Redistribution and Representation: An Examination of Policy Responsiveness in the American States

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Abstract

In this paper, I generate estimates of statel-level public opinion from the General Social Survey over a period of 35 years. I use multilevel regression with poststratification (MRP) to derive estimates for all fifty states and the District of Columbia. I discuss some of the methodological challenges of using this estimation technique with the GSS, given that the survey combines the usage of a full probability sample with cluster sampling, and suggest possible improvements. I then use these estimates to examine one aspect of the health of democracy at the state level by examining to what extent state-level redistributive policies are responsive to public sentiment. I focus in this paper on state-level Medicaid spending, the ratio of Medicaid beneficiaries to total population per state, and the maximum AFDC cash benefit for a family of three in each state. Using regression analysis, I show that these three policies are responsive to people's spending preferences toward health and welfare. Most significantly, however, I find that these three policy areas are most responsive to citizens' views on spending toward race as well as responsive to views on health spending. This work contributes to several parts of the literature. On one hand, it shows that state-level governments can be responsive to issue-specific opinion, providing another example of democratic performance. This paper, however, also sheds light on the continued impact of race on redistributive politics and policy.

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1 Introduction

Since America's founding, there has been debate as to both the ideal and actual balance between democratic and republican forms of government. Many of the founders were explicitly worried about the potential for tyranny of the majority as well as mob mentality more broadly. Others, particularly those who authored *The Anti-Federalist Papers*, were concerned that the new republic would not be democratic but would be run by an untrusted elite.

In the years since then, America has become more democratic in more ways than the founders could have imagined, through both increased voting and other civil rights for women and minorities and through increased opportunities for citizens to communicate with their elected leaders thanks to advances in technology. While elected representatives still sometimes invoke a more Burkean role for themselves, it is quite common today to see leaders claim that they best represent their constituents and that various policies should be implemented because the people want them. The emphasis in politics today is not typically on how to develop the most efficient, fair, or ideal policy but how to find the policy that the most people will support. The development of scientific polling has only increased the availability of information on what the people "want' and the ability of people to claim that they are representing the public's views.

Much research has sought to evaluate the quality of democracy by determining to what extent government responds to public policy. If a democratic government is performing well, its policy outputs should respond to the will of its citizens. Political scientists have evaluated this question in multiple ways, looking at both how responsive public policy is to public opinion, and especially changes in public opinion, and at how congruent public opinion and policy are, measuring how often the majority achieves the policy of its choice. Furthermore, researchers have looked at to what extent policy is responsive to broad measures of public sentiment, such as partisanship, ideology, or policy mood, as well as to what extent it is responsive to specific measures. Given the proliferation of polling, it has become easier to evaluate all of these questions from a rigorous, statistical perspective. Much of this polling, however, has been at the national level, and that has made it more difficult for researchers of state politics to study public opinion and policy responsiveness systematically. Using a variety of techniques, including disaggregation and multilevel regression with poststratification (or MRP), political scientists have been able to get around this problem, creating estimates of state-level public opinion that they can use to test responsiveness. This paper attempts to contribute to this project.

In the following section, I will review the literature on policy responsiveness, focusing especially

on the study of policy responsiveness at the state level and some of the methodological advances that have facilitated this line of research. I will then discuss the methodology and data employed in this paper, focusing particularly on the use of MRP to create state level estimates of public opinion. I will then report and discuss results of my analysis, concluding with implications of these findings and suggestions for further research.

2 Literature Review

Over the last several decades, political scientists have tried to empirically study to what extent political leaders are responsive to public opinion. In a study of policy responsiveness to shifts in public opinion, Page and Shapiro (1983) show that policy does respond to public opinion shifts, especially when they are large and stable over time. Using 609 questions that were repeated at least twice between 1935 and 1979, the authors identify 357 examples of opinion shifts of 6 percentage points or more, and use a covariation model to show that public opinion leads to policy change. However, the authors are careful not to claim that this means that American democracy is functioning perfectly. To the contrary, they note that policy moves in the opposite direction as public opinion between 25-33% of the time, and this disconnect is most severe when a higher number of respondents answer "don't know." Thus, while democracy at times flourishes well, there can also be a clear democratic deficit. Stimson, Erikson, and MacKuen (1995) broaden the question of responsiveness to include all three branches of the federal government, showing that overall, the House, Senate, President, and Supreme Court are all responsive to policy mood, a broad measure of public opinion, though in different ways. In a 1998 study, Monroe looks at congruence, focusing on to what extent policies match current opinion. Looking at over 500 policies, he finds that policy matches majority public opinion 63% of the time during the period from 1960-1979 and 55% of the time from 1980-1993. While some of his causal reasoning can be criticized for not specifying specific time lags clearly and consistently, his empirical findings still highlight the nature to which the federal government is or is not responsive.

These studies and others have painted a mixed picture of democratic representation, showing how sometimes the federal government can be a strong democratic institution that represents the public's views and how other times policy can be incongruent with citizens' preferences. While this work on representation is important, it is equally important to turn to studying representation at the state level. Much domestic policy is decided at the state level, and thus it is important to consider to what extent such policies are responsive. Furthermore, America's federal system of government was

motivated by the concept that local and state governments could better represent local interests and values than a large federal government. Thus, studying policy responsiveness and congruence must be an integral part of studying to what extent all levels of American government are functioning as designed.

Much of this research has been done at the federal level, while ignoring the state and local level, for both a practical reason and a theoretical reason. Theoretically, many scholars did not believe that state-level governments would be responsive to public opinion; given the lack of news coverage and low salience surrounding state government actions and the lack of resources of state legislatures, scholars did not expect that the public would have informed opinions or that legislators would learn about that opinion. From a more practical perspective, most surveys were (and still are) conducted at the national level and were not designed to be representative at the state level. Thus, scholars could not study state level opinion in a systematic way even if they tried. Early researchers attempted to create estimates for state public opinion through several methods, including simulating public opinion based on demographic information (Pool et al 1965, Weber et al 1972) or through proxy measures (Plotnick and Winters 1985), but these methods were heavily criticized by scholars on methodological grounds.

This debate was reshaped by Erikson, Wright, and McIver in their seminar work, *Statehouse Democracy: Public Opinion and Policy in the American States*. The authors find a unique way to address the lack of state-level polls; by pooling questions from several national polls and then disaggregating them by state, they are able to use national surveys to develop state level estimates of opinion. Specifically, they use the standard 3-point self-placement political ideology question, which asks respondents if they identify as a conservative, moderate, or liberal. This question was asked with the same wording in 122 New York Times/CBS polls from 1976-1988. The authors aggregated these polls and then disaggregated them by state, producing an average N of 3,500 in each state (though some states, like California, have even larger N's whereas Wyoming has the smallest N at 292). From this, the authors produced aggregate level political ideology scores for each state. This measure does have some downsides, including a lack of both issue and temporal variability, but they use these ideological scores to come to several conclusions. Most important for this study, they examine state-level policy variation and find that, in general, liberal states produce more liberal policies and conservative states produce more conservative policies. Using their measures of public opinion, they show not only that public policy is responsive to public opinion using a simple time-lag model, measuring ideology at time t and policy at time $t+1$, but also that political ideology is the

most important factor in determining public policy. While they admit that the causal direction is somewhat unclear, they believe there is strong evidence that citizen ideology drives policy, not the other way around. This finding set the stage for a new research agenda, where scholars started using the pooled measures of political ideology to further examine state-level politics.

Erikson, Wright, and McIver's measure of state ideology has added much to the study of state-level politics, but it does have two limitations. First, it is a broad measure of ideology, and thus does not capture state-level issue-specific opinion. Second, because it relies on aggregation over more than a decade of polls, it assumes that opinion on the topic it is measuring has remained constant. While the authors provide arguments to justify the assumption of stability, it is clear that opinion on specific issues is not always stable, and political scientists might learn much about state political culture and how it changes over time if they could study issue-specific opinion over time. Given variations in question wording and questions asked more generally, it would also be impossible to use an aggregation method like that used by Erikson et al to create issue-specific measures across most issues, and even then one would be subject to assumptions of opinion stability over time.

Recent studies, however, have used new statistical methods that avoid the need to aggregate polls. In "State-Level Opinions from National Surveys: Poststratification using Multilevel Logistic Regression," Park, Gelman, and Bafumi (2006) use multilevel logistic regression models to estimate state-level public opinion, relying on knowledge of both demographic components and state-specific-effects, a more sophisticated update of the simulations done by Pool et al. In using their approach to reproduce the state ideology measures in Erikson et al, they find that their measures are nearly identical, and thus conclude that it is a reliable statistical method. In a series of articles, Lax and Phillips (2009) both study this methodology further and use it to develop a host of estimates of state-level public opinion in several issue areas. The authors focus on measures involving the public's opinion on gay rights, health care, education, and other salient issues. They use their findings to study the extent to which states' policies are responsive to and congruent with opinion, and how institutions such as legislative professionalization and term limits increase democratic performance. Another application of this technique is that by Gelman and his coauthors in their book, *Red State, Blue State, Rich State, Poor State: Why Americans Vote the Way They Do*. Specifically, the authors use these statistical techniques to argue that polarization along cultural issues, particularly within the upper and middle classes, has created the map of red and blue states that one sees on election nights.

This body of literature raises as many questions as it answers. How much variation is there in

state-level public policy? Is this variation a response to differences in state-level public opinion, or are there other explanations? If they are due to differences in public opinion, what causes these differences, and are there different ideologies and intellectual histories influencing the voters in the different states in different ways? These questions are complicated and may not all have clear answers, but they lead to an important research agenda. By using the statistical techniques developed by Park, Gelman, and Bafmui (2006) to get estimates of state-level public opinion on a host of values and issues, one can use public opinion to study to what extent it drives public policy. As a first step in such an analysis, I plan on studying two social welfare policies that are determined in part at the state level: Medicaid and Welfare. I have chosen to look at social welfare policies because the question of redistribution is one of the most controversial ones in American political thought, particularly given the potential ways in which it contradicts the liberal framework. Furthermore, Medicaid and welfare are both nationally articulated policies that are implemented at the state level with a considerable amount of discretion allowed on the part of the states. This provides variation that can be measured clearly and consistently. Furthermore, they also both have long histories, welfare policy dating back to the New Deal and Medicaid to the Great Society. This will allow for studying policy responsiveness and political culture over time, seeing to what extent it has changed over the years.

3 Data and Methods

In order to study policy responsiveness, this paper will employ many sources of both public opinion at the state level as well as policy outputs of the individual states. While questions of policy responsiveness have been investigated in depth at the national level, it has been harder to do so at the state level because of a lack of public opinion data. Scientific polling has become quite prolific over the last few decades, especially as costs have decreased, but very few polls ask directly about state policy, and even fewer polls are designed to be responsive to public opinion at the state level, relying on sampling methods that produce polls that are only representative at the national level. Thus, one major contribution of this paper is to provide historical estimates of state-level public opinion toward redistributive policies over the last three decades.

3.1 Multilevel Regression with Poststratification

In order to use state-level estimates of public opinion, this paper will rely on a multilevel modeling technique first developed by Park, Gelman, and Bafumi (2006) that has since been tested and utilized by Lax and Phillips (2009a; 2009b). This technique, known as multilevel regression with poststratification, or MRP, allows one to create reliable and valid measures for public opinion at the state level from a single large national poll. Specifically, following Lax and Phillips, I use logistic regression to model public opinion responses as a function of both geographic factors (state and region) and demographic factors (age, education, and gender), allowing for partial pooling across states. Then, I use Census data for postratification, weighting the estimates for each type of respondent (based on geography and demographics) by the percentage of that type in the actual population.

While MRP allows for more investigation into state-level opinion than has been possible through either disaggregation or the use of the occasional polls that are representative at the state-level, one is still limited by the universe of national polls that have been conducted. For MRP to function reliably, one needs a large national poll, ideally of at least 1400, which is not always the case. Furthermore, in order to make estimates of how public opinion has changed over time, it is important to have a series of questions that have the same wording over time. Last, very few national polling questions ask specifically about state policy, and thus one must be careful in how one uses national polling questions to measure opinion on state-level policies.

3.2 Issue-Specific Opinion: Measures from the General Social Survey

For this paper, I use a series of measures taken from the General Social Survey. The GSS is a unique scholarly source in that the survey has asked many of the same questions each time it was fielded, forming an almost 40-year time series, beginning in 1973. In particular, the GSS has asked a series of questions to gauge spending preference. This set of questions is framed each year as follows: "We are faced with many problems in this country, none of which can be solved easily or inexpensively. I'm going to name some of these problems, and for each one I'd like you to tell me whether you think we're spending too much money on it, too little money, or about the right amount. First (READ ITEM A) ... are we spending too much, too little, or about the right amount on (ITEM)?" In this paper, I will look at opinion estimates for the following question items:[1]

[1]Note that the first three items were asked in each administration of the GSS from 1973 to the present. In 1984, the GSS began to divide its sample into two groups, using the original question wording with one group and the alternative but corresponding question wording of the second three items with the other part of the sample.

- "Improving and protecting the nation's health"
- "Improving the condition of Blacks"
- "Welfare"
- "Health"
- "Assistance to blacks"
- "Assistance to the poor"

While none of these questions ask explicitly about Medicaid and only one asks explicitly about welfare, these questions all touch on redistributive policy. Furthermore, unlike many other questions in national polls, this polling question specifically asks about what "we're" spending to address these issues and *not* what the federal government alone is spending, making it more valid to apply these results to an analysis of state-level policy. Furthermore, many of the spending items that are included in this series are items that are typically handled by state and local governments, such as education, drug addiction, welfare, aid to cities, and assistance to the poor. Thus, while the question does not address state governments directly, it is reasonable to assume that these questions capture public attitudes toward state government spending.

3.2.1 The GSS and Cluster Sampling

While the GSS has many advantages, including both the pertinence of its questions and its clear time series, one disadvantage that it has for my purpose is in the methodology of how the survey is conducted. The GSS relies on cluster sampling and is designed to produce a sample that is representative at the national level. Specifically, the GSS uses cluster sampling combined with a probability sample to select its respondents rather than a full probability sample.[2] While most national surveys are not designed to be representative at the state or local level for a variety of reasons, cluster sampling is particularly problematic since the selection of clusters before the random selection of respondents is conducted shapes the sample and gives people different likelihoods of being selected. This is meant to even out at the national level, producing a representative sample, but it makes it more difficult to try to use such data for sub-national analysis.

Previous researchers, however, have shown that the GSS can be used for developing public opinion estimates for sub-national units despite its cluster sampling technique. Brace et al (2002) pool and

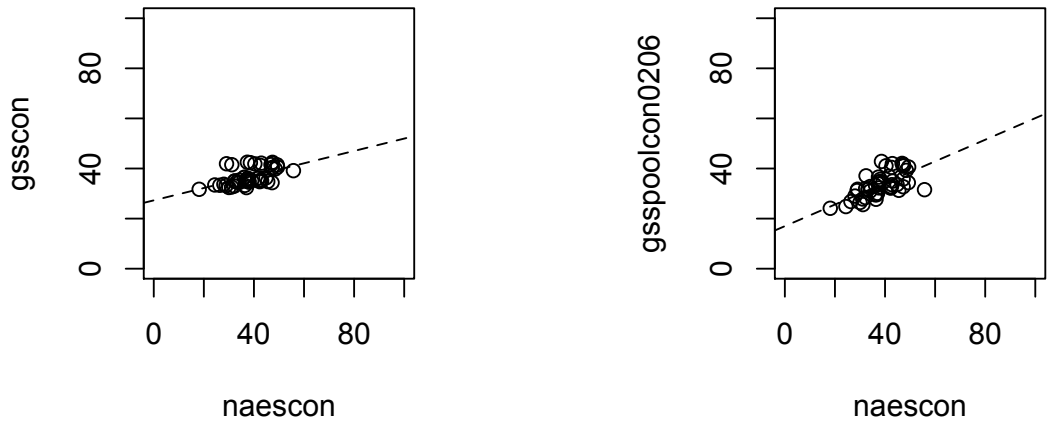
[2]The GSS actually began with a block quota system rather than a full probability sample for its 1972, 1973, and 1974 surveys, but transitioned to the use of a full probability sample design in 1975 and 1976, selecting half of its respondents through the block quota system and half through full probability, both with clustering. In 1977, the GSS began to rely fully on clustering with full probability.

then disaggregate the GSS over a 25-year period from 1974 to 1999 and use several validity tests to demonstrate that the cluster sampling technique does not negatively impact the estimates. Despite this, it is still important to confirm that the public opinion estimates produced by MRP with the GSS are reliable. To do this, I compare MRP estimates of the GSS to the National Annenberg Election Survey. The NAES in a national survey that uses random digit dialing in 48 states and the District of Columbia. Most important, it has a sample size of over 80,000 people and is designed to be representative at the state level. While the NAES does not have public opinion questions that are appropriate to use directly for this paper, I can use it to evaluate the legitimacy of using MRP on a survey based on cluster sampling, such as the GSS. While there are not many overlapping questions and issues of question wording exist, I can compare the state-level responses to the standard ideology question from the Annenberg survey with the estimates for the standard ideology question that MRP produces for the states from the GSS. Even this standard question is subject to slight variation in wording, with Annenberg using a 5-point scale and the GSS using a seven-point scale (adding the options "slightly liberal" and "slightly conservative" – a potentially substantive difference). I collapse both to the simplified liberal-moderate-conservative three-point scale and then further adjust them to estimate percent conservative in each state (coding conservative as 1 and liberal and moderate as 0). Comparing the Annenberg results to the GSS 2004 estimates, I find a Pearson's correlation of .554; I plot the relationship below. This correlation and graph are moderate, but somewhat troubling. One might expect that MRP would produce better estimates for large states than small states, but segmenting the plot for smaller and larger states does not improve the correlation or the potential fit.

Given this, I decided to pool the GSS data. Pooling 2002, 2004, and 2006, I find that the correlation between the MRP estimates for state percentage conservative and the NAES results for percentage conservative becomes stronger, increasing to .650. The graph plotting the relationship between the two (shown below) is also more convincing in showing a clear, direct relationship. Adding 2000 to the pooled data, however, did not make much of a difference (r = .66). Thus I choose to pool the GSS data to produce datasets with N's of approximately 10,000; given that the questions I am interested in on the GSS are often parts of sub-samples, having a larger full-sample is necessary to produce datasets of approximately 4000 to 5000, which is similar to the N used to produce the improved MRP estimates above. Specifically, I pool 2006, 2004, and 2002 into one dataset; 2000, 1998, 1996, and 1994 into another; 1993, 1991, 1990, 1989, 1988, and 1987 into a third; 1986, 1985, 1984, 1983, 1982, and 1980 into a fourth; and 1973-1978 into a fifth. [3]

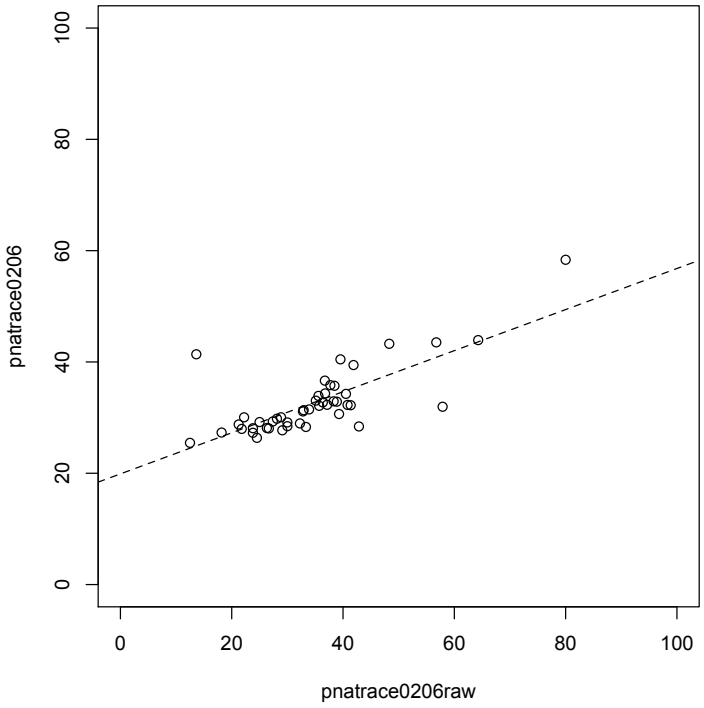
[3]In future research, I hope to find data sources to test the validity of the earlier pooled datasets as well.

Figure 1: Annenberg v. MRP GSS Estimates – 2004 v. 2002-2006 Pooled Estimates.



It is also helpful, given the correlation of 0.65, to look at the raw data as well. The figure below plots raw data from 2006 versus MRP estimates from the pooled 2002-2006 data. What one sees is that there is a strong correlation but that the MRP range is much smaller than that of the raw data. This is most likely a product of the partial pooling that occurs within the model, compressing the variation of the data, and this pattern is consistent across the estimates for the different public opinion questions and years.

Figure 2: Raw Data v. MRP Estimated Data for 2002-2006 Pooled Opinion on Spending for Blacks



While pooling the data over a few years seems to increase the validity of the data, further research will be required to determine to what extent it is appropriate to use MRP estimation techniques on data collected through cluster sampling. It may be the case that such estimates are only fruitful in certain instances, or that certain adjustments can be made to increase the accuracy of MRP estimates in this situation. I plan to look into this further in future research. Nevertheless, a correlation of .65 is strong and shows that the MRP estimates from the GSS do seem to be capturing meaningful information and variation across the states. Furthermore, as the data analysis will show below, the estimates do seem to explain meaningful variation in policy outputs, suggesting that policy is responsive to public opinion as measured through this data. In fact, responsiveness, which measures relative movement, may be a more appropriate use for estimates produced in such a way, than other concepts, such as congruence, which rely on more exact measures that can be identified as above or below a majority level of support.

3.3 Measuring Policy Output

To measure policy responsiveness, I will use ordinary least squares regression to see to what extent public opinion at time t explains policy at time $t + 1$, borrowing a time lag model that has been used by several researchers of policy responsiveness in order to establish a causal framework (see Page and Shapiro, 1983; Stimson, MacKuen, and Erikson, 1995). In this paper, I am particularly interested in studying redistributive issues. Questions of redistribution have long been at the heart of political debate in this country, and have become increasingly salient in recent years, from the major welfare reform of 1996 to the current debates occurring in some states to significantly cut Medicaid or opt out of the program altogether. Furthermore, while the federal government has increasingly become involved in redistribution over the last half century, much of such policy is still articulated at the states, providing opportunities to study state-level variation across broader policy frameworks that they share in common. For this paper, I focus on two policy areas: Medicaid and AFDC.

State-level Medicaid Spending and Beneficiaries: I focus on Medicaid for several reasons. It is broadly defined at the national level but administered with significant variation at the state level, thus allowing me to focus on state-level variation that is easily comparable. Furthermore, since it was enacted in 1965, and public opinion polling in political science truly came into its own just a few years after that, it is possible to study public opinion toward the program and how that influenced expenditures throughout almost its entire history. Thus I can examine how public opinion, and perhaps political culture, has evolved across time as well as how it varies across states.

To look at Medicaid Spending at the state-level, I gathered overall state-spending data from the Center for Medicare and Medicaid Services and the Statistical Abstract. This spending data originally included federal spending by state as well, so I used the federal matching formula for each state and year to isolate state-level spending on Medicaid. I then adjust this expenditure value both by population, so that the measure of spending is per capita, and by the Consumer Price Index (using 1982-84 dollars as the base) to adjust for inflation over time. From the same data source I also gather information on the number of beneficiaries for each state in each year, and I divide this by population to have a measure of the ratio of beneficiaries in each state.

Maximum AFDC Cash Benefit (for a family of three): Using data collected by Preuhs (2008), I use the maximum monthly cash benefit level for a family of three, adjusted for cost of living as well, this time using the Berry et al cost of living index for the states. Just as with Medicaid, the individual states administer much of the AFDC program, and thus one can study variation at the state level within a common framework. In addition to measuring a different redistributive

policy, this measurement also has the benefit of measuring the policy intent of the legislature and the governor more directly than Medicaid expenditures and beneficiaries, since it measures legislative output rather than the final policy output, which is mediated by several other factors, including the state bureaucracy and the health care industry. Note that here I do not have data for Alaska, Hawaii, and the District of Columbia, so they are dropped from this part of the analysis.

3.4 Additional Variables

In addition to running bivariate regressions that look at to what extent public opinion at time t impacts policy at time $t + 1$, I also analyze the question of policy responsiveness in a multivariate setting. No matter how well democracy functions, it is clear that other factors influence the formation of public policy in addition to public opinion. I discuss these variables below.

Percent Black and Percent Hispanic: For each state, I include the percentage of African Americans as well as the percentage of Hispanics as recorded in the closest Census. A considerable literature has developed that examines the impact of racial and ethnic division in determining people's preferences for redistribution. In their book, *Fighting Poverty in the US and Europe: A World of Difference*, Alesina and Rosenthal (2004) use an analysis of over fifty countries to show that both increased racial fractionalization and increased linguistic fractionalization lead to a decrease in social welfare expenditures as a share of GDP. While much of their work is comparative in nature, Alesina and Rosenthal also show that the percentage of African Americans in a state is negatively correlated (r=0.49) with the state's maximum AFDC benefit and that this relationship persists in a regression analysis controlling for state income. Gilens (1999) also discusses in great detail how racism has been used to create opposition to welfare, and Luttmer (2001) uses some of the same GSS data to show how people's proximity to others of their same racial background who are on welfare increases one's own support for welfare but living near someone of another race who receives welfare benefits increases one's opposition toward welfare.

State Ideology: Erikson, Wright and McIver's measure of state-level ideology has been a fundamental indicator used in state-level analyses since the authors first developed it. Here, I expect that more liberal states will be more redistributive in their policy than conservative states. By including ideology scores in the regression, I can determine what additional effect state-level issue-specific opinion has on policy above that of ideology more broadly. Note though that this measure does not include scores for Alaska, Hawaii, or the District of Columbia.

State Democratic Presidential Vote Share: While ideology may pick up many of the un-

derlying values of a state, partisanship can also indicate other values and policy preferences that a state's citizens may hold. However, state partisanship data is difficult to obtain in a consistent manner, particularly given that voter registration by party does not occur consistently across the states. Thus, I use presidential vote share as a proxy for partisanship; in particular, I use Democratic vote share, predicting that the higher the vote share for the Democratic presidential candidate, the more redistributive a state will be.

State Income: I control for state-level median income for a few different reasons. First, a state with lower median income is more likely to have higher demands placed on its Medicaid and AFDC programs and thus might be more likely to have more spending. Conversely, however, such a state may also have a lower tax base and thus choose to provide less Medicaid and AFDC funds. The net effect of these competing forces is not readily clear, but is likely significant and should be examined. I adjust all state-level median income figures by the Consumer Price Index, as provided by the Bureau of Labor Statistics and based on 1982-1984 dollars.

Federal Medicaid Reimbursement Formulas: Medicaid is a federal program that is administered largely by the individual states. The program is jointly funded, with some funding coming from the state (one of the dependent variables in this study) and other funding coming in the form of matching dollars from the federal government. The rate at which state dollars are matched by federal dollars, however, is bounded between 0.5 and 0.83 and varies by both year and state and is based on the state income. While income is also included in this analysis, it is likely that the federal reimbursement parameters might have an additional impact as a higher matching ratio would provide greater incentive to a state to spend more of its own money. Given the bounded and adjusted nature of the federal formulas, pure collinearity is not a concern.

South: There is much scholarship in political science that would lead one to expect the South to behave differently than the other American states when considering redistributive policy, beginning with Key's seminal work (1949). Given the South's history with race, it is likely that any issue that has taken on a racial dimension will see that exaggerated in the South. The South as a whole has historically been much slower to embrace a large welfare state, in part because of the issue of race, and thus one would expect the South to have more conservative redistributive policies. Thus I create a dummy variable for South using the Census definition of the South.[4]

In the next section, I will first display and discuss the results of bivariate analyses between public

[4]The Census definition of the South is as follows: Delaware, Maryland, District of Columbia, West Virginia, Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas. I depart from the Census definition, however, in considering the District of Columbia as its own region apart from the South.

opinion estimates and public policy outputs. I will then focus on the multivariate analysis and discuss the results of different models that I present.

4 Results and Discussion

I begin by looking at the bivariate relationship between public opinion estimates and policy output in the following year. I use the three GSS measures of spending preferences (or the six GSS measures for later years when the alternate question wording is available) and look at how each predicts Medicaid spending, Medicaid beneficiary ratio, and AFDC benefit limits for each of the pooled public opinion datasets. The results of these regressions and basic plots of public opinion versus policy output are included in the Appendix.

Broadly, one sees that public opinion matters. Overall, I find a similar pattern across the datasets, where increases in support for spending on healthcare, welfare, and aid to blacks (with both question wordings) lead to higher Medicaid spending and an increased number of beneficiaries. Furthermore, the graphs plotting the relationship between public opinion and Medicaid policy consistently show a positive relationship, indicating a potential responsiveness to public opinion. This pattern is strong and consistent. It also remains relatively similar (though with slightly smaller effect sizes) if one excludes the District of Columbia (an outlier) from the analysis.

The results show that opinion on whether or not the government should spend more money to improve health care is significant in the expected direction and does seem to reflect democratic responsiveness. While the coefficient for health opinion is significant in most of the pooled datasets, question wording does seem to matter in the later years, with government being responsive to opinion on spending more on "health" rather than on "improving and protecting the Nation's health." One explanation here might be that the simpler question wording may more accurately capture public opinion.

While such responsiveness might be encouraging from a normative perspective on democracy, the other results in the bivariate regression might be more concerning. Specifically, though not surprisingly, Medicaid spending and beneficiary levels seem to correlate highly with people's views on how much the government should spend to aid blacks, a question that may purely capture a policy concern or may more likely capture latent racist views. Both question wordings on spending for blacks are highly significant in many of the bivariate regressions ($p \leq 0.001$), with opinion favoring spending for blacks leading to increased Medicaid funding and beneficiaries. Given the work of Alesina and

Rosenthal (2004), Gilens (1999), and Lottmer (2001), this finding is not surprising, but it does raise concerns from a democratic perspective. Policy responsiveness to public opinion in this instance may reflect the potential for tyranny of the majority more so than democratic competence.

The AFDC regression results, however, present a different story from that of the Medicaid results. In the 1980-86 dataset as well as the 1987-1993 results, opinion on welfare seems to have a strong and significant impact on the maximum cash benefit set for AFDC. However, this impact is in the opposite direction that one would expect, with lower support leading to higher benefits and higher support leading to lower benefits. It is difficult to explain why this might be the case, particularly given the increased salience of welfare reform in the 1980s and 1990s. One possible explanation is that public opinion may have turned most strongly against welfare in states with the more generous benefits, but that policy itself may have been slow to respond, or unable to before the national reform. In this paper I do not investigate responsiveness on welfare after the 1996 reform, but it would be a next step to do so in future research. It is also possible, however, that this bivariate regression is spurious since in the multivariate analysis, the coefficient for welfare opinion often stays negative but loses its significance.

It is clear from the bivariate regressions and relationships that there seems to be a direct correlation between policy and issue specific opinion on health spending, aid to blacks, and to a lesser extant welfare and assistance to the poor. Furthermore, given the time-lag in the above correlations, it seems at least possible that Medicaid and AFDC policy at the state level is responding to this public opinion. To test this assumption further, I next conduct a series of multivariate regressions to gain a better understanding of the patterns revealed in the bivariate series. I begin by including each of the control variables that I discussed earlier in the paper. However, after preliminary analysis, I choose to eliminate the Erikson et al Ideology measure. The ideology score restricts the analysis in the Medicaid examples because no scores exist for three cases - Alaska, Hawaii, and the District of Columbia - forcing me to drop these from the dataset, decreasing the N from 51 to 48 and losing interesting variation. Furthermore, ideology is not statistically significant in most models and only barely significant in fewer than a handful. Broadly, I follow the same pattern of dependent variables and public opinion measures as I did in the bivariate series, excluding the welfare opinion measure for Medicaid policies and the health opinion measure for Welfare policy. The results of these regressions are included in the Appendix.

From these regressions, one can see several trends. First, particularly in the 1970s and 1980s, it is clear that public opinion on both health spending and spending toward African Americans is

connected to state level policy. Specifically, as the bivariate regressions and plots illustrate, increased support for spending on the nation's health does connect to increased Medicaid spending (and to a lesser extent, an increased number of beneficiaries). Racial attitudes are also important here: The less money that people want to spend on aid toward Blacks, the less the state will spend on its Medicaid program. While these public opinion measures often meet the test for statistical significance, the size of the effect varies, but in some years it can be substantial, with each extra percentage point in support for spending leading to an increased $4.84 in per capita Medicaid spending (1980-1986, question on aid to Blacks) for the pooled data or even an increased $13.53 (2002-2006, alternative question on aid to Blacks) or $24.39 (1994-2000, question on aid to Blacks).[5] In terms of AFDC Cash Benefits, following the unexpected bivariate results, the multivariate regression shows that neither opinion on welfare spending or aid to Blacks is significant in predicting policy in the 1980-86 period or in the 1987-93 period, except for the (added) alternative question which asks people if we are spending enough on blacks, as opposed to on "improving the condition of blacks." This more blunt question, when included in the model, shows that AFDC policy is responsive to public opinion on the issue, with each additional percentage point of support for spending on blacks yielding an addition $8.72 in the limit. This may be a spurious finding since it is the only instance of significance with opinion and welfare, but it may also reveal that question wording is an important operating factor here.

Some of the control variables that I hypothesized would be significant are surprisingly not in most of these regressions. Despite Alesina and Rosenthal's hypothesis, percent Black and percent Hispanic are often not statistically significant, though in some of the regression analyses percent Black does have a strong effect on AFDC Cash Benefit caps, with each additional percent of Black people in the state leading to a drop of between $6 and $10 in the maximum AFDC benefit, a significant decrease indeed. This fits with much of the other literature on welfare that emphasizes the connection between an opposition to welfare and negative attitudes toward Blacks, especially when proximity between the races is increased. This also fits with my own findings throughout this paper that attitudes on spending toward aiding blacks are connected to spending on redistributive policies. As Preuhs (2008) asserts in his own analysis, welfare policy is often viewed as a policy for African Americans, and it is clear that that fact is operating within this analysis. In terms of the South, the dummy variable is rarely significant. This may be because region does not matter, or it might be the case that the variation that exists by region is being explained by other variables, such as presidential vote and the public opinion measures.

[5] All figures are in averaged 1982-84 dollars.

The two key economic variables, median income of the state and the federal formula for matching Medicaid spending at the state level, are both often significant. The coefficient of the federal formula often has a negative sign, indicating that the more generous the federal matching formula, the less the state will spend on itself. More research, however, would need to be done before concluding if higher federal matching rates discourage state spending or if the states that qualify for higher federal matching were less likely to spend heavily in the first place (either because of ideology or because of a lack of available resources). The coefficient for income is often significant as well, despite the fact that income is also somewhat captured by the Medicaid matching formula. However, the coefficient for income is often very small and even changes signs depending on the regression, so it is unclear if income has any substantive effect on state Medicaid spending, the number of beneficiaries, or AFDC policy.

One large pattern that emerges from this series of regressions is that issue-specific opinion seems to become less important in predicting policy overtime. While issue specific opinion is often significant in the datasets from the 1970s and 1980s, the regressions from the last 20 years seem to rely almost entirely on presidential vote share as a determinant of redistributive policy, with high R-squared figures. Not only does issue-specific opinion seem to get less important over time, but other factors such as income, federal Medicaid reimbursement, and percentage black also decrease in importance. This may be an artifact of the data or the public opinion estimates, which I acknowledge are not perfect. Such a trend, however, could also reflect the increased polarization that has occurred over the last 30 years (see Abramowitz and Saunders 2008). As people have sorted into the "correct" party that best represents their ideological viewpoints, it is logical that a state's presidential vote would become more influential in shaping public policy. Furthermore, in addition to presidential vote share being a potentially more accurate signal than issue-specific opinion (or at least a more efficient one), it also may simply be the loudest one. Given that there are not many state-level polls, it is difficult for state legislators and governors to understand clear trends in state and local public opinion, and it is thus logical that such representatives could rely on proxies for issue opinion such as presidential vote share.

5 Conclusion

These above results begin to paint a broad picture of policy responsiveness toward state public opinion on redistributive spending. In particular, opinion on spending levels for health and aid to blacks both predict Medicaid policy in a significant way. Race, in particular, seems to play an

important part in this story, as views on spending for African Americans seems to shape redistributive policy more than one might expect. Given the long and complicated history of race in America, however, such a finding might not be that surprising. The interaction of public opinion on race and welfare, however, seems to be less clear than one would expect from the existing research on the subject.

While this research is informative, there are several further avenues that are worth pursuing. First, I plan to look more at the estimates of public opinion themselves. I will further refine my estimates of public opinion, particularly by including income as a demographic predictor in addition to race, education, and age. While income and education may be highly connected, adding income to the model might produce more accurate opinion estimates, particularly on questions of redistribution. In this vein, I also will focus more on testing the appropriateness of using MRP on surveys that rely on cluster sampling, such as the GSS. While these measures correlate with other measures of state ideology, they must be subjected to more rigorous testing and clarification.

I also plan on refining my regression analysis by conducting a time series analysis as well. While the public opinion data in its current pooled form would not be appropriate for time-series analysis, given the inexact and unequal intervals, I believe that I could construct public opinion measures for time-series analysis by creating overlapping pooled datasets. For example, rather than the five pooled datasets present in this analysis, I would construct datasets for 1973-1978, 1975 to 1980, 1977-1982, etc. Creating a perfect series might still be difficult given both that the GSS skips occasional years and that the years do not always have the same number of respondents (either for the survey as a whole or for the specific questions of interest), but such a series would still shed additional light on any change over time that may be occurring.

In addition to refining this model of public opinion and policy responsiveness, I also plan on extending this concept to other policy issue areas and political value questions more broadly. Just as Lax and Phillips (forthcoming) have studied the performance of democracy across 39 issue areas, I would like to extend this series back over time. Such work would extend our knowledge of how democracy has functioned in the states over the last decades and allow us to judge if federalism serves the purposes for which it was designed. In addition to creating such issue specific measures, I think state public opinion research would also benefit from the creation of a more general measure. There is certainly some truth to the cynical belief that political science scholars held before the publication of textitStatehouse Democracy — that citizens have little knowledge of the workings of their state government, especially on complicated issues — and it might thus be valuable to measure a broader

measure of public opinion. One such measure, policy mood, as developed by Stimson (1991), already exists at the national level, and it would be quite interesting to use MRP to extend that to the state level, both for the present day and for the last few decades. Just as Stimson shows that mood changes over time at the federal level and that policy responds accordingly, one can imagine how observing policy mood over time at the state level would shed new light on state politics and policy.

However, I hope that such a comprehensive project would also allow us to create a more comprehensive picture of political culture at the state level, a quantifiable picture similar in scope to the project that Elazar (1972) presented. Such a project would look both at public opinion and policy responsiveness as well as polling questions on political values. While the field of public opinion has been increasingly devoted to painting a picture of state level variation, the research in American political thought has been mainly focused on analyzing political culture of America as a whole. By using public opinion research and MRP, I believe that political scientists can develop a deeper understanding of state political culture.

This project lays the groundwork for a deeper study of state public opinion and its impact on governing over time. As state governments remain important policy actors on a host of issues, such a research agenda holds promise for helping us to further understand the variation that exists across the fifty American states.

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6 Table and Figures

6.1 1973-1978 Pooled Data: Bivariate Regressions

[6];

Impact of Public Opinion on Medicaid Spending

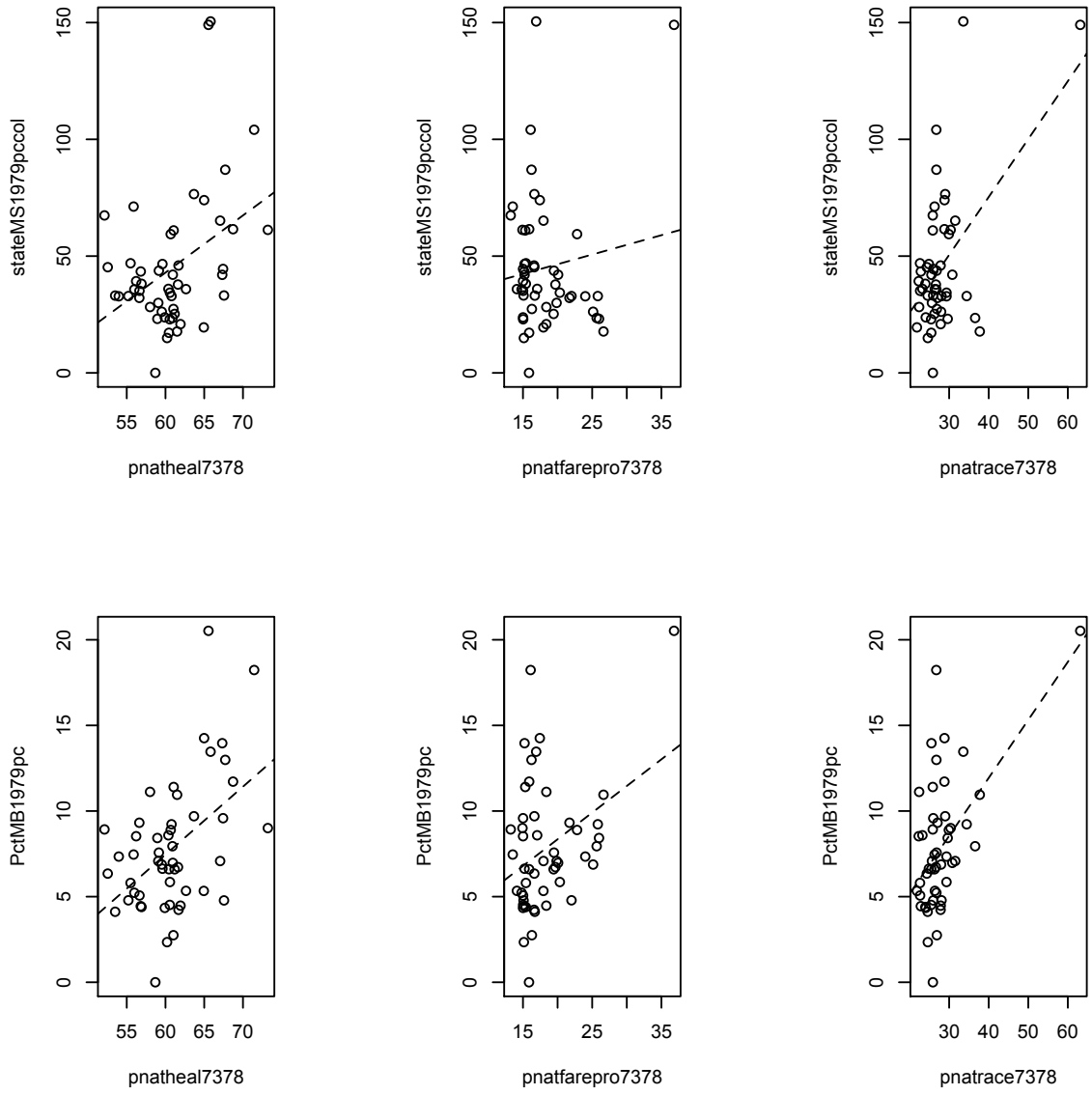
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-103.9522	49.4208	-2.10	0.0406*
Pro Health Spending	2.4481	0.8095	3.02	0.0040**
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	29.9448	17.4131	1.72	0.0918
Pro Welfare Spending	0.8289	0.9282	0.89	0.3763
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-23.8441	16.5311	-1.44	0.1556
Pro Spending for Blacks	2.4790	0.5812	4.27	0.0001***

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-16.3430	6.2099	-2.63	0.0113*
Pro Health Spending	0.3966	0.1017	3.90	0.0003***
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	2.1225	2.1625	0.98	0.3312
Pro Welfare Spending	0.3113	0.1153	2.70	0.0095**
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-1.6133	2.1540	-0.75	0.4575
Pro Spending for Blacks	0.3387	0.0757	4.47	0.0000***

[6]Note that for these and all other tables in this paper, statistical significance is indicated as follows: * for ($p \leq 0.05$); ** for ($p \leq 0.01$); *** for ($p \leq 0.001$)

Figure 3: These graphs plot pooled public opinion measures from 1973-1978 on spending toward health, Welfare, and improving the condition of Blacks respectively versus state-level per capita Medicaid expenditures (top three) and Medicaid beneficiaries as a ratio of state population (bottom three).



6.2 1980-1986 Pooled Data: Bivariate Regressions

Impact of Public Opinion on Medicaid Spending

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-289.0774	77.7877	-3.72	0.0005***
Pro Health Spending	6.0123	1.3223	4.55	0.0000***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-3.8360	29.2583	-0.13	0.8962
Pro Welfare Spending	3.2976	1.3970	2.36	0.0223*

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-86.9121	21.3715	-4.07	0.0002***
Pro Spending for Blacks	4.9124	0.6822	7.20	0.0000***

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-12.6090	5.3905	-2.34	0.0235*
Pro Health Spending	0.3484	0.0916	3.80	0.0004***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	1.6557	1.8322	0.90	0.3706
Pro Welfare Spending	0.3013	0.0875	3.44	0.0012**

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	0.4559	1.7181	0.27	0.7918
Pro Spending for Blacks	0.2406	0.0548	4.39	0.0001***

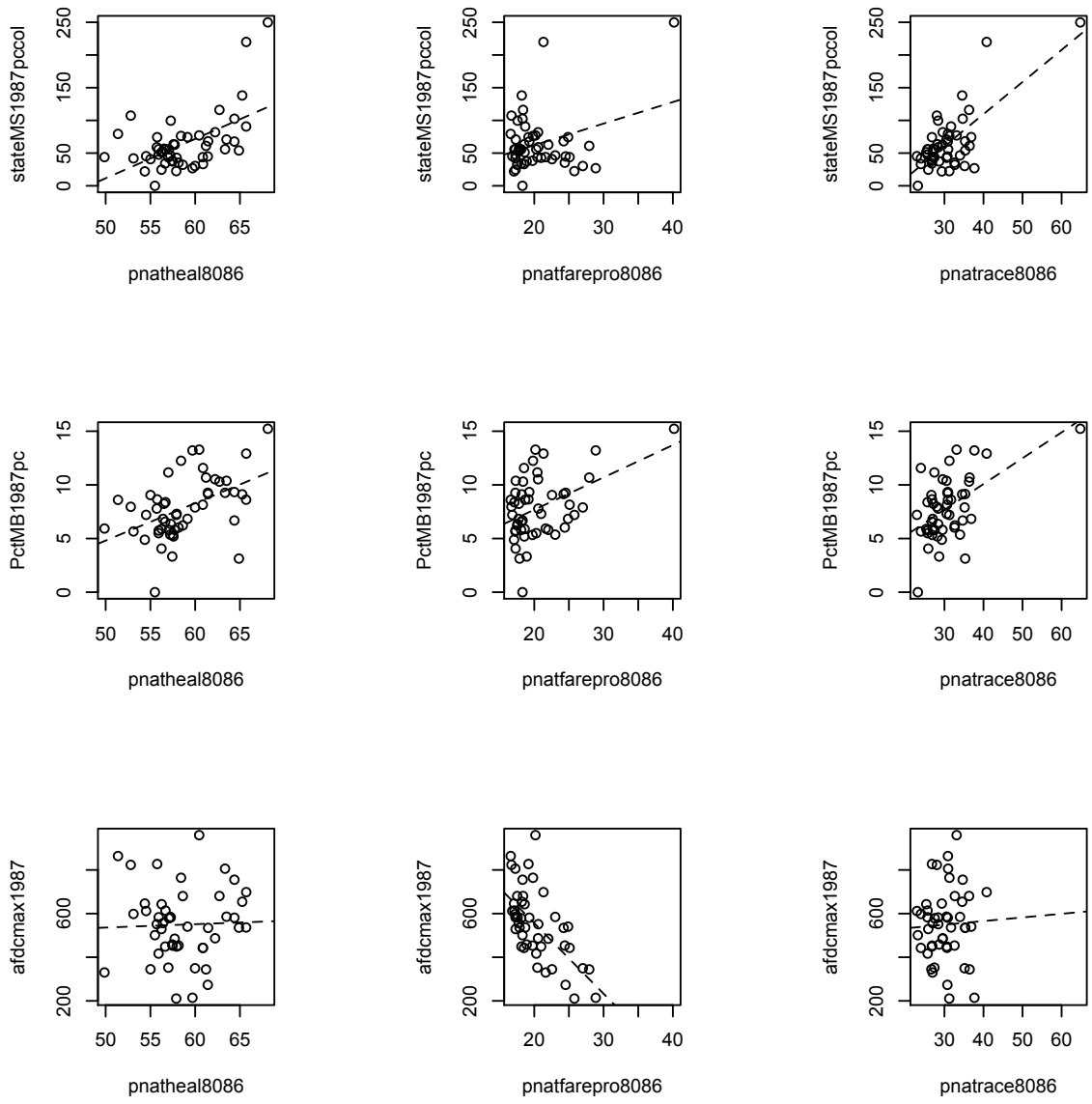
Impact of Public Opinion on Maximum AFDC Cash Benefit

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	458.5095	375.2906	1.22	0.2280
Pro Health Spending	1.5484	6.3942	0.24	0.8097

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	1202.1477	120.1609	10.00	0.0000***
Pro Welfare Spending	-32.3088	5.8728	-5.50	0.0000***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	499.0131	176.7579	2.82	0.0070**
Pro Spending for Blacks	1.6672	5.8170	0.29	0.7757

Figure 4: These graphs plot pooled public opinion measures from 1980-1986 on spending toward health, Welfare, and improving the condition of Blacks respectively versus state-level per capita Medicaid expenditures (top 3) and Medicaid beneficiaries as a ratio of state population (middle three) and AFDC benefits (bottom 3). Note that while one sees similar relationships between Medicaid and opinion as in the previous time series, the relationship between AFDC policy and opinion is not significant for opinions on either health or blacks, and welfare opinion is surprisingly significant in the opposite direction as expected, meaning that increased public opinion in favor of welfare leads to lower AFDC benefits.



6.3 1987-1993 Pooled Data: Bivariate Regressions

Impact of Public Opinion on Medicaid Spending

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-417.4573	220.4292	-1.89	0.0642
Pro Health Spending	7.4536	3.1151	2.39	0.0206*

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	25.7151	56.6650	0.45	0.6520
Pro Welfare Spending	3.7781	2.5248	1.50	0.1410

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-88.7764	35.1175	-2.53	0.0147*
Pro Spending for Blacks	5.5260	0.9615	5.75	0.0000***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-1076.4221	270.5834	-3.98	0.0002***
Pro Health Spending (Y)	17.1970	3.9220	4.38	0.0001***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-632.9088	121.3582	-5.22	0.0000***
Pro Spending on Assistance to Poor	11.0225	1.7991	6.13	0.0000***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-60.7859	31.1950	-1.95	0.0571
Pro Spending for Blacks (Y)	5.8304	1.0437	5.59	0.0000***

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-7.2757	12.9652	-0.56	0.5772
Pro Health Spending	0.2776	0.1832	1.52	0.1362

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	2.1887	2.9553	0.74	0.4625
Pro Welfare Spending	0.4578	0.1317	3.48	0.0011**

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	6.1900	2.4274	2.55	0.0139*
Pro Spending for Blacks	0.1717	0.0665	2.58	0.0128*

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-43.7889	16.3158	-2.68	0.0099**
Pro Health Spending (Y)	0.8141	0.2365	3.44	0.0012**

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	0.7735	9.0333	0.09	0.9321
Pro Spending on Assistance to Poor	0.1719	0.1339	1.28	0.2052

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	10.4146	2.2550	4.62	0.0000***
Pro Spending for Blacks (Y)	0.0664	0.0754	0.88	0.3830

Impact of Public Opinion on Maximum AFDC Cash Benefit

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	325.6210	557.2642	0.58	0.5619
Pro Health Spending	2.1159	7.8901	0.27	0.7898

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	915.3181	149.3048	6.13	0.0000***
Pro Welfare Spending	-20.1282	6.7747	-2.97	0.0047**

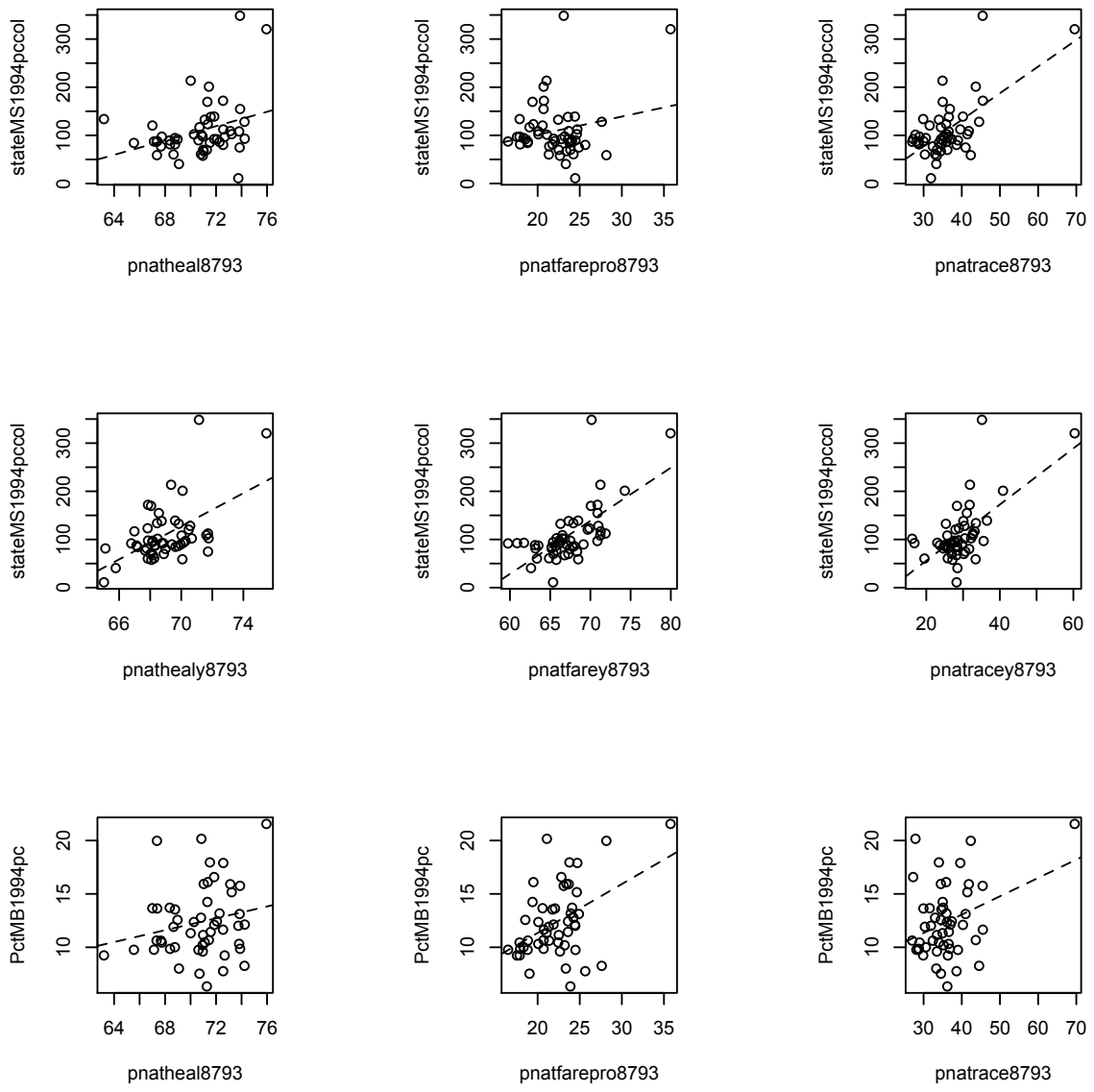
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	390.5810	143.2423	2.73	0.0090**
Pro Spending for Blacks	2.3973	4.0309	0.59	0.5549

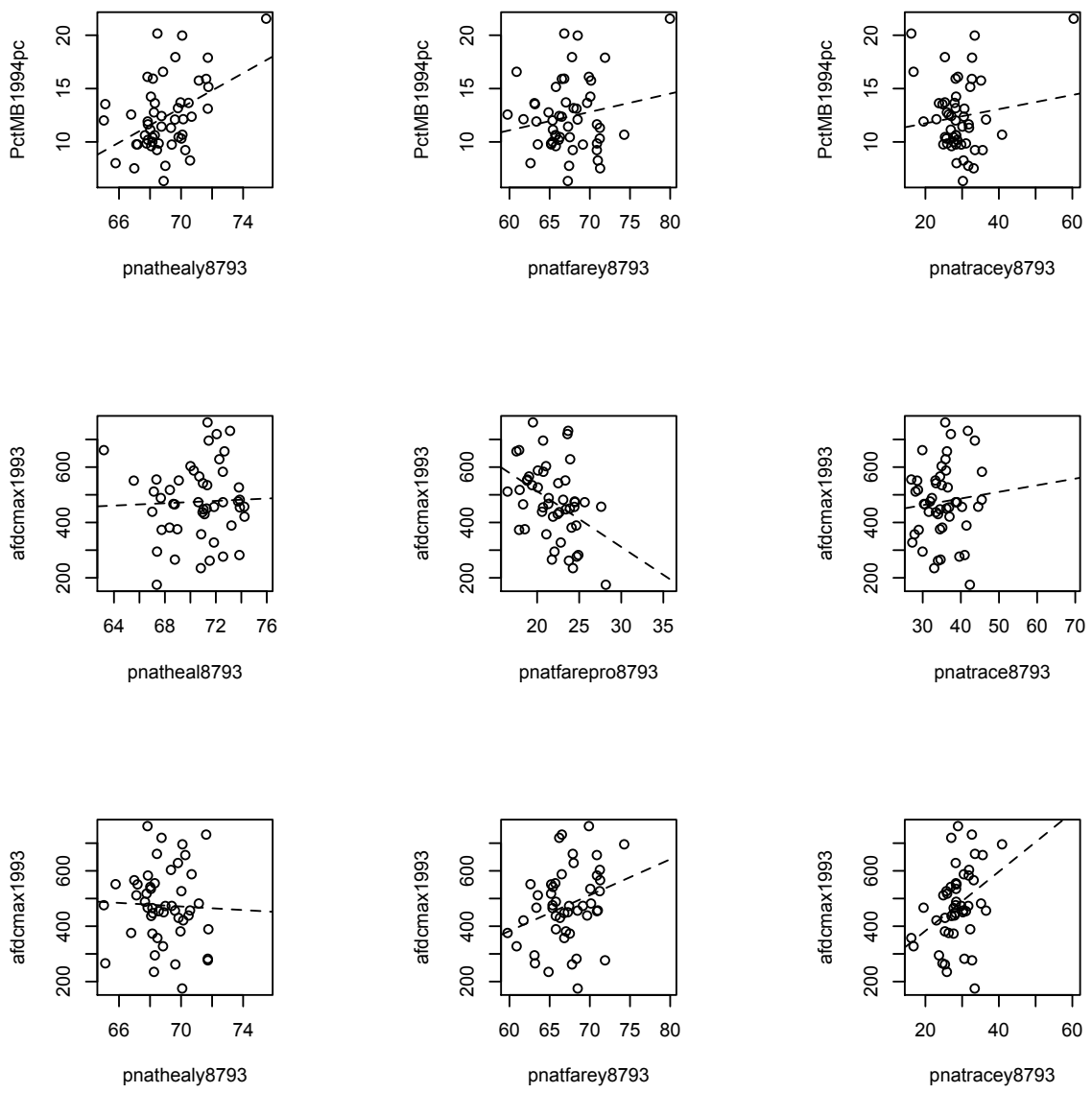
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	697.5624	851.9911	0.82	0.4172
Pro Health Spending (Y)	-3.2325	12.3695	-0.26	0.7950

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-394.6992	408.6200	-0.97	0.3391
Pro Spending on Assistance to Poor	12.9549	6.0805	2.13	0.0385*

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	169.4214	116.0900	1.46	0.1513
Pro Spending for Blacks (Y)	10.6932	4.0118	2.67	0.0106*

Figure 5: These graphs plot pooled public opinion measures from 1987-1993 on spending toward health, Welfare, and improving the condition of Blacks respectively versus state-level per capita Medicaid expenditures (top 3), Medicaid beneficiaries as a ratio of state population (middle three), and AFDC benefits (bottom 3). Note that while one sees similar relationships between Medicaid and opinion as in the previous time series, the relationship between AFDC policy and opinion is not significant for opinions on health, and welfare opinion is surprisingly significant in the opposite direction as expected, meaning that increased public opinion in favor of welfare leads to lower AFDC benefits. However, here opinion on racial spending is predictive of AFDC output in the expected way.

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6.4 1994-2000 Pooled Data: Bivariate Regressions

Impact of Public Opinion on Medicaid Spending

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-504.4672	368.4809	-1.37	0.1772
Pro Health Spending	9.5794	5.3687	1.78	0.0806

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-23.5856	66.8592	-0.35	0.7258
Pro Welfare Spending	11.3244	4.2500	2.66	0.0104*

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-68.3690	53.8806	-1.27	0.2105
Pro Spending for Blacks	6.6542	1.6001	4.16	0.0001***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-1223.7310	291.4121	-4.20	0.0001***
Pro Health Spending (Y)	20.6043	4.3602	4.73	0.0000***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-482.8270	130.3697	-3.70	0.0005***
Pro Spending on Assistance to Poor	10.7187	2.1941	4.89	0.0000***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-24.1444	35.1088	-0.69	0.4949
Pro Spending for Blacks (Y)	6.6779	1.2894	5.18	0.0000***

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-34.5659	24.6888	-1.40	0.1678
Pro Health Spending	0.7309	0.3597	2.03	0.0476*

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	0.6570	4.3305	0.15	0.8800
Pro Welfare Spending	0.9582	0.2753	3.48	0.0011**

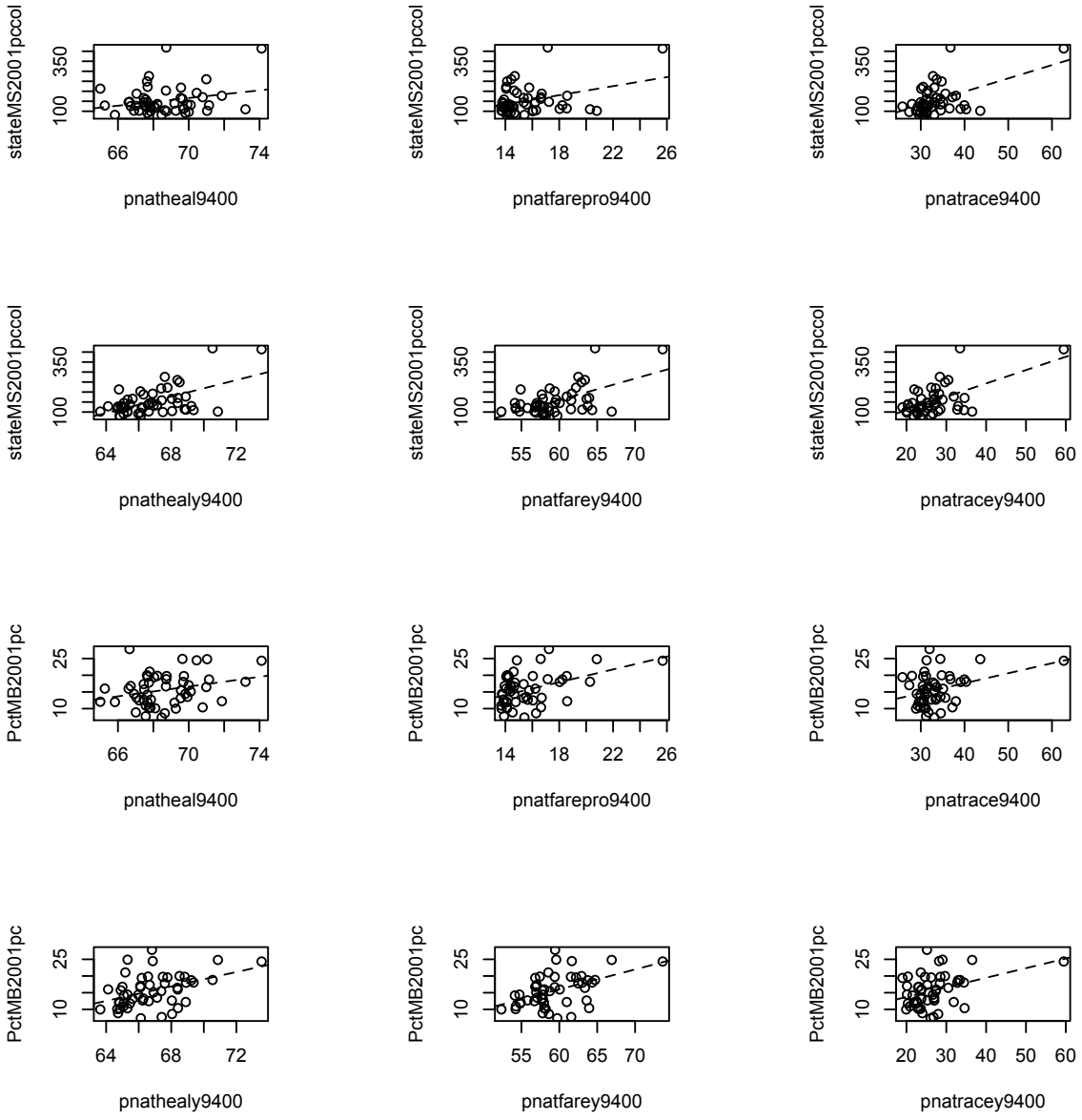
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	5.6380	3.9850	1.41	0.1635
Pro Spending for Blacks	0.2992	0.1183	2.53	0.0147*

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-56.6730	21.4098	-2.65	0.0109*
Pro Health Spending (Y)	1.0815	0.3203	3.38	0.0014**

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-19.8254	9.4778	-2.09	0.0417*
Pro Spending on Assistance to Poor	0.5971	0.1595	3.74	0.0005***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	7.9511	2.7318	2.91	0.0054**
Pro Spending for Blacks (Y)	0.2880	0.1003	2.87	0.0060**

Figure 6: These graphs plot pooled public opinion measures from 1994-2000 on spending toward health, Welfare, and improving the condition of Blacks respectively versus state-level per capita Medicaid expenditures (top three) and Medicaid beneficiaries as a ratio of state population, and then repeats the analysis for the alternative question wordings . One sees a similar pattern as in the previous graphs.



6.5 2002-2006 Pooled Data: Bivariate Regressions

Impact of Public Opinion on Medicaid Spending

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-1693.6110	584.7767	-2.90	0.0056**
Pro Health Spending	24.9699	7.7445	3.22	0.0023**

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-108.1213	125.5441	-0.86	0.3933
Pro Welfare Spending	12.8327	5.3492	2.40	0.0203*

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-28.4616	72.1462	-0.39	0.6949
Pro Spending for Blacks	6.7914	2.1937	3.10	0.0032**

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-1329.8313	282.0500	-4.71	0.0000***
Pro Health Spending (Y)	20.3202	3.7647	5.40	0.0000***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-827.2237	229.9949	-3.60	0.0007***
Pro Spending on Assistance to Poor	14.8333	3.3448	4.43	0.0001***

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-23.8853	47.0318	-0.51	0.6138
Pro Spending for Blacks (Y)	8.6501	1.8321	4.72	0.0000***

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-37.7499	33.0016	-1.14	0.2582
Pro Health Spending	0.7343	0.4371	1.68	0.0993

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-2.1723	6.3882	-0.34	0.7353
Pro Welfare Spending	0.8505	0.2722	3.12	0.0030**

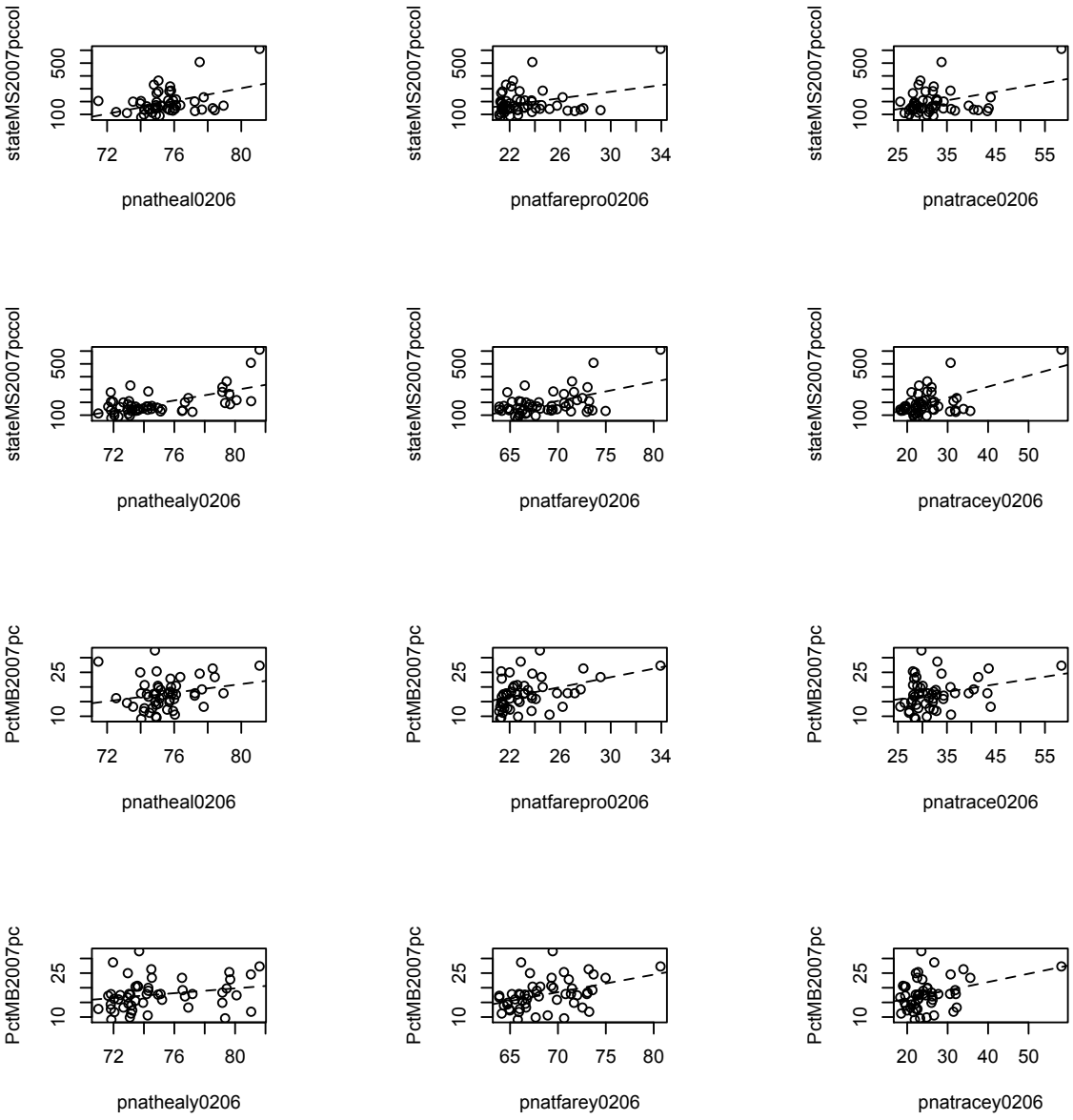
	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	9.3539	3.9791	2.35	0.0228*
Pro Spending for Blacks	0.2572	0.1210	2.13	0.0386*

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-13.0191	18.2546	-0.71	0.4791
Pro Health Spending (Y)	0.4101	0.2437	1.68	0.0987

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-23.4972	13.0879	-1.80	0.0788
Pro Spending on Assistance to Poor	0.5996	0.1903	3.15	0.0028**

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	10.6384	2.8047	3.79	0.0004***
Pro Spending for Blacks (Y)	0.2829	0.1093	2.59	0.0126*

Figure 7: These graphs plot pooled public opinion measures from 2002-2006 on spending toward health, Welfare, and improving the condition of Blacks respectively versus state-level per capita Medicaid expenditures (top three) and Medicaid beneficiaries as a ratio of state population (second three) and then repeats the analysis for the alternative question wordings . This analysis produces very similar results to those obtained from the 1994-2000 data, perhaps indicating that the political landscape toward redistributive policy, which very much changed during that time period, has since remained stable.



6.6 1973-1978 Pooled Data: Multivariate Results

Impact of Public Opinion on Medicaid Spending

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-22.0238	72.5591	-0.30	0.7630
pnatheal7378	1.4102	0.5688	2.48	0.0172*
carter.76	1.7795	0.5143	3.46	0.0012**
fmfy7879	-1.5277	0.5361	-2.85	0.0067**
income79col	-0.0005	0.0014	-0.40	0.6917
PctBlack1980	0.3181	0.3054	1.04	0.3033
PctHisp1980	-0.1367	0.3924	-0.35	0.7292
csouth	-23.4764	7.5492	-3.11	0.0033**
Adjusted R-squared: 0.6232				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-31.8266	69.4908	-0.46	0.6493
pnatrace7378	4.6415	1.4583	3.18	0.0027**
carter.76	1.7873	0.4927	3.63	0.0008***
fmfy7879	-1.6237	0.5181	-3.13	0.0031**
income79col	-0.0010	0.0013	-0.71	0.4821
PctBlack1980	-2.0405	0.8116	-2.51	0.0158*
PctHisp1980	-0.4689	0.3893	-1.20	0.2351
csouth	-2.9254	10.6440	-0.27	0.7848
Adjusted R-squared: 0.6514				

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-22.8371	10.6726	-2.14	0.0381*
pnatheal7378	0.3209	0.0837	3.84	0.0004***
carter.76	0.2760	0.0756	3.65	0.0007***
fmfy7879	-0.0053	0.0788	-0.07	0.9462
income79col	-0.0001	0.0002	-0.42	0.6773
PctBlack1980	0.0360	0.0449	0.80	0.4274
PctHisp1980	-0.0166	0.0577	-0.29	0.7750
csouth	-2.2536	1.1104	-2.03	0.0486*
Adjusted R-squared: 0.5323				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-17.0454	11.8025	-1.44	0.1559
pnatrace7378	0.4822	0.2477	1.95	0.0581
carter.76	0.2988	0.0837	3.57	0.0009***
fmfy7879	0.0065	0.0880	0.07	0.9419
income79col	-0.0001	0.0002	-0.24	0.8120
PctBlack1980	-0.2028	0.1378	-1.47	0.1484
PctHisp1980	-0.0543	0.0661	-0.82	0.4162
csouth	-0.7332	1.8078	-0.41	0.6871
Adjusted R-squared: 0.4232				

6.7 1980-1986 Pooled Data: Multivariate Results

Impact of Public Opinion on Medicaid Spending

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	21.2628	85.7304	0.25	0.8053
pnatheal8086	2.7360	1.0685	2.56	0.0140*
mondale.84	2.1722	0.5612	3.87	0.0004***
fmfy87	-2.4469	0.6909	-3.54	0.0010***
income87col	-0.0025	0.0015	-1.63	0.1101
PctBlack1980	0.4308	0.4355	0.99	0.3281
PctHisp1980	-0.3475	0.5440	-0.64	0.5264
csouth	-18.4577	10.0669	-1.83	0.0737
Adjusted R-squared: 0.6902				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	81.4558	67.8097	1.20	0.2362
pnatrace8086	4.8440	1.1125	4.35	0.0001***
mondale.84	1.5721	0.5331	2.95	0.0051**
fmfy87	-2.3797	0.6116	-3.89	0.0003***
income87col	-0.0032	0.0014	-2.34	0.0243*
PctBlack1980	-1.1563	0.5690	-2.03	0.0484*
PctHisp1980	-0.3611	0.4827	-0.75	0.4585
csouth	-6.1146	9.6941	-0.63	0.5315
Adjusted R-squared: 0.7522				

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-8.8397	7.5955	-1.16	0.2509
pnatheal8086	0.2309	0.0947	2.44	0.0189*
mondale.84	0.1793	0.0497	3.61	0.0008***
fmfy87	0.0050	0.0612	0.08	0.9347
income87col	-0.0002	0.0001	-1.43	0.1606
PctBlack1980	-0.0083	0.0386	-0.22	0.8299
PctHisp1980	-0.0127	0.0482	-0.26	0.7936
csouth	0.5123	0.8919	0.57	0.5687
Adjusted R-squared: 0.4439				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-1.5639	6.9659	-0.22	0.8234
pnatrace8086	0.1815	0.1143	1.59	0.1197
mondale.84	0.1721	0.0548	3.14	0.0030**
fmfy87	0.0214	0.0628	0.34	0.7354
income87col	-0.0002	0.0001	-1.21	0.2330
PctBlack1980	-0.0555	0.0585	-0.95	0.3481
PctHisp1980	-0.0237	0.0496	-0.48	0.6357
csouth	0.7324	0.9958	0.74	0.4661
Adjusted R-squared: 0.402				

Impact of Public Opinion on Maximum AFDC Cash Benefit

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	463.8572	360.5487	1.29	0.2055
pnatfarepro8086	-23.1957	18.1504	-1.28	0.2084
mondale.84	6.4848	2.7109	2.39	0.0214*
income87col	0.0153	0.0048	3.19	0.0027**
PctBlack1980	0.5247	6.2938	0.08	0.9340
PctHisp1980	-1.4625	2.3114	-0.63	0.5304
csouth	-86.1598	50.4930	-1.71	0.0955
Adjusted R-squared: 0.6035				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-15.8405	156.4788	-0.10	0.9199
pnatrace8086	3.8927	5.6327	0.69	0.4934
mondale.84	5.7160	2.8879	1.98	0.0545
income87col	0.0156	0.0052	3.01	0.0045**
PctBlack1980	-8.1660	3.1280	-2.61	0.0126*
PctHisp1980	-1.5149	2.3517	-0.64	0.5230
csouth	-83.6570	53.0387	-1.58	0.1224
Adjusted R-squared: 0.5925				

6.8 1987-1993 Pooled Data: Multivariate Results

Impact of Public Opinion on Medicaid Spending

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	154.4530	235.0552	0.66	0.5146
pnatheal8793	0.8037	2.7713	0.29	0.7732
clinton.92	2.5690	1.0254	2.51	0.0161*
fmfy94	-2.8326	1.2180	-2.33	0.0248*
income94col	-0.0029	0.0032	-0.92	0.3641
PctBlack1990	1.2166	0.6749	1.80	0.0785
PctHisp1990	-0.8112	0.8252	-0.98	0.3311
csouth	-27.3901	16.6528	-1.64	0.1073
Adjusted R-squared: 0.5207				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	183.4769	159.3769	1.15	0.2560
pnatrace8793	3.9468	2.0128	1.96	0.0564
clinton.92	1.8131	1.0468	1.73	0.0904
fmfy94	-2.9193	1.1688	-2.50	0.0164*
income94col	-0.0053	0.0032	-1.63	0.1112
PctBlack1990	-0.5109	1.1018	-0.46	0.6452
PctHisp1990	-1.3077	0.8115	-1.61	0.1144
csouth	-13.6189	17.1516	-0.79	0.4315
Adjusted R-squared: 0.5592				

Impact of Public Opinion on Medicaid Spending (continued)

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-191.5712	385.7991	-0.50	0.6220
pnathealy8793	5.6273	4.9859	1.13	0.2653
clinton.92	2.4298	1.0033	2.42	0.0197*
fmfy94	-2.5733	1.2239	-2.10	0.0414*
income94col	-0.0024	0.0030	-0.80	0.4276
PctBlack1990	0.7132	0.8102	0.88	0.3836
PctHisp1990	-0.6234	0.7876	-0.79	0.4330
csouth	-25.4305	16.2935	-1.56	0.1259
Adjusted R-squared: 0.5336				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	165.2365	163.5602	1.01	0.3180
pnatracey8793	3.3885	2.2187	1.53	0.1340
clinton.92	2.3589	0.9918	2.38	0.0219*
fmfy94	-2.9243	1.1887	-2.46	0.0180*
income94col	-0.0042	0.0032	-1.34	0.1879
PctBlack1990	-0.2816	1.1956	-0.24	0.8149
PctHisp1990	-0.8991	0.7780	-1.16	0.2542
csouth	3.9877	25.7215	0.16	0.8775
Adjusted R-squared: 0.5444				

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-16.8347	12.6208	-1.33	0.1893
pnatheal8793	0.1352	0.1488	0.91	0.3685
clinton.92	0.2135	0.0551	3.88	0.0004***
fmfy94	0.1698	0.0654	2.60	0.0128*
income94col	-0.0001	0.0002	-0.83	0.4129
PctBlack1990	0.0566	0.0362	1.56	0.1253
PctHisp1990	0.0501	0.0443	1.13	0.2641
csouth	1.0002	0.8941	1.12	0.2695
Adjusted R-squared: 0.5739				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-9.4136	8.8377	-1.07	0.2927
pnatrace8793	0.1445	0.1116	1.29	0.2023
clinton.92	0.1944	0.0580	3.35	0.0017**
fmfy94	0.1661	0.0648	2.56	0.0140*
income94col	-0.0002	0.0002	-1.12	0.2688
PctBlack1990	-0.0013	0.0611	-0.02	0.9834
PctHisp1990	0.0409	0.0450	0.91	0.3683
csouth	1.5963	0.9511	1.68	0.1005
Adjusted R-squared: 0.582				

Impact of Public Opinion on Ratio of Medicaid Beneficiaries (continued)

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-41.5432	20.4657	-2.03	0.0486
pnathealy8793	0.4686	0.2645	1.77	0.0835
clinton.92	0.2074	0.0532	3.90	0.0003***
fmfy94	0.1910	0.0649	2.94	0.0052**
income94col	-0.0001	0.0002	-0.53	0.5987
PctBlack1990	0.0182	0.0430	0.42	0.6746
PctHisp1990	0.0716	0.0418	1.71	0.0940
csouth	1.2226	0.8643	1.41	0.1644
Adjusted R-squared: 0.5952				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-7.9995	9.0659	-0.88	0.3825
pnatracey8793	-0.0640	0.1230	-0.52	0.6056
clinton.92	0.2297	0.0550	4.18	0.0001***
fmfy94	0.1708	0.0659	2.59	0.0130*
income94col	-0.0001	0.0002	-0.44	0.6595
PctBlack1990	0.0925	0.0663	1.40	0.1699
PctHisp1990	0.0645	0.0431	1.50	0.1418
csouth	0.5384	1.4257	0.38	0.7076
Adjusted R-squared: 0.5684				

Impact of Public Opinion on Maximum AFDC Cash Benefit

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-31.1857	159.5707	-0.20	0.8460
pnatfarepro8793	-0.8105	5.9351	-0.14	0.8920
clinton.92	4.8960	1.9173	2.55	0.0145*
income94col	0.0165	0.0043	3.80	0.0005***
PctBlack1990	-6.0493	1.9566	-3.09	0.0036**
PctHisp1990	-1.5556	1.6618	-0.94	0.3547
csouth	-66.8592	38.5293	-1.74	0.0902
Adjusted R-squared: 0.6679				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-91.2655	124.0266	-0.74	0.4660
pnatrace8793	6.9263	3.9678	1.75	0.0884
clinton.92	3.7053	1.9705	1.88	0.0672
income94col	0.0114	0.0050	2.26	0.0291*
PctBlack1990	-8.9109	2.3279	-3.83	0.0004***
PctHisp1990	-2.6312	1.5596	-1.69	0.0992
csouth	-51.1867	37.4868	-1.37	0.1796
Adjusted R-squared: 0.6908				

Impact of Public Opinion on Maximum AFDC Cash Benefit (continued)

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-216.0841	274.1816	-0.79	0.4352
pnatfarey8793	3.3346	4.7486	0.70	0.4865
clinton.92	4.3792	2.0403	2.15	0.0378*
income94col	0.0153	0.0046	3.34	0.0018**
PctBlack1990	-6.6561	1.9014	-3.50	0.0011**
PctHisp1990	-1.4652	1.5223	-0.96	0.3415
csouth	-59.6300	39.1969	-1.52	0.1359
Adjusted R-squared: 0.6717				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-161.4884	132.7112	-1.22	0.2306
pnatracey8793	8.7175	4.2845	2.03	0.0484*
clinton.92	4.5771	1.8338	2.50	0.0167*
income94col	0.0117	0.0047	2.48	0.0174*
PctBlack1990	-9.6940	2.4252	-4.00	0.0003***
PctHisp1990	-2.0257	1.4491	-1.40	0.1696
csouth	3.3742	50.1241	0.07	0.9467
Adjusted R-squared: 0.6982				

6.9 1994-2000 Pooled Data: Multivariate Results

Impact of Public Opinion on Medicaid Spending

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-61.1825	346.4049	-0.18	0.8606
pnatheal9400	-1.8118	5.3780	-0.34	0.7378
gore.00	4.6297	1.1206	4.13	0.0002***
fy01	0.6991	1.9502	0.36	0.7217
income01col	0.0036	0.0036	1.00	0.3216
PctBlack2000	1.1592	0.9852	1.18	0.2458
PctHisp2000	-0.8095	0.7973	-1.02	0.3157
csouth	-35.5675	18.8654	-1.89	0.0662
Adjusted R-squared: 0.5478				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-313.0101	246.2684	-1.27	0.2106
pnatrace9400	8.6405	6.9312	1.25	0.2193
gore.00	4.0836	1.1099	3.68	0.0006***
fy01	-0.1640	1.8391	-0.09	0.9294
income01col	0.0018	0.0035	0.52	0.6087
PctBlack2000	-3.4387	3.6329	-0.95	0.3492
PctHisp2000	-1.1138	0.8118	-1.37	0.1772
csouth	6.9516	38.6723	0.18	0.8582
Adjusted R-squared: 0.5625				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-1529.2190	400.8745	-3.81	0.0004***
pnathealy9400	24.3852	6.3080	3.87	0.0004***
gore.00	2.8118	1.0240	2.75	0.0088**
fy01	-0.9224	1.5941	-0.58	0.5659
income01col	0.0006	0.0030	0.21	0.8381
PctBlack2000	-1.7657	1.0032	-1.76	0.0855
PctHisp2000	-0.4737	0.6908	-0.69	0.4966
csouth	-41.5383	16.3422	-2.54	0.0147
Adjusted R-squared: 0.6636				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-153.4564	205.8142	-0.75	0.4600
pnatracey9400	5.6953	3.0578	1.86	0.0694
gore.00	3.5187	1.1630	3.03	0.0042**
fy01	-0.2689	1.7776	-0.15	0.8805
income01col	0.0017	0.0033	0.50	0.6163
PctBlack2000	-1.8534	1.7134	-1.08	0.2854
PctHisp2000	-1.1259	0.7800	-1.44	0.1561
csouth	-9.2661	22.9341	-0.40	0.6882
Adjusted R-squared: 0.5805				

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-10.2135	26.8750	-0.38	0.7058
pnatheal9400	-0.3557	0.4172	-0.85	0.3986
gore.00	0.3789	0.0869	4.36	0.0001***
fy01	0.4537	0.1513	3.00	0.0045**
income01col	0.0002	0.0003	0.59	0.5616
PctBlack2000	0.0487	0.0764	0.64	0.5277
PctHisp2000	0.0454	0.0619	0.73	0.4675
csouth	1.4966	1.4636	1.02	0.3123
Adjusted R-squared: 0.4045				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-42.9580	19.1072	-2.25	0.0297*
pnatrace9400	0.7945	0.5378	1.48	0.1468
gore.00	0.3171	0.0861	3.68	0.0006***
fy01	0.3481	0.1427	2.44	0.0189*
income01col	-0.0000	0.0003	-0.17	0.8696
PctBlack2000	-0.3932	0.2819	-1.40	0.1702
PctHisp2000	0.0146	0.0630	0.23	0.8177
csouth	5.4289	3.0005	1.81	0.0774
Adjusted R-squared: 0.4237				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-55.1670	36.0639	-1.53	0.1334
pnathealy9400	0.4770	0.5675	0.84	0.4053
gore.00	0.3237	0.0921	3.51	0.0011**
fy01	0.3775	0.1434	2.63	0.0117*
income01col	0.0000	0.0003	0.12	0.9060
PctBlack2000	-0.0409	0.0902	-0.45	0.6530
PctHisp2000	0.0473	0.0621	0.76	0.4512
csouth	1.4179	1.4702	0.96	0.3402
Adjusted R-squared: 0.4042				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-28.2711	16.3974	-1.72	0.0919
pnatracey9400	0.3169	0.2436	1.30	0.2003
gore.00	0.3015	0.0927	3.25	0.0022**
fy01	0.3645	0.1416	2.57	0.0136*
income01col	-0.0000	0.0003	-0.00	0.9969
PctBlack2000	-0.1447	0.1365	-1.06	0.2952
PctHisp2000	0.0240	0.0621	0.39	0.7009
csouth	2.9903	1.8272	1.64	0.1090

6.10 2002-2006 Pooled Data: Multivariate Results

Impact of Public Opinion on Medicaid Spending

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-234.2032	850.3296	-0.28	0.7843
pnatheal0206	9.4869	11.1550	0.85	0.3998
kerry.04	4.0142	1.3071	3.07	0.0037**
fy07	-5.4023	2.1106	-2.56	0.0141*
income07col	-0.0061	0.0043	-1.40	0.1679
PctBlack2000	0.9210	1.5666	0.59	0.5597
PctHisp2000	-0.4680	1.2098	-0.39	0.7008
csouth	-34.8173	26.6018	-1.31	0.1975
Adjusted R-squared: 0.5751				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	478.3975	246.6914	1.94	0.0590
pnatrace0206	-1.7607	5.2774	-0.33	0.7403
kerry.04	4.4604	1.3012	3.43	0.0014**
fy07	-5.1872	2.1584	-2.40	0.0206*
income07col	-0.0056	0.0048	-1.17	0.2468
PctBlack2000	2.6822	2.7045	0.99	0.3269
PctHisp2000	-0.9073	1.0789	-0.84	0.4050
csouth	-35.9876	26.7486	-1.35	0.1855
Adjusted R-squared: 0.569				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	-87.3321	363.4506	-0.24	0.8113
pnathealy0206	7.6288	3.9151	1.95	0.0579
kerry.04	3.3378	1.3120	2.54	0.0146*
fy07	-5.0333	2.0430	-2.46	0.0178*
income07col	-0.0060	0.0042	-1.43	0.1591
PctBlack2000	1.4093	1.0982	1.28	0.2063
PctHisp2000	-0.4591	1.0482	-0.44	0.6636
csouth	-33.5217	25.7056	-1.30	0.1992
Adjusted R-squared: 0.603				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	465.4179	222.4327	2.09	0.0423*
pnatracey0206	13.5283	4.9897	2.71	0.0096**
kerry.04	2.8087	1.2933	2.17	0.0354*
fy07	-6.8615	2.0455	-3.35	0.0017**
income07col	-0.0106	0.0043	-2.44	0.0190*
PctBlack2000	-5.3510	2.8542	-1.87	0.0676
PctHisp2000	-1.8055	1.0231	-1.76	0.0847
csouth	4.6598	28.9596	0.16	0.8729
Adjusted R-squared: 0.631				

Impact of Public Opinion on Ratio of Medicaid Beneficiaries

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	112.1312	48.7311	2.30	0.0263*
pnatheal0206	-1.3560	0.6393	-2.12	0.0397*
kerry.04	0.3753	0.0749	5.01	0.0000***
fy07	0.1083	0.1210	0.90	0.3757
income07col	-0.0007	0.0002	-2.88	0.0063**
PctBlack2000	0.1134	0.0898	1.26	0.2135
PctHisp2000	-0.0131	0.0693	-0.19	0.8514
csouth	2.0168	1.5245	1.32	0.1929
Adjusted R-squared: 0.4978				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	16.8503	14.5119	1.16	0.2520
pnatrace0206	-0.3737	0.3104	-1.20	0.2352
kerry.04	0.3518	0.0765	4.60	0.0000***
fy07	0.1236	0.1270	0.97	0.3358
income07col	-0.0006	0.0003	-1.97	0.0552
PctBlack2000	0.1534	0.1591	0.96	0.3403
PctHisp2000	0.0761	0.0635	1.20	0.2373
csouth	2.2288	1.5735	1.42	0.1639
Adjusted R-squared: 0.4633				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	9.0780	22.6350	0.40	0.6904
pnathealy0206	0.0536	0.2438	0.22	0.8271
kerry.04	0.3206	0.0817	3.92	0.0003***
fy07	0.0981	0.1272	0.77	0.4451
income07col	-0.0007	0.0003	-2.64	0.0115*
PctBlack2000	-0.0241	0.0684	-0.35	0.7260
PctHisp2000	0.0640	0.0653	0.98	0.3324
csouth	2.2203	1.6009	1.39	0.1726
Adjusted R-squared: 0.4459				

	Estimate	Std. Error	t value	Pr(>|t|)
(Intercept)	12.9484	14.3705	0.90	0.3726
pnatracey0206	0.0643	0.3224	0.20	0.8428
kerry.04	0.3204	0.0836	3.83	0.0004***
fy07	0.0887	0.1322	0.67	0.5056
income07col	-0.0007	0.0003	-2.54	0.0149*
PctBlack2000	-0.0552	0.1844	-0.30	0.7659
PctHisp2000	0.0564	0.0661	0.85	0.3982
csouth	2.3960	1.8710	1.28	0.2072
Adjusted R-squared: 0.4457				