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The Effect of Gender on Health Care Policy in the State Legislature

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THE EFFECT OF GENDER ON HEALTH CARE POLICY
IN THE STATE LEGISLATURE

A Thesis or Project

Submitted

In Partial Fulfillment

Of the Requirements for the Designation

University Honors with Distinction

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The Effect of Gender on Health Care Policy in the State Legislature

Abstract: This paper examines whether descriptive representation, in terms of gender, affects substantive representation among female legislators in a single state legislature. Data are collected from the 82nd General Assembly of the Iowa state legislature's lower-house. The unit of analysis is the individual bill. Controlling for legislator and district characteristics, I test whether legislator gender has an independent effect on the likelihood of the introduction of healthcare legislation. Utilizing the substantive representation index, and logistic regression with robust-cluster-standard-errors, I find that males introduce more healthcare bills when compared to females. The implications of this finding in terms of legislative representation are then discussed.

Introduction

Representation is the basis of democracy, and thus a primary principle upon which this nation was founded. Recently, the idea of representation has received new found attention in regards to the issue of diversity, which has become a hot topic as the number of women legislators, as well as legislators of minority races, has begun to increase significantly.

Traditionally, women have been drastically under-represented, if not completely absent in the political arena. Arceneaux (2001) suggests the reasoning for the under-representation of women in state politics is threefold: attitudinal characteristics, institutional arrangements, and situational factors. Attitudinal characteristics include the population's view of women's "proper" role in politics. If this view is a negative view of women it increases the likelihood of women not running, not being recruited to run, and facing unsympathetic voters. Institutional arrangements include voter turnout rates, district magnitude, and legislative salaries. Low voter turnout rates result in incumbents, which are primarily men, enjoying an electoral advantage. District magnitude, or the number of seats available in a district, is another determinant of gender representation. Multimember districts tend to elect more women into office than single member districts. Higher legislative salaries lead to greater competition, putting women at a disadvantage. Lastly, situational factors can negatively affect women's likelihood of election. Women are usually under-represented in groups that typically run for office, such as the educated elite and the wealthy. Women also take on more family responsibilities, which often result in women starting political careers later than men.

Although historically women have been underrepresented, trends have slowly begun to change, and according to Bratton and Haynie, the increase in the number of African-Americans and women elected to public office is one of the most notable developments in American politics

over the last 25 years (1999). Although males tend to achieve greater success in elections, women have made significant gains in election success. Nationally, the number of women serving in state legislatures is more than five times what it was in 1971, from just over 300 to more than 1,500. As of 1999 women held 20 percent of all state legislative seats (Bratton and Haynie, 1999). By the mid-1990's that trend upward gradually began to plateau, and has remained that way to this day. However, the number of minority women has continued to increase. From 1998 to 2004 the number of African American women in state legislatures increased from 168 to 215, a 28 percent increase (Orey, Smooth, Adams, and Harris-Clark, 2006). Currently in the US, 23.7 percent of state legislators are women. The percentage is slightly larger for state House seats, at 24.5 percent (CAWP, 2008). Iowa sits above the national average with 28 percent of the state House being women. Carolyn Pendray was the first woman elected in the Iowa House of Representatives in 1928. The number of women in the Iowa House of Representatives has fluctuated between 16 and 20 from 1981-2000. In 2000 there were 20 women serving in the Iowa House and that number has steadily increased since then, showing an eight percent increase in the last eight years (CAWP, 2008).

This study looks at female legislator's impact on health care legislation in the Iowa legislature. It starts by providing a review of the literature dealing with diversity, representation, and progressive legislation. While many of the studies discuss race as well as gender, this review will focus on extracting the findings about gender diversity. Then, the goals of this study are discussed. Next, the methods and details of the data-collection are presented, followed by the findings. Lastly, a discussion and brief conclusion are given.

The reason I chose to focus this study on health care legislation was because of its role as a primary political issue in America today. Just a year ago health care reform was on the top of

every presidential candidate's platform. During the primaries the major Democratic presidential candidates all offered plans aimed at expanding coverage and lowering costs, and the major Republican candidates acknowledged that there were serious problems in the system (Toner, 2007). Many believe that the health care system in this country needs drastic reform. Even though the United States is one of the richest countries in the world, it spends a much larger proportion of its economic resources on health care than any other industrialized nation. This includes those countries that have universal health insurance for their citizens. Yet, America still ranks low among many indicators of quality of medical care (Peters, 2007). For example, the infant mortality rate in the United States is similar to the rates found in Croatia and Guam, and worse than that of Cuba (CIA's World Factbook, 2008). What is worse is that the infant mortality rate for African Americans in the U.S. is nearly double that of the general population, putting it closer to poor South American countries than industrialized nations (Lallanilla, 2007). Health insurance is another area that the American health system is severely lacking. As of 2005 there were nearly 47 million uninsured Americans, up nine million from 2000 (The National Coalition on Health Care, 2008). That is about 16 percent of America's population. With statistics like these, many Americans feel something must be done about the health care system. This makes the discovery of who is most likely to introduce legislation relating to health care a very pertinent issue.

Theories and Data on Diversity, Representation, and Legislation

There has been a considerable amount of research on the topic of diversity in representation and its affect on the legislative agenda. I will discuss the increase in diversity in state and national governments. I will then review the concepts of descriptive and substantive representation and the idea of progressive legislation, which is the focus of many studies. This section will conclude with a short description of the purpose of this study.

Increased diversity

Although there has been an increase in African American political participation, especially among southern states, there is still not a significant number of African American representatives in the Iowa House of Representatives. In the 2007 and 2008 session, only five percent of the legislators in the lower house of the Iowa General Assembly were not white. With much of the literature on this topic of representation focusing on state legislatures that are diverse in both race and gender, it led to the question of what happens when the only noticeable diversity among legislators is gender diversity. Through this case study of the Iowa House of Representatives, I have chosen to focus solely on the affects of gender diversity. As explained, this research is different than most other studies because most of the research that has been done has focused on states that are racially diverse, creating two groups of women: white females and African American females. However, by focusing on Iowa I will be able to see the effects on policy outcome in a state that is primarily gender diverse.

Possibly more important than the increase in the numbers of women elected is the shift in public opinion toward acceptance of women in politics. The public is becoming much more comfortable with the idea of female elected leaders. "So many more women are running for city

council, mayor, state representative that it's just becoming so much more commonplace. When they decide to throw their hat into the... race, it's just not that unusual" said Jane Anderson, an adjunct associate political science professor at University of Cincinnati (Jost, 2008, p. 267). In Ohio, a nearby Midwestern state, there is currently a campaign between two women for a congressional seat, a seat which a man had always held until just three years ago. Yet, people do not seem concerned that there is not even an option of a male candidate (Jost, 2008). Over two-thirds of the states in this country have at least one woman in either the Senate or House. Twenty-two states have had a woman elected as governor. However, Iowa is neither one of them. Iowa has never had a female elected to Congress nor as Governor (CAWP, 2008).

The fact that a woman has never been elected to Congress or as Governor in Iowa is an interesting fact when considering the results of Arceneaux's 2001 study of state's attitudes toward gender roles. In Arceneaux's study, he developed a survey-based indicator of states' attitudes toward gender roles (2001). The scores ranged 0 to 2, with higher numbers representing a more accepting attitude toward women in politics. Two questions were asked to determine a score: 1) "Women should take care of running their homes and leave running the country to men" and 2) "Most men are better suited emotionally for politics than are women." Among those surveyed, anyone who disagreed with either statement, and were thus more accepting of women in politics, received a 1. Those who agreed received a 0, and those who were unsure received a 0.5. In the study, 38 states were ranked. Alaska, Delaware, Hawaii, Idaho, Maine, Montana, Nebraska, Nevada, New Mexico, South Dakota, Vermont, and Wyoming were not included due to insufficient data. The mean was 1.38 with a standard deviation of 0.15. Iowa scored above the mean at 1.47, and ranked 10th among the 38 states surveyed.

Although overt bias against female candidates may be developing into a thing of the past, Claire C. Giesen, the Executive Director of the National Women's Political Caucus, says that many voters still harbor doubts about women's capabilities in office. She says, "There are still deeply held attitudes in our culture about how a woman can be soft and warm and yet be tough..." (NWPC, 2008). It is debatable as to whether female candidates face political disadvantages because of their gender, whether their gender can give them a leg up in the race, or if both possibilities may happen concurrently. However, the broad consensus seems to be in line with the statement by Kathleen Dolan, a political science professor at the University of Wisconsin in Milwaukee, when she said, "We obviously have more women in office than ever before, but they are dramatically underrepresented at all levels of government" (Jost, 2008, p. 267).

Descriptive and substantive representation

With these noted patterns in the increase in the number of women in elected positions, the question is raised as to whether electing diverse officials results in different outputs, particularly outputs that are beneficial to these groups. In other words, does a legislator being similar in gender to her constituency necessarily translate into policy that is wanted by, and beneficial to the similar constituency? Hanna Pitkin (1967) uses the terms descriptive representation and substantive representation to distinguish the difference between two ideas. Descriptive representation refers to instances when those elected to public office share certain physical characteristics like gender, race, and ethnicity, with those being represented. Substantive representation, on the other hand, is when the elected official represents the interests and concerns of the people in his or her constituency.

These definitions shape two important questions: is substantive representation a reality and does descriptive representation cause substantive representation to increase? This study seeks to determine whether or not descriptive representation results in substantive representation and the interests of those being represented actually reaching the government's agenda. Does having an elected official that more closely resembles her constituency mean that the interests and wishes of that constituency will be better represented? Descriptive representation and substantive representation have direct implications on this study. In this study, descriptive representation is measured by the number of female legislators, and substantive representation is measured by the number of health care bills that are introduced. If it is true that descriptive representation does lead to substantive representation, then women would be more likely to introduce health care legislation than men, and more women would result in more health care legislation introduced.

Most studies done on this topic suggest that an increase in descriptive representation does lead to an increase in substantive representation. Bratton (2002) and Bratton and Haynie (1999) conducted studies based on the idea of diversity and representation. Their studies found that females and African Americans were more likely to introduce women-interest and minority-interest legislation. This meant that the larger the number of female and African-American legislators, the greater the likelihood of women-interest and minority-interest legislation being introduced. These findings led them to conclude that gender and racial diversity in a state legislature does affect the legislative agenda. In other words, descriptive representation did lead to substantive representation in their studies.

Michele Swers, in her book on the policy impact of women in Congress, asks the question of whether women would make a difference legislatively since women do not share a

single opinion on all issues. She questions on what grounds we claim that women are entitled to representation as members of a group, and not simply as individuals. However, she says that evidence from the history of women's political participation and their actions as voters and candidates show that women "may bring unique experiences and viewpoints to the policy debate and different issues to the legislative agenda" (Swers, 2002, p.3).

Swers goes on to give a few reasons why women may bring unique experiences and viewpoints to policy debate. The first is gender-role socialization and its impact on attitudes and behavior of women. Women are still commonly raised to accept primary responsibility for the care of relatives, such as young children and the elderly. This causes women to see themselves in relational terms, which in turn leads them to focus on contextual factors when working to solve a problem. Men on the other hand are taught to see themselves as individuals, which leads them to solve problems with abstract ideas of what is right, rather than concentrating on circumstances of a particular instance (Swers, 2002).

Another factor Swers suggests serves as a reason that women may bring a new perspective to the table is the impact that the emphasis on caregiving has on the social, economic, and political aspects of women's lives. Swers points to employment trends among women as evidence of this, stating that women often seek employment specifically to accommodate their need of a flexible schedule that will allow them to take care of their families. This reduces their earning power, and combined with discrimination based on the belief that women are not suited for certain jobs, has created a gender-divided workforce (Swers, 2002).

These unique experiences women face in the home and the workplace "are reflected in their political participation" (Swers, 2002, p.5). The primary gender difference Swers specifically points out is the difference in attitudes on social welfare issues. These attitudes are

central to understanding the gender gap. Women are more likely to support welfare legislation, including assisting the poor, guaranteeing jobs, and increasing spending on social services.

These conclusions drawn by Swers have led to the anticipated results of this study to be that women will be more likely to introduce health care legislation.

Studies done at the state level have come to the same general conclusion. According to Orey et al., the ever-growing body of literature suggests that a legislator's gender does impact state policymaking and the way they define their constituency (2006). Bratton and Haynie agree that, in general, women do make a difference in the policymaking process, and that they represent women in ways that white males do not (1999). Bratton takes it a step further in her research on Arkansas, California, Illinois, Maryland, New Jersey, and North Carolina, saying that increased gender diversity not only makes a difference by itself, but that it has a different effect among Democrats and Republicans (2002).

Progressive legislation

In much of the literature on this topic, studies look at what effect a diverse legislature has on what they call "progressive" legislation. Usually included under this title of progressive legislation are bills that address social, political, and economic inequalities along race, gender, and class lines (Orey and Larimer, 2008). They tend to look at bills dealing with issues of race, women's interests, and welfare and social services. Health bills naturally fall into these categories because both minorities and women have distinct health concerns. People necessitating welfare and social services are also at high risk for health problems, thus increasing their interest in health care legislation. For these reasons, health related bills are considered part of the category of progressive legislation.

In regard to health care in particular, it is a pertinent observation that women have distinct health concerns, thus likely resulting in distinct legislative demands on such issues. Women are also more likely than men to face poverty. It is thought that these mass public differences faced by women may translate into legislative behavior and cause women to be more likely to introduce health care legislation (Bratton and Haynie, 1999). For example, after the failed Clinton health plan in 1994, women were 12.2 percent more likely than men to say that it is the government's responsibility to help people pay for their doctor and hospital bills (Swers, 2002). Victoria Wulsin, one woman running for Congress, zeroed in on health care as her primary issue and as a gender-specific theme in her candidacy, stating that "as a woman and as a doctor, the issue for the country, for women and for me is the health care crisis" (Jost, 2008, p. 269). Findings by Orey et al. from Mississippi indicate that women are slightly more likely, but not significantly more likely, to introduce health care legislation than white male Democrats (2006). Bratton and Haynie looked at the same states as Bratton in 2002, minus New Jersey, for the legislative sessions in 1979 and 1989. They found that their hypothesis stating that blacks and women would be more likely than their white male colleagues to introduce legislation pertaining to education, children's issues, welfare policy, and of particular importance to me health care, was generally supported as well.

Purpose of this study

The question of whether diversity among legislators really matters begins to be answered by previous research, including Bratton, 2002 and Orey et al., 2006, because they address the effect of legislative diversity on policy outcomes. The research shows that when there is diversity within the legislature, legislators of minority races and gender tend to introduce

legislation concerning different issues, and that minority legislators tend to introduce legislation that benefits other people in their minority group.

In this study I will address what effect female legislators have specifically in Iowa, and whether it is in line with the results from past studies of other states. The primary focus of this study is to determine who has been elected to the lower house in the Iowa state legislature and whether descriptive representation has translated into substantive representation. That is, do the physical traits of a legislator, particularly gender in the case of Iowa, impact bill sponsorship? The type of bill I am particularly interested in is health care bills. Specifically then, this study will examine the sponsorship of health bills, and particularly attempt to discover if women legislators have a different effect on the sponsorship of health bills than male legislators. Also, in an effort to control for party affiliation I will attempt to discover if Democrats have a different affect on the sponsorship of health bills than Republican. Since Democrats are seen as more liberal and more supportive of social welfare bills it is thought that Democrats are more likely to introduce health care legislation than Republicans.

The official hypotheses are:

Hypothesis 1: Women are more likely than their male counterparts to introduce legislation pertaining to health care.

Hypothesis 2: Democrats are more likely than Republicans to introduce legislation pertaining to health care.

Methods

I chose to focus on the trends of Iowa legislators, to see what effect gender and party affiliation had on each legislator's tendency to introduce health care legislation. In order to do this, it was necessary to find out how often health care bills were introduced, and who was introducing them. To test my hypotheses, I used a case study approach, examining bill introduction in the Iowa House of Representatives for the 82nd General Assembly (2007 and 2008). In this study, the individual legislator, of which there were 100, served as my unit of analysis. Using the 2007-2008 Iowa Official Register, each legislator's gender and party affiliation were determined and recorded. The breakdown of gender by party is shown below in Table 1.

Table 1
Iowa House of Representatives (2007/2008)

Legislators	2007/2008
Male Democrats	35
Female Democrats	18
Male Republicans	37
Female Republicans	10

Dependent variable

The dependent variable was bill introduction, measured by the number of health care related bills that were introduced in the lower house of the legislature. The *Subject Index* on the Iowa General Assembly website was used to track the legislation from the Iowa House of Representatives during the 82nd General Assembly, and determine the primary sponsor(s) of each bill listed under the health categories. These categories included health care and treatment, care facilities, and mental health. A total of thirty health bills were introduced during the session under examination. House Resolutions, of which there were two, were not included because

they are non-binding. House Files that were introduced by legislative committees, of which there were five, were also not included because there was no way to determine which legislator(s) were responsible for introducing them.

Bill introduction was chosen as opposed to roll call votes because roll call voting is somewhat of a passive act. It is simply voting on what someone else has introduced, whereas bill introduction requires a proactive step on the part of the legislator. In addition, roll call voting is often biased due to politics and gives an incomplete picture. In the dataset, bill introduction is a dichotomous variable, where a bill introduced receives a value of one if the bill is a health care bill and a zero otherwise. Examples of health care bills include a bill dealing with the staffing of health care facilities, or a bill dealing with health insurance coverage for cancer screening.

Independent variables

In addition to the number of health care bills introduced by each Representative, and each Representative's gender and party, I control for other factors commonly found to effect legislator behavior. By doing this I am able to test whether legislator gender and party have an independent effect on bill introduction. Similar techniques were used by Orey et al. (2006) as well as Bratton and Haynie (1999).

For each legislator I include a measure for "Bill total," measuring the total number of bills each legislator introduced that session. This was to determine if a legislator was more likely to introduce health care legislation simply because they introduced more bills in general. Legislators introduced anywhere from eight to one hundred twenty one bills during the 82nd Iowa General Assembly. Another piece of information noted was each legislator's seniority

("Seniority") because of the perception that senior members are more informed and powerful in the legislative process (Hibbings, 1991, 1993). Seniority is measured by the number of terms served in the House prior to the current one. Seniority ranged from no previous experience in the House to ten terms of prior experience, with most falling somewhere in between. I also control for whether each legislator served as a chair on a standing House Committee ("Chair") because legislators who hold leadership positions tend to be more effective than other legislators (Harmel, Hamm, and Thompson, 1983). Numerous studies have shown that other legislators believe committee chairs have more legislative influence (Meyer, 1980; Best, 1971; Bell and Price, 1975). Below, Table 2 lists the legislators that did serve as a committee chair and the committee for which they served. Women served as the chair for seven of the nineteen committees, 36.8 percent.

Table 2
Iowa House of Representatives Committee Chairs (2007/2008)

Legislator	Committee
Quirk	Administration and Rules
Mertz*	Agriculture
Oldson*	Appropriations
Petersen*	Commerce
Thomas	Economic Growth
Wendt	Education
Olson D.	Environmental Protection
Davitt	Ethics
Lensing*	Government Oversight
Smith	Human Resources
Swaim	Judiciary
Olson R.	Labor
Gaskill*	Local Government
Bell	Natural Resources
Lykam	Public Safety
Jochom* ('07)/ Mascher* ('08)	State Government
Huser*	Transportation
Whitead ('07)/ Zirkelbach ('08)	Veterans Affairs
Shomshor	Ways and Means

*Female Legislator

Whether or not each Representative was on the Health and Human Services Appropriations Subcommittee (“Health Subcommittee”) was also controlled for because membership in this subcommittee is likely to increase knowledge and interest of the subject of health problems. Table 3 lists every Representative on the Health and Human Services Appropriations Subcommittee, the member’s party affiliation, the position in the committee, and the number of health care bills that each introduced.

Table 3
Members of Health and Human Services Appropriations Subcommittee (2007/2008)

Legislator	Position	No. of Health Bills Introduced
Foege – D	Chair	2
Gayman* – D	Vice Chair	1
Heaton – R	Ranking Member	5
Abdul-Samad – D	Member	0
Granzow* – R	Member	1
Miller L.* – R	Member	1
Palmer – D	Member	0
Smith – D	Member	2
Tomenga – R	Member	1

*Female Legislator

In addition to the information found about each individual legislator, I control for socioeconomic demographics of each of the 100 legislative districts to test whether district characteristics affect the likelihood of a health bill being introduced by a particular type of legislator. This information was found through the United States Census Bureau and the State Library of Iowa¹. Four district-level socioeconomic indicators were included. First is a measure of the percent of the district that is of a minority race (“% Minority per district”). This ranged quite greatly between districts in Iowa; from as little as 0.9 percent in district 32 located in Eastern Iowa, to 41.2 percent in district 66 located in Central Iowa by the capital. Also included was a measure of the percent of each district over age 65 (“% Over 65”). The age 65 was chosen because it is the age requirement for Medicare. Third, average per capita income per district (“Per capita income”) was controlled for. This measure was used because the poor are more likely to face health problems, and the per capita income was one way to go about measuring the wealth of a district and whether a lower per capita income in a district increased a legislator’s

¹ The information used was gathered in the 2000 U.S. Census. It was the most current information available.

likelihood to introduce health bills². Finally, a measure of the percent of females in each district (“% Female per district”) was included. The measure ranged from 45.7 percent to 53.7 percent. With such a narrow range it was unlikely this factor would have a noticeable effect on legislative behavior.

Because I have a binary dependent variable (bill introduction), I use a logistic regression. By controlling for legislator and district characteristics commonly found to effect legislative behavior, I am able to test whether legislator gender and party have an independent effect on bill introduction. Male Democrats were used as the reference group, against which all other groups (female Democrats, male Republicans, and female Republicans) were compared. Because each bill introduced by a single legislator is likely to be related to other bills introduced by the same legislator, my dependent variable risks violating the basic assumption of ordinary least regression---that the residuals are independent and normally distributed. To correct for this, I use robust cluster standard errors clustered on individual legislators. For ease of interpretation, when discussing the results below, I present odds ratios only. In this case, the odds ratios provide the likelihood a health care bill was introduced by a particular type of legislator relative to the reference group.

² In the original model I also included a measure of the percent of families under the poverty level. Because of the strong correlation between per capita income and poverty, I dropped poverty from the final model. Including poverty rather than per capita income does not change the results or substantive interpretation of my final table included in the paper.

Results

The goal is to determine if there is substantive representation. If there is that means women really do introduce more health care bills, and are thus more responsive to their constituents demands. Substantive representation demonstrates the importance of a diverse legislature, because it shows that a diverse legislature is reflective of the population and is more likely to lead to a different legislative agenda that is more representative of the interests of their constituents.

To determine substantive representation, I use the “Substantive Representation Index” (SRI), recently developed by Orey (2008). The SRI is calculated as follows:

$$\text{SRI} = \frac{\text{Percent type of progressive bills sponsored by legislative category}}{\text{Percent legislative category}}$$

For example, the SRI for Health bills introduced by female Democrats for the 82nd General Assembly in the Iowa House of Representatives is:

$$\frac{6 \text{ (Health bills introduced by female Democrats)} / 62 \text{ (All health bills)}}{18 \text{ (Female Democrats)} / 100 \text{ (All legislators)}} = 0.54$$

When breaking this equation down it shows that female Democrats make up 18 percent of the Iowa House of Representatives in the 82nd General Assembly (18/100), and they introduce 9.7 percent of all Health bills (6/62). The higher the SRI score is, the more likely that group is to introduce health care bills. The female Democrats’ SRI score of 0.54 means that they as a group are only about half as likely as the legislature as a whole to introduce health care bills. The

results for the four groups determined by party and gender (Male Republicans, Female Republicans, Male Democrats, Female Democrats) as well as the groups of each trait separately (male, female, Democrats, Republicans) are shown in Table 4 below.

Table 4
Substantive Representation Index (SRI)
by Gender/Party

Gender/Party	Health Bills
Female Republicans	1.61x
Republican	1.41x
Male Republicans	1.35x
Males	1.03x
Females	0.92x
Male Democrats	0.69x
Democrats	0.64x
Female Democrats	0.54x

Contrary to what was expected, female Republicans have the highest SRI score. What is even more surprising is that males have a higher SRI score than females, and Republicans have a higher SRI score than Democrats. Thus, both hypotheses were disproved. This is different than other studies done on similar topics.

After running the logistic regression on the collected data, four categories were found to be more likely to introduce health care legislation than male Democrats. The group that was found most likely to introduce health care bills was male Republicans, which were found to be over two and half times more likely to. Female Republicans were also found to be 2.36 times more likely than male Democrats to introduce health care bills. Among the other traits taken into consideration regarding each legislator, besides the gender and party, two were found to have a significant impact on increasing a legislator's likelihood of introducing health legislation. One

trait that was shown to increase a legislator's likelihood of introducing health care legislation was if the legislator served as a chair of a house standing committee. Those that did serve as a committee chair were almost two and a half times more likely to introduce health care legislation than male Democrats. The other factor that influenced legislators was if they served on the Health and Human Services Appropriations Subcommittee. Those serving in any capacity on this committee were over two times more likely to introduce health care legislation than male Democrats. All of the odds ratios are listed below in Table 5.

Table 5
Logistic Regression Analysis

Health	Odds Ratio	Robust Standard Error
Male Republicans	2.57582	1.13478
Chair	2.412785	0.9611624
Female Republican	2.356876	1.037836
Health Subcommittee	2.199563	0.853715
Seniority	1.073944	0.06427
Total # of Bills Introduced	1.014264	0.0125956
% Minority Per District	1.005141	0.0194108
% Over 65	1.005114	0.0226664
Average Income	1.000055	0.0000499
% Female Per District	0.9825515	0.1667748
Female Democrats	0.8270108	0.4728052

Discussion

With representation being such a fundamental part of democracy, it is important to understand what factors have an impact on representation. Previous research in the area of political representation for women has concluded that in order to be substantively represented, these groups must first be descriptively represented (Pitkin, 1967). Female representatives are

more likely to introduce legislation beneficial to women than male representatives (Bratton, 2002; Bratton and Haynie, 1999). Swers, in her in depth look at female representation in Congress, found many reasons that women may bring unique experiences and viewpoints to policy debate, which results in an increase in substantive representation (Swers, 2002). Others whom have done studies at the state level, for a broad range of states, have come to similar conclusions, that gender does in fact affect representation.

All of this is worth looking into because although there are more women serving in elected positions in this country than ever before, and the Iowa House of Representatives is above the national average with women serving as 28 percent of the delegation, women are still greatly underrepresented in proportion to the population as a whole at all levels of government and in positions of leadership. If descriptive representation is necessary for substantive representation, then it is important that we achieve a proportion in state legislatures, and other representative bodies, that more closely resembles that of the body being represented.

Data was collected to answer these questions of representation as they pertain to Iowa. Specifically, I focused on female legislators' impact on health care legislation in the 2007-2008 Iowa Legislature's lower-house. The questions of whether women are more likely to introduce legislation pertaining to health care than their male counterparts, and whether Democrats are more likely than Republicans to introduce legislation pertaining to health care were addressed. Every piece of health care legislation was recorded, and information was gathered on each Representative from the 82nd General Assembly, including their gender and party, as well as information about each Representative's district.

Through analyzing the data collected on Iowa, it was found that men were in fact more likely than women to introduce health care legislation, and Republicans were more likely than

Democrats. These results did not fall in line with what others have found in the past. Previous research indicates that women are more likely than men to introduce progressive legislation, which includes health care legislation (Bratton, 2002; Bratton and Haynie, 1999; Swers, 2002).

There could be many reasons for these differences. As mentioned earlier, this study focuses on Iowa, a legislature diverse in gender but not in race (only five percent are not white). Although there has been much research done on similar topics, the previous research falls short of proving whether or not, in the absence of minority legislators, white male legislators would step in to fill the role of introducing progressive legislation, or if legislation promoting minority groups would suffer. Since the results of this study show that white men introduced most of the health care legislation it may suggest that when racial diversity is lacking, white males step in to fill that gap and introduce more health care legislation, and possibly other progressive legislation as well.

Iowa may also be different, because unlike most other states that have been studied, it is in the Midwest. There could be differences between regions of the U.S., such as the role of women in society, that may cause female legislators to view women's needs differently, and thus to represent them differently. As shown by Arceneaux's study, states' opinions of women in politics differ by state, and other opinions held about women and by women most likely do as well (2001).

Another possible reasoning for the difference between the findings of this study and previous research is that health care legislation does not follow the trends of the other types of progressive legislation, and should be looked at separately. Health care affects white males to a much greater degree than other topics that fall under the umbrella of progressive legislation, such as women's rights and issues of race. Health care issues do tend to affect women and minorities

to a greater extent and in unique ways; however, men also have unique health care concerns. Health care issues affect all people, including men.

The timing of this study is another factor that could have been a part of the cause of the discrepancy between the findings of this study and the results of past research. The time period over which this study was conducted may have lead to different results than would have been obtained from the Iowa House of Representatives during some other session. The data was collected from the 2007-2008 session during which time campaigning for the 2008 presidential election was taking place. Particularly during 2007, during the caucuses and primaries, health care was at the top of every candidate's agenda. With the issue being so heavily covered by the news media, it may have influenced legislators to introduce legislation on the issue, who otherwise may not have. Further research covering other legislative sessions could help determine if this was a factor influencing the legislators. All of these hypotheses would need further testing to determine their accuracy.

In addition to the unlikely findings of men and Republicans being more likely to introduce health care legislation than women and Democrats respectively, other factors were found to have had an influence on the likelihood of a legislator to introduce health care legislation as well. The first was if a legislator was a chair of a standing House Committee. They were more likely than non-chairs to introduce health care legislation. This is most likely because, as mentioned earlier, legislators who hold leadership positions tend to be more effective than other legislators (Harmel, Hamm, and Thompson, 1983). Other legislators also believe that committee chairs are more influential, which gives them more power. Committee chairs may have used their power to introduce health care legislation since it was a particularly popular issue during the time of this study. They may have seen this time as an opportunity to use their

position of power to gain support among their constituents by introducing legislation about an issue that was greatly supported. The other significant factor was that members of the Health and Human Services Appropriations Subcommittee were more likely than non-members to introduce health care legislation. This was most likely due to the fact that members of the Health and Human Services Appropriations Subcommittee were more familiar with health care issues because of their role in the subcommittee. It may also suggest that perhaps the Iowa House of Representatives is less partisan than other state legislatures, or that health care is a bipartisan issue. I say this because both Democrats and Republicans were on this committee, and members of the committee from both parties introduced health care legislation.

It is unknown why exactly the results differed from past studies, but there are many possibilities. As mentioned before, this study was done on Iowa, a state that has very little racial diversity in the legislature, only 5 percent in the lower house. So, there was no research into the impact that intersectionality played. The gender diversity is what is prevalent and what was looked at. This study also focused only on health care legislation, while many of the others looked at a wider range of topics, usually including all progressive legislation introduced during the studied session in all of the states. This study also differed from past research done on this topic because it focused only on a Midwestern state. Perhaps Iowa is more moderate than other states that have been studied, considering it has switched back and forth between the Democrat and Republican presidential candidate for the last three elections. Another plausible reason that the results may be different than many found in the past is that perhaps health care does not fit in with the trends of other progressive legislation and is not impacted by the gender of the legislator. It is possible that women's distinct and unique experiences and demands do not

differentiate them from men on the issue of health care, or perhaps only on specific issues within the topic of health care.

As shown by the possibilities mentioned above, the fact that according to my research, men in Iowa introduce more health care legislation than women, does not necessarily mean that substantive representation does not exist. These results could be different for a number of reasons. However, until further studies are done to show if these results fit the norm for other states, and even for Iowa over a longer period of time, researchers should be careful in their assumptions about health care legislation and its similarities with all other progressive legislation.

Conclusion

Representation has gained new attention recently due to the increase in diversity in state and national legislatures. Although Iowa has not seen a large increase in racial diversity, it is above average in gender diversity and in attitudes toward women in politics. In addition, health care is currently a large concern in this country. America faces many problems on the issue of health care, and solutions must be found. In an attempt to determine what kind of person is most likely to introduce those solutions, I looked at whether men or women were more likely to introduce health care legislation. Many past studies suggest that women are more likely to introduce health care and other kinds of progressive legislation. However, according to the findings from this study, men were more likely than women to introduce health care legislation in the Iowa House of Representatives during the 82nd General Assembly. This suggests that the gender diversity does not have a positive impact on health care legislation. Further research

would be necessary to determine if this tendency of men introducing more health care legislation is constant over time or an anomaly of the studied session, and also whether it only applied to Iowa or if it is true of other states as well.

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