

Race, Party, and Representation: Health Care Attitudes in a Modern Southern State

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The quality of representation is assessed on the important issue of health care and in an historically traditionalistic southern state. Comparing surveys of Mississippi residents and state legislators, we find that representation has been promoted by the enfranchisement of African Americans and the rise of competitive political parties. Policy opinions on this single domestic issue are multi-dimensional, as proactive, provider, and services dimensions exist. Lawmakers serve as trustees on the proactive and provider dimensions, being more supportive of these programs than the public with Democrats particularly enthusiastic with proactive programs and Republicans particularly favoring the provider dimension. The parties diverge on services, where Democrats are more supportive and Republicans less supportive than average citizens.

One of the most fundamental questions of concern to both political scientists and public administrators is the quality of American democracy. This question is often addressed from the theoretical perspective of “representation,” as public officials are studied to assess whether they provide descriptive representation of the public’s demographic characteristics or their political attitudes, or to determine whether officials “act for” their constituents (Pitkin 1967). In the first decade of the 21st century, this issue of the quality of American representational democracy is an even more vital concern than in previous years. American foreign policy in the new era of worldwide terrorism places a great emphasis on promoting democracy around the world, given that key policymakers believe that democratic processes reduce the inhumane conditions that give rise to terrorism. It is therefore timely that we reexamine the quality of American representational democracy in this new era of globalization. We assess the quality of representation from the standpoint of descriptive representation, whereby we determine whether representatives have characteristics that are “typical” of their constituents. Specifically, we focus on whether lawmakers possess a “representative attitude” rather than merely representative demographic characteristics that may be only weakly related to political values (quotes in Pitkin 1967, 76; see Kirkpatrick 1975 for the pitfalls of assessing mere demographic representation).

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We address this fundamental question by focusing on a state and an issue that is of vital interest to Americans and to the world community more generally. As American leaders preach to the world about the importance of liberty and democracy to humanity, the United States itself until forty years ago denied the benefits of such human rights to a sizable portion of its population. V.O. Key's (1949) classic *Southern Politics* details the extraordinary lengths to which white political leaders in the eleven southern states went to deny African Americans such basic rights of citizenship as voting. Mississippi embodied the essence of the South, offering its governor Fielding Wright as the Vice Presidential running mate of Strom Thurmond on the States' Rights Party in 1948, and establishing a state Sovereignty Commission in the 1950s that became a model for other southern states' efforts to resist any challenge to the culture of racial segregation (Katagiri 2001). It is therefore important and timely to revisit Mississippi's political culture today to assess how well the political system represents the interests of "all" of its citizens.

We focus on assessing the quality of representation on the vital issue of health care. Historically speaking, this is a relatively new concern of the federal government, as federal Medicaid and Medicare were not established until the 1960s. Yet with the growing costs of health care in the face of an aging population and rising public demands for care, this issue has become one of the top two domestic concerns of Americans nationally, rivaling perennial concerns over the public educational system. In Mississippi as well, statewide polls have shown rising public concern over the health care issue, elevating it as second only to education in importance to the public (Shaffer, Jackreece, and Horne 1999, 15).

Our focus on a single key issue and the use of multiple indicators of different aspects of that issue also permits us to address some fundamental methodological issues that can affect scholarly assessments of representation. Researchers in the subfield of American political behavior tend to divide over whether Americans view policy issues from an ideological, uni-dimensional framework or whether citizens perceive issues in a more multi-dimensional manner reflecting different functional areas (Nie, Verba, Petrocik 1979; Campbell, Converse, Miller, and Stokes 1964). Proponents of multiple issue areas tend to rely on broad functional categories that encompass diverse but related issues, employing such broad issue areas as social welfare, civil rights, civil liberties, and foreign policy. Generally unexamined is whether single issues within such broad issue areas may themselves be so complex and yet so important to citizens and policymakers that they may also exhibit a multidimensional attitude structure. Obviously, "the nature of belief systems" itself can exert a major impact on a researcher's assessment of the extent of elite representation of citizenry issue preferences,

through the researcher's selection of what particular issues and aspects of those issues to study (Converse 1964, 206). Yet this is a subject virtually unexamined by studies of representation that employ single indicators of important public policies such as education, welfare, and health care.

Previous Studies on the Quality of Representation in America

The quality of representation in America was first empirically addressed in the classic "Constituency Influence in Congress" *APSR* article by Miller and Stokes (1963), which employed a national level focus (that regrettably excluded the South) and the assumption that attitudes revolved around three distinct and broad issue dimensions. They pioneered a model having four variables with the constituency's attitude on the issue area constituting the earliest independent variable, the congressional representative's roll call votes being the dependent variable, and intervening variables being the representative's personal attitude on the issue area and his (or hers) perception of their constituency's opinion on the issue area. Erikson (1978) reanalyzed their data correcting for measurement error associated with the small sample sizes of citizens living in each congressional district. Both studies found that representation was occurring with Miller and Stokes stressing its potency on civil rights issues and Erikson adding that significant representation was also occurring on social welfare and foreign policy issues. Erikson particularly points out the importance of Congress members tending to share the same issue attitudes as their constituents, producing roll call votes consistent with constituent views as policymakers merely voted their own personal attitudes. This strong asserted link between constituents' attitudes and their representatives' policy views, and the tendency of public policy to reflect policymakers attitudes, provides empirical justification for our own study's sole concentration on descriptive representation measured by attitudinal data on both citizens and policymakers.

Subsequent national studies also argued that representation generally existed, though the magnitude of representation varied by issues or issue areas and was likely modest on health-related issues. Examining national opinion polls from 1960 through 1974, as well as congressional actions, Monroe (1979) assessed aggregated public-congressional consistency on whether public policies in eight issue areas remained the same or changed. Though he found mass-elite consistency 64 percent of the time on all issues, somewhat greater than the chance value of 50 percent, the American public and Congress agreed only 57 percent of the time on social welfare issues, a policy area that presumably included health issues. Examining national polls and national public policy changes from 1935 through 1979, Page and Shapiro (1983) found that when national policy changed, it was nearly twice

as likely to change in the direction of public opinion shifts than to change in the opposite direction. Page and Shapiro also found mass-elite congruence greater on “salient” issues frequently asked in national polls or eliciting few don’t know responses. Their related book (Page and Shapiro 1992, 132) provided a greater disaggregation of mass attitudes by specific policy issues, and suggested a lack of mass-elite correspondence on health care preferences, as mass support for health care spending rose in the 1980s despite the conservatism of the Reagan administration.

Fewer studies have examined the quality of representation at the state level, even though this is a vital level of government in our federalist nation, particularly for domestic issues. Using a survey based measure of the public’s ideological self-identification in 47 states, Wright, Erikson and McIver (1987) found that public opinion was more important than state urbanism, education, and income levels in affecting eight specific state public policies, including Medicaid’s scope. Employing national samples of the public and state legislators, state bureaucrats, and county political party leaders, Uslander and Weber (1983) found that legislators tended to be closer in policy attitudes to the public than were the two other elite groups, since both legislators and the public tended to be more centrist in views. Unfortunately, none of the ten state and local issues that they examined pertained to health care concerns.

Turning to the effect of partisanship on representation, the conventional wisdom of studies of descriptive representation is that Republican political elites tend to be so conservative that they are significantly more out-of-touch with the views of average citizens than are Democratic elites. McCloskey, Hoffmann, and O’Hara’s (1960) pioneering *APSR* article, “Issue Conflict and Consensus among Party Leaders and Followers,” discovered that such was the case for national party convention delegates in comparison with their party’s identifiers in the general population. Subsequent studies conducted in the 1960s also found a significant conservative bias among Republican elites compared to GOP masses, and greater congruency between the Democratic elites and masses, when defining elites as campaign activists and Americans who were politically active in a variety of ways (Nexon 1971; Verba and Nie 1972). Regrettably, health care was not one of the 24 issues examined by McCloskey et al., nor was it one of the issues focused on by Verba and Nie, though it was one of four items in Nexon’s social welfare issue scale. Uslander and Weber (1983) also found that while Democratic elites tended to be more liberal than the masses and Republican elites more conservative than average citizens on the non-health issues that they examined, Democratic elites were significantly closer to the public than were Republican elites.

Increased activism by liberal ideologues within the Democratic Party, associated with the anti-war and civil rights movements of the 1960s and the George McGovern presidential bid of 1972, produced a revisionist perspective on descriptive representation studies suggesting that Democratic elites had by this time period become too ideologically extreme for average voters—though in the opposite “liberal” direction from GOP elites. Patterns of decidedly greater liberalism among Democratic elites relative to Democratic masses in the face of fewer issue differences between the Republican elites and masses were unearthed by Ladd and Hadley’s (1973) study of college and non-college party identifiers nationally, Kirkpatrick’s (1975) comparison of the 1972 national party convention delegates with party identifiers in the public, Backstrom’s (1977) comparison of congressional candidates with their party identifiers in the public, and Shaffer’s (1980) analysis of domestic economic, race, and civil liberty issue orientations of campaign activists in national opinion polls. Unfortunately, health care was not one of the six issues asked of congressional candidates and the public in the Backstrom study, nor was it one of the 21 issues and social groups examined by Kirkpatrick, though it was one of the numerous issues briefly examined by Shaffer and Ladd and Hadley.

It was not until the 1990s and the emergence of a competitive two party system in the South that the partisan dimension to representation in that region was explored, yielding unclear results. Comparing county party organization members to party identifiers in statewide opinion polls in Alabama and Mississippi in the early 1990s, Breaux, Shaffer, and Cotter (1998) found support for the conventional wisdom, as Republican elites were consistently more conservative than the GOP masses on 15 policy issues including one health care item, while Democratic party officials were much closer ideologically to their party’s rank and file. Examining the same party organization data for the entire region and supplementing it with a regional sample of convention delegates and a regionwide public opinion poll, Maggiotto, and Wekkin (2000) confirmed that Democratic county chairs and committee members were more representative of the issue views of their partisan supporters in the general population than were Republican activists representative of their partisan supporters. However, they also discovered that Democratic national convention delegates were so liberal that they were as out-of-touch with their partisan identifiers as were Republicans. In a replication of the earlier study supplemented with regionwide datasets, Patrick, Shaffer, Cotter, and Fisher (2004) confirmed that organization members of both parties in Alabama and Mississippi had shifted somewhat towards the ideological extremes over the previous decade, and that activists of both parties were now more ideologically extreme than their party’s masses. Regrettably, all three of these studies focused only on political party

activists rather than public officials, and only the first two studies included even a single questionnaire item on health care.

An additional shortcoming of these representational studies is their tendency to aggregate masses and elites having very different social characteristics other than partisanship. Such “lumping together” of very different kinds of people may obscure some analytically interesting patterns that are particularly important in the American South. The region’s troubled racial history is well reflected in our focus on the state of Mississippi, a state that in the seven decades until 1952 led the nation in lynchings and as late as 1964 had the lowest percentage (7%) of African Americans registered to vote (Krane and Shaffer 1992, 30; Garrow 1978, 19). The political impotence of African Americans was associated with a state legislative body that at least until the 1980s was widely regarded as more conservative and traditionalistic than the general population. African Americans, generally liberal on a diverse range of policy issues compared to white southerners who held more conservative values (Krane and Shaffer 1992; Nie, Verba, Petrocik 1979, 268), were drastically underrepresented in southern state legislatures. Since the 1980s African Americans have made dramatic strides in political power in southern state legislatures, and African American state lawmakers cast significantly more liberal roll call votes than do white Democrats or white Republicans (Menifield and Shaffer 2005). Given the historic and even contemporary salience of race in southern and even American politics, it is important to explore what role race may play in mass-elite linkages on the vital human right of health care services.

Methodology of Our Study

Our in-depth study of representation on the salient issue of health care in the critical southern state of Mississippi relied on a telephone poll that sampled adults statewide, and a mail survey of the entire population of state legislators. The telephone survey of the public was conducted with a state-of-the-art CATI system by the Social Science Research Center at Mississippi State University (MSU) under the direction of one of this paper’s authors. Five hundred twenty-three adult Mississippi residents were interviewed from April 5-21, 2004, yielding a response rate of 48 percent and a sample error plus or minus 4.4 percent. To achieve a representative sample since not all groups were equally likely to own telephones, this dataset was weighted by key demographic characteristics. The survey of state legislators was conducted by the other three authors of this paper, and it was funded by a grant from the Social Science Research Center and the Bower Foundation. It consisted of a two wave mail survey and a third wave telephone survey, conducted from March 31 through June 1, 2004. Eighty-nine of the 122 state

house members and 52 state senators completed the survey for a response rate of 51 percent. Because of a slightly greater tendency of white lawmakers and Republicans to complete the surveys, we weighted that dataset by race so that the weighted legislator sample was within 1 percent of the actual legislature in terms of race, party, and gender groupings.

Both surveys included seven questions asking respondents to rate the importance of specific health related activities and services in terms of being Very Important, Important, Somewhat Important, or Not Important. These items were:

- How important is public education to encourage good nutrition and physical activity?
- How important is preventive health care?
- How important is recruiting and retaining doctors in Mississippi?
- How important is improving the health status of minority groups in Mississippi?
- How important is providing healthcare services for children whose families cannot afford health insurance?
- How important is providing healthcare services for adults who cannot afford healthcare insurance?
- How important is providing universal health care coverage for Mississippians?

The *reliability* of these seven items was tested by calculating the Alpha coefficients. For the mass survey, the Alpha for all seven items was a sizable .7952. The third item pertaining to recruiting and retaining doctors was not as highly correlated with the other six items as those six items were inter-correlated with each other, but dropping this item from the Alpha scale analysis increased the Alpha coefficient only slightly to .7998. For the elite survey, the Alpha for all seven items was a significant .6957. In this case, the recruiting and retaining doctors item was essentially unrelated to the other six items, so dropping this item from the Alpha scale analysis increased the Alpha coefficient to a more impressive .7460. We are satisfied that all of these items are reliable indicators of the public's views toward the importance of health care programs. However, these patterns suggest that the public and particularly the legislators may view health care from two or more perspectives—one focusing on the consumer (themselves), and one focusing on the providers (such as doctors and nurses). Investigating the possible multidimensionality of our health care questionnaire items will be our first substantive concern.

We also conducted a construct or criterion *validity* test by relating our indicators of health care priorities to a well established indicator asking

average citizens their preferred governmental spending priorities. Average Mississippians were read the following statement: “Now I’m going to ask you about some issues facing state and local government in Mississippi. As you know, most of the money government spends comes from the taxes you and others pay. For each of the following, please tell me whether you think state and local government in Mississippi should be spending more, less, or about the same as now.” Among the ten programs that average Mississippians were asked about was: “health care and hospitals.” This question was recoded so that responses ranged from a low of 1 for a desire to spend less to a high of 3 for a desire to spend more.

Our seven indicators of health care priorities exhibit considerable validity. Each of these items is significantly related to spending preferences on health care and hospitals. As average Mississippians rate a health care item as increasingly important, they are more and more likely to prefer that government spend more money on health care and hospitals (Table 1). Indeed, on six of the seven items, their responses show a steady increase in support for more government spending as they rate a health care item as increasingly important. Hence, a greater proportion of citizens rating a specific health program as Somewhat Important desire to spend more on health care and hospitals generally than those rating it as Not Important. An even greater proportion of citizens rating the health program as Important desire to spend more than those rating it as Somewhat Important, and those rating a program as Very Important desire that even more money be spent on health care in general. The only exception to this pattern of steady intervalness is on the provider dimension pertaining to recruiting and retaining doctors, where Kendall’s tau b was statistically significant though Pearson’s r was not, due presumably to insignificant differences in spending preferences between the Not Important and Somewhat Important categories, as well as between the Important and Very Important categories. The absence of a comparable government spending item in the survey of legislators precluded a validity test of that dataset, but we have no reason to believe that our seven health care priority indicators, asked with identical wording of this more informed population, would behave any differently from the mass survey in terms of validity.

In comparing the health care attitudes of masses and elites, we rely primarily on means or averages of subgroup scores on the seven health care priorities (Nexon 1971; Breaux, Shaffer, Cotter 1998; Patrick, Shaffer, Cotter, Fisher 2004). Responses on each health care issue item range from a 0 for Not Important to a high of 3 for Very Important. When conducting subgroup analyses by party identification, we rely on respondents’ self-reports of partisanship. The legislator survey contained a trichotomous party indicator, though only three lawmakers marked the Independent category.

**Table 1. Construct Validity Test
of the Seven Health Care Priorities Items
(means are for the health care/hospitals spending item)**

Health Care Item	Not Important	Somewhat Important	Important	Very Important
Public education to encourage good nutrition and physical activity	2.29 (6)	2.50 (55)	2.60 (167)	2.77* (273)
Preventive health care	1.91 (9)	2.45 (42)	2.67 (188)	2.75* (258)
Improving the health status of minority groups in Mississippi	2.18 (35)	2.45 (66)	2.72 (236)	2.85* (157)
Providing healthcare services for children whose families cannot afford health insurance	— (0)	2.02 (18)	2.49 (148)	2.80* (336)
Providing health care services for adults who cannot afford healthcare insurance	1.71 (10)	2.37 (56)	2.65 (191)	2.82* (238)
Universal health care coverage for Mississippians	2.06 (49)	2.58 (59)	2.74 (166)	2.86* (198)
Recruiting and retaining doctors in Mississippi	2.52 (10)	2.49 (21)	2.70 (156)	2.69+ (310)

Note: Cell entries are the means of the Health Care and Hospitals state and local spending item, with sample sizes in parentheses. This well established indicator ranges from a low of 1 for spending less to a 3 for spending more. For example, in the second to last row, the 2.06 value in the first column indicates that among the 49 Mississippians who rated universal health care as Not Important, their average preference was that government should spend about the same as it currently was spending on health care and hospitals. The 2.86 value in the last column of that same row indicates that among the 198 Mississippians who rated universal health care as Very Important, their average preference was that government should spend more than it currently was on health care and hospitals.

*Pearson correlation between health care spending and health care priority item was statistically significant at .001 level.

+Kendall's tau-b was significant at .061 level.

The public survey employed the seven point party identification scale used by countless mass voting behavior studies. We considered Independents leaning towards a party as partisans of the party they leaned towards, because of research indicating that such individuals behave in as partisan a manner in terms of vote direction as do weak partisans (Asher 1992, 64-65).

Health issues facing the public and state legislature in the Spring of 2004 when our public and legislative surveys were administered in all likelihood did not significantly affect the views of either of these groups or the results of our study. Conservative Republican Haley Barbour was just elected governor in November 2003, and facing a massive budget deficit in his first year in office, Barbour successfully convinced the legislature to reduce the growth of the state Medicaid budget by shifting 65,000 poverty level and/or disabled elderly from the state/federal Medicaid program to the fully federally-funded Medicare program (Kanengiser 2004). During the legislative session that spring, education rather than health issues received the most publicity, as public schoolteachers fought for fully funding their multi-year pay raise enacted under the previous governor as well as fully funding the state Adequate Education Program, while public higher education fought to prevent a continuation of previous years' cuts in their budget (Coffey 2004; Harrison 2004). It was not until months after the legislative session and our two surveys ended that some public concern over this particular health issue arose, as advocates for the elderly charged that many of those recipients would receive less generous benefits under Medicare than under Medicaid (*Starkville Daily News* 2004; *The Clarion Ledger* 2004).

Mass and Elite Preferences on Health Care Priorities

To gain some insight into the possible *multidimensionality* of our health care priority indicators, we pooled the mass and elite responses and conducted a convergent-discriminant validity test by generating a correlation matrix (Table 2). While all seven health items were positively intercorrelated with each other, indicating that those rating one item as a very important priority were also likely to rate other items as very important, six of the items could be divided into two separate groups with items in each group more highly interrelated than were items from different groups. This suggests the existence of at least two separate (but related) dimensions of health care. A “proactive” dimension included the public education, preventive care, and minority health status items, and a “services” dimension included the items for universal care and care for children and poor adults. A principal components factor analysis with varimax rotation also produced two factors or dimensions with the same proactive and services items, though it showed the doctor recruitment item loading on the proactive factor. However, the failure of the recruit doctors item to be highly related to any of the items in either of these two dimensions, plus its unique behavior in our reliability and validity tests and forthcoming analyses, suggests that this health care concern constitutes a third dimension focusing on “providers.” The fact that a single issue (health) that is often included as merely one

Table 2. Dimensions of Mississippians' Attitudes toward Health Care Programs (Pearson correlations for masses and elites of all parties)

	Public Education	Preventive Care	Minority Programs	Recruit Doctors	Children Programs	Poor Adults	Universal Health Care
Public Education	—						
Preventive Care	.47	—					
Minority Programs	.38	.43	—				
Recruit Doctors	.25	.33	.21	—			
Children Programs	.38	.35	.36	.22	—		
Poor Adults	.31	.37	.39	.16	.59	—	
Universal Health Care	.32	.27	.32	.12	.43	.59	—

Note: Cell entries are the Pearson r correlation coefficients computed for each pair of items. The sample combines both legislators and the public of all political parties. The average intra-cluster correlation among the three “proactive” questionnaire items was .43. The average intra-cluster correlation among the three “services” questionnaire items was .54. The average inter-cluster correlation between items from different clusters was .29. A principal components factor analysis with varimax rotation also produced two factors or dimensions with the same proactive and services items, though it showed the recruit doctors item loading on the proactive factor. Yet the recruit doctors item’s average correlation with items in the proactive cluster was only .26, lower than the average .29 correlation between items from different clusters, and its soon-to-be-discussed unique interrelationship with mass and elite partisanship suggests that it constitutes a separate dimension (Clausen 1973, 31, 35, 168, 213, 237).

indicator of a social welfare/domestic economic dimension may itself be so complex as to generate multiple dimensions in Americans’ belief systems is the first noteworthy finding of our research.

It is also important to observe how important an issue health care is, both to average citizens and to legislators. For each of the seven health care items for both masses and elites with one exception, the *modal* category eliciting the greatest number of responses is the Very Important grouping. Indeed, in ten of the fourteen cases, a *majority* of respondents chose the very

important category (Breaux, Goodman, Patrick, and Shaffer 2006). In relative terms, defining the *most* important priorities as those issues eliciting means of 2.5 or higher (achieved for instance by respondents dividing equally between the two highest priority response categories) results in the provider issue of recruiting and retaining doctors being a high priority for both masses and elites, the services item of health care for needy children also being a high priority for both groups, and the proactive items of public education and preventive care being a high priority to legislators. Universal health care was rated as one of the lowest priorities by both masses and elites, as was improving minorities' health by masses (Table 3).

One of the most intriguing findings is that health care issues were generally rated as more important by the *elites* rather than by the masses. Mississippi state legislators rated every issue except universal care as more important than did average citizens (though modest differences on two items failed to reach statistical significance), suggesting that legislators may have a greater desire to spend more on health care than the general population (given our construct validity findings). This finding provides a shocking reassessment of Daniel Elazar's theory of political culture which defined the

Table 3. Mass and Elite Responses, by Race, on Health Care Items (means)

Health Care Item	Entire Public	White Public	African-American Public	All Legislators	White Legislators	African-American Legislators
Public Education	2.41	2.39	2.54	2.59*	2.53	2.75
Preventive Care	2.41	2.40	2.44	2.82*	2.78*	2.94*
Minority Programs	2.04	1.89	2.34	2.48*	2.38*	2.75*
Children Programs	2.63	2.57	2.78	2.66	2.56	2.94*
Poor Adults	2.33	2.27	2.46	2.41	2.29	2.75*
Universal Care	2.08	1.96	2.35	1.89	1.57*	2.75*
Recruit Doctors	2.55	2.54	2.57	2.78*	2.77*	2.81
Average N Sizes	(505)	(326)	(168)	(89)	(65)	(24)

Note: Cell entries are means or averages of each of the subgroups listed at the top of the column, reflecting their response to the health care item listed to the left. Responses to the health care priorities range from 0 for Not Important to 3 for Very Important. The last row provides the average N sizes for each subgroup, averaged across the seven items.

*T-test for differences between public and legislator means significant at .05 level.

American South as a “traditionalistic” culture characterized by low government spending and few innovative public programs, and a reassessment of the traditional image of regressive and backward southern state legislatures (Elazar 1984; Krane and Shaffer 1992). In the modern South, at least in some states and on some issues, elected officials may actually have more *progressive* views than the average citizen.

One possible explanation for this dramatic transformation of representative institutions in some southern states is the empowerment of African Americans after the 1965 Voting Rights Act and subsequent aggressive enforcement of its preclearance clause requiring racially fair redistricting plans. African American citizens and lawmakers rate each of the seven health care items as more important than do their white counterparts, and this racial divide is often most noticeable among lawmakers. Indeed, the legislative black caucus is such a “liberal” force in contemporary southern state legislatures such as Mississippi’s that the average black lawmaker rates each of the seven health care items as more important than does even the average African American citizen or any other subgroup examined (Table 3). Southern states with the highest percentage of African American citizens, such as in Deep South states extending eastward from Louisiana to South Carolina, tend to have the largest legislative black caucuses, suggesting more progressive than expected state legislatures. However, African American empowerment does not provide a complete explanation for the unexpected progressiveness of the Mississippi state legislature, since white lawmakers also tend to rate health care issues as somewhat more important than white citizens, at least for health items in the proactive and provider dimensions. These patterns differ on the services dimension, as white lawmakers are less supportive than white citizens of universal health care, and no significant mass-elite differences among whites exist on the other two issues of this dimension.

Despite overall mass and elite agreement on the importance of health care issues, there are obvious differences between the two political parties. In the general public as well as among legislators, on every health issue except for recruiting doctors, Democrats rated health issues as more important than did Republicans (Table 4). These partisan differences remain when controlling for race and excluding African Americans from the analysis, except for the minority health status item which is rated as a lower priority by white Democrats in the general population. Such partisan differences on numerous public issues as well as on one health care item were also the case among Mississippi and Alabama party organization members a decade ago (Breux, Shaffer, and Cotter 1998). They reflect the extent to which the two major parties in the modern South have different issue emphases that are consistent with party differences nationally, issue differences that emerged outside of the South during the New Deal era (Ladd and Hadley 1973, 21).

Table 4. Mass and Elite Responses, by Race, on Health Care Items (means)

Health Care Item	Entire Public	White Public	African-American Public	All Legislators	White Legislators	African-American Legislators
Public Education	2.41	2.55	2.36	2.59	2.66	2.50
Preventive Care	2.41	2.50	2.34	2.82	2.89	2.74
Minority Programs	2.04 (1.89)	2.16 (1.83)	1.92 (1.89)	2.48 (2.38)	2.64 (2.55)	2.26 (2.26)
Children Programs	2.63 (2.57)	2.77 (2.80)	2.50 (2.48)	2.66 (2.56)	2.84 (2.75)	2.42 (2.42)
Poor Adults	2.33 (2.27)	2.48 (2.50)	2.14 (2.13)	2.41 (2.29)	2.68 (2.63)	2.00 (2.00)
Universal Care	2.08 (1.96)	2.35 (2.41)	1.72 (1.69)	1.89 (1.57)	2.41 (2.13)	1.08 (1.08)
Recruit Doctors	2.55	2.57	2.54	2.78	2.74	2.84
Average N Sizes	(505)	(202)	(215)	(89)	(52)	(34)

Note: Cell entries are means or averages of each of the subgroups listed at the top of the column, reflecting their response to the health care item listed to the left. Cell entries in parentheses control for race by excluded blacks from some of the analyses. Responses to the health care priorities range from 0 for Not Important to 3 for Very Important. The last row provides the average N sizes for each subgroup, averaged across the seven items; in the “white only” analysis, the most significant reduction of N size is to 29 for white Democratic lawmakers. Significance tests for differences between groups are provided in Table 5.

It is intriguing to discover that the level of inter-party polarization helps to explain why three different dimensions of health policy issues emerge. Party differences among both masses and elites are greatest on the services dimension, more modest on the proactive dimension, and virtually non-existent on the provider dimension (Table 5, columns 1 and 2). Some differences in the level of polarization also exist within the services dimension, as party divisions are particularly great on universal health coverage, less great on needy adult services, and somewhat weaker on children services. While other studies have pointed out that such factors as education level and political interest can affect the nature and dimensionality of belief systems, our study adds partisanship as another explanatory factor (Converse 1964; Nie, Verba, and Petrocik 1979).

**Table 5. Differences in Health Care Views
between Mississippi Groups (mean differences)**

Health Care Item	Polarization		Proximity to Partisan Public		Proximity to Average Citizen		
	Dem Elite – Rep Elite	Dem Mass – Rep Mass	Dem Elite – Dem Mass	Rep Elite – Rep Mass	All Elite – All Mass	Dem Elite – Dem Mass	Rep Elite – Rep Mass
	Public Education	.16	.19*	.11	.14	.18*	.25*
Preventive Care	.15	.16*	.39*	.40*	.41*	.48*	.33*
Minority Programs	.38* (.29)	.24* (-.06)	.48* (.72)*	.34* (.37)*	.44* (.49)*	.60* (.66)*	.22 (.37)*
Children Programs	.42* (.33)*	.27* (.32)*	.07 (-.05)	-.08 (-.06)	.03 (-.01)	.21* (.18)*	-.21* (-.15)
Poor Adults	.68* (.63)*	.34* (.37)*	.20* (.13)	-.14 (-.13)	.08 (.02)	.35* (.36)*	-.33* (-.27)
Universal Care	1.33* (1.05)*	.63* (.72)*	.06 (-.28)	-.64* (-.61)*	-.19 (-.39)*	.33* (.17)	-1.0* (-.88)*
Recruit Doctors	-.10	.03	.17	.30*	.23*	.19*	.29*

Note: Cell entries are differences between the group means, obtained from Table 4.
*T-test for differences between means of two groups significant at .05 level.

It is also interesting that on all of the items in the services dimension, a dimension showing the greatest differences between the parties in ratings of the priority of health programs, inter-party polarization is greater among elites than among masses. That is, while Democrats in the general population rate each of these three programs as a more important priority than do Republicans in the population, the magnitude of inter-party differences is even greater among legislators. More pronounced partisan divisions among elites on the services dimension are because Democratic lawmakers place a higher priority on each of the programs than do Democratic citizens, while Republican lawmakers place a lower priority on each program than do GOP citizens (Table 4). Such greater polarization between the parties at the elite level compared to the mass level is found nationally in the literature on a great range of issues, and is further evidence of how political controversies

of the New Deal party system have been extended nationally to transform the old South. However, the failure for greater elite compared to mass polarization to emerge on the proactive and provider dimensions of health care suggests that our overall findings regarding the nature of representation on health care issues in one modern southern state may deviate from previous studies of representation.

Previous representation studies have suggested that one or both parties' elites were so ideologically extreme that they were out-of-touch not merely with the average American, but even with their own party's followers in the general population. Our study of health care in one southern state has uncovered the multidimensionality of a single issue, and suggests that broad conclusions about the nature of representativeness may be unwarranted. Indeed, somewhat different patterns of representation appear to emerge for each of the three dimensions of health care attitudes.

For proactive health policies, legislators of both parties rated programs as more important priorities than did citizens of each of their respective parties. Controlling for race by eliminating African Americans from the analysis preserved these patterns for Democrats and Republicans on each of the three proactive policies (Table 5, columns 3-4). A possible explanation for the failure of both party and race to account for the greater priority that elites place on proactive policies than do the masses involves the legislative role of being a "trustee." Legislators entrusted with the responsibility of caring for the health care needs of the public at the lowest cost possible presumably have a greater understanding of the complexity and relevance of proactive health policies. They may view them more as a way of saving public money in the long run than as an element of any ideological crusade. Given the heightened legislative enthusiasm for proactive health policies compared to the average citizen, this produces a tendency for Republican legislators to be somewhat closer to the more tempered views of average Mississippians than are Democratic lawmakers (Table 5, columns 6-7). Party differences in representation of public views on proactive policies are most noticeable on health programs helping minorities, where Democratic lawmaker enthusiasm for targeting minority health needs is not reciprocated by average citizens of either party, particularly whites (Table 4).

The provider issue and dimension is similar to the proactive dimension in exhibiting greater elite than mass enthusiasm for health policies, though different in terms of which party's elites appear somewhat more representative of the views of average citizens. As with each proactive issue, Democratic and Republican lawmakers rate recruiting and retaining doctors as a higher priority than do their respective parties' citizens. In this case, though, the somewhat greater enthusiasm of GOP rather than Democratic lawmakers for this "business"-oriented health policy produces a tendency for

Democratic legislators to be somewhat closer than GOP lawmakers to the more tempered views of average Mississippians (Table 5, columns 6-7).

The services dimension reflects patterns more similar to past studies of representation, though even this dimension exhibits some unique differences between different racial groups and between types of services. On all three issues, Republican lawmakers were less supportive than was the GOP public, while Democratic legislators were more supportive than the Democratic masses, reflecting recent studies of the increasingly polarized nature of party politics in America (though mass-elite divisions were not large, achieving statistical significance on only one item for each party). However, the greater “liberalism” of Democratic elites compared to Democratic masses disappears after removing African Americans from the analysis (Table 5, column 3, compare top and bottom numbers). This suggests that the intense liberalism of black caucus members may someday serve to push southern Democratic policymakers as far to the left of the public as GOP lawmakers always have been to the right of the public. At the moment, though, elites of both parties are equidistant from average citizens on at least two services, health care for children and needy adults (Table 5, columns 6-7), suggesting that neither party risks immediate electoral retribution from voters for being out-of-touch with their views. Indeed, that both parties are ideologically divergent from average citizens on these two health services, but divergent in opposite ideological directions, helps produce the highest level of representation for *all* Mississippians of any of the health issues examined (Table 5, column 5).

The universal health care services issue produces a somewhat different pattern. Like the other service items, both parties’ elites are ideologically divergent from average Mississippians, with Democratic elites being more liberal than citizens of all parties and Republicans being more conservative. However, inter-party differences largely reflect the extreme conservatism of Republican lawmakers compared to any other group. Such GOP elite conservatism mirrors national party leaders’ historic opposition to “socialized medicine,” which dates all the way back to GOP opposition to President Truman’s unsuccessful health initiatives. Democratic lawmakers and citizens give a similar priority rating to universal health care, while Republican lawmakers rate it as a much lower priority than do Republican citizens. Indeed, GOP lawmakers are so unenthusiastic about universal health care that the views of Republican identifiers in the general population are located nearly as close to those of Democratic lawmakers as to GOP legislators (Table 4, compare column 3 with columns 5 and 6). Such extreme Republican elite conservatism produces a Democratic elite much closer to the views of average citizens than are GOP lawmakers (Table 5, columns 6-7). It might appear counterintuitive that Democratic lawmakers in a southern

state would be closer to voters than Republican legislators are on such an expensive program, but perhaps the public appeal of universal health coverage is that it may be viewed as benefiting the middle class rather than merely the socially disadvantaged. Indeed, since this is the one issue that state residents clearly rank as a higher priority than do state lawmakers, the possibility of electoral retaliation against the GOP may someday emerge.

Conclusions

The classic studies of congressional representation found that the views of constituents could be represented by lawmakers through the process of officials being drawn from the same constituency as the represented, and therefore sharing the same values as the general population, a type of descriptive representation (Miller and Stokes 1963; Erikson 1978). While studies at the national level generally found that leaders reflected a variety of the diverse views of the public and sought to enact them into public policy, few studies have focused on state policymaking or on an in-depth study of specific public policies (Uslaner and Weber 1983). Our study provides such an in-depth study of the complexity of one important and timely public issue—health care. Furthermore, we focus on representation in the Deep South state of Mississippi, a state whose political system historically denied fundamental human rights to an entire race of citizens, including descriptive representation in terms of racial group membership. Our general conclusion is that representation does exist in modern day Mississippi on this fundamental domestic issue. The empowerment of African Americans with the Voting Rights Act and the subsequent election of a sizable number of black lawmakers has transformed the state's legislature from a low-tax and low-spending traditionalistic body that failed to reflect the views of an increasingly diversified populace into a more proactive and forward-looking institution (Krane and Shaffer 1992; Menifield and Shaffer 2005). Furthermore, the rise of a competitive two party system may actually be promoting representation of the public, as each party reflects a somewhat different aspect of public opinion on this key issue. Democrats are enthusiastic backers of a more proactive health care system that also provides various health services for the needy, while Republicans temper their support for health programs with skepticism over the rising power and expense of government.

Previous representation studies have suggested that issues could be examined in a fairly coherent manner in terms of only one liberal-conservative “ideological” dimension or at most in terms of a small number of dimensions defining broad issue areas. The conventional wisdom was that Republican party leaders and public officials were too conservative for average citizens (McCloskey, Hoffman, and O’Hara 1960; Nexon 1971; Verba and

Nie 1972; Breaux, Shaffer, and Cotter 1998). Revisionists pointed out that Democratic party activists by 1970 had also become ideological outliers, though in a more liberal direction from average voters, and were in some cases more out-of-touch with average Americans than were Republican leaders (Ladd and Hadley 1973; Kirkpatrick 1975; Backstrom 1977; Shaffer 1980). Our findings suggest that future studies of representation would benefit by taking a more analytically complicated approach that fully recognizes the complexity of public issues. The issue of public health in Mississippi elicits three separate dimensions of political belief systems with the factors of race and partisanship operating in a somewhat different manner to produce unique representation outcomes for each dimension and in one case for different aspects of a single dimension.

On *proactive* health issues such as promoting public education, preventive care, and promoting the health status of minorities, Mississippi lawmakers of both parties serve as “trustees,” taking a more proactive approach than do average citizens identifying with their respective parties. Therefore the contemporary state legislature is a somewhat more progressive body than is the average citizen, a reversal of the historic pattern of the legislature serving as a bastion of reaction and traditionalism (Krane and Shaffer 1992). On these proactive issues, the more cautious approach of GOP lawmakers results in Republican elites being closer than Democratic elites to the views of average Mississippians of all partisan groups. Such is especially the case on the minority health status issue, which Democratic lawmakers are far more supportive of than are their identifiers in the general population, particularly white Democrats. Indeed, the average white Democratic citizen is closer in views on this issue to Republican lawmakers than to his or her own party’s legislators (Table 4). While this finding suggests that the GOP could make some political mileage by playing the race card, it is also interesting to point out that even Republican lawmakers are more progressive on this issue than are GOP followers. Representation on the proactive health dimension depicts a “trusteeship” role orientation that is reminiscent of the literature on political *tolerance* of unpopular minority groups, where public officials have been found to be more tolerant than average citizens, partly because of their higher education levels (Stouffer 1963; Lawrence 1976).

The *provider* dimension of recruiting and retaining doctors to the state also exhibits a trusteeship pattern, but with a different partisan twist. As with proactive issues, lawmakers of both parties are more supportive of this health program than are their parties’ average citizens. Unlike all other health issues, the issue of how to attract and retain more doctors to the state reverses the conventional wisdom of Democrats being more supportive of health programs than are Republicans (at least among state lawmakers). Greater GOP support for this health issue may parallel party support for tort

reform, a program seeking to combat “frivolous” lawsuits against doctors, lawsuits that Republicans believe increase malpractice insurance and encourage doctors to leave the state. Combined with GOP lawmakers being more supportive of the provider dimension than Republican citizens, even more so than Democratic lawmakers are more supportive than Democratic citizens, on this issue it is Democratic rather than Republican elites who are somewhat closer to the views of average Mississippians of all parties.

It is on the *services* dimension where traditional party divisions of relative Democratic liberalism confronting relative Republican conservatism are most evident. Consistent with the conventional wisdom, Republican elites are so conservative that they are somewhat less supportive of health care programs than are their supporters in the general population, particularly on a costly program like universal health care. Consistent with the revisionist literature, Democratic elites are so liberal that they are somewhat more supportive of health care programs than are their followers in the general population. The explanation for greater liberalism among Democratic lawmakers is the sizable and ideologically distinct presence of the legislative Black Caucus, suggesting that black political empowerment in Dixie may eventually produce a party that on some issues is too liberal for even those white southerners who have not yet switched to the GOP.

At the moment, though, the greater ideological polarization of Democratic and Republican elites compared to masses actually seems to promote representation of the average Mississippian’s views on most health services issues. At least on health services for children and for needy adults, the average lawmaker places a similar priority level as do average citizens. In other words, the greater liberalism of Democratic lawmakers compared to average Mississippians cancels out the greater conservatism of Republican lawmakers, producing a very representative legislative institution. The one exception is on universal health care, where Republican lawmakers are so conservative that they are out-of-touch even with their own party supporters in the general population, thereby producing a legislative body that is so conservative that average citizens find themselves more in-tune with Democratic lawmakers.

The greater concern that Mississippi legislators show for many health care issues compared to their constituents illustrates how far the state’s political culture has moved away from its traditionalistic history of commitment to limited government and few public services described by Daniel Elazar. Mississippi’s cultural transformation has also been characterized by the enfranchisement of African Americans and the rise of the state legislative black caucus, a development that also swept the entire South. Indeed, such black caucuses tended to endorse politically liberal health care programs, and in five southern states studied in the last two decades of the 20th

century, black caucuses tended to be more successful on legislative roll call votes on health issues than on any of seven other types of issues. On such issues, the black caucuses across the South were usually victorious either because they formed a winning coalition with white Democrats, or the health issue was so popular that it was backed by legislators regardless of their party or race (Menifield and Shaffer 2005, 186, 189). Similar voting patterns emerged on other important issues (except for abortion and crime), with Mississippi lawmakers, for example, voting to raise taxes in both 1982 and 1992 in order to improve public education, to hike taxes in 1987 to four-lane one thousand miles of highways, and to even enact a Hate Crimes bill and a racial set-asides program (Menifield and Shaffer 2005, 117, 122, 124, 189). Such similar patterns found across five southern states suggest that some of our detailed findings regarding the descriptive representation of health care issues in Mississippi would likely be found in other southern states, though a replication of our study in other states or regionwide is clearly desirable.

REFERENCES

- Asher, Herbert B. 1992. *Presidential Elections and American Politics: Voters, Candidates, and Campaigns Since 1952*. Pacific Grove, CA: Brooks/Cole.
- Backstrom, Charles H. 1977. Congress and the Public: How Representative is the One of the Other? *American Politics Quarterly* 5:411-435.
- Breaux, David, Doug Goodman, Barbara Patrick, and Stephen D. Shaffer. 2006. Mass-Elite Linkages in the Modern South: The Case of Mississippi and Health Care. Paper presented at the 2006 meeting of the Citadel Symposium on Southern Politics, March 2-3, Charleston, SC. <http://www2.msstate.edu/~kauai/research/citadel06.htm>
- Breaux, David, Stephen D. Shaffer, and Patrick Cotter. 1998. Mass/Elite Linkage. In *Party Organization and Activism in the American South*, eds. Robert P. Steed, John A. Clark, Lewis Bowman, and Charles D. Hadley. Tuscaloosa: The University of Alabama Press.
- Campbell, Angus, Philip E. Converse, Warren E. Miller, and Donald E. Stokes 1964. *The American Voter, An Abridgment*. New York: John Wiley and Sons.
- Clarion-Ledger. 2004. Editorial: Medicaid, Coverage Questions Linger Still. *The Clarion Ledger*, September 10, p. 10A.
- Clausen, Aage R. 1973. *How Congressmen Decide: A Policy Focus*. New York: St. Martin's Press.
- Coffey, John Mott. 2004. Education Issues Dominate Session. *The Commercial Dispatch*, May 12, p. 1A.
- Converse, Philip E. 1964. The Nature of Belief Systems in Mass Publics. In *Ideology and Discontent*, ed. David Apter. New York: The Free Press of Glencoe, a division of Macmillan Company.
- Elazar, Daniel J. 1984. *American Federalism: A View from the States*, 3rd ed. New York: Harper and Row.
- Erikson, Robert S. 1978. Constituency Opinion and Congressional Behavior: A Reexamination of the Miller-Stokes Representation Data. *American Journal of Political Science* 22:511-535.

- Garrow, David J. 1978. *Protest at Selma: Martin Luther King, Jr., and the Voting Rights Act of 1965*. New Haven, CT: Yale University Press.
- Harrison, Bobby. 2004. Education Funding Dominates Agenda. *Northeast Mississippi Daily Journal*, February 20, p. 1A.
- Kanengiser, Andy. 2004. Calls for Cost-cutting: \$3.6B Spending Plan Would Halve State's Debt. *The Clarion-Ledger*, January 29, p. 1A.
- Katagiri, Yasuhiro. 2001. *The Mississippi State Sovereignty Commission: Civil Rights and States' Rights*. Jackson: University Press of Mississippi.
- Key, V.O. 1949. *Southern Politics*. New York: Vintage, Division of Random House.
- Kirkpatrick, Jeane. 1975. Representation in the American National Conventions: The Case of 1972. *British Journal of Political Science* 5:265-322.
- Krane, Dale, and Stephen D. Shaffer, eds. 1992. *Mississippi Government and Politics: Traditionalists Versus Modernizers*. Lincoln: University of Nebraska Press.
- Ladd, Everett Carl, Jr., and Charles D. Hadley. 1973. *Political Parties and Political Issues: Patterns in Differentiation Since the New Deal*. Beverly Hills, CA: Sage.
- Lawrence, David G. 1976. Procedural Norms and Tolerance: A Reassessment. *The American Political Science Review* 70:80-100.
- Maggiotto, Michael A., and Gary D. Wekkin. 2000. *Partisan Linkages in Southern Politics: Elites, Voters, and Identifiers*. Knoxville: The University of Tennessee Press.
- McClosky, Herbert, Paul J. Hoffmann, and Rosemary O'Hara. 1960. Issue Conflict and Consensus Among Party Leaders and Followers. *The American Political Science Review* 54:406-427.
- Menifield, Charles E., and Stephen D. Shaffer. 2005. *Politics in the New South: Representation of African Americans in Southern State Legislatures*. Albany: State University of New York Press.
- Miller, Warren E., and Donald E. Stokes. 1963. Constituency Influence in Congress. *The American Political Science Review* 57:45-56.
- Monroe, Alan D. 1979. Consistency Between Public Preferences and National Policy Decisions. *American Politics Quarterly* 7:3-19.
- Nexon, David. 1971. Asymmetry in the Political System: Occasional Activists in the Republican and Democratic Parties, 1956-1964. *American Political Science Review* 65:716-730.
- Nie, Norman H., Sidney Verba, and John R. Petrocik. 1979. *The Changing American Voter*, enlarged edition. Cambridge, MA: Harvard University Press.
- Page, Benjamin I., and Robert Y. Shapiro. 1983. Effects of Public Opinion on Policy. *The American Political Science Review* 77:175-190.
- Page, Benjamin I., and Robert Y. Shapiro. 1992. *The Rational Public: Fifty Years of Trends in Americans' Policy Preferences*. Chicago: The University of Chicago Press.
- Patrick, Barbara A., Stephen D. Shaffer, Patrick R. Cotter, and Samuel H. Fisher III. 2004. Mass-Elite Linkages and Partisan Change in the South . In *Southern Political Party Activists: Patterns of Conflict and Change, 1991-2001*, eds. John A. Clark and Charles L. Prysby. Lexington: The University Press of Kentucky.
- Pitkin, Hanna. 1967. *The Concept of Representation*. Berkeley: University of California Press.
- Shaffer, Stephen D. 1980. The Policy Biases of Political Activists. *American Politics Quarterly* 8:15-33.
- Shaffer, Stephen D., Telemate Jackreece, and Latarsha Horne. 1999. *The New Mississippi: Political and Partisan Attitudes in the 1990s*. Mississippi State University: Social Science Research Center.

- Starkville Daily News. 2004. AARP Responds to State Medicare Waiver Issue. *Starkville Daily News*, September 21, p. 5.
- Stouffer, Samuel A. 1963. *Communism, Conformity, and Civil Liberties: A Cross-Section of the Nation Speaks Its Mind*. Gloucester, MA: Smith.
- Uslaner, Eric M., and Ronald E. Weber. 1983. Policy Congruence and American State Elites: Descriptive Representation versus Electoral Accountability. *Journal of Politics* 45:183-196.
- Verba, Sidney, and Norman H. Nie. 1972. *Participation in America: Political Democracy and Social Equality*. New York: Harper and Row.
- Wright, Gerald C., Robert S. Erikson, and John P. McIver. 1987. Public Opinion and Policy Liberalism in the American States. *American Journal of Political Science* 31:980-1001.

