

The Public Purpose Magazine

*The Independent Voice of
the Students from the
School of Public Affairs*

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From the staff:

A few members of our editorial staff distinctly recall a happy hour early in our first semester that spilled over into a neighborhood bar. Fueled by cheap, canned beer and the diverse passions that brought us to one of the country’s renowned schools of public affairs, we found ourselves – surrounded by twenty-somethings enjoying the ephemera offered by our rapidly gentrifying capital city – passionately and obstinately sparring over remedies for our decaying education system. Surely we were the envy of the bar.

The School of Public Affairs is an energetic mixer of professors who have shaped and defined their fields and students convinced they’re going to change the world. We place as many Fulbrights and Presidential Management fellows as any program in the country, our professors define their disciplines and win John Gaus awards, and our program churns out defining research in the fields of public administration, policy, criminal justice and politics.

The Public Purpose Journal is the independent policy journal of our students, and this inaugural magazine is a manifestation of the diverse independent voices, opinions and ideals of the students who chose this university to launch careers that will influence our government, nonprofit and private institutions. Read on, and you’ll be introduced to a small sample of what makes us tick – and occasionally argue long after hours between regrettable rounds of beers and warm whiskey shots.

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This is man’s highest end, to others’ service, all his powers to bend.
-Sophocles

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Spotlight on Staff: My Public Purpose Story

As a first year MPP student coming back to school after several years of working, I am enjoying the challenge of getting back into ‘school mode’ with classes, homework and exams. Of course, meeting all of the great people in the program and becoming involved in student organizations are the fun part of this transition.

When I was still deciding where to go to grad school, student organizations were something I was considering. I attended an information session at Georgetown University, where representatives from many of the organizations within the McCourt School of Public Policy provided information about their groups to prospective students, including the school’s student policy journal. This piqued my interest because I was very keen to be involved in writing and editing papers (and hopefully published myself before I leave school!). It sounded like a lot of fun as well as a great opportunity to be involved with the program.

When I attended the Admitted Students day for American University’s School of Public Affairs, I admit that I was disappointed not to hear that American also had a student policy journal. In fact, the only student organization mentioned was the student council. Although I ultimately chose American University (and was very happy with the decision), I regretted the fact that there would be no opportunity for me to participate in a student run policy journal.

Imagine my surprise when at an orientation event I heard about The Public Purpose! I was so excited to learn that there is, in fact, a journal for the School of Public Affairs, and was extremely interested to hear about all of the new and exciting things being planned for this year by students already in the program. Feelings of regret from missing the chance to be involved in a journal like The Public Purpose quickly faded away as I realized that all of my Grad School dreams had come true after all!

I am thrilled to be a part of The Public Purpose team and I can’t wait to see all of the exciting things that happen this year!

Katherine Kehres
Senior Online Editor

The Economic Impact of Undocumentation

Cheryl Walker

It is no secret that undocumented immigrants living in the U.S. participate in the economy. They hold jobs, pay rent, attend schools, receive medical care, and pay taxes. Those who do not support the presence of undocumented individuals characterize them as freeloaders who attend schools and receive medical care free of charge, and assume jobs Americans can perform. In contrast, those who view undocumented peoples in a positive light point to the billions of dollars in unclaimed tax returns that help to fuel the US economy. Both sides often paint only half the picture.

According to the Immigration Policy Center's analysis, President Obama's executive action-induced programs, DACA (Deferred Action for Childhood Arrivals) and DAPA (Deferred Action for Parental Accountability), would have a modestly positive overall effect on the US economy. The acts would:

*"increase Gross Domestic Product (GDP), reduce the federal deficit, and raise both tax revenue and average wages—all without having any appreciable impact on native-born employment."*¹

The impact could be far greater if this program were extended beyond these highly specific demographics. But what would the ramifications of legalizing 11.2 million undocumented immigrants be if we were to issue complete amnesty?

Increased Taxes: More Workers = More Taxes

A study done by the Institute on Taxation and Economic Policy in July 2013 analyzes the state and local tax contributions of the 11.2 million undocumented immigrants and provides state-by-state breakdowns of the data. In 2010, undocumented immigrants collectively paid \$10.6 billion in taxes. The state studies find that if these immigrants were legalized it would result in a \$2 billion tax revenue increase

The authors of the report assume that legalizing immigration would increase wages for this population as they gain bargaining power with employers and invest in developing skills.² Overall, it suggests that legalizing undocumented immigrants would result in a rise in tax revenues, with marked increases in all states.

What about the Pesky Unemployment Rate? They're Taking Our Jobs!

The US economy is only just recovering with a steadily declining unemployment rate. While many believe that undocumented immigrants will enter the pool of low-skilled workers and steal jobs away from Americans still struggling to find work, there is a great deal of evidence to the contrary. Analysis that considers the major effects of the 1986 Immigration Reform and Control Act, as well as additional recent studies, suggests that the legalization of immigrants actually allows for native workers to move into more highly skilled jobs. Most undocumented immigrants are also already employed as they are unable to receive unemployment benefits. Moreover, analysis suggests that wages would increase overall for native workers with the increased legalization of illegal immigrants.³

These findings are bolstered by another examination published in 2012 in the *Cato Journal*, which concludes that unemployment rates within undocumented communities are generally low, and that national rates remained low after the 1986 Immigration Reform and Control Act. A general amnesty, then, would result in overall positive economic growth following current economic trends.

Won't They Take Advantage of the Affordable Care Act?

Of course they will! Having permanent residence or citizenship allows undocumented immigrants to participate fully in the Affordable Care Act; as it stands

undocumented workers statutorily cannot purchase health care on the ACA's Health Insurance Marketplaces, even if they have the financial means to do so. Their only alternative is to purchase private health insurance at significantly higher premiums, which many are unable to afford. If they are participating in our economy, they are participating in our society as a whole. Among the conclusions drawn by a 2010 study done by the Center for Immigration Studies is that health care coverage for the estimated 3.1 million uninsured illegal immigrants would cost approximately \$8.1 billion annually.

However, this study is outdated as it fails to address current state law. Some southern states such as Texas, Mississippi and Florida have not expanded their Medicaid programs. As a result, these states, which house large portions of the undocumented population, would incur little cost in providing health care to newly-legalized undocumented immigrants. The greatest cost of incorporating the undocumented population would be incurred by California's Medicaid expansions.

Moreover, the provision of health care is complicated as the US government already incurs a great deal of costs due to federal requirements that hospitals admit all patients for emergency care. Often undocumented immigrants seek immediate care for trivial illnesses or wait for their illnesses to progress to serious levels, flooding emergency rooms unnecessarily. By allowing undocumented immigrants to participate fully in health insurance through granting legal status, lawmakers will be addressing multiple issues in the health care field.

What About Education?

It is unfortunate that economically, education is often cast as an expense, a mere burden we must carry. On the contrary, education is perhaps our most precious investment, one we should always keenly watch and encourage. Because of our strict mandate that all children must attend school, undocumented children are already woven into the fabric of our society in this regard. Legalization would only have an impact on higher education. While higher education has become more attainable as a result of DACA, many students face significant hurdles.

South Carolina, Alabama and Georgia actively bar undocumented students from attending college. Moreover, many remain ineligible to receive in-state tuition or to apply for federal grants and loans. Most also remain ineligible for many scholarships and grants which usually require permanent residence and US citizenship. A full amnesty would not only allow the US to invest in higher education, it would allow us to invest in our future.

Stepping Back

General amnesty would be overall economically beneficial. Tax revenues and real wages would increase, and unemployment rates would decrease. Moreover, our future would be brighter with greater access to higher education. Although the increase in overall number of people requiring health care would initially cost the US government a significant amount of money, having access to health care ensures a healthier population, one that can participate more fully in the economy. Finally, even more impactful than the economic benefits of amnesty, are the benefits from increased social and cultural integration, and the possibility of a more unified United States of America.



Source: wikimedia.org

Campaign Missteps and Lost Confidence: Democrats and the Black Vote

Greg Butchello

For anyone who wants to believe in the power of democratic participation, the 2014 midterm elections were something of a disappointment. Voter turnout was abysmal across all demographics, and the explanations offered have ranged from negativity on the campaign trail to the president's flagging approval numbers to simple apathy. With black voters representing a significant portion of those missing (dropping 41 percent from 2012, and down 1 percentage point as a share of the total electorate), many Democratic pundits and pollsters are kicking themselves wondering how they lost the attention and confidence of some of their most consistent supporters.

Voter turnout is consistently lower during non-presidential elections, and those who do vote are more likely to be white, male, and over the age of 45, all demographics that consistently favor Republicans. What is surprising, then, is the remarkable Democratic confidence despite this trend in the months leading up to the election. Amid the articles, press releases, and memos acknowledging the importance of the black vote for a Democratic victory in 2014 and recognizing that securing it would be no mean feat, an aura of optimism persisted. This year, the record-breaking turnout of black voters that had been seen in 2008 and 2012 would carry over into the midterms. Furthermore, the second half of the year was awash with suggestions that outrage over the death of Michael Brown and the veritable gutting of the Voting Rights Act would send a wave of black voters to the polls.^{vi}

For a while, it seemed as though that confidence would bear out. A much-touted voter registration drive in Ferguson, undertaken shortly after the tragic and tumultuous events of August 9, purported to have registered over 3,000 new voters, with similar grassroots initiatives popping up across the country.^{vii} Stories detailing not only the dismantling of the Voting Rights Act, but also instances of voter suppression^{viii} and disenfranchisement^x



Source: wikimedia.org

in Republican-controlled states, caught fire across social media, fueling a righteous anger and galvanizing the base. Looking to ride these successes, Democratic institutions as well as individual candidates' campaigns engaged in aggressive (and expensive) voter targeting, engaging community leaders and small-business owners to help drive support at the local level. Why, then, did all these efforts fail? Why was voter turnout, among blacks in particular, once again so low?

For one, the Democrats failed to enact or espouse a policy focus that reflected their attempt to court black voters. Instead of utilizing the surge in awareness of racial tensions throughout the country to begin a dialogue about the intersection of race, police misconduct, and income inequality and offering policy changes to address those issues, candidates all across the South, and indeed across the country, avoided speaking forcefully on issues close to the heart of many black voters. A 2014 study^{ix} of minority-voting factors found that effective engagement through campaign rhetoric were important for signaling political inclusion and for securing the minority votes.

By attempting to keep their distance and rely on surrogate institutions to generate motivation, candidates failed to position themselves as leaders and

advocates worthy of the vote they were trying so desperately to court.^{xii} Perhaps even more damning, the midterm election cycle saw many Democrats distance themselves from President Obama and his policies, possibly seeking to retain their tenuous hold over moderates in the face of the President's rapidly falling popularity numbers.^{xiii} For Democrats in desperate need of high black turnout on November 4, turning away from the man who brought them to the polls in record numbers and who still commands significant approval in those communities was a tactical error.

The challenges associated with forceful campaign rhetoric and staunch alliance with an unpopular president are not unappreciated. While blacks are an incredibly important demographic for Democrats, they still represent only a minority of voters, and holding onto a share of the white electorate in the South is a delicate operation. Adopting a strategy of appealing to issues supported by a known majority is a tried-and-true option, but in 2014 it failed to help Democrats maintain control of the Senate. To some extent, it is tempting to blame attempts at voter suppression by several southern states, including Georgia and Texas, for limiting the ability of blacks to cast their votes. However, the proverbial jury is still out on the actual impact of such legislation, and the fact remains that a staggering 50 percent of potential black voters said either that they weren't registered or had no intention of voting in 2014, according to a YouGov poll conducted in October.^{xiv} Complicating matters even further for Democrats, ten percent of those who did vote voted Republican, including twelve percent of black millennials. These numbers represent a sharp rise compared to six percent in 2012 and five percent in 2008. Coupled with the historic elections of black Republicans in Texas, South Carolina, and Utah, Democrats are facing the very real possibility of losing what has

traditionally been one of their most consistent demographics. The message from the midterms is clear: Democrats need to stop taking the black vote for granted.



Source: wikimedia.org

“It’s the Right Thing to Do”: Paid Leave in the United States

Katelyn Sedelmyer

In his recent State of the Union address, President Obama urged Congress to pass a bill that would give every worker in the United States the right to seven days of paid sick leave. Mr. Obama also promised \$2 billion in incentives for states to create their own family-leave laws.^{xx} It’s a seemingly uncontroversial policy push, yet a significant one. According to the Center for Economic and Policy Research, the United States is the only nation among advanced economies that does not provide a legal guarantee for paid leave. Here, I’ll take a look at how policies for family and sick leave have evolved in the U.S. and how local and state governments are taking the development of leave plans into their own hands.

Federal Leave Policy: A Brief History

In the 1980s, a strategic coalition of over 100 organizations, with strong leadership from the National Partnership for Women and Families, formed to push the Family and Medical Leave Act (FMLA) through Congress. Their strategy was multi-fold: litigation in California courts to prevent pregnant women from being fired; educating political candidates at all levels on the value of the proposal; a hearty legislative fight; and pressures for administrative regulation to implement the new law once it passed.

After years of policy compromises that reduced the period of leave and exempted small employers, President Clinton signed FMLA into law in 1993. To date, FMLA is the only federal leave legislation.

Administered by the US Department of Labor, FMLA specifies that employees may take 12 weeks of unpaid leave for personal or family illness, pregnancy, adoption, foster care placement, or family military leave.

To qualify, employees must have:

- Worked at the business for a minimum of 12 months
- Worked at least 1,250 hours (an average of 24 hours per week) over the past year.

Businesses and organizations that employ 50 or more employees must adopt FMLA regulations. Approximately 60 percent of the US workforce are eligible for unpaid family and sick leave through FMLA.^{xx}

Despite widespread public support for more comprehensive leave policies, including leave for part-time workers and paid time off, there have been no significant updates to FMLA.

Opposition to Paid Leave

Why has it been so difficult to update such an important piece of workplace benefits legislation? Despite significant advocacy for paid leave, there are a number of powerful interest groups that have loudly opposed leave legislation.^{xxi}

First, the National Federation of Independent Business (NFIB) has fought legislative and ballot proposals in various states giving workers the right to earn sick leave, citing negative economic effects of implementing paid sick days. Another opponent to increased leave benefits is the National Restaurant Association (NRA). The NRA has indicated that mandating paid leave without providing businesses flexibility will come at the expense of other benefits, ultimately affecting the restaurant industry’s ability to create jobs. Lastly, the US Chamber of Commerce has resisted extended leave policies, labeling them as “job killers, assaults on freedom, and

Many of these claims have been challenged by small businesses offering leave, with some small business owners citing both economic and morale-boosting effects of paid leave.^{xxii}

Congress Considers Paid Leave

Due in part to pressures from various business lobbies, FMLA has remained largely untouched since its passage in 1993; however, there was some recent movement within Congress last year to update federal policy. Introduced by Congresswoman Rosa DeLauro (D-CT) and Senator Kirsten Gillibrand (D-NY), the proposed FAMILY Act would extend and increase FMLA benefits, requiring businesses and organizations to begin offering partial paid leave for family and medical reasons. Specifically, the law would:

- Provide workers with up to 12 weeks of partial income for a variety of health conditions: serious health issues either affecting the worker himself or the worker’s child, parent, spouse, or domestic partner; pregnancy and childbirth recovery; the birth or adoption of a child; and/or for particular military caregiving and leave purposes.
- Enable workers to earn 66 percent of their monthly wages, up to a capped amount.
- Cover workers in all companies, no matter their size. Younger, part-time, lower-wage and contingent workers would be eligible for benefits.

- Funded by small employee and employer payroll contributions of two-tenths of one percent each (two cents per \$10 in wages), or about \$1.50 per week for a typical worker.^{xxiv}

Unsurprisingly, the bill was merely introduced, and further Congressional movement on paid leave seems improbable for the time being. No longer waiting on an update from Congress to FMLA, a number of cities and states have taken up the issue, acknowledging how far behind the US is compared to the progressive leave policies of most European nations.^{xxv}



Source: iStock

States Take on Leave

Beginning in 2004, states have responded to employee demands by creating paid leave plans. To date, employees in California, New Jersey and Rhode Island can receive paid leave benefits, while several states including Washington, New York and Massachusetts have pending paid leave plans.

Of the four states that have passed paid family leave programs, there have been two different financing approaches. California, Rhode Island, and New Jersey fund the program through a payroll tax, and there are no direct costs to employers. Additionally, California has layered its leave policy onto an existing program infrastructure: temporary disability insurance.

California was the first state to implement paid leave, and its success has been used as a model for various other states and localities as they develop leave policies. One of the most notable implementation lessons from California involves the state's open and collaborative relationship with work-family advocates. California's Employment Development Department (EDD), the state agency carrying out its leave policy, has worked to keep advocates informed of challenges and any implementation changes. Additionally, in an attempt to expand the number of constituents receiving paid family leave benefits, the EDD partnered across agencies to place paid family leave on State Disability checks.

In contrast, Washington proposed state financing of paid leave, up to \$250 per week for a maximum of five weeks of leave. Washington's government-heavy funding approach has led to significant delays in implementation: the law was slated to be implemented in October of 2009 but has been pushed back until October 2015 due to budgetary conflicts and financial uncertainty.

Leave Policy in the District of Columbia

In September 2014, then D.C. Mayor Vincent Gray passed a paid leave policy for the D.C. government's approximately 30,000 employees, noting the need for progressive leave policies to attract the most talented employees.^{xxviii} Under the plan, paid leave can be utilized for up to eight weeks when employees need time off to care for themselves, a newborn or newly adopted child, or a sick family member. Previously, D.C. government employees seeking maternity leave had to apply for short-term disability to receive a portion of their salary while they did not work.

According to public radio station WAMU 88.5, D.C. ranks higher on family-friendly policies compared to Maryland and Virginia. Additionally, in 2014, D.C. was 1 of 4 jurisdictions to receive a grant from the Department of Labor to study family leave.

President Obama's attempt at pushing family-friendly policy through Congress is significant, even if it does not lead to federal changes. Going forward, particularly given the politics of our new Congress, it seems likely that cities and states interested in initiating paid leave benefits will have to go it alone, taking notes from successful existing programs.



Source: iStock

Calling All Policy Wonks: The Emergence of Evidence-Based Policymaking

Kyle Hayes

Everyone wants government to work effectively and spend taxpayer dollars wisely. Until recently, government failed to meet these goals by failing to allocate resources based on a simple standard: proof of what works.

In recent years, President Obama has given evidence of what works a larger seat at the policymaking table by employing a practice known as evidence-based policymaking. This approach to policymaking gives research a much greater piece of the policymaking pie than it has previously enjoyed.

In their new book, *Show Me the Evidence*, Brookings Fellow Ron Haskins and Analyst Greg Margolis describe that in the past, research played a minimal role in policy making from the outside looking in. While the phrase "evidence shows that..." is often tossed around as the rationale for many proposed laws and programs, this phrase (and sometimes the evidence) was really employed to meet the needs of presidents and their administrations, members of Congress, lobbyists, or any of the other various groups that impact policy.

The Obama approach brings research inside the policymaking process and requires that the various actors acknowledge evidence by building it into program designs. This works by attaching research requirements to program funding. In a growing number of programs, funding allocations are prioritized to programs that have built in program evaluations that use rigorous methods like randomized control trials (RCTs), the "gold standard" of social science research, to study the program's impacts.

Beginning at the tail end of the Bush Administration, the federal government has funded six social welfare programs based on evidence from

randomized control trial program evaluations. Among these are the Maternal, Infant, and Early Childhood Home Visiting Program, a service that allows trained nurses to visit the homes of pregnant women and young mothers to provide advice on parenting practices, healthy habits, and child development. Numerous evaluations have shown that this program delivers benefits to mothers including decreased smoking rates, increased employment rates, and improved child-rearing practices. Home visiting also delivers modest improvements in change to children's health.^{ix}

Home visiting joins five other programs on the president's roster for evidence-based policymaking. These are the Teen Pregnancy Prevention Initiative, Investing in Innovation (i3) Fund, Social Innovation Fund (SIF), Community College and Career Training Program, and the Workforce Innovation Fund. These programs have contributed to lower teen pregnancy rates, new investments in K-12 educational practices, investments in non-profit formation, and workforce development advances for both students and returning older workers.

The challenge evidence-based policy faces is the same challenge that faces the narrow list of programs the approach bolsters: how do you scale it up (or at minimum, keep it alive)?

Past budget proposals from Republicans in Congress have proposed eliminating four of the six evidence-based programs and laying significant cuts on the fifth.^{xii} While the cuts have not been implemented, advocates for programs like Home Visiting continue to put pressure on Congressional Republicans as they enter budget negotiations with control over the House and Senate for the first time in almost a decade.^x

Lobbying groups have also balked at the implementation of more stringent evidence requirements tied

to funding. Haskins describes the response of the Council for Opportunity in Education (COE) to proposed changes to the grant process for the Student Support Services Program to put greater emphasis on evidence-based practice in funding applications. The President of COE slammed the proposed changes in an alert to supporters, saying that the Department of Education is “not seeking to partner with colleges and universities nor to recognize the expertise of educators working there” in their pursuit of greater uses of evidence. The group then organized a Capitol Hill briefing, framing the changes as a threat to the existence of the program.^{ix}

In addition, evidence-based policymaking may gain enemies by attacking popular government programs. One of the early uses of rigorous evidence for program evaluation comes from the Head Start Impact Study. The findings, whose release was delayed multiple times since the study was authorized in 1998, showed that there was “little evidence of systematic differences in children’s elementary school experiences through 3rd grade, between children provided access to Head Start and their counterparts in the control group.” Another large federal program, the Moving to Opportunity relocation program for low-income families, received a similar verdict. These results have motivated calls for changes in the programs, but it also put Republicans and Democrats in familiar partisan camps as former Governor Mitt Romney used the Head Start findings to repeatedly assert that the program was a failure during his 2012 presidential bid.^x

Lastly, the most prominent challenge evidence faces in the policy process is that evaluations typically demonstrate that programs have modest effects. While politicians use stump speeches and town halls to describe the revolutionary impacts of a favored program, it is more often true that programs provide improvements on the margins. This disconnect between the program’s sales pitch and its results emboldens advocates of smaller government who argue that government is both ineffective and wasteful.

The ability of advocates for evidence-based policymaking to unite disparate groups behind the approach in the face of ongoing budget cuts and traditional commitment to certain approaches and programs by lobbying groups and legacy legislators will ultimately define the approach’s success or failure.

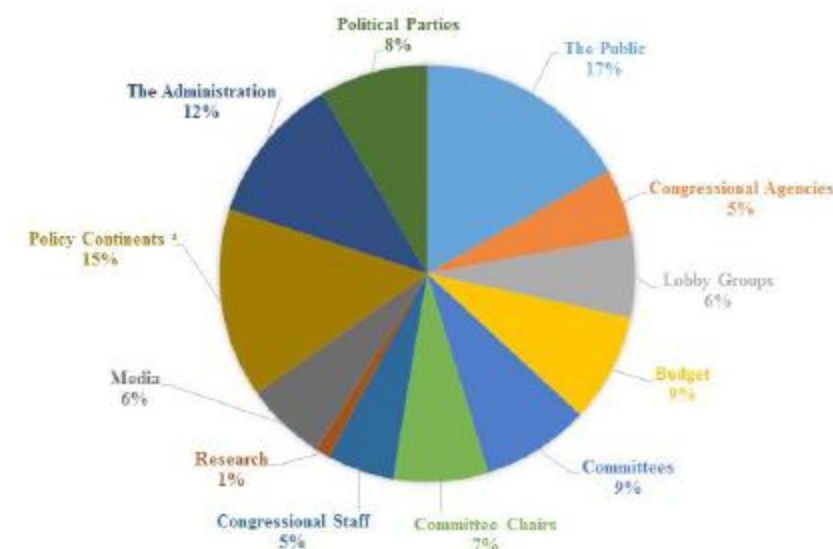
Despite the challenges, there are opportunities that add to the flexibility of evidence-based policymaking. A bipartisan pair of budget wonks, Senator Patty Murray (D-Washington) and Representative Paul Ryan (R-Wisconsin), introduced legislation in December 2014 that would establish a commission to survey data sources available to federal government program evaluators in an attempt to bolster the availability of robust data.^{xi} This would provide a first step in enabling more federal programs to meet the evidence requirements necessary to receive funding.



Source: iStock

Advocates have also amended the approach from relying on a religious commitment to RCT evaluations to allowing for tiers of evidence. This approach is already built into the Investing in Innovation Fund, which allows money to be diverted to programs that are supported by RCTs (Tier I Scale Up Funds), programs supported by some but less evidence (Tier II Validation Grants), and programs that lack evidence but have a theoretically sound approach (Tier III Development Grants).^{xiv} Combined with improved quasi-experimental research designs like regression discontinuities and difference-in-difference specifications that approach the accuracy of RCTs^{xv}, tiered funding systems and improved data can open up more programs to the evidence-based revolution.

The next few years are expected to be an important time in the life of evidence-based policymaking. The President’s Budget Proposal supports the continuation of the six pioneering programs, and the spring release of the Republican Congressional Budget Proposal will signal if these programs will remain part of the partisan playground. In addition, emerging long-term concerns over the federal debt will keep calls for budgetary belt-tightening a part of the political discussion into the 2016 campaign season. Judging the future of evidence-based policymaking will be much like the way the approach judges policy programs. We’ll have to wait and see how the data turns out.



Source: Author’s Compilation

a. “Policy Continents” refers to the complex set of statutes, regulations, lobbying groups, congressional factions, committees of jurisdiction, and so forth that affect legislation in each area of social policy.

Source: Author’s compilation

The Biggest Health Problem We Aren't Talking About: Maternal and Child Health

Arianna Cicchinelli

Following the Second World War, the United States along with developed countries began undertaking development policies in an attempt to reduce the high poverty and mortality rates in developing countries. With time, the sphere of global health began to form, though not until the late twentieth century. States focused their efforts toward preventing communicable diseases from entering their borders and threatening their security, stability, and prosperity. Quickly, experts realized that not only do children under five account for 12.7 million deaths every year, but that 99 percent of them occurred in developing countries and 80 percent of them from preventable causes.^{xxx} Moreover, this issue would presumably be linked to the wellness and survival of the mother. This prompted two of the Millennium Development Goals to be dedicated to reducing child and maternal mortality. Since the implementation of the goals 15 years ago, not much progress has been made. In order to decrease maternal and child mortality rates, strong global awareness and a global health governance system need to be established.

Fast Facts:

As of 2010, 8.8 million children under the age of five die each year around the globe. Maternal mortality accounts for 342,000 to 500,000 deaths every year.^{xxx} Because of the linkage between the two, scientists and health experts have grouped maternal, newborn, infant, and child health into its own global health category. It is called Maternal and Child Health (MCH) and public health leaders work to identify solutions and interventions as an integrated approach.

Source:
wikimedia.org



- Newborns, classified from birth through the first 28 days, constitute 41 percent, or 3.6 million deaths, and also encompass 60 percent of infant deaths worldwide.^{xxxi}
- Stillbirths, babies that die during the last 12 weeks of the pregnancy, account for 3.2 million deaths annually.
- All categories have a 99 percent frequency of occurring in low-and-middle income countries^{xxxi}, with 82% of them taking place in sub-Saharan Africa and South Asia.^{xxxi} Nearly 50% of these deaths occur in only five countries.

When do these deaths happen?

The majority of maternal deaths occur during labor, the delivery of the newborn, and in the period immediately following delivery, usually caused by obstetric hemorrhage.

What are the risk factors?

Research shows that women who experience pregnancy at an early age, give birth numerous times, and become pregnant again soon after giving birth cannot successfully replenish the nutrients that they lose during pregnancy. Each of these independent factors are direct causes of stillbirths, maternal and newborn morbidity and mortality.^{xxxi}

Are these deaths easily preventable?

Only 18% of deaths can be attributed to indirect causes such as malaria or HIV/AIDS.^{xxxi} As a result, over 80% of maternal deaths can be prevented. Similarly, 77% of all newborn deaths are caused by three preventable factors including infections, preterm birth complications, and suffocation during the delivery. These issues singularly affect developing countries and low-income populations. The concentration of high mortality

rates occurring in specific regions allows for viable action plans to be created given the availability of simple and cost-effective interventions.

What People Are Doing About it

Developed by the United Nations throughout the 1990s and adopted in 2000, the Millennium Development Goals (MDGs) set eight international development goals that all United Nations member states agreed to achieve by 2015. Goal number four set to reduce the under-five child mortality rate by two-thirds from its 1990 level. MDG 5, for which the least amount of progress has been made, set out to reduce the maternal mortality ratio by three-fourths from its 1990 level, and achieve universal access to reproductive health by 2015.^{xxxi} For the first time, international development included maternal health, and both developing and developed countries had a common message for intervention strategies.

In 1987, the WHO, World Bank, United Nations Population Fund, United Nations Children's Fund (UNICEF), United Nations Development Programme, the International Planned Parenthood Federation, and the Population Council came together and established the Inter-Agency Group for Safe Motherhood (IAG), creating the first strong base for international support on the issue.^{xxxi} From that point, committed individuals such as researchers, health professionals, advocates for women's health throughout the United Nations as well as nongovernmental organizations, universities and research institutions, bilateral and private donors, foundations and many other organizations established a core network that promoted the reduction of maternal mortality. Over the next decade, the network participated in a number of conferences and contributed to the 1994 International Conference on Population and Development as well as the 1995 Fourth World Conference on Women. Like many new global issues, despite the work accomplished by the maternal survival policy network, the issue lacked international support and continued to fight for resources and attention. By 2000, only a few organizations paid attention to maternal and child survival. Efforts from the informal network of health professionals mentioned above, with actors including Save The Children USA Programme and the Gates Foundation helped spark awareness and

led to the launch of a collaborative effort called Saving Newborn Lives.^{xi} Due to the international recognition of the issue, by 2005, UNICEF, the WHO, and the United States Agency for International Development (USAID) had all hired experts who specialized in infant and maternal mortality.

In 2009, President Obama unveiled a six-year, \$63 billion global health plan that provides \$51 billion towards the President's Emergency Plan for AIDS Relief (PEPFAR) and \$12 billion towards other global health policies including MCH.^{xii} Even though the United States remains one of the largest donors towards MCH, the long-term public funding remains insufficient.^{xiii} MCH made up \$474 million of the budget in FY 2010, or 6% of the total funding for global health. In addition, the privatization of health care has prevented integration within the communities and international organizations. In India, 82% of outpatient care is now provided by the private sector, which denies half of the mothers and lower-income groups access to medical assistance during childbirth.^{xiv} The African Union currently focuses 56% of its social affairs policies, which is only 11% of all its policies, towards health, in which 13 policies were enacted between 2001 and 2010 on women and children's rights, but only five towards MDG 4 and 5.^{xv} Furthermore, the African Union categorizes MCH policies as human rights issues, but views HIV/AIDS, tuberculosis, and malaria as health and economic issues. According to the African Union, the MCH community has not used scientific communication effectively and should rely less on using an emotional message to spur policy change.^{xvi}

Better Solutions: What Can (and Should) Be Done

Studies show that a 70% reduction in the global newborn mortality rate would occur if a few basic intervention methods were implemented, such as drying and keeping the newborn warm, encouraging breastfeeding, and antenatal care to identify and address low-birth weight.^{xvii}

Effectively delivering services that address multiple facets of MCH can have a huge impact on the health of women and newborns. While some interventions may require technical skills and solutions, the community itself can provide useful and cost-effective services like encouraging breastfeeding mentioned above. In order for this to be successful, key actors must coordinate, train together, and agree to follow social structures defined by international norms. Networks should involve as many actors and stakeholders as possible and coordinate with them in order to generate enough attention to the issue and assure commitment and accountability.ⁱ The success of the newfound awareness around MCH in the early 2000s can be attributed to the formation of the informal network of 15 health professionals who had a clearly defined goal, coordinated their efforts, and kept up with each other's activities.ⁱⁱ

The largest challenge faced by those advocating for MCH rests in the way that the issue lacks a central and clear message. The African Union views MCH as a human rights issue instead of a global health one. The prevention and intervention measures call for different methods, some of which fall outside the health sector such as education and behavior changes. For this global issue to become pertinent in the international system, states must get together, attract local and regional networks, involve non-state actors and private donors, gather its resources and create a strong system of global health governance that will align all efforts and campaigns, and advocate towards a clear message. Without global governance policies that will make the issue more publicly oriented and accountable, maternal and child deaths will continue.ⁱⁱⁱ

Since the beginning of the movement, the success that MCH has experienced in bringing the issue forward and influencing policies lies in its strong network of individuals. As mentioned, health professionals, rights activists, research institutions, non governmental-organizations, foundations, private donors, the United Nations, and the WHO have all brought evidence and awareness to the issue and have allowed for the issue to make its way into policy agendas. However, the network has failed to gain support from strong political leaders. Moreover, the main actors for the issue lies mainly within the

United States, the UK, Europe, the United Nations, and the WHO, but lacks representation from the countries that experience the most burden from MCH. As a result, the network would advance if it increased its influence, starting with national governments, and worked towards political leaders, civil society organizations, grassroots movements, and actors involved with similar issues. The movement would also yield greater success if it implemented the issue into national health system agendas in order to continue to gain momentum regardless of what may happen post-2015.

In order to succeed, states will need to focus on the most pressing health challenges in MCH while simultaneously avoiding polarization among states.^{iv} Countries might diverge in what they want to see within the problem, but should focus on the health aspects and promote a constructive policy across the issue. This will require institutional innovation within the international system due to the likelihood of deadlock and access to discussions must remain open within the policy community. This global health governance can work, but only if a large array of global actors at all levels of governance take part in it and dedicate themselves to the promotion and protection of the issue. MCH is a global health issue and should be recognized as such and included in national health agendas regardless of the fact that it involves vulnerable groups. There currently exist two important international treaties which promote MCH: the UN Convention on the Rights of the Child, and the UN Convention on the Elimination of All Forms of Discrimination Against Women. The United States is one of two, and seven countries, respectively, that has yet to ratify either.^v

With this in mind, I urge you to take the first step and bring awareness to the issue of maternal, newborn, and child death. Preventable deaths cannot be allowed to continue and the international community should work together to form a coherent, constructivist approach to ending maternal death.

Misunderstanding Baumol's Disease: How Rising Health Care Costs Motivate Poor Policy Choices and Obscure Smart Ones

Kyle Hayes

In 1967, Economist William Baumol proposed a permanent problem facing the provision of public services. Describing what would later be known as "Baumol's Disease", he argued that the cost to provide public services like health care and education would rise "cumulatively and without limit" relative to costs of producing other consumer goods like computers and cars.^{vi} This is inevitable, he argued, because it was impossible for public service providers to take advantage of technology to limit input costs. While a more efficient manufacturing process could lower the cost of producing a cell phone, the delivery of services like health care requires expert inputs like doctors. These experts, paid nicely for their expertise and training, can't be replaced by a robot.

Since the 1960's, his theory has largely borne out in economic data analyzed by economist William Nordhaus as relative prices in the service sector show a corresponding relationship to lower productivity growth per unit of labor, indicating the lack of technological process. Since the release of Nordhaus' analysis, Baumol has issued recent arguments that build on the foundation of the cost disease, which deal with the current and future state of health care spending.

Baumol 2.0

William Baumol's 1967 paper concluded that the outlook for urban areas was bleak due to limited tax funds, cumulative decay, externalities, and his model of unbalanced growth. He prescribed federal intervention as necessary to "prevent the serious crisis that threatens our urban communities" and addresses what might become the nation's most serious economic problem. In his 2012 book, *The Cost Disease*, William Baumol provides a more nuanced argument about the impact of continuous

cost growth in the public service sector as compared to his original hypothesis. He maintains that services supplied in the public service sector will grow increasingly expensive, but despite the expense, the services from this sector will never become unaffordable to society. Economic growth in the consumer goods sector increases the purchasing power of consumers by so much as to offset the increasing unit costs for public services. Lastly, he argues that although public services remain affordable, their high costs serve as a political liability amongst policymakers and the public.

Why Baumol 2.0? Context provides insight into his shifted focus from cities to specific services and his more positive outlook on health care. In 1967, Baumol prescribed federal intervention as a remedy for decay. In 1965, Medicare and Medicaid, federal programs to provide health insurance to specific groups of uninsured Americans, were passed in a reauthorization of the Social Security Act. Since the mid 1960s, Medicare and Medicaid have grown to provide health insurance to over 130 million Americans. Both programs provide funding from the federal level with states kicking in part of the bill for Medicaid. As prescribed by Baumol, greater intervention from federal and state governments has occurred to provide and finance services in the public service sector, lifting the burden of these services from cities. For this reason, at least with respect to health care, there is reason for Baumol's optimism in 2012 compared with 1967.

Cumulative Increases in Health Care Spending

Structural changes in the provision of healthcare have not proven to be a cure for Baumol's Disease. Rising health care costs are captured in the data in many notable ways.

First, between 1980 and 2010, national health care expenditures as a percentage of GDP rose from 9.2 percent to 17.9 percent. During that same time period, average annual growth rates for Medicare ranged from 10.3 to 19.5 percent and average annual growth in Medicaid ranged from 10.0 percent to 18.3 percent, growth rates faster than the growth of Gross Domestic Product.^{bvi}

Earlier data shows that between 1947 and 1963, hospital daily service charges grew by an annual rate of 7.4 percent, over five times faster than the Wholesale Price Index.^{bvii} Lastly, Baumol cites Consumer Price Index (CPI) data showing average annual economic growth of 4 percent between 1948 and 2008 while the cost of physician services grew annually at 5 percent. This amounts to an increase of 230 percent when accounting for inflation. Increases were larger between 1978 and 2008 in both hospital services (300 percent) and physician services (150 percent) based on CPI data.

William Nordhaus uses similar industry-based economic data to evaluate Baumol's original claims. While citing some reservations regarding poor measurements about true output in health care and other sectors, Nordhaus concludes that Baumol's hypothesis about the cost disease is proven in economic data.

"Differences in productivity over the long-term of a half century explain around 85 percent of the variance in relative price movements for well-measured industries. While the underlying forces driving technological change remain a challenge, the impacts of differential technological change on prices stand out clearly."^{bviii}

These continuous cost increases portend the second important lesson of Baumol 2.0, the threat to equity in health care services. After examining health-spending data, Baumol issues a caveat important to health care policy and spending; he notes that the cost disease disproportionately affects the poor. Medicare plans might create challenges for seniors that degrade the quality of health care they receive compared to their current options.

The disproportionate burden of high health care costs on the poor is illustrated with health care-specific data showing that between 2005 and 2007, 16.7 percent of Americans were uninsured, but 29.8 percent of the poor and 29.4 percent of the near poor were uninsured. Baumol also notes data showing that medical bills caused half of all American bankruptcies in 2001.

Baumol issues a second caveat that works in conjunction with the first when he notes that uninformed government interventions can transform the cost disease into a more dire issue. Pressure from a public afraid of large cost increases might motivate government interventions that damage the provision of services like healthcare without curing Baumol's Disease. Other industrialized nations that have attempted to restrain health care cost growth at levels below inflation through the implementation of cost controls have failed to do so. This creates important concerns about the equity of proposed health care reforms.

Two such reforms illustrate the challenges to equity in the health care system: Premium Support plans in Medicare and Block Grants for Medicaid.

Premium Support in Medicare

Chairman Paul Ryan (R-WI) and the U.S. House Budget Committee released the latest edition of a plan to reform Medicare into a premium support system in April 2014. As indicated by Baumol's Disease, the plan is accompanied by political rhetoric aimed at the problem of rising health care costs:

"Over [Medicare's] entire history, in a vain attempt to get control of the waste in the system, Washington has made across-the-board payment reductions to providers without regard to quality or patient satisfaction. It has not worked. Costs have continued to grow, seniors continue to lose access to quality care, and the program remains on a path to bankruptcy. Absent reform, Medicare will be unable to meet the needs of current seniors and future generations."^{ix}



Source: wikimedia.org

Premium support would allow Medicare beneficiaries to choose from a series of private plans on a Medicare exchange, and that payment for the premiums in these private plans would come from the Medicare program to the insurer.

Analysis by the Congressional Budget Office indicates that payment for the premium support system would be designed as follows: The nation would be split into regions, and insurers would place bids for an amount the insurer is willing to accept to provide insurance coverage for a Medicare beneficiary of average health. These bids would be used to establish a benchmark amount, which the federal government would pay insurers per enrollee, minus the standard Medicare premium. CBO's analysis (and the House Budget Committee's report) assumes that there will be no caps on rate growth paid for through federal funding. CBO indicates that increased competition would likely restrain the growth of Medicare spending by reducing demand for high-cost technologies but admits that the magnitude of any changes in demand are highly uncertain.^x

A market, like the one created between competing insurers in the Premium Support proposal, is identified by economists as superior to command and control systems, a fundamental premise of economic analysis. However, imperfect information can be a barrier to a perfect market. The problem of imperfect information presents challenges to Premium Support. Focus groups conducted by the Kaiser Family Foundation indicate the challenges faced by seniors when selecting plans for Medicare Advantage and Medicare Part. Among the responses, seniors cited difficulties comparing plans due to the high volume of information received about each plan and confusing online comparison tools. Once seniors selected a plan, they tended to stick with it, saying they "did their homework the first time."^{xi}

The Premium Support proposal, dressed in cost-reducing rhetoric, seems intent on attacking the problem of Baumol's Disease. However, with barriers to a perfect market and without confronting the central premise of the disease (continuously increasing input costs), Premium Support is unlikely to reduce costs in a way that disproves Baumol. Increased choice through the competing Medicare plans might create challenges for seniors that degrade the quality of health care they receive compared to their current options.

Block Grants and Medicaid

In the same budget resolution, Chairman Paul Ryan and the House Budget Committee endorse another reform to Medicaid. Although not wrapped in the same cost-saving rhetoric, the plan identifies waste and increasing annual costs above the rate of inflation as threats to Medicaid's "promise to provide a steady health-care safety net for society's most vulnerable."

The plan proposes to transform Medicaid from an entitlement program into a block grant that is indexed for inflation and population growth while eliminating the funding for Medicaid expansions provided under the Patient Protection and Affordable Care Act.

The proposal to block grant Medicaid follows a pattern of fiscal decentralization. Proponents of devolving federal government functions down to the states argue that cuts in federal spending programs can be used for federal deficit reduction when state spending requirements are lessened while federal spending programs are cut. According to spending data previously referenced and the House Budget Committee's proposal, Medicaid spending has been growing faster than inflation and GDP in recent years. By indexing growth in Medicaid block grants to inflation, the proposal cuts the federal financial commitment to Medicaid.

While this transition will cut the federal responsibility to Medicaid, economists Daniel Rubenfield and John Quigley provide insight on the impact of switching from a federal matching grant to a block grant.

The imposition of a block grant leaves only income effects for grant recipients (states) and will depress state spending on Medicaid.^{boxiv}

Another important equity concern is the possibility that block granted programs will be unresponsive during recessions. A report from the Center on Budget and Policy Priorities notes that during the 2007 – 2009 economic recession, the Temporary Assistance for Needy Families (TANF), a cash assistance program for low-income people reacted more slowly to the recession than the Supplemental Nutrition Assistance Program (SNAP), the program formerly known as food stamps. TANF was converted into a block grant in the 1990s welfare reform legislation while SNAP remains an entitlement.

Additional CBPP analysis adds to this concern by citing the fiscal pressure a block grant places on state governments compared to a matching grant. They cite analysis from CBO, which states that the magnitude in the reduction of federal spending for Medicaid will mean that states will have to increase their own spending or make considerable cutbacks. Additional pressures on state budgets such as a recession might lead to greater cuts through enrollment caps, limited care for seniors with disabilities, and greater co-payments, deductibles, and premiums for beneficiaries. In Fiscal Year 2010, 48 states implemented at least one policy to control rising Medicaid costs like provider payment cuts or rate freezes and 20 states implemented benefit cuts.^{boxvii}

Like Premium Support in Medicare, Block Grants for Medicaid will fail to constrain spending in a sustainable way by curing Baumol's disease. Instead, diminished federal responsibility and state balanced budget requirements will adversely affect the program as it disproportionately harms low-income beneficiaries.

Conclusion

In the recent debates over healthcare, the lessons of Baumol's Disease have become increasingly relevant. Long-term budget pressures from rising health care costs provide significant political motivation to cut the cost of healthcare, however this is not possible without providing a remedy to Baumol.

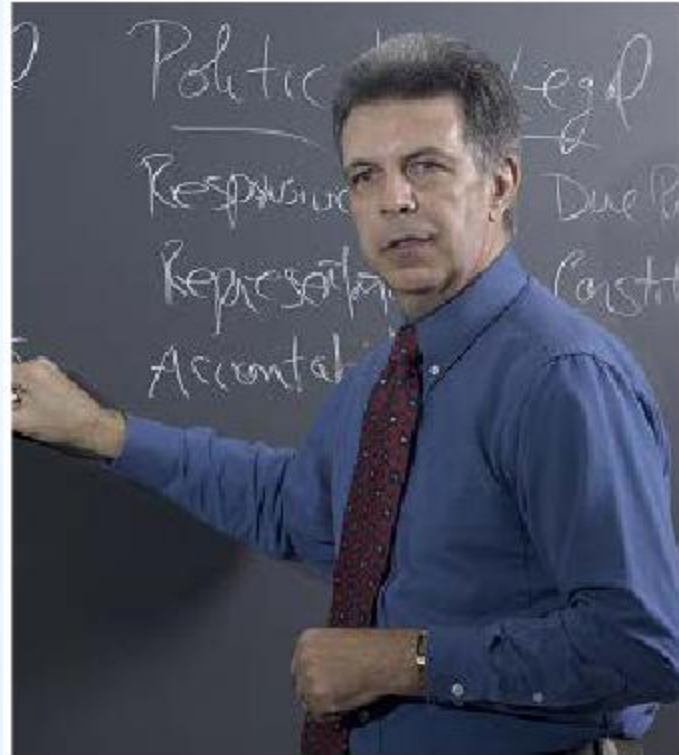
More modest reforms like all-payer rate setting, payment reforms, and lifestyle improvements through behavioral nudges like better nutritional labels may be more effective in making marginal impacts on health care costs and quality while realizing that the cost, despite sticker shock, is affordable. Policymakers should consider the theories of Baumol as they pursue further health care reforms.

Source: iStock



Why Public Service Matters— and What it Means for You

Robert F. Durant



Robert F. Durant is professor emeritus of public administration and policy at American University. Among other awards, he is the recipient of the Dwight Waldo Award from the American Society for Public Administration for distinguished contributions to research in public administration and the John M. Gaus Award and Lectureship from the American Political Science Association for a lifetime of exemplary scholarship in the joint tradition of political science and public administration. His latest book is *Why Public Service Matters: Public Managers, Public Policy, and Democracy* (Palgrave Macmillan, 2014). He resides in Marietta, Georgia and can be reached at rfdurant@gmail.edu.

George Jean Nathan, cofounder (in 1924) and editor of the *American Spectator*, once quipped that “Bad officials are elected by good citizens who do not vote.” The empirical validity of this claim aside, the sentiment expressed regarding nonparticipation definitely holds true for public service careers in the twenty-first century. Paraphrasing jurist John Tyler, “If the able and good withdraw themselves from Society, the venal and ignorant will succeed” in public administration, nonprofit management, policy analysis, and the consulting world

Arguably, the risks to good governance and effective policy implementation of a deficit in personnel talent in the public and nonprofit sectors have spiraled even higher in the twenty-first century. Why? The past three-and-a-half decades of federal administrative reforms have produced an administratively dense, complex, and opaque “proxy” government that masks the visible size of the federal government. They have done so by devolving responsibilities to state and local governments, to private contractors, to nonprofit grant recipients, and then on to subcontractors and grantees. Meanwhile, elected officials have further masked the full size of the federal government by using deficit financing that passes on the bill to future generations. Thus, the United States today, and for the foreseeable future, faces a fundamental governance challenge in a fiscally-constrained world: how can we best harness for public (rather than private) purposes the dynamism and creativity of markets, the passion and commitment of nonprofit and nongovernmental organizations and volunteers, and the public interest-oriented ethos of career civil servants?

Frankly, we are still finding our way as a nation toward fully understanding how to answer this question. Thus, during your public service career, you and the organizations you work in and with as managers, policy analysts, or consultants will be under persistent pressure to afford answers to it. Moreover, the answers are critical for policy success. For starters, even the most astutely crafted public policy will beach on the shoals of administrative nonfeasance, misfeasance, or malfeasance absent skillful management and first-rate policy analysis. Moreover, fairly or unfairly, every perceived misstep in policy or program implementation—even those caused by faulty policies and analyses, shoddy or deficient contractor work, or political incompetence or mischief—will breed enhanced pressures for your agency or nonprofit to reform itself administratively. And if you work in a think tank or consulting firm, your task will be to help leaven administrative reform and policy debates over how best to deal with these issues, informed by the analytical, political, economic, technical, legal, and administrative literacies you possess and hone further during your career.

But let’s get more specific regarding the challenges, choices, and opportunities you will face during your public service career. You might think of these as seven ongoing, powerful, and interrelated pressures for organizational change and development involving:

- Reconceptualizing organizational purpose
- (Re)connecting with citizens and stakeholders
- Redefining administrative rationality
- Reengaging financial resources
- Recapitalizing human assets
- (Re)aligning organizational subsystems
- Revitalizing a sense of common purpose informed by democratic constitutional values

Reconceptualizing purpose refers to calls for many agency and program missions and policies to be rethought in light of changing circumstances, needs, and political priorities. These include downward global economic pressures on the visible size of government, structural budget shortfalls, aging workforces, a spiraling national debt, and the rise of

so-called “wicked” policy problems such as global warming where compromise has proved elusive internationally and in Washington. so-called “wicked” policy problems such as global warming where compromise has proved elusive internationally and in Washington. For example, health agencies must shift their thinking from purely short-term diseases to chronic diseases such as diabetes to accommodate the “graying” or “aging” of America. Or consider the Internal Revenue Service, which has to reconceptualize purpose by incorporating new responsibilities atop old ones. As the 2015 tax filing season begins, it must do so after a 10-percent budget cut and with approximately 3,000 fewer employees while shouldering new responsibilities under the Affordable Care Act. As part of their rethinking, agencies must also become more specific in terms of what the world would look like as a result of the agency’s or program’s work. They must do so while demonstrating the outcomes of their efforts. Public and nonprofit managers have to focus on setting priorities and measuring success in realizing them. Policy analysts have to focus—in education policy, for example—on helping to identify problems, to frame problems and solutions as politically saleable and administratively “doable,” and to discern what works and what does not in an “evidence-based” world.

(Re)connecting with citizens and stakeholders means your organization will face repeated calls to engage in what is called a “coproduction” service ethic. This ethic stems from two premises: one normative and the other pragmatic. Normatively, we are going through a sustained period of citizen dissatisfaction with—even estrangement by some from—government generally. In the process, citizens’ evaluations of various government agencies have also begun to wane. Reconnecting to create a coproduction service ethic impels managers and analysts to stop seeing policymaking and implementation as a one-way flow of expertise from their organizations to a largely passive, malleable, and receptive public.

As Matthew Crenson notes, “a cardinal duty of the republic’s administrative representatives [has always been] ‘to win the good will and affections of the people to the Government.’” More practically, the kinds of wicked problems facing the United States in the twenty-first century—

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problems that are multidisciplinary in nature, cut across jurisdictions, and require local expertise if they are to be addressed successfully—require organizations to produce expertise-based solutions to problems that they mutually define with citizens and stakeholders. In doing so, public and nonprofit agencies must become more customer-focused, more participative and collaborative in their decision-making styles, and more inclusive in soliciting the information they need from stakeholders. For administrators and policy analysts alike, building this type of “soft power” means getting closer to those they serve—be they colleagues in other departments, clients, constituents, elected officials, or boards of directors—to help build a results-based sense of common purpose for all. A “need to know” ethic that limits information flow must be transformed into a “need to share” ethic, one that flies in the face of traditional bureaucratic instincts to hoard information.

Relatedly, pressures to *redefine administrative rationality* will continue throughout your career. These pressures stem from the alleged shortcomings of conventional bureaucratic structures. Critics claim that bureaucracies are too focused on processes and procedures, too remote from the citizens they serve, too centralized to be effective, and too inflexible to adapt on their own to be effective. Others argue that these “pathologies” are exaggerated or are actually functional in offering procedural protections for citizens. But downward pressures on the visible size of government agencies (other than national security agencies) and technological advances are unlikely to abate, thus provoking further calls for bureaucratic reform.

More precisely, your organization will be expected to become priority-based, customer-focused, information-driven, results-based, learning organizations. In the process, you will continue to be pressed to work collaboratively in networks with other agencies, as well as with private and nonprofit providers of goods and services. Proponents claim that doing so will allow the public sector to deal more adequately with surges and declines in the demand for services, to avoid building in-house capacity it cannot afford, and to reap the benefits of market dynamism and the more mission-focused exper-

tise of nonprofits. Importantly, we are already seeing enough problems with this “new governance” model, especially in terms of the diminution of accountability and the operational difficulties involved in network success, to engender calls for “re-bureaucratization” in Europe and the United States. Regardless, learning to “network in the shadow of bureaucracy” will be a constant during your career doing public service.

Pressures on your organization to *reengage financial resources* will be a constant drumbeat in the years ahead, as will calls for participatory budgeting by citizens and stakeholders. As you will learn in your public finance courses, these stem from downward pressures on tax revenues in a global economy, structurally induced budget deficits, the shifting purposes of organizations, and our evolving understanding of what works and does not work in addressing public problems. In turn, you can also expect higher levels of conflict among discretionary programs, as budgeting for many nondiscretionary programs soars. The latter include entitlement spending for programs such as Medicare and Social Security. Annual budget deficits—although still significant—have been going down in recent years because of an improving economy and sequestration cuts (that is, across-the-board cuts in programs other than Medicare and Social Security). Sequestration cuts are a decidedly bad way to reduce or reengage financial resources, however, as no strategic priorities are set and high-performing units are cut as much as low-performing ones. Moreover, the long-term picture is decidedly more precarious unless a so-called “grand bargain” between Democrats and Republicans can be reached on tax rates and cuts in rates of expenditures. In the interim, learning what to prefer and then acquiring the flexibility to shift resources accordingly will be paramount during your career as a manager, policy analyst, or consultant. So, too, will pressures continue to link your budgets to performance and results. Moreover, on the sometimes misguided assumption that contracting out will save money, public agencies will have to improve the monitoring of contracts and work with a sometimes morale-sapping “blended workforce.” The latter places contract employees in an office next to career personnel making considerably less money (albeit with more benefits such as health insurance).

Pressures to *recapitalize human assets* are likely to drive agency and nonprofit dynamics for years to come at all levels of government and in nonprofit organizations. This is largely because of the accelerating rate of “baby boomer” retirees that is currently underway, but it also reflects the difficulties of recruiting top-notch experts to government. The latter is due to sclerotic hiring systems in which it takes many months to hire employees and the stiff competition for talent in high-skill areas from private sector employers. Retirements, of course, offer tremendous opportunities for change in organizations, but they also risk losing critical institutional memory if not done correctly. Consequently, the development of strategic human capital plans and systems is vital. Yet such planning is usually identified by the Government Accountability Office and the Congressional Budgeting Office as woefully inadequate at all levels of government.

Regardless, policy and program success depend critically on hiring and retaining persons with the right kinds of skills, in a timely fashion, and with credible retention plans. Equally important is ensuring that the public and nonprofit personnel performing these tasks reflect the sociodemographic characteristics of the clients they serve and the societies from which they come. Discrimination on the basis of color, gender, sexual preference, ethnicity, religion, or disability is not only morally and legally wrong, but it is also organizationally shortsighted. Public and nonprofit organizations must compete for talent with private sector companies that are increasingly tearing down those artificial barriers. Why, asked the late-New York governor Mario Cuomo, would anyone want to discriminate? It’s like going into a fight with one hand tied behind your back. At the same time, because of the rising level of diversity in the workplace, cultural misunderstandings and conflicts can emerge, thus creating a need for diversity management skills in all types of organizations.

Realigning organizational subsystems refers to pressures to consider how well existing agency resources are “aligned” with—that is, support—present and future mission needs and policy priorities. What has to be aligned are administrative systems dealing with human resource management, financial management, capital investments and acqui-

sition, IT management, and contract management. The greater number of these systems that are not aligned with policy or program goals, the less likely organizational, policy, or program success. Suppose, for instance, that an agency’s mission requires high levels of technological literacy (for example, IT, mobile apps, social media, and geographic information systems). Underperformance, if not failure, will result if the human resource office is slow in processing technology hires, the procurement office is years behind in acquiring cutting-edge technology, or insufficient funding for buying equipment exists because of appropriations committee budget cuts. This is true no matter how committed agency personnel are to the mission, how valid the causal theory is underlying the program, or how many speeches and executive orders are delivered by a president, governor, or mayor.

Finally, *revitalizing a sense of common purpose infused with democratic constitutional values* should be a constant concern for you during your public service career, regardless of your choice of sector. This means that your agency, consulting firm, or nonprofit organization must think about more than efficiency and effectiveness. Certainly, these are important considerations. Indeed, given America’s current and projected fiscal situation, you will not be able to do the “good” you hope to do in public service without stewarding the public’s treasure in cost-effective ways. But in the process, your organization will also have to consider, promote, and advance the democratic constitutional values that citizens also cherish in a democracy. This means a management or policy analytical focus as well on fairness, equality of treatment under the law, constitutional rights, transparency, and accountability for actions. For all their real or imagined faults, and as noted earlier, conventional bureaucracies have instituted procedures to ensure such things as equity or fairness of treatment, the protection of constitutional rights, and the representativeness and accountability of the workforce. In the rush to cut red tape or streamline public agencies, the “green tape” that protects these values may be jeopardized.

Pretty exciting, right? Over the course of your career, you will be dealing with or affected by these issues as you help—or advise others on how—“to run a constitution.”² But a career in such an

evolving environment—both domestically and internally—with its accompanying pressures for change is not a job for the meek, the impatient, the unskilled, or the politically unastute. Which begs the question: “What kinds of knowledge, skills, and values does one need to have not just for a personally successful career but for a career that really makes a difference in citizens’ lives?” You might think of these as “literacies” for public service that will make you assets in whatever organizations your career takes you. So let’s call them collectively AU’s “ASSETS” regimen for public service. It goes without saying that the ASSETS regimen means reading deeply into topics related to your concentration area and widely across different fields and disciplines to understand today’s and tomorrow’s “wicked” policy problems. But if you want to be a leader in the public service communities, you must consistently improve your abilities to think:

- Analytically
- Systemically
- Synthetically
- Ethically
- Technologically
- Strategically

The future belongs to those managers, policy analysts, and consultants who understand the language and work comfortably across organizational and cross-sectoral boundaries of governance. They must do so, however, without losing a sense for the dynamics of individual organizations—whether networked or not. Thinking *analytically* in such a world, of course, encompasses the methodological, econometric, and statistical skills your graduate program will afford you. These will certainly help you make judgments about priority setting, performance, and outcomes of the policies and programs that you evaluate or in which you participate or partner.

But analysis goes far beyond skills in analyzing numbers, although these remain important. Your coursework in statistics, evaluation, policy analysis, and project management will afford a solid foundation for you in this regard. But the analytical abilities you need to complement your data skills include your capacity to think historically,

contextually, and contingently about your programs, policies, and organizations. Your coursework in bureaucracy and public policy, organizational analysis, and public-private partnerships, among others, will help ground you in these skills. History does not repeat, but it does rhyme, and as such, it can inform present policy and administrative decisions. Understanding the immediate context—especially the political, social, technological, and macroeconomic context—helps you identify both opportunities and constraints for what your agency or its partners are trying to do today. For example, advice and decision making predicated on econometric analysis that ignores or misunderstands organizational, interorganizational, or bureaucratic politics are a prescription for failure. Equally important is understanding how contingencies—that is, unexpected events such as 9/11 or the Ebola breakout—can make possible what might have seemed impossible because of history and context by altering existing constellations of power that have precluded change.

Likewise, persistently honing and refining your abilities to think both *systemically* and *synthetically* throughout your career will also give you and your organization a competitive edge in the policy marketplace. Your touchstones should always be, “What difference are we making in the lives of the clients and stakeholders we serve?” and “Are we doing so in ways that advance broader public rather than narrow parochial interests?” To answer these questions properly means having to focus on the policy and administrative “whole” rather than the program “parts” scattered across public, nonprofit, and private organizations at all levels of government. Think, for example, about the scores of programs dealing with employment training at the federal government level alone or the various services in different agencies to help a homeless person ameliorate or escape that situation. Thinking metaphorically, you might envision an assembly line of actors across different agencies, layers of government, and sectors who must contribute something to make that homeless person’s life chances better. Who has to do what, in what ways, with what resources (human and financial capital), under what political or economic constraints, and with success measured in what way(s)? And with the “intermes-” implications of public policy in areas such as

global health, the environment, and economic development, the challenges of thinking systemically are even more profound, challenging, and needed. At the same time, saving financial and personnel resources can depend on your ability to think strategically and synthetically from the “bottom up” rather than the “top down.” Rather than start your analysis in conventional ways with those systems currently addressing needs (top down), reverse your thinking to focus on what behaviors, exhibited by whom, and for what reasons need to be changed in order for policy or program success. You may be able to address a policy problem with a more direct approach than navigating all the actors in the system (for example, with vouchers or subsidies) by asking: “Who closest to a problem (for example, local churches, synagogues, or mosques) has the most ability to affect positively those bad behavioral choices (for example, IV drug use)?” From this analysis, you might press to reengage resources accordingly, thus synthesizing existing institutional capacity as you rationalize it and render it more cost-effective. In this task, your coursework in microeconomics, as well as your ability to empathize and apply emotional intelligence regarding yourself and others, will help you greatly.

Constantly refining your understanding of the opportunities, challenges, and caveats of today’s *technological* revolution is also vital to your organization’s success. This means more than technical understanding; it means understanding the strategic and tactical advantages and caveats of these technologies. The use of information age technology such as social media, smartphone apps, tablets, and geographical information systems is gaining ground in the public, private, and nonprofit sectors. Moreover, these information technologies can help attenuate many of the seven pressures for change discussed earlier in this essay. A recent survey of federal employees has identified the breadth of usage of these technologies, with 90 percent of respondents saying their agencies do some of their business electronically and 30 to 40 percent saying that agency performance has been enhanced by doing so. However, they also point to problems. These include a lack of training by agencies, internal agency acquisition processes as obstacles to taking full advantage of IT capabilities, and work-

life imbalances caused by supervisors demanding immediate responses at all times of the day and night. Public agencies have also found themselves both embarrassed and potentially liable for data breaches involving employee information, as well as by Tweets and other social media comments made by public employees.

At the same time, the era of so-called “Big Data” has dawned and promises to revolutionize the work of managers, policy analysts, and consultants, perhaps even more than it has political campaigns. Data-mining can reveal patterns of needs previously unknown or unacknowledged, provide greater efficiencies and effectiveness in service delivery, and garner greater levels of accountability. But scholars and practitioners are also worrying about cybersecurity, threats to privacy, and so-called “data poverty” resulting in inequitable policy or program decisions for low-income persons whose data are hard to collect, incomplete, or nonexistent.

Thus, several caveats apply to improving your IT and social media literacy. First, you will hear a lot about the potential for “evidence-based” decision making offered by these technologies. Although these can yield positive results, always keep Carl Sagan’s warning in mind: the “absence of evidence is not evidence of absence.” Not everything has or can be measured or translated into bytes, and part of the art and science of management and policy analysis is thwarting unwarranted assumptions. One thinks of Charles Dickens’ character, Thomas Gradgrind, in the classic novel, *Hard Times*. Exhibiting traits that will not serve you or the nation well, Gradgrind values education and rationality premised on data only and is contemptuous of nonmeasurable sentiments and factors. Second, be cautious when you hear that Big Data and evidence-based analytical techniques can reveal “best practices” applicable in all settings. In reality, context matters, and the policy world is littered with failed attempts to transplant successes in one setting to another. Third, do not be lured into complacency by claims for data-based “best practices”: the evolving nature of our policy problems requires a focus on “next practices,” that is, on innovation. Best practices focus on the past, are decontextualized, and often lack methodological

rigor when claimed. Finally, in your organization's quest for performance measurement to alleviate what critics call "rule-bound" administration, do not substitute "ruler-bound" thinking for it. Doing so may cause your organization to ignore other problems—sometimes more important issues and problems—as well as their sources and solutions.

All of which leads to a need for you as a manager, policy analyst, or consultant to refine continually your ability to think strategically but ethically. Acting strategically involves an adroit linking of all the other skills discussed, as well as skills in strategic planning and strategic management. Too often, however, when managers and policy analysts talk about thinking strategically, they think in terms of creating "rational" or objective means-ends relationships. "Here is our goal, and here is the most rational way to realize it." Indeed, they are often disdainful of political considerations or machinations intruding upon their policy goals. What could possibly be wrong with thinking "rationally," that is, in terms of identifying the best means to achieve a given end? Nothing at all, as long as instrumental thinking is not the sole driver of behavior and as long as you pay attention to the realities of decision making in organizations that your organizational analysis coursework will cover. Moreover, politics is the essence of democracy, and part of the job of public and nonprofit managers and consultants is to help society reconcile the diverse and sometimes irreconcilable values inherent in public policies during their implementation.

More prosaically, the problem with the "rationality project" is that goals shift over time, contingent as they are on changing circumstances and the actions of other actors. Indeed, some research exists showing that goals are often post-hoc rationalizations of prior organizational behavior. That is, they are made up after the fact as an explanatory narrative that serves organizational purposes. Moreover, goals are often left ambiguous or even contradictory in the policy process in order to get the necessary votes for passage. At the same time, policy implementation is about "learning what to prefer," and some scholars suggest that mutual adaptation has to occur for any policy's aspirations to be realized. This means that

networked actors both adapt their goal preferences to each other and to local circumstances and trade off among competing goals when policies interact.

Finally, but not least importantly, even if you hone the preceding literacies to perfection, a public service career that you can look back on as one of *significance* will elude you without a strong sense of ethics, as well as of legal obligations. Your coursework in the legal bases of public administration will help you acquire these skills. Public agencies cannot do what they are not legally authorized to do, and you might even be held personally liable for failing to follow the laws and rules derived from it. But you must also do more than this. Ethics does not mean merely following the rules; one can follow all organizational rules and still do harm (for example, the Tuskegee syphilis experiments). Louis Gawthrop argues that this tendency results in a dysfunctional attitude in which public servants, in effect, say, "Tell me what is right, what is wrong, what is legal, what is permissible... so that I can be judged an ethical public servant."³ But history is replete with examples where what was legal was not ethical (for example, the state's role in creating and sustaining Jim Crow laws in the South) and where public servants used noncompliance to correct policy and societal wrongs (for example, members of the Civil Rights division of the U.S. Justice Department refusing to carry out discriminatory policy during the Nixon administration).

In sum, this is indeed an incredibly exciting time to be pursuing a career in public administration, policy analysis, nonprofit leadership and management, or consulting with public and nonprofit agencies. If you feel the same after reading this essay, rest assured you have made the right career choice by enrolling in your graduate program at AU. You have already decided that public service matters. Now your job is to take full advantage of what your program offers and to be committed to lifelong learning and critical self-reflection. As George Jean Nathan also said, "be satisfied with life always but never with one's self." If you follow his advice, our Republic will be in good hands.



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