Welcome!

1. Review of our month and the 5-Minute MCH program so far

2. Our agenda for today:
   5-minute speaker
   10 minute discussion session
   (Questions box for speaker; chat box for TA issues)

3. Introduction to our speaker
   (Slides and other resources will be available on the 5-Minute portal)
Child Health Policy and Politics: Learning from Experience

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This presentation is based on work primarily conducted in past role as Research Assistant Professor of Pediatrics, Geisel School of Medicine at Dartmouth College under a Robert Wood Johnson Foundation Investigator Award in Health Policy.

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Kingdon Theoretical Framework

- Kingdon: Why do some issues get on the governmental agenda at specific points in time?
- Three process streams
  - Problem stream - problems defined for “the agenda”
    - typically by visible actors such as legislators
  - Policy stream - policy alternatives formulated
    - typically by members of the policy community
  - Political stream - larger political environment
    - shaped by public mood, election results, ideological shifts

Adapted from: Kingdon, 1985; McDonough, 2000.
Refining Theoretical Framework

- **Advocacy coalitions** (Sabatier)
  - Cohesion or fragmentation of policy community
- **Policy entrepreneurs** (Oliver, Peterson)
  - Children cannot speak for themselves.
- **Policy legacies/social learning** (Peterson)
  - How one policy decision influences the next
- **“Values” and framing in policy process**
  - “Social construction” (Schneider & Ingram)
  - “Politics of morality” (Morone)

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**Rank by Political Perspective**

Selected Senators active in Child Health, 103rd Congress

- Kassebaum, Bond
- Dole, Hatch, Domenici
- Bradley, Mitchell, Rockefeller, Riegle
- Bumpers, Byrd, Dashle, Dodd
- Moynihan, Harkin, Kennedy
- Durenberger, Chafee, Packwood

Based on 18 sets of ratings used by Brady and Volden.
Framing Children’s Issues

Social investment frame:
- Children are innocent, blameless.
- Current expenditures for prevention will save money later.
- Government has a role in assuring the well-being of all children, which is related to our nation’s economic future.

Family values and personal responsibility frame:
- Children are the responsibility of their families.
- Individual responsibility is key to changing circumstances.
- Government should not be active, spending to support family roles and responsibilities.

Policy Legacies and Learning

- Legacy of Medicaid block grant debate
  - Trade-offs – Federal $ limits for state flexibility
  - EPSDT child benefits a central issue

- Social Learning after Clinton Plan
  - Incrementalism - child health next step
  - State experience fueled the process

- The Policy Legacy of SCHIP
  - Two-tiers of public coverage for children
  - Lost vision of standard pediatric benefit (EPSDT)
No Universal Child Health Policy

- Medicaid vs. SCHIP
  - Shift from entitlement to child toward lump sum payments to states

- Supplemental Security Income (SSI)
  - Re-defining childhood disabilities (truly needy, deserving)

- Universal vaccine purchase vs. VFC
  - Only the poor and uninsured, not even all underinsured children

Countering conventional wisdom

- Lesson: Be prepared for a time when the window of opportunity opens
  - Child health reforms rejected in the Carter Administration were adopted during the Reagan/Bush I Administrations (1984-1990)
  - A deal to protect Medicaid entitlement for poor pregnant women and infants came from Senator Chafee and Rep. Gingrich (1994)
  - For SCHIP, Congress tripled funding level proposed by President Clinton (1997)
  - Home visiting momentum moved from Republican Senator to Clinton to Obama.
Conclusion: Gain better leverage

- Stop slicing and dicing children
  - Physical versus developmental conditions
  - Illness versus disability
  - Detected via newborn screening, medical system, education system, EPSDT, or other
  - Medicaid/CHIP/ACA or other insurance

- Develop unified front
  - Move beyond old rhetoric and framing
  - Among public agencies, families, and providers
  - Avoid public health versus clinical medicine fight
  - Apply broad, uniform definition for children with disabilities and special health needs
  - Translate knowledge of development & life course into policy

Suggested Reading

Policy and Advocacy

DISCUSSION

We will take just 10 minutes to begin a discussion. Continue to ask questions via Questions box (you will only see your questions).

Continue the conversation after the webinar by sharing your stories/asking additional questions in the form at the bottom of the page:

http://mchnavigator.org/5min/competency-12-4.php

Or, reply back to your Week 4 email.

We will compile conversations and post on the 5-Minute Portal.
Policy and Advocacy

Thank You!

Please stay tuned for many new announcements

More to come from the

MCH Navigator

Before you go, please fill out a 5-question survey:

http://bit.ly/5minute12