another, rather than engage one another, in policy debates (pp. 480, 489). The implication of these pressures is that group involvement promotes elitism, rather than pluralism, in national policy domains (p. 504).

The claim that interest groups strive to create narrow issue niches has been the subject of considerable attention. Scholars have focused on the questions of whether the macro-structures of policy domains are balkanized (e.g., Baumgartner & Leech, 2001; Gray & Lowery, 1996a, 1996b; Haider-Markel, 1997; Nownes, 2000) and whether the desire to form issue niches is a strategic motivator at the group level (e.g., Gray & Lowery, 1996a, 1996b; Heaney, 2004; Hojnacki, 1997). However, the question of how interest groups build their identities on Capitol Hill has been subject to relatively little scrutiny. This lacuna exists, in part, because scholars have conflated issue niches with the concept of identity. It is possible that interest groups care about creating clear identities but construct these identities on some basis other than issues.

This research investigates the basis on which interest groups build their identities on Capitol Hill and demonstrates the difference identity makes in the strategic choices of interest groups. In conducting this investigation, I embrace the notion that a clear identity is an important tool for reducing transaction costs between legislators and groups. However, I challenge the argument that identity is necessarily issue-centered and propose an alternative multidimensional theory of identity. I argue that whereas some interest groups indeed identify

themselves closely with issues, others look more to representation, ideology, or advocacy methods to separate their organizations from the crowd.

The article proceeds in five parts. First, I review the literature on issue niches and explain that it has lost track of the question of identity. Second, I advance a multidimensional theory of interest group identity. Third, I present a research design to examine this theory, which involved interviews with representatives of 168 interest groups that work on health care policy. Fourth, I present qualitative and quantitative evidence that interest groups think about their identities with seriousness, in multiple dimensions, and as a determinant of their advocacy behavior. Finally, I discuss the general implications of these results for the study of interest group politics.

IDENTITY AND THE ISSUE NICHE

Browne's (1990) argument can be parsed into three core components: (a) identity, (b) issue niches, and (c) policy balkanization. First, Browne's (1990) notion of interest group identity is grounded in transaction cost theory (cf. North, 1990; Williamson, 1981, 1985). He argued that interest groups need to build recognizable identities in order to have something to market in the advocacy arena (Browne, 1988, p. 246). Investing in specific assets reduces the transaction costs of lobbying by developing goodwill, reducing negotiation time, and simplifying lobbying. Second, Browne (1990) argued that issues are the specific assets around which interest groups build their reputations (p. 502). Groups invest their scarce resources in issue niches to become the experts in particular areas, thus warranting the investments of outside funders (Berry, 1997) and meeting the information needs of policymakers (Hayes, 1981).² Third, groups mutually accommodate one another's needs to form niches by avoiding confrontation on issues (Browne, 1990, p. 494). Even when they appear to be working in concert with coalitions on broad issues, they in fact use coalitions to logroll among groups and create the appearance of issue involvement (p. 496). The cumulative effect of mutual accommodation to issue niches is that policy domains are balkanized into separate issue areas. As a result, the absence of brokers across issues under-

mines pluralism and concentrates power in the hands of the leaders of narrow issue fiefdoms (cf. Heinz, Laumann, Nelson, & Salisbury, 1993).

Much of the attention to identity has focused on the second part of the argument, pertaining to issue niches. Gray and Lowery (1996a, 1996b) argued that groups construct niches by partitioning multiple resource dimensions, including members, selective benefits, finances, issues, and access to policymakers. Based on data from a survey of lobbyists in six states, they argued that the existence of conflict, competition, and cooperation within issue areas is evidence that groups must not depend on issues for survival but must instead depend more on financial resources and members to create their niches.

Although Gray and Lowery (1996a, 1996b) carefully examined the link between issue niches and organizational survival, they did not investigate the presentation of identity in the legislative arena.³ Whereas questions of identity and survival may be closely connected, they may also be decoupled. To understand better this decoupling, consider that the American Sociological Association might secure all the resources it needs for survival without establishing a clear identity on Capitol Hill. Gray and Lowery (1996a) were likely correct that the ability of groups to secure access to dependable sources of funding is critical to group survival, but funding sources may or may not be a part of group identities (p. 106). For example, an organization's survival may depend on a grant from the Robert Wood Johnson Foundation, but members of the House Energy and Commerce Committee may not care about this fact. Conversely, some members of Congress may be deeply concerned with whether an organization receives funding from the tobacco industry when deciding to grant it access or not (regardless of whether the funding is essential for the organization's survival).⁴

Other scholars have concentrated more on the domain-level implications of the issue niches argument. In particular, Nownes (2000) cast doubt on the proposition that balkanization is a property of all policy domains. Relying on a survey of 595 lobbyists in three states, he demonstrated that focusing narrowly on specific issues does not allow groups to avoid conflict. Rather than serving as the general rule, he contended that niche politics may exist only when issue salience and the information-dependence of legislators on groups is low.

Baumgartner and Leech's (2001) analysis of 1996 data from the Lobbying Disclosure Act of 1995 revealed mixed evidence of balkanization. The vast majority of issues in their study involved only a few interest groups, as would be expected under balkanization. However, a few issues interested more than 500 groups, which is a degree of issue crowding atypical of balkanization.

While these studies collectively suggest that interest groups may not always work in issue niches and that policy domains may not always be balkanized, neither argument necessarily implies that groups do not care about, and work to create, unique identities. Indeed, these concerns might be reversed from the vantage point of an individual interest group. Given that it is sometimes difficult to create an issue niche and that policy domains are not always balkanized, group leaders want to know how to forge unique identities on Capitol Hill. To examine this question, I reformulate the theory of identity and hypothesize that interest groups sometimes turn to issue niches but other times seek out other bases for identification.

A MULTIDIMENSIONAL THEORY OF INTEREST GROUP IDENTITY

In this section, I develop a theory of interest group identity and outline empirically testable hypotheses with regard to group advocacy behavior. First, I define *identity* and clarify my assumptions about it. Second, I explain the nature of the exchange relationship between groups and legislators from a transaction cost perspective. Third, I explain how groups rely on their identities to manage transactions with legislators.

THE MEANING AND USE OF IDENTITY

By interest group *identity*, I mean who an interest group is.⁵ A group's identity is what makes it unique, what identifies or separates it from other organizations in the community. Identity flows both from how an organization understands itself and how it is understood by others (Brubaker & Cooper, 2000, pp. 6-8). This definition builds on three assumptions. First, interest group identities are not essential and

fixed but are fluid, negotiated, and strategically formed within constraints (cf. Laitin, 1998). It is not necessarily the case that an interest group stands for one thing for all time. Rather, what a group stands for can change as a result of group efforts and audience perceptions. For example, although Common Cause historically has been identified with the issue of campaign finance reform, it became closely identified with opposition to the MX missile in the 1980s and has since reverted to its previous identity (Rothenberg, 1992).

The second assumption is that interest groups have corporate identities that can be understood independently of individuals that inhabit these organizations (cf. Clifford, 1988, pp. 277-346). For example, although it is well known that Kweisi Mfume is the president and chief executive officer of the National Association for the Advancement of Colored People (NAACP), and peoples' opinions of Mr. Mfume will influence their opinions of NAACP, it is also well understood and recognized that NAACP has its own identity; it is something independent of the people who work for it.

The third assumption is that whereas interest group identities may vary from context to context, we can nonetheless understand identities within a specific context (Glaeser, 2000, pp. 9-10). For the purpose of this research, the context is Capitol Hill. For example, the American Cancer Society (ACS) may be seen one way on Capitol Hill, another way in its local chapters, yet another way by its employees, and still another way within the philanthropic community. Whereas members of Congress may recognize and care about how ACS is understood and respected (or not) in these various communities, ACS nonetheless has an identity that is specific to and meaningful within the congressional context.

TRANSACTIONING LEGISLATIVE EXCHANGES

I reexamine Williamson's (1981, 1985) theory of transaction costs to specify the exchange relationship between groups and legislators (see also Hayes, 1981). Williamson (1981) argued that the two key dimensions of a transaction are (a) the nature of specific assets and (b) the metering or monitoring of the transaction (p. 566). When assets are specific, parties to an exchange have strong incentives to build long-term relationships, whereas nonspecific assets lend themselves

to spot contracting. When transactions are closely monitored, parties to an exchange have strong incentives to worry about how their behavior will affect their reputations, whereas unmonitored exchanges can be undertaken without much regard for future business. Along these lines, we can investigate the following: (a) What are the specific assets of a group-legislator exchange? and (b) How and by whom are group-legislator exchanges monitored?

Browne (1990) argued that expertise on issues is the primary asset involved in the group-legislator transaction. Because many issues are complex—and because their staffs are limited in number—members of Congress are likely to benefit from the expertise of groups on specific issues (Esterling, 2004; Hecl, 1978). For example, when the sponsors of legislation to create an outpatient prescription drug benefit under Medicare decided that they would rely on pharmacy benefit managers (PBMs) to administer the program, they realized that they were deeply in need of expertise on drug formularies. Both the Academy of Managed Care Pharmacy and the Pharmaceutical Care Management Association were more than willing to provide help (Cusack, Dufour, Gerber, Hearn, & Snyder, 2004; Staff, 2003). Members of Congress gained valuable expert assistance, and the interest groups received the opportunity to shape the details of the legislation to their liking.

Despite the importance of issue expertise, this may not be the only asset that groups bring to the group-legislator exchange. Hansen (1991) emphasized that groups can provide important information to members of Congress about the concerns of their constituents. For example, members of Congress may want to know which issues are of concern to doctors, or what kinds of problems doctors are having, in addition to having the expert opinion of organized medicine on patient safety. Doctors are an important constituency to members of Congress because they may become mobilized financially or as opinion leaders during elections. In hearing from the American Medical Association, therefore, members of Congress may not be so concerned to receive an expert message about a particular issue but instead to know what their constituents (i.e., doctors) care about this year, so that these concerns do not materialize into a liability in future elections. Thus, issue expertise may be exchanged, but exchanges may also take place with respect to information on the preferences of the groups' members.

Interest groups bring a plethora of other assets to the table in lobbying exchanges. Some interest groups may be prominent because of their ideological credibility. Organizations like the Children's Defense Fund (on the left) and Americans for Tax Reform (on the right) are valued by members of Congress because they can help members think about issues from the "correct" ideological perspective (Maggs, 2003). These groups may not need to have expertise on a particular issue if they are expert in a way of thinking about policy. Other groups are valued because of the techniques they use to participate in advocacy. Legislators may wish to partner with groups that have legal capacities, the ability to mobilize grassroots support, or a budget for media advertising. For example, the decision by the Health Insurance Association of America to run its now famous "Harry and Louise" ads during the national health care debate of 1993-1994 helped to augment its access to members of Congress opposing President Clinton's plan (Goldstein, 1999, p. 77; Johnson & Broder, 1996, pp. 205-213). The bottom line is that interest groups may find it valuable to invest in assets around any need members of Congress may have.

Given the variety of assets involved in group-legislator exchanges, it is important to consider how these exchanges are monitored. Whereas legislators and lobbyists may prefer to conduct much of their business in private, both their political opponents and supporters have strong incentives to let the sun shine on these interactions (McConnell, 1966). Watchdog organizations, like the Center for Responsive Politics, monitor group-legislator exchanges to promote the public interest (Hendrie, Salant, & Makinson, 2000). Other legislators observe the exchanges to gain ammunition in policy debates. For example, in attempting to derail Medicare reform in 2003, Democrats relentlessly attacked the role that industry lobbyists played in shaping the legislation (Connolly, 2003, p. 12; Pear, 2003). Members of a group have incentives to make sure that their representatives stay close to their interests. Industry trade associations with a small number of prominent members (such as the Business Software Alliance or the Pharmaceutical Research and Manufacturers of America) pay especially close attention to the work of their lobbyists through regular board meetings and frequent visits to Washington.⁶ Even members of citizen-driven organizations monitor the work of organizations by

reading Web pages, following Internet discussion groups, and taking heed of media accounts of the groups. If an organization does something particularly noticeable, it may draw condemnation or praise from its members, as when many of AARP's members spoke out against its position on the Medicare Catastrophic Coverage Act of 1988 (Campbell & Skocpol, 2003).

Many group-legislator exchanges escape monitoring, but the indisputable possibility of monitoring ought to shape the behavior of both parties in a transaction. The proliferation of electronic communication technologies has expanded the capacity of everyone to monitor publicly what was once private (Wilhelm, 2000). Given the potential for disclosure, all parties are well advised to act as if their actions could become public, because mistakes may have serious consequences. For example, in 2003, the American Society for Clinical Oncology (ASCO) made a consequential foible in negotiations over average wholesale price reform for oral cancer drugs. During conference committee negotiations, ASCO was granted an exceptional opportunity to negotiate directly with congressional conferees. In the middle of the negotiations, however, ASCO sent out a grassroots alert urging opposition to the Republican-led conference. The notice prejudged the result of the negotiation as adverse to ASCO's interests. This tactic damaged ASCO's credibility because a congressional staff member received the group's alert on her wireless Internet communicator. The staff member showed the message to Republican Congresswoman Nancy Johnson, who immediately terminated the negotiations with ASCO.⁷ Although it is unrealistic to think that such dramatic information exchanges are common, it is reasonable to assume that, especially in an age of rapid electronic communication, legislators, groups, and grassroots activists observe some of each other's communications.

IDENTITY AND EXCHANGE

The nature of identity and realities of legislative transactions both point toward the possibility that interest groups build identities along dimensions other than issues. First, non-issue-based identities may reduce transaction costs in crowded issue spaces. If, as Nownes (2000) has argued, groups are likely to face variation in the degree of

crowding, then my analysis suggests that they may have incentives to build issue niches in sparse spaces but pursue other dimensions of differentiation when competition over issues is intense. Second, non-issue-based identities may facilitate exchanges when Congress has needs that are not issue-based. Because Congress wants to connect with constituents, develop ideologically clear arguments, or “go public” through the media, groups are encouraged to build identities along these dimensions.

In addition to forming identities along dimensions other than issues, groups may augment transactions by crafting identities simultaneously in multiple dimensions. First, because groups are monitored by multiple audiences (e.g., legislators, their members, foundations), they may need to articulate their identities in ways that can be appreciated by all of these audiences. Padgett and Ansell (1993) refer to this mandate as the need to be “multivocal.” Second, building identity in more than one dimension may be a way for a group to achieve uniqueness when it faces crowding along other dimensions. For example, a group that works on issue X, represents constituents Y, and uses technique Z may lack uniqueness on each of these individual dimensions but may be unique in the way it combines to focus on X, Y, and Z simultaneously.

These considerations suggest a series of empirically testable hypotheses about the advocacy behavior of interest groups on Capitol Hill:

Hypothesis 1: Interest groups care about and work hard to shape their identities on Capitol Hill.

Hypothesis 2: Interest groups build their identities in multiple dimensions.

Hypothesis 3: Interest groups modify their lobbying behavior in response to the dimensions on which they build their identities. When interest groups have issue-based identities, they are more likely to lobby in issue niches. When interest groups have representation-based identities, they are more likely to lobby outside their issue niches.

These hypotheses are drawn from a perspective that explicitly examines the way that interest groups think about their identities, rather than assuming that identities are issue based (as did Browne, 1990) or that they are linked only to survival (as did Gray and Lowery,

1996a, 1996b). By recognizing that identities reflect the needs of groups to present a public image both to members and legislators, this view provides an opportunity to unify theories of interest group politics that currently deal separately with questions of group influence (e.g., Bauer, de Sola Pool, & Dexter, 1972; Browne, 1990; Hall & Wayman, 1990; Schattschneider, 1960) and group maintenance (e.g., Gray & Lowery, 1996a, 1996b; Olson, 1965; Walker, 1991).

RESEARCH DESIGN

To examine how interest groups think about their identities, I spoke with representatives of interest groups about what makes their organizations unique. I contacted government affairs representatives at 171 elite interest groups working on health care issues. I selected the organizations that were the most active on health care advocacy (including registered lobbying and testimony before committees) vis-à-vis the U.S. Congress between 1997 and 2002 (the list of organizations is given in Appendix A).⁸ Representatives were contacted by postal mail, e-mail, and telephone (with the possibility of multiple repeat contacts, if necessary).⁹ I selected interest groups working on a single policy area (health care) to examine the relationship among intergroup interaction, issues, and identities.¹⁰ Health care was selected because it contains a combination of high salience and low salience issues, it involves interests from across the spectrum of American politics, and the issues in the domain mix distributive, redistributive, and regulatory concerns.

I was able to conduct interviews with representatives of 168 of the 171 organizations between April and October 2003. A premium was placed on conducting in-person interviews to raise the level of trust with respondents.¹¹ Almost all (163) of the interviews were conducted in person, but five were conducted by telephone at the respondents' request. In all cases, I interviewed an individual responsible for representing the organization on Capitol Hill. The interviews were conducted with individuals holding the titles executive director (16 interviews), vice president or equivalent (39), director of government affairs or equivalent (74), assistant director of government affairs or equivalent (27), or contract lobbyist (12).

The interviews began by asking respondents how they perceive the identities of their organizations. Specifically, the lead off question in each interview was as follows:

Part of the focus of this study is on how associations, advocacy organizations, and interest groups develop reputations among people involved in making public policy. Can you tell me what makes your organization unique when compared with similar organizations? How would you describe the “identity” of your organization?¹²

I wrote down respondents’ answers and coded them into one of 10 different categories: representation, issues, techniques, values/ideology, policy position, age, size, funding, tax status, and region.¹³ I made note of which dimensions the respondents used and which one they used first. Respondents’ answers were coded into as many or as few categories as warranted.

The system of categorization employed in this research can be better understood through a few exemplar statements that fit within these categories. An organization identifying itself according to representation might say that “our organization represents 97% of physicians who work in [Specialty A].” To identify according to issues, a respondent might say, “We are the unique voice for research on [Disease B].”¹⁴ Techniques might include whether the organization had a political action committee (PAC), whether it relied on policy expertise, or whether it mobilized citizens at the grassroots.¹⁵ A group identifying itself according to values or ideology might say that “we are the only conservative organization that works on [Issue C].” Pro-choice and pro-life groups are examples of organizations that identify explicitly according to the policy positions they take in addition to the issues on which they work. A group identifying according to age or size might say that “we are the oldest organization that does [D]” or the “largest organization that does [E].” A group might identify itself according to its source of funding by saying that it is unique because it does not accept grants from tobacco companies or pharmaceutical companies, as may be the case for some of its competitors. Not a single respondent identified her or his organization according to tax status, although I had anticipated that someone might say something like,

“We are a 501c(3) organization that deals with [Issue F].”¹⁶ Finally, an organization might identify according to region by stressing its roots in the Southeast or the industrial Midwest.

After completing the initial question on identity, I followed up with questions about whether respondents think their group’s identity is well understood on Capitol Hill, if the group is working to change its identity, and whether identity is a frequent topic of conversation within the organization. Because creating a unique identity is fundamentally about differentiating one’s organization from allies and competitors, we can learn about identity based on how groups explained these distinctions. Along these lines, I asked the respondents, “Which organizations would you identify as the major competitors of your organization?” followed by “Of these organizations, which would you identify as your primary competitor?” Similarly, I asked organizations to identify their “major allies” and their “closest ally.” Upon obtaining these names, I separately asked respondents, “What are the principal ways you would differentiate your organization from this competitor [or ally]?”

The final step of the research design was to link my interview data on identity to publicly available data on interest group advocacy behavior. Of the 168 organizations I interviewed, 146 reported lobbying on health care during 2003 to the Office of Public Records, United States Senate (2004).¹⁷ I used these data below to test the hypothesis that interest groups modify their lobbying behavior in response to the dimensions on which they build their identities.

EMPIRICAL RESULTS

The following three sections present empirical results. The first section evaluates Hypothesis 1 with a qualitative discussion of groups’ responses on the degree to which their identities are understood on the Hill, the extent to which groups strategize to change their identities, and whether their identities are discussed actively within the organization. The second section evaluates Hypothesis 2 with a statistical summary of how groups talk about their identities. I demon-

strate that groups' identities are multidimensional and explore systematic variation in these identifications. The third section evaluates Hypothesis 3 by examining the extent to which groups condition their lobbying behavior on the ways they understand their identities.

TALKING ABOUT IDENTITY

Organizational identity is a frequent topic of discussion within interest groups. Seventy-three percent of the people I interviewed agreed that "your organization's identity is something that is discussed within your organization." The representatives do not always use the word *identity* per se (24 representatives said they did), but they often speak about identity in terms of "mission" (in 36 organizations), "brand," or "branding" (in 25 organizations).¹⁸ A representative of one citizen advocacy organization commented that "internally, identity is a topic in every one of our meetings. Every meeting. We talk about branding and how it fits into our strategy." When asked if identity was discussed within the organization, the director of government affairs for a health trade association responded,

God yes. It is an extremely huge question. Do we represent [X business] or do we represent the function of [doing X type of business]? Within the organization, there appears to be very different opinions.

Numerous organizations do not spend hours in self-reflection. Along these lines, when asked if they discussed their identities, several respondents commented simply, "No. We know who we are." For some representatives, discussions of identity are seen as highly unnecessary. The director of legislative affairs for a citizen advocacy organization remarked that "we are constantly talking about it in our meetings. I think it is a huge waste of time."

Interest group representatives are mixed in their opinions about how well their identities are understood. About half (51%) agreed with the statement that "your organization's identity is well understood by people on the Hill who work on health care policy." Respondents commonly cited their own lobbying efforts or public understanding of their issues and members as reasons that their identities

are clearly perceived. However, confusion about what an organization's members do is a common reason staffs complain that their identities are ill understood. A lobbyist who recently changed jobs expressed surprise,

Now that I am a lobbyist for [Organization A], I have to start out every Hill visit explaining what our organization is and what we do. This is because people don't understand the work our members do. When I worked for [the more well-known Organization B], I never used to have to do that. I didn't appreciate the advantage then, but I do now.

Among some of the small and more obscure medical societies, the lack of common knowledge about what their members do is perceived as a major problem by government affairs staff. An assistant director of government affairs at one medical specialty society recognized that "we have a difficult challenge in establishing our identity because even other physician specialists don't know what we do. We are trying to educate everyone inside and outside the health community." Nonetheless, some organizations remain oblivious to these problems. One contract lobbyist observed that the people in a society he represents "tend to assume that when they walk into a room that people know who they are and what they do. They get caught up in their own occupations. But they are not as well known as they think they are."

Because interest groups care about their identities and because they find that they are sometimes misunderstood, it is common for groups to attempt strategically to alter their identities. Fifty-nine percent of respondents agreed that their organization is "actively working to change the way its identity is understood by people on the Hill who work on health care policy." A vice president of a health trade association revealed,

We are at the tail end of a dramatic change. We used to be about [Issue X]. But now we have evolved from that model. Three years ago we made [Issue Y] one of our key priorities. We are a partner in the coalition [that deals with Issue Y]. The fact that other groups contact us about [Issue Y] proves that we have changed our identity. We know that it takes time for people to know that our membership makeup and issue priorities have changed, but we believe that we have been successful in communicating this fact.

The need to change identity can also arise because of shifting identities among members of an organization. A representative of an organization that deals with nursing issues explained that

the changing identity of [our organization] is related to the changing view of the people we represent. The old view is that nurses are a predominantly female workforce that is valued for their ability to follow orders. The new view is that the nurse looks at outcomes-based research to make informed decisions. Nurses are multi-gendered and multi-ethnic. We are working to reflect these changes in [our organization] and to influence the way people on the Hill understand who nurses are.

Debates about identity are often funneled into dialogues about possibly changing the name of the organization. Twenty-three percent of the organizations participating in the study indicated that they had made some change in their name in the past 10 years. An additional 5% revealed that there was some active consideration of changing their name. About a third (32%) of the time, name changes are considered or undertaken because organizational names are confusing. Organizations also change (or consider changing) their names because they have added new issues to their portfolios (33% of the time) or because they have added new categories of members (9% of the time). Name changes may reflect the efforts of organizations to project identities that are more mainstream or at least less radical. Other reasons include mergers, political correctness, and legal reasons (such as the separation of lobbying and educational activities). The strategic importance of changing an organization's name was highlighted by the legislative director of a citizen advocacy organization:

It's funny that you should mention this because we are currently in the middle of a transition in our identity. We want to shift our brand from its generic focus on [Issue A] to a much more specific concern with [Issue B]. Changing the name of our organization to [Organization C] will be a major part of this effort.

The notion that identities are based simply on issues or that they are received passively is not well supported by my meetings with govern-

ment affairs staffs. Although identity is not discussed actively within all interest groups, it appears to be an important subject within a large majority of organizations. Even in cases where such discussion is not explicit, this may be because the group's identity is so firmly understood that it does not merit reflection at the level of government affairs staffs. Thus, a more complex understanding is warranted for how groups form and use identities in complex advocacy environments.

THE DIMENSIONS OF IDENTIFICATION

This section summarizes the dimensions along which interest groups explain their identities. I recorded all the dimensions mentioned by the respondent, including the one that was mentioned first. A summary of answers to the general identity question (which led the interview) is reported in Table 1. It shows that interest groups make use of multiple dimensions of identification when describing why they are unique. On average, each group made use of 1.910 dimensions of identification. The dimensions used first and most frequently were representation, issues, techniques, and values/ideology. Interest groups also identified themselves according to their policy positions, age, size, sources of funding, and regions of support, although these dimensions were never mentioned first and were raised less frequently than other dimensions. Representation was used as the first dimension of identification by 110 of 168 (65%) organizations and was used eventually by 131 of 168 (78%). Issues were the second most common dimension of identification, with 49 of 168 (29%) organizations mentioning them first and 84 of 168 (50%) organizations mentioning them eventually. A difference of means test shows the interest groups are more likely to mention representation than issues ($t = 4.445, p < .010$) and to mention representation first ($t = 5.199, p < .010$).

Almost all respondents in the study turned first to representation or issues in describing the uniqueness of their organizations. These dimensions provide the core of interest group identities. Representation surpasses issues for every category of interest groups except for citizen advocacy groups and nonmember advocacy groups (which could not possibly identify themselves according to their members). Issues are more likely to provide the basis for the identities of citizen advocacy organizations than for other types of organizations. Citizen

TABLE 1
Principal Dimensions of Identification

Type	Total	Representation		Issues		Techniques		Values/Ideology		Secondary (Used)					
		First	Used	First	Used	First	Used	First	Used	Position	Age	Size	Funding	Region	
Academic	9	4	6	5	7	0	0	0	0	0	0	0	0	0	0
Citizen advocacy	36	9	15	24	28	1	23	2	6	2	3	4	0	0	0
Nonmember advocacy	10	0	2	7	7	1	7	2	2	0	1	0	1	0	0
Government officials	8	8	8	0	0	0	0	0	1	0	0	0	0	0	0
Professional society	45	39	44	5	21	1	21	0	2	0	0	3	0	0	1
Trade association	47	40	44	7	15	0	15	0	2	1	2	5	1	1	1
Labor union	8	7	8	1	3	0	3	0	0	0	2	1	0	0	0
Veterans service	5	3	4	0	3	0	3	2	2	1	1	1	0	0	0
Total	168	110	131	49	84	3	60	6	15	4	9	14	2	2	2

SOURCE: Author interviews with interest group representatives.

NOTE: Table contains the number of responses falling into each category.

advocacy organizations were significantly more likely to mention issues first ($\chi^2_{(1)} = 16.534, p < .010$) and more frequently ($\chi^2_{(1)} = 24.402, p < .010$) than other organizations. Citizen advocacy organizations were significantly less likely to turn to representation first ($\chi^2_{(1)} = 31.756, p < .010$) and mentioned it less frequently ($\chi^2_{(1)} = 38.423, p < .010$) than other types of organizations.

Because identity formation is a process of distinguishing one organization from another, I asked group representatives to differentiate their group from other organizations with which they interact. The results of the questions on differentiation are reported in Table 2 (for comparison with competitors) and Table 3 (for comparison with allies). The overriding pattern originally reported in Table 1 is replicated in these tables. In Table 2, I report that representatives of 146 of 168 organizations (87%) identified another organization as their primary competitor, whereas 22 organizations said that they did not have any competitors. A majority of organizations (59%) with competitors differentiated themselves from their primary competitor in terms of representation, 34% relied on issues, 26% turned to techniques, 19% referred to policy positions, and 13% referred to their values or ideology. Citizen advocacy organizations were significantly less likely to differentiate themselves from their competitors on the basis of representation ($\chi^2_{(1)} = 16.844, p < .010$) and were significantly more likely to differentiate themselves on the basis of issues ($\chi^2_{(1)} = 11.140, p < .010$) than other organizations.

Competition and cooperation exist at different levels of intensity. Interest groups may be locked into constant and prolonged struggles with specific groups, or they may find that competition is occasional and does not have important implications for their strategies. Likewise, alliances may represent fundamental partnerships or they may be occasional opportunities for collaboration. To consider the possibility that interest group identities are differently emphasized under conditions of close competition or collaboration, I identified cases of especially intense relationships in the data. I considered relationships to be intense if both parties mutually cited one another as allies or competitors. Because the respondents had not been primed with a list of the organizations in my study, there was no reason for them artificially to choose from my list or to limit their responses to the groups in my study.

TABLE 2
Dimensions of Competitive Differentiation

Type	All Competitive Relationships				Intense Competition					
	Total	Representation	Issues	Techniques	Values/ Ideology	Total	Representation	Issues	Techniques	Values/ Ideology
Academic	9	8	2	2	0	2	2	0	1	0
Citizen advocacy	32	9	14	13	6	7	1	4	1	0
Nonmember advocacy	7	0	5	2	1	1	0	1	0	0
Government officials	7	7	1	1	1	4	4	0	1	0
Professional society	38	26	10	7	6	7	6	0	0	2
Trade association	44	31	17	12	5	13	9	5	3	2
Labor union	7	4	0	1	0	2	1	0	0	0
Veterans service	2	2	0	0	0	0	0	0	0	0
Total	146	87	49	38	19	36	23	10	6	4

SOURCE: Author interviews with interest group representatives.

NOTE: Table contains the number of responses falling into each category.

TABLE 3
Dimensions of Cooperative Differentiation

Type	All Cooperative Relationships					Close Cooperation				
	Total	Representation	Issues	Techniques	Values/ Ideology	Total	Representation	Issues	Techniques	Values/ Ideology
Academic	9	9	2	2	0	1	1	1	1	0
Citizen advocacy	36	11	22	15	3	6	3	4	2	0
Nonmember advocacy	10	3	4	5	1	1	0	1	0	0
Government officials	8	7	1	1	1	3	3	0	0	1
Professional society	45	33	17	12	1	4	3	2	0	0
Trade association	47	38	19	12	3	7	7	3	2	0
Labor union	8	6	3	3	0	2	2	0	0	0
Veterans service	5	4	4	0	0	2	2	2	0	0
Total	168	111	72	50	9	26	21	13	5	1

SOURCE: Author interviews with interest group representatives.

NOTE: Table contains the number of responses falling into each category.

With respect to competition, 22 of the 168 representatives said their organization has no rivals.¹⁹ Fifty-four organizations identified a chief rival, but it was not one of the organizations in my study. However, representatives of 91 of the interest groups in the study cited another one of the groups in the study as their chief rival. From this subset, 36 interest groups (40%) had their choice of primary rival reciprocated by the other organization; that is, organization X said that Y is its primary rival, whereas organization Y also volunteered (unprompted) that X is its primary rival. These 18 rivalrous pairs included one pair of academic organizations, one pair of unions, four pairs of citizen (or nonmember) advocacy organizations, four pairs of professional societies, and six pairs of trade associations. The professional society match-ups were all cases of physician-nonphysician rivalries, whereas the trade association conflicts reflected the realities of market competition between competing businesses. Analysis of the dimensions of identification (reported on the right side of Table 2) shows that the pattern of identification among close competitors is identical to the pattern exhibited in the previous analyses. A large majority of organizations (64%) differentiated themselves from their primary competitors in terms of representation, 28% relied on issues, 17% cited policy positions, and 19% turned to techniques. Citizen advocacy organizations were significantly less likely to differentiate themselves from their intense rivals on the basis of representation ($\chi^2_{(1)} = 9.267, p < .010$) and significantly more likely to differentiate themselves on the basis of issues ($\chi^2_{(1)} = 3.735, p < .050$) than other organizations.

In Table 3, I report that all organizations in the study indicated that they have at least one major ally. A large majority of organizations (65%) differentiated themselves from their primary allies in terms of representation, 43% relied on issues, and 30% turned to techniques. Citizen advocacy organizations were significantly less likely to differentiate themselves from their allies on the basis of representation ($\chi^2_{(1)} = 25.455, p < .010$) and significantly more likely to differentiate themselves on the basis of issues ($\chi^2_{(1)} = 6.494, p < .050$) than other organizations.

With respect to cooperation, 110 organizations cited one of the organizations within my sample as their primary ally, whereas 58 of the organizations went outside the sample in naming their primary

ally. Mutual agreement on cooperation among organizations was not as strong as agreement on competition, because only 26 organizations had their designation as the primary ally reciprocated (24% of cases). In these 13 dyads of close collaboration, an overwhelming majority of organizations (81%) differentiated themselves from their primary allies in terms of representation, 50% relied on issues, and 19% turned to techniques (as reported in Table 3). Citizen advocacy organizations were significantly less likely to differentiate themselves from their primary allies on the basis of representation ($\chi^2_{(1)} = 4.754, p < .050$) but were not significantly more likely to differentiate themselves on the basis of issues ($\chi^2_{(1)} = .867, p < .400$) than other organizations (although the small number of observations provides this test with little power).

Interest groups do not always find clear lines between competition and cooperation. Thirty-nine organizations said that their primary ally and their primary competitor are the same interest group. Eight of these cases involved mutual reciprocation of the best-friend–worst-enemy status, yielding four codependent dyads. All eight respondents conveyed that these relationships involve an awkward tension, because they must partner closely in some arenas and compete fiercely in others. Three of the four dyads have substantially overlapping issue niches, but one dyad works on clearly nonoverlapping issues. Two of the dyads are primarily competing over funding, one dyad is primarily competing over members, and the final dyad is primarily competing over position differences on common issues. Close group interaction may represent a case in which groups have difficulty in establishing unique identities on the dimensions along which they compete, forcing them to turn to other dimensions to establish uniqueness.

Given that this analysis is based on a specific sample of respondents (i.e., government affairs staff of elite interest groups working on health care), it is important to ensure that the results are not an artifact of sample selection. First, we might suspect that executive directors are more likely to see the organization's identity in terms of representation, whereas directors of governmental relations or contract lobbyists may see it more in terms of issues. The results reported in Table 4 show that the respondents did not differ by their rank in the organization with regard to the dimension of identity they mentioned first in a

TABLE 4
Alternative Explanations for Group Identity

<i>Variable</i>	<i>Total</i>	<i>Representation</i>	<i>Issues</i>	<i>Techniques</i>	<i>Values/ Ideology</i>
Rank of respondent					
Executive director	16	9	6	1	0
Vice president	39	28	10	0	1
Director of government relations	74	49	18	2	5
Assistant director of government relations	27	19	8	0	0
Contract lobbyist	12	5	7	0	0
Policy focus of organization					
Not health focused	51	36	10	1	4
Health focused	117	74	39	2	2

SOURCE: Author interviews with interest group representatives.

NOTE: Table contains the number of responses falling into each category.

way that was significantly different than the entire sample ($\chi^2_{(12)} = 13.938, p < .305$). This result shows that common understandings of group identity are communicated through the ranks of government affairs staff. Second, we might suspect that health-oriented groups might think about identity differently from non-health-oriented groups. As reported in Table 4, the results show that the 51 non-health-focused organizations did not respond differently in the first dimension of identity they mentioned from health-focused organizations ($\chi^2_{(3)} = 6.340, p < .096$). By examining this broad subsample of non-health-focused major interest groups (albeit nonrandomly selected), we can have confidence that the results of the study extend beyond the health arena.

These results support Hypothesis 2 and show that interest groups build their identities in multiple dimensions. They reflect a dominance of representation as the first of the several dimensions of identification. With the important exception of citizen advocacy organizations, interest groups define themselves in terms of who they represent first, most often, and when comparing themselves to competitors and allies (regardless of the degree of intensity in the relationship). I conclude that Browne (1988, 1990, 1998) missed something fundamental about interest group identity by seeing it primarily in terms of issues.

At the same time, Gray and Lowery (1996a, 1996b) were prematurely dismissive of issues as a basis for identity. Many groups, especially citizen advocacy groups, turn first and most often to issues when defining who they are. Different groups attempt to build their identities around the areas for which they can acquire valuable assets. For many organizations, these assets are tied to benefits to legislators of connecting with certain types of constituents, whereas for other organizations, these assets may be issue-based.

These findings provide an explanation for why many interest groups are unable to carve out unique issue niches, as has been reported by Baumgartner and Leech (2001), Gray and Lowery (1996a, 1996b), and Nownes (2000). Browne's (1988, 1990, 1998) argument assumed that groups would mutually accommodate one another's needs to form niches. But if a large percentage of groups do not think primarily in terms of issue identities, they are unlikely to care about respecting each others' issue turf, which relieves pressures for balkanization. Instead of a system in which all groups form exclusive issue niches, policy domains are characterized by some groups attempting to form identities in issue niches, with other groups moving freely from issue to issue depending on the interests of those they represent.

LOBBYING AND IDENTITY

Previous studies have approached the formation of issue niches as a yes or no question; either groups form niches or they do not (Gray & Lowery, 1996a, 1996b; Haider-Markel, 1997). This approach is consistent with Browne's (1990) argument that all groups seek to pursue issue niches. However, if interest group identities are built in multiple dimensions, then groups should pursue issue niches only in proportion to the degree to which they depend on issues in building their identities. Consistent with Hypothesis 3, I expect that interest groups tend to lobby on narrow, niche-based issues when they describe their identities in terms of issues. However, when groups describe their identities in terms of representation, they pursue legislation more broadly and tend to lobby outside their issue niches.

Consistent with the approach of Baumgartner and Leech (2001, Appendix A), I coded the health care lobbying issues for each of the

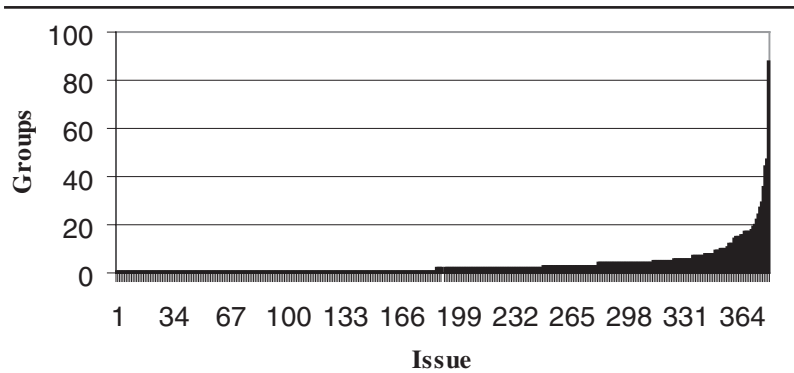


Figure 1: Number of Groups Active Across Healthcare Issues, 2003

SOURCE: Office of Public Records, United States Senate (2004).

146 organizations in my study that filed a lobbying registration report in 2003. These groups lobbied on a total of 379 unique health care issues. Involvement in these issues was uneven, with many issues involving one or a handful of groups, whereas one issue (Medicare reform) involved 88 of the 146 groups examined. The distribution of issue involvements reported here in Figure 1 mirrors the distribution reported by Baumgartner and Leech (2001, p. 1200).

To understand the formation of issue niches, I classified each issue according to the number of elite groups working on it. A summary of these results is reported in Table 5. The first part of the table lists the issues that attracted the most attention from interest groups, including Medicare reform, the creation of association health plans, and mental health parity for insurance coverage. These peak issues attracted numerous groups for and against proposed legislation from across the spectrum of groups included in the study. Clique issues attracted smaller communities of groups with a more specific interest in particular legislation. For example, immigrant children's health was a lobbying concern for the Association of American Medical Colleges, the National Council of La Raza, the National Partnership for Women and Families, the Children's Defense Fund, Families USA, the American Academy of Pediatrics, the National Association of Children's Hospitals, and the National Association of Community Health Centers. Niche issues attracted a small number of interested parties. For exam-

TABLE 5
Health Care Lobbying Issues by Level of Group Mobilization, 2003

<i>Number of Groups</i>	<i>Lobbying Issue Example</i>
Top 10 peak issues	
88	Medicare reform writ large
47	medical liability and malpractice reform
44	patient safety and medical errors
36	prescription drug coverage under Medicare
29	association health plans
27	mental health parity in health insurance
24	medical research funding for the National Institutes of Health
22	reimportation of American-manufactured pharmaceuticals
20	expanding health insurance coverage for the uninsured
19	genetic information nondiscrimination
Clique issues	
16	State Children's Health Insurance Program
15	federal Medicaid assistance percentage
14	smallpox protection and compensation for emergency personnel
12	antitrust exemptions for physicians
10	long-term care
10	stem cell research
8	immigrant children's health
8	pediatric research
7	nurse staffing and shortages
6	Federal Employee Health Benefits Program
Niche issues	
3	community health centers
3	nutrition and physical activity
2	sickle cell anemia
2	scope of practice of anesthesiologist assistants in TRICARE
2	mercury in dental fillings
2	women's autoimmune diseases and research
1	Alzheimer's disease
1	scope of practice of speech-language pathologists under Medicare
1	Medicare co-payments for clinical labs
1	risk adjustment methodology under Medicare + Choice
1	tanning bed regulation

SOURCE: Office of Public Records, United States Senate (2004).

ple, the American Academy of Dermatology was the only elite health organization to report lobbying on tanning bed regulation, presumably because of the propensity of tanning beds to cause skin diseases.

Having classified issues according to the number of groups they attract, I scored groups according to the degree to which they lobbied on peak issues or niche issues. Because most organizations lobby on a variety of issues (the sample mean is 9.603), a key question is whether a group's issue portfolio leans toward including peak issues or niche issues. I scored each group's "issue mix" according to the average number of other groups that work on its issues. An example of a group with a peak issue mix is the American College of Surgeons. The college is a broad medical specialty society that focused in 2003 on major issues like Medicare reform, medical liability reform, and patient safety. An example of a group with a niche issue mix is the National Kidney Foundation, which concentrated on topics such as organ donation, end stage renal disease, and appropriations to the Indian Health Service. The American Nurses Association is an example of a group with a relatively even balance of peak and niche issues, given that it is concerned broadly with the functioning of the health care system and questions specific to nursing practice.²⁰

To test Hypothesis 3, I estimated a regression model with a group's issue mix as the dependent variable. Consistent with Hypothesis 3, I expected that groups with issue-based identities would select a mix of issues that tend to have few other groups working on them, whereas groups with representation-based identities would select a mix of issues without an eye toward exclusiveness. For the purpose of control, I included variables for technique-based and ideology-based identities.²¹ A group's lobbying expenditures were included in the model to account for the possibility that groups with larger budgets are able to afford to work on broader issues. The number of lobbying issues should be negatively related to the breadth of a group's issue mix, because the more issues a group works on, the more likely it is to work on issues with a small number of groups (because there are only a few peak issues). A dummy variable for health-focused groups was included to explore the possibility that health-focused and non-health-focused groups choose their issue mixes differently. Finally, I included a dummy variable for each of the types of groups, such as citizen advocacy groups, professional societies, and labor unions.

The results of ordinary least squares regression with robust standard errors are reported in Table 6. The significant positive coefficient on Identity Based on Representation and the significant negative coef-

TABLE 6
Regression Model of Interest Group Issue Mix, 2003

<i>Independent Variable</i>	<i>Coefficient</i>	<i>Robust</i>		<i>M</i>	<i>SD</i>
		<i>Error</i>	<i>t Score</i>		
Identity based on representation (= 1)	6.864**	2.338	2.940	.788	.410
Identity based on issues (= 1)	-4.900**	1.862	-2.630	.486	.502
Identity based on techniques (= 1)	-1.064	1.788	-.590	.363	.482
Identity based on values/ideology (= 1)	10.656	7.112	1.500	.075	.265
Lobbying expenditures	.000	.000	.52	\$1,830,627	\$5,033,203
Number of lobbying issues	-.312**	.108	-2.880	9.603	9.594
Health-focused organization (= 1)	2.342	2.771	.850	.712	.454
Academic organization (= 1)	-6.654*	3.293	-2.020	.055	.228
Citizen advocacy organization (= 1)	3.523	2.635	1.340	.240	.428
Nonmember advocacy organization (= 1)	-4.102	4.190	-.980	.055	.228
Professional society (= 1)	.042	2.448	.020	.397	.491
Trade association (= 1)	3.966	2.994	1.320	.301	.460
Government officials (= 1)	-4.154	3.672	-1.130	.021	.142
Labor union (= 1)	4.494	4.700	.960	.062	.241
Veterans service organization (= 1)	-14.199*	6.106	-2.330	.034	.182
Constant	16.231	3.920	4.140	.788	.410
R^2	.348				
$F(15, 130)$	4.150				
N	146				

SOURCE: Author interviews with interest group representatives and Office of Public Records, United States Senate (2004).

ficient on Identity Based on Issues lends strong support to the hypothesis that interest groups modify their lobbying behavior in response to the dimensions on which they build their identities. Also, consistent with expectations, groups with a larger portfolio of issues tend to work on a greater number of niche issues. Further, academic organizations (like the Association of Minority Health Professions Schools and the American Dental Education Association) and veterans' service organizations (like Disabled American Veterans and Paralyzed Veterans of America) tend to have narrower issue mixes than other types of organizations.

These results show that identities do not lead groups to pursue all-or-nothing strategies of forming issue niches or not. Rather, identities shape the ways groups build their portfolios of lobbying issues. An organization with an issue-based identity is likely to lean toward lobbying on issues on which it can create exclusivity but may choose to

work on some of the peak issues in the domain as well. Conversely, a group with a representation-based identity is likely to build its issue portfolio broadly but does not shun the opportunity to capture an issue exclusively. Many groups express their identities both in terms of issues and representation, which challenges them to balance both ends of the issue-mix continuum.

CONCLUSIONS

The results of this research have important implications for practitioners and scholars of interest group politics. For practitioners—the executive directors, directors of government relations, and contract lobbyists who participated in this research—the results shed important light on the process of creating a unique identity on Capitol Hill. The advice that groups should make their names by creating unique issue niches is not universally applicable. Some groups are able to craft issue niches, but the crowdedness of policy domains makes this difficult to accomplish. Citizen advocacy groups appear to have more success in using issues as a basis of identification than other groups, which are well advised to focus on creating an awareness of who they represent. What exactly are nurse anesthetists? What kind of work do they do and why are they important providers of anesthesia, especially in rural areas? How are they trained and why does that training entitle them to professional autonomy? Lobbyists must be able to answer these kinds of questions clearly and concisely if they are to gain recognition on the Hill. To the extent that these questions are difficult to answer uniquely, groups may benefit from articulating their identities in multiple dimensions.

Although interest group scholars tend to approach questions of group influence and group maintenance separately, the people who actually run these groups see these questions as intimately intertwined. Groups may enhance (or lose) influence by attending to (or neglecting) the needs of their members. If a group is successful in maintaining its organization, that augments its credibility on Capitol Hill. Members of Congress want to transact with groups that help them connect with their constituents but lose interest if the group does not facilitate these connections. For example, AARP claims to repre-

sent 35 million members (Pear, 2004). If members of Congress think that the organization “really represents” these people (or a sizable number of them), they are likely to give AARP a seat at the table in policy negotiations. But if AARP is merely a glorified insurance company that keeps members on the books only because it provides good hotel discounts, it will lose credibility. On the other side of the equation, members of an organization want to know that the group represents their voices in Washington. If some members of an organization have the impression that the organization is not sufficiently influential, they may press for changes in the organization’s strategies and structures. The multiple audiences element of identity is what links influence and maintenance in this equation. To the extent that scholars can better understand how identities are formed, communicated, and changed, they will be able to illuminate the connection between building sustainable organizations and securing access to Capitol Hill.

For understanding policy domains, these results portray a more expansive role for groups in policymaking than was suggested by Browne (1988, 1990, 1998). Although groups do bring their own narrow concerns to policy debates, their desires to create clear identities do not prevent interaction and discourse within policy domains. When groups create identities on the basis of who they represent, their ideologies, or the advocacy techniques with which they have expertise, they are free to work collaboratively on a variety of issues without fear of diminishing their uniqueness. The fact that groups build identities in multiple dimensions is an important explanation for why interest group communities often are not balkanized in the manner that Browne (1988, 1990) predicted.

This research establishes the foundation for a new agenda of investigation into group identities. My findings show that identities shape the issues on which groups lobby, but there is a need to investigate the ways identity affects other group strategies. For example, how do groups’ needs to maintain unique identities shape which coalitions they join or how they work in coalitions? My findings examine identities at one point in time, but much could be learned by examining the historical evolution of identities. For example, under what conditions are identities difficult to modify quickly and to what extent are they contingent on changes in the structure of government (such as the cre-

ation or elimination of a federal agency)? Of particular interest would be research on how the power dynamics within policy domains shape the evolution of identity. For example, as groups become relatively more prominent or marginal within the domain, they may attempt strategically to alter the ways their identities are understood by others. Such repositioning may lead other groups to alter their strategies and, under some conditions, may have significant implications for the politics of the issues at hand. In general, this research suggests the need to investigate further the ways in which the strategic choices of interest groups are contingent on longer term considerations about the need to establish and maintain clear identities.

APPENDIX A
Interest Groups Included in the Research

60 Plus Association
 AARP
 Advanced Medical Technology Association
 AFL-CIO
 AIDS Action Council
 Alliance for Retired Americans
 Alzheimer's Association
 American Academy of Child and Adolescent Psychiatry
 American Academy of Dermatology
 American Academy of Family Physicians
 American Academy of Orthopaedic Surgeons
 American Academy of Otolaryngology—Head and Neck Surgery
 American Academy of Pediatrics
 American Academy of Physician Assistants
 American Association for Dental Research
 American Association of Colleges of Nursing
 American Association of Colleges of Pharmacy
 American Association of Health Plans
 American Association of Homes and Services for the Aging
 American Association of Nurse Anesthetists
 American Bar Association
 American Benefits Council
 American Cancer Society
 American Chiropractic Association
 American College of Cardiology
 American College of Emergency Physicians

American College of Obstetricians and Gynecologists
American College of Physicians
American College of Preventive Medicine
American College of Surgeons
American Council of Life Insurers
American Dental Association
American Dental Education Association
American Diabetes Association
American Dietetic Association
American Farm Bureau Federation
American Federation for Medical Research
American Federation of Government Employees
American Federation of State, County, and Municipal Employees
American Gastroenterological Association
American Health Care Association
American Health Planning Association
American Health Quality Association
American Heart Association
American Hospital Association
American Insurance Association
American Legion
American Lung Association
American Medical Association
American Nurses Association
American Osteopathic Association
American Pharmacists Association
American Physical Therapy Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Social Health Association
American Society for Clinical Pathology
American Society for Microbiology
American Society of Anesthesiologists
American Society of Association Executives
American Society of Hematology
American Speech-Language-Hearing Association
Americans for Tax Reform
Arthritis Foundation
Association for the Advancement of Psychology
Association of American Medical Colleges
Association of Minority Health Professions Schools
Association of National Advertisers
Association of Schools of Public Health

Association of State and Territorial Health Officials
Association of Teachers of Preventive Medicine
Association of Trial Lawyers of America
Autism Society of America
Biotechnology Industry Organization
Blue Cross and Blue Shield Association
Business Roundtable
Candlelighters Childhood Cancer Foundation
Children's Defense Fund
Christian Coalition of America
Citizens for Public Action on High Blood Pressure and Cholesterol
Coalition for Health Funding
College of American Pathologists
Common Cause
Concord Coalition
Consumer Federation of America
Cooley's Anemia Foundation
Council for Government Reform
Crohn's and Colitis Foundation of America
Cystic Fibrosis Foundation
Disabled American Veterans
Endocrine Society
Environmental Defense
Epilepsy Foundation
Families USA
Federation of American Hospitals
Federation of American Societies for Experimental Biology
Generic Pharmaceutical Association
Greater New York Hospital Association
Grocery Manufacturers of America
Health Insurance Association of America
Healthcare Distribution Management Association
Healthcare Leadership Council
Human Rights Campaign
Independent Insurance Agents and Brokers of America
International Brotherhood of Teamsters
International Council of Cruise Lines
Joint Commission on Accreditation of Healthcare Organizations
Joint Council of Allergy, Asthma, and Immunology
Juvenile Diabetes Research Foundation International
March of Dimes Birth Defects Foundation
Medical Device Manufacturers Association
Medical Library Association
NARAL Pro-Choice America

National Alliance for Hispanic Health
National Alliance for the Mentally Ill
National Alliance of Breast Cancer Organizations
National Association for Home Care
National Association for the Advancement of Colored People
National Association of Chain Drug Stores
National Association of Children's Hospitals
National Association of Community Health Centers
National Association of Counties
National Association of County and City Health Officials
National Association of Independent Insurers
National Association of Insurance Commissioners
National Association of Manufacturers
National Association of Social Workers
National Association of State Alcohol and Drug Abuse Directors
National Breast Cancer Coalition
National Citizens' Coalition for Nursing Home Reform
National Committee to Preserve Social Security and Medicare
National Conference of State Legislatures
National Council for Community Behavioral Healthcare
National Council of La Raza
National Farmers' Union
National Federation of Independent Business
National Governors Association
National Hemophilia Foundation
National Kidney Foundation
National League for Nursing
National Mental Health Association
National Partnership for Women and Families
National Rehabilitation Association
National Restaurant Association
National Retail Federation
National Right to Life Committee
National Rural Electric Cooperative Association
National Society of Professional Engineers
National Union of Hospital and Health Care Employees/Local 1199
National Urban League
National Women's Health Network
Paralyzed Veterans of America
Parkinson's Action Network
Pharmaceutical Research and Manufacturers of America
Planned Parenthood Federation of America
Public Citizen
Renal Physicians Association

Seniors Coalition
Service Employees International Union
Society for Investigative Dermatology
The Arc of the United States
United Auto Workers
United Cerebral Palsy Associations
United Mine Workers of America
United States Chamber of Commerce
United States Conference of Catholic Bishops
United States Conference of Mayors
Veterans of Foreign Wars
Vietnam Veterans of America
Washington Business Group on Health

APPENDIX B

Interview Schedule

1. Part of the focus of this study is on how associations, advocacy organizations, and interest groups develop reputations among people involved in making public policy. Can you tell me what makes your organization unique when compared with similar organizations? How would you describe the "identity" of your organization?
2. Do you think that your organization's identity is well understood by people on the Hill who work on health care policy? Why do you think that is?
3. Is your organization actively working to change the way its identity is understood by people on the Hill who work on health care policy? If yes, what is your strategy to accomplish this goal?
4. Is your organization's identity something that is discussed within your organization? If so, do you use the term *identity*, or do you use some other term or phrase?
5. Which organizations would you identify as the major competitors of your organization? (If respondent answers, "It depends on the issue," then specify "health care issues.")
6. Of these organizations, which organization would you describe as your primary competitor?
7. How would you differentiate your organization from this competitor?
8. Which organizations would you identify as the major allies of your organization? (If respondent answers, "It depends on the issue," then specify "health care issues.")
9. Of these organizations, which organization would you describe as your closest ally?
- 10.

What are the principal ways you would differentiate your organization from this ally?

11. Are there particular parts of the United States in which your organization has exceptional strength? Or is your support evenly distributed throughout the country?
 12. Do you see this geographic distribution of strength changing in the near future? Why?
 13. Would you say that the political presence of your organization in Washington, D.C., has increased, decreased, or stayed about the same in the past 6 years? Why do you think that is?
 14. Has your organization changed its name in the past 10 years? If yes, why? Is there any discussion within your organization of a name change? If yes, why?
-

NOTES

1. If interest groups cannot access members of Congress directly, they may settle for access to congressional staff. Although the number of staff does not face the same hard limits as the number of members, it is constrained as well. As Ornstein, Mann, and Malbin (2002) documented, the number of congressional staff grew rapidly between 1930 and 1970 but has been subject to significant restriction since that time.

2. Browne (1998) argued that the ability of a group to build a specific identity also depends on its lobbying style. He noted that "to have a recognizable niche, an interest needs to play politics in a predictable way, a way that other policy participants expect this particular interest to behave" (p. 220). Although this claim was supported with a variety of colorful anecdotes, a systematic empirical analysis of this "second dimension" of identity was not conducted by Browne.

3. See Gray and Lowery (1996b, p. 76, 1997) for clarification that their model of organizational niches is limited to the question of survival.

4. Although Gray and Lowery (1996a, 1996b) found that issues do not appear to be a critical resource for survival, an examination of gay and lesbian politics by Haider-Markel (1997) revealed that interest groups adapt to competition by collectively dividing their work into separate issue niches. Hojnacki (1997) determined that groups with narrow issue concerns may be less likely to form alliances than those with broader concerns (consistent with the issue niche argument) but cautioned that this behavior may be conditioned more by the nature of policy proposals than the strategies of interest groups.

5. The concept of identity has a rich and long history in the social sciences. It has been fundamental to the investigation of the self (Erikson, 1958; Taylor, 1989), the adoption of language and membership in social groups (Laitin, 1998), the mobilization of individuals during social conflict (Gould, 1995), and individuals' understandings of their memberships in a state (Glaeser, 2000).

6. This example is drawn from anonymous interviews with two industry lobbyists in 2002 and 2004.

7. This example was originally recounted to me in 2003 by a lobbyist for a leading medical society. In 2004, I verified the story in interviews with two congressional staff close to the conference negotiations.

8. I selected the top 50 spenders on lobbying among health interest groups (Office of Public Records, United States Senate, 2003), the top 50 testifiers on health care issues (LexisNexis, 2003), any group that was among the top 100 on both lists, all health interest groups included in the Laumann and Knoke (1987) study that were still in existence in 2003, and a few groups recommended by a panel of health policy experts.

9. I used referrals from other representatives to help set up many of the interviews, but the sample was generated prior to securing referrals. Referrals were helpful in establishing credibility with respondents and in securing interviews with some individuals who had been difficult to reach.

10. Focusing on a single policy area makes it likely that groups work on the same issues and interact with one another in alliances or oppose one another in adversarial relationships.

11. A number of respondents were initially suspicious of the study and its motivations when first contacted. Two respondents explicitly demanded assurances that I was not a spy from another organization. However, after a period of informal chit-chat preceding the interviews, most of the worried respondents appeared to be much more comfortable with the research, its objectives, and the interview. Only one respondent maintained a notably defensive posture throughout the interview. My subjective impression is that the respondents were generally candid during the interviews. When one respondent from a major health trade association appeared to be answering in a transparently noncandid manner (insisting, for example, that the association "care[d] only about the patients"), I probed the respondent with nonscripted follow-up questions and repeated assurances of anonymity to secure less obviously biased answers.

12. For a schedule of interview questions, see Appendix B.

13. The issues dimension is drawn from Browne (1988, 1990), representation and funding from Gray and Lowery (1996a, 1996b), values/ideology from Bayes (1982), techniques, size, and region from Rothenberg (1994, pp. 70-80; Hansen, 1991), tax status from Berry and Arons (2003), positions from Mansbridge (1984), and age from Stinchcombe (1965).

14. In some cases, it may seem as though representation and issues are closely intertwined. For example, if an organization works for a cure for a disease, we might think that they represent the individuals with that disease. My approach did not assume connections between these dimensions but allowed respondents to draw connections or not. I examined the possibility that an organization is disease focused (perhaps focused on finding a cure), patient focused (perhaps focused on making sure those suffering from the disease do not suffer discrimination), or multifocused. How the organization understands its identity may be a product of the nature of the patient population, the disease, and the organization's culture.

15. The information was recorded such that alternative coding schemes could be applied to the data *ex post*. I explored the possibility that alternative coding schemes might measure identity more reliably. For example, responses in the techniques category were more expansive than anticipated. I recoded for different techniques, including PACs, lobbying, grassroots mobilization, science, expertise, and federal organizational structure. After recoding the data, I found that a more heterogeneous categorization scheme did not disrupt the patterns discussed below. Therefore, I retained the inclusive techniques category.

16. See Berry and Arons (2003) for a discussion of how a group's nonprofit tax status affects its advocacy behavior.

17. Requirements for who has to report lobbying activities are specified by the Lobbying Disclosure Act of 1995 and the Lobbying Disclosure Technical Amendments Act of 1998. Some organizations in my study did not report lobbying on health care but did engage in health care advocacy, which may have included educating members of Congress on issues, testifying at committee hearings, advertising in the media, and coordinating advocacy through intergroup coalitions.

tion work. For a discussion of the value of lobbying disclosure reports in interest group research, see Baumgartner and Leech (1999).

18. Other common terms are *image* (9 respondents), *reputation* (3), *niche* (2), *vision* (3), *goals* (4), *values* (6), *issues* (11), *leader* (4), *define ourselves* (2), *who we are* (2), *our strategic plan* (2), *awareness* (2), *agenda* (2), and *work* (2). A variety of other terms were mentioned only once.

19. A statement that an organization has no rivals may be revealing about how the representative thinks about competition. For example, the representative of a group locked in an intense ideological battle with an opposing organization said, "We don't have any competitors because there is no other association that represents [professionals of type X]." This statement reveals that the representative thinks about competition primarily in terms of membership, as opposed to policy or ideology.

20. My measure compares well with recent analyses of the groups in the study. For example, in a recent book on health care politics, Weissert and Weissert (2002) cited the Association of American Medical Colleges (AAMC) as an example of a group with a clear issue niche (p. 126). This observation fits well with my data, with AAMC falling roughly halfway between a clique mix and a niche mix.

21. Each variable took the value of 1 if the dimension was used at all, allowing for the possibility that the group identified along more than one of the four dimensions.

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