POLICY DEVELOPMENT TO ELIMINATE DISPARITIES IN MENTAL HEALTH CARE: POLICY STREAMS OR MUDDLING THROUGH?

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Study Purpose & Methodology
State-Level Strategies to Address Health and Mental Health Disparities through Cultural and Linguistic Competency Training and Licensure: An Environmental Scan of Factors Related to Legislative and Regulatory Actions in States

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Purpose of the Study

The purpose of the study was to conduct an environmental scan to gather data about states that have introduced or enacted legislation mandating the integration of cultural and/or linguistic competence into curricula, continuing education, and licensure requirements for health and mental health care professionals as a policy imperative to address health and mental health disparities.
Study States

Arizona  California  Colorado  Florida  Georgia
Illinois  Kentucky  Maryland  Massachusetts  New Jersey
New Mexico  New York  Ohio  Washington

Methodology

Data to inform the policy analysis was collected through three methods:

1. review of secondary data sources to create population diversity, disparities, and state policy environment profiles of each study state;

2. review of regulations and documents reflecting the regulatory process in states with enacted legislation; and

3. key informant phone interviews with 49 key informants who were distributed across all states except Kentucky and Illinois.
<table>
<thead>
<tr>
<th>Category of Nominated Key Informants</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boards of Medical Examiners</td>
<td>6</td>
</tr>
<tr>
<td>Champions of health disparities/cultural competence</td>
<td>19</td>
</tr>
<tr>
<td>Commissions, policy institutes, and foundations</td>
<td>21</td>
</tr>
<tr>
<td>Executive departments/agencies including State Offices of Minority Health</td>
<td>19</td>
</tr>
<tr>
<td>Governors’ offices</td>
<td>3</td>
</tr>
<tr>
<td>Health plans</td>
<td>3</td>
</tr>
<tr>
<td>Higher education institutions</td>
<td>11</td>
</tr>
<tr>
<td>Hospitals</td>
<td>1</td>
</tr>
<tr>
<td>Legislators/legislative aides</td>
<td>17</td>
</tr>
<tr>
<td>Medical societies/professional organizations</td>
<td>4</td>
</tr>
<tr>
<td>Total Nominated</td>
<td>104</td>
</tr>
<tr>
<td>Total Interviewed (response rate = 47%)</td>
<td>49</td>
</tr>
</tbody>
</table>

Key Informant Interviews Addressed

- Informant’s role related to legislation
- Factors contributing to the proposal/passage of legislation
- Factors that were barriers to proposal/passage of legislation
- Policy and political environment of the state at the time of legislative activity
- Other activities related to health disparities & inequities in the state
- Details of proposed/passed legislation
- Evaluation of the impact of the proposed/passed legislation
- Future directions within the state, both legislative and non-legislative related to health disparities
Description of Decision-Making & Frameworks for Policy Analysis

Leverage Points in the Policy Process

- Policy Development
- Monitoring and Evaluation
- Implementation
- Dissemination
Issues Identification & The Policy Analysis Cycle

Perspective | Characteristics | Values | Goals | Style | Criticism
--- | --- | --- | --- | --- | ---
Rationalist | Policy Analyst/Planner | Method | Discover | Comprehensive | Failure to acknowledge limits
Technician | Expert / Specialist | Training / Expertise | Set by others | Explicit | Narrowness
Incrementalist | Politician | Status quo | Set by new demands | Bargaining | Conservative
Reformist | Citizen / Lobbyist | Change | Set by substantive concerns | Activist | Unrealistic, Uncompromising.

### Kingdom & Lindblom: The Rationalist vs. The Realist

#### Kingdom’s Policy Streams Rational Model
- Identify/Recognize the Problem
- Work with Engaged Stakeholders
- Weigh pros and cons and generate solutions
- Select a Solution
- Identify Policy Window/Timing and Opportunities
- Identify Policy Window/Shifts in Public Opinion & Perception
- Engage in Policy Process to Move Agenda/Solution Forward (Policy Entrepreneur)
- Implement the Selected Solution
- Evaluate and Track Implementation

#### Lindblom’s Science of Muddling Through
- Crisis or Problem Emerges
- Sole Actor with Unclear Agenda
- Absence of Discrete Problem Analysis or Identification
- Appropriate Players and Stakeholders are Not Identified
- Absence of Coalition Building
- Pros and Cons are not weighed
- Solutions are Reactive
- Limited Plans for Implementation

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**Slide Source:** National Center for Cultural Competence, 2009

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### Key Findings
Characteristics of State Legislatures

**RED:** More of a full-time job; large staffs; higher salaries; similar to Congress; longer sessions

**RED LIGHT:** Similar to Red, but sessions are not as long and districts are not as large

**WHITE:** More than two-thirds of a full-time job being legislators; salaries are higher than blue states, but cannot make a living without other sources of income; intermediate sized staff

**BLUE AND BLUE LIGHT:** Legislators spend the equivalent of half of a full-time job doing legislative work; compensation is low and requires them to have other sources of income; have small sized staff assistance; often smallest population states and rural in nature; states in Blue are more traditional and citizen legislatures, as compared to Blue Light.
**States with the Highest Number of Health Care Mandates**

<table>
<thead>
<tr>
<th>STATE</th>
<th>NUMBER OF MANDATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>63</td>
</tr>
<tr>
<td>New York</td>
<td>51</td>
</tr>
<tr>
<td>New Mexico</td>
<td>50</td>
</tr>
<tr>
<td>California</td>
<td>50</td>
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<tr>
<td>Washington</td>
<td>49</td>
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<tr>
<td>Florida</td>
<td>47</td>
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<tr>
<td>Massachusetts</td>
<td>43</td>
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<td>New Jersey</td>
<td>42</td>
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<tr>
<td>Georgia</td>
<td>41</td>
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<tr>
<td>Illinois</td>
<td>41</td>
</tr>
<tr>
<td>Arizona</td>
<td>29</td>
</tr>
<tr>
<td>Ohio</td>
<td>26</td>
</tr>
</tbody>
</table>

*Data Sources: Campaign for Affordable Health Insurance, 2008; National Conference of State Legislatures, 2009

**KEY FINDINGS**

**Common Themes that Facilitated Passage of the Bill**

- Legislative champion *and* strong coalition building
- Involvement of state executive branch agencies
- Strong cross-sector collaboration
- Bundled packages of bills
KEY FINDINGS

Common Barriers that Impeded Passage of the Bill

- Medical Community was not supportive (e.g. medical societies, physicians, medical schools)
- Bias and lack of knowledge of State Legislators
- Sole Legislator spearheaded issue
- Conflicting opinions as to who had authority to implement provider mandates (e.g., provider associations; regulatory boards; academic institutions)

Legislation as a Policy Lever: Moving Your Agenda Forward
Words to the Wise

- Education of State Legislators is essential
- Coalition building is both necessary and critical to this process
- Identify and nurture relationships with “champions” including internal and external allies

Words to the Wise

- Look to other states and seek out their wisdom (i.e. lessons learned, best practices, lived experiences)
- Be prepared to address the ISMs and other adaptive challenges
ACHIEVING SUCCESS THROUGH BUILDING COALITIONS

LIKE THE LABORS OF HERCULES, SUCCESS IS ACHIEVED AND OBSTACLES OVERCOME THROUGH COLLABORATION, DIALOGUE, AND STRATEGIC PLANNING