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### THE DIALECTICS

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Salar Ghahramani

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### A SPECIAL THANKS

Dr. Karen Wiley Sandler



This issue of the Journal is dedicated to Dr. Karen Wiley Sandler, the Chancellor of Penn State Abington whose vision and support has been the driving force behind *The Dialectics* since 2006.

Dr. Sandler has served as the chief executive and dean of Penn State Abington since 1994 and is the first recipient of an endowed Chancellor's Chair at Penn State. She will retire from her current role at the end of 2015.

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with the Middle States Association of Schools and Colleges, serving in roles such as periodic review evaluator, visiting team chair, visiting team member, and conference presenter on planning and assessment.

Dr. Sandler serves on the Board of Directors of the Eastern Montgomery County Chamber of Commerce and the Economic Development Committee of Abington Township, and is a founding member of the Business Resources Information Center (BRIC), an economic development partnership between Abington Township, Penn State Abington, and the Eastern Montgomery County Chamber of Commerce. She also serves as a member of the Executive Advisory Committee for the EASTERN Center for Arts and Technology and a member of the Montgomery County Workforce Investment Board. She has served as a member of boards supporting the arts, economic development, educational equity, and community planning. Dr. Sandler has been recognized for her leadership by the Eastern Montgomery County Chamber of Commerce, the Poor Richard Club, Abington Township, the Montgomery County Chapter of the March of Dimes, and by the members of the Penn State Abington Class of 1998, who awarded her the Lion Heart Award for her commitment to students.

### "FROM ENTITLEMENT TO EMPOWERMENT": HOW NARRATIVES OF POVERTY LEGITIMATED POLICY OUTCOMES IN THE ERA OF AMERICAN WELFARE REFORM

## By Kristin Zuhone\* The University of Pennsylvania

In the 2014 English translation of his widely—but by no means universally—acclaimed tome, Capital in the Twenty-First Century, Thomas Piketty succinctly declares that "it is long since past the time when we should have put the question of inequality back at the center of economic analysis." Considering the case of the United States, he notes that the top decile share in national income that has undergone a U-shaped change of "impressive ( ... ) magnitude" during the 20th and 21st centuries. Although this metric of inequality plummeted from 45-50% in the economically tumultuous and interventionist 1930s to consistently less than 35% between 1950 and 1970, in a period of rapid, almost sweeping growth, it again rose sharply in the 2000s and 2010s, returning to 45-50% as large firms witnessed an "unprecedented explosion" of "elevated incomes" among top managers (Piketty, 2014). Inequality thus proves both a function of "historical dynamics" like capital accumulation and an influence upon "the structure of social classes" (Piketty, 2014).

Distinct from metrics of inequality are poverty thresholds, which—once more examining the United States—the Census Bureau defines as the minimum incomes that individuals of various ages and families of various sizes "need to live" (DeNavas-Walt, Proctor, & Smith, 2013). Despite the confidence with which academics as well as policymakers maintain that inequality is "closely related" to resource distribution and—by extension—poverty (Saith, 2005), their customary reliance upon one-dimensional tools like poverty thresholds severs the two concepts, "render[ing] invisible" the political-economic power relations that underlie the durability of both (Saith, 2005). Indeed, poverty in the United States is remarkable because of its high incidence on the one hand and its demographic asymmetry on the other: as of 2012, this statistical category comprised 46.5 million Americans (15.0%), with disproportionate prevalence among African Americans (27.2%), Hispanics (25.6%), and women (16.3%) (DeNavas-Walt et al., 2013). As is often reported, these minority populations are also subject to persistent income disparities (DeNavas-Walt et al., 2013).

From administrative and historical standpoints, poverty thresholds in the United States appear noteworthy. A recent publication by the Congressional Research Service, for example, estimated that 82 welfare and public assistance programs, including the Low-Income Home Energy Assistance Program, the Supplemental Nutrition Assistance Program, and parts of Medicaid, utilize a simplified version of poverty thresholds to determine eligibility for meanstested benefits (Gabe, 2007). In addition to the obvious scope of their impact, poverty thresholds maintain importance precisely because the methodology for their calculation—developed in 1963 and minimally revised since—is considered "outdated," "badly flawed," and "nonsensical" for present economic conditions and policy objectives (Blank, 2008). Such statistical fixedness is

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<sup>\*</sup>Kristin Zuhone is a recent *summa cum laude* graduate of the University of Pennsylvania, where she studied political science with a concentration in American politics. An earlier version of this article appeared in Volume 7, Issue 2 of *Reinvention: An International Journal of Undergraduate Research*, published by the University of Warwick and Monash University.

foremost among the problems that poverty thresholds generate for policy analysis, for they have proven "impervious" to a half-century-long expansion of in-kind and tax credit programs, which "improve life among low-income families" but remain excluded from institutional definitions of "income," thereby strengthening the enduring, though contested, claim that "public spending on the poor [has] little effect" (Blank, 2008).

Since the mid-1990s, normative and often ideologically informed questions concerning the measurement of poverty on the one hand and the reach of welfare and public assistance programs on the other have featured recurrently in American policymaking. While the progressive membership of a panel convened by the National Academy of Sciences memorably proposed an alternative means of calculating poverty thresholds—inclusive of earnings, in-kind benefits, and tax credits—in 1995 (Hutto, Waldfogel, Kaushal, & Garfinkel, 2011), President Bill Clinton yielded to conservative pressures for immediate welfare reform by signing the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)—the highly debated outcome of which was the replacement of the longstanding Aid to Families with Dependent Children (AFDC) by the more restrictive Temporary Assistance for Needy Families (TANF)—in 1996 (Monnat & Bunyan, 2008). These two policy designs were strikingly disparate in terms of both the premises that motivated them and the aims that they pursued; consequently, it seems valid as well as worthwhile to examine the sociopolitical circumstances that allowed them to originate contemporaneously and achieve currency among the same governmental elites.

This article holds that the narrative approach to policy analysis, itself a departure from more conventional methods, provides an operative framework for the study of American welfare reform, especially the grounds on which its outcomes gained widespread credence. The first section surveys the theoretical literature that connects narrative to policy analysis and further demonstrates its utility with a conceptual example from political science—so-called "tales of the state." The second section attends to some persistently inequitable dimensions of the American welfare state, particularly those involving ideologies of class, gender, and race where they intersect with poverty, from the start of the Progressive Era (1880) to the election of President Ronald Reagan (1980). Proceeding to synthesize major social scientific works, the third and fourth sections identify and elaborate upon two narratives that framed public debate surrounding welfare reform in the mid-1990s: that of the "underclass," according to which poverty—the purportedly intractable result of a cultural propagation that was morally failing—was associated with "entitlement" in the years preceding the passing of the PRWORA (1980-1996), and that of the "entrepreneurial poor," according to which poverty—an apparently reversible condition demanding toil and perseverance on the part of the impoverished individual—has been coupled with "empowerment" since the passing of the PRWORA (1996-present). With a title that invokes the 1993 State of the Union address for evidence of such a transition in rhetoric and policy (The Washington Post Company, 1998), the article concludes that each narrative legitimated a specific set of policy outcomes, whether the curtailment of federal welfare and public assistance programs writ large or the notable emergence of market-based approaches to poverty alleviation, accompanied by its own shortcomings and risks.

### The Narrative Approach to Policy Analysis

In the 1960s, policy analysis emerged as a "public administration reform strategy" that focused on practical questions with which political decision-making elites were confronted (Fischer, 2009). Consistent with this framework, political action seemed to merely attempt to determine

"who [got] what, when, and how" as the subfield's founder, Harold Lasswell, had earlier devised in the pithy title of a prominent 1936 work. Policy analysis, termed "an applied social science discipline," thus presupposed the need to create and transform "policy-relevant information" for everyday use "in policy settings" to resolve "policy problems" (Dunn, 1981). Despite the ostensible narrowness of its purpose, the subfield exhibited broad appeal on the basis of its multidisciplinary logic—which would facilitate the interaction of academic experts with policymakers—and its normative orientation, which would reduce quarrelsome debate about urgent policy issues (Torgerson, 1985). Still, as was typical of social scientific research in that era, it unduly favored quantitative means of analysis, posited an objective separation of facts and values, and endeavored to generalize findings beyond their individual contexts (Fischer, 2003).

In contrast, more recent scholarship emphasizes the limitations of policy analysis as dominated by such "positivist" and "empiricist" modes of inquiry (Flyvbjerg, 2001). Two common areas of reproach concern the subfield's inattention to theoretical elaboration and its stalwart denial of subjectivity. In the first of these arguments, the conventional approach to policy analysis, especially its trust in the systematic collection and exacting analysis of data, is liable to reproduce a misguided conjecture that the application of "more sophisticated methodologies and richer, more complete data sets" necessarily yields conclusions of greater validity (Schlager, 1999). With regard to the second point of criticism, the subfield—insomuch as it maintains a nominal commitment to "the rational, scientific, and neutral" while the discourses of policymaking are themselves subject to heightened scrutiny as being "value oriented" and "socially constructed"—comes to serve not the far-reaching explanatory aims that would be expected but instead merely "ideological" ones (Fischer, 2003). Given these problematic aspects, the continued relevance of policy analysis to the social sciences requires a thorough adaptation of its premises on the one hand and its techniques on the other.

Indeed, three interdisciplinary publications from the early 1990s contend that narrative approaches to policy analysis offer suitable alternatives. In the first of these books, *The Argumentative Turn in Policy Analysis and Planning*, Frank Fischer and John Forester (1993) demonstrate that policymakers, inevitably disposed to exhibit biases and employ rhetoric that "depicts and selects, describes and characterizes, includes and excludes," perform more diverse and dependent functions than conventional approaches to policy analysis would recognize. In the second, *Narrative Policy Analysis: Theory and Practice*, Emery Roe (1994) shifts focus to the circumstances in which policy issues are conceived, observing in the narratives that frame them a veritable "force" that tenaciously upholds the shared assumptions of decision making and achieves ultimate influence in political climates of "high uncertainty, complexity, and polarization." In the third, *Policy Change and Learning: An Advocacy Coalition Approach*, Paul Sabatier and Hank Jenkins-Smith (1993) assert that policymakers, entering into alliances that favor specific policy outcomes representative of their joint beliefs, engage in policy analysis "primarily to buttress and elaborate those beliefs."

Tales of the State: Narrative in Contemporary U.S. Politics and Public Policy, a 1997 collection by Sanford Schram and Philip Neisser, further applies this approach to policy analysis and clarifies its unique insights vis-à-vis more conventional ones. Returning to the critique that "positivist" and "empiricist" modes of inquiry operate to the detriment of theoretical development, the authors caution that the purpose of the narrative approach consists not of ranking narratives on the basis of their "truthfulness" or "exactitude," but rather of illustrating their power to "construct political space itself" (Schram & Neisser, 1997). Toward this end, explanations of the approach frequently draw upon analogous relationships, such as those

according to which narratives in policy analysis act similarly to "stories" that organize "everyday private lives" and "folktales" that "lend coherence" to public expressions as well as representational practices, such as those according to which narratives "mediate" what various actors understand to be "the reality and objects of concern" of policy issues and outcomes (Schram & Neisser, 1997). Most generally, then, policymakers enact narratives to inform others of "who they are, what their interests are, and how those interests can be served" (Schram & Neisser, 1997).

The authors of *Tales of the State* also evince that the narrative approach, unlike the "positivist" and "empiricist" modes of inquiry grounding more historically oriented methods, does acknowledge the subjectivity of policymaking and analysis. Pursuant to this idea, the process through which narratives are imagined, assembled, and disseminated may be termed "inscription"; that is, actors transmit or otherwise strengthen those realities, whether actual or perceived, that prove advantageous for them, thus enabling interpretation to "become more than fable" as it influences—and eventually formulates—the identities of individuals and groups (Schram & Neisser, 1997). Negations of this "objectivity" thesis in conventional approaches to policy analysis are numerous but nonetheless include the use of narratives as "scripts for engaging in political performances" (Schram & Neisser, 1997), the creation of hierarchical, necessarily inequitable "structures of attention" and "inattention" (Schram & Neisser, 1997), and the fabrication of freestanding explanations that "impose ( ... ) a degree of completeness and coherency to (...) policy condition[s]" (deLeon, 1999). The narrative approach to policy analysis consequently appears a fitting and effective one, for it duly underscores that the nature of human action is "multifaceted," just as human beings are themselves "culturally shaped" and "communicatively based" (Fischer & Gottweis, 2012).

### Narratives of Persistent Inequity in the "Long History" of the American Welfare State (1880-1980)

Despite—or perhaps because of—their countless aspects, the policies of the American welfare state seem an enduring topic in academic research. Hence, this article does not purport to revise or amend the copious scholarship that already treats the matter in history (Berkowitz, 1992; Katz, 2002; Marmor, Mashaw, & Harvey, 1992; Patterson, 1981), sociology (Chalfant, 1985; Dauber, 2013; Handler & Hasenfeld, 1991; Weir, Orloff, & Skocpol, 1988), political science (Cook & Barrett, 1992; Gilens, 2009; Hacker, 2002; Howard, 1999), social work (Jansson, 2012; Karger & Stoesz, 2006; Stern & Axinn, 2012; Trattner, 1999), and comparative social policy (Alesina, Glaeser, & Sacerdote, 2001; Garfinkel, Rainwater, & Smeeding, 2010; Levine, 1989; Midgley, Tracy, & Livermore, 2008). Instead, it seeks to enhance understanding of policy outcomes in three largely accepted periods of American welfare state development (the "long history" of 1880-1980, the "pre-welfare reform" era of 1980-1996, and the "post-welfare reform" era of 1996-present) by describing some inequities which persisted through these periods; the narratives that facilitated their preservation throughout the 20th century; and the narratives of the "underclass" and the "entrepreneurial poor" that were crystallized in the years surrounding welfare reform. Consistent with these aims, the following paragraphs examine the mechanisms by which ideologies of class, gender, and race informed perceptions of poverty and "deservingness," as well as their accompanying policy outcomes, from the start of the Progressive Era to the election of President Reagan.

In both policy analysis and policymaking, class plays a central, albeit insidious, role. Even if subject to reproach (Klass, 1985), it remains a theoretical commonplace to explain attitudes toward the policies of the welfare state via the "consensus theory" paradigm, which associates opposition to welfare and public assistance programs with *middle class* interests, or the "class conflict" paradigm, which associates the same opposition with *upper class* interests (Huntington, 1974). Although the arguments deriving from both paradigms presuppose the importance of "popular ideology" to evaluations of policy performance (Klass, 1985), that of "consensus theory" finds in prevalent dissatisfaction with the welfare state such Lockean notions as economic individualism, self-reliance, and limited government (Wilensky, 1975), while that of "class conflict" draws attention to business elite agendas, especially those of economic control and political suppression that manifest as laissez-faire preferences (Piven & Cloward, 1982). As comparative-historical studies of welfare state development affirm but American institutional structures—decentralized and nonprogrammatic political parties, in particular—inhibit, "vulnerable" minorities like the lower classes are most able to benefit from welfare and public assistance programs when "bureaucrats and national political parties" collaborate to build "universal" systems (Skocpol, 1987). In the absence of broad coalitions, support for the policies of the welfare state principally necessitates the dismantling of those beliefs that distinguish the "deserving" poor from the "undeserving" (Appelbaum, 2001).

As a ubiquitous category of human "difference," gender also presents a rubric relative to which "deservingness" can be delineated. Published in the last two decades, multiple works in the women's history tradition attend to the gendered dimensions of early American welfare state development (Goodwin, 2007; Gordon, 1995; Kleinberg, 2005; Ladd-Taylor, 1995; Mink, 1996; Skocpol, 1992). More specifically, these authors illuminate the hereto neglected significance of "nation-spanning federations of local women's clubs" in advancing a distinctively "maternalist" program inclusive of mothers' pensions, minimum wage regulations, and other social benefits for "the good of women and their children" instead of the livelihood of male veterans and their dependents (Skocpol, 1992). Notwithstanding the extraordinary percentage of states—40 out of 50—that passed comparable "legislation for impoverished mother-only families" (Goodwin, 2007) and the decisive manner in which the activism accompanying it refuted longstanding stereotypes of widows as being "passive victims" (Kleinberg, 2005), "maternalism" proved a discriminatory ideology that mandated domesticity on the one hand—"there [was] a uniquely feminine value system based on care and nurturance"—and economic dependency on the other— "men should earn a family wage to support their (...) wives and children" (Ladd-Taylor, 1995). As federal intervention heightened during the New Deal and components of the modern welfare state were introduced, women's eligibility for benefits remained contingent upon their subordination to men, whose "wage-earning ( ... ) citizenship" was normalized by old age. survivors, and disability insurance (i.e., social security) while "working motherhood" appeared an inconceivable "bane of children's interests" under the auspices of public assistance (i.e., AFDC) (Mink, 1996).

Finally, racialization unremittingly shapes perceived "deservingness" of participation in welfare and public assistance programs. Written in the same context as the literature reviewed above, numerous books endeavor to situate the widely publicized racial dimensions of welfare reform in the more extensive trajectory of American welfare state development (Brown, 1999; Fox, 2012; Goldberg, 2007; Lieberman, 2001; Neubeck and Cazenave, 2002; Poole, 2006; SenGupta, 2009; Ward, 2009). Among the prevailing frameworks in these publications is the racial delimitation of citizenship via policymaking prior to and during the New Deal. In the

Reconstruction Era, for example, the Freedmen's Bureau—"the nation's first federal welfare and regulatory agency," though one that complemented rather than replaced active community services—operated a dual system of poor relief that excluded former slaves from mainstream options and thereby stigmatized them, despite the Fourteenth Amendment's recent enforcement of national citizenship (Goldberg, 2007). Moreover, the Social Security Act limited the access of African Americans to retirement insurance benefits—insomuch that their "reliance upon contributory, earnings-related policies" magnified the job and wage discrimination to which members of this demographic group are still disproportionately subject (Brown, 1999)—as did unemployment compensation, to the extent that policy consultants like labor historian John Commons regarded wage earners, chiefly white and comprising the "enlightened and patriotic citizenship," as meriting protection, while agricultural and domestic workers, predominantly minorities "willing to accept little pay," did not (Poole, 2006). Indeed, the racial stratification that was institutionalized in the "long history" of the American welfare state "reproduced and deepened already existing social inequalities" (Ward, 2009).

### Narratives of the "Underclass" and Policy Outcomes in the "Pre-Welfare Reform" Era (1980-1996)

Though recognized as instrumental in the heralding of the PRWORA in 1996, the narrative of the "underclass" derives its origins from a decades-old tradition of scholarship that observes and diagnoses so-called "cultures of poverty." In particular, two texts released to much professional and political notice in the 1950s and 1960s—Five Families: Mexican Case Studies in the Culture of Poverty by Oscar Lewis (1959) and The Negro Family: The Case for National Action by Daniel Patrick Moynihan (1965)—prove foundational. In one of its earliest articulations, the social theory conceives of poverty as "a way of life [that] is passed down from generation to generation," evincing "remarkable similarities in family structure, interpersonal relations, time orientation, value systems, and spending patterns" (Lewis, 1966). Such behavioral understandings of the causes of poverty, especially of deficiencies in a range of "qualities and capacities" that include "hope, dignity, ( ... ) confidence, motivation, [and] community," are notably manifest in the policy framing of the Economic Opportunity Act, the cornerstone of the War on Poverty that President Johnson announced in 1964 (Guetzkow, 2010). While more contemporary works systematically refute basic claims that the individual and neighborhood are ideal units of analysis (Allard & Small, 2013), that the poor adhere to distinct value systems (Jones & Luo, 1999), and that discourses about them are impervious to racialization (Souza, 2000), it is in keeping with this academic heritage that, according to Michael Katz (2012), the narrative of the "underclass" perniciously "displace[s] responsibility for poverty from politics, economics, and racism onto individuals."

The narrative of the "underclass" appears most threatening as a function of its sustained currency in the face of directly opposing social scientific evidence. Receiving its first scholarly formulation in *The Challenge to Affluence*, a 1963 book by Gunnar Myrdal, the "underclass" designates a portion of the American lower class purportedly comprising the "unemployed, unemployables, and underemployed" who are "more and more hopelessly set apart from the nation at large." Like this initial text, a later but more commonly cited account by William Julius Wilson (1987)—*The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy*—features *structural* explanations of poverty, like economic restructuring (e.g., deindustrialization, suburbanization, and the rise of the low-wage service sector) and racial discrimination (e.g.,

redlining, blockbusting, and other practices associated with residential segregation), thus already betraying the concept's henceforth durable "association" with African Americans. Nevertheless, the period in which Wilson published his work also witnessed a shift toward *behavioral* interpretations of the term, including those of Moore, Livermore, and Galland (1973), Auletta (1982), and Magnet (1987), with this latter identifying among its attributes "chronic lawlessness, drug use, out-of-wedlock births, [joblessness], welfare dependency, and school failure" (Gans, 1996). Criticisms of this strain of discourse, especially of its proven inaccuracies, racist conjectures, and policy implications, are plentiful (Gans, 1995; Jencks & Peterson, 2001; Katz, 1993; Katz, 1997; Massey & Denton, 1994; Morris, 1996; Silver, 1996; Wacquant, 2008); however, one of the most persuasive rejections of the "underclass" proves strikingly concise, for if its characteristic behaviors are observable "across lines of class, race, and opportunity," they cannot be "particularly implicated in producing poverty" (Reed, 1999).

In the social construction of the "welfare queen" is evident a principal conduit through which the narrative of the "underclass" was entrenched during the 1980s and 1990s. A wealth of more recent literature appropriately finds its purpose in the repudiation of this fraudulent identity and damaging rhetoric (Hancock, 2004; Handler, 1995; Hays, 2004; Jordan-Zachery, 2009; Mink, 1999; Reese, 2005; Solinger, 2002). Still, the dedication of so many studies to the topic is not extraordinary, for the representation—a woman "increasingly isolated from mainstream society" by virtue of her unemployment (McLanahan & Garfinkel, 1989)—occupied an eminent position of contempt in the media on the one hand (Gilens, 1996) and policymaking on the other (Spitzer, 2012). With regard to the first, a content analysis of 107 television news stories between 1993 and 1996 revealed that the typical participant in welfare and public assistance programs is believed to be female (74.6%), the head of a single-parent family (55.7%), African American (49.2%), and personally at fault for her status of poverty (36.7%) (Luther, Kennedy, & Combs-Orme, 2005). As for the second, another content analysis of 81 transcripts from the 1996 Congressional floor debates confirmed that the political understanding of the "welfare queen" conditioned by "the intersection of race, class, and gender stereotypes and moral judgments"—is one of a "culture of poverty" (frequency of 54), single-parent families (frequency of 37), joblessness (frequency of 30), and illegitimacy (frequency of 28) (Hancock, 2003). These prevailing structures of discourse "valorize two-parent families and stigmatize one-parent ones," relegating the latter to an inferior station "not deserving of social (...) support" (Schram, 1993).

As a pervasive manifestation of the narrative of the "underclass," the popular image of the "welfare queen" authorized conservative policy outcomes during the Reagan and Clinton administrations. In the former, two statutes were central: the Omnibus Budget Reconciliation Act of 1981 (OBRA), which lowered income eligibility for AFDC and—to the extent that it eliminated mostly employed families from the rolls—paradoxically reduced work incentives (Moffitt & Wolf, 1987), and the Family Support Act (FSA), of 1988 which introduced a new, more severe welfare-to-work—or "workfare"—program that would encourage labor market activation by requiring recipients of AFDC to pursue sponsored education, training, and employment services (Hagen & Lurie, 1993). Although the OBRA promised financial "independence" for millions of "poverty-by-choice" women who were purportedly attracted to the "generosity" of welfare and public assistance programs in the 1960s and 1970s, it instead displayed both economic irrationality and punitive regulation as part-time jobs, low wages, and the costs of childcare—if and when secured—resulted in a net *loss* of income but still presented sufficient grounds for disqualification (Rose, 1993). Similarly, because the FSA achieved bipartisan consensus on the basis of a "widely shared" conviction that "welfare mothers should

work" and a fiscally motivated interest in producing "some impact [but] at little cost," evaluation research for "workfare" programs considered exclusively those effects relating to employment and welfare use, allowing questions about racial and gender inequality to "remain unasked ( ... ) and less influential in political debate" (Oliker, 1994).

The PRWORA was the chief piece of legislation pertaining to poverty during the Clinton presidency. Its policy revisions, deemed "monumental changes to the ( ... ) system in the United States," consisted of 1) the termination of some federal welfare and public assistance programs (e.g., AFDC) as being guaranteed and entitlement based; 2) the designation of the successor to AFDC (i.e., TANF) as a block grant program that reverted responsibility—including design and administration—to the states; 3) the mandate that recipients of TANF transition into employment no later than two years after first obtaining benefits; and 4) the placement of a lifetime limit of five years on benefits (Monnat & Bunyan, 2008). Aside from these procedural adjustments to federal efforts of poverty alleviation, the enactment of welfare reform also signaled a shift in their objectives, for the opening paragraph of the PRWORA—in keeping with the view that marriage is "an essential institution of a successful society" (Reese, 2005)—promotes the expansion of two-parent households, while its statement of eligibility necessitated the identification of children's biological fathers and the continued academic enrollment of unmarried recipients below the age of 18 (Seccombe, James, & Walters, 1998). Still more disturbing are the gendered and racialized assumptions on which these additional requirements are founded, as well as their unrelenting "focus on [the] behavior and morality" embedded within the tropes of the "welfare queen" and the "underclass" (Nadasen, 2007).

### Narratives of the "Entrepreneurial Poor" and Policy Outcomes in the "Post-Welfare Reform" Era (1996-present)

Despite its salient connections to policy outcomes since the adoption of the PRWORA, the narrative of the "entrepreneurial poor" traces its origins to the deployment and redefinition of neoliberal ideology in the 1970s and 1980s. The purview of neoliberalism—like the multiplicity of academic treatments that it invites—is enormous, complex, and disputed (Braedley & Luxton, 2010; Leitner, Peck, & Sheppard, 2007; Saad-Filho & Johnston, 2005). Nonetheless, consensus seems viable with respect to the evolution of the idea, namely, from its early association with the "moderate" economic philosophy of the German Freiburg School in the interwar period, to its related use by Chilean promarket intellectuals seeking to effectuate rapid growth in their own country, to its broad diffusion into English language scholarship as a "negative" term recalling the most "radical" and "fundamentalist" aspects of dictator Augusto Pinochet's financial reforms (Boas & Gans-Morse, 2009). The meaning and usage of "neoliberalism," which Noam Chomsky (1999) and David Harvey (2007) individually define as involving the processes of liberalization, privatization, and minimal state intervention, likewise prove curiously exempt from debate, for the literature employs it in reference to "a variety of concepts whose unifying characteristic is the free market" (Boas & Gans-Morse, 2009). From this political and economic context emerges the narrative of the "entrepreneurial poor" that, again, in the words of Michael Katz (2012), shrewdly portrays its subjects as "rational actors" who need only an "optimistic, can-do attitude ( ...) [and] a little help to act in their own self-interest."

The narrative of the "entrepreneurial poor" appears both alarming and insidious on the basis of its commitment to behavior modification. As Joe Soss, Richard Fording, and Sanford

Schram (2011) demonstrate, neither the proliferation of such a model nor its personal attribution of responsibility is surprising, given the ascendance of neoliberalism:

Matters of shared consequence, once addressed through public decisions about how to organize collective life, are recast as [private] problems to be solved through rational individual choices. ( ... ) The competent and self-reliant market actor—working, investing, choosing, and assessing returns—is made synonymous with the good citizen.

Enabling primarily low-income families to "formulate and achieve life goals" in a fashion that also "contribute[s] to the economy and society," the Center for Social Development (2015) at Washington University in St. Louis is the foremost catalyst in advancing policy research on behalf of the "entrepreneurial poor," boasting a portfolio of tactics like saving, asset building, and securing "individual development accounts" (Schreiner & Sherraden, 2011). Although this approach—inasmuch as it regards poverty as a *structural* issue of "failed markets" that must be "put to work for the benefit of the poor"—seems distinct from narratives of the "underclass" (Katz, 2013), it remains markedly consistent with the *behavioral* monitoring that academics have recurrently observed in the administration of welfare and public assistance programs (Piven & Cloward, 1971; Schram, 2008). Consequently, economic approaches that target and define the "entrepreneurial poor" may themselves operate as forms of "social control" (Schram, 2002).

In the institutionalization of "self-help" survival strategies is evident a key channel through which the narrative of the "entrepreneurial poor" has been subtly reinforced since the 1996 changes to federal welfare and public assistance programs. Exhibiting criticality, reflexivity, and ethnographic methods, an abundance of anthropological and sociological texts attend to the predominant traits of recent developments in social policy, including the neoliberal "common sense" that undergirds them (Hyatt, 2001; Maskovsky, 2001; Ridzi, 2009); the "technologies of self-governance" that function to limit the demand for state action (Collins & Mayer, 2010; Korteweg, 2003; Morgen & Maskovsky, 2003); the "false promise" of marketbased approaches to poverty alleviation (Ehlers & Main, 1998; Goldstein, 2001; Stoesz & Saunders, 1999); and the expansion of "community-based organizations" as proxies in the delivery of supportive services (Kiven, 2007; Marwell, 2004). These decentralized, regulatory, and emphatically independent systems result in the continued reduction of social problems to "issues of individual pathologies," the transformation of entitled "citizens" into empowered "consumers" who increasingly call upon private or semiprivate sources to satisfy their basic needs, and the alteration of citizen-state relationships, such that "possibilities for collective mobilization" are diminished (Lyon-Callo & Hyatt, 2003). While the repercussions of "selfhelp" as a normalized practice seem grave, the postindustrial ethic that has sanctioned it—"a society of individual entrepreneurs" in which the obligation to embody "self-discipline" is heightened and "the [inability] to do so is seen as an even greater failing than previously" proves still more pervasive and disturbing (Schram, 2000).

Returning to one of the above listed features of "post-welfare reform" policy outcomes, market-based efforts to lower the incidence of poverty are especially problematic, as they accomplish less than they imply they will. Despite the lofty aspiration that these "innovations" will render economic conditions more "inclusive" (Mendoza & Thelen, 2008), their underlying ascription of entrepreneurial outlooks and consumerist behaviors to the poor—a startlingly uniform and frankly naive premise—coheres with the present "neoliberal" regime and the accompanying hypothesis that the American welfare state is undergoing a transition away from a

model of "social insurance" toward one of "capital investment" (Quadagno, 1999). Pursuing approaches like "microenterprise" (i.e., individual lending with the intention of creating small businesses); "individual development accounts" (i.e., subsidized savings accounts with matching incentives); "social enterprise" (i.e., work integration that offers wages and training alongside social supports); and "bottom-of-the-pyramid schemes" (i.e., corporate activities, especially investments, focusing on the lowest income sectors)—albeit manifesting an extreme profitability in terms of the "potentially massive reservoir of untapped buying power" that they aim to reach (Cooney & Williams Shanks, 2010)—presuppose the supremacy of labor market activation as a means "out of poverty," regardless of individual circumstance (Stoesz & Saunders, 1999). Of additional and perhaps more acute concern is the *utility* of market-based strategies, a basic criterion of success that Ehlers and Main (1998) found wanting, given the tendency of microenterprise, for example, to "exacerbate" women's marginalized financial status and prevent them from "legitimat[ing] themselves as businesswomen in the future."

Among the same postwelfare reform policy outcomes, the rise of "community-based organizations" is particularly subject to reproach on the grounds of performing a politically exculpatory role. Understood as being largely not for profit (Minow, 1999), such organizations constitute an industry in the United States with at least \$1.6 million currently in operation and \$1.7 trillion in annual revenue as of 2007 (Salamon, 2012). The rationale for their establishment as well as their growth appears compelling: multiple studies have revealed that the "workfare" requirement imposed by the PRWORA—even if it decreased the number of families on the rolls—fails to alleviate poverty in either the short or long term, for labor market activation is not a suitable remedy in areas with chronically low median incomes (Couto, 2003) or in periods of economic recession (Ellwood, 2000), and the employment that TANF recipients obtain is most often low wage (Corcoran, Danziger, Kalil, & Seefeldt, 2000) and ineligible for benefits (Collins, 2007). Nevertheless, several risks of procedure and purpose are implicit in "community-based organizations." Employment placement services are observed to vary in their effectiveness, depending upon the competence of the provider (Marwell, 2004) and to direct participants toward industries that reproduce "unfavorable occupational attributes" (Hasenfeld, 1975), while staff members are inclined to conceive of poverty as "a static physical reality" (Sanyal, 2004), since their livelihood necessitates its maintenance (Funiciello, 1994). Although it does generate social capital by way of both "bridging" and "bonding" (Lockhart, 2005), this form of social capital ultimately allows for "coping" on an individual scale rather than providing "leverage" on the political stage (Henly, Danziger, & Offer, 2005); indeed, it extends "self-help" for the "entrepreneurial" in place of an equitable, comprehensive welfare state for all.

### **Conclusion**

Buoyed by the publication and subsequent popularity of books with such incendiary titles as Losing Ground: American Social Policy, 1950-1980 by Charles Murray (1984) and Beyond Entitlement: The Social Obligations of Citizenship by Lawrence Mead (1986), Republican members of the House of Representatives under President Clinton were able to devise a welfare reform agenda centering on illegitimacy, dependency, and—of course—employment, the "antidote" to those and other behaviors deemed politically inappropriate on the one hand and socially injurious on the other (Haskins, 2006). Not to remain blameless, prominent Democrats in the academy and policymaking simultaneously advanced a unified claim that welfare reform, if "conditioned on [personal responsibility] ( ... ) and associated with work," would alter mass

opinion regarding poverty and "deservingness," render the public more willing to invest in welfare and public assistance programs, and in due course prove electorally advantageous for their own party (Soss & Schram, 2007). Yet, despite the fact that welfare reform as instituted by the PRWORA has since been considered a monumental triumph of social policy, it has *not* engendered "more positive images of [the poor], welfare recipients, or welfare itself" (Soss & Schram, 2007), nor has it relied upon a frame of reference that actually demonstrates the achievement of self-sufficiency among participants. Instead, it narrowly interprets the size of the rolls as "a key indicator of policy performance" and the employment outcomes of those transitioning off the rolls as "a central policy goal" (Schram & Soss, 2001).

It is in relation to the era of American welfare reform that Michael Katz (2010) regretfully concedes the following: "scholars on the political left have written persuasive histories of government failure in ( ... ) urban policy," but none of them has produced "a comprehensive and coherent counter-narrative" to the right's assertion that the scope and influence of government must be reduced accordingly. Having reviewed major social scientific works that attend to the policy dimensions of the American welfare state, this article elaborates upon two of those narratives that buttressed the promotion of a more conservative posture to social policy in the United States. The first, which conceived of poverty as the purportedly intractable result of moral failing and cultural propagation within the "underclass," pejoratively ascribed the notion of "entitlement" to welfare recipients with confirmation derived from the social construction of the "welfare queen." The second, which imagined poverty as an apparently reversible condition demanding toil and perseverance on the part of the "entrepreneurial poor," naively attributed the quality of "empowerment" to individuals pursuing "self-help" survival strategies. Each of these narratives legitimated a specific set of policy outcomes, whether the curtailment of federal welfare and public assistance programs writ large or the notable emergence of market-based approaches to poverty alleviation, accompanied by its own shortcomings and risks. Looking forward, it proves yet uncertain whether the federal Promise Zones initiative—announced by President Barack Obama in January 2014 to commemorate the fiftieth anniversary of the War on Poverty—and especially its commitment to "redouble [the government's] efforts to make sure [the] economy works for every ( ... ) American" will perpetuate those values of decentralization, regulation, and independence that typify the narrative of the "entrepreneurial poor," or instead mark a significant advance toward a future of greater universalism for welfare in the United States (The White House, 2014).

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### A COMPARISON ACROSS OECD COUNTRIES: A PREDICTION OF THE FUTURE FOR HEALTH CARE IN THE UNITED STATES

## By Nour A. Sultan and George Shichen\*\* Siena College

The passage of the 2010 Patient Protection and Affordable Care Act has changed the landscape of the US health care market and the government's contribution towards many Americans' need for health care. Our research aims to determine if an increase in government expenditure will contribute to better health outcomes. To do so, we compare government health expenditures, inequality, and technology to health outcomes in the United States; we then compare these variables to corresponding ones across Organisation for Economic Cooperation and Development (OECD) countries. We find that increased public spending leads to different health outcomes based on health care systems, that inequality is correlated with negative health outcomes, and that technology is correlated with positive health outcomes.

#### Introduction

The idea of pooling risk through the implementation of health insurance has been a standard trait of all the OECD nations. The United Kingdom allocates tax revenues to fund publically provided medical care; Australia uses a fusion of both private and public institutions to fund health care services; and the United States health system is managed by two public health giants—Medicaid and Medicare—in addition to many smaller private insurance companies. Medicare alone covers 49 million elderly people (Kaiser Family Foundation [KFF], 2012), and Medicaid spends approximately \$500 billion on health services annually for those with low income (KFF, 2013). With the passage of the Affordable Care Act, the federal government has increased its role within health care markets, particularly through the subsidization of health insurance coverage. This policy movement has allowed for more government interaction within the system and has provided an opportunity for more government involvement regarding our health outcomes.

Our findings in this paper suggest that the amount of government involvement, measured by government spending, contributes to a longer life expectancy and lower infant mortality rate up to a certain threshold before it levels out. Towards the end of this paper, given the data we have collected, we will conclude with recommendations on how the US government might be able to improve its health outcomes in similar ways to those of other OECD nations.

### **Defining Payer Systems for Health Care**

Compared to other markets within the economy, health care has some distinguishing characteristics and varies from country to country. It is important to note that health care, in a

<sup>\*</sup> Nour A. Sultan is a senior at Siena College, where he is completing his undergraduate degree in economics with a concentration in health systems administration.

<sup>\*\*</sup> George Shichen is a recent graduate of Siena College, where he received his undergraduate degree in biology.

general context, differs from other economic sectors, as it contains elements of risk and uncertainty, problems of asymmetric information, and the production of homogenous goods and services. Health care is also one of the largest industries in the global market, spending a total of \$6.5 trillion worldwide (World Health Organization [WHO], 2012), with costs expected to rise.

Across all OECD countries, there is variation of government involvement. This is classified by the type of health care system which a country operates. Single-payer systems tend to lean more towards a universal approach, allowing health care coverage for most, if not all, of its citizens. Multipayer systems tend to favor the private sector, allowing for more market control and less government intervention; however, it should be noted that multipayer systems can have assistance from both public and private contributors, depending on what polices are enacted.

### Single-payer systems.

The single-payer system, which is widely known as universal health care, is typically run by a single public agency—namely, the federal government. In this health structure, providers only bear the administrative costs for the services that are provided from one insurer. The public agency provides all health coverage within the country, and all citizens are placed within a single risk pool, allowing them to all be treated equally (Schiff, 1994). General taxation is the primary form of financing in single-payer countries. This financing is unique because the taxes are put directly into a designated health care fund to then be distributed to citizens most in need of health services.

All health care workers in the single-payer system are regarded as government employees, with a majority of the hospitals being owned by the government. Regardless of a patient's financial status, under the single-payer model, they are able to seek care and choose their own provider, even in tough economic times. Due to this, medical practitioners are able to create a relationship with their patients, which is important to the improvement of care quality.

Despite all the positive factors that allow for increased quality of care, the single-payer system also has the tendency to disrupt it. Due to the system's structure, there is no individual incentive to provide information of quality of care for a hospital or physicians (Greenberg, 2008). Furthermore, there is no push to receive annual checkups, because there is no limit on the number of times a patient can visit their provider. Consequently, many patients become complacent and practice poor preventive measures, thus creating more risk. In the end, this may lead to a buildup of patients seeking medical care, resulting in longer waiting times and a possibly lower standard of care.

### Multipayer systems.

The multipayer system is a mixed model of health financing which relies on several organizations to provide medical care to the population. There is support from both public and private contributors; however, the level of support varies from country to country.

Under a multipayer system, health insurance plans are able to provide financial incentives to the best doctors and hospitals. These incentives allow physicians and hospitals to contract with insurance companies in order to provide the best possible health care for their patients, leading to an increase in quality of care (Greenberg, 2008). Unlike single-payer systems, where all patients are placed in a single risk pool, insurance companies in multipayer systems are diverse and place patients in different risk pools based on an individual's need for care. Due to financial

limitations, however, patients may have little to no variety in their choice of insurance, which can cause conflict. Patients are then unable to obtain reliable insurance coverage—an important need, which leads to better quality of care. Occasionally, under certain circumstances, the government may be able to provide subsidized assistance. For example, in the United States, individuals may qualify for lower premiums based on members per household and level of income (Centers for Medicare and Medicaid Services [CMS], 2015). In Switzerland, the government subsidizes the needy as well and ensures that people in financial need do not pay more for health insurance than those who are better off. Additionally, in France, both children and low-income individuals are entitled to free, private health insurance or health insurance vouchers and qualify for exemptions from nonreimbursable copayments and billing from doctors (Thomson, Osborn, Squires, & Jun, 2012).

The key components of a multipayer system are the insurance companies, which are the backbone of the health care system. These companies offer a wide variety of health care plans and policies. This variation opens up the healthcare market and allows for competition. The type of insurance the consumer decides to purchase is also indicative of the level of care the patient will receive, unless some sort of government involvement is also included within the health care plan.

### Methodology

In this study, we analyze health data on a macro level from several sources to determine where the United States stands in comparison to its health care counterparts and to identify the reasons that it ranks as it does. We will address the question of whether payer systems, both single- and multi, have a significant impact on people's health outcomes. Since it is difficult to quantitatively measure the effectiveness of payer systems, we will compare health outcomes using health outcome indicators from each health care system. These variables include: access to medical technology, inequality, and public health expenditure. Data was taken from a sample size of 11 countries from the OECD (see Table 1), one of which was the United States.

**Table 1.** Countries by type of payer systems

Single-payer	Multi-payer
Australia	France
Canada	Germany
Denmark	Japan
New Zealand	Netherlands
United Kingdom	Switzerland
	United States

To assist in our analysis of whether public health involvement and access contribute to health outcomes within a country, we use data from several sources. Data for this study was taken from the OECD, the World Bank, and the Institute for Economics and Peace. Life expectancy at birth and infant mortality per 1,000 live births were used as indicators for health outcomes in this study. Variables used to determine the effect of health policy on health outcomes were: magnetic resonance imaging machines (MRIs) units per million, computerized axial tomography (CT) units per million, percent of public health care expenditure by government, and Gini coefficient. MRIs and CT units per million were used as an indicator of availability and access to medical technology. Percent of public health care expenditure by government was used as an indicator of public funding in health care. The Gini coefficient is a measurement of inequality; the higher the value, the more income inequality there is in the country. Since the Gini coefficient is an indicator of inequality, it was used to measure the lack of access to health care due to affordability in each respective country.

The countries we chose, with the exception of the United States, were randomly selected. Countries were categorized as either single-payer or multipayer based on whether or not some or all health care services were available to all citizens, regardless of income. Those that have some sort of health care guaranteed to all its citizens were placed in the single-payer system, while those that did not have publicly funded medical services available to all its citizens were placed in the multipayer system category.

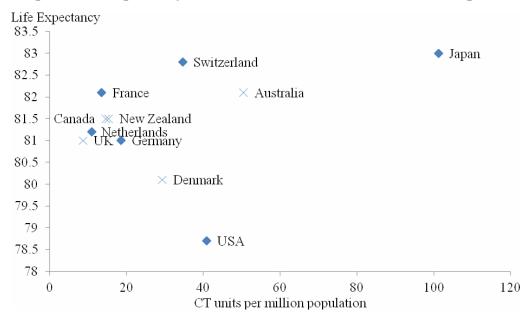
### **Differences in Health Outcomes by Payer Systems**

Even though all countries in this study hold OECD status, this is not indicative of homogeneity within their economic strengths and weaknesses. For example, the United States boasts the highest health care expenditure as a share of gross domestic product (GDP) at 17.9% (Barton, 2009). The only other country that comes close in this comparison is the single-payer country of Canada, with a share of 10.9% of GDP (World Bank, 2015). During this analysis, we will be measuring health outcomes by both life expectancy and infant mortality. Of the countries selected, the life expectancy ranged from 78.3 to 83, with the United States exhibiting the lowest and Japan exhibiting the highest. In terms of infant mortality per 1,000 births, the numbers within the OECD countries list a range from 2 to 6.1, with Japan once again ranking first (World Bank, 2015).

Life expectancy is the average period a person is predicted to live, taking into account contextual influence. All countries within the OECD exhibit differences in life expectancy (see Graph 1). Life expectancy can be affected by several factors, some outside the control of human intervention.

Within the health care sector, access and adoption of technology has tremendous benefits and can lead to better health outcomes. Graph 1 illustrates the health outcome of life expectancy with CT scans, while Graph 2 illustrates the health outcome of life expectancy with MRIs. According to studies done in the United States at the Mayo Clinic by McCollough (2012), "medical imaging exams—including CT scans—have been directly linked to greater life expectancy and declining cancer death rates." The promotion of health information technology could save "\$81 billion or more through the improvement of health care delivery efficiencies through electronic health records" (Hillestand et al., 2005).

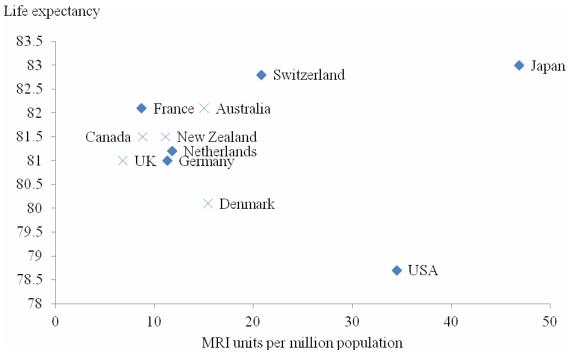
Graph 1. Life Expectancy as a Function of CT Units Per Million Population



Source: Authors' Calculations. Data compiled from OECD (2015).

Notes: United Kingdom (UK). United States of America (USA). Countries with multi-payer health care systems are denoted with "♦" markers. Countries with single-payer health care systems are denoted with "×" markers.

**Graph 2. MRI Units and Life Expectancy at Birth** 



Source: Authors' Calculations. Data compiled from OECD (2015).

Notes: United Kingdom (UK). United States of America (USA). Countries with multi-payer health care systems are denoted with "◆" markers. Countries with single-payer health care systems are denoted with "x" markers.

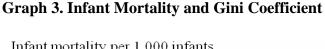
In analyzing Graph 2, an illustration of MRI units and life expectancy, it is clear to see that two multipayer systems, Japan and the United States, are significant outliers. Although Japan has the highest life expectancy, it also uses MRI machines the most. Based on Graphs 1 and 2, increasing the number of MRI and CT units increases life expectancy. The typical average for both single- and multipayer countries lies around 20 CT units per million population and 10 MRI units per million population. Many of the European countries are close within range, despite having a difference in payer systems. The United States uses twice as many CT and MRI machines, yet maintains a lower overall life expectancy and higher infant mortality. This may suggest that these differences may have to do with cultural and economic factors. Many physicians in Europe practice preventative medicine to stem medical costs and increase longevity. This type of health care is virtually absent in the United States, where medical care is more profit driven and focused on patient accumulation rather than the quality of patient care (Woolf et al., 2009).

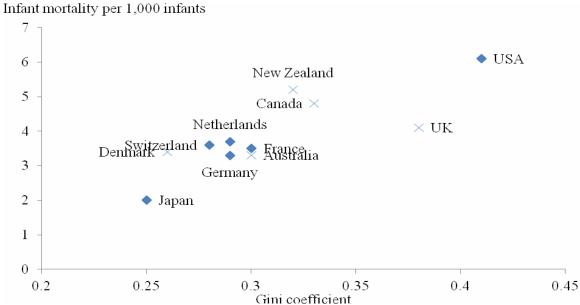
Overall, it appears that access to technology does, to some extent, increase life expectancy. The differentiation between payer systems was not as significant as we previously thought. The data presented is well scattered, with European countries showing the most significance. One may argue that an extremely high technological output creates healthier outcomes based on Japan's figure; however, results within the United States, a country that shows figures twice as much than any European country and far less than Japan's show results that run contrary to this. Health technology creates advancements in medicine and gains in efficiency, but the use of CT and MRI machines are limited because they typically are used for certain types of medical procedures, rendering this variable more associated to exposure to technology rather than quality of care. If more patients are less likely to have diseases for which these machines are used in the course of care, not only will their life expectancy be higher, but their use of these kinds of machines will be reduced. This also seems to suggest that this is also a public health issue in terms of prevention, a feature of health care in the United States that lags in comparison to its counterparts (Woolf et al., 2009), thus far exceeding the data represented in these graphs.

In theory, better access to professional services and technology can reduce the amount of infant deaths. Inequality can contribute to infant mortality, especially through the private market setting in the United States. Since most insurance in the United States is privately funded, more money typically means better insurance, leading to better health outcomes. If there is no insurance involved, health outcomes are often determined through out-of-pocket expenditures. Prenatal and postnatal care can often be expensive, so wealthier patients are able to afford more and better care through out-of-pocket expenditures or through an insurance plan that covers maternity care. According to a price study performed by the International Federation of Health Plans (International Federation of Health Plans, 2012), the total physician and hospital cost of a normal delivery is, on average, \$16,653 in the United States. In Switzerland, that same procedure is \$4,039; in France it is \$3,541; and, finally, in the United Kingdom, it is \$2,641.

Cesarean delivery doesn't fare well in the United States either. In 2012, the average price of a C-section delivery was \$26,305; the only country that came close to this price was Australia, where, at \$10,566, a Cesarean costs approximately half as much as it does in the US. The cheapest procedure reported in the International Federation of Health Plans study was in the single-payer system country of the United Kingdom, where a C-section procedure costs patients \$4,435.

It should also be noted that there is a significant correlation between infant mortality and inequality; as inequality, measured by the Gini coefficient, increases, infant mortality also increases (see Graph 3). There was a very strong relationship between infant mortality and the Gini coefficient in multipayer systems ( $R^2$ =.940), while a weaker relationship exists between single-payer systems ( $R^2$ =.200). The difference in the strength of the relationships between the two health care systems could be explained by the fact that a single-payer system makes up for inequality through government funded health care, reducing the effect of inequality on infant mortality. The multipayer system still relies on an individual's ability to pay, either through an insurance plan or out of pocket, to achieve positive results.





Source: Authors' Calculations. Data compiled from Institute for Economics and Peace (2015) and World Bank (2015).

Notes: United Kingdom (UK). United States of America (USA). Countries with multi-payer health care systems are denoted with "\u2223" markers. Countries with single-payer health care systems are denoted with "x" markers.

Our third and final analysis involves the comparison of life expectancy and public health expenditure. Public health expenditure consists of capital spending from government sources, external grants, and health insurance funds. When measuring the health economy as a whole, health expenditure is the sum of both public and private expenditures. A country with a single-payer system is more likely to have increased public health expenditure compared to a country with a multipayer system. For example, the United States, due to its support of Medicaid and Medicare government programs, exhibits a public expenditure of only 47.1 percent (World Bank, 2015). Life expectancy is an important indicator, because increased public health expenditure may allow people greater access to health care resources. It could lessen the financial burden of individuals who are struck with high medical payments. Public expenditure may also come into play in the long run due to its impact on the promotion of safe and healthy habits. In the United States, care is primarily treatment driven rather than preventative driven; however, numerous

studies have found it is more cost effective to prevent rather than treat. According to the Centers for Disease Control and Prevention (CDC, 2009), "It is essential to have a coordinated, strategic prevention approach that promotes healthy behaviors, expands early detection and diagnosis of disease, supports people of every age, and eliminates health disparities."

Health outcomes for individuals differ significantly based on the health care system in their respective countries. In multipayer systems, life expectancy increased with increasing public health expenditure (see Graph 4) ( $R^2$ =.434); however, in single-payer systems, life expectancy decreased with increasing public health expenditure ( $R^2$ =.633).

Life expectancy 83.5 83 Japan Switzerland Australia 82.5 France Zealand 82 81.5 × Canada Netherlands 81 Germany 80.5 Denmark 80 79.5 79 ♦ USA 78.5 78 40 50 60 70 80 90 % Public health care expenditure by government

Graph 4. Life Expectancy as a Result of Government Contribution to Public Health Care

Source: Authors' Calculations. Data compiled from OECD (2015) and World Bank (2015). Notes: United Kingdom (UK). United States of America (USA). Countries with multi-payer health care systems are denoted with "\u2221" markers. Countries with single-payer health care systems are denoted with "x" markers.

Furthermore, one study found that efforts to improve the health of persons under age 65 may result in greater life expectancy without increasing health care costs (Lubitz, Cai, Kramarow, & Lentzner, 2003). Graph 4 illustrates two important conclusions. First, the United States is an outlier. Second, there is a downward sloping correlation between life expectancy and government expenditures on health care in a single-payer system. As more public funding is provided, life expectancy is expected to rise, but this is only seen in multipayer systems. It is important to note that government intervention is a critical asset, but it is not the only factor causing variation in life expectancy. Factors such as genetics, nutritional intake, and exercise are not measured in these graphs, though they greatly affect life expectancy. When more medical expenses for individuals are covered by the government, such as in single-payer systems, health care consumers are more likely to seek medical attention. However, this incentive to consume health care may lead to overconsumption of services. Individuals may be less likely to take better

care of themselves due to the low cost of seeking medical care. These graphs primarily show how large of an impact public funding has on life expectancy.

#### Limitations

The results of this study are limited in a few ways. First, our sample size was small due to incomplete data. It is unclear how our results might change with more complete data that included additional countries. To date, most macro analysis of health indicators continues to suffer from incomplete data. A second limitation of this study is the unique dietary, cultural, and genetic factors within each respective country; genetics could factor into longer life expectancies of one country while diminishing life expectancy from another. Cultural values in individual countries could also play a role in determining the amount of treatment being sought and received in different countries, which could possibly relate to different health outcomes. Finally, this analysis is a point-in-time estimate, focusing on a single year of data. This 2012 data was the most recent complete data set available. We recognize, however, that economic cycles, demographic shifts, and cultural changes, which can impact health care and health outcomes, may persist over multiple years. Future work should investigate whether these point-in-time findings are stable over time.

### **Conclusions and Recommendations**

Both single- and multipayer systems exhibit strengths and weaknesses in regard to health outcomes. We found evidence to suggest that payment systems affect the incentives of patients. When compared to other countries of the same caliber, the United States stands out as an outlier, not because of its multipayer system foundation, but because of the direction it takes towards its health care. The system in the United States is expensive, unorganized, and lacks equality. However, this should not be seen as the intent of the multipayer system. The role of an ideal multipayer system should be to split the financial burden between both public and private sectors as equally and as effectively as possible. However, in this capitalistic society, it is difficult to do this, given the fact that many private industries are primarily profit seeking, especially in the health sector. Also, United States history demonstrates longstanding support for laissez-faire policies which promote individuality and risk taking.

The primary role of the health care industry should not be a risk-taking one; instead, health should be promoted as a public good. If not, the United States is destined to fall behind while other developed countries continue to improve the quality of patient care, health promotion, and public health initiatives. Many developed countries have found ways to balance out profit accumulation and efficient distribution of health resources. The United States has not yet done so. With the enactment of the Affordable Care Act, the United States has taken steps towards some single-payer mechanisms and allowed more public money to go towards health care. For instance, the expansion of the Medicaid program has allowed greater access to health care for those who otherwise might not afford it; however, this country still has a long way to go to catch up to the rest of the developed world in regard to health outcomes. Finally, the improvement of a healthy society would also lead to a more productive one. This productivity would allow for more input into the economy, leading to long-term economic growth.

There are several policy recommendations that could be implemented that might allow the United States to achieve similar health outcomes to those of the other measured countries.

First, inequality appeared to have the highest correlation with infant mortality. To combat inequality on a basic level, we propose an increase in the minimum wage nationally. This, in turn, would allow for prenatal and postnatal care to be more affordable, to make taking days off from work a more viable option, and to make it easier to raise a child.

A second policy recommendation would be to reallocate more public funding towards programs such as Children's Health Insurance Program (CHIP) and Women, Infants, and Children (WIC), or lower the minimum income required to qualify for such public programs.

A third policy recommendation would be to expand the Medicare program and shift the country towards a single-payer system while retaining private insurance companies as an option for patients to customize their own coverage. Medicare is a variable that retains single-payer properties while still existing within a multipayer market. By expanding Medicare and allowing more individual access through the use of taxation, this has the ability to reduce costs, as they would be controlled through bargaining power due to Medicare's sheer size. It would also allow for a single, risk-pooling mechanism, which would increase equality. Patients would no longer be faced with financial barriers, and physicians would be allowed to retain control of the market.

From a prevention standpoint, policy could also be implemented to increase health outcomes based on diet and nutritional intake. A tax on high calorie, low nutrient food could be used to subsidize lower calorie, more nutritious food. This would encourage more Americans to eat more healthfully, thus improving health outcomes.

Finally, compensating for performance mechanisms, which is a policy of paying for health outcomes, rather than paying for numbers of procedures performed, should be strengthened and expanded. This mechanism creates a financial incentive to physicians who are able to improve the health outcomes of their patients. An economic study found that hospitals and healthcare institutions that are engaged in both public reporting and paying for performance achieved moderately greater improvements in quality and health outcomes compared to hospitals that engaged in just public reporting (Lindenauer et al., 2007). A similar study performed in the United Kingdom that targeted the practices of general practitioners showed improved care for about 83% of patients with chronic illnesses (Doran et al., 2006). We believe the results observed in these studies performed in both countries will translate into comparable outcomes if this policy is implemented on a nationwide level in the Unites States.

No health care model is perfect; all of them will have flaws that will be difficult to fix. In this interconnected world, health tends to be portrayed in terms of the individual's well being. This perspective is flawed. Health affects us all; it is a public good. In order to improve quality, there must be a balance of efficiency, affordability, and access. Those who develop health care systems must learn to connect ideas and values. This, in the end, could be the only missing piece that leads to improved quality of care—and thus better health outcomes for all.

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# By Alex D. Luta\* Georgetown University

The 2008 and 2012 elections provided interesting case studies of the role of local field offices and the "ground game" in presidential elections. These elections involved more money spent than ever before (Chung & Zhang, 2014). With such financial resources, candidates had the ability to make the most out of their campaigns. While most of the financial resources were spent on television and radio advertising, the campaigns spent a significant amount on establishing local field offices and organizing campaign staff at the local level. This represented an unexpected shift in campaign tactics, as television and radio advertising usually far outweigh any local campaigning activity (Broockman & Kalla, 2014). Political scientists and journalists have been able to collect data on the influence of these local field offices from the elections, and both agree that they are crucial to election results by influencing both voter turnout and vote share for the party employing the local strategy. This topic has been relatively under-studied, but has enormous implications for campaigning.

My argument is that the "ground war," or mobilizing voters at the local level, is becoming increasingly important for winning presidential elections. Using contemporary technology, the Obama campaign had access to troves of data on potential supporters, allowing it to engage in microtargeting that could be executed at the grassroots level (Vuong, 2013). The campaign took a risk when it decided to step into new territory and put more money into a local grassroots ground game. Political scientists and journalists were able to assess the impact of this strategy, and early evidence from the Obama campaigns indicates that local, face-to-face campaigning facilitated by field offices has a significant impact on the voting behavior of the electorate (Broockman & Kalla, 2014). Previously, campaigns did not have access to such vast data on the electorate or the computational methods to analyze the data to determine where to place field offices and what messages to deliver. The research suggests that opening field offices is a highly effective means of increasing voter turnout and acquiring a greater share of the vote, and that strategic placement of the offices matters greatly (Allen et al., 2014). In this paper, I will provide an overview of the sharp spike in campaign finances and the traditional campaigning methods of television and radio advertising, known as the "air war." Then, I will provide indepth analysis on the ground game and local field offices, as well as their impact and implications for the future. In the conclusion of the paper, I will relate the material presented to well-known theories and models regarding voting behaviors.

#### **The Allocation of Campaign Finance Resources**

One notable aspect of recent elections is the enormous spike in campaign finances. During the 2012 presidential election, both parties spent approximately two billion dollars, which made the election one of the most expensive in history (Chung & Zhang, 2014). Most of this spending is done by Super PACs and PACs, or "political action committees" (Calmes, 2012). The majority of this money is spent on media advertisements, but the sheer amount of funds leaves some

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<sup>\*</sup> Alex D. Luta is a senior at Georgetown University. He is a government major and theology minor on a pre-med track.

additional money that can be used for other purposes. For a breakdown of spending during the last three election cycles, the New York Times illuminated SuperPAC fund allocations. More than 80% went to television advertising, with another 10% spent on mail and online advertising and another 5% spent on field work (Broockman & Kalla, 2014). Although sixteen times more money was spent on television advertising by SuperPACs, field work had a significant impact on the last two elections. In this light, it may even be worthwhile to hire field operatives, as \$20 an hour's worth of in-person campaigning would accrue a significant number of votes while leaving plenty of financial resources left over for media advertising (Broockman & Kalla, 2014).

### The cost effectiveness of campaign finance allocation.

Despite the substantial funds committed to media advertising, there is not much evidence to support it as a cost-effective campaign strategy. According to research conducted by Krasno and Green (2008), voters who view a great deal of TV advertising are not more likely to vote than voters who view little of it. One study assessed the impact of media advertising versus field operations; it concluded that "had the parties not been allowed to advertise, the Democrats would have won the 2004 election, but the results would have been largely the same for the next two elections," which supports the claim that advertising does not play a significant role in an election where one party has a clear advantage (Chung & Zhang, 2014). This is due to the Democrats' clear advantages in the 2008 and 2012 elections. Furthermore, television advertisements do not generally communicate clear messages to constituents. They usually do not explicitly advocate for voting or going to the polls, but transmit an implicit message that the election is important (Krasno & Green, 2008). This is not an effective method of motivating voter turnout and achieving a greater vote share for any party.

One other aspect integral to mass communication is the duration effect. Expensive tactics will not be cost effective if their impact is relatively short lived. Hill, Lo, Vavreck. and Zaller (2013) claim that, in order for mass communication to have a strong effect, the electorate must pay thoughtful attention to it. They found that few voters tend to put the effort into processing the political information they receive. Even if a campaign puts great effort into forming quality advertisements, there is no guarantee that voters will pay thoughtful attention to them. Given the lack of effectiveness and efficiency associated with media advertising, it is not obvious as to why media still gets a great share of the campaign budget. Eggen and Hamburger (2012) contend that it is much simpler to provide a TV station with money than to forge a grassroots campaign from scratch. Also, political consultants working for campaigns are generally biased towards advertising, as they can collect more commissions from them (Eggen & Hamburger, 2012). It is convenient for political consultants to pursue media tactics, but as the significance and impact of grassroots movements becomes more apparent, campaigns may start moving more of their funds into this area.

# **The Ground Game**

In 2008, Barack Obama took a dive into the ground game. His campaign set up hundreds of field offices around the nation to mobilize a grassroots army of volunteers (Calmes, 2014). He mastered this strategy in 2008, whereas the GOP's ground game did not represent "anything comparable to Obama's ground operation" in 2012 (Ball, 2012). Obama understood that nothing beats face-to-face interaction. Research conducted by Issenberg (2012) showed that door-to-door

activities by campaigns have a greater impact on voters than television advertisements. Today, given the ease of data collection, researchers have been able to effectively study the effects of Obama's ground game. Chung and Zhang (2014) were able to collect 18,650 observations on campaign activities and vote outcomes, as well as collect comprehensive records of ground campaigning, to demonstrate the significant impact of the ground game. Because the Obama campaign chose to employ these new, localized, data-driven strategies, political scientists were able to collect high-quality, comprehensive data on its methods. This has opened up a whole new line of inquiry into campaign strategies and their effectiveness.

### Getting out the vote.

Door knocking is one method of "getting out the vote," or GOTV. Other methods include direct mail and phone calls, which are generally employed to a greater extent during campaigns (Enos & Fowler, 2014). On the whole, GOTV methods can be an effective means of acquiring votes. There is evidence to support that "individuals living in states that received concentrated GOTV efforts from campaigns [are] much more likely to turn out to vote compared to demographically similar individuals in the same media market who lived in a state receiving less GOTV effort," which suggests GOTV efforts, relative to media advertising, are a more effective technique (Enos & Fowler, 2014). In the most heavily targeted states in this study, GOTV increased voter turnout by about seven percentage points. The Obama campaign's new tactics piqued the curiosity of some researchers who wanted to compare the effectiveness of GOTV strategies. Even before the 2008 election, political scientists randomly sorted voters to examine the effectiveness of different methods of persuasion, including postcards, phone calls, canvassing, and nothing (Broockman & Kalla, 2014). The voters who received the phone call or postcards were not significantly more likely to vote than the voters who received nothing. However, one face-to-face conversation through canvassing resulted in increased turnout of 20%, or nine percentage points, in this case. This attests to the effectiveness of in-person communication.

Until 2008, having a face-to-face interaction with a campaign was uncommon, but with the proliferation of a grassroots network of campaign volunteers, this was no longer the case. Previously, whatever field campaigns existed stressed quantity over quality; however, the Obama campaign took a new approach, recruiting volunteers and leaders to engage with their respective communities in meaningful ways (Chung & Zhang, 2014). Rather than recruiting someone outside of constituents' communities to try to persuade them to vote, the campaign reasoned that constituents would be more likely to engage with someone from their own community with whom they could relate to. Having these conversations in person made campaigning more effective. One study showed that face-to-face interaction had a greater influence on voter turnout than professional, direct mail and professional phone banks (Gerber & Green, 2000). However, simply having an in-person conversation is not enough. The exchange must be organic and genuine. Research shows that rushed, scripted interactions have minimal impact, similar to the effect of a television advertisement (Broockman & Kalla, 2014). This type of interaction may suggest the feeling of watching an impersonal advertisement, which is not appealing to many voters.

If what the Obama campaign claims is true—that they focus on quality over quantity—then their ground game was effective on both fronts. In 2008, the Obama campaign contacted approximately 25% of all voters, while the McCain campaign contacted around 18% (Cohen,

2012). The data suggest that "each marginal 10-point advantage in contact rate translated into a marginal 3-point gain in the popular vote in that state," so it is possible that the Obama campaign contacted more voters with higher-quality interactions. At a mechanistic level, the campaign is loose. A campaign leader claimed that the focus was to have a "decentralized, organized operation as close to the precinct level as possible," which would give campaign workers more freedom and flexibility to sway voters (Ball, 2012). This was especially helpful when the campaign workers were reaching out to their own communities, which they knew better than did the campaign's upper management. These volunteers were critical for the campaign, as they adopted a variety of roles. First and foremost, they were the initial point of contact between voters and the campaign (Sinderbrand, 2012). They also recruited more volunteers, collected voter data for the campaign, and built comprehensive voter files on potential supporters and used what they knew to deliver specific messages (Sinderbrand, 2012). With committed volunteers pursuing a variety of strategies for the campaign, Obama's ground game stood above that of the Republican nominees.

### The role of technology.

One of the most crucial tools in Obama's ground game was technology. Obama used a variety of technological avenues to get ahead of his opponents in the ground game. The campaign's tech team developed a tool called Narwhal, which employed sophisticated "demographic data mining, consumer marketing, video production, social media," and even a social networking tool for campaign volunteers (Calmes, 2012). The team took a multifaceted approach to tackle several avenues of campaign work. One way Narwhal used demographic data was by pairing volunteers with potential supporters. For example, the program knew that veterans liked talking to one another, and the elderly liked to hear from young people, so it would set up partnerships that paired these demographics (Vuong, 2013). This helped make face-to-face interactions more meaningful. The Romney team tried to come up with their own technological approach by creating a tool called "Orca," but it experienced many technical difficulties and was not very effective (Lake et al., 2012). The Obama campaign's investment in technology laid a firm foundation for strong ground game operations throughout the duration of the campaign.

Such data mining algorithms existed before, but had previously used specifically for consumer marketing. The Obama campaign used marketing data mining techniques used for businesses to better attract customers and adapted them for campaigns to better attract voters (Vuong, 2013). Anthony Downs did something similar when he adapted Hotelling's spatial model into the median voter theorem. Hotelling explained that companies would move to a point where they could draw more customers than their competitors, and after several iterations, both companies would end up at equilibrium, right next to each other and in a centralized location (Stokes, 1963). Downs applied this to political parties and changed "customers" to "voters," claiming that parties would move to a point on a political spectrum where they could attract more voters than the other party (Stokes, 1963). Eventually, both would end up at equilibrium, as with the companies.

#### The role of the field office.

Another key aspect of the ground game is the field office. The field office tends "to be a point of first contact between a campaign and its volunteers, who are promptly put to work on an array of campaign tasks" in the precinct (Allen, et al., 2014). One of the most strategic decisions to be made for the ground game is where to situate the field office. This turns into a spatial challenge. In one paper, Allen et al. (2014) performed a "geo-spatial analysis of turnout for all voters based on proximity to campaign field office locations," predicting that voters closer to field offices would be more likely to turn out than those farther away. Their results supported this hypothesis. As field offices have limited resources, they will be as efficient as possible and engage with areas closest to the office. Also, the visible reminder of the office may influence voters. They claim that this is because field offices foster personal interactions, so it is easier to have these interactions by being in close proximity to a field office (Allen, et al., 2014).

Generally, Obama did better than McCain in counties where he had established a field office, which may have helped him switch three battleground states (Masket, 2009). Furthermore, setting up a Democratic field office not only increased Democratic voter share, but voter turnout as well (Allen, et al., 2014). Other important factors include field operations, which are "more effective among those with weaker partisan preferences" (Chung and Zhang, 2014), and they increased county-level vote share by about 1% (Darr, Keele, & Levendusky, 2012). For the Obama campaign, this corresponded to 325,000 votes overall. Lastly, field offices serve a purpose outside of presidential campaigns. In 2008, Obama placed field offices in Utah—a very red state—in order to lay a foundation for future elections (Darr et al., 2012). This would help down-ballot Democrats in the future, which attests to the key, strategic significance of field offices. Field offices improve both party vote share and general turnout in counties where they are located, have the most influence on voters surrounding them, are effective for swaying swing voters, and are of strategic importance for future elections. The Obama campaign's activities enabled pioneering research to be conducted to study the campaign's tactics and find such evidence. This knowledge will be crucial for future campaigns.

In addition to the location, the number of field offices is also critical. Across the nation, Obama had set up 755 field offices in 2012, while Romney set up 283—less than half the number of offices as Obama (Avlon & Keller, 2012). Furthermore, to examine swing states: Obama had 122 offices in Ohio, while Romney had 40. Obama had 102 offices in Florida, while Romney had 48. In Virginia, Obama had 47 offices, while Romney had 29 (Avlon & Keller, 2012). Given this spatial model, it would appear that Obama's proliferation of field offices allowed him to have a more expansive ground game and to influence even more voters to vote Democrat.

# **Applications of Political Science Models and Theories**

Several well-known political theories and models can help put these campaign developments in context. First of all, Lynn Vavreck's (2009) economic voting model is especially interesting in this context. Vavreck's model of distinguishing candidates who clarify their position on the economy from insurgent candidates who focus attention on personally relevant issues which are more likely to mobilize voters does not apply well to the 2012 election. In 2008, Obama was the "clarifying" candidate, calling attention to and clarifying the poor economic conditions at the end of a Republican tenure. In 2012, there was still a poor economy, and Mitt Romney ran a

"clarifying" campaign, but did not win. Also, Obama did not focus on an issue which tends to mobilize voters or that voters feel affect them more directly, so he did not have much of an insurgent campaign. What Obama did have, however, was a much more effective ground game than Mitt Romney. This claim is more convincing given the reams of evidence from studies conducted on the Obama campaign's ground game. Possibly, Vavreck (2009) should clarify her economic model to give some weight to the ground game. Her book, "The Message Matters," should note that a superior ground game can convey a clearer message through personalized, meaningful interactions.

Robert Putnam's (2000) work on social capital and civil society also bears relevance. Putnam notes that trust is dependent on face-to-face interactions among group members, which was a key aspect of the Obama campaign's ground game. Civic activity has eroded since the 1970s, but interacting with field office volunteers is a form of civic activity, so the ground game may help reverse this trend. Previously, social capital was created with local organizations, like chapters of Elks, labor unions, and churches. This sense of local community is sustained by local field offices, to an extent. For example, Obama's campaign strategy relied on having community members reach out to others in their communities, so there was a level of social capital to begin with. It may be that the repeated, face-to-face interactions of the ground game build trust, and in turn, social capital. This may explain why personal interaction is very effective and salient in campaigning, and why Obama had so much support.

A personal meeting that goes well can even be looked at in a new context: as a heuristic for voting. Samuel Popkin (1991) writes that voters reason about parties based on inferences they make of the world around them. He describes them as low-information rationality voters, which means they use gut reasoning by combining information from past experience, daily life, and the media. They employ heuristics to come to a decision with low information. A face-to-face interaction with a volunteer is memorable and can leave a positive, trusting impact. This impression may very well be used as a heuristic shortcut by a low-information rationality voter. It may also be memorable enough to last until election time, which the aforementioned studies suggest, especially when compared to media advertising. Voters also look for demographic clues and notice which groups are supporting a candidate. If an effective ground game can influence the neighbors and friends of a potential voter, by this mechanism the voter could also come to support the campaign and vote.

Finally, the placement of field offices relates to Anthony Downs's spatial median voter theorem (Stokes, 1963). Parties will situate themselves in the middle of the political spectrum to get the greatest share of voters, and so will campaign field offices. This spatial model is more involved, as it happens in two dimensions, not one. The geography of a county is a plane, not a line. Also, the campaigns need to situate their field offices to target swing voters and ensure turnout in existing supporters (Allen et al., 2014). Both parties are targeting the same swing voters, but their existing supporters differ in spatial orientation. Because of this, the parties must strategically situate their field offices in locations that overlap in proximity to swing voters and existing supporters. Because Republican and Democratic supporters may live in different areas, the field offices may not be situated right next to each other. This model adds another dimension to the Downs model, but is related and it is insightful to compare them.

#### Conclusion

Barack Obama's 2008 and 2012 elections support the importance and strategic significance of the "ground game." Before these elections, media advertising dominated campaigns in financial expenditures to a much greater extent. By deciding to invest in an aggressive ground game, the Obama campaign has made a mark in campaign history and may change the way presidential candidates campaign. Now that more funds are spent in national elections, a well-funded ground game can accrue a significant share of the votes if approached the right way. At least so far, the Obama campaign seems to be innovative in this approach, recruiting community members into grassroots organizing and technology experts for data-driven support. Advanced data mining algorithms show where to place field offices and how to campaign at the local level. Political scientists are able to closely study the campaign's strategy and analyze data in order to assess the impact of the ground game and placement of field offices. The results are overwhelmingly in favor of it. Face-to-face interactions make a positive impression on the electorate, especially when they involve organic, genuine conversation. Looking at the ground game through the lenses of multiple theories and models makes for some interesting analysis and insight. As the ground game gains greater recognition, it will become a more prevalent campaign tactic, and political scientists will create more models concerning it. As Tip O'Neill, former speaker of the house once said, "all politics is local" (Gelman, 2011).

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