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Falkenbach, Michelle; Bekker, Marleen; Greer, Scott L.

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Systematic Review and Meta Analyses

Do parties make a difference? A review of partisan effects on health and the welfare state

Michelle Falkenbach¹, Marleen Bekker², Scott L. Greer¹

¹ Health Management and Policy, School of Public Health, University of Michigan, Ann Arbor, MI, USA

² Health and Society Group, Wageningen University & Research, Wageningen, Netherlands

Correspondence: Michelle Falkenbach, Health Management and Policy, School of Public Health, University of Michigan, 1415 Washington Heights, Ann Arbor, MI 48103, USA, Tel: +1 818 288 6319, e-mail: michfalk@umich.edu

Background: Do political parties matter to health? Do they affect population health either directly or through welfare states' social policies and the eligibility, affordability and quality of health systems? And if they do, how? These are crucial questions if we are to understand health politics or shape public health policy, particularly given the changing landscape of political parties, party dominance in the executive and the mediating influence of the legislature. **Methods:** Using a systematic approach, this review examines 107 peer-reviewed articles and books published after 1978 focusing on high-income countries asking the overarching question: Do political parties matter to health and the welfare state? **Results:** The literature relating parties to health directly was surprisingly thin, thus, the welfare state was used as a 'proxy' variable. An overwhelming majority of the literature sample suggests that Left parties are inclined to expand the welfare state without cutting benefits, while the Right does not expand and tends to reduce benefits. There was an inflection in the 1980s when Left parties shifted from expansion to maintaining the status quo. **Conclusion:** Considering current health trends in the form of measles outbreaks, the 'Deaths of Despair', the rise of previously eradicated infectious diseases and the declining health expectancy rates in some Western countries as well as the rise of Populist Radical Right parties in office we question the current partisanship thesis that political parties matter less and less.

Introduction

It is hard to dispute that policy matters to public health. The history of public health is synonymous with the enactment of public policies, examples being the establishment of clean drinking water supplies, mandatory vaccination policies, tobacco control and many other areas where governments intervene. It is also hard to dispute that policies are motivated by politics, and in democratic countries that means policies made by elected political leaders.

But do the party affiliations of those politicians matter to health and the welfare state in general? Or do politicians merely respond to interest groups, social movements, or technological, economic and social changes, regardless of their party affiliation? The implications of this question for public health and practice could be considerable. If we say parties matter, then we imply that different parties may be more or less receptive to public health messages and public health advocates would, in turn, need to take sides to promote public health (or may be seen as taking sides no matter what they intend). If we determine that parties do not matter, then a persuasive, evidence-based argument might work on politicians of any party.

Political scientists have been researching this question for decades. In the landmark book by Richard Rose in 1984, 'Do Parties Make a Difference?', Rose attempted to answer the question of whether parties matter with regard to policy outputs. After looking at the UK over a 20-year time period, he concluded that the parties in Great Britain are not 'the primary forces shaping the destiny of British society; it is shaped by something stronger than parties' (p. 142). He claimed that forces outside of party control such as societal changes, public opinion, national and international economic trends as well as global politics are stronger than political parties.¹ This finding may come as a surprise, since so many people care strongly about which parties govern their countries and will argue that the parties in government matter greatly. This was a surprise to political scientists as well,

prompting a wave of research in political science that tried to work out what impact parties had on policy.

This review revises Rose's question: 'Do parties matter?...' and applies it to the health and welfare policies in OECD countries using a systematic approach. While this article is not about health systems, it relates the partisanship literature to health and policy outcomes. The focus broadens beyond political parties, defined as formally organized groups with specific ideological denominations arranged to attain political influence through government to accomplish their goals,² by emphasizing partisanship. Recognized as a main part of the political behaviour literature, partisanship can be defined as an individual's preference for the victory of one party over another.³ This article presents the theories and literature on partisanship and welfare, thereby identifying the lack of a health-focused discussion within this literature and a discrepancy between dominant partisanship theories and potentially partisanship-induced health trends.

This systematic approach begins by examining the partisanship debate across OECD countries with regards to welfare, social and health policies and subsequently reveals the literature results on this topic. Motivated by health as an essential aspect of a welfare system, we sought to review the partisan effects associated with welfare policy change, in particular changes in health and healthcare policies. Out of 107 relevant articles, only 23 focused on health or health expenditures. Broadening our search to include welfare as a whole garnered more results, although results were still remarkably thin given the importance of the topic. Given these limitations in the literature we were unable to answer the question: do political parties matter to health, and therefore, focused instead on the question: do political parties matter to welfare and healthcare policy change?

Methods

This study takes a systematic approach following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses

(PRISMA) guidance (figure 1)⁴ through a structured search conducted between February and March of 2018 with the goal of looking at cross-national comparative studies regarding the impact of partisanship on the universality, equity and quality of health systems and social policy. The search engine Google Scholar was used for an initial search in this review as it provided the most useful and wide-reaching results pertaining to the search criteria. Scopus, an international multi-disciplinary indexing and abstracting database for scientific, medical, technical and social sciences, was then used for a more tailored search. In addition, the electronic databases of various health journals (*European Journal of Public Health*, *American Journal of Public Health*, *Social Science and Medicine*, *Journal of Health Politics Policy and Law*, *Journal of Public Health*, *Public Health*, *British Medical Journal* and *The Lancet*) were used to ensure a comprehensive search. The main search keywords were combined with the Boolean operator AND to narrow search terms so as to include search strings.⁵ The keywords used were partisanship, health expenditure, welfare state and parties. 'Health expenditure' was used as a search term because it is one of the most concrete measurable system indicators published in the literature.

In order to be included within the search, the articles or books had to fulfil the following criteria: (i) present new empirical findings either by creating a new data set or analysing an existing one, no literature reviews were accepted, (ii) use OECD countries, (iii) be published between 1970 and early 2018 and (iv) be written in English. A substantial amount of research can be found relating health to welfare states, however, for this review, it had to contain the additional element of partisanship as the interest is in the impact of partisanship on welfare policy change and health.

The search term 'parties' was excluded due to imprecision as it could refer to any political group that presents at elections and the

focus of this review is on parties that entered the executive arena in government and whether they had an impact on health and welfare policy change. In addition, other articles that were excluded from the search were literature reviews, articles written about non-OECD countries and articles that did not mention the impact of partisanship on the welfare state.

An initial Google Scholar search was done using the key words 'partisanship' and 'health expenditure' in order to capture our primary outcome of interest: how partisanship impacts health/health expenditure. Seeing that this search only produced 393 hits, which amounted to only 24 usable articles and books after scanning titles and reading abstracts, we decided to run a further search. The purpose of the second search was to capture the impact of partisanship on the welfare state in general, of which health is an important part. Using Google Scholar, the keywords 'partisanship' and 'welfare state' amounted to 16 700 hits. After scanning the titles, we selected 53 articles and books suitable for use. Because we felt that the probability of having missed relevant and impactful literature within the 16 700 hits of the second search was very high, we conducted a third search using Scopus. Within this search we combined the first and second search terms whilst also adding important labels such as 'Right wing' and 'Christian Democratic' so as to narrow the search more effectively (see resulting string in the [Supplementary Appendix](#)).

This execution gave us 1684 hits. These articles and books were first screened by title and thereby reduced to 167 relevant hits. After reading the abstracts and, where applicable, the papers, this third search was further reduced to 52. There were 29 articles that overlapped with the initial two searches, thereby garnering a total of 23 new sources. The reason the Scopus search did not pick up all of the articles and books in the initial two searches is 4-fold: (i) the Scopus search only scanned for keywords within the titles and

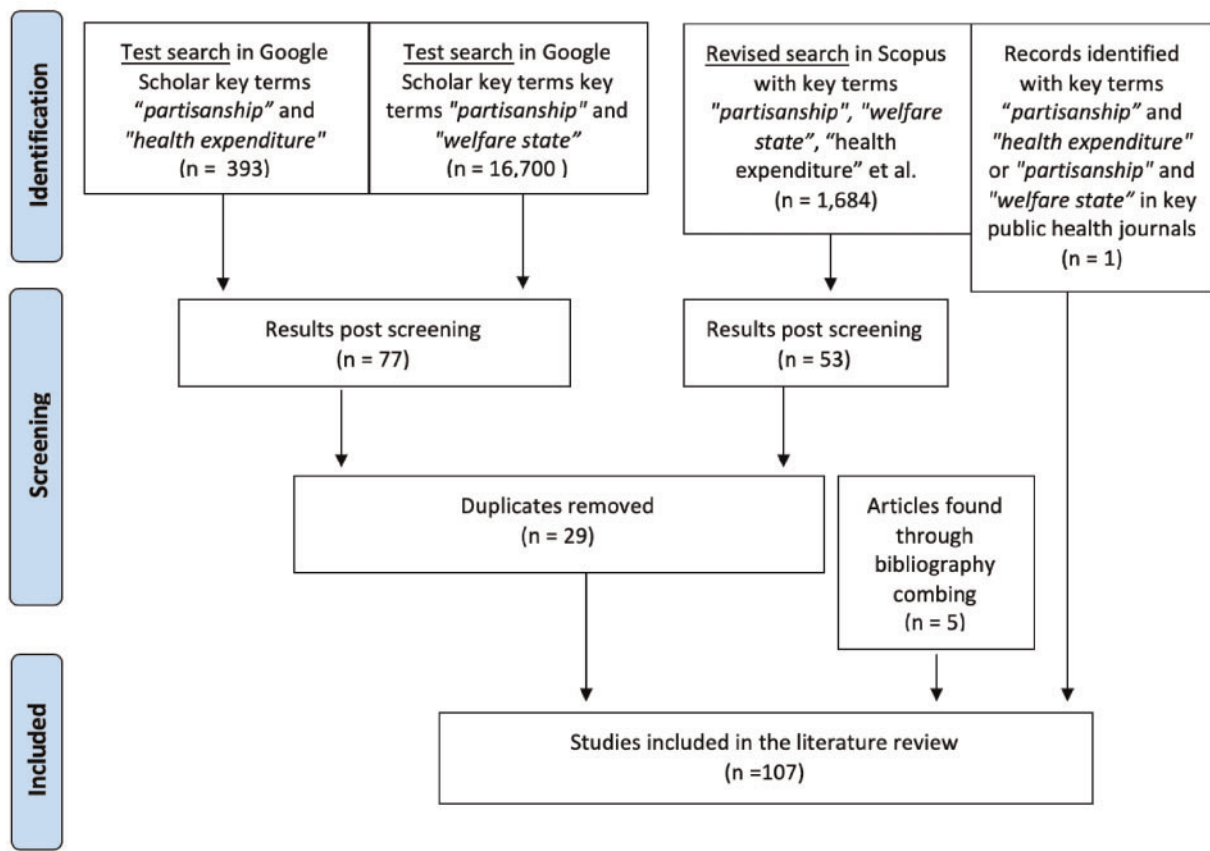


Figure 1 Adapted PRISMA flow (Liberati et al., 2009⁴)

abstracts, some of which were too specific to be captured within the broad search. (ii) Some articles were very country specific and thus not able to be captured under the general OECD search term. (iii) Some results were chapters in a book whose titles did not fit the search. (iv) Some were classified as working papers, reports or student theses and thus not picked up by the academic search engine Scopus. In order to make sure that no appropriate publications were missed, the bibliographies of the chosen articles were examined. Five additional publications^{1,6–9} were found in this way and incorporated into table 3 because they are reputable scholarly pieces on the subject that the search failed to pick up because of alternate word usage within the search term, e.g. ‘partisan’ or ‘parties’ instead of ‘partisanship’. An additional strategy to avoid missing relevant articles was to examine the previously mentioned health journals with the search terms ‘partisanship’ and ‘health expenditure’. This amounted to relatively few results in most journals, but generated one hit¹⁰ in the Journal of Health Politics, Policy and Law. Otherwise there was zero usability. Similar results were found using the search terms ‘partisanship’ and ‘welfare state’. When attempting to change the search terms to ‘parties’ and ‘generosity’, there were more numerous results, but the relevance decreased, amounting to no additional usability and confirming the use of ‘parties’ as an ineffective search term.

We made no judgement of our own about broader political philosophies or partisan conformity to ideologies, e.g. whether a Social Democratic, Liberal or Christian Democratic party. Instead, we drew on article authors’ judgements about which parties were of Left and Right.

Results

Ultimately, the search produced 107 usable articles and books spanning between 1984 and early 2018. Of these articles: 18 were individual country or dual country studies, 32 were multi-country studies including only OECD countries, 9 were multi-country studies including only EU countries, 6 were multi-country studies focusing specifically on Eastern Europe, 9 focused solely on the USA and 33 were unspecified multi-country studies.

The results are presented in tables 1–3 below.

The partisanship debate

The literature organized itself around two dominant perspectives on how and how much partisanship influences social policy:

- (1) The ‘Power Resource Theory’ posits that partisanship matters greatly, especially in an era of austerity and retrenchment. The general notion assumes that parties of the Right retrench more than those of the Left and parties of the Left and unions are associated with welfare state expansion.¹¹ This perspective conceptualized by Walter Korpi et al. and states that by mobilizing the citizens from the lower socio-economic ranks the Social Democratic parties and their allies are able to be electorally successful, which in turn is vital for the survival of the welfare state. The perspective holds that Left-wing parties are generally in support of welfare expansion because they represent working class interests¹² and the generosity of welfare will vary with the strength of Left-wing parties. In addition, many supporters of this perspective support the notion that welfare politics can still be considered the same democratic class struggle it was over 50 years ago.¹² The bottom line: partisanship matters.
- (1a) The ‘Christian Democratic’ dimension of the ‘Power Resource Theory’ highlights the contrasting effects of the Christian Democracy and Social Democracy on social benefit expenditures,^{13,14} among others, finding that Christian Democrats also strive to expand the welfare state, however, in a much less egalitarian¹⁵ way than the Social Democrats.¹³ This can mean, e.g. social insurance programmes that limit their

downward redistribution by stratifying risk pools in ways that give higher paid workers better healthcare insurance, pensions or family benefits than poorer ones. The bottom line: partisanship matters.

- (2) The ‘New Politics Approach’ considers the governmental budget problem through the lens of demographic changes such as population aging and pension costs, periods of decreasing economic growth rates and a general increase in social expenditures. This approach was promoted most strongly by Paul Pierson who consistently argues that because we live in an ‘era of austerity’, partisan differences have little influence on the direction and scope of welfare state reform and thus welfare and social policy.^{16,17} When looking solely at social policy, this perspective posits that it is difficult for parties of any colour to support a policy of retrenchment because of the popularity of the welfare state. At the same time, fiscal stress and the demands of existing programmes limit the ability of any party to expand. The bottom line: particularly in periods of retrenchment and austerity, partisanship ceases to matter.

Other theories exist as well, but they are marginal and not widely represented within this literature. ‘Market liberalism’ supports the notion that market liberal parties such as the German Free Democrats, Swedish Moderates, Spanish Partido Popular or UK Conservatives would find it easier to retrench welfare policies because voters themselves have moved into a more libertarian policy space¹⁸ while the contingency theory ‘Nixon Goes to China’ posits that voters trust parties that were historically pro welfare state and are more likely to forgive these parties should they retrench benefits.¹⁹ One thing that must be considered when thinking about all of these theories is the distinction between Anglo-Saxon majoritarian systems with liberal orientations vs. the Continental European neo-corporatist systems with more conservative orientations. This contrast accounts for the emergence of Anglo-Saxon residual welfare states vs. the conservative welfare states in continental Europe.¹⁴

Much of the literature reviewed, including that concerning the USA, supports the Power Resource Theory finding that the Left (or liberals) will generally seek to expand the welfare state while the Right (or conservatives) will either keep it the same or push for cuts in specific areas.^{20,21}

Interestingly, the preponderance of research finds that Power Resource Theory held true from 1945 to the mid-1970s, and some researchers argue its relevance until the 1980s.²² These years were the ‘golden age of the welfare state’²³ where there were considerable distinctions between Left and Right leaning regimes.^{13,14} The Left expanded welfare generosity whereas the Right chose to, more often than not, keep the status quo. This was mostly due to an increase in economic globalization as well as centrally organized labour and strong labour movements²¹ which consequently led to a decrease in unemployment.²⁴ During this ‘golden age’, the Left encouraged spending on social services which led to increased participation in the labour market, particularly among women, and stimulated strong labour movements.¹⁵ Right-wing governments, on the other hand, were typically associated with promoting less egalitarian welfare systems¹⁵ focusing instead on the liberalization and privatization of the product markets.

By the late 1970s and the early 1980s (some argue a decade later—1990s^{15,22}) researchers began questioning the importance of partisanship as alternative explanations for welfare policy change emerged: growth was slowing, unemployment was increasing,^{20,21,24} globalization was flourishing^{21,25} and the population was rapidly ageing, all of which resulted in a changing welfare burden on society, which formed the basis of welfare redistribution. This initially led to slower welfare expansion. One researcher even made the claim that: ‘During periods of fiscal difficulty, a government with a strong funding base, regardless of its partisanship and the original intentions of policy makers, has

Table 1 Google Scholar Search 1

Author(s) and date	Period	# of countries	Focus	Variables	Partisanship effect
Navarro et al. (2006)	1950–2000	OECD	Population health	Population health and health outcomes	SD = redistributive policies = positive effect on health outcomes CD = less redistributive, but more generous to older citizens
Jordan (2011)	1960–2000	16	Health expenditure	Electoral competition	By the mid-1980s, the partisanship effects in determining the growth in the public share of healthcare expenditures decreased over time
Hayes and Van den Heuvel (1995)	1985–1986	Australia	Health expenditure	Role of government	R = are more likely to favour a reduction in government health spending
Hayes and Van den Heuvel (1996)	1985–1986	5 OECD	Health expenditure	Political ideology and socio demographic	Partisanship matters; strongest predictor variable regarding attitudes towards healthcare spending R = oppose increasing government contributions to healthcare costs
Hallerberg and Stolfi (2008)	1999–2004	Italy	Health expenditure	Federalism	No consensus regarding the impact of partisanship on the government's fiscal stance
Jensen (2011)	1980–2006	18	Healthcare	Right-wing populism	Until 1980 L = spending, R = retrenchment, afterwards no difference
Herwartz and Theilen (2014)	1970–2008	22 OECD	Welfare state	Health expenditure	When in government over time, R spends less on public health
Hicks (2013)	Post-WWII	UK and Sweden	Welfare state	Development of the Left	L = does not always expand
Beland and Oloomi (2015)	1960–2012	USA	Health expenditure	Governors	Democrats allocate more
Wolf (2009)	2002	28 OECD	Public vs. private education spending	education	L = increases the ratio of public to private expenditure
Fraley (2017)	2010–2015	USA	Economic policy	ACA	Democratic Legislature = increase in the proportion of people covered by Medicaid
Kittel and Obinger (2002)	1982–1997	21 OECD	Social expenditure	Partisan politics and institutions	1980s strong partisan effect, 1990s weakened partisan effect
Huber and Stephens (2000)	1962–1987	16	Welfare	Public funding and delivery of welfare services	L (SD) = public funding and delivery of services; R (CD) = public funding, but no delivery of services
Jurado (2014)	1980–2006	22 OECD	Welfare	Electoral support	Nationalization of a party system = increased social expenditure
Seymour et al. (2016)	Inter-war	Britain	Public health	PH spending	L/Labour = spends more on health
Rocher and Smith (2002)	Historical evolution	Canada	Welfare	Healthcare system	L = expand, Conservative/R = retrench
Heier (2015)	2000–2014	Germany	Healthcare acts	Health expenditure	L/SPD = shift to the middle meaning they do not always try to reduce healthcare costs as is expected
Cook (2007)	1990s	Russia, Poland and Kazakhstan	Politics	Welfare	When liberalizing executives hold power = welfare retrenchment
Miller et al (2012)	1999–2004	USA	Welfare	Nursing home exp.	R = increase spending on nursing home staff L/Democrats = less likely to be supportive of wage pass through policies
Zhu and Clark (2015)	1996–2009	USA	Health inequality	Healthcare coverage	L party in state legislature = decreased health inequality
Moise (2004)	1989–2012	Romania and Hungary	Welfare	Health reform	Partisanship does not matter. Veto points matter and government composition matter
Elsässer et al (2015)	Since 1980	22	Welfare	Welfare retrenchment	Partisanship no longer matters because welfare states are shrinking
Wolf et al (2014)	1982–1999	18	Welfare state	Pension generosity	Early 1980s–1999 no partisan effects: L/SD = reduced public pension generosity during the 1990s
Beland (2016)	1960–2012	USA	Welfare state	Economic outcomes	Partisanship matters for economic outcomes
Pacheo and Boushey (2014)	1990–2010	USA	Politics	Public health	L = more likely to adopt health related bills

ACA: Affordable Care Act; CD: Christian Democrats; L: Left; OECD: Organization for Economic Co-operation and Development; PH: public health; R: Right; SD: Social Democrats; SPD: Social Democratic Party of Germany; WWII: World War Two.

resisted welfare retrenchment' (p. 40).²⁶ It was at this time, the late 1970s to the early 1990s, that the New Politics Approach garnered support with its theory that partisanship no longer mattered, as both the Left and the Right were afraid to cut welfare benefits.²⁷ This perspective was then challenged by the Power Resource Theory with the argument that partisanship still mattered and continued to affect welfare outcomes in arguably conventional ways.^{11,24} Allan and Scruggs,¹¹ e.g. showed in their work that since the 1980s

Right-wing governments were generally associated with welfare retrenchment.

In essence, the theories and the literature tell the following story: after the end of the 'golden age' in the mid-1970s, the economy spiralled downward (triggered by the two global oil crises in the 1970s) causing unemployment to increase. The result was fiscal stress at the same time that public expectations of social benefits and welfare in general shifted upward.²⁸ Due to this fiscal stress that

Table 2 Google Scholar Search 2

Authors and date	Period	# of countries	Focus	Variables	Partisanship effect
Allan and Scruggs (2004)	1975–1999	18	Welfare states	Retrenchment and partisanship	L = more generous in era of expansion R = less entitlements during retrenchment
Finseraas and Vernby (2011)	1970–2003	18	Welfare states	Party polarization	Too difficult for L to expand and R to retrench
Giger and Nelson (2011)	1970–2002	18	Welfare states	Change in social policy	R = retrench more than Left
Scruggs and Allan (2006)	1980s–2000	16 OECD	Welfare states	Poverty rates and social insurance programmes	L = reduces poverty, more generosity
Amable et al. (2006)	1981–1999	18	Welfare states	Retrenchment and partisanship	More R = lower expansion
Levy (2001)	1970s–1990s	France	Welfare reform	Partisanship	R = neoliberal austerity L = enhance equity
Vis (2009)	1979–2005	4	Welfare reform	Reforms	Strong political position and L in government = expansion Parties matter
Starke and Van Hooren (2014)	1973–2011	4	Welfare states	Economic crisis	
Lindbom (2008)	1980s; 2003–2006	Sweden	Welfare reform	Partisanship	L = expansion; partisanship declines
Vlandas (2013)	1990–2007	14 EU	Welfare states	Partisanship and spending	Strong labour movements = greater expansion; L = job creation
Jensen et al. (2013)	1980–2007	17 OECD	Welfare states	Unemployment and austerity	Partisanship matters
Rothstein et al. (2012)	1984–2000	18 OECD	Welfare states	Quality of Government	The longer time period L in government = increase expansion
Hicks and Swank (1992)	1960–1982	18	Welfare states	Welfare effort	Increased turnout, increased unemployment, increased competition, more economic openness = increased spending on welfare
Brady et al. (2005)	1975–2001	17	Welfare states	Globalization	L = increase in welfare expansion; R = decrease
Scruggs (2007)	1970–2002	18	Welfare states	Convergence	Partisanship continues to play a big role in explaining variations in welfare generosity in the era of austerity
Galasso (2014)	1975–2008	25 OECD	Welfare states	Changes during crisis	R = liberalization and privatization in product markets = less generous benefits
Iversen and Stephens (2008)	2000–2007	18	Welfare states	Partisan politics	L = increased welfare expansion R = no relation
Kwon and Pontusson (2005)	1962–2000	16 OECD	Welfare states	Social spending	Capital mobility = R is more pro welfare; increased partisan effects = slow economic growth
Huber and Stephens (2008)	Post-War	9	Welfare states	Parties	R (CD) and L (SD) governance both led to generous welfare states until the late 1980s then increased unemployment led to a decline in the partisan effect on welfare generosity
Klitgaard and Elmelund-Præstekær (2013)	1975–2008	Denmark	Welfare states	Retrenchment and partisanship	Retrenchment: L (least), CL, R, CR (most)
Kato (2003)	1960–2000	OECD	Welfare states	Taxation	In the 1980s partisanship did not matter—a government with a strong funding base resisted welfare retrenchment
Jensen and Seeberg (2015)	1980–2007	23	Welfare states	Partisanship	L = more emphasis on welfare when in opposition, R = equal emphasis (does not cutback in order to stay in office)
Rothstein et al. (2010)	1984–2000	18 OECD	Welfare states	Quality of Government	L cabinets = benefit generosity increases with higher quality of government
Gilardi (2010)	18 OECD	18 OECD	Welfare states	Partisanship/retrenchment	R = cut benefits if experience shows that it will not cost them re-election L = care about policy consequences
Schumacher (2015)	1977–2003	14	Welfare states	Parties	Exposure to globalization = increased welfare compensation
Timmons (2005)	1970–1999	18 OECD	Welfare states	Taxes	Extent of welfare distribution of L is exaggerated
Hieda (2013)	1980–2005	18 OECD	Welfare states	Redistribution of Left	L liberal = egalitarian income redistribution and increases budget for child care L conservative = conventional social order (male worker) and does not
Schumacher (2012)	1980–2005	7	Welfare states	Retrenchment	Increased welfare benefits on L depend on intra party balance and partisanship and economy
Däubler (2008)	1987/1988 and 2002/2003	3	Welfare states	Bills and vetos	R = expansionary bills are more likely to be delayed because they imply a shift to the L
Rueda (2008)	1973–1995	4	Welfare states	Policy and inequality	High corporatism = L generous welfare system

(continued)

Table 2 Continued

Authors and date	Period	# of countries	Focus	Variables	Partisanship effect
Becher (2009)	1973–2000	20 OECD	Welfare states	Veto players	L = expansion, R = cutback when there are no veto players
Alvarez et al. (1991)	1967–1984	16	Economic growth	Partisanship	L = beneficial to growth only where unions are encompassing
Gingrich (2011)	2004–2006	England, Sweden and the Netherlands	Markets and health reform	Partisanship	Parties matter—markets in health have been constructed differently based on different political interests. However, expanding access for citizens and improving care cuts across party control
Avdagic (2012)	1990–2007	27 EU	Welfare/labour market	Partisanship	Large number of veto player = L reduce social entitlements
Castles (2005)	1990–2001	21 OECD	Welfare states	Social expenditure	No sign that party ideology influences expenditure patterns
Careja (2009)	1993–2002	12 Eastern European	Welfare states	Public spending	L = expansion on total public expenditure and public social expenditure, no effect on education spending, R = no effect
Schumacher (2011)	1972–2002	14	Welfare state reform	Retrenchment	L = decrease pension but expanded employment, L = retrench more if they have sent a negative signal during election time
Jensen (2011)	1980–2002	Denmark and Australia	Healthcare	Marketization	Partisanship holds until the 1980, L = spending, R = retrenchment, afterwards no difference
Hicks and Freeman (2009)	1975–2000	18	Pension	Partisanship	R = retrenchment union organizational strength = expansion
Alexiadou (2015)	1970–2002	18	Welfare states	Partisanship	L and trade unions = increase in welfare spending
Burgoon (2012)	1960–2004	24	Welfare states	Globalization	Non-Left partisanship = negative effect of economic globalization on net welfare support
Jordan (2010)	1960–2000	18	Welfare states	Globalization	Globalization increases welfare support from the L
Vis et al. (2008)	1982–2006	Netherlands	Welfare state reform	Partisanship	Until 1980 = generous SD welfare state; since liberalization
Iversen and Cusack (2000)	1964–1990	14 OECD	Welfare states	Globalization	L labour power = increase in spending; deindustrialization = increase in L spending
Kumlin (2007)	OECD	OECD	Welfare state	Policy preferences	Taxes are highly redistributed by the Left
Haupt (2010)	1970–2003	17 EU	Welfare states	Globalization	L and R parties behave similarly in response to changes in economic openness
Achterberg and Yerkes (2009)	1946–2005	16	Welfare states	Convergence	Liberal regimes = increasingly generous
Pierson (2001)	1961–1993	15 OECD	Welfare states	Partisanship	L = transfer payments in a more egalitarian manner; L = competition can hinder government decisions to cut entitlements; voter turnout matters in the demand for welfare spending
Pierson (1996)	1970s–1990s	4 OECD	Welfare states	Retrenchment and institutions	Increase budgetary pressures = increased cuts; increased retrenchment = electoral slack; increased institutional shifts = increased retrenchment
Korpi and Palme (2003)	1975–1999	18	Welfare states	Austerity	L = expansion R = cut
Lipsmeyer (2003)	1989–1996	6 EE	Welfare state	Social spending	% of R parties has no significant influence for change in social spending but less left-affiliated legislatures = smaller pension benefits
Lipsmeyer (2000)	1991–1996/97	6 EE	Welfare states	Health policy	R = devolution of the healthcare system L and R = shift policy costs to non-governmental sources
Ross (2000)	1970s–1997	UK	Welfare states		R = reform, L = defend welfare institutions
Huber and Stephens (1993)	1956–1988	17 OECD	Welfare state	Welfare state effort and constitutional structure	SD and CD = increased welfare expenditure but CD is less egalitarian

CD: Christian Democrats; CL: Center Left; CR: Center Right; EE: Eastern Europe; EU: European Union; L: Left; R: Right; OECD: Organization for Economic Co-operation and Development; SD: Social Democrats.

continued into the late 1980s and early 1990s, the Left was unable to continue to expand welfare while at the same time the Right was unable to cut the existing welfare benefits because there was such strong popular support for entitlements. Altogether, this decreased the partisan effect on welfare, leaving the social benefits static. In this context, partisanship matters insofar as parties on the left have shifted away from expanding and instead focus on defending social entitlements. While welfare states are not all on the same

trajectory, there does seem to be a clear inflection in the 1980s and early 1990s as countries entered the politics of austerity.

Healthcare policies

Specifically with regards to healthcare policies, the findings are quite similar to the overall conclusions: partisanship mattered until the 1980s (with the inflection varying by country), with Left parties

Table 3 Scopus Search 3

Authors and date	Period	# of countries	Focus	Variables	Partisanship effect
Navarro and Shi (2001)	1945–1980	OECD	Social inequalities and health	Partisanship	Post-WWII, L = more redistributive policies, better health indicators and lower infant mortality
Navarro et al. (2003)	1950–1998	OECD	Infant mortality and life expectancy	Political parties	SD parties = more committed to redistribution therefore decrease inequalities and decrease infant mortality
Potrafke (2010)	1971–2004	18 OECD	Public health expenditures	Ideology	Government ideology does not impact public health expenditures
Zehavi (2012)	1970–age of austerity	5 OECD	Privatization of healthcare delivery	Partisan policy	Both Left and Right privatize, but the Left is more reluctant to do so. Right = more expansive privatization agenda
Jaeger (2006)	2000–2003	Canada	Welfare state	Political ideology	Voters who vote for the Left = increased support for redistributive policies
Kittel and Obinger (2003)	1982–1997	21 OECD	Partisanship	Social spending	Mixed evidence for the impact of Left and CD on social spending
Hicks and Swank (1984)	1960–1971	18	Welfare expansion	Partisanship	R participation in government = decreased welfare expansion
Green-Pedersen (2001)	1982–1998	Denmark and The Netherlands	Partisanship	Welfare state retrenchment	Governments retrench only if they can achieve a party consensus around retrenchment
Zylan and Soule (2000)	1989–1995	USA	Partisanship	Welfare state retrenchment	Republican states = quicker to submit federal waivers to the Aid to Families with Dependent Children programme thereby experimenting with new methods of exclusions and regulation
Nygaard (2006)	1970–2003	Denmark, Finland, Norway and Sweden	Partisanship	Nordic Welfare Model	SD and Left parties = remain defenders of the 'Nordic Welfare Model'; Right = more hesitant towards welfare expansion
Jensen (2010)	1980–2000	18 Western nations	Partisanship	Government social spending	Prolonged Left-wing incumbency = high levels of social spending, reduced levels of economic inequality and poverty; Right = forced to compensate for the lack of public trust by being even more generous than the Left
George (1998)	1994	6 EU countries	Partisanship	Welfare state retrenchment	R = expansionist policies between 1960s and 1970s; L = pursue policies of contraction and containment in 1980s–1990s
Armingeon et al. (2016)	1982–2009	17 OECD	Partisanship	Welfare state retrenchment	Welfare state retrenchment is greatest during budget consolidations implemented by Left-wing broad coalition governments
Afonso (2014)	2000–2006; 2010–2012; 1995–2010	Austria, the Netherlands and Switzerland	Populist Radical Right (PRR)	Welfare state retrenchment	PRR in government = either retrenchment or governmental deadlock
Tepe and Vanhulle (2010)	1980–2005	21 OECD	Partisanship	Welfare state retrenchment	Macro-economic determinants are more important than political variables. But Left-wing governments and welfare states with more institutional rigidity delay welfare cutbacks
Barth et al. (2015)	1996–2006	22 OECD	Income inequality	Welfare generosity	L = propose more generous welfare policies but are less efficient guardians of welfare spending whenever inequality rises without growth in average incomes
Fernandez-Albertos and Manzano (2012)	2009	Spain	Partisanship	Welfare politics	Partisanship = weak role in Spanish welfare politics
Klitgaard et al. (2015)	1982–2011	Sweden, Denmark, Spain and the Netherlands	Partisanship	Welfare state retrenchment	Governments independent of partisan composition retrench but it occurs more often under Right-wing incumbency
Klitgaard and Elmelund (2014)	1975–2008	Denmark	Partisanship	Tax policy and welfare reform	R = pursue retrenchment by reducing public revenue
Jakobsson and Kumlin (2017)	1980–2008	16 West European countries	Partisanship	Welfare state	Systematic salience and an entirely Left government = increased welfare generosity
Schumacher and Vis (2012)	1977–2002	8 parliamentary democracies	Social democrats	Welfare state retrenchment	Policy seeking SD = do not retrench; vote seeking SD = retrench when the economy pushes the mean voter to the right; office seeking SD = similar to vote-seeking, but respond later
Faricy (2017)	2012	USA	Partisanship	Welfare state	D = preferences for public spending; R = preference for tax breaks
Hasenfeld and Rafferty (1989)	1983	USA	Public attitudes	Welfare state	Strength of the future welfare state depends on upholding social democratic values
Keman (2010)	1980–2004	OECD	Partisanship	Public investment	If Left was in government for longer periods before the 1980s the need to constrain government outlays after the 1980s will be stronger = decreased public investment by either party, but Right will decrease more

(continued)

Table 3 Continued

Authors and date	Period	# of countries	Focus	Variables	Partisanship effect
Mackebach and McKee (2013)	1960–2008 and 1946–2000	Europe: West, Central and East	Health policies	SD government participation	Long-term SD government = positive impact on some areas of preventive health policy
Korpi (1989)	1930–1989	18 OECD	Social policy development	Role of SD government	Partisanship matters; L = extends social rights
Huber and Stephens (2001)	2001	OECD	Welfare states	Partisanship	L = extensive public funding and public delivery of services; R = more reserved range of privately delivered services
Rose (1984)	1957–1979	UK	Partisanship	Policy outcomes	Parties do not matter much; political institutions, societal changes and public opinion matter more
Clayton and Pontusson (1998)	1960–1994	Focus on 4 OECD same as Pierson (1996) but use other OECD data as well	Welfare states	Welfare state retrenchment	Parties = no effect, rather the patterns of retrenchment documented might be a response to political pressure from a cross-class coalition of employers and workers in the export and multinational sectors

CD: Christian Democrats; EU: European Union; L: Left; R: Right; OECD: Organization for Economic Co-operation and Development; SD: Social Democrats; WWII: World War Two.

spending more and exerting a positive effect on preventative health⁹ while the Right resisted expansion or attempted to cut benefits. After that point, there was no longer a difference, as neither the Left nor the Right cut or expanded health benefits and partisanship ceased to matter as a major influencer.^{22,29,30} In a study on whether political parties matter for the implementation of specific preventative health policies, McKee and Mackebach found that positive health effects used to be associated with Social Democrats being in government, particularly in relation to indicators such as tobacco and alcohol control. The last decades, however, found little correlation between Social Democratic governments and health policy development.⁹

We see government coalitions no longer being made up of Social Democrats and Conservatives rooted primarily in class-based politics, but rather the conservatives or liberals governing with the Populist Radical Right (PRR).³¹ Prime examples being the current radical right and left led Italian government and their attempt to expand welfare benefits despite being in a period of intense austerity. Also, the conservative and PRR led Austrian government's merger of the health insurance funds from 21 to 5, creating an arguably unfair structure where certain people are given better benefits than others based on where they work.

The 2015 migration crisis tapped into existing yet implicit sentiments and enabled increased social acceptance and growth of an identity-based electorate and politics on the right. This also involves a shift of Social Democratic and Left parties away from their roots in the organized working class, with their adoption of economic and welfare system reforms, climate change policies, globalization, etc. that disregards traditional supporters' economic concerns. In the USA, a strong institutional tendency towards two-party politics means that realignments tend to happen within the two political parties. The Obama presidency saw a marked trend towards partisan polarization and identity politics on the right leading up to the election of the divisive Donald Trump on a platform of overt racism.³² We can see this, e.g. in the pronounced racialization of health reform with whites, who showed a greater propensity to racism, opposing healthcare reform once it was linked to a black politician.

A major determinant of variation in policy choices, including health policy and output is the party composition of government.³³ Larger partisan effects can be seen in majoritarian, parliamentary, democracies where the legislature and the executive are 'sovereign'. The structure of the welfare state also matters, with social insurance and social partnerships forming a barrier to action by any government. The institutional structures relinquish some of their power particularly in matters relating to social insurance contracts. Even in countries with divided powers (federations, presidential democracies), a Right-wing government in power for a long period of time leads to lower healthcare spending.³⁴ One prominent work argued that parties do not matter: that neither interest group

politics nor differences in partisanship could explain the varying health policy outcomes visible in her three case countries (Sweden, Switzerland and France).³⁵

In Central Eastern Europe (CEE), two periods must be taken into consideration: the 1990s directly after the cessation of communist rule and post-2004, when the first Eastern European countries entered the EU. During the late 1980s and into the 1990s, early democracies began altering the formerly Communist state welfare systems. In these years, most health reforms (devolution of the healthcare systems, increased payroll tax dedicated to healthcare, creation of social insurance programmes, etc.) were enacted under conservative parliamentary dominance.³⁶ CEE has since followed much of the same partisan trend as its Western counterparts where parliaments led by the left have higher positive changes in social welfare expenditure.³⁷ In the years after 2004, EU membership requirements were associated with considerable change in party systems³⁸ pointing to a rather limited effect of partisanship. From the limited literature, it can be said that Central and to a lesser extent Eastern European countries follow an increasingly similar partisan pattern with relation to health and welfare as Western Europe, with the parties of the Left resisting cutbacks and promoting more egalitarian expansions.

Specific findings in the USA

The nine literature results focusing on healthcare and partisanship in the USA focused on very specific examples of party influence. For instance, one article found that having a Democratic governor increases the probability of Medicaid expansion by almost 20% and having a Democratic legislature increases the probability of Medicaid expansion by over 50% and it decreases health inequalities.³⁹ Similarly, Democratic governors seem to allocate a larger share of their budget to the health/hospital sectors.⁴⁰ In addition, states with large numbers of Democrats were generally more apt to adopt health-related bills.¹⁰ On the flip side, when looking at policies to increase spending on nursing home staff, it was found that Republicans were more likely to support such policies whereas Democrats were not. In general, the health politics research finds that Democrats are likelier than Republicans to promote more generous health and social policy.

Discussion

Literature reviews, such as this one, focus on what is already published. However, this literature, as a whole, neglects to highlight how vulnerable population health is to political risks. This is a problem for understanding the relationship between partisanship and health as well as for contributing to adequate and responsive health policies. Considering current health trends in the

form of measles outbreaks, the 'Deaths of Despair' and the declining health expectancy rates in some Western countries, we question the current partisanship thesis that political parties matter less and less.

Party systems previously built around the two big parties of the Left and Right are now breaking up in most countries. The social class cleavage is no longer the only explanation for divided political orientations; religion, geography, gender, occupation and age slowly have become relevant factors as well. It was through the recognition and support of these new cleavages that other parties were born and the Left/Right divide expanded and changed.

This increase in parties resulted in a change in the kinds of governments seen in rich countries. The early 1980s marked the first time in Austria's history that Christian Democrats were excluded from the governmental coalition. The same thing happened in the 1990s with the Netherlands, after more than a century of Christian Democratic presence in coalition government. The novelty in both cases was that liberal and labour parties formed a governmental coalition without the Christian Democrats. Meanwhile, Social Democratic parties in many countries adopted liberal stances in the 1990s, including in areas such as 'workfare' policies and liberalization of labour law. Then, around 2008 in the middle of the international financial crisis and formerly unseen austerity measures, Social Democrats entered a sharp decline from which few have emerged. Partisanship still mattered a great deal, but the parties are now often new and no longer map well onto traditional left-right and class axes.

In particular, the literature's strongest finding is that Social Democratic parties have been the main agents of welfare state expansion and egalitarian social policy and the opposition to retrenchment after the 1980s. This finding holds true in the realm of health as well, despite the limited research on the intersection of political science and health policy.⁹ Regardless of this historical association with stronger and more egalitarian welfare states, Social Democratic parties are, in many countries, losing votes to a variety of rivals from Greens to the PRR. This poses a problem going forward since the literature is focused, at its most sophisticated, on Social Democrats, conservatives and Christian Democrats. PRR and Green parties' success, and their presence in governments worldwide, is a significant 're' occurrence, but there is almost no literature regarding their effects on welfare and health policy.³¹ Much of what is happening in the 21st century does not therefore seem to be captured by the theories presented in the political or health policy literature. This does not indicate that partisanship no longer matters. Rather, it signifies a change in what should be studied and questions the applicability of older findings.

Limitations

A limitation of this review is that the search term 'partisanship' was not broken into 'partisan' or 'party', which would have likely resulted in many more hits as the vast literature on parties often includes the concept of partisanship. Nonetheless, it is clear that the topic of partisanship as it pertains to health is severely under researched and therefore was able to produce only few literature hits. Another shortcoming of the research is the lack of reliable data on recent political events such as the rise of the PRR and how it influences health and welfare policies once in office.³¹ There are major indications that these can have huge repercussions on social policies and on population health and wellbeing, which urgently calls for follow-up research and publications. A further limitation is that only articles written in English were considered.

Conclusion

Parties still matter and yes, they make a significant difference in transforming, retrenching and revising welfare policies. Considering this finding, there are three takeaway points and areas for future thought and research:

- (1) It might be time for new theories about partisanship and welfare. The theories and literature that political science offers no longer effectively addresses the concerns and experiences of the Western world to date. New theories should focus on the interaction of partisanship with the structures of constitutional democracies including mandates,¹⁴ the presence or absence of a major party, powerful unions, former union members (i.e. the 'yellow vests' in France), social partnerships and civil society on partisanship and politics as a whole.
- (2) Within the literature there is a significant gap in research on the relationship between partisanship and health and healthcare policies as a part of the welfare system. Given the changes in parties, the creation of new parties and particularly the increased influence of the PRR parties, it is necessary to know what these parties are doing in or near governments and especially how they are affecting the eligibility and accessibility of health and social policies in general. In particular, PRR parties have the potential to decrease social benefits by excluding certain parts of the population such as immigrants.
- (3) A final aspect is the significance of the Left. Across OECD countries, Social Democratic parties are losing power in the face of these increasing economic and demographic struggles. The questions arise: of whether they will revive and what will replace them. As the literature^{20,29,40} has shown, the Left has historically been responsible for welfare expansion, thus if social benefits are of importance, this political faction has work to do.

Parties still matter to the eligibility, quality and affordability of a welfare system with an inflection in the 1980s as welfare states shifted from expansion to new politics of constraints. There might be another such inflection now, with new parties and partisan alignments fragmenting old systems and necessitating new theory. New theories and more research are needed on the relationship between partisanship and healthcare as an integral part of the welfare system. Finally, to fully understand how politics and health are related, research should expand its scope to partisanship effects extending well beyond the welfare system on economic, fiscal and labour policy, impacting profoundly on health and preventable disparities in society.

Supplementary data

Supplementary data are available at *EURPUB* online.

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Key points

- Partisanship still matters.
- There is a significant gap in the literature regarding health and healthcare.
- New theories on partisanship and welfare are needed.
- We should not underestimate the significance of Social Democracy.

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