



RESEARCH BRIEF #70

May 10, 2022

Civil Rights, Firearm Safety, and Environmental Protection Policies Predict Better Health among U.S. Midlife Adults

Blakelee R. Kemp, Jacob M. Grumbach, Jennifer Karas Montez

Americans suffer worse health and shorter lives than do people in most other high-income countries.^{1,2} The poor health and early death of many Americans is pronounced in certain states and among midlife adults and marginalized social groups, such as persons without a college degree.³

One explanation may be the dramatic changes in the policy environment in recent decades, particularly the polarization in state policies.⁴⁻⁶ For instance, states like New York invested in public schooling, enacted policies to improve economic conditions for working adults (e.g., increased minimum wage levels, offered earned income tax credits [EITC]), designed relatively generous Medicaid programs, and disincentivized unhealthy behaviors, such as smoking, through high tobacco excise taxes. In sharp contrast, states like Mississippi have invested much less in schools, have not set a minimum wage nor offered EITC, have provided an austere Medicaid program, and have done little to discourage risky behaviors.⁶

This brief summarizes findings from a [recently published study](#)⁷ examining how state policy contexts predicted self-reported health during 1993-2016 among adults ages 45-64. We used data on 15 state policy domains, such as taxes and civil rights measured annually on a conservative-to-liberal continuum. All domains are listed below under the Data and Methods section. The analysis predicted the probability of reporting poor health from all policy domains, adjusting for pertinent characteristics of states and their residents.

KEY FINDINGS

- More liberal civil rights, gun safety, and environmental protection policies predict better health among U.S. midlife adults (ages 45-64).
- The difference in poor health in a state with the most liberal civil rights policies and the most conservative is comparable to the difference in poor health between adults aged 50 and 60.
- Improving the health of midlife adults and reducing health inequalities requires a greater focus on state policy contexts.

State Policies Can Significantly Benefit or Harm the Health of Midlife Adults

Civil rights policies were strongly associated with midlife health. If a state were to change its civil rights policies from a fully conservative configuration to a fully liberal configuration, our analysis estimated that the percentage of midlife adults in poor health would decline from 16.1% to 12.5% in that state (see Figure 1). This is a considerable difference, made clear when these estimates are compared to the percentages of adults in poor health at different ages. For instance, as shown in Figure 1, 15.6% of adults 60 years of age reported being in poor health as did 12.4% of adults 50 years of age.

A few other policies predicted midlife health. More liberal policies on the environment and gun safety were associated with better health. In a state with fully liberal environmental policies, 12.7% of midlife adults are predicted to have poor health compared to 14.6% of adults in a that state had fully conservative environmental policies. Similarly, the percentage of adults in poor health is predicted to be higher (14.5%) in a state with the most conservative configuration of gun policies compared to a state with the most liberal configuration of gun policies (12.2%). We also found some, albeit weak evidence, that more conservative marijuana policies were predictive of better midlife health.

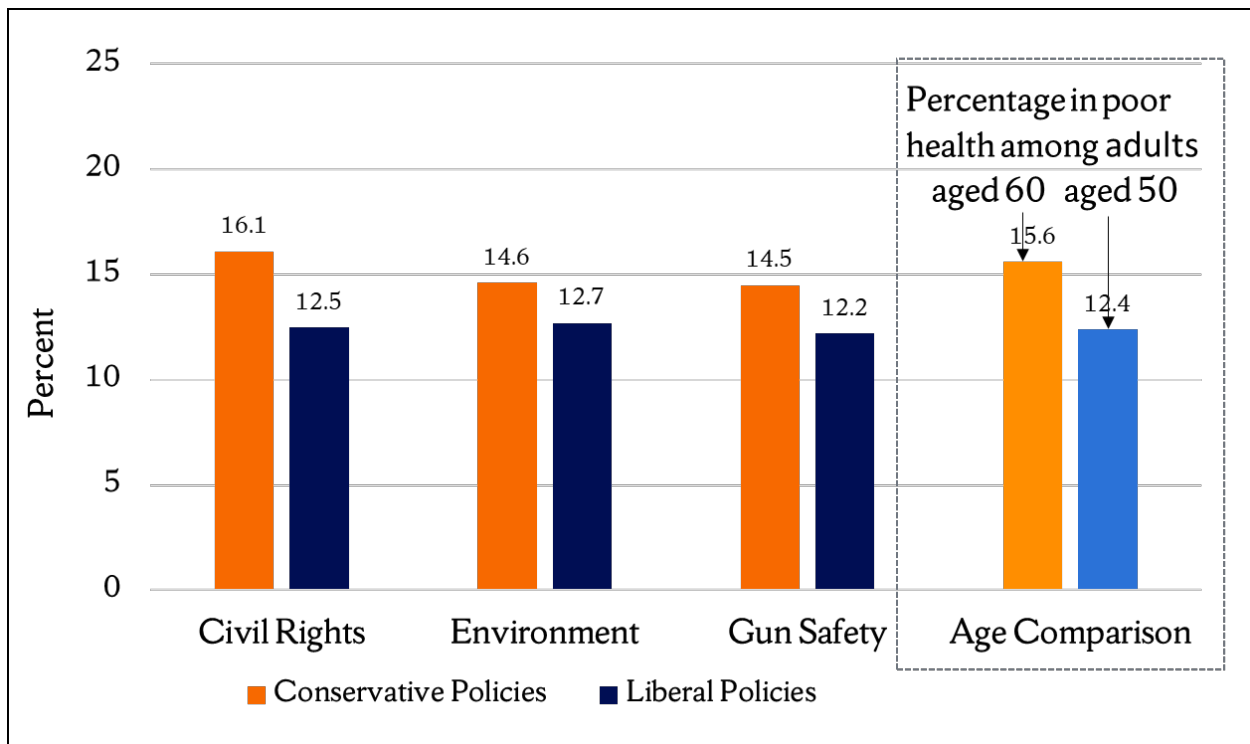


Figure 1: Percentage of Midlife Adults in Poor Health if their State of Residence Had Conservative versus Liberal Policies on Civil Rights, the Environment, and Gun Safety

Data Source: Estimates are from "[US state policy contexts and physical health among midlife adults.](#)"

Fixing U.S. Population Health Requires Fixing State Policies

Improving the health of midlife adults and reducing health inequalities requires a greater focus on state policy contexts. State policies that protect people's civil rights and liberties, protect people from environmental toxins, and promote gun safety may be particularly important for improving health.

Data and Methods

Data on adult health come from the Behavioral Risk Factor Surveillance System Survey ([available here](#)), and data on state policy domains ([described here](#)) were created by Dr. Jacob M. Grumbach. The policy domains included civil rights, gun safety, environment, health and welfare, abortion, private labor, public labor, immigration, LGBT rights, education, tobacco tax, criminal justice, housing and transportation, marijuana, and taxes. Poor health was defined as self-reports of experiencing 14 days or more in poor health during the last 30 days. The percentages reported here are predicted from models that hold all non-policy variables at their means. For more details, see [the published study](#).⁷

References

1. National Research Council and Institute of Medicine. (2013). *US Health in International Perspective: Shorter Lives, Poorer Health*. Washington, DC: National Academies Press.
2. Ho, J. Y., & Hendi, A. S. (2018). Recent trends in life expectancy across high income countries: Retrospective observational study. *BMJ*, 362, k2562.
3. National Academies of Science, Engineering, and Medicine. (2021). *High and Rising Mortality Rates among Working-age Adults*. Washington DC: National Academies Press.
4. Montez, J.K., Beckfield, J., Cooney, J.K., Hayward, M.D., Grumbach, J.M., Koysak, H.Z., Woolf, S.H., & Zajacova, A. (2020). US state policies, politics, and life expectancy. *The Milbank Quarterly*, 98(3), 668-99.
5. Grumbach, J.M. (2018). From backwaters to major policymakers: Policy polarization in the states, 1970-2014. *Perspectives on Politics*, 16(2), 416-35.
6. Montez, J.K. (2020). US state polarization, policymaking power, and population health. *The Milbank Quarterly*, 98(4):1033-1052.
7. Kemp, B.R., Grumbach, J.M., & Montez, J.K. (2022). [US state policy contexts and physical health among midlife adults](#). *Socius: Sociological Research for a Dynamic World*, 8:1-14.

Acknowledgments

This work was supported in part by the National Institute on Aging (NIA grant # R01AG055481 and R24AG045061) and the Carnegie Corporation of New York (grant # G-F-18-56197). Montez is an affiliate of the Center for Aging and Policy Studies, which receives funding from the NIA (grant # 1P30AG066583). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Carnegie Corporation.

About the Authors

Blakelee R. Kemp (bkemp@unl.edu) is a research assistant professor at the University of Nebraska.

Jacob M. Grumbach (grumbach@uw.edu) is an assistant professor of political science at the University of Washington and a faculty affiliate at the Bridges Center for Labor Studies.

Jennifer Karas Montez (jmontez@syr.edu) is a professor of sociology, the Gerald B. Cramer Faculty Scholar in Aging Studies, Director of the Center for Aging and Policy Studies, and Co-Director of the Policy, Place, and Population Health Lab at in the Maxwell School of Citizenship and Public Affairs at SU.

Lerner Center for Public Health and Promotion
426 Eggers Hall
Syracuse, New York 13244
syracuse.edu | lernercenter.syr.edu
To access all our briefs, visit:
<https://surface.syr.edu/lerner/>

Center for Aging and Policy Studies
314 Lyman Hall
Syracuse, New York 13244
syracuse.edu | asi.syr.edu/caps