

MC763 Maternal and Child Health Policymaking

Prof. Declercq

Spring 2002

Wednesdays 2:30-5:00

Course Description

This course explores the process by which US national and state policymakers allocate resources to mothers and children. Beginning with an analysis of the evolution of US maternal and child health (MCH) policy, it will utilize general policy models and case studies to examine the special features of legislative, executive, administrative and judicial policymaking in MCH. The course will examine how policymaking in MCH has traditionally been characterized by a greater reliance on regulatory and judicial bodies and the frequent use of mothers and children as political symbols, despite their lack of direct influence on policymaking.

Learning Objectives

Students completing this course should:

1. Have a better understanding of the evolution and current status of the maternal and child health policymaking process in the US at the national and state levels.
2. Have the ability to identify, with examples, how policymaking in maternal and child health is similar to and different from the policy process in general.
3. Increase their ability analyze contemporary policy processes.

Credits: 2

Instructor:

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Grading

A student's final grade will be based on the three factors described below. *In the case of both papers, it is expected that the sources in each will be carefully referenced.* See the guidelines for referencing available in the "Overview" folder of "External Links" on the class web page. ***Plagiarism policies as described in the BUSPH Student Handbook (see p. 31) will be strictly adhered to.***

Analysis of an MCH policymaker

Since public policy is shaped not only by institutional forces but also the people in those institutions, it is important to understand what motivates those individuals. Students will write a short (maximum 5 double spaced pages) analysis of an individual responsible for making public policy in maternal and child health. *The individual should hold a position in*

the legislative, executive (including bureaucracy) or judicial branch or work as an MCH advocate. Students should consider the following questions:

- What MCH policy was this individual involved in and what role did they play in it?
- If they were involved in supporting or opposing the policy, why did they take the position they chose?
- What led the individual into public service in general and this position in particular? Why do they continue in the position?
- How do they make decisions concerning MCH policy? Are there factors unique to MCH policy that shape their involvement in it?
- Are they effective on their terms? In your judgment? *What is the basis for your judgment?* (Hint: use the readings as a guide)

Students can choose a contemporary local policymaker and use contemporary sources (e.g. news stories; press releases) and interviews to gather the necessary information. Students can alternatively choose a figure they have less access to (e.g. a national or historical figure) and draw on biographical materials to respond to the questions. **This paper will be due February 13th, week 5 of the semester.**

MCH Policy Analysis

Students will choose a past or ongoing MCH policy and analyze the process by which:

- The policy came to the attention of decision makers (reached the agenda);
- It was shaped by the processes of the institution making the policy (e.g the committee process for a new law; the rulemaking process for a regulation)
- The policy was adopted (who influenced the decision?; why did they have power in this case and how did they use it here?)
- How was it paid for and what role did financial considerations play in the decision?
- Did it make any difference for mothers and children? Did anyone in power care if it did? How do you (and they) know if the policy achieved the desired result?

This paper will be due March 13th, week 8 of the semester, and should be between 6-12 double spaced pages in length, with careful referencing of sources. It is expected that students will incorporate class readings as appropriate into their analysis. Students might consider examining a policymaker and policy in the same area. For example, doing their policymaker analysis on a proponent of MCH related legislation and then studying the process by which that legislation became law.

Class Participation

Students are expected to be prepared to discuss the assigned readings each week. In addition, during weeks 5 and 8 when projects are due, structured discussions will be held concerning findings of student research.

Topic	Proportion
Analysis of Policymaker	25%
MCH Policy Analysis	60%
Class Participation	<u>15%</u>
TOTAL	100%

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Course Outline and Readings

Texts:

- Weissert CS, Weisert WG. 1996. *Governing Health: the Politics of Health Policy*. Baltimore: Johns Hopkins University Press. 0-8018-5266-8 (Weissert below)
- Casamayou Maureen Hogan. 2001 *The Politics of Breast Cancer*. Washington: Georgetown U Press. ISBN: 0-87840-851-7 (Casamayou below)

Week	Date	Topic/Readings
1	January 16th	The Policy Process in General and in MCH: the basic principles that explain why they never pass the laws you want. Weissert, Chs. 6,7 Casamayou Ch. 1
2	January 23th	The Evolution of MCH Policy in the US Casamayou Ch. 2,3 Temkin E. 1999. Driving Through: Postpartum care during World War II. <i>AJPH</i> 89(4): 587-595.
3	January 30th	Maternal and Child Health Policy in a Legislative Context: the Case of Early Postpartum Discharge Weissert , Ch. 1 Casamayou, Ch. 7 Congressional Research Service (CRS) Report for Congress. 2001. Tracking Current Federal legislation and Regulations: A Guide to Basic Sources. (Library of Congress: CRS) Declercq ER. 1999. Making US Maternal and Child Health Policy: From “Early Discharge” to “Drive Through Deliveries,” to a National Law, <i>MCH Journal</i> 3(1): 5-17.
4	February 6st	The Executive and Bureaucracy in MCH Policy Weissert, Ch. 2,4 Casamayou Ch. 4

- 5 **February 13th Interest Groups in MCH Policy: the case of tobacco and youth**
Weissert, Ch. 3
Casamayou Ch. 5-6
Givel M & Glantz S. 2000. Failure to defend a successful state tobacco control program: policy lessons from Florida. *AJPH* 90:762-767.
Class discussion of policymaker profiles.
- 6 **February 20th MCH Policy in the Courts: the Case of Ferguson v City of Charleston: Should pregnant women be tested for cocaine use?**
Briefs, oral arguments and Supreme Court opinion in Ferguson case
- 7 **February 27th MCH Policymaking in the States**
Summarizing MCH Policymaking: the Politics of Breast Cancer
Weissert, Ch. 5
Casamayou Ch. 8
- 8 **March 13th MCH Advocacy**
APHA Advocates Handbook, pp 9-28; 69-70
Overview of course

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2	January 23 th	The Evolution of MCH Policy in the US
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3	January 30 th	Maternal and Child Health Policy in a Legislative Context: the Case of Early Postpartum Discharge
		Weissert , Ch. 1; Casamayou, Ch. 7 CRS. Tracking Current Federal legislation Declercq ER. 1999. Making US MCH Policy:
4	February 6 st	The Executive and Bureaucracy in MCH Policy
		Weissert, Ch. 2,4; Casamayou Ch. 4
5	February 13 th	Interest Groups in MCH Policy: the case of tobacco and youth
		Weissert, Ch. 3; Casamayou Ch. 5-6 Givel M & Glantz S. 2000. State tobacco program Class discussion of policymaker profiles.
6	February 20 th	MCH Policy in the Courts: the Case of Ferguson v City of Charleston
		Briefs, oral arguments & Supreme Court opinion in Ferguson case
7	February 27 th	MCH Policymaking in the States Summarizing MCH Policymaking: the Politics of Breast Cancer
		Weissert, Ch. 5; Casamayou Ch. 8
8	March 13 th	MCH Advocacy
		APHA Advocates Handbook, pp 9-28; 69-70