

Spring 2018

## Is There a More Distinct South? Comparing Key's, Elazar's and the U.S. Census Bureau's Version of the South through the Lens of the Affordable Care Act

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**IS THERE A MORE DISTINCT SOUTH?  
COMPARING KEY'S, ELAZAR'S AND THE U.S. CENSUS BUREAU'S VERSION OF  
THE SOUTH THROUGH THE LENS OF THE AFFORDABLE CARE ACT.**

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A Dissertation submitted to the Faculty of  
Old Dominion University in Partial Fulfillment of the  
Degree Requirements of

DOCTOR OF PHILOSOPHY

PUBLIC ADMINISTRATION AND URBAN POLICY

OLD DOMINION UNIVERSITY  
May 2018

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## ABSTRACT

### IS THERE A MORE DISTINCT SOUTH? COMPARING KEY'S, ELAZAR'S, AND THE UNITED STATES CENSUS BUREAU'S VERSION OF THE SOUTH THROUGH THE LENS OF THE AFFORDABLE CARE ACT

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Old Dominion University, 2018  
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Most scholars agree the American South is a region with unique and distinct political traits. What is less clear, though, is just which states constitute “the South.” Are they the eleven former confederate states, as Key argues? Or are they the US Census Bureau’s version of the South? Or is Elazar’s version the “True South”? Since colonial times, there has been little disagreement on which states comprise the New England region, but scholars of the American South have never agreed upon a set of states that make up the South (Anderson & Baumann, 2016; Kinsella, 2013). The purpose of this study is to test three versions of the American South to see if one is more distinct, using the Affordable Care Act as the policy by which the comparison is made. The Affordable Care Act is a well-suited policy to use in testing this question. Not since the legislation that created the Temporary Assistance for Needy Families (TANF) in 1996 has there been a policy in which all 50 states were required to make policy decisions in the same time frame, making the ACA a suitable policy for this cross-sectional study (Mayer, Kenter, & Morris, 2015).

This study will test one model, using three different versions of the American South to analyze what happens within the model if we change the definition of the South. Using OLS regressions the three definitions of the South are compared to determine if one version stands out

as a more distinct South. The three models use traditional political and socioeconomic variables with the South being represented by interactive terms in the socioeconomic variables.

This research suggests the U.S. Census Bureau version of the South has a slight advantage over the other two models in magnitude of the significant coefficients and the levels of significance. The U.S Census Bureau also has a slightly better goodness of fit as measured by AIC and adjusted  $R^2$ . However slight these differences, the model using the U.S. Census Bureau definition represents a more distinct version of the South when considering decisions made in reference to the ACA.

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This dissertation is dedicated to my family. Susan who supported me through the coursework that kept me out of the house many nights. I would never have been able to accomplish this without her support. Also to Brady, at fourteen he is starting to realize how much of a commitment this endeavor has been. I hope he is able to look back on my doctoral journey as a source of motivation as he faces the in evident challenges in his young life. Lastly, to my beloved mother, although not here to witness this event, taught me early on to be resilient, and stubborn.

## ACKNOWLEDGEMENTS

This dissertation would not have been possible without the unwavering guidance of my committee. My chair, Dr. John Morris, has offered his sagacious guidance not only during this dissertation but every step of the way, from the first time I knocked on his door asking questions about the program to coursework, and now the dissertation phase. I have learned much from his guidance as a student and am thankful to him. Dr. Wie Yusuf who provided much needed guidance and feedback along the way, her expertise in statistical methodology was invaluable in producing the sound quantitative model used in this dissertation. Dr. Tancy Vandecar-Burdin who took on this task in addition to her already large workload at the Social Science Research Center. Dr. Bruce Anderson, for his candid feedback and support and in his input as an expert in the field of southern politics.

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# CHAPTER I

## INTRODUCTION

When scholars analyze southern politics, as will be the case in this dissertation, they are referring to "...the region's abject poverty, the rise of Jim Crow laws, and the South's Confederate heritage blended together to create issueless, sometimes race-baiting, one-party, personality-based form of politics that predominately served the interests of those whites with power and wealth" (Aistrup, 2010, p. 906). Most scholars agree the American South is a region with unique and distinct political traits. What is less clear, though, is just which states constitute "the South." Are they the widely accepted eleven former confederate states, as Key argues? Or are they the US Census Bureau's version of the South? Or is there another "True South"? Since early colonial times, there has been little disagreement on which states comprise the rarely studied New England region, but scholars of the American South have never agreed upon a set of states that make up the South (Anderson & Baumann, 2016; Kinsella, 2013). This dissertation will test one model, using three different versions of the American South to analyze what happens within the model if we change the definition of the South.

The goal of this dissertation is to test three versions of the American South to see if one is more distinctive than the other two, using the Affordable Care Act as the policy by which the comparison is made. The Affordable Care Act is a timely and well-suited policy to use in testing this question. Not since the legislation that created the Temporary Assistance for Needy Families (TANF) in 1996 has there been a policy in which all 50 states were required to make policy decisions in the same time frame, making the ACA a suitable policy for this cross-sectional study (Mayer, Kenter, & Morris, 2015).

## **Statement of the Problem**

The recent partisan political discourse concerning the ACA has brought critical programmatic state choices concerning health care policy into the spotlight. This study allows some insight into what happens when these significant decisions are shifted from the federal level to the state level. These choices can control the success or the failure of the legislation. Although the ACA is only one policy choice, the creation of a better understanding of state choices will contribute to an understanding of state policy choices in the larger macro sense. Prysby and Reisser (2013) argue that, for the South to be considered a political region, two elements must be present: distinctiveness and cohesiveness. The region must be distinctive; the phrase “distinctiveness” refers to how different the political characteristics are of a group of states as compared to the rest of the country. If a set of states in a particular geographically contiguous area do not share a set of political features, then it is hard to argue that they are a distinct political region, even if they have been referred to, that way, in the past. In addition to distinctiveness, the authors argue the region must also be cohesive. Cohesion suggests a similarity among the states along a set of political characteristics. The more political characteristics that the states share, the more cohesive a unit they can be considered to be. For a set of states to be considered a meaningful political region, the authors argue that they must be both cohesive and distinctive. Prysby and Reisser (2013) suggest that, when Key did his analysis, there was in fact a distinctive and cohesive South.

Scholars of southern politics have traditionally defined the South as the eleven former confederate states, as prescribed by Key (1949). Without any empirical evidence to support using this version it appears to be done out of homage for the much loved author. This research will examine the way in which changing how the South is defined will change what we study.

Studying regionalism and the specific dynamics and political traditions and processes is an important aspect of public administration. Which states are included in a given region can have a significant impact on how regional questions are addressed. Focusing on three different versions of the South, as we are seeking to identify a more distinct version in terms of the choices made for the ACA, will be a strong first step toward answering a fundamental gap in the literature of southern politics. Where is the South? First of all, putting the subject “of where is the South?” on the agenda for discussion is an important step toward driving scholarship to address it and to attempt to begin to fill this overlooked gap in the literature. Because it addresses this gap, this research will make a unique and worthy contribution to the ongoing debate about southern distinctiveness (Anderson & Baumann, 2016; Cochrane, 2001; Knuckey & Kim, 2015; Shafer & Johnson, 2006; Steed, Moreland & Baker, 1990; Travis et al., 2016). It is the intention of this dissertation to open the dialogue regarding an agreed-upon version of the South as well to prompt a new direction for the scholarship of southern politics. This research also intends to answer the question: is there a more distinct South?

### **Purpose Statement**

The purpose of this dissertation is to examine three versions of southern states that are found in the literature, in order to ascertain whether there is a more distinct version of the South than the traditional eleven confederate states model used by Key by using policy choices involving the ACA as the conduit to test these models of distinctiveness. While the results will only apply to the policy choices made for the ACA, the resulting analysis is intended to initiate discourse for the more general scholarship regarding southern politics, as well as to address the The American system of Federalism has traditionally given states several options in reference to

structuring and operating federally mandated programs. Some states tend to adhere to the recommended requirements, while others deviate and use their authority to shift the burden onto that portion of the population which the policy initiative was designed to benefit (Soss, Schram, Vartanian, & O'Brien, 2001). In this study, I ask one research question. Is there a definition of the South that best represents southern distinctiveness, in terms of state choices under ACA implementation?

There is a developing field of literature on the ACA. Using a 50 state cross sectional regression model, Mayer, Kenter, and Morris (2015) argue that partisan politics were more influential than citizens' needs in their study that examined the initial implementation of the ACA across all fifty states. Travis et al. (2016) used a similar model when comparing states in the South and in the non-South. They argue that control of the Governor's Mansion dictates support or opposition to the implementation of the ACA in the South. Rigby (2012) examined state resistance to the ACA using a slightly less nuanced model than Travis et al. (2016). Rigby's data suggest that the driving force behind state resistance to the ACA is Republican control of the either governor's mansion or the legislature. This dissertation takes a slightly different approach from any in the existing literature; it compares three different versions of what constitutes "the southern states", using a cross sectional design.

### **Regionalism and State Comparative Background**

Those who have travelled throughout the United States have most likely noticed the differences in priorities and cultures from state to state and from region to region, whether they notice the increased ecological awareness in New England or the Pacific Northwest or the significantly faster pace of life in New York City and Chicago. This dissertation will study the

political behavior of a political region, the American South. The intent of the study is to elucidate which states form a more distinctive political region: Key's (1949) version, Elazar's (1966) version, or the version currently used by the United States Census Bureau.

There are several premises to consider when studying political regions (Pryby & Riesser, 2013). The first and most obvious is that the region must comprise a contiguous set of states, and the entirety of each state must be included in that region. The second premise argued by Pryby and Riesser (2013) is that there must be political cohesion and distinctiveness. If a region's politics are not distinct from other regions, it is difficult to make the argument that the area should be considered a significant region; however, the more distinctive a region is politically, the "more significant it becomes as a political region" (p.164). Cohesion, as used in this context, refers to the degree of likeness of that set of states' political characteristics. The more that states resemble each other in political decisions, the higher the cohesiveness of the region. The authors argue that both distinctiveness and cohesion are necessary for a group of contiguous states to be considered a meaningful political region.

### **The Affordable Care Act**

The Affordable Care Act, which became law on March 23, 2010, is arguably the most inclusive health care legislation since the 1960s (Rigby, Clark, & Pelika, 2014). The ACA sought to address health care issues in a variety of ways, including mandates for efficacy, cost control, Medicaid expansion, and the individual mandate to purchase health care. While some cheered the new law, others sought to dismantle the act piece by piece. Not long after the legislation was signed, several states filed suit, challenging the constitutionality of the new law (Farley, 2010). The subsequent Supreme Court case, *National Federation of Independent Businesses v. Sebelius*.

*567U.S., 132S. Ct. 256* (2012) resulted in the ACA being declared constitutional, although the decision did overturn the original proposal, which mandated Medicaid expansion. This ruling made Medicaid expansion a decision to be made at the state level. The court, however, did uphold the mandate that each individual needed to be covered by a healthcare policy. The individual mandate has, arguably, been the most controversial portion of the ACA. This mandate requires that every qualifying citizen purchase and maintain health coverage or be subject to accelerating tax penalties. The strategy is to provide enough incentive to bring those who may otherwise be disinclined to pay for health insurance into the marketplace (Jeter, 2015; Kaiser Family Foundation, 2013a).

The ACA calls for the formation of individual and small business health care exchanges to be created by each state, in order to standardize health care options and to ensure that coverage would include those who are currently uninsured (Kaiser Family Foundation, 2013a; Holahan, Buettgens, & Dorns 2013; Holahan, Buettgens, Carrol, & Dorns, 2012). These exchanges offer the ease of “one stop shopping” for those turning to the exchange for coverage to review, compare, and purchase coverage (Kaiser Family Foundation, 2013a). The increased “... competition, transparency, and efficiency” provide consumers with a mechanism that organizes and simplifies the purchase of health care coverage” (Haeder & Weimer, 2013).

Scholarly research on the ACA as a policy choice is emerging in the literature. A large portion of the research has been produced by interest groups and think tanks simply reporting choices that states have made. However, the increasing amount of academic literature available has focused on just one element of the act: whether or not a state has expanded Medicaid (Barrileaux & Rainey, 2014; Mayer & Kenter, 2014). The model being used in this dissertation allows a far more nuanced approach indexing several choices states have made in response to the



ACA. The model uses a dependent variable that is an index of five possible state choices in response to the ACA:

1. Whether or not a state enacts legislation in support health care reforms;
2. Whether or not a state created a state run health care exchange;
3. Whether or not a state expanded Medicaid;
4. Whether a state is a party to a lawsuit challenging the constitutionality of the ACA; and
5. Whether a state has enacted legislation designed to oppose the ACA.

An affirmative answer to first two choices will be treated as in support of the ACA. If a state expands Medicaid will be scored as a decision in support and if the opt not to expand Medicaid that will be scored as a decision reflecting opposition to the law. An affirmative answer to the last two choices will be scored as in opposition the the law.

This model has been successfully employed twice. Mayer, Kenter, and Morris (2015) used this model in a fifty state study in which they argued that partisanship, rather than citizens' health needs, drove decision-making. Their study examined the initial implementation of the ACA across all fifty states. Travis et al. (2016) used a similar model when comparing states in the South and in the non-South. They argued that control of the Governor's Mansion dictates support or opposition to the implementation of the ACA.

### **Southern Politics**

The notion that southerners have a distinct character and history can be traced as far back as the founding days of this nation. Thomas Jefferson described southerners as a unique bunch, passionate about their freedoms but not very fretful about those freedoms when they concern

others (Fowler, Parent, & Petrakis, 2011). The concept of “modern southern distinctiveness” was formally introduced by V.O. Key (1949) in his book *Southern Politics In State and Nation* (Aistrup, 2010). In his 1999 address to the annual meetings of the Southern Political Science Association, John Holdrich, president of the association, suggested that Key’s book was one of the greatest achievements in the field of political science (Aldrich, 2000). Key’s theory of southern distinctiveness is based on the notion that, while the eleven former confederate states all have individual personalities, they act politically as one unit. He compared it to siblings -- brothers and sisters who may have distinct dispositions but who share common family traits. These shared traits include a plantation tradition supported by slavery, implicit political conflicts that have been repressed by a one-party system, and the unique southern American experience of wartime defeat and devastation (Bass & DeVries, 1995).

By highlighting the region’s distinctive personality and customs, Key (1949) ignited a great deal of scholarly interest in southern politics. While the region’s distinctness has been explored on many levels, three areas have become the most popular with researchers: electoral politics (Aistrup, 2010; Aistrup, 2011; Abramowitz, 2013), citizen ideology and political culture (Born, 2010; Wilson, 2013), and policy choices (Breux, Morris, & Travis, 2007; Travis et al., 2016; Greentree, Morris, & Lombard, 2011). Key’s work was published at the dawn of the civil rights era, and it gave scholars a framework with which to study the South as its legal and political systems underwent a full transition from the Jim Crow era of racial segregation through the next two tumultuous decades of the civil rights era, and from a single-party system to a two-party system that saw a black President elected in 2008. By 1978, the scholarship on southern politics had grown so popular that it was able to support a conference devoted exclusively to the topic. The inaugural Citadel Symposium on Southern Politics was convened in Charleston, South

Carolina in February 1978, and the conference continues to this day on a biennial schedule (Steed & Moreland, 2006). This conference has served as a laboratory for research on southern politics, and it has helped to develop a stable core of scholars that have made significant contributions to the field. With this conference acting as an incubator, along the annual Southern Political Science Association meetings, the field of southern politics has “witnessed continued and expanded attention” (p.6).

Although the South has undergone great social and political changes in the 66 years that have passed since Key published his seminal work, scholars continue to study the distinctiveness of southern politics. The results of the literature have been mixed. Some argue that southern distinctiveness is alive and well (Travis et al., 2016), while others argue that non-southern states are adopting southern values (Cochrane, 2001; Steed, Moreland, & Baker, 1990), and Shafer and Johnston (2006) argue that the South is falling in line with the rest of the nation and is no longer distinct as a political region. Buchanan and Kapeluck (2010) note that the contemporary South has changed considerably in the last 35 years; a growing Republican party presence, growing population, increased wealth, and race relations are some of the more notable areas of change. They suggest that the increasing size of the South’s Hispanic population has changed the dynamics of the historical black/white lens of race relations, and that this growing population has influenced policy decisions in the region. The authors argue that change is certainly occurring in southern politics, but what is not as clear is whether the rest of America is becoming more southern or whether the south is lining itself up with the other regions.

Elazar (1966) offers a different version of what constitutes “the southern states”, instead choosing to group states by region. Using an analysis of individual states’ “political structures, electoral behavior, and modes of organization for political action” (p.79), Elazar was able to

assign each state a particular political culture. He argues that there are three separate political cultures in the United States and that these cultures correspond with three unique geographical regions or sections of the country. Elazar argues that in order to fully understand the decisions that states make about federal programs, we must first understand the three types of political cultures that we find in the United States. These political cultures are important “as the historical source of differences in habits, perspectives, and attitudes that influence political life in the various states” (p.80). He notes that the American political culture is shaped by a fusion of the three dominant political subcultures that are tied to geographical regions. These regions reflect the immigration patterns that formed over time as people of different ethnic and religious backgrounds migrated across the country. Elazar identifies these three subcultures as individualistic, moralistic, and traditional.

The individualistic culture is predominately found in Northeast states, Pennsylvania, New Jersey, New York and is characterized by the idea that private interests are central and that government activity should be kept to a minimum with the main goal of keeping the market functioning properly. Those entering the business of government are expected to be expert technocrats; this leaves little or no place for the layperson to become active in the political system. Individualist cultures are not likely to implement new programs unless public opinion supports it (Elazar, 1966).

Moralistic culture, on the other hand, sees government as one of noblest forms of humanity and as a conduit to better society. The moralistic culture is centered on the idea of public service, in which politics and government are the responsibility of all citizens, not just of those who have chosen government service as a career. Similar to Denhardt and Denhardt (2013)’s version of The New Public Service, in the moralistic culture, citizens are seen as owners

of the system of government, rather than as customers. Politicians in this culture are more apt to implement plans that they feel will improve the lives of their neighbors. The core of moralistic political culture is found in the New England states (Elazar, 1966).

Traditional culture embraces the notion of a hierarchical and ordered society, one in which the elite are expected to have a role in government. In traditional culture, controlling the government process is an integral part of maintaining the social order. New programs will be implemented only if they will be beneficial to the governing elites. Southern states are “the bastion of traditionalistic political culture” (Breux et al. p.5, 2007), with their great emphasis on maintaining the status quo. Elazar considers the southern region of the United States to contain the following states: West Virginia, Virginia, North Carolina, Kentucky, Florida, Tennessee, Alabama, Georgia, Arkansas, Louisiana, South Carolina, and Mississippi. Elazar’s version of the South includes ten of the original eleven Confederate States, with Texas excluded, and with the addition of West Virginia and Kentucky.

The final version of what constitutes “the southern states” that we will examine is the United States Census Bureau’s model. The Census Bureau breaks down their data into geographic regions that represent major portions of the United States (Anderson & Baumann, 2016; United States Census, 2016). The census traces its roots to the early colonial days; historically, the map has been broken down into regions that represented drainage basins. The location of drainage basins indicated navigable rivers, canals, and railways, and was a conduit for tracking population patterns. Ironically, the definition of the New England states has never wavered. Vermont, Maine, Connecticut, Rhode Island, Massachusetts, and New Hampshire have always been considered the New England region, predating the existence of the United States as an independent country. As the size of the country grew, regions were added, until, in

the modern day, there are four separate Census Regions: Northeast, Midwest, South, and West. The South region includes Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, and Texas. This region consists of the eleven former Confederate States plus Delaware, the District of Columbia, Maryland, West Virginia, Kentucky, and Oklahoma. In their study of the 2008 Presidential Election, Fowler, Parent, and Petrakis (2011) use the United States Census definition of the South. They argue that including the additional states allows a broader measure, while it still measures southern culture.

In addition to the aforementioned three versions of southern states, there are several other versions of the South found in the literature. In their study of reproductive rights in the South, Rinehart and Woliver (2013) include the eleven Confederate States plus Kentucky and Missouri. The authors argue that, although many citizens of Kentucky and Missouri considered themselves in spirit to be southern, their legislatures were deeply divided in their allegiances, and both states ultimately decided to remain with the Union. When Bateman, Katznelson, and Lapinski (2015) chose to replicate some of Key's analysis, they chose to broaden their definition of the South to include the eleven former Confederate States plus West Virginia, Missouri, Delaware, Kentucky, Maryland, and Oklahoma. These authors argue that these states represent the South because they are the seventeen states which mandated segregation through Jim Crow laws, and they are the states in which slavery was legal prior to the onset of the Civil War. The Key (1949), Elazar (1966), and Census Bureau models of the South are included in this dissertation, since they are established models and have been accepted in the literature.

There are three potential outcomes of this study: 1) there can be no differences in the three models of the South; 2) one version can stand out as particularly distinctive; or 3) there

may be slight differences in each model but no significant difference. Any of these findings will result in a worthy contribution to the existing literature defining the South.

### **The Model**

Using a model originally crafted by Travis et al. (2016) and deployed successfully a second time by Mayer, Kenter, and Morris (2015), the model of states chosen in this dissertation represents support or opposition to the Affordable Care Act (ACA). However, this dissertation will test three versions of the South: Key's Confederate States, Elazar's traditional states, and the United States Census version of the South, to determine if any one produces a more or less "distinctive South."

This model measures support of the ACA by an indexed dependent variable with a seven-point range from greatest opposition to the ACA, -3, to greatest support to the ACA, +3. Those states that have expanded Medicaid or created a state run health care exchange are considered in support of the ACA. Those states who have not enacted health care reforms or have filed a lawsuit in opposition to the ACA are scored as being in opposition to the ACA (Travis et al., 2016).

This model tests the effect of six independent variables on the possibility a state will be in support or opposition to the new law. Three socioeconomic variables: State Health, Poverty, and Insurance Rate and three political variables: Party Control of the Governor, Party Control of Legislature, and Citizen Political Ideology, make up this portion of the model.

The inclusion of the ACA in this dissertation is important for several reasons. First, the ACA is perhaps the most comprehensive national policy initiative since the Social Security Act was signed into law in 1935 (Burgin, 2015). The Supreme Court decision in *National Federation*

*of Independent Businesses v. Sebelius*. 567U.S. \_\_\_, 132S. Ct. 256 (2012) opened the door to allow state policy decisions to be instrumental in the success or failure of this law. Prior research on the initial implementation of the ACA in southern states suggests that policy decisions were motivated by partisan politics rather than by need (Travis et al., 2016). Not since the implementation of TANF has there been such fertile ground to study cross-sectional policy implementation. It is unusual for all fifty states to have to make policy choices simultaneously, making a South/non-South analysis of this policy even more important for policy makers, lobbyists, non-profit organizations, and any other individual or organization involved in the policy making process.

### **Organization of Dissertation**

This dissertation is presented in five chapters: Chapter 1: The Research Problem and Introduction; Chapter 2: Literature Review and Theoretical Framework; Chapter 3: The Methods Section; Chapter 4: The Results of the Study; and Chapter 5: Conclusions, Implications, Limitations, Delimitations, and Suggested Future Research.

This first chapter introduces the research problem, the goals and purpose of the study, and the definitions of key terminology. Chapter 1 also introduces the three versions of the American South that are being compared; it also offers a description of the ACA which will serve as the vehicle in which these versions of the South are compared. Chapter Two provides a literature review of research on the ACA, southern politics and a review of the three versions of the South included in the study. The main objective of this chapter is to provide the conceptual and theoretical framework for this research and to elucidate the research questions, the hypotheses, and the theoretical model. Chapter Three outlines the procedures utilized to collect



and analyze the data. The research design is explained, as are the analytical procedures to be employed. The sources of the data are discussed, and the statistical methods utilized to analyze the data are described. Chapter Four's discussion details the results and findings of the research. Additionally, analysis of the data, both descriptive and inferential (based on statistical modeling) is provided. The results of the stated hypotheses are given, and the variables are explained using the corresponding literature to defend their usefulness to the model. Chapter Five provides an overview of the study. Research findings are discussed, along with their limitations, and suggestions for future research in the area of southern politics are offered.

## **CHAPTER II**

### **LITERATURE REVIEW AND FRAMEWORK**

This chapter begins with a review of the literature on southern politics, starting with a historical perspective, followed by a review of the three directions in which scholars have taken the subject: electoral politics, ideology, and policy choice. An in-depth explanation of the three versions of southern states; Key's, Elazar's, and the US Census' versions will follow. The model will then be introduced, including an explanation of its dependent and independent variables. Finally, this chapter offers a summary of the literature and the expected results of the models.

#### **Southern Politics**

Scholars of southern politics have developed three specific perspectives through which they have tested their theory of southern distinctiveness (Pryby & Riesser, 2013). The first, and perhaps the most popular, perspective is through electoral politics. Many scholars have tested whether there are voting patterns in the southern region that differ from those in non-southern states (Aistrup, 2010; Aistrup 2011; Abramowitz, 2013). The second perspective analyzed is one through political culture or citizen ideology. These scholars have chosen to examine how political culture and citizen ideology differ between southern and non-southern states, as well as how cohesive the culture and ideology are among the southern states (Born, 2010; Wilson, 2013). The third, and far less explored, perspective is public policy. Many have examined whether southern states make policy choices distinctively when compared to non-southern states (Breux, Morris & Travis, 2007; Travis, Morris, Mayer, Kenter & Breux, 2016; Greentree, Morris & Lombard, 2011).

## **Electoral Politics**

Electoral politics has been a prolific source of literature on southern distinctiveness. Republicans have gained a strong foothold in contemporary presidential elections in the South, resulting in an extensive amount of literature that examines this trend. The 1948 presidential elections proved to be the beginning of the end for the “one-party South”; President Truman’s decision to support civil rights for blacks in his New Deal policy caused outrage among southern Democrats. Led by South Carolina Governor Strom Thurmond, a splinter Democrat group, “the Dixiecrats” were formed on a platform of “states’ rights”, which was no more than a code for the preservation of the South’s segregation policies (McKee, 2012). The Dixiecrats were successful in splitting the Democratic vote and winning four deep South states (Alabama, Louisiana, Mississippi, and South Carolina). As the South’s Jim Crow laws weakened, the once disenfranchised black voters continued to line up behind Truman’s Democratic Party. The conservative white southern voters slowly migrated to the Republican party. This migration resulted, in 1980, in Ronald Reagan’s presidential victory (McKee, 2012).

Presidential elections have been found to be a fertile area for testing the theory of southern distinctiveness in that it allows voting behavior to be compared across all 50 states. The voters are all casting ballots for the same candidates at the same time, allowing comparisons to be made both across regions and across time (Aistrup, 2010). Using data from the American Election Studies Cumulative Data File, Aistrup (2010) analyzed presidential voting choices, from 1948 through 2004. Using logistic regression, Aistrup then sought to evaluate the odds of voting for a Democratic presidential candidate by testing a regional homogeneity model versus a unit homogeneity model, in order to measure southern distinctiveness. In addition to assessing differences in coefficients to measure southern distinctiveness, Aistrup computed a likelihood-

ratio test (L-R Test). A significant L-R Test denotes that the full, regional homogeneity model is statistically a better fit than the unit homogeneity model, suggesting southern distinctiveness. Aistrup's data suggests that, in the time frame 1952-1960 (the era prior to the 1964 Civil Rights Act), the South was indeed distinctive in its voting behavior. The data from a second era (1964-1976), the time frame that brought the greatest change due to the inception of the Civil Rights Act, again suggests that the voting behavior of southern voters is distinctive. The third era studied (1980-1988, the Reagan years) shows the South as no longer distinctive, although some religious and demographic independent variables remained significant for the non-South states. The data from the fourth and last era (1992-2004, the Modern Era) suggests no southern distinctiveness in presidential voting choices. Aistrup argues while there still may be some sources of southern distinctiveness, as far as voter choice in presidential elections can be studied, the South has not been distinctive region since the Reagan era.

Unlike Aistrup did in his 2010 50-state comparative model, McKee and Springer (2015) explored the differences between voting patterns in Rim South states (Virginia, North Carolina, Texas, Florida, Arkansas, and Tennessee) as compared to the Deep South states (Alabama, Georgia, Louisiana, South Carolina and Mississippi). Key (1949) argued that the states with the highest percentage of blacks were significantly more conservative. The Deep South had the highest percentage of blacks and the authors sought to test whether, in fact, this sub region was still distinctive. In essence, the Deep South is generally viewed as being a most representative of the true South, since it is more rural and more black, and has more counties in which the issue of race dominates the political conversation. In the Rim South, economic factors have overtaken race issues as the main topic of political conversations. McKee and Springer (2015) analyzed data from southern gubernatorial, senatorial, and presidential elections from 2006 through 2012

using data from the Cooperative Congressional Election Study (CCES). The authors suggest that it is incorrect to consider the South a homogenous region; rather, the concept of there being “two Souths” is supported by their data. McKee and Springer (2015) argue that the Deep South voting behavior is racially polarized, ensuring white control of Deep South politics. In contrast, the Rim South has experienced more northern migration, larger Hispanic populations, and increased urbanization, and has a healthier two-party system.

Many scholars of southern politics have reexamined the South as a cohesive political region by considering the 2008 Presidential election (Fowler, Parent, and Petrakis; Aistrup, 2011; Kinsella, 2013). Virginia, along with North Carolina and Florida turned Democratic blue, to the surprise of almost all political strategists. What was even more surprising was that the Democratic Presidential candidate who won these three southern states was Barack Obama, the first-ever black candidate for president. This was the first time that Virginia voted Democratic in a Presidential election since 1964 (Kinsella, 2013). Analysis of the voting patterns found that whites in the South favored a candidate of their own race, John McCain, in disproportionate levels than the rest of the country (Kinsella, 2013; Aistrup 2011). Aistrup argues that racial resentment is slightly higher in the South than in the non-South, but is significant in both regions. Fowler, Parent, and Petrakis (2011) chose to look at three Deep South states, Louisiana, Alabama, and South Carolina, in order to measure the perceived effect that southern culture had on voting behavior in the 2008 presidential election. The authors scored the counties on an index of southern culture that took into consideration the traditional southern characteristics; the levels of education, religiosity, and poverty; the percentage of blacks in the county; and how rural the county was. These authors’ data suggests that the higher the percent of blacks in a county, the lower the number of white support for Barack Obama in the election.

The 2012 presidential election continued to highlight racial resentment in the South. Barack Obama won the election with the lowest number of white votes in the history of presidential elections (Knuckey and Kim, 2015). This result emphasizes the increasing importance of the non-white vote in elections, even as it supports previous research on the voting preferences of white voters. Knuckey and Kim (2015) used the voting preferences of non-Latino white southern and non-southern voters to measure whether racial resentment and old-fashioned racism influenced those voters' choice of candidate. The authors measured racial resentment using a Kinder and Sanders (1996) index. They measured old-fashioned racism using the Piston (2010) index that uses an assessment of negative stereotypes to create a racism score. The findings suggest that, among southern white voters, racial resentment as measured on the Kinder and Sanders index was significant in voting choice, and racism as measured on the Piston index was not significant in southern voting preference. However, among non-southern whites, both racial resentment and racism were significant in their choice of candidate. On one hand, given the history of race relations in the South, these results appear to be counterintuitive, but on the other hand, the results reinforce the concept of southern distinctiveness, in that southern white voters exhibited discernibly cohesive voting behavior.

### **Political Culture and Ideology**

Although there are still some questions in the literature as to whether or not the American South is still a distinct political region, scholars have provided a great deal of variance when answering this question, depending on the data that they analyze. Whether or not the southern distinctiveness paradigm shifts entirely, there is little argument that the South's political

ideology and political culture has provided fertile ground for a great deal of scholarship (Prysbly and Riesser, 2013).

By measuring the ideological leanings of southern congressmen between 1980 and 2008, Prysbly and Riesser (2013) argued that southern congressmen are more conservative than their non-South counterparts, that southern congressmen have become increasingly conservative over the time measured, and that these southern statesmen have become increasingly distinctive during this time period. They argue that, although there is an increase in distinctiveness, there is a decrease in cohesion due to the increasing political party cleavage. These authors also measured the political ideology of voters using exit polls from 1984 to 2008. Using this data, they argued, although the South has become less conservative over the time period, the nation as a whole has become less conservative, as well -- but the gap between the South and non-South voters has remained consistent. As result of their analysis, Prysbly and Reiser (2013) suggest that, ideologically, the South is distinctive, and that distinctiveness has not lessened over the time period studied.

Using non-South opinions concerning southerners, Knuckey (2013) sought to answer whether the rise of the Democratic party nationally was a result of an increase in negative views of southerners, more specifically southern Republicanism, which he states are markedly more conservative than non-South Republicans, by using cross sectional data from 1992, 2004, and 2008. The results of the analysis lead the author to argue that “party identification affects feelings toward southerners” (p.200). This was most evident in 2004. The author also concludes that feelings towards southern Republicanism affected the 2008 presidential election; despite the fact that feelings toward southerners have warmed over the time period examined, Knuckey

takes the position that the feelings towards southern political ideology played a significant role in the 2008 presidential election.

In an effort to better understand the distinctiveness of Tea Party devotees within southern Republicans, Hood, Kidd, and Morris (2015) used survey data gathered one month prior to the 2012 presidential election. The authors argued that the South is the core of the American Republican Party, making it only natural to further unpack the characteristics of the southern Tea Party enthusiast. Through their initial analysis, the authors found southern Tea Party members to be overwhelmingly white and male, and to have a lower level of education and income as compared to those in the Republican Party who did not identify themselves as Tea Party members. More nuanced analysis suggests that Tea Party members report to be evangelical Christians, although they report less church attendance than mainstream Republicans. Surprisingly, southern Tea Party members showed no more racial resentment than their mainstream Republican counterparts. The authors argued that the growing populism of the Tea Party movement indicates a further deepening of the ideological divide and the shrinking influence of the Republican Party on a national scale.

Although the contemporary South has become less conservative, the ideological gap has remained constant between the South and the non-South. McKee (2012) argues that modern southern politics “pits an overwhelmingly white, native, religious and conservative Republican majority” (p.114) alongside an increasingly racially diverse, increasingly secular, and increasingly liberal Democratic minority. Moving forward, political ideology will continue to be a fertile area of research for southern politics scholars.



## **Policy Choice**

Policy choice is the third and least explored dimension that scholars have used to test the theory of southern distinctiveness. Breaux et al. (2007) argue that the American South is the epicenter of traditionalistic political culture in that policy decisions are used as a conduit for social control. While they are often overlooked in the literature of southern politics, policy choices are perhaps the most informative perspective. Analyzing the decisions that politicians actually make once in office can offer insights into true southern politics that are often not evident from analyzing election patterns or citizen ideology.

The 1996 Temporary Assistance for Needy Families (TANF) legislation acted as an exemplary opportunity for a South/non-South analysis of state policy choice. TANF was enacted as a block grant which allowed states wide latitude in the administration of the program (Breaux, Morris, & Travis, 2007). Additionally, having the states implement the program in the same time frame allowed a strong cross sectional design. In this research, the authors use a South/non-South model to examine state choice during the initial implementation of TANF. The results of this research were mixed: the authors did find southern distinctiveness in their model. However, counterintuitively, southern states were found to be absent of racial resentment in policy choices. While the percent of black recipients was significant in the non-South states, additionally, the southern states were found to be less restrictive in awarding benefits. While these results may be opposite from those expected, they still support the South as distinctive and cohesive region.

Using descriptive statistics, Rinehart and Oliver (2013) mapped out the South's overwhelming distinctiveness in its opposition to family planning options when compared to non-South states. In what they label as "Southern Fried Family Planning" (p.331), they concluded that policy choices by southern legislatures are decidedly in opposition to legal

abortions, access to contraceptives, and family planning in general. Although they did not include any tests of statistical significance, the authors still made a strong argument pointing to the low number of women serving in southern legislatures, and “the Republican religious right, which dominates southern politics” (p.330) as the drivers of the opposition to policies favoring reproductive rights for women in southern states. Additionally, Lewis and Galope (2013) indicate that it is the Republican religious right that drives the region’s opposition to gay and lesbian rights in the South as well. As a result of their analysis, the authors argue that the South opposes granting the LGBT community equal rights. The South/non-South cleavage has remained steady over the forty years their data covers.

The enactment of the Affordable Care Act of 2010 may be the most controversial policy initiative since the implementation of the 1965 Social Security Act that established Medicare. Travis et al. (2016) examined the choices that states made during the initial implementation of the ACA. Using a model that examined South/non-South states decisions, both political as well as socioeconomic variables, the authors were able to create a model intended to tease out whether decisions were based on actual need or on partisan politics. As a result of their analysis, the authors argue that it was partisan politics rather than need that drove support or opposition to the policy, and in this case the South is, in fact, distinctive in its policy making decisions.

This overlooked perspective in the South/non-South discussion may, in fact, produce the most persuasive results to support the theory of southern distinctiveness. The policy outcomes that precede southern elections may tell more predictive tale of the politics of the American South (Cooper & Knotts, 2004; Prysby & Reisser, 2013).

## **Definition of the South**

There is little argument that the South is an important portion of the American political system. While the region has been thoroughly examined and while contemporary topics continue to unfold, one foundational question remains: What states make up the American South (Cooper & Knotts, 2004; Anderson & Baumann)?

No other region of the United States has drawn such scholarly interest as the South. As the amount of scholarship on the American South increases, the importance of an agreed-upon definition becomes more evident. There are a large number of scholars who prefer that the region be restricted to the former states of the Confederacy: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia, as V.O. Key (1949) prescribed. Key argued these eleven former Confederate states share some common traits that bond them as a region. These shared traits include: a plantation tradition supported by slavery, implicit political conflicts that have been repressed by a one party system, and the experience of being devastated in a civil war (Bass & DeVries 1995). This model has been used to analyze South/non-South voting patterns (Aistrup, 2010; Aistrup, 2011; Kinsella, 2013; Knuckey & Kim, 2015), policy choices (Breux et al., 2007; Travis, et al. 2016), and citizen ideology and political culture (Born, 2010; Wilson, 2013).

The United States Census Bureau has its own version of what constitutes the South. The Census Bureau breaks down its data into geographic regions that represent major portions of the United States (Anderson & Baumann, 2016; United States Census Bureau, 2010). Dating back to colonial days, the census has divided the country into regions based primarily on navigable waterways. Over the years, the census has expanded as the country grew.

Elazar (1966) argued the American geographic regions were formed by the political culture of immigrants who settled in different areas of the country. Each region took on the political and ethnic characteristics of the people who settled there. These political characteristics created traditions that allowed to delineate spate regions.

## **Key**

The concept of modern southern distinctiveness was formally introduced by V.O. Key (1949) in his book *Southern Politics in Nation and State* (Aistrup, 2010). Key argued that the eleven former confederate states all have individual personalities but that they act politically as one unit. Key enjoyed comparing the South to an extended somewhat dysfunctional family that may have grown in separate directions but retained many of the original family characteristics. Key enjoyed comparing the South to an extended somewhat dysfunctional family that may have grown in separate directions, but retained many of the original family characteristics. These family members all enjoyed the benefits of employing slavery to maintain their plantations, all had their political conflicts repressed by a one party system of government, and all have felt the sting of being defeated by fellow countrymen in a civil war (Bass & DeVries 1995). In his pioneering book, Key (1949) noted that "...of books about the South there is no end. Nor will there be so long as the South remains the region with the most distinctive character and tradition" (p. ix). Written in the shadows of an era of unprecedented political and social upheaval, Key's book serves as the cornerstone for a field of research that was in its infancy at the time. Southern politics quickly emerged as a fertile area of research. Key suggested the foundation of southern politics was the politics of race. Some argued, instead, that it was the "politics of cotton" (p.5) or the "politics of free trade" (p.5). Key argued these were used as a proxy for race, and that

“whatever phase of the southern politics process one seeks to understand, sooner or later the trail on inquiry leads to the Negro” (p.5). It was not a simple line drawn in the sand, whites versus blacks, but it is the characteristics and traits of the white minority who maintained their position of power over the black majority in the Deep South that give the South its distinctiveness. Although the premise remains the same throughout the South, it is in the Deep South that the plantation traditions are the most prevalent and have shaped the behavior of the remaining southern states. Key argues that each of the eleven southern states has its own individual personality, but that all share underlying common traits that bind them together (Key 1949).

In 1946 Roscoe Martin, the chair of the Department of Political Science and Director of the Bureau of the Public Administration at the University of Alabama, received a \$40,000 grant from the Rockefeller Foundation to study the electoral process in the South. Martin immediately earmarked Key to lead the effort. Key had studied under Roscoe Martin at the University of Texas. Martin encouraged Key to continue his studies at the University of Chicago where he earned his Ph.D. By the time Martin received the Rockefeller grant, Key had established a strong reputation in the field and his time was in great demand. Key was skeptical about the project and declined Martin’s offer, since he had a prior obligation at the Bureau of the Budget. Martin was persistent, contacting the Director of the Bureau of the Budget and arranging to have Key released from his obligation. It took direct intervention by President Truman to finally convince Key to take on the project. Key had no way of knowing that this work, *Southern Politics in Nation and State*, would later become what Aldrich (2000) described as the greatest single contribution to the field of political science.

On September 1, 1946, Key and his staff began a three-year journey that led them through all eleven of the southern states. Key and his assistants interviewed 538 southerners,

ranging from active and retired politicians to “influential Negroes” (Key, 1949, p. xl.). The finished book was divided into five parts. Part one, “Political Leadership - The One-Party System in the States”, presents an analysis, on a state-by-state basis, of the political history of the southern states. Key unveils the Democratic power brokers, the demagogues, and the sometimes flamboyant characters who defined southern politics in each state and set the South apart from the rest of the country. Part two, “Political Leadership: The One-Party System in the Nation”, argues that one-party systems are vital in order for a minority to retain power; with the exception of a few years, the South has retained a solid one-party system. In Part two, Key reveals some of the crucial components of the Solid South: The Dixiecrats, along with the South’s influence in the Senate and the House. Bateman, Katznelson, and Lapinski (2015) argue The Part two is “the central contribution to understanding why the peculiar politics of the South mattered not just for its residents, white and black, but for the country as a whole” (p.156). Part three, “The One-Party System: Mechanisms and Procedures”, examines the intricacies of a one-party system, which Key describes as a “no party system” (p.385). The Democratic party in the South has the same components and functions as the Democratic party in non-South states, but the mechanics of the system are unique to the South. Key analyzes the unique systems in place, considering fund raising, the nominating process, and party organization. In Part four, “Southern Voters”, Key explores the effects of the one-party system on the electorate. The South has some of the lowest voter turnout in the nation. Key suggests that politicians are not elected in the South; he argues that citizens simply acquiesce to the elite to manage the affairs of the state. And, in conclusion, in Part five, “Restrictions on Voting”, Key looks at restrictions on suffrage other than the self-imposed effects of the one-party system. Looking at the efforts of the elite to disenfranchise the “Negro”, along with poor white voters, Key examines the Poll Tax, Literacy

Tests, the White Primary, and other forms of discrimination which the white minority used to circumvent the laws on discrimination based on race.

Key and his researcher spent approximately six weeks in each of the southern states and his first eleven chapters unpack the details of the predominant political characteristics of each southern state. Key highlights a common theme throughout the southern states that is not present in any other region. He suggests that readers will understand the book more easily if it is read as whole rather than picking out a few chapters on specific states. While each state has different traits, all the eleven states' roots run deep and meet, causing a distinctive region.

Although Key's work analyzed the American South of 1949, it is still pertinent today. Yes, the one-party (or more accurately described no-party) system has been replaced with a healthy two-party system, but the voting patterns that have been established are still in place today and have been reemphasized in the 2016 presidential election. No longer is racial segregation mandated by law, but the South is still somewhat segregated by implicit means, such as neighborhood schools. Key's solid South is still evident, as may be represented most by policy choices in contemporary times. Travis et al. (2016) argue republican control of the Governor's mansion was the only significant variable that dictated opposition to the ACA in southern states. Their research indicates that the southern states are some of the poorest, the most underinsured, and the unhealthiest. This is the population that most needs access to the healthcare that the ACA was designed to deliver. The concept of social control through policy decisions that Key described in 1949 is still present today. Some 70 years, later Key's work remains pertinent.

The first state about which Key writes is Virginia: Political Museum Piece. In Virginia, Key found tight silos of power all leading to Senator Harry Byrd at the top. According to the author, Byrd's small group of cronies held tight control of most of the political power. The Byrd

machine maintained its power primarily through a restricted electorate. Key argued that having the lowest voter turnout of the southern states made the task of staying in power manageable. The Byrd machine insisted that those rising to prominence in Virginia politics be gentlemen. To succeed, a Virginian “must enjoy a relatively high social status commanding at least a measure of respect. In a word, politics in Virginia is reserved for those who can qualify as gentlemen. Rabble-rousing and Negro-baiting” (p.26), unlike in other southern states, indicate that a person is not of the quality necessary to serve. “Men with the minds of tradesman do not become statesmen” (p.27) in Byrd’s Virginia.

Another unique quality in the Old Dominion that Key unearthed was the level of honesty and integrity in the bidding process. Unlike in most states there were no graft or kickbacks needed to get a state contract, just the lowest bid. Key predicted that the Byrd machine would remain in power for the foreseeable future; the names and faces might change, but the structure would remain (Key, 1949).

Only a few hundred miles to the south, in Alabama, politics were “light years” away from those in Virginia. While the centralized machine in Virginia had kept politics a somewhat tidy process, Alabama’s system was severely fractured, disorderly, and tumultuous, with sub-parties rising to power briefly, only to be overtaken in short order by the next group of rowdies waiting to pounce. Key went as far as describing the Alabama political process as “a free for all, with every man looking out for himself” (p.37).

However, Tennessee was portrayed as a state whose political power was centered around E.H. Crump in Memphis and the western county of Shelby. Tennessee’s long slender shape lends itself to being separated in three distinct geographic regions. Tennessee’s western region’s political stature mirrors Mississippi’s. Western Tennesseans were slave holders and were loyal to



the Confederacy; likewise, their politics parallel Mississippi. Eastern Tennessee, however, shared a similar topography and personality with western North Carolina and southwest Virginia, despite the fact that there were few slave owners (and quite a few Union loyalists) in east Tennessee. The central part of the state, where Nashville lies, was populated by slave holders who were loyal to the Confederacy, as were those in the western portion of the state. Key (1949) attributed this asymmetry of political power to Tennessee's historical geographical division of voting blocs consisting of these three splintered regions. Tennessee was unlike other southern states in that it had what Key (1949) described as two one-party systems. Western and central Tennessee were populated by strictly one-party Democrats, while east Tennessee was one-party Republican. This cleavage can be traced back to the civil war; East Tennessee saw no benefit in slavery. Rather, East Tennessee was primarily made up of small hilly and mountainous farms. It did not share the same plantation heritage as central and western Tennessee, which resulted in a lack of loyalty to the confederacy. Eastern Tennessee's Republicanism chose to stay silent on most topics except for those handled at the local level, since it was easily overwhelmed by the majority Democrats in the central and western regions. Generally, the eastern Republican voices lined up behind Crump's Memphis candidate in state and federal elections, and the central region was more likely to line up behind an anti-establishment candidate (most of the time unsuccessfully) (Key, 1949).

Florida's politics originated at the county level and usually that's where they stayed. Few politicians exerted any influence beyond their own county. Florida was a standout, as it shared few southern qualities other than geography. Florida employed a one-party system and shared a common border with Georgia and Alabama, and other than an occasional faint "tropical rebel yell" (p.83), it was not very southern at all. Florida's urban centers were widely disbursed

geographically, and were one of the main contributing factors to its political localism. Unlike Tennessee and Virginia, Florida, Key (1949) noted, was a boss-less state, which was perhaps the main reason for the disorderly nature of Florida politics.

Georgia was a different case in point. There was no finer example of a southern demagogue than Georgia's Eugene Talmadge (Key, 1949). Talmadge was a mainstay on the political ticket in Georgia for two decades, from 1926 to his death in 1946. He then passed the baton to his son, Herman, who was elected governor in 1948. The popularity of the Talamadges, however, in effect created an anti-Talmadge faction within the Democratic party, which in turn created robust political discourse that resembled a healthy populist system of democracy. Talmadge's "anti Negro rants" (p.113) would be expected to appeal to southern Georgia's black-belt whites, but a look at his support showed absolutely no discernable pattern by demographics or by geography. The Talmadge strategy was to play the two ends against the middle. The Talmadges successfully looked to the upper class for money and looked to the poor farmers for votes, a pattern they repeated successfully again and again. Georgia elected statewide on a county system which created an asymmetry of power between the less populated rural counties and the densely populated urban counties. The Talmadges' strategy of pitting the two ends against the middle took full advantage of this voting system (Key, 1949).

Key (1949) argued, in his mid-century parlance, the percentage of negroes who made up a state's population was directly proportionate to the amount of race baiting and general anti-negro sentiment that took place within that state. Since South Carolina was second only to Mississippi in its percent of "coloreds", as expected, race took a front seat in the political discussion. South Carolina's politics were disorganized and mostly localized. There were two main groups of voters in South Carolina: the upcountry or Piedmont region of the state, with mix

of agriculture and mill workers, and the low country, with its aristocratic Charlestonians. The low country economy revolved around cotton, with plantation traditions prevalent. As was the trend in the South, the “anti negro” sentiment was the most important political issue, leaving the actual decisions to be made based on popularity (Key, 1949).

Louisiana had yet another distinct personality. Key (1949) described the amount of “extortion, bribery, speculation, and thievery” (p.156) in Louisiana as unmatched by any other state. The epicenter of Louisiana politics, Huey Long, was more like a South American dictator than an American politician. Key (1949) suggested there may be a relationship between the level of education (Louisiana had the lowest level of education in the country) and the deference of power to a lone political machine. At the time of Key’s research, forty percent of white males in the state had never been to school. To emphasize this point, this was not the number of people who had dropped out of high school or even grade school; this forty percent had never set foot in a school. Louisiana’s state-controlled petroleum industry provided the Long machine with a convenient avenue to solicit political capital from the top earners in the state. Huey Long was assassinated in 1935, but his legacy continues to influence Louisiana politics (Key,1949).

Unlike other southern states, Key (1949) found no specific distinctive trait in Arkansas. The small number of “negroes” living there made the kind of race-baiting found in South Carolina a useless endeavor. Arkansas had no discernable political machine, like Virginia’s Byrd machine or Tennessee’s Memphis mafia. However, in keeping with southern tradition, Arkansas did have perhaps one of the strongest one-party systems. There was very little discourse in Arkansas politics; for the most part the public and politicians demonstrated “a case of political consensus in exaggerated form” (p.185). Most Arkansans start with the assumption that those running for office have the state’s best interest in mind. The only unanswered issue was who will

be best qualified, and who did they like best, when choosing a candidate to carry out the business of running the particular office in question. Arkansas had one of the largest rural farm populations in the South, and in the absence of any state-wide alliances, simply getting a politician's message directly to the voter was a daunting task. This political geography made the influence of local leaders important; a great deal of social capital was essential in campaign management (Key, 1949).

On to North Carolina. The Tar Heels' progressive nature made North Carolina quite a standout in the South. Key (1949) found North Carolinians' energy to be closer to the general mood of the non-South states than to its southern brethren. Unlike Louisiana, North Carolina had taken great pride in public education and had made great investments in its schools, most notably North Carolina's institutions of higher education. But in staying in the southern tradition, North Carolina had consistently interfered with the ability of blacks to vote. North Carolina incorporated a literacy test for blacks into its voting registration process, while a grandfather clause waived this requirement for white voters (Key, 1949).

Political power in North Carolina was generally incubated in the economic center of the state: in Durham, Charlotte, and Greensboro. The ruling elite had mostly consisted of attorneys from well-heeled families who felt that it was their obligation to give back to North Carolina by serving in a leadership role. While these attorneys were mostly independent from the economic leaders of the state, their presence was most certainly vetted by this influential group of economic leaders. Unlike the pattern in most southern states, those North Carolina political leaders in the counties with the most blacks had the least influence. The lesser role of North Carolina's "plantation princes" (p.218) in the legislative process was likely the driver behind the state's progressive nature (Key, 1949).

Mississippi was the most rural and the poorest state in the South. It held the largest percentage of “Negroes” by population. When people in the non-South think of southern culture and politics, it was the image of Mississippi that they often called to mind.

Mississippi politics was divided into two factions: the plantation culture of the delta in the lower portion of the state, and the “redneck” culture of the white tenant farmers in the hills of the north and eastern parts of the state. The delta consisted of large plantations that were one of the largest cotton producing regions in the world. The negro sharecropper was the backbone of the region. The hills of Mississippi were filled with small family farms, where white tenant farmers, working not terribly fertile soil, struggled for every penny they could get out an acre of land. The factionalism was rather weak as compared to other southern states, and candidates normally reduced their campaigns to race-baiting, rabble-rousing, and other strategies aimed to avoid any sense of issue-based campaigning. Mississippi’s one-party system remained one of the strongest in the South (Key, 1949).

The Lone Star State’s politics had developed a system that was, arguably, more western than southern. Texans were more concerned with developing an economy based on oil, natural gas, and cattle. According to Key (1949), roughly 14% of its population was “negro”, and almost the same ratio (12%) was “Mexican.” Texas’ black population was centered mostly in east Texas, leaving most Texans warier of the rising Mexican influence than of the blacks. The Mexican population in Texas had been met with the same disenfranchising efforts in voting that other southern states had perfected against blacks. Economic issues had often entered campaigns but were quickly overshadowed by Texas’ southern-influenced populism-centered, one-party system. As Texans found new wealth in the oil fields, a true conservative-liberal cleavage grew within the Democratic party. These new wealthy Texans became quickly concerned with

preserving their new-found wealth, and the growing cleavage illustrated this. In Texas, candidates did not find the typical regional breakdown of popularity; rather, candidate support seemed to be proportionately equal from county to county, indicating to Key (1949) that political support in Texas was broken down by class: the haves versus the have nots (Key, 1949).

Key and his staff spent several weeks conducting hundreds of interviews in the eleven states of the American South. They went to great length to elucidate the internal workings and unique characteristics of each state's politics. Some states held entrenched battles between the existing political machine and the rising anti-machine candidate. Some states' political discourse was characterized by race-baiting demagogues and rabble rousers. Key (1949) argued that, despite the states' marked differences, it was the politics of the "Negro" and the one-party political systems built on the belief that the white elites must maintain control of the masses, that were the common threads running through the eleven former confederate states.

The South had fought to maintain its regionalism at the Federal level, as well. Key (1949) argued that examining the day-to-day behavior of the southern members of the House and Senate provided far more insight into the effect of the South's one-party system than the analysis of presidential elections that occurred once every four years.

Key's (1949) data suggested that southern Senators voted cohesively seventy-seven percent of the time, but that number was only slightly higher than that of other voting blocks. After an in-depth analysis, Key found no significant southern distinctiveness in Senate votes. In the House, Key (1949) found similar results: a consistent cohesiveness in voting patterns of southern Democrats (Key, 1949).

It is this commonness that was the foundation for the Solid South. Aistrup (2010) best described the commonalities of southern politics as concerning "...the region's abject poverty,

the rise of Jim Crow laws, and the South's Confederate heritage blended together to create issueless, sometimes race-baiting, one party, personality-based form of politics that predominately served the interests of those whites with power and wealth" (p. 906).

## **Elazar**

Daniel Elazar was born in Minneapolis in 1934. He received his PhD from the University of Chicago and went on to found The Center for the Study of Federalism at Temple University in Philadelphia, Pennsylvania, where he was a distinguished faculty member for over 30 years. Elazar also held a concurrent faculty position at Bar-Ilan University in Israel. He established the Jerusalem Center for Public Affairs and was recognized as a leading scholar on Jewish community organization, Jewish political tradition, federalism, and American political culture (Jerusalem Center for Public Affairs, 2016). Elazar's *American Federalism: A View from the States* (1966) has evolved into the formative work on American political culture, a term which he defined as the "particular pattern of orientation to political action in which each political system is embedded" (p.109). Elazar's work centered on the argument that political culture is the crux of state and local government policy choices. He argued the elements of political culture are the direct result of the ethnic and religious values brought to specific regions by settlers of that region. These political cultural values were then passed down, informally, from generation to generation. Elazar suggested that each state has specific principal traditions that guide policy decisions and that each state's policy decisions are aligned with federal programs that are consistent with those traditions. He argued that political culture is embedded in the aggregate "historical experiences" (p. 112) of certain groups of people. Political culture can overlap more

than one political system and, in some circumstances, more than one political culture may exist within the same region (Elazar, 1966).

Elazar (1966) defined Federalism as “the mode of political organization that unites separate polities within an overarching political system by distributing power among general and constituent governments in a manner designed to protect the existence and authority of both” (p.2). The American system of federalism consists of several political systems, the states, combining with each other to create the whole. This system of federalism is the foundation of the American political system. Elazar (1966) argued that the American system of federalism is a non-centralized system (as opposed to a decentralized one), in that power is so dispersed through constitutional measures that limit the power of the national government. “The states are not creatures of the federal government, but, like the latter, derive their authority directly from the people” (p.2). In this system, states have a strong partnership with the federal government but retain the freedom to make many policy decisions. This type of system requires states to have a twofold position in the political system: they must support their localities and at the same time act as a foundation for the structure of the American government. Elazar (1966) argued that political cultures help to explain the way in which states interact with the Federal Government and the decisions that they make. The differing responses by each state on policy decisions indicated that each state has certain characteristics that make it more than just a political subdivision. According to Elazar (1966), it was political culture that is responsible for these characteristics. It is the states that hold the primary responsibility for instituting the principles of the Constitution, even though the Constitution sets the national standard, the Supreme Court the parameters, Congress the conduit for national policy, and the president the ability to enforce it. It is the states that manage their boundaries as they see fit, in a way that is consistent with their



own beliefs and the beliefs of the citizens within them. Historically, the Federal government has been hesitant to step in and intervene (Elazar, 1966).

Alongside political culture, Elazar (1966) argued that states' political structures are shaped by sectionalism, which he defined as the bonds that link certain adjoining states, due to some shared interest or concern, and frontier, which he defined as the never ending effort by Americans to exert their dominance over the environment for personal benefit, and the constant restructuring of social and settlement patterns as a direct result of that effort. The author argued these three dimensions "embrace and shape the primary social and settlement patterns as a result of the impact of that effort" (p.109).

### **Political Culture.**

Elazar (1966) posited that the American political culture was a hybrid of three major political subcultures. These subcultures subsist alongside each other and, in some circumstances, they overlap each other. While various subcultures were spread from coast to coast, over time each subculture was strongly associated to its own region of the country. These regions reflected the patterns of the historical migration of people of different religions, ethnicities, and cultural backgrounds. Elazar (1966) used the principal characteristics of these subcultures to craft three predominant political cultures: individualistic, moralistic, and individualistic (Elazar, 1966).

The individualistic culture is most influential in the Northeast states, and is based on the central principles that government should be left to technocrats who are experts in the field. This political tradition believes the general public has no place in politics other than voting (Elazar, 1966).

Moralistic culture sees government as a function of the community. Most notably found in the New England states, this political tradition is based on the idea that improving the community at large is the most important function of government (Elazar, 1966).

Traditional culture is based on the notion that government is in place to benefit the elites and to maintain the status quo. Those states with the traditionalist political tradition expect the elites in society to control the government with the intent of maintaining the existing social order (Elazar, 1966).

### **Sectionalism.**

The manifestation of political cleavages along geographical boundaries is a large part of the American political system. Elazar (1966) argued that sectionalism was different from regionalism, which he defined as the bringing together of states due to a physical commonality, such as the Mississippi Valley or the Appalachian Mountains. Sectionalism, however, is far more nuanced. Elazar's (1966) notion of sectionalism can be illustrated by a look at the southern states. While the geographies of Mississippi and Virginia are vastly different, the two states have starkly similar political and cultural characteristics. This can be attributed to their traditionalistic political culture. Elazar (1966) argued that this method of compartmentalizing the United States was more apt at analyzing political decisions than was the use of the traditional regions based on the United States Government Census. The Census Bureau traditionally uses geographic and geologic boundaries such as river basins and mountain ranges to delineate regions by physical boundaries without taking into consideration the political culture (Elazar, 1966).

Elazar (1966) posited three major sections for the United States, based on historic political cultures. Although he used geographic markers to delineate these three sections, they

are based on the historic immigration patterns that have formed political cultures, not solely on these physical markers. The three sectional alignments are the greater Northeast, the greater South, and the greater West (Elazar, 1966).

The idea of sectionalism regained great enthusiasm in the 1970s as “economic social cleavages increasingly came to follow sectional lines” (p.141). The term “Sunbelt” became the moniker for the Lower South, the Western South, and the Far West. “The Frostbelt” became the nickname for New England, the Middle Atlantic, and the Near West. Elazar argues that sectionalism will increasingly gain importance, moving forward, in explaining the policy decisions within the American political system (Elazar, 1966).

### **Frontier.**

The last element that influenced political culture is the American frontier. Since the first settlers arrived, American society has been focused on escalating control over the environment and on exploiting the social and economic benefits derived from expanding that control. These efforts had continually pushed the frontier line further and further away from the center of population. The core driver of American civilization is successfully controlling this ever-shifting frontier; however, conquering the frontier had become a moving target in that the frontier continually expanded. It was the drive to continually expand the current frontier boundary that introduced a great deal of variance in social and economic conditions. This frontier spirit also played a vital role in the creation of the federalism system, and it influenced the tone of intergovernmental relations (Elazar, 1966).

The American frontier has gone through three distinct phases. The first was the initial surge westward by the early settlers. Elazar (1966) called this the rural-land frontier; this

movement was mainly undertaken by rural Americans who sought to increase their economic capacity through increased agricultural output. Urban areas were developed to serve the agrarian needs of the new frontier. This phase lasted from the seventeenth through the nineteenth centuries. This “rural-frontier phase” moved into the “urban-industrial frontier stage” in the early nineteenth century. Starting in the Northeast and spreading west, this new effort developed cities into stand-alone industrial centers which no longer served mainly to service rural agriculture. The mid-twentieth century brought another transition, one that Elazar (1966) called “the metropolitan-technological frontier.” This frontier brought great change through unprecedented technological advances. Similar to the earlier two frontiers, this movement began in the east and moved west; it was centered, mainly, in metropolitan areas (Elazar, 1966).

Each frontier era brought additional economic opportunities which, in turn, created further social and political turmoil and social and political solutions. These three migratory movements set the foundation for today’s political culture. All three moved from east to west along approximately the same routes to the westward boundary of the previous expansion, then further west following routes that were geographically most direct.

The Puritans originally settled mostly in the New England states; their Yankee ancestors spread westward through New York, northern Pennsylvania and Ohio. Later, these original migrants were joined by Scandinavians and other north Europeans as they spread out through the northern Midwest (in Michigan, Wisconsin, and Minnesota). These Scandinavian immigrants joined the Yankee and Puritan settlers to lay the foundations for deeply religious, highly engaged moralistic political culture that is still in place to this day (Elazar, 1966).

A pluralistic group settled the mid-Atlantic section of the country, described by Elazar (1966) as “non-Puritans”. This group settled the states of New York, New Jersey, Pennsylvania,

and Delaware. Unlike the Puritans, who sought collective as well as individual opportunities, this group of non-Puritans sought individual gain in their journey to the original colonies, as well as in their journey into the frontier. These individualistic settlers beheld religious beliefs to be a private matter, as opposed to the Puritans who perceived religion in quite the opposite fashion. These non-Puritans moved west and settled in the central Midwest (in Ohio, Indiana, Illinois, and Missouri) (Elazar, 1966).

Those that chose to settle in the American South had traits similar to the individualists, except that, rather than seeking opportunities in business or commercial agriculture, “those who settled the South sought opportunity in a plantation-centered agriculture system based on slavery and essentially anti-commercial in orientation” (p.130). This way of life in the South acted as an extension of the aristocratic “land gentry agrarianism” (p.130) of the Old World. From this atmosphere grew the traditionalistic political subculture, in that the land-holding elites assumed leading roles in the political process, excluding those non-land holding slaves and sharecroppers. The epicenters of traditionalist political culture were Virginia and South Carolina, while the presence of Scotch-Irish in North Carolina and Georgia somewhat moderated the aristocratic mindset with their moralistic background (Elazar, 1966). The southern traditional culture spread west from Virginia to southern Ohio, and southern Illinois, as well as west from Georgia to Alabama, Mississippi, and Louisiana. Louisiana’s French settlers had several unique characteristics, but shared the common traditionalist political culture. The southern culture spread as far west as southern California, where it overlay the Yankee influence (Elazar, 1966).

Political culture is not static, as it is ever changing. Cultures borrow elements from each other, and there are several regions in which two cultures exist together (and, usually, common ground emerges out of the political process). Political culture should be used as a guideline to

explain political decisions over time, rather than to explain day-to-day individual decisions.

Elazar (1966) warned that political cultures should not be substituted for political ideologies, i.e. liberal or conservative.

## **US Census Bureau**

As an agency within the Department of Commerce, the Census Bureau's mission is to accurately and completely account for the United States population in order to determine the allotment of seats in the U.S. House of Representatives. Since its inception, the data has been collected decennially and has become vital in drawing congressional and state level legislature districts, in tracking economic and social trends, as well as in providing a data point for uncountable public programs. The Census Bureau uses several levels of geographic areas as a framework in reporting their findings. Accurately linking the census to useful geographic areas is vital to the success of the Bureau and provides value to the end user.

As part of its data collection, the Census Bureau must assign each person, household, or other respondent a specific location. That location is then geocoded to a geographic entity. Geography is a core dimension of organizing and presenting the census data. The Census Bureau uses two broad categories to sort geographic data. The first category is legal entities, such as states, congressional districts, voting districts, and counties. These legal entities are formed through legal actions, statutes, treaties and court decisions. To complement these legal entities, the Census Bureau also produces data associated with statistically created areas. The Census Bureau created these statistical areas that include regions, divisions, block groups, and census tracts, which have emerged from customs, tradition, or statistical need. These two categories are then combined under one outline: the geographic hierarchy (US Census Bureau, 1990).

Table 2.1  
*Geographic Entities of the 2010 Census*

<b>Type of Geographic Entity</b>	<b>Status</b>	<b>Number</b>
<b>Nation (the United States)</b>	Legal	1
<b>Regions (of the United States)</b>	Statistical	4
<b>Divisions (of the United States)</b>	Statistical	9
<b>States and Statistical Equivalent Entities</b>	Legal	57
<b>Counties and Statistical Equivalent Entities</b>	Legal	3234
<b>County Subdivisions and Places</b>		<b>66,654</b>
Minor Civil Divisions (MCDs)	Legal	31,193
Sub-MCDs	Legal	145
Census County Divisions	Statistical	5,191
Unorganized Territories (UTs)	Statistical	292
Other Statistically Equivalent Entities	Statistical	37
Incorporated Places	Legal	19,755
Consolidated Cities	Legal	3
Census Designated Places (CDPs)	Statistical	10,038
<b>American Indian Alaska Native areas</b>		<b>600</b>
American Indian Reservations (no trust lands)	Legal	190
American Indian Entities with Trust Lands	Legal	121
Tribal Jurisdiction Statistical Areas	Statistical	30
Tribal Designated Statistical Areas	Statistical	30
Alaska Native Village Statistical Areas	Statistical	217
Alaska Native Regional Corporations	Legal	12
<b>Metropolitan Areas</b>		<b>1,083</b>
Metropolitan Statistical Areas	Statistical	374
Micropolitan Statistical Areas	Statistical	581
Combined Statistical Areas	Statistical	128
<b>Urbanized Areas</b>	Statistical	<b>497</b>
<b>Special Purpose Entities</b>		<b>234,609</b>
Congressional Districts	Legal	441
Voting Districts	Legal	179,371
School Districts	Administrative	13,714
Zip Codes	Administrative	40,000
<b>Census Tracts</b>	Statistical	<b>74,134</b>
<b>Block Groups</b>	Statistical	<b>220,742</b>
<b>Blocks</b>	Statistical	<b>11,166,336</b>

(US Census, 2010)

This research is particularly interested in the geographic entity of regions. The U.S. Census Bureau identifies four regions; West, Mid-West, South, and Northeast. These four regions contain nine divisions. This framework provides complete coverage of the United States. The intent of the census was to create units that represent similar characteristics such as political

development, geographic culture, and economics. These regions and divisions were intended to summarize data, year over year, and also to create a framework for statistically comparison of geographic areas.

The present day regions and divisions can be traced directly to the work of two men who worked for the Census bureau in the mid-19<sup>th</sup> century: James DeBow, who served as the Superintendent of the Census and Henry Gannet who served as a Geographer for the Census Office. Gannet’s work expanded De Bow’s and acts as the framework for today’s regions and divisions. Gannet centered his regions around economic similarities: the Northeast for manufacturing, the South for agriculture, and the West a combination of agriculture, mining, and ranching.

While some of the nomenclature has changed, the geographic labels have remained constant since the early 19<sup>th</sup> century (U.S. Census, 1994). The South region, which is the addressed in this dissertation, includes Delaware, the District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, and Texas. This region consists of the eleven former Confederate States plus Delaware, the District of Columbia, Maryland, West Virginia, Kentucky, and Oklahoma.

Table 2.2  
*Definitions of the American South*

<u>Model</u>	<u>States Included</u>
Key’s Confederate Model	<i>Alabama</i> <i>Arkansas</i> <i>Florida</i> <i>Georgia</i> <i>Louisiana</i> <i>Mississippi</i> <i>North Carolina</i> <i>South Carolina</i> <i>Tennessee</i> <i>Virginia</i> Texas



Table 2.2 continued

Elazar's Southern Model	<p><i>Alabama</i>  <i>Arkansas</i>  <i>Florida</i>  <i>Georgia</i>  <i>Louisiana</i>  <i>Mississippi</i>  <i>North Carolina</i>  <i>South Carolina</i>  <i>Tennessee</i>  <i>Virginia</i>  Kentucky  West Virginia</p>
United States Census Southern Region	<p><i>Alabama</i>  <i>Arkansas</i>  <i>Florida</i>  <i>Georgia</i>  <i>Louisiana</i>  <i>Mississippi</i>  <i>North Carolina</i>  <i>South Carolina</i>  <i>Tennessee</i>  <i>Virginia</i>  Delaware  District of Columbia  Kentucky  Maryland  Oklahoma  Texas  West Virginia</p>
<p><i>Note.</i> States common to all three models in bold italics</p>	

### Contemporary Health Care Reforms

The ACA is not the first attempt at health care reform. There have been several American healthcare reforms in contemporary times. Three of the more significant attempts at reform still exist in one form or another today (Kaiser Family Foundation, 2009). President Lyndon B. Johnson established the Medicare program, a social insurance program aimed at those 65 years old and above. The second successful reform came in 1997 and was signed into law by President Bill Clinton. The State Children's Insurance Program (SCHIP) was aimed at insuring

children of the working poor, those children who fell into the gap between programs. Medicare and SCHIP met limited resistance, presumably due the populations that they addressed. Few could argue with allowing seniors and poverty-stricken children access to health care. However, this all changed when the ACA was signed into law by President Obama. Aimed at insuring the working class, the ACA quickly became the most controversial policy in modern times. Nevertheless, this third attempt at health care reform rounded out the effort to give all Americans access to healthcare.

## **Medicare**

On July 30, 1965, Under Title XVIII of the Social Security Act, President Lyndon B. Johnson signed the law that established the Medicare program. This social insurance program was intended to provide health care to people at age 65 and older, and to those with permanent disabilities at any age. Prior to the passing of this legislation, almost half of American senior citizens lacked health insurance. Today, seniors are almost fully covered by this program. Medicare has undertaken substantial changes since its initial implementation. Currently, the program offers expanded benefits, the system of provider payment has been improved, there is improved access, coverage limits for low income recipients have been expanded, and the role of the private sector in providing benefits has also been expanded (Kaiser Family Foundation, 2015). Medicare benefits are divided into four parts. Part A, the Hospital Insurance (HI) program, covers inpatient hospital stays, stays at skilled nursing facilities, hospice care, and certain home health visits. Part B, or the Supplemental Medical Insurance program, covers doctor visits, outpatient hospital visits, and certain home health services. Parts A and B are referred to as “Original Medicare”, and many consumers choose to purchase a supplemental or

Medigap plan to cover deductibles or any coinsurance costs. Part C or the Medicare Advantage program allows recipients to enroll in private coverage, funded by Medicare. Part C covers most hospital, physician, and prescription costs. When someone enrolls in Part C, he or she automatically receives Part A and Part B. There is a premium for Part C and users are also responsible for paying Part B premiums as well. In 2006, the 2003 Medicare Modernization Act established Part D, or the outpatient prescription drug benefit. Part D services are furnished through the private sector provider contracting through Medicare to deliver prescription benefits (Congressional Budget Office, 2015; Kaiser Family Foundation, 2015). While there are some coverage gaps in the Medicare programs, Medicare is a comprehensive program that covers an estimated 55 million people at a cost of nearly \$600 billion (Congressional Budget Office, 2015). In 2014, Medicare spending was approximately \$597 billion or 14% of the federal budget and accounted for approximately 22% of the total health care spending (Kaiser Family Foundation, 2015)

### **State Children's Health Insurance Program**

SCHIP was established as a result of the revenue stream that tobacco litigation provided states' budgets in conjunction with revenue from increased tobacco tax. The law was created as part of the Balanced Budget Act of 1997 under Title XXI of the Social Security Act.

Championed by the bipartisan efforts of Senator Ted Kennedy (D-MA) and Senator Orin Hatch (R-UT) and signed into law by President Bill Clinton, the law intended to increase healthcare for underprivileged and deserving children (Sardell, 2014; Grogan & Rigby, 2008). It targets the children of the working poor, families with children who do not qualify for Medicaid and who have no health insurance. SCHIP provides federal funds that match state expenditures to provide

health care insurance to those children whose families are caught in this healthcare gap. Those families targeted earn too much to qualify for Medicaid but are either self-employed or work in industries that do not offer health care to their staff, and they cannot afford to turn to the private market for coverage. (Herz, Peterson, and Baumrucker, 2008). The program was finalized as a compromise between Republicans who favored that the program be legislated as a block grant program to allow states greater flexibility when making choices in program design and administration, and Democrats who preferred that the program be legislated, in order to maintain more federal control. Congress, instead, created a hybridly-designed program in that states could choose one of three program designs. States were given the option to provide health coverage to qualifying children through existing Medicaid programs, through the crafting of a separate SCHIP program, or through a combination of both a separate SCHIP program and Medicaid. This hybrid legislation was classified officially as a block grant rather than as an open-ended entitlement program (Grogan & Rigby, 2008).

The law was framed to emphasize that the children affected by this legislation did not make the conscious decision to be born to parents who may have made decisions that led them to poverty. Senators Kennedy and Hatch argued that, by improving the health of the next generation and by reducing the infant mortality rate, this program would be an investment in the future of the American workforce.

### **President William Clinton's Healthcare Reform Plan**

Rapidly increasing health care costs in the early 1990's put the topic of reform on the national agenda. Encouraged by Harris Wofford's surprise U.S. Senate victory in Pennsylvania

in which his victory was attributed to his promotion of health care reforms. Bill Clinton promised a health care reform bill in his first 100 days if elected (Kaiser Family Foundation, 2009).

Most contemporary national health care systems fall into one of three categories: single payer, play or pay, or market-based systems. The Clinton plan was a modified play or pay system (Hill & McComb, 1996), in that regional health alliances would be formed. These health alliances would be the backbone of the system. Employers would be required to pay at least 80% of an employee's policy, and employees would be given a choice of three versions of that policy based on their personal needs. Small business owners, as well as self-employed and unemployed citizens, would be mandated to provide their health care coverage through these alliances. The plan made special provisions for those earning 150% or less of the national poverty level, who would receive reduced-cost coverage through government incentives. One of the major provisions of the Clinton plan was to absorb Medicaid into this new system.

In the course of a little over a year, support for this proposal waned dramatically. When it was originally proposed, President Clinton's plan had approximately 70% of the American people's support. By the time the package was complete, support had declined to approximately 33%, and it was withdrawn from even being considered by the legislature (Hill & McComb, 1996).

### **The Affordable Care Act**

After a great deal of discussion and debate across all levels of government, in March 2010, President Obama signed the Patient Protection Affordable Care Act (ACA) into law. The ACA offered a complete overhaul of the American health care system, requiring most citizens to carry health insurance. In an effort to provide affordable health care for all citizens, the ACA

offered an expanded Medicaid system as well as a complete overhaul of insurance delivery mechanisms.

Some have argued the individual mandate is the most divisive portion of the ACA. This mandate requires that every qualifying citizen purchase and maintain health coverage or be subject to accelerating tax penalties. The tactic was meant to provide enough encouragement to convince those who might otherwise be disinclined to pay for health insurance into the marketplace (Jeter, 2015). In an effort to standardize health care options and to increase coverage to include those who were currently uninsured, the act called for state-based individual and small business health care exchanges to be created in order to standardize health care options and to increase coverage to include those who are currently uninsured (Kaiser Family Foundation, 2013a; Holahan, Buettgens, & Dorns 2013; Holahan, Buettgens, Carrol, & Dorns 2012). These marketplaces were intended to offer “one stop shopping” for individuals and small business owners to review, compare, and purchase coverage plans (Kaiser Family Foundation 2013a). The goal of the markets was to provide a mechanism that simplified and organized the purchase of healthcare while it provided increased transparency and efficiency for consumers (Haeder & Weimer 2013).

Approximately 84 percent of the nearly ten million people who received coverage through the health insurance marketplace in 2015 received a federal subsidy (Centers for Medicare and Medicaid Services, 2015). The subsidy program, intended to significantly increase coverage, became a point of contention among states, leading to uncertainty and apprehension over the potential for substantially escalating costs (Haeder & Weimer 2013). In addition to subsidy concerns, the act mandated that states adopt certain market reforms, such as the inclusion of preexisting conditions in coverage, minimum policy standards, and lifetime limits on policy

benefits, as a means to control healthcare spending and to allow for the proper functioning of the state insurance exchanges (Quadagno, 2014). The market reforms made it much more difficult to exclude high-risk individuals, a strategy that only worked if the states were able to properly balance out the coverage pool with low-risk, healthy citizens who traditionally have been less inclined to participate in healthcare coverage (Surowiecki, 2014).

Originally, the act tied existing Medicaid funding to the states' expansion of Medicaid under the new guidelines of the ACA. Not long after the Act was signed into law, a number of legal challenges were introduced in an attempt to undermine the efficacy of the bill. Eventually, many of these constitutional challenges were combined into one case, *National Federation of Independent Business v. Sebelius* (2012), at the federal level. The primary concern was whether or not the individual mandate that requires citizens to purchase health care was within the limits of congressional power.

In a close 5-to-4 decision, matching the division throughout the country, the Court moved to uphold the constitutionality of the ACA, ultimately ruling that the mandate requiring individuals to purchase health insurance fell within congressional taxing ability. The Court further held that the proposed portion of the bill, which forced states which had opted out of expansion to forfeit their entitlement to federal funding, was unconstitutional. The ruling opened the door for individual states to decide whether they wanted to expand Medicaid without the fear of losing federal funding for existing programs (Kaiser Family Foundation B, 2013).

For the states which chose to opt out of Medicaid expansion, even with significant federal funding, there was a great deal of concern and uncertainty over those who would be affected by the subsidy funding gap (Haeder & Weimer, 2013). The portion of the population most in need -- the poor, the disabled, and other marginalized groups, those populations that the

legislation was designed to assist -- are those who were most affected by state decisions not to expand Medicaid (Kaiser Family Foundation C, 2013; Kaiser Family Foundation D, 2013; Kaiser Family Foundation E, 2013). A state's decision not to expand Medicaid not only affected those who would fall into the coverage gap; it also affected hospital revenues, in turn putting an even greater strain on regional health care networks (Holahan, Buettgens, & Dorn, 2013; Kaiser Family Foundation F, 2013). Although Medicaid expansion was a critical decision for states, it is only one element of the ACA, and successful implementation would require states to take several mindful and interconnected steps.

## **Model Overview**

### **Dependent Variable**

This model builds on the existing literature regarding state healthcare policy choices and, in doing that, will make a unique and substantial contribution to the literature on southern politics. Travis et al. (2016) used this model in examining South/non-South states' choices during the initial implementation of the ACA. Mayer, Kenter, and Morris (2015) used this model in a fifty state analysis during the implementation of the ACA. Mayer, Kenter, and Morris (2016) compared the short term volatility of the state decisions over 2012, 2013, and 2014. This prior research used a five dimensional index of opposition or support to the ACA that supplied a more nuanced dependent variable than previously existed in the literature, at that time or since. This research also used a unique combination of political and socioeconomic independent variables in the model, which provided support factors that influenced state ACA decision making that go beyond partisanship. This index was crafted to reflect the three foundational elements of the act: the implementation of market reforms, the establishment of health insurance marketplaces or



exchanges, and the expansion of Medicaid eligibility for low-income adults.

The dependent variable for the ACA model is the five-dimension index variable used successfully in previous research described above (Travis, et. al., 2016; Mayer, Kenter, & Morris, 2015; and Mayer, Kenter, & Morris, 2016). The five-component dependent variable index addresses the following state actions related to the ACA:

- Whether a state adopted legislation in support of health care market reforms
- Whether a state created a health care insurance exchange (States were given the option to create an exchange or to allow citizens to enroll through a federal exchange created and operated by the national government. Many states created a single exchange for both businesses and individual citizens, but Utah chose to create an exchange just for businesses and not for individuals.)
- Whether a state accepted funding for Medicaid expansion
- Whether a state was party to a lawsuit challenging the constitutionality of the ACA
- Whether a state adopted legislation actively opposing the ACA

The dependent variable for the ACA model scores support/opposition on a seven-point scale, based on state responses to the five elements outlined above. Those states implementing suggested legislation to improve their healthcare markets and those states creating a state-run insurance exchange are given one point for each of these actions. The data for these actions are drawn from the Commonwealth Fund (Keith & Lucia, 2014). Those states that have filed a lawsuit against the ACA, or implemented legal action intended to obstruct the implementation of the ACA, are considered to be in active opposition and one point is deducted for each of these actions. This data is drawn from the National Conference of State Legislatures (2015). Lastly,

one point is deducted for those states that have failed to expand Medicaid, and one point added for those states that have accepted funding to expand Medicaid. Therefore, a state that chooses to implement all three positive reforms (market reform, insurance exchange, Medicaid expansion) would be awarded a score of + 3, indicating the greatest level of support. Inversely, states that have declined to expand Medicaid, adopted legal action intended to impede the ACA, and were a party to a lawsuit intended to impede the ACA will be scored -3, indicating the least level of support.

### **Independent Variables**

This study examines the effect of six independent variables on a state's likelihood to support or oppose the ACA. The variables are divided into two categories: political and socioeconomic. They will be analyzed as one collective model. Political variables include party control of the governor, party control of the legislature, and citizen ideology. The socioeconomic variables are poverty, the insurance rate, and state health. Initially, the model will be run using all fifty states to establish a baseline. To parse out the most distinctive version of the South, each version (Key's, Elazar's, and the Census definition) will be run separately, using a dummy variable for each model. In each of these three models, each of these independent variables will be represented by a dummy variable which represents each of the three definitions of the American South.

#### **Political variables.**

##### ***Party control of governor.***

The effect of the party affiliation of the governor is minimal on the voting behavior in

presidential elections (Erikson, Folke, & Snyder, 2012), state economic development (Izraeli & Folland, 2007), the amount of funds allocated for allocated for healthcare (Kousser, 2002), and the overall voting patterns of legislators (Canfield-Davis, Jain, Wattam, McMurtry, & Johnson, 2010). However, this changes significantly when a governor takes a direct interest in a policy outcome (Bernick, 1978). The partisan politics surrounding the ACA brought healthcare policy into the spotlight. Travis et al. (2016) argue that party control of the governor's mansion has a significant impact on a state's opposition to the ACA. Hood, Kidd, and Morris (2015) argue that Tea Party influence has resulted in southern governors taking a more conservative stance on policy issues than those of non-southern states (Callaghan & Jacobs, 2014; Travis et al. 2016). It is expected that states with Republican governors in both the South and the non-South states would be in opposition to the ACA. This variable was measured using information from PoliData (2014) and their Election Yearbook for the United States. This variable was operationalized as a dummy variable, where states with Republican control of the governorship at the end of the 2014 election cycle were coded as 1, with all other states were coded as 0.

### ***Party control of legislature.***

Prior research suggests that party control of the legislative process at the state level produces unified voting blocks and significantly assists in controlling the political agenda (Battista & Richman, 2011; Clark, 2012; Cox, Kousser & McCubbins, 2010). A study by Brown (1995) suggests that party control of a state legislature is significant in influencing the amount of funding allotted for Medicaid spending. Kousser argues that “state policy makers are not neutral”, that partisan politics is a powerful component of policy outcomes, and that “states with

Democratic-controlled legislatures tend to fund their programs more generously than those with Republicans in charge” (Kousser, p.668, p.642, 2002). Recent literature examining state Medicaid expansion supports this argument. Callaghan and Jacobs (2014) argue that Republican legislatures have more influence on state decision making than Republican governors when it comes to their state’s decision whether or not to expand Medicaid. Earlier versions of Mayer, Kenter, and Morris (2015) ran a model using a unified party control variable that was a combination of the previous two variables, rather than splitting governor and legislature into two variables. This resulted in minor differences of little substantive value and produced a model with less predictive power than the model using separate party control of the governor and the legislature. Similar to the party affiliation of the governor, it is expected that party control of legislature will have a negative effect on support for the ACA, in southern states.

This data is gathered from PoliData (2014), and this concept was operationalized as a dummy variable coded as 1 if, following the 2014 election cycle, the Republican Party controlled both chambers of the legislature. In the case of Nebraska and its unicameral, nonpartisan legislature, due to the majority identifying as Republican, the state has been coded as 1. All other cases were coded as 0.

There is little agreement in the literature on how to best measure Republican control. Barilleaux and Rainey (2014) used Republican control as a dummy variable, as was done here; Callaghan and Jacobs (2014) have used levels of control. Both methods have produced similar results.

### ***Citizen ideology.***

Citizen ideology is often a predictor of state policy decisions, regardless of majority party control of the legislature (Kim, Powell, & Fording, 2010; Breaux, Morris, & Travis, 2007; Soss, Schram, Vartanian, & O'Brien, 2001; Grogan, 1994; Berry & Berry, 1992; Hill, Leighley, & Hinton-Anderson, 1995). This variable is based on the voter candidate preference of both winning and losing candidates in Congressional elections and is measured on a liberal/conservative continuum. The score was then determined by assessing the district's incumbent ideology, the estimated ideology score for the challenger, and the results of the election. The scores were then computed for the state, using an unweighted average and subsequently placed on a continuum used as a gauge of public opinion (Berry, Ringquist, Fording, & Hanson, 1998). The underlying concept is that state elected officials are a collection of citizens; therefore, they will closely resemble the political ideology of the residents of the district (Berry et al., 1998). The resulting score measures aggregate citizen perceptions and can be of significant difference between conservative and liberal states on similar policy issues, which in turn can impact state decision making (Rigby & Haselwerdt, 2013). Those states with a more conservative ideology (a lower ideology score) will have a negative effect on support for the ACA. Citizen ideology is measured in the same manner as Berry, Fording, Ringquist, Hanson and Klarner (2010) used, in that a higher score indicates a more liberal ideology. The data for this variable ranges from 0 (South Carolina) to 91.45 (Massachusetts).

### **Socioeconomic variables.**

#### ***Poverty.***

Poverty affects both individuals and communities in an often devastating cycle of

interdependent pathologies that frequently leads to marginalization. The more marginalized and the more at risk the individual and community are to quality-of-life concerns (Wilkinson & Marmot, 2003). The source of many of these issues is lack of resources; impoverished individuals and communities typically lack the necessary resources to address their basic needs. Studying state poverty rates enables the review of a measure that provides insight into the resource problem and how it impacts low-income individual and family health (Gornick, 2002; Gornick, 2003). In order to address this issue, this dissertation will use the percentage of households below the federal poverty line at the state level. Although some of the poorest states are located in the South, partisan politics is expected to be stronger than compassion for the working class citizens affected by the ACA in southern states. Therefore, it is expected that southern states would remain in opposition to the ACA regardless of need.

This variable was measured using household income compared to a threshold that varied based on the number of individuals in the household, to determine whether the household is above or below the predetermined poverty standard. The rate does not vary geographically and is updated annually based on the Consumer Price Index. Although there is quite a bit of discourse in reference to the unit of analysis for measuring poverty (Neff, 2013), using the household as the unit of analysis permitted a standardized rate of poverty to be measured that would be easily understood and interpreted. The data for poverty was taken from the American Community Survey (2014) and ranged from 21.5% (Mississippi) to 9.2% (New Hampshire).

### ***Insurance.***

There are many factors that weigh on whether or not an individual or family has health insurance; cost, access, enrollment, and service delivery all play major roles (Eisenberg &

Power, 2000). Additionally, choices the states make in providing access and information are vital to the success of lowering the number of uninsured in the population (Kaiser Family Foundation, 2015a). Ignoring these issues has a considerable impact on the level of care available to individual citizens across each state (Eisenberg & Power, 2000).

Blavin, Buettgens, and Roth (2012) argue that reducing the number of uninsured will result in reduced uncompensated care, which in turn will save states significant amounts of money. Furthermore, recent research on the ACA has indicated that states with the largest uninsured populations have been the most opposed to creating state exchanges, and to expanding Medicaid (Blavin, Buettgens, & Roth 2012; Rigby, 2012). Similar to poverty, partisan politics is expected to be stronger than need, when it comes to the percentage of uninsured within a state; therefore, it is expected that the greater the percentage of uninsured in non-southern states, the greater the support for the ACA. The opposite appears to be true in the South: the higher the number of uninsured, the greater the opposition to the ACA.

The data for the rate of uninsured came from the 2014 American Community Survey (2014). This data was reported as the percent of uninsured per state with a range of 3.3% (Massachusetts) to 19.1% (Texas).

### ***State health.***

The ACA was designed to offer standardized healthcare across the states. However, the American system of Federalism allows individual states to choose the level at which they intend to support these healthcare systems. This system of Federalism allows a great deal of variance in the way in which individual states support the implementation of federal healthcare policies. Some states have chosen to take a more progressive approach and shape their health care policies

to best serve those in need (New York, Vermont, California), while others tend to deliver the bare minimum allowed under federal guidelines (Mississippi, South Carolina, and West Virginia). The court decisions that allow states to opt out of Medicaid expansion and to choose to not create a state exchange, therefore defaulting to the federal exchange, further entrench the ability of states to control the level of access that their citizens have to healthcare.

One of the core elements of the ACA is its provision for healthcare reform. Individuals with preexisting conditions can no longer be excluded from health care coverage. This key component can be expected to have a significant impact on state health. This is expected to greatly increase access to health care to the unhealthiest portions of society. For example, prior to the implementation of the ACA, thirty-five states had provisions allowing insurance companies to upwardly adjust premiums, or to exclude from coverage those who were deemed obese. According to Downey and Still (2013), this one provision will impact approximately 60 million Americans.

Those states with a high level of uninsured can expect the most disruption of services associated with limited medical capacity to serve these need, such as long wait times for routine medical service and even longer wait times for specialists' services (Kardish, 2014). Much of the cost of increasing capacity will be absorbed by the federal government (United Health Foundation, 2014). States with populations that are less healthy can be expected to be in support to the ACA.

The data for this variable was taken from the United Health Foundation (2014) index of state health. This index was crafted by rating each state on a variety of health indicators such as behavioral outcomes, community and environment factors, state health policies, and clinical care outcomes. This index ranged from a high score of .91 (Hawaii) to a -1.0 (Mississippi).



Table 2.3  
*ACA Model*

<p><b>Dependent Variable:</b> <i>Multi-dimensional index of opposition or support of the ACA</i></p> <ul style="list-style-type: none"> <li>• Whether a state adopted legislation in support of health care market reforms</li> <li>• Whether a state created a health care insurance exchange or defaulted to the Federal exchange</li> <li>• Whether a state accepted funding for Medicaid expansion</li> <li>• Whether a state was party to a lawsuit challenging the constitutionality of the ACA</li> <li>• Whether a state adopted legislation actively opposing the ACA</li> </ul>		
<b>Independent Variables</b>	<i>Political variables</i>	<i>Socioeconomic variables</i>
	Party control of governor	Poverty rate
	Party control of legislature	<i>South Poverty</i>
	Citizen Ideology	Insurance rate
		<i>South Insurance</i>
		State health
		<i>South State Health</i>

The model will be run four times. The first model will be a baseline 50 state model. The second model will be the same model with the exception using interaction variables of the three socioeconomic variables representing Key’s South. This will allow us to measure the affect Key’s version of the South has on the support to the ACA. The third model is the same as the first two with the exception of the interaction variables represent Elazar’s South. The fourth model will use interaction variables representing The US Census Bureau’s South. The interaction variables are not included in the political variables for two reasons; there is some concern of the degrees of freedom with a small n of 50, and the literature is fairly decisive that the political

conservatism found in the South has an effect on policy choice such as the ACA (Breux et al., 2016; Mayer, Kenter, & Morris, 2015).

**Model 1: Baseline**

ACA= f (R Governor, R Legislature, Citizen Ideology, Poverty, Uninsured, Health)

**Model 2: Key's South**

ACA= f (R Governor, R Legislature, Citizen Ideology, Poverty, Uninsured, Health, Key's South  
Key's Poverty, Key's Uninsured, Key's Health)

**Model 3: Elazar's South**

ACA=f (R Governor, R Legislature, Citizen Ideology, Poverty, Uninsured, Health,  
Elazar's South, Elazar's Poverty, Elazar's Uninsured, Elazar's Health)

**Model 4: Census Bureau South**

ACA=f (R Governor, R Legislature, Citizen Ideology, Poverty, Uninsured, Health,  
Census' South, Census' Poverty, Census Ideology, Census Health)

In order to determine whether one version of the South is more distinctive two things will be considered. The goodness of fit of the models will be determined by performing a likelihood ratio test in Stata. Secondly the direction and magnitude of the coefficients will be compared across the models. And finally the adjusted coefficient of determination (adjusted R<sup>2</sup>) will be the last part of the model that will be considered when determining whether one model delivers a better model of the South.

## Summary

The goals of this chapter are to provide the theoretical and contextual background for the three versions of the South, for southern politics, and for the ACA. The ACA served as the conduit in that we tested whether there was a more distinct model of the American South for that one policy. The most popular version of “the South” suggested by Key (1949) argued that the eleven former confederate states comprise the American South. These states share certain traits: a tradition of slave-supported plantation economies, a one-party system aimed at controlling the electorate, and the common experience of being defeated in a civil war (Bass & DeVries, 1995). Key (1949) argues it is these shared experiences that have formed this bond between states – a bond that results in a cohesive region that acts politically, as the Solid South. Since Key wrote this seminal book, much literature has asked the recurring question: does the South remain a unique and distinct region?

Elazar argues that political culture is the core of state and local government policy choices. He suggests that the ethnic and religious values brought to a specific region by its settlers create the region’s political culture. The foundational values of the political culture are then passed down informally, from generation to generation. Elazar suggests that each state has specific principal traditions that guide policy decisions and that each state’s policy decisions are aligned with the federal programs that best match those traditions. Elazar posits three major sections for the United States, based on historic political cultures: traditional, moralistic, and individualistic. The American South is ground zero for the traditionalistic culture. The political behavior in the South reflects the aristocratic “land gentry agrarianism” (p.130) of the Old World. Its traditionalistic political culture grew out of this atmosphere, in that the land-holding elites assumed leading roles in the political process, and excluded those who were non-land-

holding slaves and share croppers. Even though Elazar uses geographic markers to delineate these three sections, they are based on historic immigration patterns from which political cultures have emerged, not solely on these physical markers. The three sectional alignments are the greater Northeast, the greater South, and the greater West. Elazar's South has twelve states; he excludes Texas from Key's version and includes both Kentucky and West Virginia. Elazar's regions may provide a unique insight into identifying the most distinct American South, in terms of ACA decisions.

The United States Census Bureau began tracking population trends early in the colonial days. Historically, the Census Bureau has been broken down into regions that represented natural drainage basins. These drainage basins were associated with navigable waterways and railroads, and were used as a medium for tracking population patterns. Unlike Elazar, the Census Bureau created these regions based solely on geographic patterns. The Census Bureau uses four regions: Northeast, Midwest, South, and West. The Census South region includes the eleven confederate states with the addition of Delaware, the District of Columbia, Maryland, West Virginia, Kentucky, and Oklahoma. The inclusion of the Census Bureau version of the South is of great interest, in that it is based solely of geography. Although geography may have certainly influenced migratory patterns, this is not a factor in the Census Bureau's version. Fowler, Parent and Petrakis (2011) used the United States Census definition of the South in their study of the 2008 Presidential Election. The Census Bureau's South provides great insight into a more distinct version of ACA decisions in the American South, in that it is based solely on topographic boundaries.

When these three models were computed, there was a possibility of one of three potential outcomes. All three models could produce entirely different results. This result could certainly

pose as a barrier to future research, in that scholars would have to rely on something other than empirical findings to pick a definition of the South. Scholars could continue to use the eleven confederate states as an homage to Key, as in the past. The second possible outcome was that all of the models could come out the same; similar to the first outcome, scholars would have no empirical findings with which to support their definition of the South, again relying simply on tradition or habit and defaulting to Key's version. The third possible outcome was that one of the three models would produce a more distinct version of the American South, allowing scholars to rely on empirical findings to support their version of the South.

*H: There will be significant differences in the explanatory power of the three versions of the American South.*

## CHAPTER III

### METHODOLOGY

This study involves a state-by-state comparative analysis of decisions made in support of or opposition to the ACA. This study was done on the South/non-South level, using three different versions of “southern states”, with the goal of identifying one of those versions to use as a more distinct version of the American South when making decisions about the ACA. To accomplish this, each version of the South was run separately in a regression model. The same dependent variable and independent variables were used, in order to allow for comparison across models. As discussed in Chapter Two, there has been a great deal of literature that has defined the South as comprising the eleven former confederate states. Scholars have occasionally used different versions (Elazar’s version, the Census Bureau’s version, or one of several lesser used versions). This study, unlike others, compares the three versions of the South using the same model and will allow a more distinct version to be identified in terms of the ACA. The purpose of this study is to act as a catalyst to encourage scholars not to default to the traditional version of the South (the former confederate states), but rather to open their research to consider that there may be an even more distinct version of the American South. The data for this study came from several secondary sources.

State comparative studies were used to analyze why states make certain policy decisions. The literature favors a combination of political and socioeconomic variables in explaining the variations in policy choices between states (Miller, 2004), as was the case in this research. This dissertation is primarily concerned with explanation, rather than with prescription, which should allow scholars to integrate the findings of this research into their own related projects (Sharkansky, 1970). Comparative research of this nature about state scan be of great use

to those “who formulate and implement government programs” (Sharkansky, 1970, p. 5) and can serve as a valuable tool in linking theory and practice.

It is the comparative portion of this study that brings the most utility. Dye (1970) argues that simply describing a policy decision offers very little use in the development of any explanatory theory of politics. It is the comparison of similarities or differences between states that offers the most utility. However, it is the comparative portion of this study that may cause the model utilized to be extremely vulnerable to the drawbacks of a small n (50 states) study such as this one. The most prevalent issue with small n studies is multicollinearity, which can be caused by independent variables that are highly correlated. As multicollinearity increases, it makes interpretation of variation difficult; it can be difficult to determine the effect of a single variable because of the interrelationships (Hair, Black, Babin, & Anderson, 2010). York (2012) argues that multicollinearity “does not bias coefficient estimates or standard error estimates, it is not necessarily a problem with regression models” (p.1380). The author suggests that efforts to counteract multicollinearity often just create problems elsewhere in the model.

A great deal of care was taken to address multicollinearity if it occurred within this study. Hair, Black, Babin, and Anderson (2010) offered several strategies for dealing with multicollinearity: omitting or replacing a variable that is highly correlated, or keeping the variable, acknowledging the lower degree of predictive power created by the high correlation. Any of these actions was undertaken, if necessary, after a thorough review of the literature, including whether the variables in question had been significant in other similar models. If that was the case, an argument could be made that they be kept in the model and any implications to the predictive power of the model would be clearly noted (York, 2012).

After careful consideration, this study used a model that had twice undergone the rigors of peer review (Travis et al., 2016; Mayer, Kenter, & Morris, 2016). There are several advantages of using a model that has undertaken substantial peer review. The questions of whether the model has been properly specified, or whether or not the predictors are relevant, have been addressed previously in the publishing processes. This allows for less time to be spent on crafting an appropriate and reliable model; more time could be devoted to the purpose of the dissertation: identifying a more distinct definition of the American South, using the model simply as the conduit for answering the main research question.

### **Unit of Analysis**

The unit of analysis for this study will be the state. The data collected are from a variety of reputable sources, all measured at the state level. This study examines state's decisions in reference to the ACA and uses these decisions to determine if there is a more distinct version of the American South. All 50 states are included in this study (Babbie, 2007).

### **Variables: Definition and Measurement**

#### **Dependent Variable**

The dependent variable for the ACA model was the five-dimension index variable used successfully in previous research by Travis, et al. (2016), Mayer, Kenter, and Morris (2015), and Mayer, Kenter, and Morris (2016). The five-component dependent variable index addresses the following state actions, related to the ACA, using data from 2014:

- Whether a state adopted legislation in support of healthcare market reforms
- Whether a state created a healthcare insurance exchange



- Whether a state accepted funding for Medicaid expansion
- Whether a state was party to a lawsuit challenging the constitutionality of the ACA
- Whether a state adopted legislation actively opposing the ACA

This variable allowed for a more nuanced approach to measuring support or opposition to the ACA. Mayer and Kenter (2014) and Barillieaux and Rainey (2014) used a bivariate dependent variable that measured whether or not a state expanded Medicaid as its gauge of ACA support and opposition. Using a dependent variable with one of the above dimensions, such as whether a state was party to a lawsuit challenging the ACA, could have provided interesting results. However, the results may not be strong enough to account for alternate explanations. This index variable combines several mindful decisions by the state, at several levels, and provides a clearer assessment of opposition or support, taking into consideration that the different dimensions of the dependent variable very well may be perceived differently in each state by the respective officials in that state. Some elements of the dependent variable may be merely viewed as a symbolic act of defiance to the ACA, while some decisions may be more practical in nature.

Since state-level data was being utilized, there was no way to know whether an official made any of these decisions symbolically or whether that choice was of substantive nature. Since parsing out whether each of the elements was more or less important to the state level officials is outside the scope of this research, each element of the dependent variable was treated equally.

Data for the dependent variable are from 2014, three elements of the dependent variable are taken from a National Conference of Legislatures 2015 report of 2014 data. Decisions contributing to the dependent variable had been fluid in the first years of the ACA, by 2014 those

decisions had stabilized and remain to date.

The dependent variable for the ACA model scored support on a seven-point scale, based on state responses to the five elements outlined above. Those states implementing suggested legislation in support of healthcare market reforms and those states creating a state-run insurance exchange were given one point for each of these actions. The data for these actions was drawn from the Commonwealth Fund (Keith and Lucia, 2014).

Those states that had filed a lawsuit against the ACA, or that had implemented legal action intended to obstruct the implementation of the ACA were considered to be in active opposition; one point was deducted for each of these actions. This data was drawn from the National Conference of State Legislatures (2015). Those states that chose not to expand Medicaid had one point deducted, and those states that chose to accept Federal funds to expand Medicaid had one point added. States that chose to enact the three identified supportive reforms (market reform, state insurance exchange, Medicaid expansion) were awarded a score of +3, which indicates the highest level of support on the index. In the opposite manner, those states that chose all three actions that were deemed in opposition (declined to expand Medicaid, adopted legal action intended to impede the ACA, and were a party to a lawsuit intended to impede the ACA) were given a score of -3 on the index.

As an example, California was scored in support of the ACA with the highest possible score of +3. California adopted legislation in support of healthcare reforms for +1, created a state health care exchange for +1, and expanded Medicaid for +1. However, California chose not to take part in any lawsuit challenging the constitutionality of the ACA i.e. *Sibelius* or *King*, so a point was not deducted. And finally, California chose not to adopt any state legislation actively opposing the ACA, which resulted in another point not being deducted. The resulting

support/opposition score for California was +3, indicating that California lawmakers are in support of the ACA. Mississippi, a state that was scored to be in opposition to the ACA, received its score of -3 based on the following calculation: it did not adopt legislation in support of the recommended health care reforms, therefore it was not given a point. Mississippi defaulted to the federal exchange rather than create a state-run exchange; therefore, it was not given a point. The state chose not to expand Medicaid and was assigned -1 for that action. Mississippi took part in the federal lawsuits challenging the constitutionality of the ACA and so was assigned -1 for those actions. And finally, Mississippi enacted state legislation actively interfering with the ACA. For that action, it was assigned -1. The resulting support/opposition score for Mississippi was -3, indicating that Mississippi lawmakers are in opposition to the ACA.

### **Independent Variables**

The independent variables for this study were from secondary sources. The data used is from as close to 2014 as possible. For political variables, party control of governor, and party control of legislation are from 2014. Berry et al. (2010) is the most up to date data for citizen ideology. Citizen ideology score does not vary greatly year over year making the 2010 data appropriate for the model. All three socio economic variables were measured using 2014 data.

The three categorizations of the South; Key, Elazar, and Census Bureau, will be represented by a dummy variable in the respected models. South interaction variables will also be used to represent how these conceptions of South interact with the socioeconomic variables to affect the ACA outcome.

## **Political Variables.**

### ***Party control of governor.***

The 2014 party control of the governor was measured using information from the PoliData (2014) Election Yearbook for the United States. This variable was operationalized as a dummy variable, in that states with a Republican governor at the end of the 2014 election cycle were coded as 1; all other states were coded 0.

### ***Party control of legislative branch.***

The 2014 party control of legislature was measured using information from the PoliData (2014) Election Yearbook for the United States. This variable was operationalized as a dummy variable, in that states with Republican control of both chambers of the legislature at the end of the 2014 election cycle were coded as 1; all others were coded 0. In the case of Nebraska and its unicameral, nonpartisan legislature, since the majority identify as Republican, that state was coded 1. All other cases were coded 0.

### ***Citizen Ideology.***

The score for citizen ideology was measured in the same manner as Berry, Fording, Ringquist, Hanson, and Klarner (2010), in that a higher score indicates a more liberal ideology. The scores for this variable ranged from 0 (South Carolina) to 91.45 (Massachusetts). These scores measured aggregate citizen perceptions and could be substantially different between conservative and liberal states on similar policy issues, which in turn could impact state decision making (Rigby and Haselwerdt, 2013).

## **Socio economic Variables.**

### ***Poverty Rate.***

This variable was measured using 2014 household income compared to a threshold that varies based on the number of individuals in a household to determine whether the household was above or below the predetermined poverty standard. The rate does not vary geographically and is updated annually based on the Consumer Price Index. Although there is some discourse on using this measure of poverty (Neff, 2013), using household income permits a standardized rate of poverty that can be easily understood and interpreted. The data was taken from the American Community Survey (2014) and ranged from 21.5% (Mississippi) to 9.2% (New Hampshire).

### ***Uninsured Rate.***

The data for uninsured rates was taken from the American Community Survey (2014). This data is reported as percent of uninsured per state. This data ranged from 3.3% (Massachusetts) to 19.1% (Texas).

### ***Health Index.***

The data for this variable was taken from the United Health Foundation (2014) index of state health. This index is created by rating each state on a variety of health indicators such as behavioral outcomes, community and environment factors, state health policies, and clinical care outcomes. The higher the score, the healthier the state. This variable ranged from .91 (Hawaii) to -1.0 (Mississippi).

Table 3.1  
*Variables and Definitions*  
*Dependent Variable*  
**ACA Support Index Score**

<i>Element</i>	<i>Source</i>	<i>Measurement</i>
Did the state adopt legislation in support of health care reforms	Keith and Lucia (2014)	States that adopted legislation in support of ACA (+1), all others (0)
Did the state create a health care exchange	Keith and Lucia (2014)	States that created a state health care exchange (+1), all others (0)
Did the state enact legislation to impede the ACA	National Conference of Legislatures (2015)	States that enacted legislation to impede the ACA (+1) all other (0)
Did the state take part in a Federal law suit challenging the ACA	National Conference of Legislatures (2015)	States that took part in a Federal lawsuit challenging the ACA (-1) all others (0)
Did the state expand Medicaid	National Conference of Legislatures (2015)	States that expanded Medicaid (+1), all others (-1)

*Independent Variables*

<i>Variable</i>	<i>Source</i>	<i>Measurement</i>	<i>Level of Measurement</i>
<i>Political Variables</i>			
Party Control of Governor	Polidata (2014)	Republican Party (1), All others (0)	Nominal
Party Control of Legislature	Polidata (2014)	Republican Party (1), All others (0)	Nominal
Citizen Ideology	Berry et al. (2010)	Conservative (0), Liberal (91.45)	Interval
<i>Socio economic Variables</i>			
Poverty Rate	American Community Survey (2014)	Highest poverty (21.5%), Lowest (9.2%)	Ratio

Table 3.1 continued

South <sub>1</sub>	Key (1949)	Key's South (1) Non South (0)	Nominal
South <sub>2</sub>	Elazar (1966)	Elazar's South (1) Non South (0)	Nominal
South <sub>3</sub>	Census Bureau (2010)	Census' South (1) Non South (0)	Nominal
Uninsured Rate	American Community Survey (2014)	Highest uninsured (19.1%), Lowest (3.3%)	Ratio
South <sub>1</sub>	Key (1949)	Key's South (1) Non South (0)	Nominal
South <sub>2</sub>	Elazar (1966)	Elazar's South (1) Non South (0)	Nominal
South <sub>3</sub>	Census Bureau (2010)	Census' South (1) Non South (0)	Nominal
Health Index	United Health Foundation (2014)	Healthiest (.91), Least healthy (-1.0)	Ratio
South <sub>1</sub>	Key (1949)	Key's South (1) Non South (0)	Nominal
South <sub>2</sub>	Elazar (1966)	Elazar's South (1) Non South (0)	Nominal
South <sub>3</sub>	Census Bureau (2010)	Census' South (1) Non South (0)	Nominal

### Data Analysis

The goal of this study was to compare three separate definitions of the American South to determine whether one stands out as more distinctive. Using a support/opposition model of the ACA as the conduit for this comparison, the same model was run for each of three definitions of

southern states. The resulting outputs were examined to determine if one of the three definitions could be considered more distinct. Distinctiveness refers to how different the political characteristics are of a group of states as compared to the rest of the country. In the case of this research the group of states in question is the three versions of the South (Prysby & Reiser, 2013). As a measure for comparison, the magnitude and the significance of the coefficients will be compared, as well as the adjusted  $R^2$  and the AIC. The adjusted  $R^2$  measures the percent of variance explained in the model. The AIC is a measure that assesses the fit of a model and allows comparison between models (Williams, 2017). In assessing AIC scores, smaller values indicate a better fit. Bayesian Information Criterion (BIC) is another measure of fit, but is not appropriate for the models used, since we are working with a relatively small  $n$  (50) (Aho, Derryberry, & Peterson, 2014). The ACA-dependent variable used in the model was considered as interval, due to the treatment of the support and opposition measures as equivalent, which meets the requirements of ordinary least squares (OLS) regression (Miller, 2005). Multiple regression, in the form of ordinary least square regression, was utilized to analyze the relationship between the dependent variable and the independent variables. This statistical method detects and measures the level of association between independent variables and the outcome variable (Pedhazur, 1997). The use of multiple regression falls into two general groups: prediction and explanation (Hair et. al., 2010). In order to explain choices, as is the case in this dissertation, OLS will allow the estimation of “the effect of an independent variable on a dependent one as if the unit of analysis did not differ with respect to other characteristics contained in the model” (Wolf & Best, 2015, p. 59) and allows the analysis of the coefficients magnitudes, sign, and significance for each independent variable.



The data were collected and entered in Stata 12.1 for statistical analysis. The ACA model was run four separate times. The first using a 50-state model to represent a baseline model without the South being represented. The next three versions are represented with the different versions of “the South” in each. Interaction variables were created for each of the three socio economic independent variable for a total of nine variables in each model. There are six independent variables and the corresponding three interactive independent variables representing the South. In Chapter Four, the model will be examined to assure that the basic assumptions associated with OLS are met. Those assumptions include examining the relationship between dependent and independent variables to assure that they are linear. This assumption was tested using a statistical test for fit, as well as several graphical methods, i.e. scatter plots and residual and partial residual plots. OLS also requires that the error terms be homoscedastic, independent, and normally distributed. To examine for heteroscedasticity, the Breusch-Pagan/Cook Weisberg test was performed. Non-independence of error most often occurs in time series or clustered models, making it less of an issue for this study. Normality of the data was diagnosed using the Shapiro-Wilk, which is the preferred method for use with a small n study (Meuleman, Loosveldt, & Emonds, 2015).

### **Limitations and Delimitations**

The intent of this research was to determine if there is a more distinct version of the American South in regard to policy choices made by states in the context of the ACA. This was accomplished by comparing three versions of the South: Key’s version, Elazar’s version, and the US Census’ version. A study of this type has several limitations (those shortcomings in the

research that are out of the control of the author) and delimitations (the characteristics of the study that define the boundaries that were mindfully made by the author).

This research used secondary data, which carried with it a certain set of caveats. There was a chance that the data collected had a certain amount of interpretation built into it; both what the researcher built into the data and what the researcher excluded from the data can prohibit a completely objective data set from existing (Vogt, Gardner, & Haeffele, 2012). However, using secondary data it allowed the researcher access to data that would have been too timely or costly to produce himself. For instance, creating a 50 state citizen ideology index similar to that described in Berry et.al. (2010) would take a great deal of time and money.

A second limitation of this study was the limited generalizability of the study to the specific policy represented in the model, the ACA. Identifying a more distinct version of the American South within the limits of policy choices about the ACA should create a great deal of discussion within the southern politics milieu. Additional research, using several policy choices, will need to be addressed before any generalizable statements can be argued about a more distinct version of the South.

Finally, the last noted limitation involves the use of Citizen Ideology as an independent variable. 2014. Berry et al. (2010) is the most current update of state level citizen ideology scores. Since citizen ideology score does not vary greatly year over year of the benefits using the 2010 data outweigh the disadvantages of omitting it from the model.

This dissertation has several delimitations as well. The choice of using the ACA as the conduit to test for a more distinct version of the American South is one of the delimits of this study. The ACA is one of the most controversial and talked-about policy topics to occur in the past several decades. This legislature has been heartily defended by Democrats and steadfastly

opposed by conservatives (Mayer et al., 2015). The ACA is a unique policy, in that all 50 states were forced to make policy decisions in same time period, making this policy the most appropriate for this study.

### **Validity**

Any time secondary data is employed, there lie validity risks. The data used in this study was collected for a different purpose than that for which it has been used in this study (Babbie, 2007). The variables used in the model have been used in prior research as a complete model (Travis et al., 2016; Mayer, Kenter, & Morris, 2015) and are common variables found in comparative policy research. This dissertation uses secondary data from official government and academic sites to reduce any threats to internal validity.

Threats to external validity were minimized in this study. Creswell (2009) argues “threats to external validity arise when the researcher generalizes beyond the groups in the study” (p.162). This dissertation has been clear in its explanation that the results of the study apply only to the distinctiveness of southern states as they consider the one policy (ACA) being reviewed; any expansion of the results will have to include continued research on several policy decisions before one definition of the South could be considered as more distinct. These implications for future research will be discussed in detail in Chapter Five.

### **Reliability**

Babbie (2007) defines reliability as the “quality of measurement method that suggests that the same data would have been collected each time in repeated observations of the same phenomenon” (p.143). Reliability is another caveat that must be addressed when using

secondary data in a study. The sources of information used were gleaned from reputable government and academic sources, in an effort to maximize the reliability of the data.

### **Summary**

This chapter introduced the dependent variable, and described and gave examples of the methods used to assign states their position on the support/opposition index. The independent variables were also introduced, and their inclusion in the model has been supported by existing literature. The choice of the statistical tool (ordinary least square regression) was discussed and defended, and a background on the method of regression was offered. Chapter Four will provide descriptive analysis of the variables and the findings from running the three models.

## CHAPTER IV

### RESULTS

This chapter details the results of our data analysis and multivariate models. Results are presented in terms of the stated premise: *There will be statistically significant differences in the explanatory power of the three versions of the American South.* Chapter Four begins with a discussion of the descriptive statistics of the variables, followed by the multivariate results. The chapter concludes with a discussion summarizing the results.

#### Descriptive Statistics

##### Dependent Variable

The dependent variable is an index of five possible state choices in response to the ACA. The first choice, whether or not a state enacts legislation in support health care reforms, is coded as 1 (support) for states that have enacted legislation of this type and 0 (opposition) for states that have not. The next state choice is whether or not a state created a state-run health care exchange. Those states that have are coded as 1 (support), those that have not and that have defaulted to the federal exchange are coded as 0 (opposition). The third state choice is whether or not a state has expanded Medicaid. Those states that have expanded Medicaid are coded as 1 (support), those states that have not expanded Medicaid are scored as -1 (opposition). The fourth state decision is whether or not the state has chosen to be a party to a lawsuit challenging the constitutionality of the ACA. Those states that are not a party to a lawsuit are coded 0 (support) and those that did are coded -1 (opposition). The final decision analyzed is whether or not a state enacted has legislation designed to oppose the ACA. Those states that have enacted this type of legislation are coded -1 (opposition) and those states that have not are coded 0 (support). The

first two choices suggest active support for the ACA. The third choice, whether or not a state has accepted funds to expand Medicaid, can be interpreted as a supportive or oppositional choice and is coded as such. The last two choices suggest active opposition to the ACA (Mayer et al., 2015; Travis, et al., 2016). Table 4.1 displays the state opposition/support scores. The dependent variable mean score is -0.160 (s.d.=2.244), indicating states are slightly more opposed than in support of the ACA. The range of scores is -3 to 3.

The dependent variable is positively skewed, approximately symmetric and mesokurtic. As shown in Table 4.1, more states are at the two extremes, giving the variable a fat tail. The mean is -.16, with a standard deviation of 2.244.

Table 4.1  
*State Scores for ACA Support*

3	2	1	0	-1	-2	-3
CA, CT, HI, MD, MA, MN, NM, NY, OR, RI, VT	IN, KY, WA	AR, CO, DE, IL, NV, NJ	IA, MI, NE, NH, PA, WV	AZ, ID, ME, ND, OH	AK, MS, MO, MT, NC, SD, TN, UT, WI	AL, FL, GA, KS, LA, OK SC, TX, VA WY

### **Independent Variables**

Table 4.2 shows descriptive statistics for all 50 states for the dependent and independent variables. The mean state ideology score of 41.795 (s.d.=31.591) favors a conservative ideology on a scale of 0-100, with higher scores being more liberal. The average state health index leans toward scoring as healthy, with a mean of 0.046 (s.d.=.515) on a scale of -1 to 1. States average on the side of less poverty with a mean of 14.810% (s.d.=3.090) of households living below the poverty threshold. The mean uninsured rate is 10.788% (s.d.=3.434), which favors the low end of the uninsured range. The Shapiro Wilkes test for normality suggests that all independent variables with the exception citizen ideology are normally distributed. However, a ladder of

power test was performed to analyze whether there exists a transformation of the citizen ideology variable that would address the non-normality. The results of the test indicate that there is no transformation operation available that will result in that variable being normally distributed. Since Citizen Ideology is a widely accepted construct in state comparative studies, and an independent variable in this study, the decision was made to retain the Ideology variable in the model despite its non-normality.

In my 50-state model, 60 percent of the states have Republican governors (n=30) and 40 percent of governors were not Republican (n=20). Forty-eight percent of states have Republican control of their legislatures (n=24), 52 percent of legislatures were not Republican (n=26). In Key's South, 22 percent (n=11) of the states are coded as southern. In Elazar's South, 24 percent (n=12) of the states are coded as southern states. In the Census Bureau version of the South, 30 percent (n=15) of the states are coded as South. Three categories of interaction terms are introduced in the models. These three categories represent the three different definitions of the South. Table 4.2 provides descriptive statistics for the dependent and independent variables.

Table 4.2.  
*Descriptive Statistics*

<b>Variable</b>	<b>Mean</b>	<b>Std Dev</b>	<b>Min</b>	<b>Max</b>
Support/Opposition	-0.160	2.244	-3	3
Rep Control of Governor	0.600	0.495	0	1
Rep Control of Leg	0.480	0.505	0	1
Citizen Ideology	41.795	31.591	0	91.450
Health Index	0.046	0.515	-1	0.910
Poverty Rate	14.810	3.090	9.200	21.500
Uninsured Rate	10.788	3.434	3.300	19.100

Table 4.2 continued

<b>Key's Definition of South</b>				
South (Key)	-2.363	1.206	-3	1
South Health Index (Key)	-0.483	0.400	-1	0.300
South Poverty Rate (Key)	17.891	2.450	11.800	21.500
South Uninsured Rate (Key)	14.027	2.448	10.900	19.100
<b>Elazar's Definition of South</b>				
South (Elazar)	-1.833	1.724	-3	2
South Health Index (Elazar)	-0.555	0.372	-1	0.300
South Poverty Rate (Elazar)	18.083	2.350	11.800	21.500
South Uninsured Rate (Elazar)	12.692	2.572	8.800	16.600
<b>Census Definition of South</b>				
South (Census)	-1.429	2.174	-3	3
South Health Index (Census)	-0.443	0.419	-1	0.350
South Poverty Rate (Census)	16.953	3.156	10.100	21.500
South Uninsured Rate (Census)	12.473	3.381	7.900	19.100

Correlation analysis was run, and many variables have statistically significant correlations at the  $p < 0.05$  level. The support/opposition score was statistically significantly correlated with Republican control of the governor position, Republican control of the legislature, citizen ideology, the health index, and the uninsured rate. Republican control of the governor is significantly correlated with Republican control of legislature, citizen ideology, and the uninsured rate. Republican control of legislature is significantly correlated with the health index, citizen ideology, the poverty rate, and the uninsured rate. Citizen ideology is significantly correlated with the health index, the poverty rate, and the uninsured rate. The health index is



significantly correlated with the poverty rate and the uninsured rate. Lastly, the poverty rate is significantly correlated with the uninsured rate. These high correlations between variables are potential concerns, so they may impact the explanatory power of the regression models (Hair et al., 2010). Table 4.3 below illustrates the results of the correlation analysis.

Table 4.3  
*Correlation Analysis*

	Support/ Opposition	Rep Control of Governor	Rep Control of Leg	Citizen Ideology	Health Index	Poverty Rate	Uninsured Rate
Support/ Opposition	1.000						
Rep Control of Governor	<b>-0.4631***</b> <b>(0.001)</b>	1.000					
Rep Control of Leg	<b>-0.6517***</b> <b>(0.001)</b>	<b>0.702***</b> <b>(0.001)</b>	1.000				
Citizen Ideology	<b>0.8174***</b> <b>(0.001)</b>	<b>-0.670***</b> <b>(0.001)</b>	<b>-0.0858***</b> <b>(0.001)</b>	1.000			
Health Index	<b>0.4329**</b> <b>(0.017)</b>	-0.265 (0.063)	<b>-0.0455***</b> <b>(0.001)</b>	<b>0.452***</b> <b>(0.001)</b>	1.000		
Poverty Rate	-0.2490 (0.081)	0.219 (0.127)	<b>0.384***</b> <b>(0.006)</b>	<b>-0.03540**</b> <b>(0.012)</b>	<b>-0.807***</b> <b>(0.001)</b>	1.000	
Uninsured Rate	<b>-0.6084***</b> <b>(0.001)</b>	<b>0.319**</b> <b>(0.024)</b>	<b>0.4768***</b> <b>(0.001)</b>	<b>-0.5842***</b> <b>(0.001)</b>	<b>-0.5020***</b> <b>(0.001)</b>	<b>0.517***</b> <b>(0.001)</b>	1.000
Levels of significance in bold: p < *0.1 p < **0.05 p < ***0.01							

### Multivariate Results

Given that the dependent variable is treated as interval, OLS regression analysis was used in the four models to test the stated premise: *There will be statistically significant differences in the explanatory power of the three versions of the American South.* OLS regression is one of the most widely used and easily understood statistical tools in the research tool box

(Lewis-Beck & Lewis-Beck, 2016). “OLS offers common coin, easily exchanged among most scholars...” (Krueger & Lewis-Beck, 2008 p.4). The first model is intended to establish a baseline for the data. Model two uses Key’s South, model three uses Elazar’s South, and the fourth model uses the Census Bureau’s definition of the South.

## **Model 1**

### **Baseline.**

As displayed in Table 4.4, there are several statistically significant independent variables that explain state support for the ACA in this baseline model. The baseline model is included to serve as a reference point to compare whether the models that include a version of South produce results distinct to the region. This model has a strong goodness of fit with a p value < 0.001. The model has an adjusted R<sup>2</sup> of 0.707, which indicates that 71% of the variance is explained by this model. Akaike’s Information Criterion (AIC) goodness of fit score is 3.354. The Breusch/Pagan test for heteroscedasticity is not statistically significant, so we fail to reject the null and we conclude the model is free of heteroscedasticity. A variance inflation factor (VIF) test (overall VIF 3.62) indicates that multicollinearity is not a serious problem in the baseline model. The variables with the highest VIF scores are citizen ideology (VIF score of 4.83) and Republican control of legislature (VIF score of 4.49). The scores for all variables are below 10, the level that Neter, Wasserman, and Kutner (1985) argue is acceptable.

The baseline model includes political and socioeconomic variables without any dummy or interaction variables to represent the South. The political variables do not produce the expected results. It is expected that states with Republican control of the Governor and states with Republican control of the legislature would be in opposition to the ACA; this is not the case in the baseline model. However, citizen ideology is significant at the p< 0.01 level. This is the

expected output; in that it is expected that states that have citizens with a more liberal political ideology would be in support of the ACA.

Party control of governor, a political variable, is not statistically significant. It is expected that states with Republican governors would be in opposition to the ACA. Using 2012 data representing initial implementation of the ACA, Mayer et al. (2015) suggest that Republican control of the governor's mansion is statistically significant. Mayer et al. (2015) report a statistically significant coefficient of -1.24. This is a difference worth noting. Using data from two years later results in a starkly different outcome, for this variable. This output suggests there are signs of a shift away from partisan "knee jerk" reactionary decisions and signal a move toward serving the actual health care needs of the citizens. It appears that, in a short period of time, states that were initially in opposition to the act have softened their opposition. While it is not prudent to draw conclusions from this one piece of data, it suggests that the balance between public health need and partisan politics has begun to favor public health need which was the original intent of the legislation.

Party control of legislature, a political variable, is not statistically significant. It is expected that states with Republican control of their legislatures would be in opposition to the ACA. However, Mayer et al. (2015), using the same model and 2012 data, reported a statistically significant coefficient of -1.53 ( $p < 0.01$ ). The authors point out Republican control of both branches resulted in a nearly three-point swing toward opposition on a seven-point index. This is a remarkable difference in a two-year span.

Citizen ideology is the only statistically significant political variable. The positive coefficient of 0.057 indicates that the more liberal the state's citizen ideology, the greater the support for the ACA. This variable is statistically significant at the  $p < 0.01$  level. Mayer et al.

(2015), using 2012 data, reported similar results in that citizen ideology had a coefficient of 0.04 and was significant at the  $p < 0.05$  level. The influence of citizen ideology increased in the magnitude of the coefficient and the level of significance, as compared to the results using 2012 data. It is expected that states with a more liberal citizen ideology be in greater support of the ACA.

Poverty, a socioeconomic variable, produced a statistically significant ( $p < 0.05$ ) coefficient of 0.242, suggesting that states with higher levels of poverty are in greater support of the ACA. Mayer et al. (2015) report almost identical results. This is the expected outcome for this variable, indicating that the more citizens living in poverty in a state, the greater the support for the ACA.

The percent uninsured in a state, a socioeconomic variable, produced a statistically significant ( $p < 0.05$ ) coefficient of -0.157. This variable was not statistically significant in the previous research using 2012 data (Mayer et al., 2015). These results indicate that the lower the number of uninsured, the greater the support for the ACA. It was expected for the coefficient to move in the opposite direction, in that states with a greater number of uninsured citizens would be in greater support of the ACA.

The health index, a socioeconomic variable, produced a statistically significant ( $p < 0.05$ ) coefficient of 1.231. This variable was not statically significant in the previous research using 2012 data (Mayer et al., 2015). This result suggests that states that are healthier have greater support for the ACA. It was expected that less healthy states would be in greater support of the ACA. At first glance, this result appears counterintuitive; one would expect that unhealthy states would be more supportive of the ACA, but the coefficients are the opposite of that, showing that the healthier a state, the greater the support. This may indicate that these states have a greater

awareness of health issues and have already used other means to increase the health of their citizens.

Using 2014 data produced remarkably different results in the baseline model, as compared using 2012 data (Mayer et al., 2015). Republican control of governor and Republican control of legislature are no longer significant. Citizen ideology is significant at the  $p < 0.01$  level, suggesting that states with a more liberal citizen ideology are in greater support of the ACA. Percent of population living in poverty produced similar results. The variable representing percent of population without health insurance produced significant results, but in the opposite direction from what was expected. States with a larger number of uninsured are in greater opposition to the ACA. This variable was not statistically significant in the Mayer et al. (2015) study, but is statistically significant in the present study using 2014 data. And lastly, states that score as healthier on the health index are in greater support of the ACA, another result that is contrary to the expected results. It was expected that states with less healthy citizens would be in greater support of the ACA.

Table 4.4  
*Baseline*

Variable	Coefficient	Std Err	P value
Rep Control of Gov	0.419	0.505	0.411
Rep Control of Leg	0.406	0.728	0.580
Citizen Ideology	0.057	0.012	<b>0.001***</b>
Poverty Rate	0.242	0.099	<b>0.019**</b>
Uninsured Rates	-0.157	0.069	<b>0.028**</b>
Health Index	1.231	0.601	<b>0.047**</b>

Table 4.4 continued

Constant	-4.956	1.702	<b>0.006***</b>
<p><b>Bold</b> indicates statistically significant result.  Levels of significance in:  p &lt; *0.1  p &lt; **0.05  P &lt; ***0.01</p>			

**Model 2**

**Key’s South.**

This model relies on a conceptualization of the South using Key’s categorization. This model includes South interaction terms representing socioeconomic variables. The results of the model are represented in Table 4.5 This model has a strong goodness of fit with a p value of < 0.001. Akaike’s Information Criterion (AIC) goodness of fit score is 3.199. The model has an adjusted R<sup>2</sup> of 0.764, which indicates that 76% of the variance is explained by this model. The Breusch/Pagan test for heteroscedasticity is not statistically significant, so we fail to reject the null and conclude that the model is free of heteroscedasticity.

This model produces results consistent with the baseline model, with none of the interaction terms reporting as statistically significant. The South, represented as a dummy variable, is statistically significant at p <.10 in the model using Key’s definition.

Like the baseline model, citizen ideology (p< 0.01), poverty rate (p< 0.01), percent uninsured (p< 0.10), and health index (p< 0.10) are statistically significant and the coefficients have similar magnitude and the same direction. These results from model two show little variance from the baseline model in terms of southern distinctiveness.

The South, represented as a dummy variable, is statistically significant (p<0.10), with a coefficient of 0.73, in the model using Key’s definition. Key categorizes the South as the eleven

former confederate states: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and Texas. Republican control of the governor and Republican control of the legislature are two characteristics of the South that are expected to impact support/opposition of the ACA. These variables are not significant in this model. The socioeconomic variables introduced as interaction variables representing the South were not significant either, in this model. Aistrup (2010) argues that policy decisions in the South are made to benefit those whites with wealth and power, in an effort to maintain the status quo. It is expected, in southern states, that poverty, percent of uninsured, and health index would be significant, as this is an opportunity to deny coverage to that portion of the population that the ruling elite is attempting to control. These variables are not significant in this model, either. However, the South as a dummy variable is significant, which suggests that something is going on in the South that makes these states act differently from other states, in terms of the ACA. It is not the characteristics of being poor, uninsured, and in poor health and being in the South that matters, it is just the South.

Table 4.5  
*Key's South*

Variables	Coefficient	Std Err	P value
Rep Control Gov	0.565	0.477	0.243
Rep Leg Control	0.306	0.746	0.684
Citizen Ideology	0.054	0.012	<b>0.001***</b>
Poverty	0.286	0.091	<b>0.003***</b>
Uninsured Rates	-0.118	0.069	<b>0.095*</b>
Health Index	1.131	0.576	<b>0.057*</b>

Table 4.5 continued

South	0.730	0.390	<b>0.068*</b>
South Poverty	-0.138	0.219	0.533
South Uninsured	0.179	0.220	0.420
South Health	-0.593	1.998	0.768
Constant	-5.598	1.644	<b>0.002***</b>
<p><b>Bold</b> indicates statistically significant result.  Levels of significance:  p &lt; *0.1  p &lt; **0.05  p &lt; ***0.01</p>			

### Model 3

#### Elazar's South.

Model 3 relies on a conceptualization of the South that uses Elazar's categorization. This model includes South interaction terms to represent socioeconomic variables. The results of the model are represented in Table 4.6. The model has a strong goodness of fit, with a p value < 0.001. The AIC score of goodness of fit is 3.154. The model has an adjusted R<sup>2</sup> of 0.775, which indicates that 77% of the variance is explained by this model. The Breusch/Pagan test for heteroscedasticity is not statistically significant, so we fail to reject the null and conclude that the model is free of heteroscedasticity.

This model produces results that vary slightly from the baseline model. Health index is not significant in this model and Republican control of legislature is significant at the p<.010 level. As in Key's model, none of the interaction terms are statistically significant. However, the South, represented as a dummy variable, is statistically significant at p <.05 in the model, using



Elazar's definition. The coefficients of the variables that are significant do not differ noticeably in magnitude or direction from the baseline or the Key model.

Model 3, Elazar's, shows that Republican control of legislature is significant ( $p < 0.10$ ), with a coefficient of 0.067, citizen ideology ( $p < 0.01$ ), poverty ( $p < 0.01$ ), and uninsured rate ( $p < 0.05$ ). The coefficients have similar magnitude and move the same direction as the baseline. The significant variables have coefficients with similar magnitude and the same direction as the baseline model and Key's Model.

The South, represented as a dummy variable, is statistically significant ( $p < 0.05$ ) with a coefficient of 0.738 in the model using Elazar's definition. Elazar categorizes the South as comprising: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, Kentucky, and West Virginia. Republican control of legislature is significant ( $p < 0.10$ ) in this model, unlike in the other three models being compared. As with the Key model, socioeconomic variables introduced as interaction variables representing the South are not significant in this model.

Table 4.6  
*Elazar's South*

Variable	Coefficient	Std Err	P value
Rep Control of Gov	0.464	0.469	0.329
Rep Leg Control	0.298	0.693	<b>0.067*</b>
Citizen Ideology	0.054	0.011	<b>0.000***</b>
Poverty Rate	0.292	0.090	<b>0.002***</b>
Uninsured Rates	-0.163	0.066	<b>0.018**</b>
Health Index	0.787	0.623	0.214

Table 4.6 continued

South	0.738	0.309	<b>0.022**</b>
South Poverty	-0.287	0.175	0.109
South Uninsured	0.354	0.228	0.128
South Health	-1.009	1.603	0.532
Constant	-5.100	1.557	<b>0.002***</b>
<p><b>Bold</b> indicates statistically significant result.  Levels of significance:  p &lt; *0.1  p &lt; **0.05  p &lt; ***0.01</p>			

#### Model 4

##### US Census Bureau.

Model 4 relies on a conceptualization of the South that uses The Census Bureau's categorization. This model includes South interaction terms representing socioeconomic variables. The results of the model are represented in Table 4.7. This model has a strong goodness of fit, with a p value >0.001. This model has a AIC goodness of fit score of 3.074. The model has an adjusted R<sup>2</sup> of 0.738, which indicates that 74% of the variance is explained by this model. The Breusch/Pagan test for heteroscedasticity is not statistically significant, so we fail to reject the null and conclude the model is free of heteroscedasticity.

This model produces results that vary slightly from the baseline model. Health index is not significant in this model. As in the Key's and Elazar's models, none of the interaction terms report as statistically significant. However, the South, represented as a dummy variable, is statistically significant at p <.01 in the model using the Census' definition. The coefficients of

the variables that are significant do not differ noticeably in magnitude or in direction from the other models.

This model produces results that vary slightly with the baseline model, none of the interaction terms reporting as statistically significant. Health index is not as significant as it is in the baseline model.

The South, represented as a dummy variable, is statistically significant ( $p < 0.01$ ) with a coefficient of 0.567 in the model, using Census' definition. The magnitude of the coefficient is the smallest among the South models; however, the level of significance is the strongest. The Census Bureau categorizes the South as: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, Delaware, Kentucky, Maryland, Oklahoma, Texas, and West Virginia. As with the other two models of the South, socioeconomic variables introduced as interaction variables representing the South are not significant in this model.

Table 4.7  
*Census' South*

<b>Variables</b>	<b>Coefficient</b>	<b>Std Err</b>	<b>P value</b>
Rep Control of Gov	0.285	0.446	0.527
Rep Control of Leg	0.554	0.672	0.422
Citizen Ideology	0.054	0.011	<b>0.001***</b>
Poverty Rate	0.311	0.089	<b>0.001***</b>
Uninsured Rates	-0.131	0.069	<b>0.066*</b>
Health Index	0.614	0.635	0.340
South	0.568	0.168	<b>0.002***</b>
South Poverty	-0.188	0.131	0.160

Table 4.7 continued

South Uninsured	0.190	0.155	0.227
South Health	-0.169	1.215	0.890
Constant	-5.613	1.571	<b>0.001***</b>
<p><b>Bold</b> indicates statistically significant result.  Levels of significance:  p &lt; *0.1  p &lt; **0.05  p &lt; ***0.01</p>			

### Summary of the Models

The four models have been illustrated and discussed individually in order to answer the research question: *Is there a definition of the South that best represents southern distinctiveness, in terms of state choices under ACA implementation?* This next section will compare the three versions of the South, both with the baseline model and with each other. The four models are shown side by side for comparison in Table 4.8.

Table 4.8.  
*Comparison of four models*

	50 State Baseline	Key	Elazar	Census
Rep Control of Gov	0.419 (0.505)	0.565 (0.477)	0.464 (0.469)	0.285 (0.446)
Rep Control of Leg	0.406 (0.728)	0.305 (0.746)	<b>0.298*</b> (0.693)	0.545 (0.672)
Citizen Ideology	<b>0.057***</b> (0.012)	<b>0.053***</b> (0.011)	<b>0.054***</b> (0.011)	<b>0.054***</b> (0.011)
Poverty	<b>0.242**</b> (0.099)	<b>0.286***</b> (0.091)	<b>0.292**</b> (0.090)	<b>0.311***</b> (0.089)
Uninsured Rates	<b>-0.157**</b> (0.069)	<b>-0.118*</b> (0.069)	<b>-0.162**</b> (0.066)	<b>-0.131*</b> (0.069)
Health Index	<b>1.230**</b> (0.600)	<b>1.130*</b> (0.576)	0.787 (0.623)	0.614 (0.635)

Table 4.8 continued

South		<b>0.730*</b> (0.390)	<b>0.739**</b> (0.309)	<b>0.567***</b> (0.168)
South Poverty		-0.138 (0.219)	-0.287 (0.175)	-0.188 (0.131)
South Uninsured		0.179 (0.220)	0.354 (0.228)	0.190 (0.155)
South Health		-0.594 (1.998)	-1.009 (1.602)	-0.169 (1.214)
Constant	<b>-4.960***</b> (1.700)	<b>-5.598***</b> (1.644)	<b>-5.100***</b> (1.557)	<b>-5.613***</b> (1.571)
Adj R <sup>2</sup>	0.707	0.764	0.775	0.792
AIC	3.354	3.199	3.151	3.074
Standard errors in parentheses. <b>Bold</b> indicates statistically significant result. Levels of significance: p < *0.1 p < **0.05 p < ***0.01				

### Baseline Model

The baseline model resulted in several statistically significant variables. For the political variables, Republican control of the governor and Republican control of legislation were both in the expected direction but were not statistically significant. Prior research using the same model and 2012 data representing initial implementation at the state level resulted in Republican control of Governor and Republican control of legislature both being statistically significant and positive (Travis et al., 2016). This comparison of the 2012 and 2014 data suggests that there may be some volatility of policy decisions in that states that were formerly making decisions based on partisanship now have had a chance to watch the evolution of the ACA and have softened their oppositional stance.

Citizen ideology has often been a predictor of state policy decisions regardless of party control of governor or legislator. Citizen ideology is statistically significant and is positive in the

baseline model, indicating, as expected, that the higher the citizen ideology score, the greater the support for the ACA. This result was expected and is supported by the existing literature (Breux et al., 2007; Mayer et al., 2015; Travis et al., 2016).

The next three variables are socioeconomic variables and they are all statistically significant: poverty, insurance rate, and health index. Poverty is statistically significant and positive, which indicates that the higher the level of poverty in a state, the more support for the ACA. This is the expected result and matches the outcome of Travis et al. (2016), who used 2012 data representing the initial implementation of the ACA. States with the poorest citizens are generally in the greatest need for healthcare, and this data supports that assumption.

Insurance rate, which is measured as the percentage of uninsured in a state, is statistically significant and negative, indicating that those states with a lower rate of uninsured are in greater support of the ACA. This is not the expected direction of the coefficient. It was expected that states with higher levels of uninsured would support the ACA, in order to facilitate access to health care. That is not the case in this study, and the results warrant further research and analysis, since the administrative capacity as well as the medical capacity of a state may have become factors in this outcome and should be included in any future research.

The state health index is the final variable, and it is statistically significant and positive, indicating that states with higher levels of health are in greater support of the ACA. This is also contrary to the expected outcome. It was expected that states with lower health levels would be in greater support of the ACA; yet the results indicate the opposite. Alternately, one could expect states with higher levels of health to support the ACA, since they are already aware of the benefits of a healthy population, and therefore are obviously more likely to embrace health care reform. However, the stated expectations of the variable are meant as a test of need.

The baseline model indicates that public health need undermines partisan politics on a national level. However interesting that result is, it is the next three models with which this research is concerned. The research question for this study is: *Is there a definition of the South that best represents southern distinctiveness, in terms of state choices under ACA implementation?* The models representing the three versions of the South produced some interesting statistically significant results. All three models showed signs of southern distinctiveness, in that the South dummy variable is statistically significant but no South interaction variables are significant, indicating that there is something distinct about the South other than the socioeconomic variables. How this distinctiveness interacts with other socioeconomic factors in these states are not captured in the model. However, when compared to the baseline results, the findings showed very little difference across all three models of the South.

### **The Three Definitions of “South”**

When the models representing the three different definitions of the South are compared, some differences arise. Of the significant variables, Republican control of legislature is significant in Elazar’s model at the  $p < 0.10$  level. Citizen ideology shows very little variation in magnitude of the coefficient or level significance across all three models of the South. Poverty rate shows very little variance as well; Elazar’s level of significance is  $p < 0.05$ . Census and Key are both significant at the  $p < 0.01$  level. The Census Bureau’s coefficient is the largest, at 0.311. For the variable, poverty rate, the Census Bureau is the most distinct. The uninsured rate shows slight variance across the models. Key and Census Bureau are both significant at the  $p < 0.10$ , while Elazar is significant at  $p < 0.05$  level. Elazar also has the coefficient with the greatest

magnitude at -0.162. Health index is significant for Key's model only, with a significance level of  $p < 0.10$ . The South as a dummy variable is significant across all three models. Key is significant at the  $p < 0.10$  level with a coefficient of 0.730, Elazar is significant at the  $p < 0.05$  level with a coefficient of 0.739, and Census Bureau is significant at the  $p < 0.01$  level with the smallest coefficient of 0.567.

After comparing the magnitude of the coefficients and the level of significance for the South dummy variables, Census Bureau (0.567\*\*\*) and Elazar (0.739\*\*) are about even and Key's (0.730\*) model is the least distinct. Elazar (0.298\*) is the only model with Republican control of legislature being statistically significant, and citizen ideology (0.054\*\*\*) is exactly the same in terms of magnitude of coefficient and level of significance as Census Bureau (0.054\*\*\*). Elazar has the edge in uninsured rate (-0.162\*\*). After considering the above results it is the South as a dummy variable that makes the Census Bureau's model the most distinct.

The next method of comparing and contrasting models is the measures of goodness of fit: adjusted  $R^2$ , and AIC. The adjusted  $R^2$ s for all three models are within 0.028 of each other, all very desirable: Key's  $R^2$  is 0.764, Elazar 0.775, and Census Bureau 0.792. Although they are all very close, the Census Bureau model reflects a slightly higher goodness of fit, as measured by the adjusted  $R^2$ . When using adjusted  $R^2$  as a measure of goodness of fit the Census Bureau version of the South is the most distinct.

The next method of comparing the models is the AIC. A lower AIC score reflects a better model fit. Although the AIC scores for all three models are very close, the Census Bureau model has an AIC of 3.074 – the lowest of the AIC scores. Key's AIC score is 3.199 and Elazar is 3.151. The Census Bureau model has a better goodness of fit, as measured by AIC, making this definition of the South the most distinct. Using the above two measures of goodness of fit; AIC



score and adjusted  $R^2$  the Census Bureau definition of the South is clearly the most distinct.

Three possible results of the comparison of the models were previously discussed: 1) no difference in the three models of the South; 2) one definition stands out as more distinct; and 3) there may be slight differences in each model but no substantive difference. The results presented suggest that the Census Bureau categorization of the South is the most distinct in terms of decisions made in reference to the ACA. Of the three possible outcomes, this research produced the second stated possibility; one definition, the US Census Bureau's has stood out as being the most distinct.

This research did produce a definition of the South that is slightly more distinct than the others, in term of decisions made when implementing the ACA. All three definitions examined produced remarkably similar results to the baseline. None of the socioeconomic interaction variables representing the three versions of the South were statistically significant. However, "the South", as a dummy variable, is statistically significant in all three models, even after controlling for the traditional political variables. This indicates that there is still something about the South that is distinct. This research reinforces the notion that the American South has a certain "je ne sais quoi", that there is something unique that occurs in the South, but the models did not suggest what exactly that is. Key defines the South as the traditional eleven confederate states, Elazar removes Texas from that list and adds West Virginia and Kentucky, and the US Census adds Delaware, Maryland, and Oklahoma to Elazar's definition. Despite these changes, the regression results show no substantive difference in identifying a more distinct South, when considering choices made by states pertaining to the ACA. Before we can make any broad statements about the South being a "state of mind" that defies borders on a map, we will have to apply this framework to a broad range of topics representing the three perspectives through

which southern politics have been viewed: electoral politics, citizen ideology, and policy choice. As far as policy choices that states have made pertaining to the ACA, the South as a concept in itself mattered more than how it was categorized.

Although the South, as a dummy variable, is significant in all three models, the South is not a distinctive feature when the socioeconomic variables in the models are considered. This suggests that, when examining state choices in support or opposition to the ACA, the South is not a distinct political region. When Travis et al. (2016) used this model with 2012 data, those authors used interaction terms for both political and socioeconomic variables. That version of the model produced data that suggested that Republican control of the governor's mansion was statistically related to opposition of the ACA in the South. This variable was not statistically significant in any of the three models of the South using the version of the model, with interaction terms representing solely the socioeconomic variables and using 2014 data. It is important to note that the 2012 study used Key's categorization of the South. Generally, the governor's position on an issue has minimal impact on routine policy issues (Erikson, Folke, & Snyder, 2012; Izraeli & Folland, 2007). However, on issues that attract great national interest, such as the ACA, the governor's opinion becomes more significant (Bernick, 1978). The partisan discourse around the ACA at the federal level did not lessen between 2012 and 2014, but party control of the governor's mansion was no longer significant in this model.

## CHAPTER V

### CONCLUSION

This chapter will summarize the findings from Chapter Four, and then will discuss the implications and contributions to the literature of southern politics. Topics for future research and concluding arguments will be presented.

#### Summary of Findings

This research produced a definition of the South that is slightly more distinct than the others. All three of the definitions examined produced remarkably similar results, with the US Census Bureau being slightly more distinct in terms of goodness of model fit, magnitude of coefficients, and levels of significance. None of the interaction terms across all three models resulted in significant results. However, “the South” as a dummy variable is significant in all three models, even after controlling for the traditional political variables. This indicates that there is something about the South that is distinct in all three models, with the Census definition showing itself as slightly more distinct in terms of magnitude and strength of the coefficients analyzed as well as in terms of goodness of fit. These results begin the discussion in answering the research question: *Is there a definition of the South that best represents southern distinctiveness, in terms of state choices under ACA implementation?*

To answer this basic research question “is there a model of the South that is more distinctive?” we look to the regression results reported in Chapter Four. The models used decisions that states made in regard to the ACA in order to determine if there was a definition of the South that is more distinctive. Data was gathered for each state and was sorted into two categories: political and socioeconomic. Political variables included: Republican control of

Governor, Republican control of legislature, and citizen political ideology. Socioeconomic variables included: health index, uninsured rate, and poverty rate. Multivariate analysis utilizing ordinary least squares regression was used to determine if any of the data collected influenced decisions that states made in support or in opposition to the ACA. Ordinary least squares regression was used to test four models; a 50-state baseline model, Key's South, Elazar's South, and the US Census Bureau's South.

This study found in the 50-state baseline model that the only significant political variable is citizen ideology. Using 2012 data that reflected initial implementation of the ACA, Mayer et al. (2015) argue the Republican control of both governor and legislature were significant in their model. This study, using 2014 data, shows a substantive move away from partisan politics, in the area of healthcare. However, not surprisingly, states with a higher level of conservative citizen ideology still show a significant level of opposition to the ACA. Analyzing the socioeconomic variables, poverty remains significant, and moves in the same direction as Mayer et al. (2015), indicating that a need, in terms of poverty, is still a driver for state choice in support of the ACA. The percent of citizens uninsured and the variable representing state health returned interesting, counterintuitive, and significant results. Unlike in previous research (Mayer et al., 2015) these variables are significant. The percent of uninsured citizens in a state is significant, as expected, but the direction of the coefficient is negative, suggesting that the fewer number of uninsured, the greater the support for the ACA. The state health index is significant and positive, indicating that those states that are healthier are in greater support of the ACA. It is expected that the unhealthier a state, the greater its support for the ACA. This can be easily explained; healthier states are already enlightened to the benefits of health care and support expanding it to more citizens. However, the variable is meant to represent need, so the latter

explanation is not what was anticipated.

There were three possible outcomes that the models could have produced. The first possibility was that the models would produce no difference in the three definitions of the South. While unlikely, all three definitions of the South could have produced identical findings. The second possible outcome was that one of the three definitions could have produced a model that had a clearly superior model fit and coefficients that were of a greater magnitude than the other two models. In other words, one of the definitions would have clearly represented a more distinct South. The final possible outcome was that the three definitions of the South would produce outputs that were slightly different, but with not enough of an empirical difference to favor one definition as the most distinct. This study resulted in the second possible outcome; although the Census Bureau model had slight advantages and is more distinct, the differences were only small. However slight, the difference in the case of the decisions made in reference to the ACA, the Census Bureau's definition of the South produced the most distinct results.

Regardless of which states are included in the operationalization of the South, the results remained similar. None of the models produced an obviously more distinct South as compared to the baseline model, but the South as a stand-alone dummy variable was still distinct across all three models. This indicates that scholars of southern politics have done well identifying “a nuanced quantitative understanding of the political South, but have not provided state level quantitative indicators of political southernness” (Cooper & Knotts, 2010, p. 26). Without a commonly accepted set of states which should be considered as the South, the results of empirical studies may become less legitimate. Although the results of this study varied very little with the inclusion of different models, more research needs to be dedicated to identifying a mutually accepted definition of the South that can accurately represent the region.

Scholars of southern politics argue that the South, as a region, has transformed along political and ideological terms since Key's examination of the South. These changes have been illustrated in terms of the Rim South (Arkansas, Florida, North Carolina, Tennessee, and Virginia) and the Deep South (Alabama, Georgia, Louisiana, Mississippi, and South Carolina). The more progressive changes have occurred in the Rim South states, with the Deep South retaining many of the traditional political characteristics of the South. McKee and Springer (2015) describe the Deep South as "the political heart of Dixie" (p.113). It is the deep-rooted ideologies of the "deep South" that may be mitigating the results of the models. Could it be that those five deep South states are so anti-ACA that their opinions drown out the opinions of other southern states? Shafer and Johnston (2006) found no evidence of "Two Souths" in their research on voting behavior, while Knuckey (2017) found mixed results while studying racial resentment between the deep South and the rim South. Certainly, the challenge for future scholars is to demonstrate the utility of the "Two South" argument.

Our research showed us that Cooper and Knotts (2010) argue that the definition of the South should be fluid, based on how "southern" the state is. The authors argue the contemporary American South becoming less "southern", in certain states. Virginia, the capital of the Confederacy and the birthplace of both Robert E. Lee and J.E.B Stuart, has become a solid "blue state" in recent national elections. Northern Virginia, along with the cities making up North Carolina's Research Triangle, shares more character traits with metropolitan New York than with what people consider stereotypical traditional southern cities. For example, in Arlington or Raleigh, two cities with rapid economic growth and ethnically diverse populations, you are just as likely to find world-class sushi and iced lattes as you will find traditional southern pulled pork and sweet tea (Cooper & Knotts, 2010). The presence of modern, urbanized, globalized

metropolitan geographic regions may look less southern, however; Cooper and Knotts (2010) argue that, below the surface, these states “... in many ways remain a bastion of old-style southern politics” (p.27), while some southern cities, like Birmingham, Alabama and Jackson, Mississippi, with the exception of the occasional Walmart, have remained mostly unchanged over the past 75 to 100 years. These examples represent just how murky this topic can be: what is southern today may not be southern in ten years.

### **Implications of this Research**

If the inclusion of Delaware as a southern state makes the Census Bureau’s definition of the South more distinct (as this research suggests), can New Jersey ever be a New England state? The answer is no; mutually agreed-upon definitions of a region are crucial to the legitimacy of the scholarship. Regional studies remain critical, especially for practitioners and researchers who study policy implementation. Prysby and Rieser (2013) suggest that there are two elements that must be present before a geographic area can be considered a political region. The first is that the area must comprise a contiguous set of states, with the entire state included in that region. The second is that there must be political cohesion and distinctiveness. The distinctiveness portion is crucial; there must be evidence that the region is politically different than other regions. Without these elements being present, it is difficult to make an argument that an area is a political region. Using this definition of a political region, the results suggest that the South can still be defined as such when considering policy choice related to the ACA. But the question of which version of “the South” is the right definition is still left unanswered.

There is still much to be gained by performing comparative studies among the states. Comparing the policy choices of states offers insight into the ways in which the varied political

institutions within each state result in differences across a somewhat consistent government structure. The ACA affords an especially rich source of data, in that all 50 states had to make policy decisions on the same subject and in the same approximate time frame. This cross-sectional format allows for a unique and powerful examination of a national policy across states and across regions. Regional comparative studies are important for many of the same reasons as are 50 state models. Regional studies allow policy makers, students, and academics the opportunity to look across an entire region for answers to what influenced policy choice as well as an opportunity to forecast future policy choice. Politicians and campaign staffers need this information in order to effectively prepare for elections, as well. Additionally, the study of political regions helps to elucidate the ideological balkanization present within sub regions of the United States (Gimpel & Schuknecht, 2002; Gray, Hanson, & Kousser, 2017).

The results of this research suggest that scholars of the South have work to do in determining what states make up the South. It is difficult to make the argument that the South is a significant political region when there is no accepted understanding of which states comprise the region, and scholars tend to use whichever categorization best fits their model. In order for a region to be considered a political region it must be distinct and cohesive. Distinctiveness refers to how different the political characteristics are as a group when compared to the rest of the country. This research suggests all three versions of the South are distinct in terms of decisions made in the policies concerning the ACA. However, the cohesiveness question remains in question. Prysby and Reiser (2013) argue cohesion is the similarity among the states along a set of political characteristics. The more political characteristics that the set of states share, the more cohesive they can be considered. Only when a set of states is both distinct and cohesive can they be considered a political region. This research suggests all the versions of the South studied are



distinct as defined by Prysby and Reiser (2013), with the Census Bureau of the South being the strongest version tested. This research also suggests all three versions of the South are cohesive in that they collectively oppose the ACA. The mean opposition/support score for the 50-state baseline model is -0.16. The Key Model has a mean opposition score of -2.4, Elazar has a mean opposition score of -1.75, and the Census Bureau has a mean opposition score of -1.5. All three of these scores indicate a considerably stronger degree of opposition than the 50 state mean of -0.16, considering the range of total possible scores is +3 to -3, a seven-point range. The Key Model being in greatest opposition. This indicates a strong degree of cohesiveness between the southern states regardless of how they are categorized. However, this is only one policy representing one political characteristic; opposition to the ACA. The question of cohesiveness in addition to distinctiveness needs to be addressed in future models.

The author hopes that this research will act as a catalyst to inspire additional research that will help to uncover the most distinct and cohesive South. Perhaps Anderson and Baumann (2015) are correct when they argue that “the South is just like everywhere else, only more so” (p.2).

### **Recommendations for Future Research**

This research examines whether any one of the three popular versions of the South offers a description of a more distinct South, when viewed through the lens of the Affordable Care Act. Data from all 50 states for the year 2014 is used in the model, which measures state support for/opposition to the ACA, as well as the factors that influence the decisions to support or to oppose the act. The same set of definitions of the South could be applied to several policy

decisions in order to test the results of this study. That study might expose whether the Census Bureau definition remains a slightly more distinct version of the South.

These results represent choices that states made for one policy the ACA. The literature on southern politics is divided into three main themes: electoral politics, political culture or citizen ideology, and policy choice (Prysby & Riesser, 2013). This research examined the least popular (but perhaps the most important) perspective: policy choice. The results of this research suggest that none of the three definitions of the South is more distinctive in terms of support of the ACA. Additional research should include other policy decisions, gun laws, per capita funding for public schools, and Temporary Assistance for Needy Families (TANF). A study of the responses of southern states to each of these policy choices may provide interesting results. Additionally, forthcoming assessments of whether there is a more distinct definition of the South should include one of these other perspectives: electoral politics or citizen ideology. If similar results are produced when examining these remaining perspectives, regional comparative studies (or, more specifically, the study of southern politics) have a new “Gordian Knot” to untangle before they can move forward.

The second unexpected finding that needs to be examined more closely is the results for the health index in the 50-state baseline model. The results appear counterintuitive; it was expected that unhealthy states would be more supportive of the ACA. The model produced results that suggest that the healthier a state, the greater the support, when all 50 states are used in one model. Future research should examine whether other variables may explain these unanticipated results. State administrative capacity (Henley, 2016) and the medical capacity of the state (Kardish, 2014) are two possible explanations that could be considered in future models.

Analyzing these three definitions of the South revealed that there are ten southern states that are common to all three definitions. Those states are Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and they very well may be the “True South.” Further research should test this version of the South. This core South includes ten former confederate states, with the exception of Texas. This convergence of the models on ten common states may provide some interesting results for future research.

Similar to the situation with the ten core states, teasing out the influence of the Deep South (Alabama, Georgia, Louisiana, Mississippi, and South Carolina) may offer additional insights for future research. The Deep South states remain more rural and more deeply entrenched in conservative beliefs as compared to the states in the Rim South (Arkansas, Florida, North Carolina, Tennessee, Texas, and Virginia). Opposition to the ACA in this ultra-conservative sub region may have mitigated the support across all three definitions of the South.

There are two factors that must be present to consider an area a political region: distinctiveness, which indicates that the region has different political characteristics when compared to the rest of the nation, and cohesiveness, which refers to the similarities among the set of states in the region (Prysbly & Reiser, 2013). Considering the statistical significance of the dummy variable representing the South in all three models, there are two arguments that can be made and that should be the topic of future research. The South remains a distinct political region, as defined by Prysbly and Riesser (2013). However, the Deep South may be remaining steadfastly conservative (and, in this case, in opposition to the ACA), while the Rim South has become increasingly progressive, resulting in declining cohesiveness. Or on the other hand, the Deep South is creating less distinctiveness, in that the region’s states are becoming less similar regarding policy choices, although the differences are not great enough, as of yet, to affect

cohesiveness. Whichever side of the argument is favored; a more comprehensive answer should be the topic of future research.

### **Conclusion**

Key (1949) wrote “Of books about the South there is no end. Nor will there be as long as the South remains the region with the most distinctive character and tradition” (p. ix). The research presented here suggests that the region is still distinct; however, Key’s version of the South is slightly less distinct than the US Census Bureau’s version. I see no shortage of books about the South in the foreseeable future, as this research has posed more questions than it has answered. What is the most distinct version of the South? Does it matter at all? Is the former capital of the confederacy, Virginia, now more non-South than South, given that it has been a blue state in recent presidential elections? The northern region of Virginia, which includes Arlington, Robert E. Lee’s former home, is a thriving modern metropolis. Northern Virginia embraces regionalism, is racially diverse, and shows very little signs of the plantation traditions of yesteryear.

However, a few hours away, in southeastern Virginia, lies Norfolk. At first glance, Norfolk appears to be enjoying similar prosperity and similar advances as some of the northern Virginia cities. Its defense industry is booming. But Norfolk’s historically black neighborhoods have created a segregated city that most visible when considering the populations in the city’s public schools. In a city that has approximately the same number of black citizens as white, 68% of the students in public schools are black and 70% of public school students receive free or reduced lunches (Cooperative Strategies, 2017). The school districts, originally drawn up in the model of neighborhood schools, have created a public-school system that is mainly populated by poor black children, while upper income whites and blacks opt for private schools.

Neighborhood schools in a city like Norfolk with historically black neighborhoods that were created in the Jim Crow era of deed restrictions have made *Brown v Board of Education* a moot point. Today, Norfolk's neighborhood schools are a proxy for segregated schools. Senator Harry F. Byrd, who led the "massive resistance" to school integration in Virginia, still casts his shadow on policy decisions in Norfolk. At first glance, Virginia seems to be losing its southernness, but when you peek under the covers, things haven't changed much in the Old Dominion.

As Key's seminal work on southern politics approaches its 70<sup>th</sup> anniversary of publication, one of the biggest challenges that faces scholars of the American South is identifying which states should be included in their framework. Identifying one definition of the South, supported by empirical evidence, may provide the needed organizational heuristics for scholars of The American South in the 21<sup>st</sup> Century.

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### Publications

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Kenter, R.C., & Dai, M. (Forthcoming, November 2017) Procedural Justice Training: The Norfolk Model Focusing on Race Relations. *Police Chief*.

Travis, R., Morris, J.C., Mayer, M., Kenter, R.C., and Breaux, D.A. (2016) Explaining State Differences in the Implementation of the Affordable Care Act: A South/non-South Comparison. *Social Science Quarterly*, 97(3), 573-587.

Mayer, M., Kenter, R.C., and Morris, J.C. (2015) Partisan Politics or Public Health Need? An empirical analysis of State Choices during Initial Implementation of the Affordable Care Act. *Politics and The Life Sciences*, (34)2, 44-51.

### Experience

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