

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

Joanne Fuccello, Associate Director
Center for State Health Policy
Rutgers University



Tawara D. Goode, Director
National Center for Cultural Competence
Center for Child & Human Development
Georgetown University Medical Center



Study Purpose & Methodology



Study Conducted for the Robert Wood Johnson Foundation

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

January 2007- November 2008

RWJF ID# 59024

Slide Source: National Center for Cultural Competence, 2009



Purpose of the Study

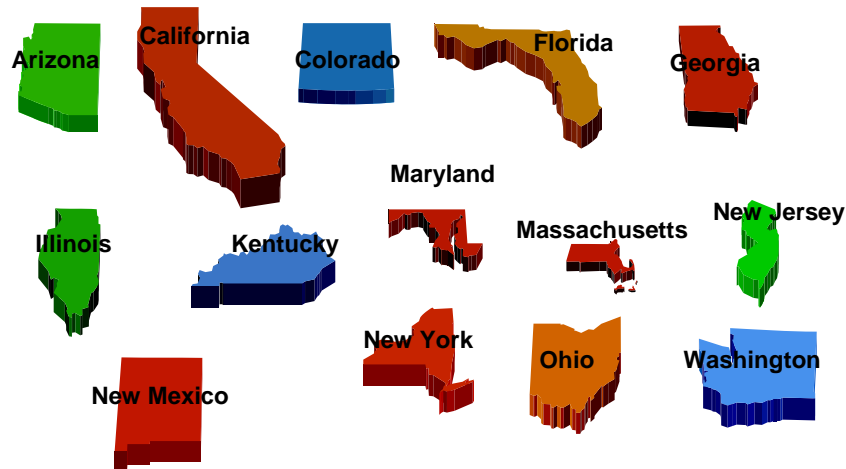
The purpose of the study was to conduct an environmental scan to gather data about states that have introduced or enacted legislation mandating the integration of cultural and/or linguistic competence into curricula, continuing education, and licensure requirements for health and mental health care professionals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

Data Source: 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 RWJF ID# 59024

Slide Source: National Center for Cultural Competence, 2009



Study States



Slide Source: National Center for Cultural Competence, 2009



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.

Data Source: 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 RWJF ID# 59024

Slide Source: National Center for Cultural Competence, 2009



Category of Nominated Key Informants	Number
Boards of Medical Examiners	6
Champions of health disparities/cultural competence	19
Commissions, policy institutes, and foundations	21
Executive departments/agencies including State Offices of Minority Health	19
Governors' offices	3
Health plans	3
Higher education institutions	11
Hospitals	1
Legislators/legislative aides	17
Medical societies/professional organizations	4
Total Nominated	104
Total Interviewed (response rate = 47%)	49

Data Source: 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 RWJF ID# 59024

Slide Source: National Center for Cultural Competence, 2009

Key Informant Interviews Addressed
<ul style="list-style-type: none"> ● 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

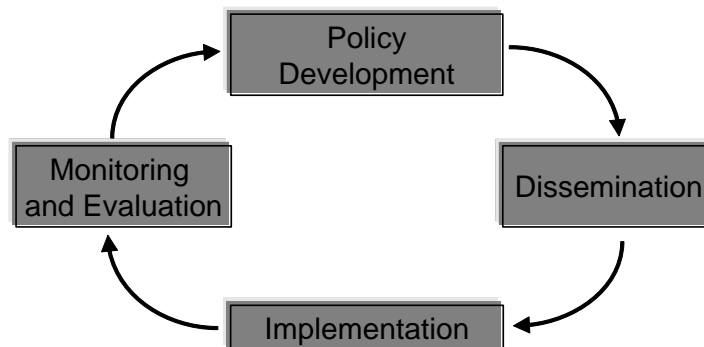
Data Source: State-Level Strategies to Address Health and Mental Health Disparities through Cultural and Linguistic Competency Training and Licensure: An Environmental Scan of Factors Related to Legislative and Regulatory Actions in States RWJF ID# 59024

Slide Source: National Center for Cultural Competence, 2009

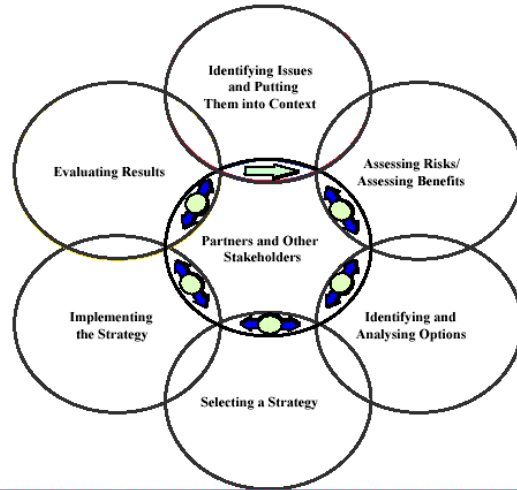
Description of Decision-Making & Frameworks for Policy Analysis



Leverage Points in the Policy Process



Issues Identification & The Policy Analysis Cycle



Data Source: Fischer et al. 2006. Handbook of Public Policy Analysis: Theory, Politics and Methods.

Slide Source: National Center for Cultural Competence, 2009



Four Perspectives in Public Policy Analysis

Perspective	Characteristics				Criticism
	Roles	Values	Goals	Style	
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.

Data Source: C. Jones (1990). The Study of Public Policy.

Slide Source: National Center for Cultural Competence, 2009



Kingdon & Lindblom: The Rationalist vs. The Realist

Kingdon'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

Data Source: J. W. Kingdon (1984). Agendas, alternatives, public policies.
C. E. Lindblom (1968). The policy-making process.

Slide Source: National Center for Cultural Competence, 2009



Key Findings



Characteristics of State Legislatures

Red	Red Light	White		Blue Light	Blue
California	Illinois	Alabama	Minnesota	Georgia	Montana
Michigan	Florida	Alaska	Missouri	Idaho	New Hampshire
New York	Ohio	Arizona	Nebraska	Indiana	North Dakota
Pennsylvania	Massachusetts	Arkansas	North Carolina	Kansas	South Dakota
	New Jersey	Colorado	Oklahoma	Maine	Utah
	Wisconsin	Connecticut	Oregon	Mississippi	Wyoming
		Delaware	South Carolina	Nevada	
		Hawaii	Tennessee	New Mexico	
		Iowa	Texas	Rhode Island	
		Kentucky	Virginia	Vermont	
		Louisiana	Washington	West Virginia	
		Maryland			

Data Source: National Conference of State Legislatures, 2009

Slide Source: National Center for Cultural Competence, 2009



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.

Data Source: National Conference of State Legislatures, 2009

Slide Source: National Center for Cultural Competence, 2009

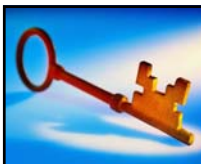


States with the Highest Number of Health Care Mandates

STATE	NUMBER OF MANDATES
Maryland	63
New York	51
New Mexico	50
California	50
Washington	49
Florida	47
Massachusetts	43
New Jersey	42
Georgia	41
Illinois	41
Arizona	29
Ohio	26

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

Slide Source: National Center for Cultural Competence, 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

Slide Source: National Center for Cultural Competence, 2009





KEY FINDINGS

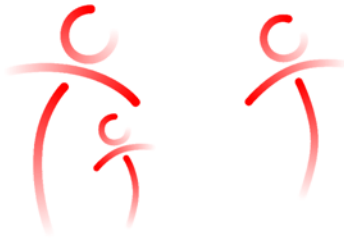
Common Barriers that Impeded Passage of the Bill

- 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)

Slide Source: National Center for Cultural Competence, 2009



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

Slide Source: National Center for Cultural Competence, 2009



Words to the Wise



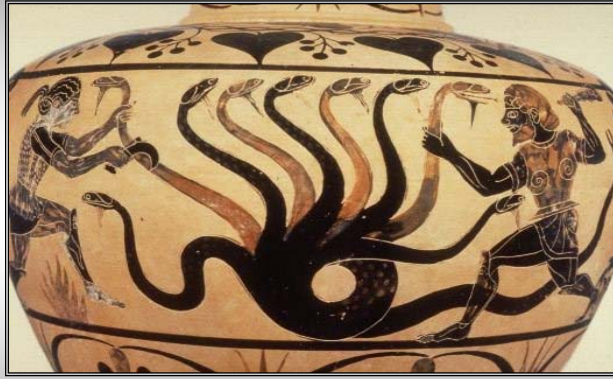
- ☑ Look to other states and seek out their wisdom (i.e. lessons learned, best practices, lived experiences)
- ☑ Be prepared to address the ISMs and other adaptive challenges

Data Source: National Conference of State Legislatures, 2009

Slide Source: National Center for Cultural Competence, 2009



**ACHIEVING SUCCESS THROUGH
BUILDING COALITIONS**



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