

**Determinants of Citizen Well-Being in the U.S. States: Do Policy Liberalism and
Political Culture Matter?**

by

Jessica Son

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Faculty Approval:

Dr. Hasan Tajalli

Dr. Hyun Yun

Tessa Doehrman, MPA

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Abstract

The purpose of this study is to examine the effects of policy liberalism and political culture on the well-being of citizens in U.S. states. Well-being is measured using states' performance on Miringoff and Opdycke's Index of Social Health, a collection of social indicators designed to gauge social health. To determine the impact of policy liberalism and political culture, a multiple regression analysis was conducted. After controlling for per capita income, results of the analysis show that political culture significantly affects citizen well-being. In states with political culture types that favor government intervention in community issues, well-being was greater. States' level of policy liberalism did not have a significant impact on the citizen well-being.

About the Author

Jessica Son is a native Austinite who has volunteered with United Way's Tech Tots Program, Meals on Wheels, and Parents Anonymous. She currently donates time to Austin Siamese Rescue and Pug Rescue of Austin. Ms. Son earned a B.A. in English Studies from Saint Edward's University. She has spent nearly fifteen years in public service, at Arizona's Hozhoni Foundation, and Mainspring Schools of Austin. Since 2006, she has served as a program specialist with the Travis County Attorney's Underage Drinking Prevention Program. Contact Jessica at ms.jessica.son@gmail.com.

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Chapter 1: Introduction

Although public administration may not have been on Edna St. Vincent Millay's mind as she sat penning verse, she nevertheless masterfully encapsulated the problem of unassimilated data and unfulfilled policy promise in a 1930 sonnet. Millay lamented the daily rain of "a meteoric shower of facts," which are left lying "unquestioned, uncombined" (Millay 1939). Social scientist Marc Miringoff, in turn, used these lines to describe efforts to question and combine these ready facts, transforming the "mountains of data about individual problem areas" (Miringoff 1990, 34) into a meaningful picture of society's needs.

There is certainly a deluge of data quantifying today's social problems, and each problem seems to have a corresponding public policy designed to ease it. Whether these policies succeed is largely dependent on whether sufficient resources are channeled to the policy's programs. For policy efforts to achieve meaningful outcomes for the citizens they serve, programs must receive adequate funding (Garand and Hendrick 1991). Because state governments must tap into ever-scarcer resources to achieve these outcomes, setting policy priorities takes the form of "governmental decision-making where public officials allocate scarce resources, in the form of expenditures, to different program areas" (Jacoby and Schneider 2001, 545). Policy priorities are "a clear manifestation of the institutional commitments of state governments" (Jacoby and Schneider 2001, 546). In this way, policy priorities determine social well-being.

What, then, determines policy priorities? “State governments take specific actions to deal with citizen needs, societal problems, and political issues” (Schneider and Jacoby 2004,1). An enormous body of research has identified sets of characteristics that signal what actions a state government can be expected to take (Elazar 1966; Gray et al. 2004; Jacoby and Schneider 2001; Koven and Mausloff 2002; Mead 2004; Miller 1991; Morgan and Watson 1991; Schneider and Jacoby 2004; Sharkansky 1969; Wirt 1991; Wright, Erickson and McIver 1987). Two methods of identifying these characteristics are the political culture, developed by Elazar in 1966, and the level of states’ liberalism.

Merely More Ideological Wrangling?

This research is not intended to serve as another chapter in the debate between conservative and liberal political factions. Rather, this study seeks empirical insight into which approaches are successful in providing a return on investment for taxpayers. Examining the effects of political ideology on policy outcomes is not an exercise in determining the superiority of leaning to the right or the left. Instead, such studies may be instructive in how state governments can produce the best outcomes for citizens. It may present a clearer path to what works. A recent example of research on how state-level application of a nation-wide program yields widely varying results is *Factors Influencing States’ Success in Reaching Healthy People 2000* (Doehrman 2007). Healthy People 2000 was a nationwide health initiative that “articulated goals and objectives aimed at significantly improving the health of all Americans by the year 2000” (Healthy

People 2000 Final Review 2001, 1). Doehrman's study found that states with higher levels of liberalism had greater success in reaching *Healthy People 2000* goals.

Research Purpose

This research seeks to build on existing scholarly work by examining whether or not the well-being of states' citizens is affected by the type of political culture and the degree of liberalism of states. The three elements of the research – well-being, political culture, and level of liberalism – are described in detail in the following chapters.

Chapter Summaries

This study comprises five chapters. Chapter two, Literature Review, introduces scholarly literature that identifies several aspects of well-being and factors affecting well-being. This review of literature establishes a conceptual framework for the formal hypotheses. Chapter Three, Methodology, provides data collection and variable measurement techniques. It also outlines the steps and procedures used to test the hypotheses. Chapter Four, Results, shows the findings of the statistical analysis performed in Chapter Three. The fifth chapter, Conclusions, provides a summary of the study and offers a few comments on the findings.

Chapter Two

Literature Review

Introduction

This chapter introduces provides a review of the literature pertaining to the hypotheses of this research. It also presents the elements of the study and explains why these elements are included.

Chapter Purpose

This review of literature provides context and support for the paper's central premise that a state's political culture and level of liberalism affect the well-being of its citizens. It presents these ideas in several parts. First, it describes methods preferred by researchers for measuring quality of life, including social indicators. Second, it examines the historical use of social indicators as a way of assessing public well-being. Third, it defines and describes each social indicator that will be used here, devoting a small section to each indicator. Fourth, the concept of policy priorities within a federalist framework will be linked to how programs are supported and funded within the states. Fifth, policy liberalism in the states, along with primary methods used to measure that liberalism, will be introduced. Sixth, it will consider the political culture types developed by Elazar and built upon by Sharkansky. The literature discussed in this review provides support for the research hypotheses, which are presented in the conceptual framework table at the close of the chapter. Figure 1 Table 2.1 Continued

Measuring Quality of Life

“Knowing about economic conditions is not enough; instead, we need to strive for greater understanding about the aspects of people’s lives that create the whole person” (Hollar 2003, 93). Because people’s lives are affected so strongly by the actions of their governments, systems that measure quality of life are often employed to assess governmental performance. Much policy evaluation gauges success through quantitative analysis. For example, welfare reform in the 1990s was widely deemed successful because the number of welfare recipients decreased dramatically. A complete assessment of the success of a government effort, however, must also consider the well-being of the citizens the government serves (Hollar 2003, 101). Evaluations of welfare reform often did not consider whether former recipients experienced subsequent hunger or homelessness. More thorough analysis is necessary because “numbers alone may present a sterile picture of economic, social, and material hardship” (Seccombe 2000, 1096).

Although social indicators will be engaged here, and defined shortly, they are not the only tools available to measure the quality of life experienced by the populace. Quality of life is also measured using other indicators of state-level quality-of-life systems. Two of these are the Camelot Index, and the Morgan Quitno Livability Ratings Index.

The Camelot Index is issued annually by *State Policy Reports*, and assesses 25 indicators within six categories. Categories comprising the Index are Healthy Economy, Healthy People, Crime-Free State, Educated Population, Healthy Society, and Prudently

Managed Government. The indicators are then combined to create a single score. A lower score indicates a better quality of life (State Policy Reports 2004).

The Morgan Quitno Livability Ratings publishes another annual report. Each state is scored on 43 wide-ranging criteria, including infrastructure, political participation, government debt, infant mortality, and job growth. Finally, scores are averaged, and states are ranked from most to least “livable.”

Despite the presence of these and other measurement systems, this study will use the Index of Social Health developed by Marc Miringoff, Marque-Luisa Miringoff and Sandra Opdycke and discussed in detail below. The Index was chosen for the following reasons: 1) it employs straightforward metrics which are easily examined in aggregate or by individual indicator; 2) it draws data from federal agencies which enjoy consistent funding and collect data regularly; and 3) research suggests that indicators measuring quality of life, rather than state-level performance, are more relevant to citizens (Glaser et al. 2000; Aristigueta et al. 2001). Many states currently use social indicators to assess their overall social and economic health (Aristigueta et al. 2001; Miringoff and Odycke 2008).

Social Indicators and the Index of Social Health: Definition and Background

Social Indicators Defined

Miringoff defined social indicators as “the collection and standardization of statistics reflecting how the country was faring with regard to major social problems” (Miringoff 1990, 41). Just as economic indicators are used to monitor and guide a

nation's monetary health, social indicators are standardized statistics that signal the well-being of the participants in that economy.

As the federal government has taken on increasing responsibilities for basic human needs, the role of social indicators has become not only expository, but normative. Thus, Aristeguieta et al. conclude that social indicators are “descriptions of social conditions that are intended to inform public opinion and policy making” (2001, 255).

Index of Social Health

In 1987, Miringoff, Miringoff, and Opdycke released their first national report on the nation's social health, *The Index of Social Health*. The Index is a snapshot of 16 key areas of the quality of life in the U.S. It measures well-being across the age spectrum, from childhood to advanced age. The U.S. government regularly collects social data, and most of the data used in the Index of Social Health is drawn from federal agencies; however, Miringoff, Miringoff, and Opdycke configured and evaluated the data in a way not previously executed. This Index of Social Health has been likened to the key economic indicators often consulted by politicians and economists to gauge the health and outlook of the nation's economy.

Background

The Index of Social Health was a response to a decades-old call for such a document, with roots reaching back over a century and stretching through Europe. In the early 19th century Philadelphian prison reformers collected data they hoped would be

useful to their efforts (Cobb and Rixford 1998). 1933 saw the release of *Recent Social Trends*, a 1,500 page document of U.S. social statistics by Hoover's Research Committee on Social Trends. As national attention was diverted by the Depression and then the Second World War, the collection of data focused on economic information, leading to the development of the Gross Domestic Product. By the 1960s, confidence in the value of economic indicators had grown, and interest in social indicators resurfaced (Cobb and Rixford 1998). It was during this time that the federal government became interested in creating an annual report to track social indicators. In an effort to gauge how the new space program would affect U.S. society, NASA commissioned a project to assess U.S. social data. The commission soon realized "little of the critical information needed to assess American life was available" (Miringoff 1990, 23). It was the project's director, Robert Bauer, who coined the phrase "social indicators," calling them a necessary counterpart to the widely used economic indicators. The idea gained traction. At the behest of President Johnson, *Toward a Social Report* was published in 1966. The study laid the foundation for regular reporting on social health in the U.S. In 1967, Senator Walter Mondale's *Full Opportunity and Social Accounting Act* proposed the creation of the Council of Social Advisors to the President. The Council, to be structurally similar to the Council of Economic Advisors, would monitor and report annually to the President regarding the nation's progress on major social problems. The act achieved only unicameral passage, but in early 1970s strong bipartisan and lobbyist support convinced the federal government to publish the national social report, albeit a distinctly different version. Entitled *Social Indicators*, the report contained many social statistics about

several national social problems (Miringoff and Opdycke 2008). The report was published three times, but the Reagan administration discontinued the project in 1981. The federal government made no further serious attempt to revive the practice of comprehensively collecting and analyzing social statistics.

It was in this environment that Miringoff, Miringoff, and Opdycke began their work creating the Index of Social Health. The Index uses data drawn from several dozen separate government agencies and research centers. Data is combined and formulated into an index that “defines the social health of the nation on a yearly basis” (Miringoff 1990). The Institute for Innovation in Social Policy, which publishes the Index each year, has performed special studies to look at the social health of certain cities and states. It also undertook a project with the United Nations to create an Index for children in selected industrialized countries.

How the Index is Measured

The Index of Social Health comprises sixteen indicators measuring well-being across the age spectrum (Miringoff and Opdycke 2008). Each year, the authors assess data on the individual indicators and assign each state a cumulative score between 1 and 100. The states are then ranked on overall performance and by indicator. Table 2.1 lists the indicators by group.

Table 2.1: Indicators Measured by the Index of Social Health	
Stage of Life	Indicators
<i>Children</i>	Infant Mortality Child Poverty Child Abuse
<i>Youth</i>	Teenage Suicide Teenage Drug Abuse High School Completion
<i>Adults</i>	Unemployment Average Weekly Wages Health Insurance Coverage
<i>Aging</i>	Poverty Among the Elderly Suicide Among the Elderly
<i>All Ages</i>	Homicides Alcohol-Related Traffic Fatalities Food Stamp Coverage Affordable Housing Income Inequality

Some states perform well on some indicators in the index, but poorly on others. From these sixteen indicators, the authors identify three as *principal indicators*. These measures taken together seem to be a particularly important signpost for how a state fares on the others. “A state rarely does well overall without doing well on these indicators...few states have generally poor performance without doing poorly on these three” (Miringoff and Opdycke 2008). The principal indicators are child poverty, high school completion, and health insurance coverage. These indicators are of particular interest because they may provide more return on investment for society. In other words, if a state cannot adequately fund all policy areas, it may choose to channel resources into programs known to decrease child poverty, increase high school completion rates, and increase the number of citizens with health insurance coverage. Investment in these areas

may have the indirect effect of increasing the state's performance on indicators such as average wages, poverty among the elderly, and child abuse. This strategic allocation might allow a state to improve the quality of life in several areas, while investing in programs that directly target only a few areas.

In the following discussion of indicators from the Index of Social Health, indicators will be grouped according to the stage of life they represent. The sixteen indicators span five categories: childhood, youth, adults, aging, and all-ages.

Childhood Indicators

Infant Mortality

Infant mortality is defined as death during the first year of life. Several determinants have been identified; chief among them are low birth weight and poor or absent prenatal care, both of which are linked to poverty. Living in poverty, therefore, increases the risk for infant mortality. These infants are more likely to experience low birth weight, birth defects, and are at increased risk of exposure to environmental hazards during the first year of life (Seccombe 2000, 1102).

Low birth weight, defined as a weight of less than 5.5 pounds at birth, is strongly linked to infant mortality; in fact, it is "perhaps the most recognized determinant of infant mortality" (Conley and Springer 2001, 772). In 2005, among babies born at or above 5.8 pounds, the rate of infant mortality was 2.30 per 1,000; for babies weighing between 3.5 and 5.8 pounds at birth, the rate climbed to 14.73 deaths per 1,000. Infants born

weighing less than 3.5 pounds died at a rate of 244.95 per 1,000 during the first year of life (National Center for Health Statistics 2008).

Early and continuous prenatal care has been shown to improve pregnancy outcomes for low-income women, decreasing the likelihood of low birth weight and other causes of infant mortality (Strobino, et al. 1995). Researchers suggest a combination of diverse strategies to reflect the diverse causes of infant mortality, such as smoking cessation programs and increased access to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (Strobino, 1995, 528).

Poverty among Children

Poverty researchers have identified several theories for the enduring poverty experienced by many Americans. These include generational cycles; changes in job quality and job availability; and an increase in single-parent households. Seccombe (2000) posits that the causes of poverty are shifts in labor market conditions; a reduction of government benefits to those in need; and a rise in the number of single-parent families.

The federal welfare reform of the mid 1990s changed the landscape of benefits available to the poor in America. Supplemental Security Income (SSI) program benefits for disabled children were also modified. Changes to the definition of childhood disability excluded an estimated 170,000 children and adolescents between 1996 and 2000 (Shields and Berman 2002, 6).

Changing demographics also account for some increase in poverty among children. More households are headed by single parents, increasing from 13 percent in 1951 to 24.3 percent in 2003; most single-parent households are headed by mothers (Mishel 2005, 56). Because virtually all one-parent households earn lower incomes than dual-parent households, an increase in single-parent homes translates into an increase in children living in poverty. An additional factor is that most single-parent households are headed by women, who tend to earn less than men (Mishel 2005).

Seccombe writes that “Children reared in poverty have poorer physical and mental health, do worse in school, experience more punitive discipline styles and abuse, live in poorer neighborhoods, and are more likely to engage in deviant or delinquent acts” (2000, 1102). Babies born to impoverished mothers are at risk for low birth weight and under-nutrition. These conditions “increase their likelihood of serious chronic and acute illness” (Seccombe 2000, 1102). The prenatal care their mothers receive – if they receive any – is often inadequate.

Child Abuse

In the last half-century, great strides have been made in public recognition and reporting of suspected child abuse. Each state has laws that mandate reporting of confirmed or suspected child abuse (Besharov 1998; Child Welfare Information Gateway 2008). Professionals in all states and laypersons in some states are required to report suspected abuse or neglect to a CPS [Child Protective Services] hotline” (Larner, Stevenson and Behrman 1998, 6). Improvements are still needed, however, in the

following areas: action subsequent to reports of suspected child abuse (Lowry 1998) and addressing the causes of child abuse.

Programs to facilitate parent employment and increase household income have been shown to reduce a child's likelihood of being maltreated (Shields and Behrman 2002). This may be because employment and increased income assuage some risk factors for child abuse, notably that "poor children have a higher probability of being abused and neglected than do their affluent peers" and that "parents use more inconsistent and harsh physical discipline as a family's economic situation worsens" (Seccombe 2000, 1105).

Youth Indicators

Suicide among Teens

A recent study hypothesized that states' social service spending, state policy liberalism, and governing ideology affect states' suicide rates (Flavin and Radcliff 2009). The researchers found that states with greater policy liberalism had lower suicide rates. The authors concluded that "more generous social welfare expenditures, more liberal public policy regimes, and more liberal state governments are all associated with lower suicide rates" (Flavin and Radcliff 2009, 203).

Healthy People 2000, a ten-year national public health campaign, included the goal of reducing suicide attempts. Doehrmann found that a state's level of policy liberalism positively affects that state's success in meeting this goal (Doehrman 2007, 46). In a continued effort to reduce the suicide rate, the federal government has included

a corresponding goal in its national health plan, *Healthy People 2010*. Healthy People 2010 is “a comprehensive, nationwide health promotion and disease prevention agenda” (National Center for Health Statistics 2000). By including suicide prevention in Healthy People 2010 goals, the government aims to reduce the number of completed suicides and suicide attempts requiring medical attention (Miringoff and Opdycke 2008).

In 2005, 2.3% of adolescents in grades 9 through 12 made a suicide attempt requiring medical attention (U.S. Department of Health and Human Services 2007). The suicide rate among American adolescents and young adults spiked in the 1960s, reaching its peak in the late 1980s and early 1990s (Lynch et al. 2004). These increases “could be consistent with the rise in income inequality in the 1970s and the changes in age-distribution of poverty” (Lynch, et al. 2004, 370), when the young and families with children took the brunt of the increases in income inequality (Mishel 2005).

Teen Drug Abuse

Researchers rank adolescent drug use among our most expensive health care problems (Wilson 2003, 1). Since 1914’s Harrison Act, U.S. legislators have been trying to control the flow of mind-altering chemicals for recreational use. The Harrison Act also established clinics to treat drug addicts, and marked the beginning of the ongoing national effort to prevent and treat substance abuse. In the 1940s New York became the first state to create an adolescent treatment facility (Wilson 2003, 5), and subsequent decades saw drug prevention and treatment programs emerge throughout the country.

High School Completion

Educational attainment is a strong predictor of lifetime earning ability. Several factors affect high school completion, and many may have a cascading effect, as will be demonstrated here. Some of the commonly identified determinants are parental (especially maternal) educational attainment, poverty, and low birth weight (Case and Paxson 2006). More recently, health problems have been added to the list of factors that have a significant impact on educational attainment (Case and Paxson 2006; Needham, Crosnoe, and Muller 2004).

Low birth weight infants are particularly vulnerable to high school dropout; Conley and Bennett (2001) found that infants born with low birth weight appear to be 32% less likely to graduate from high school by age 19 than their normal birth weight counterparts. Children with low birth weight are more susceptible to a host of neurodevelopmental problems (Case and Paxson 2006). Poverty can compound these difficulties: in one study of low birth weight infants living in poverty, only twelve percent were functioning at a normal cognitive level by age three (Conley and Bennett 2001).

Children's health problems may cause a variety of educational impediments: more missed school days, more difficulty mastering content, and, finally, decreased likelihood of completing high school (Case and Paxson 2006). A 2004 study concluded that physical and mental health problems pose a significant academic risk during high school; students who reported their own health as fair or poor were 34 percent more likely to fail

one or more class in the next year than were students who self-reported their health as good to excellent (Needham, Crosnoe, and Muller 2004).

Adult Indicators

Unemployment

Unemployment is problematic in several respects, and has varied causes. Structural unemployment refers to a mismatch between the skills required by an employer the skills possessed by a worker. The structurally unemployed consistently place the highest financial burden on governments (Bates 2001). Declines in economic activity trigger another type of unemployment – cyclical unemployment. Unlike those affected by structural unemployment, who tend to experience long-term joblessness, members of the labor force who experience cyclical unemployment tend to return to work sooner (Bates 2001).

Unemployment is not only symptomatic of problems the economy may have, it further burdens the economy. Prolonged unemployment decreases hours worked, slows hourly wage growth, thereby affecting those who remain employed as well as those who lose their jobs (Mishel 2005, 223). This unpleasant chain of events lowers family incomes, and low- and middle-wage workers are hardest hit.

Unemployment can affect many areas of the unemployed individual's life, from fertility and marital stability, to the well-being and educational attainment of his or her children (Strom 2003, 416). Research shows that daughters who grow up in a family that receives government assistance are more likely to become adult welfare recipients (Bates

2001, 2). Recent U.S. unemployment policy approaches have included welfare reform requiring recipients to either work or actively seek employment; public works projects and other forms of public investment; providing government insurance benefits to the unemployed; and job creation programs. The process of devolution has given states greater flexibility to administer federal unemployment programs (Bates 2001, 11). In such cases, the study of political culture and policy liberalism within the states may be particularly applicable.

Average Weekly Wages

For most American families, wages are their bread and butter – quite literally. The dominant view long held in the U.S. has been that “promotion of the private interests of business firms is the best means of ensuring the public interest” (Champlin and Knoedler 2004, 877). This notion is contradicted when average weekly wages are contrasted with productivity in the U.S. over recent decades. The median wage for male workers in 2000 was below its 1979 level, while productivity had increased 44.5 percent for the same time period (Mishel 2005, 111).

One policy approach to improving wages is the creation of *living wage laws*. Such laws “mandate that covered employers must pay their workers a wage sufficient to lift a family above the poverty level” (Neumark 2004, 27). The reach of these laws may be too weak to affect many poverty-level workers, however; some researchers estimate that only one percent of the working poor would benefit from living wage laws (Neumark 2004, 28). This sets the stage for what Champlin and Knoedler describe as *high-wage*

doctrine versus *low-wage doctrine* (Champlin and Knoedler 2004, 880). Adherents to the high-wage doctrine, such as Henry Ford, believed social prosperity was equivalent to business prosperity; therefore high wages are in the public interest. This thinking has been usurped by the low-wage doctrine, in which “economic prosperity is presumed to be best served by low wages that do not threaten inflation or squeeze profits” (Champlin and Knoedler 2004, 880). The low-wage doctrine, argue Champlin and Knoedler, is now taken as orthodoxy, further hampering efforts to mandate sustenance wages.

Health Insurance Coverage

Health insurance matters. The emergency care available to all Americans does not include access to equally important preventive care, diagnostic testing, and management of chronic conditions. This lack of adequate care brings dire consequences: “analysts find that the uninsured are sicker, more likely to suffer from chronic conditions, and more likely to die younger than people with health insurance” (Weil 2007, 98).

The two most common ways of obtaining health care coverage are enrollment in employer-sponsored health insurance, and through publicly funded health coverage for low-income Americans. Low-income working Americans without employer-sponsored insurance, whose incomes are above the eligibility thresholds for public health-care programs, lack access to either of these avenues of coverage. Others are “underinsured,” because their medical insurance that is inadequate. These shortcomings create the current U.S. health care crisis.

The health care reform debate that persists at the time of this writing is heavily concerned with the appropriate way to administer health insurance in the U.S. The matter of health care reform has been particularly divisive to conservative and liberal lawmakers. “The key is to provide a solution that both liberals and conservatives can endorse” (Emanuel 2002, 33).

A key indicator of health care program impact is the percentage of eligible children enrolled (Halfon, Inkelas and Newachek 1999). Despite the fact that virtually all children from low-income families are eligible to enroll in a federal or state health insurance program, many lack health care coverage. Indeed, some researchers argue that “lack of participation by eligible children rather than inadequate eligibility levels is the key policy issue” (Holahan, Dubay, and Kenney 2003, 72). State health care policy is an area that offers an opportunity to observe states’ use of federal block grants to expand health care, and which states reach more eligible enrollees.

Aging Indicators

Poverty among the Elderly

There is scholarly disagreement over how the elderly are faring. When the official poverty measure is employed, the elderly and non-elderly have the same poverty rates; when an alternative measure is used, and out-of-pocket medical spending is subtracted, the poverty rate for the elderly rockets upward, almost doubling (Burtless and Smeeding 2001, 59). Whichever measure is used, antipoverty policy seems to have benefited this group. From 1959 to 1998 the elderly poverty rate declined from 35.2

percent to 10.5 percent. This decrease corresponds to Social Security increases between those years. Adjusted for inflation, legislated benefits increases have generally met or exceeded the cost of living (Scholz and Levine 2001, 198). Such observations support the research of Moller et al., who found that “when states spend more of their financial resources on citizen welfare, poverty is reduced” (Moller et al.2003, 45).

Suicide Among the Elderly

There is relatively little scholarly literature written about elderly suicide; as one researcher noted, “suicide in elderly people receives relatively little attention, with public health measures, medical research, and media attention focusing on younger age groups” (O’Connell et al. 2004, 895). This is despite the fact that the elderly “have a higher risk of completed suicide than any other age group worldwide” (World Health Organization 2002). With an increasing number of people living into old age, suicide is predicted to become the tenth leading cause of death by 2020 (Waern, Rubenowitz, and Wilhelmson, 2003, 328).

Researchers have identified several risk factors for suicide among older people. They range from psychological (psychiatric disorders), to physical (serious illness, often accompanied by decreased physical functioning), to social (loneliness and low social interaction), and there is usually a complex interplay of these factors (O’Connell et al. 2004, 897).

Depression is the leading cause of suicide, and may be triggered or exacerbated by increased social isolation and decreased social support (Waern, Rubenowitz, &

Wilhelmson 2003, 332). A recent meta-analysis of Japanese programs “demonstrated that the implementation of universal prevention programs involving CDS [community-based depression screening programs] and health education is associated with reduced risk of completed suicide among older residents” (Oyama et al. 2008, 318). Therefore, the presence of effective policy interventions to screen for depression and assist the elderly with medical treatment and social support may be important markers of government effort to prevent suicide in this age group. As described in the previous section on teen suicide, researchers have found that states with higher levels of policy liberalism have lower suicide rates (Flavin and Radcliff 2009, 196).

All-Ages Indicators

Homicides

Branas, Richmond, and Schwab call homicide “the prime example of criminal violence” (115). Pearson-Nelson’s analysis of homicide trends used the FBI’s annual Uniform Crime Report to demonstrate a positive correlation between resource deprivation and increased homicide rates (2008). This is consistent with deprivation theory, a prevailing explanation for homicide trends, which posits that “deprivation of groups and individuals creates frustration, anger, and lack of social integration” (Neumayer 2003, 623). Modernization theory, another prevalent approach to understanding homicide patterns, predicts that this lack of social integration will lead to higher homicide rates. Eric Neumayer (2003) argues for the possibility of lowering homicide rates through “good policy.” Specifically, Neumayer’s research suggests that

the following policies will result in reduced homicide rates: 1) abolishing the death penalty; and 2) policies designed to achieve economic growth, which in turn raises average income levels. Importantly, redistributive economic programs were not found to affect homicide rates. As Neumayer explains, “To be sure, economics matters, but it does so in the form of higher job availability due to strong economic growth and greater payoff to work effort as represented by income levels” (Neumayer 2003, 636).

Alcohol-Related Traffic Fatalities

Alcohol abuse is a public health issue, and it becomes a public safety issue when an intoxicated individual gets behind the wheel. State-level legislation to control drunken driving first appeared in New York and California, in 1910 and 1911, respectively.

These laws and those adopted by other states in subsequent decades merely prohibited “driving while intoxicated,” but didn’t define intoxication (Freeman 2007, 293).

Pressures from insurance groups and well-known advocacy group Mothers Against Drunk Driving (MADD), coalesced in the 1980s, bringing pressure from the federal government on states to increase the minimum drinking age to 21, and to establish legal limits (usually .08 g/dL) for blood alcohol level for drivers. Such laws have been generally regarded as effective: in 1982, alcohol was involved in 60 percent of traffic fatalities nationwide; by 2004 that figure had dropped to 39 percent (Freeman 2007, 294).

The progress has slowed in the past decade, however. Between 1997 and 2004, there was a decrease of only one percent in alcohol-related fatalities, and hovers near 39 percent. In 2002, 41 percent of traffic fatalities had alcohol involved (Quinlan 2005,

348). Some researchers even note an increase in both frequency and intensity of self-reported alcohol impaired driving. This stagnation in improvement and controversy over the effectiveness of BAC laws have renewed interest in policy options.

Another promising, if less popular, policy approach is to increase state excise tax. “Most studies offer support for the view that even small price increases cause some reduction in alcohol related fatal accidents” (Cook and Moore 2002, 126).

Percentage of Eligible Families Receiving Food Stamps

Clinton’s monumental welfare reform act, 1996’s Personal Responsibility and Work Opportunity Act, replaced Aid to Families with Dependent Children (AFDC) with state-specific block grants for the Temporary Aid to Needy Families (TANF) Program. Subsequently, rolls of Food Stamp recipients reduced dramatically. The Food Stamp Program shed nearly 6 million individual participants between the summers of 1994 and 1997 (Mills, Dorai-Raj, Peterson, and Alwang 2001, 452). State level social indicators are particularly helpful to understand this matter because reduced food stamp caseloads have been linked both directly and indirectly to discretionary administrative procedures adopted by state administrators (Tschoepe and Hinderer 2001). When federal law on public assistance was overhauled in the 1990s, Congress allowed states to drastically alter the way they determine eligibility and benefit amounts. “The intended effect of these reforms was to make it harder for families headed by a working-age adult to obtain cash benefits” (Currie, Grogger, Burtless, and Schoeni 2001, 231). The results of one study “supports suspicions that TANF reform measures may have indirectly fostered Food

Stamp Program exits among families that remain below 1.3 times the poverty line and are still eligible for food assistance” (Mills, Dorai-Raj, Peterson, and Alwang 2001, 554).

As described above, loss of benefits to eligible families has been rampant. For the neediest families, loss of Food Stamp benefits threatens food security. When considering citizen well-being, percentage of participating eligible families is a strong indicator of food security, the most basic component of well-being.

Affordable Housing

One aspect of stable housing is the ability of an individual or family to remain in secure housing arrangements. An obvious barrier to stable housing is lack of affordability (Hollar 2003). Families overburdened by housing costs are more likely to experience difficulty affording other necessities such as food, clothing, transportation, and medical care (U.S. Department of Housing and Urban Development Office of Affordable Housing Programs 2009). The U.S. Department of Housing and Urban Development (HUD) defines affordable housing as housing costs on which a household spends no more than 30 percent of its income. In 2005, 37.3 million families paid more than 30 percent for housing, a record high (Joint Center for Housing, 2007). The National Low Income Housing Coalition found that in 2004 almost 35 percent of the U.S. experienced serious housing problems; of those, 28 percent lacked affordable housing (2005a).

Beyond the compelling story of unmet human need, housing problems are linked with broader social concerns. There is considerable overlap between groups who receive

welfare benefits and those who receive housing assistance (Stegman 1999, 170). In fact, some researchers consider housing policy part of the safety net and suggest that housing assistance policies not only identify those facing housing crisis, but further delineate between the “permanent poor” and those experiencing transient poverty (Newman and Struyk 1983, 252).

As housing security increases, so does social benefit. Research demonstrates that “for low-income children, homeownership increases educational attainment, raises earnings, and reduces welfare use” (Harkness and Newman 2003, 12). “Other things being equal, children of homeowners are more likely to stay in school past age 17, and daughters of homeowners are less likely to have a child before the age of 18” (Stegman 1999, 2).

The arguments made above demonstrate that housing is an important marker of social wellness. Affordable housing is a generally accepted measure of how successfully the nation is attaining secure, stable housing.

Income Inequality

Income is very unequally shared by earners in the U.S. Between 1973 and 2000, income inequality spiked. This can be attributed largely to uneven income growth. During that period, high-income families experienced 67% growth in income; for middle-income families, growth was 27%. For low income families growth expanded only 12% (Mishel, Bernstein, and Allegretto 2005).

In 2001, wage earners in the lowest quintile of households took home 4.2% of the annual income growth. In contrast, the highest quintile claimed a staggering 52.4%. Since 1989, households in the lowest quintile have fluctuated by no more than three-tenths of a percent, demonstrating that this low share in U.S. earnings has been constant for at least two decades (Mishel 2005).

Several characteristics of the U.S. labor market contribute to the ongoing high rate of family poverty among the lowest quintile (Secombe 2000). First, even though the US Department of Labor reported strong job growth throughout the 1990s, these jobs tended to be low-paying jobs in the service sector. In past decades, many workers with low educational attainment could find work in manufacturing, and these jobs were well-paying. In contrast, jobs in the service sector – such as food service or cashier – are more likely to pay the minimum wage, and a minimum wage earner working 40 hours a week would fall below the poverty level. The median real wage in 2003 was \$13.62 an hour – an increase of only \$1.26 over nearly 25 years (Mishel 2005, 371). Job migration from inner city factories to outlying areas and overseas factories has further reduced the number of higher-paying jobs available. Another important factor is the absence of job benefits such as health insurance for employees and their families.

Policy Priorities

In a federalist government states vary widely in how they govern. Although the federal government acts as policymaker in some matters, in many areas, each state first sets policy, and then makes decisions about how much of its budget to devote to each

policy. Consequently, there is a wide variation among states in what services they choose to support, and in how successfully they provide for the needs of their citizens.

Reagan's legacy of devolution has largely extricated the federal government from the fields of human services and social welfare service provision. This was achieved by implementing a system of federal block grants, which continues today. Money is distributed to the states to administer social and human services (Midgley 2000). A state's policy priorities are expressed by the way resources are distributed to different program areas (Jacoby and Schneider 2001). State governments address some societal issues at the exclusion of others, tending to favor either collective or particularized services, rather than dividing resources equally between the two types (Jacoby and Schneider 2001). One way to assess policy priorities is to examine the allocation of resources to each policy area. Simply put, a government spends money on what it deems important. "State expenditures are the most direct empirical manifestation of policymakers' and legislators' policy priorities," (Jacoby & Schneieder 2001, 545). This is particularly true of state legislature, because state budgets are a zero-sum game. Without the power to raise revenue or acquire debt, money allocated to one policy area is money that another area will not receive. Stripping funding from one area to support another is known as budget trade-off. Where trade-offs are made is another expression of policy priorities.

Level of Liberalism

Public opinion has been shown to affect state public policy, and how public money is spent. States with higher levels of liberalism are more likely to finance programs for underserved populations, including social “safety net” services. Gray et al. (2004) developed a liberalism index, a modification of an earlier 1993 measure by Erikson, Wright, and McIver (EWR), to gauge a state’s level of liberalism. Doehrman (2007) examined the effects of policy liberalism and health expenditure per capita on states’ success in reaching *Healthy People 2000*, a ten-year national public health campaign. The study found that states’ level of policy liberalism significantly affected their success in reaching program goals.

Political Culture

Elazar’s Political Culture

Within the federalist partnership between state and federal government, “the fifty states respond to the cooperative system in different ways” (Elazar 1966, 79). “There is extensive evidence that the political culture of a given state or region influences the scope and priorities of government services in its geo-political area” (Neal 2002, 23). In 1966, Daniel Elazar introduced his concept of “political culture” within the American states. He theorized that these cultures represent “the particular pattern of orientation to political action in which each system is imbedded” (Elazar 1966, 84). Political culture is “the historical source of such differences in habits, concerns, and attitudes that exist to influence political life in the various states” (Elazar 1966, 79). To identify a state’s

political culture is to describe how that state's politicians and populace understand "what politics is and what can be expected from government, influence the types of people who become active in politics, and influence the ways in which they practice politics and formulate public policy" (Sharkansky 1969, 67). "These cultural categories, or typologies, are important because they form the basis of later work, which attempts to 'operationalize' the categories by creating numerical indexes to measure relative levels of each typology" (Neal 2002, 25).

Understanding the political culture of a state helps understand and predict how that state will administer funding for federal programs. States can "virtually dictate the impact of federal-aided activities within their boundaries" (Elazar 1966, 81). These culture types are linked to states' public spending levels (Miller 1991).

Moralistic, Individualistic, and Traditionalistic Cultures in U.S. States

In each American state, Elazar contended, one of three cultures prevails: individualistic, moralistic, and traditionalistic. These cultures do not always adhere to state boundaries, however, and can exist in sub-areas within states (Sharkansky 1969, 68).

Individualistic

Individualistic culture "conceives of the political system as a marketplace, in which individuals and groups advance their self interest through political action" (Morgan and Watson 1991, 33). Relationships, and a system of mutual obligation,

underpin much political thinking and activity. A *quid pro quo* philosophy forms the basis of political relationships within this system (Elazar 1966, 89). Government exists to perform certain limited functions, but is not directly responsible for creating the “good society”.

This political culture prefers minimal intervention into private activities (Elazar 1966, 86). Such intervention should be limited to what is necessary “to promote widespread access to the marketplace” (Elazar 1966, 87). Politicians in Individualistic cultures generally avoid initiating new programs or government activity without a strong public call for them to do so (Elazar 1966, 89). The arena of politics is viewed by many as a dirty business, and when corruption is found, it stirs little public excitement “unless it is of an extraordinary character” (Elazar 1966, 89).

Moralistic

The Moralistic culture type perceives government as a means to improve general welfare of the population – “a struggle for power, it is true, but also an effort to exercise power for the betterment of the commonwealth” (Elazar 1966, 90). The communal good is prized above individual interest, and “government is considered a positive instrument with a responsibility to promote the general welfare” (Elazar 1966, 90). Elazar notes that in areas dominated by Moralistic ideology, “there is much less of what Americans consider corruption in government and less tolerance of those actions which are considered corrupt” (Elazar 1966, 92). The ability of Moralistic states to reconcile their communitarian principles to the need for a large-scale bureaucracy may skew their

attitude toward some federal activity (Elazar 1966, 92). On the whole, however, Moralistic cultures look favorably on politically neutral administrative systems, and successfully maintain merit-based bureaucracies (Elazar 1966, 92).

Traditionalistic

The traditionalistic culture views government “primarily as keeper of the old social order. Political affairs should remain chiefly in the hands of established elites who often claim the right to govern through family ties or social position” (Morgan and Watson 1991, 33). Individualist cultures view government as a positive force within the community, but as a force to be used to maintain the existing social hierarchy; “to do so, it functions to confine real political power to a relatively small and self-perpetuating group drawn from an established elite who often inherit their ‘right’ to govern through family ties or social position” (Elazar 1969, 93). The Traditionalist political culture can exist “only in a society that retains some of the organic characteristics of the preindustrial social order” (Elazar 1966, 93). Government is expected to maintain and encourage the *status quo*, and to usher in unavoidable changes “with the least possible upset” (Elazar 1969, 93).

Political participation

Viewpoints on political participation –who should be involved in politics – figures heavily into the political culture types. For Moralists, good of the commonwealth dictates that all citizens participate politically, not just politicians. Individualists view

participation chiefly as simply another means to advance one's own social and economic interests (Elazar 1966, 87). Traditionalists tend to believe political participation should be reserved for the elite within the community (Sharkansky 1969, 69).

Bureaucracy

Similarly, bureaucracy is looked upon differently by the different culture types. Moralistic cultures favor "extensive, well-paid and professional administrative corps at all levels of government" (Sharkansky 1969, 69). Individualist cultures view bureaucracy as an impediment to private affairs, but also "as a resource that public officials can use to further their own goals" (Sharkansky 1969, 69); even a merit-system bureaucracy exists squarely within the framework of the favor system (Elazar 1966, 88). For the Traditionalistic culture, the growth of bureaucracy may threaten the power of the political elite (Sharkansky 1969, 69).

Public Programs and Intervention in the Community

The three culture types' differing perception of intervention may have the greatest effect on the quantity and substance of policy approaches within the community.

Sharkansky provided a telling description of the difference:

The Moralist welcomes intervention for the good of the commonwealth; the Individualist would minimize intervention or permit a balance of satisfactions from activities in the private and the public sector; and the Traditionalist would oppose all government interventions except those necessary to maintain the existing power structure. On a related dimension, the Moralist culture welcomes the initiation of new programs for the good of the community; in the Individualist culture, new programs would be initiated only if they could be described as political favors that would elicit favors in return for those who provided the programs; and the Traditionalist would accept new programs only

if they were necessary for the maintenance of the status quo (Sharkansky 1969, 69).

As insightful as Elazar's observations are, they "reflect his own judgment, disciplined by several years of observation" (Sharkansky 1969, 67). To increase the utility of Elazar's designations, Sharkansky translated them into a scale which "assesses Elazar's work in the terms of the empirical literature of comparative state analysis" (Sharkansky 1969, 68).

Conceptual Framework and Formal Hypotheses

This research is explanatory and uses formal hypotheses. Based on the supporting literature, the hypotheses are designed to test two basic ideas:

1. *States with moralistic political cultures will achieve more favorable outcomes on social indicators than will states with individualistic or traditionalistic political cultures.*
2. *States with higher levels of policy liberalism will achieve more favorable outcomes on social indicators than will states with lower levels of policy liberalism.*

Table 2.2 displays the conceptual framework for the research. The conceptual framework serves a connective function between the research question and the scholarly literature, and serves as map to guide inquiry (Shields and Tajalli 2006, 316). The conceptual framework contains sixteen hypotheses, each linking one of the indicators to

policy liberalism and political culture. The conceptual framework is contained in Table 2.2.

Table 2.2: Conceptual Framework Linked to Literature

Conceptual Framework Linked to Literature	
Hypothesis	Supportive Sources
<p>H1a: States with higher the level of liberalism will have lower levels of infant mortality.</p> <p>H1b: The infant mortality rate of states is significantly related to the political culture of states.</p>	<p>Conley & Bennett 2001; Conley & Springer 2001; Hollar 2003; Miringoff & Opdycke 2008; Seccombe 2000; Strobino, O’Campo, Schoendorf, et al. 1995.</p>
<p>H2a: States with higher the level of liberalism will have lower levels of child poverty.</p> <p>H2b: The child poverty rate of states is significantly related to the political culture of states.</p>	<p>Miringoff & Opdycke 2008; Mishel, Bernstein, & Allegretto 2005; Seccombe 2000; Shields & Berman 2002</p>
<p>H3a: States with higher level of liberalism will have a lower level of child abuse.</p> <p>H3b: The child abuse rate of states is significantly related to the political culture of states.</p>	<p>Besharov 1998; Lerner, Stevenson & Behrman 1998; Lowry 1998; Miringoff & Opdycke 2008; Seccombe 2000; Shields & Berman 2002</p>

Table 2.2 continued

Conceptual Framework Linked to Literature	
Hypothesis	Supportive Sources
<p>H4a: States with higher level of liberalism will have a lower level of teen suicide.</p> <p>H4b: The teen suicide rate of states is significantly related to the political culture of states.</p>	<p>Doehrman 2007; Flavin & Radcliff 2009; Lynch et al. 2004; Miringoff & Opdycke 2008; Mishel 2005</p>
<p>H5a: States with higher level of liberalism will have a lower level of teen drug abuse.</p> <p>H5b: The teen drug abuse rate of states is significantly related to the political culture of states.</p>	<p>Miringoff 1990; Miringoff & Opdycke 2008; Wilson 2003</p>
<p>H6a: States with higher level of liberalism will have higher rates of high school completion.</p> <p>H6b: The high school completion rate of states is significantly related to the political culture of states.</p>	<p>Case & Paxson 2006; Conley & Bennett 2001; Miringoff & Opdycke 2008; Needham, Crosnoe, & Muller 2004.</p>
<p>H7a: States with higher level of liberalism will have lower levels of unemployment.</p> <p>H7b: The unemployment rate of states is significantly related to the political culture of states.</p>	<p>Bates 2001; Miringoff & Opdycke 2008; Mishel 2005; Strom 2003</p>

Table 2.2 continued

Conceptual Framework Linked to Literature	
Hypothesis	Supportive Sources
<p>Table 2.2 continued</p> <p>H8a: States with higher level of liberalism will have higher average weekly wages.</p> <p>H8b: The average weekly wage of states is significantly related to the political culture of states.</p>	<p>Case & Paxson 2006; Champlin & Knoedler 2004; Miringoff & Opdycke 2008; Mishel, Bernstein & Allegretto 2005; Neumark 2004; Seccombe 2000</p>
<p>H9a: States with higher level of liberalism will have a lower percentage of persons without health insurance.</p> <p>H9b: The percentage of persons without health insurance in states is significantly related to the political culture of states.</p>	<p>Case & Paxson 2006; Emanuel 2002; Halfon, Inkelas & Newachek 1999; Holahan, Dubay, & Kenney 2003; Miringoff & Opdycke 2008</p>
<p>H10a: States with higher level of liberalism will have lower levels of elderly poverty.</p> <p>H10b: The elderly poverty rate of states is significantly related to the political culture of states.</p>	<p>Burtless & Smeeding 2001; Corcoran 1995; Fisher 1992; Glennerster 2002; Miringoff & Opdycke 2008; Moller et al. 2003; Seccombe 2000; Scholz & Levine 2001</p>
<p>H11a: States with higher level of liberalism will have lower rates of elderly suicide.</p> <p>H11b: The elderly suicide rate of states is significantly related to the political culture of states.</p>	<p>Flavin & Radcliff 2009; Lynch et al. 2004; Miringoff & Opdycke 2008; O'Connell 2004; Oyama et al. 2008; Waern, Rubenowitz, & Wilhelmson 2003</p>

Table 2.2 continued

Conceptual Framework Linked to Literature	
Hypothesis	Supportive Sources
<p>H12a: States with higher level of liberalism will have lower rates of homicide.</p> <p>H12b: The homicide rate of states is significantly related to the political culture of states.</p>	<p>Branas, Richmond & Schwab 2004; Miringoff & Opdycke 2008; Neumayer 2003; Pearson-Nelson 2008</p>
<p>H13a: States with higher level of liberalism will have lower rates of alcohol-related traffic fatality.</p> <p>H13b: The alcohol-related traffic fatality rate of states is significantly related to the political culture of states.</p>	<p>Cook & Moore 2002; Freeman 2007; Miringoff & Opdycke 2008; National Highway Traffic Safety Administration 2008; Quinlan et al. 2005</p>
<p>H14a: States with higher level of liberalism will have a higher percentage of eligible families with food stamp coverage .</p> <p>H14b: The percentage of eligible families with food stamp coverage of states is significantly related to the political culture of states.</p>	<p>Currie, Grogger, Burtless, & Schoeni 2001; Mills, Dorai-Raj, Peterson, & Alwang 2001; Shields & Behrman 2002; Miringoff & Opdycke 2008</p>
<p>H15a: States with higher level of liberalism will have greater amounts of affordable housing.</p> <p>H15b: The amount of affordable housing in states is significantly related to the political culture of states.</p>	<p>Harkness & Newman 2003; Joint Center for Housing Studies of Harvard University 2007; Miringoff & Opdycke 2008; Newman & Struyk 1983; Stegman 1999.</p>

Table 2.2 continued

Conceptual Framework Linked to Literature	
Hypothesis	Supportive Sources
H16a: States with higher level of liberalism will have lower income inequality ratio.	Case & Paxson 2006; Miringoff & Opdycke 2008; Mishel, Bernstein, & Allegretto 2005; Moller et al. 2003; Seccombe 2000
H16b: The income inequality ratio of states is significantly related to the political culture of states.	

Chapter Summary

In this review, literature has been presented to introduce social indicators, policy priorities, policy liberalism, and political culture.

Social indicators, as we have described, are collections of data representing the general well-being of individuals. With proper use, social indicators may “add to the knowledge base on social well-being, guide and advance informed discussions, and help focus attention on important issues” (Aristegua et al. 2001, 267). For this reason, social indicators will be used to measure the possible effects of policy liberalism and political culture on citizens’ well-being in the states.

Conclusion

This discussion of social indicators, policy priorities, policy liberalism, and political culture is meant to serve as a foundation for the hypotheses, which will be further explained and tested in the following chapters.

Chapter 3

Methodology

Introduction

This chapter will describe the methodology for data collection and analysis and enumerate the steps used to test the study's hypotheses. As discussed in the previous two chapters, the purpose of this research is to explore whether citizen well-being in U.S. states is related to states' political culture and their level of liberalism. This chapter will translate the research purpose into operationalized hypotheses, describe the statistical techniques for testing the hypotheses, and discuss why those techniques are the most appropriate. The purpose of developing a research methodology is to operationalize the research question, a process which builds on the conceptual framework presented in the previous chapter. Operationalization is the process of "finding the best empirical counterpart for the concept" (Ruane 2005, 51). Methodology provides a way to "unblock the roads to inquiry" (Kaplan 1964, 24); it allows the researcher to apply the research question to messy real-world situations such as measuring well-being. To further illustrate the connection between the previous chapter's conceptual framework and the research methodology, an operationalization table is provided.

Research Type and Hypotheses

This study examines the impact of states' level of liberalism and political culture on the well-being of their citizens. Because this study seeks to determine whether a

relationship exists between elements of the research question, it is considered explanatory research and employs formal hypotheses. This hypothetico-deductive model is the most appropriate way to approach the questions posed in explanatory research (Shields and Tajalli 2006, 329).

As discussed above, formal hypotheses will be used to determine whether citizen well-being is impacted by states' political culture and level of liberalism. The three elements of the research are citizen well-being, political culture, and level of policy liberalism. Because the unit of measurement is the state, each element will be measured at the state level. The first element, citizen well-being, will be measured by performance of states on 16 social indicators. Each social indicator will serve as a dependent variable in one hypothesis.

Operationalization Table

Table 3.1 illustrates how the dependent and independent variables of this research are measured. The column labeled *Variables* contains a list of the variables which will be measured. The sixteen dependent variables are itemized first, followed by the three independent variables. The column labeled *Hypotheses* links the variable in each row to its numbered hypothesis. Each hypothesis contains two parts, *a* and *b*. The *Definition/Measurement* column describes how each variable is measured. The final column, *Data Source*, provides the origin of the data used for measurement in the *Definition/Measurement* column.

Table 3.1: Operationalization of the Hypotheses

Operationalization of the Hypotheses			
Variables	Hypothesis	Definition/Measurement	Data Source
Dependent			
Infant mortality	H1a H1b	Number of deaths in the first year of life per 1000 live births, 2004	National Center for Health Statistics
Child poverty	H2a H2b	Percentage of related children under 18 living in poverty, 2006	Bureau of the Census, Current Population Survey
Child abuse	H3a H3b	Number of children under 18 involved in reports of abuse per 1000 population, 2005	U.S. Department of Health and Human Services
Teen suicide	H4a H4b	Deaths by suicide, ages 15-24, per 100,000 population, 2004	National Center for Health Statistics
Teen drug abuse	H5a H5b	Percentage of 12 to 17 year olds reporting any illicit drug use in past month, 2004-2005	Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse
High school completion	H6a H6b	Freshman graduation rate, public high school students, 2003-2004 school year	National Center for Educational Statistics
Unemployment	H7a H7b	Unemployed persons as a percentage of the civilian labor force, 2006	Bureau of Labor Statistics
Average weekly wages	H8a H8b	Average weekly wages, workers in private industry, 2005	Bureau of Labor Statistics
Percentage of persons without health insurance	H9a H9b	Percentage of persons under age 65 without health insurance, 2006	Bureau of the Census, Current Population Survey
Elderly poverty	H10a H10b	Percentage of persons 65 and over living in poverty, 2006	Bureau of the Census, Current Population Survey
Elderly suicide	H11a H11b	Deaths by suicide, ages 65 and over, per 100,000 population, 2004	National Center for Health Statistics

Table 3.1 continued

Operationalization of the Hypotheses			
Variables	Hypothesis	Definition/Measurement	Data Source
Dependent			
Homicide	H12a H12b	Murders and non-negligent manslaughter per 100,000 population, 2005	Federal Bureau of Investigation, Uniform Crime Report
Alcohol-related traffic fatality	H13a H13b	Traffic deaths involving alcohol, as a percentage of all traffic deaths, 2005	National Highway Traffic Safety Administration
Percentage of eligible families with food stamp coverage	H14a H14b	Number of participating households as a percentage of eligible households, 2004	U.S. Department of Agriculture
Affordable housing	H15a H15b	Percentage of mortgaged homeowners spending 30% or more of household income on monthly owner costs, 2005	Bureau of the Census, American Community Survey
Income inequality ratio	H16a H16b	Ratio of incomes of top and bottom fifths of families, 2001-2003 average	Center on Budget and Policy Priorities
Level of liberalism	All	Lower scores denote more liberal, higher scores denote less liberal.	Gray, Lowery, Fellowes et al. 2004
Political culture	All	On a scale 1 – 9 1= Moralistic 5= Individualistic 9= Traditionalistic	Elazar, 1966 Sharkansky, 1969
Income per capita	All	Current dollars, 2005	U.S. Bureau of Economic Analysis

Elements of the Hypotheses

Independent Variables

Three independent variables will be tested: states' political culture, level of policy liberalism, and per capita income. The regressions will be used to establish whether the first two independent variables are determinants of states' performance on the items contained in Miringoff and Opdycke's Index of Social Health.

Political Culture. Elazar's designation of political cultures within the states was operationalized by Sharkansky, who assigned numerical values to the three political culture gradients of states based on their relative position on a scale from 1 to 9, with lower scores corresponding to Moralistic cultures and higher scores corresponding to Traditionalistic cultures (Neal 2002, 37). A score of 5 represents Individualistic cultures. Table 3.2 presents state's scores on Sharkansky's political culture index, and is reproduced from Sharkansky's 1969 article, *The Utility of Elazar's Political Culture*. Scores for Alaska and Hawaii were not calculated, and are not included in the multiple regression analysis.

Table 3.2: Political Culture Index

States' Scores on Political Culture Index				
State	Political Culture		State	Political Culture
Alabama	8.57		Montana	3.00
Alaska	-		Nebraska	3.66
Arizona	5.66		Nevada	5.00
Arkansas	9.0		New Hampshire	2.33
California	3.55		New Jersey	4.00
Colorado	1.80		New Mexico	7.00
Connecticut	3.0		New York	3.62
Delaware	7.0		North Carolina	8.50
Florida	7.80		North Dakota	2.00
Georgia	7.80		Ohio	5.16
Hawaii	-		Oklahoma	8.25
Idaho	2.50		Oregon	2.00
Illinois	4.72		Pennsylvania	4.28
Indiana	6.33		Rhode Island	3.00
Iowa	2.0		South Carolina	8.75
Kansas	3.66		South Dakota	3.00
Kentucky	7.40		Tennessee	8.50
Louisiana	8.40		Texas	8.50
Maine	2.33		Utah	2.00
Maryland	7.0		Vermont	2.33
Massachusetts	3.66		Virginia	7.86
Michigan	2.0		Washington	1.66
Minnesota	1.00		West Virginia	7.33
Mississippi	9.00		Wisconsin	2.00
Missouri	7.66		Wyoming	4.00

Level of Policy Liberalism. Policy liberalism is a variable constructed as an policy-based index created by Gray et al. (2004) to measure policy liberalism in states. The researchers examined states' expenditures and their positions on five controversial issues: gun control, abortion, welfare eligibility, right to work laws, and tax progressivity. Table 3.3 contains the liberalism index for each state. Lower scores indicate higher liberalism; higher scores are found in states with lower levels of liberalism. Index scores are not

available for Alaska and Hawaii, so these states are excluded from the regression analysis for policy liberalism.

Table 3.3: Level of Liberalism

States' 2004 Scores on Liberalism Index				
State	Political Culture		State	Political Culture
Alabama	38		Montana	8
Alaska	-		Nebraska	26
Arizona	32		Nevada	36
Arkansas	42		New Hampshire	16
California	1		New Jersey	14
Colorado	19		New Mexico	11
Connecticut	5		New York	2
Delaware	10		North Carolina	29
Florida	47		North Dakota	46
Georgia	45		Ohio	24
Hawaii	-		Oklahoma	34
Idaho	37		Oregon	7
Illinois	18		Pennsylvania	25
Indiana	28		Rhode Island	9
Iowa	23		South Carolina	20
Kansas	30		South Dakota	48
Kentucky	33		Tennessee	41
Louisiana	44		Texas	31
Maine	15		Utah	39
Maryland	12		Vermont	3
Massachusetts	4		Virginia	35
Michigan	22		Washington	17
Minnesota	6		West Virginia	13
Mississippi	40		Wisconsin	27
Missouri	21		Wyoming	43

In addition to the two variables described above, a third independent variable will be used: per capita income. Although income level is not a key element in the research, it is used to control for its impact on the dependent variables.

Dependent Variables

The dependent variables in the study are the social indicators from the Index of Social Health. “The dependent variable is always an outcome measure” (Shields and Tajalli 2006, 329). In this case, the outcome measure is well-being, which will be evaluated by examining several quality-of-life indicators. A list of the social indicators used follows.

<i>Children:</i>	Infant Mortality Child Poverty Child Abuse
<i>Youth:</i>	Teenage Suicide Teenage Drug Abuse High School Completion
<i>Adults:</i>	Unemployment Average Wages Health Insurance Coverage
<i>Aging:</i>	Poverty Among the Elderly Suicide Among the Elderly
<i>All Ages:</i>	Homicides Alcohol-Related Traffic Fatalities Food Stamp Coverage Affordable Housing Income Inequality

Statistical Technique

The hypotheses will be tested using multiple regression. This procedure can determine “the impact of two or more independent variables on a single dependent

variable” (Babbie 2004, 450). Multiple regression is based on correlation, but can provide “a more sophisticated exploration of the interrelationship among a set of variables (Pallant 2005, 140).

Human Subjects Protection

This study required the use of no human subjects. Instead, existing data provided all information necessary to perform the research.

Summary

This chapter presented the methodology for testing the hypotheses. Multiple regression analysis will reveal whether states’ political culture and level policy liberalism affects the well-being of citizens. The following chapter describes and interprets the results.

Chapter 4

Results

Introduction

This chapter reviews the results of the multivariate statistical analysis performed to test the selected variables. Multiple regression was used to test the influence of state political culture and policy liberalism on sixteen measures of citizen well-being. This chapter reveals and interprets those results. Table 4.1 displays the results of the study's multiple regression analyses. The results for each indicator will also be discussed individually.

Results by Indicator

Infant Mortality

H1a predicted that the higher a state's level of liberalism, the lower its rate of infant mortality will be. *H1b* predicted that the infant mortality rate of states is significantly related to the political culture of states. The regression results strongly support both hypotheses. When income per capita is controlled for, states with higher level of liberalism, and states with more moralistic political cultures experience lower levels of infant mortality.

Child Poverty

H2a expected to find lower levels of poverty in states with higher levels of liberalism. *H2b* hypothesized a significant relationship between a state's political culture

and its child poverty rate. The findings do not support *H2a*. *H2b*, however, is strongly supported. When income per capita is controlled for, states with more moralistic political cultures have significantly lower rates of child poverty.

Child Abuse

States with higher level of liberalism will have a lower level of child abuse, predicted *H3a*. The findings do not support this claim, so the hypothesis is rejected. The results do support *H3b*, which anticipated a relationship between child abuse and political culture in states. Controlling for income per capita, states with more moralistic political culture have a lower rate of child abuse.

Teen Suicide

H4a predicted that after controlling for the effects of income, states with higher levels of liberalism will have lower levels of teen suicide. *H4b* predicted that when the impact of income is controlled for, the teen suicide rate of states is significantly related to the political culture of states. The statistical analysis showed no significant relationship between level of liberalism and rate of teen suicide; therefore, *H4a* is not supported. The findings demonstrate a significant relationship between political culture and teen suicide rate, but not in the expected direction. After controlling for the impact of income, states with more traditionalistic political culture have lower teen suicide rates. *H4b* is not supported by the findings.

Table 4.1: Regression Results

Regression Results																
	Infant Mortality	Child Poverty	Child Abuse	Teen Suicide	Teen Drug Abuse	High School Completion	Unemployment	Average Weekly Wages	Health Insurance Coverage	Elderly Poverty	Elderly Suicide	Homicide	Alcohol-Related Fatalities	Food Stamp Participation	Affordable Housing	Income Inequality
Liberalism [†]	.031**	-.033	-.358	.025	15.029**	-.026	-.028*	-1.782*	.035	-.023	18.412*	-.005	-.080	-.250*	-.208**	-.016
Political Culture ^{††}	.369**	.910**	3.254*	-.553**	-.022	-1.732**	.116*	10.416**	.765**	.591**	-.068	.738**	.410	.967*	.255	.198**
Income Per Capita	.000**	.000**	-.001	-.001**	.000*	.000	.000	.020**	.000	.000*	.000	.000	.000	-.001**	.000	.000
Constant	4.305**	27.278**	69.322*	31.183**	15.029**	82.850**	6.046**	32.605	17.166**	13.992**	18.412*	-.557	30.029**	99.676**	32.010**	4.987**
R ²	.654	.561	.181	.408	.364	.323	.175	.784	.331	.381	.089	.579	.087	.387	.216	.357
F	27.728**	18.778**	3.173*	10.117**	8.396**	6.988**	3.111*	53.299**	7.251**	9.021**	1.425	20.178**	1.403	8.821**	4.040**	8.159**

* Significant at $\alpha < .05$

** Significant at $\alpha < .01$

[†] Higher numbers represent higher level of conservatism

^{††} On a scale of 1-9 where 1=Moralistic, 5=Individualistic, 9=Traditionalistic

Teen Drug Abuse

H5a predicted that after controlling for per capita income, states with a higher level of liberalism will have a lower level of teen drug abuse. *H5b* predicted that after controlling for per capita income, the teen drug abuse rate of states is significantly related to the political culture of states. The regression results indicate that after controlling for income, a greater level of liberalism does result in a lower level of teen drug abuse, thus supporting *H5a*. No relationship between teen drug abuse and political culture was found, therefore *H5b* is not accepted.

High School Completion

After controlling for per capita income, states with a higher level of liberalism will have higher levels of high school completion, predicted H6a. H6b anticipated the existence of a significant relationship between states' political culture and their high school completion rates, after controlling for per capita income. The results do not support *H6a*, because level of liberalism was not found to have an impact on states' high school completion rates. *H6b* is supported. When the effects of per capita income are controlled for, states with more moralistic political cultures experience higher rates of high school completion.

Unemployment

H7a predicted that states with higher levels of liberalism would have lower rates of unemployment, after controlling for the effects of income. *H7b* predicted a significant

relationship between political culture and unemployment. The regression results do not support *H7a*; they support the reverse. After controlling for the effects income, states with higher levels of liberalism will experience *higher* levels of unemployment. *H7a* is rejected. The findings do support *H7b*, however. After controlling for the effects of income, states with more moralistic political cultures have lower levels of unemployment.

Average Weekly Wages

It was hypothesized in *H8a* that after controlling for the effects of income, states with higher levels of liberalism will have higher weekly wages. *H8b* predicted that political culture is significantly related to average weekly wages. The regression results support this hypothesis. States with greater level of liberalism have higher weekly wages, after controlling for the effects of income. *H8a* is accepted. *H8b* is not supported by the findings. The regression results demonstrate that states with more moralistic political cultures will have *lower* average weekly wages, after controlling for the effects of income. *H8b* is rejected.

Health Insurance Coverage

H9a predicted that, after controlling for the effects of income, states with higher levels of liberalism will have lower levels of persons without health insurance coverage. *H9b* hypothesized a significant relationship between a state's political culture and its level of health insurance coverage. *H9a* is not supported by the findings. A significant

relationship was found between a state's political culture and its level of health insurance coverage; the findings show that states with more moralistic political culture will have lower levels of persons without health insurance coverage. *H9b* is supported.

Elderly Poverty

H10a predicted that when the effects of income are controlled for, states with higher levels of liberalism will have lower levels of elderly poverty. *H10b* anticipated a significant relationship between a state's political culture and its level of elderly poverty, after controlling for the effects of income. No support was found for *H10a*, but *H10b* is strongly supported by the regression results.

Elderly Suicide

Elderly suicide, predicted *H11a*, will be lower in states with higher levels of liberalism, controlling for the effects of income. *H11b* hypothesized a significant relationship between a state's political culture and its rates of elderly suicide, after controlling for the effects of income. The findings support *H11a*, demonstrating that states with higher levels of liberalism have lower rate of elderly suicide. The regression demonstrated no relationship between political culture and elderly suicide. *H11b* is rejected.

Homicide

H12a predicted that, after controlling for the effect of income, states with a higher level of liberalism would have a lower homicide rate. *H12b* predicted that when income is controlled for, the homicide rate of states is significantly related to the political culture of states. No support is found for *H12a*. The results strongly support *H12b*, and show that states with a more moralistic political culture have lower rates of homicide, after controlling for the effects of income.

Alcohol-Related Traffic Fatalities

States with higher levels of liberalism will have a lower rate of alcohol-related traffic fatalities, after controlling for the effects of income, predicted *H13a*. *H13b* hypothesized that after controlling for the effects of income, the alcohol-related fatality rate of states is significantly related to the political culture of states. The regression results do not support either hypothesis. Both *H13a* and *H13b* are rejected.

Food Stamp Participation

H14a predicted that states with a higher level of liberalism will have a higher percentage of eligible families with food stamp coverage, after controlling for the impact of income. *H14* hypothesized that when income is controlled for, the percentage of eligible families with food stamp coverage in states is significantly related to the political culture of states. After controlling for the effects of income, states with greater level of liberalism will have higher food stamp participation among eligible families. *H14a* is

accepted. When considering *H14b*, the results show that the relationship between political culture and food stamp participation is statistically significant, but not in the expected direction. The findings show that when the impact of income is controlled for, states with higher levels of liberalism have lower food stamp participation among eligible families. *H14b* is not accepted.

Affordable Housing

When the impact of income is controlled for, states with higher levels of liberalism will have greater amounts of affordable housing, predicted *H15a*. *H15b* hypothesized that the amount of affordable housing of states is significantly related to the political culture of states. The regression results strongly support *H15a* and demonstrate that after controlling for the impact of income, states with higher levels of liberalism have greater amounts of affordable housing. The results do not support *H15b*, showing no significant relationship between a state's political culture and the amount of affordable housing in the state. *H15b* is not accepted.

Income Inequality

H16a predicted that after the impact of income is controlled for, states with higher levels of liberalism will have a lower income inequality ratio. *H16b* predicted that, after controlling for the effects of income, the income inequality ratio of state is significantly related to the political culture of states. *H16a* is not accepted, because the regression results do not support the prediction that higher levels of liberalism result in a lower

income inequality ratio. The results strongly support *H16b*, however. The results show that after the impact of income is controlled for, a significant relationship exists between a state’s political culture and its ratio of income inequality. States with a more moralistic political culture will experience lower ratios of income inequality.

Table 4.2 provides a summary of the results by hypothesis.

Table 4.2: Regression Results by Hypothesis

Regression Results by Hypothesis	
Hypothesis	Results
H1a: States with a higher level of liberalism will have lower levels of infant mortality.	H1a: Supported.
H1b: The infant mortality rate of states is significantly related to the political culture of states.	H1b: Supported.
H2a: States with a higher level of liberalism will have lower levels of child poverty.	H2a: Not supported.
H2b: The child poverty rate of states is significantly related to the political culture of states.	H2b: Supported.

Table 4.2 continued

Regression Results by Hypothesis	
Hypothesis	Results
<p>H3a: States with a higher level of liberalism will have lower levels of child abuse.</p> <p>H3b: The child abuse rate of states is significantly related to the political culture of states.</p>	<p>H3a: Not supported.</p> <p>H3b: Supported</p>
<p>H4a: States with a higher level of liberalism will have lower levels of teen suicide.</p> <p>H4b: The teen suicide rate of states is significantly related to the political culture of states.</p>	<p>H4a: Not supported.</p> <p>H4b: Not supported.</p>
<p>H5a: States with a higher level of liberalism will have lower levels of teen drug abuse.</p> <p>H5b: The teen drug abuse rate of states is significantly related to the political culture of states.</p>	<p>H5a: Supported.</p> <p>H5b: Not supported.</p>
<p>H6a: States with a higher level of liberalism will have higher rates of high school completion.</p> <p>H6b: The high school completion rate of states is significantly related to the political culture of states.</p>	<p>H6a: Not supported.</p> <p>H6b: Supported.</p>

Table 4.2 continued

Regression Results by Hypothesis	
Hypothesis	Results
<p>H7a: States with a higher level of liberalism will have lower levels of unemployment.</p> <p>H7b: The unemployment rate of states is significantly related to the political culture of states.</p>	<p>H7a: Not supported.</p> <p>H7b: Supported.</p>
<p>H8a: States with a higher level of liberalism will have higher average weekly wages.</p> <p>H8b: The average weekly wage of states is significantly related to the political culture of states.</p>	<p>H8a: Supported.</p> <p>H8b: Not supported.</p>
<p>H9a: States with a higher level of liberalism will have a lower percentage of persons without health insurance.</p> <p>H9b: The percentage of persons without health insurance in states is significantly related to the political culture of states.</p>	<p>H9a: Not supported.</p> <p>H9b: Supported.</p>
<p>H10a: States with a higher level of liberalism will have lower levels of elderly poverty.</p> <p>H10b: The elderly poverty rate of states is significantly related to the political culture of states.</p>	<p>H10a: Not supported.</p> <p>H10b: Supported.</p>

Regression Results by Hypothesis	
Hypothesis	Results
<p>H11a: States with a higher level of liberalism will have lower rates of elderly suicide.</p> <p>H11b: The elderly suicide rate of states is significantly related to the political culture of states.</p>	<p>H11a: Supported.</p> <p>H11b: Not supported.</p>
<p>H12a: States with a higher level of liberalism will have lower rates of homicide.</p> <p>H12b: The homicide rate of states is significantly related to the political culture of states.</p>	<p>H12a: Not supported.</p> <p>H12b: Supported.</p>
<p>H13a: States with a higher level of liberalism will have lower rates of alcohol-related traffic fatality.</p> <p>H13b: The alcohol-related traffic fatality rate of states is significantly related to the political culture of states.</p>	<p>H13a: Not supported.</p> <p>H13b: Not supported.</p>
<p>H14a: States with a higher level of liberalism will have a higher percentage of eligible families with food stamp coverage.</p> <p>H14b: The percentage of eligible families with food stamp coverage of states is significantly related to the political culture of states.</p>	<p>H14a: Supported.</p> <p>H14b: Not supported.</p>

Table 4.2 continued

Regression Results by Hypothesis	
Hypothesis	Results
H15a: States with a higher level of liberalism will have greater amounts of affordable housing.	H15a: Supported.
H15b: The affordable housing rate of states is significantly related to the political culture of states.	H15b: Not supported.
H16a: States with a higher level of liberalism will have lower income inequality ratio.	H16a: Not supported.
H16b: The income inequality ratio of states is significantly related to the political culture of states.	H16b: Supported.

Thirty-two hypotheses were tested. Sixteen of the thirty-two hypotheses (*H1a – H16a*) predicted that states with higher levels of liberalism would perform better on the indicators. The remaining sixteen hypotheses (*H1b – H16b*) predicted that a relationship exists between each state’s political culture and its performance on the indicators.

Of the sixteen hypotheses testing for a relationship between a state’s level of liberalism and its performance on social indicators, six were supported. The hypotheses were supported in the case of *H1a* (infant mortality), *H5a* (teen drug abuse), *H8a* (average weekly wages), *H11a* (elderly suicide), *H14a* (food stamp participation) and *H15a* (affordable housing).

Of the sixteen hypotheses testing for a relationship between political culture and the dependent variable, ten are accepted. The hypotheses are supported in the case of infant mortality (*H1a*), child poverty (*H2b*), child abuse (*H3b*), teen suicide (*H4b*), high school completion (*H6b*), unemployment (*H7b*), health insurance coverage (*H9b*), elderly poverty (*H10b*), homicide (*H12b*), and income inequality (*H16b*).

In thirteen hypotheses no significant relationship is found between the variables. Regressions on three hypotheses yield unexpected results. *H7a* predicted that states with higher levels of liberalism would have lower levels of unemployment, but the regression findings show the reverse relationship: states with higher levels of liberalism are found to have *higher* levels of unemployment. *H8b* hypothesized a relationship between a state's political culture and its average weekly wages. A relationship is found, but it is in the direction opposite what was expected: the findings show that states with a more moralistic political culture have lower weekly wages. The third unexpected finding is *H14b*, which predicted that the percentage of eligible families receiving food stamps in states is significantly related to the political culture of states. The findings support the existence of a relationship, but not in the expected direction. The regression results show that states with more moralistic political cultures will have lower food stamp participation among eligible families.

Conclusion

This chapter discussed the multiple regression results. The findings are mixed. The following chapter will summarize the research, describe the conclusions drawn from

the study, and suggest directions for future research. Strengths and weaknesses of the research will also be addressed.

Chapter Five

Conclusion

This chapter summarizes the research presented in this paper, and reviews the contents of the preceding chapters. It discusses the strengths and weaknesses of the data and research, and suggests interpretations for the research findings.

Summary of Research

Research Purpose and Operationalization

The purpose of this research was to determine whether states with higher levels of liberalism experience greater levels of well-being, and whether a state's political culture is related to the level of well-being of its citizens. To operationalize the research question, elements of the research question were translated into measurable variables and analyzed using appropriate statistical techniques. Well-being was defined by states' performance on sixteen indicators that comprise the Index of Social Health created by Marc Miringoff, Marque Luisa Miringoff, and Sandra Opdycke. Liberalism was measured using the policy liberalism index developed by Gray et al. Political culture was measured with Sharkansky's index of Elazar's three prevalent political cultures, moralistic, individualistic, and traditionalistic.

Methodology and Results

Multiple regression was used to test the hypotheses. Of the sixteen hypotheses positing a relationship between political culture and citizen well-being, ten were supported by the findings. Support was stronger for the relationship between political culture and citizen well-being, although the findings also support the significance of state liberalism for six of the sixteen hypotheses.

Strengths and Weaknesses of Data

This study used existing data to perform statistical analysis. Using existing data brings strengths and weaknesses to the study. Studies that use existing data are less expensive. Further, the data used to measure well-being was drawn from federal agencies which collect data regularly.

A potential weakness is that the existing data measuring political culture types is outdated. Elazar developed his political culture typology in 1966, and Sharkansky translated the culture types into an index in 1969. The research of Koven and Mausloff (2002) offsets the weakness presented by the typology's age. Data as recent as 1993 offer "startlingly strong support" for the continued relevance of Elazar's formulation (Erikson et al. 1993, 175).

Strengths and Weaknesses of Research

The study has several strengths. It is easily replicated and provides clear operational definitions. The data used to measure well-being will continue to be

collected by federal agencies and this adds to the ease of replication. Additionally, state-level data can be used to study regional behaviors among groups of states, to identify and monitor trends in different areas of the U.S. Garreau's 1981 study, for example, identified eight distinct areas within the U.S. with corresponding cultural characteristics. State-level data such as the *Index of Social Health* is well-suited to further study of these regions.

Interpretation of Findings

This study sought to establish a positive relationship between states' political cultures, level of liberalism and the well-being of their citizens. The results of the analysis are mixed.

States with higher levels of liberalism perform better on indicators measuring infant mortality, teen drug abuse, average weekly wages, elderly suicide, food stamp participation, and affordable housing.

States with more moralistic political cultures perform better on infant mortality, child poverty, child abuse, teen suicide, high school completion, unemployment, health insurance coverage, elderly poverty, homicide, and income inequality. When the indicators are examined by age level, an interesting cluster of support can be observed. All of the child level indicators are affected positively by states' political culture as it becomes more moralistic. No clear pattern emerges from the findings for the hypotheses testing for the effects of liberalism on well-being.

To further clarify the results, a second regression was run to test the effects of liberalism and political culture on the overall index score given to each state by the Index of Social Health. The two hypotheses tested were:

H(a): *After controlling for the effects of income, states with higher levels of liberalism will have higher scores on the Index of Social Health,.*

H(b): *After controlling for the effects of income, the political culture of states is significantly related to states' scores on the Index of Social Health.*

Table 5.1 displays the results of the regression.

Table 5.1: Regression Results for Index Scores

Regression Results for Index Scores	
	State Index Scores
Liberalism [†]	.119
Political Culture ^{††}	-2.742**
Income Per Capita	.001*
Constant	39.015
R ²	.489
F	14.059**
* Significant at $\alpha < .05$ ** Significant at $\alpha < .01$ † Higher numbers represent higher level of conservatism †† On a scale of 1-9 where 1=Moralistic, 5=Individualistic, 9=Traditionalistic	

When the research question is tested in this way, the regression results show no support for H(a), while strongly supporting H(b). The results show that after controlling for the impact of income, as states move away from moralistic culture, the score on the index is lower. This leads to the conclusion that the level of liberalism is not a significant factor in the well-being of citizens in U.S. states. Political culture, however, is shown to

have a significant effect. After controlling for the effect of income, states with more moralistic cultures have higher scores on the Index, which is a proxy of well-being. Therefore, this study has shown that citizens of states with more moralistic political cultures experience greater well-being than those in more individualistic or traditionalistic political cultures.

Why might citizens in more moralistic political cultures fare better than their counterparts in less moralistic cultures? These results may be what one would expect from a culture which highly prizes public welfare, and where intervening in issues and public concerns is viewed as governmental responsibility. Such a culture could be expected to craft and implement policies that are designed to lift

Another intriguing possibility is the level of *government responsiveness* found in moralistic cultures. Elazar asserts, “Not infrequently, public officials will themselves seek to initiate new government activities in an effort to come to grips with problems as yet unperceived by a majority of the citizenry” (Elazar 1964, 92). So perhaps in moralistic political cultures it is the timing of policies, and not just the nature of those policies, which delivers better results to citizens. Public officials in such cultures may detect much subtler cues and respond with policymaking to address problems much sooner than do their individualistic and traditionalistic counterparts.

Summary

The purpose of this study is to build on existing scholarly work by examining whether or not the well-being of states’ citizens is affected by the type of political culture

and the level of liberalism in states. Chapter One presents an introduction to the question of interplay among well-being, liberalism, and political culture. Chapter Two presents a review of literature and introduced the elements of the research. This chapter also contains the conceptual framework on which the research is based. Chapter Three operationalizes the research and introduces the methodology, including the elements of the hypotheses and statistical methods to be used. Chapter Four presents the results of the research. Chapter Five discusses and interprets the results.

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