WHERE DOES THE "PUBLIC" FIT INTO "PUBLIC POLICY"?
TRIGGER POINTS, ACCESS, IMPACT

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101 Campus Drive, University Square, Princeton, New Jersey 08540• v (609) 720-0136 • f (609) 720-0134

Jamie Harrison, Director • Joanne T. Fuccello, Associate Director/Writer Researcher

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WHERE DOES THE "PUBLIC" FIT INTO "PUBLIC POLICY"? TRIGGER POINTS, ACCESS, IMPACT

ISSUE: As we move into the public policy and political arenas of the 21st century, who's talking and who's listening? There is much dynamic change regarding the role of the citizen vis-à-vis the policies which govern our lives. How the proactive, reactive or neutral behaviors of citizens will affect their elected officials and public policy makers raises many questions regarding the future of health care policy development, implementation and regulation. How are traditional citizen access points into the policy making process changing, and what degree of impact is citizen input having on the public policy environment?

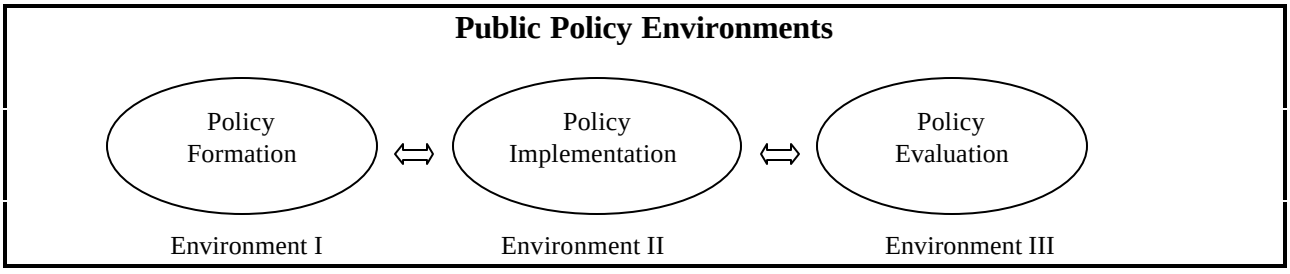
INTRODUCTION

In describing one of the earliest concepts of the "public" and its relationship with the public policy making environment in Western civilization, the Greek historical writer Thucydides used the word "political" in its purest sense: to mean "activity with other people at every level, from the family to the neighborhood to the broader community to the city-state (or, *polis*)" (Shorris, 1997). For millennia, such public involvement -- with its waxing and waning propensities -- has contributed to the character of society and the institutions that circumscribe the activities of our public and private lives.

At the end of the 20th century in America, ask any relatively well-informed person on either side of the political dividing line for an opinion on how the average citizen has input into the public policy decision-making process, and chances are their answers will range from a laundry list of the traditional channels (telephone calls, engagement in advocacy group activities, mail-in postcard campaigns, etc.) to a comparison to chaos theory (a system which follows precise laws but its irregular behaviors can appear to be random and chaotic to most casual observers). Continue with a second question regarding public opinion polling as a means to measure citizen attitudes about a specific issue or event, and the answers may be even more disparate, covering the spectrum from Dewey jokes to homages paid to Elmo Roper and George Gallup, the acknowledged leaders in bringing sophistication and reliability to public opinion polling and survey research in America. Because the precise identification and measurement of citizen engagement in public policy making is complex in nature and not easily accomplished, the "shifting sands" of citizens' roles in the public policy and health care policy environments require careful scrutiny by all players.

THE POLICY PROCESS AS A SYSTEM: A SET OF ELEMENTS AND LINKAGES

In order to begin any analysis of public policy making and the roles of key players in the environment, it is critical to present a "schematic" of this very dynamic universe. Historically, key elements in any policy process are sets of functional environments in which different aspects of the process take place. Within each of these environments, there are a range of different players who interact and influence the policy process. Using a classical model (Nakamura & Smallwood, 1986), the arena of public policy falls into three distinct policy environments:



This brief focuses on Environment I, which is that of "Policy Formation." Key public actors within this environment include the president, Congress (federal level); and governors, state legislatures, state agencies, high level administrative appointees, and other elected officials (state and local levels). It also includes other non-governmental individuals and/or groups that are capable of influencing these policy makers (interest groups, powerful constituents). Formal policy makers represent diverse constituencies -- electoral, administrative and bureaucratic. They focus their major energies on setting priorities and

determining the commitment of resources (Id.). Policies can originate in this environment in response to the interest of these public or private sector actors, or in a crisis situation or because of more general public concerns and pressures (e.g., the hospital length of stay for maternity care). Technically, once a bill becomes a law, the linkages to Policy Environment II are critical, so that laws are implemented as they were intended to be. Communication and a system of follow-up mechanisms during the implementation process is critical (Reference is made to: "From Policy to People: The Implementation Maze. New Jersey KidCare," February 18, 1998, *Issue Brief*, New Jersey Policy Forums.)

MAKING PUBLIC POLICY -- FORMAL AND INFORMAL TRIGGERS, ACCESS POINTS AND LINKAGES

The citizen's status in the environment of public policy making can be characterized as existing along a spectrum of proactive, reactive and neutral activities, which may be accomplished as a group or individually. How dynamic is the connection from people to policy and back? Proactive activities include involvement and utilization of such traditional access points as citizen advocacy groups (often organized around a single-issue, such as managed care or environmental issues); the organized lobbying activities of interest groups; telephone, direct mail or, of recent availability, e-mail campaigns; public meetings and public comment periods on proposed regulations. The number and types of special interest groups has increased significantly over the past 10 years (Rosenthal, 1998). In citing a 50-state study of interest groups, researchers ranked the most influential groups in the early 1990s; the top five, listed in descending order, were: schoolteachers' organizations (predominantly the National Education Association (NEA); general business organizations (chambers of commerce, etc.); utility companies (electric, gas, water, telephone, cable television); lawyers; and traditional labor associations (AFL-CIO) (Thomas & Hrebehar, 1996). Interest groups representing physicians and state medical associations were ranked sixth in the listing of the most influential interest groups (ibid).

According to Rosenthal (1998), an emerging trend in how the public reaches its legislators is the rise of grassroots campaigns (which developed in the 1960s in the civil rights and peace movements) through which constituents tell legislators how they feel about specific issues rather than relying on lobbyists to do so. Also dubbed "the constituency connection," grassroots campaigns organized by interest groups mobilize individual citizens in various activities around specific issues, such as targeted letter-writing and telephone campaigns. State legislators, when surveyed, assert that they respond to constituents and citizens more than "to any other force" (ibid).

Most interest groups are represented by one or more lobbyists. Rosenthal (1998) observes that while hundreds of individuals may sign up to lobby, "relatively few are featured players in the process of lawmaking." In New Jersey, for example, of the some 600 lobbyists registered, only 60 to 70 are active in Trenton and "fewer still are involved in either a small number of important issues or a large number of trivial issues" (ibid). Although their specific role and access channels are clear to the lobbyists themselves and their observers, some members of the general public have reservations and carry a level of mistrust regarding the activities of lobbyists. In focus groups conducted in New Jersey, Minnesota and California, participants revealed that they felt that lobbyists have dialogues and special relationships with legislators "to excess" and that they have a type of access that is denied ordinary citizens (ibid).

The voices of the citizens may also be triggered as a "reaction" to either a personal or collective episode of concern; e.g., contacting legislators or agency representatives when an environmental health or public health outbreak occurs, or when a personal family health crisis brings up access or quality issues to be addressed by public policy makers. In these situations, policy makers themselves may also become triggers to public policy making in reaction to a specific issue. In a speech regarding access to health care and the uninsured, Senator Paul Wellstone (D-Minn.) related how his interest in chronic health care issues -- and his subsequent introduction of specific legislation -- was triggered by his parents' diagnoses of Parkinson's disease (January 1998).

The third dimension of citizen input may be defined as neutral. Individuals do not proactively or reactively come forward into the public policy making arena, but are approached by pollsters and survey researchers for their general views and perceptions on specific topics. Results from these public opinion surveys and polls are disseminated to political leaders and public policy makers to inform their decision-making process. George Gallup believed that at its best, "polling can amplify the public's voice so that it may be heard over the clamor of special interests; . . .public opinion research is a necessary and valuable aid to a truly representative government" (The Roper Center for Public Opinion Research, 1998). [1]

One of the most elusive elements in public policy analysis is to identify precisely "how" and/or "where" a policy may originate. During the 1996-1997 legislative session in New Jersey, approximately 5600

[1] Just after World War II, Elmo Roper founded the Roper Center for Public Opinion Research and he and George Gallup played leading roles in its subsequent development. It is acknowledged to be one of the leading survey organizations in the U.S., and it is a repository for domestic and international collections of survey data.

bills were introduced; of this total, just 7.8 percent, or 437, were enacted into law. What triggered the writing and introduction of these bills? Was the agent the individual legislator? Specific department staff within state or local agencies? The governor's office? Powerful interest groups represented by contract lobbyists? Angry constituents? In many instances, it may originate outside of traditional environments. A classic example of this is that many of the key elements of the Economic Opportunity Act of 1964 originated in academic treatises that were incorporated into a Ford Foundation experiment in New York City before they were finally transmitted to the White House and Congress (Moynihan, 1970).

Many studies have indicated that a significant percentage of legislative policy is framed and formulated by executive agency implementers who propose modifications to existing laws as a result of their experience in carrying out these laws. In New Jersey, the move to amend existing Health Maintenance Organization regulations was catalyzed by both the Department of Health and Senior Services and Department of Insurance's analyses of the "outdated" nature of the HMO statute and regulations, as well as by the increasing concern of the public (both providers and consumers) whose lives were being affected by the absence of comprehensive protections (Reference is made to *The Issue Brief Review*, 1997). New Jersey is also one of many states making use of input from its citizens by taking the lead in assembling citizen advisory committees and task forces comprised of stakeholders in order to assist in policy development.

At present, the responses by federal judges to deficiencies in the 1974 ERISA law is an interesting example of the different environments from which polices and laws can be influenced and how outside forces may exert pressure on policy makers in circuitous ways. A trend is emerging among Federal judges regarding the impact that ERISA law is having in establishing a remedial system for individuals negatively affected by wrongful denials or delays in their health care.[2] One judge wrote in a case that had to be wrongfully dismissed under ERISA, "This case, thus, becomes yet another illustration of the glaring need for Congress to amend ERISA to account for the changing realities of the modern health care system. Enacted to safeguard the interests of employees and their beneficiaries, ERISA has evolved into a shield of immunity that protects health insurers, utilization review providers and other managed care entities from potential liability for the consequences of their wrongful denial of health benefits. … [E]ven more disturbing to this Court is the failure of Congress to amend a statute that, due to the changing realities of the modern health care system, has gone conspicuously awry from its original intent" (*Andrews-Clarke v. Travelers Insurance Co*., 1997, Fed. Dist. Ct. for the Dist. Of Massachusetts; Pear, 1998).

THE CONSUMERS' EMERGING VOICE -- FACT OR FICTION?

In a report entitled "The Resurgence of Choice," a leading strategic research firm has predicted the trend that during the next ten years there will be an exponential increase in consumers' wielding their power in the health care market (The Advisory Board Company, 1996). In the Advisory Board's analysis, we are entering "the Consumer Era," in which health care players will act in service to consumers.

This Consumer Era is emerging against the backdrop of new technologies, working in tandem with the traditional ones, to "reach" the eyes, ears and laptops of elected officials and public policy makers. A review of consumer advocacy web sites reveals a sophisticated network of links, e-mail connections, briefing papers and information on reaching policy makers on issues great and small, broad and specific. Organized groups such as the Public Forum Institute plan and organize public policy forums that bring together elected officials, specialists and the public to address timely and relevant public policy issues, which are chaired by members of Congress and other elected officials who have decision-making responsibilities. Forums are held in local communities across the country and target timely public policy issues, from tax reform to transportation and health care (www.publicforuminstitute.com/1998). In New Jersey, provider and consumer groups have a presence throughout the state, involved in issues as diverse as gun control and health care to taxes and auto insurance. There are opposing views, however, on what degree of impact such activities have on the policy-making environments. Optimistic advocates would respond that influence is strong and has a positive impact, while cynics hold that the degree of impact is relatively low and insignificant in the final analysis.

Cynicism and public perceptions of "how the system really works" may lead to citizen inactivity and inertia, when in fact, their perceptions may not be accurately reflecting reality. Political analyst Peter Levine, in a recent case study of campaign finance reform, compares the expert analysis versus the public opinion of the issue. He cited a national poll in which 75 percent of Americans believe that "many public officials make or change policy decisions as a result of money they receive from major contributors." Seven out of ten of the same respondents believe that government is run "for a few big interests looking out

[2] In 1998, approximately 146 million Americans have employer-based health insurance coverage. Of this total, close to 84 percent, or 125 million (four out of five individuals) are in ERISA plans and are pre-empted from receiving protection under state law.

for themselves," and not for "the benefit of all the people." In sharp contrast, a Task Force on Campaign Finance Reform comprised of nine leading political scientists who study campaign financing found that: "…campaign contributions do not play as large a role in influencing legislative behavior as many believe. A legislator's principles, his or her constituency, and his or her political party, have consistently been shown to be more influential than are patterns of contributions. Accordingly, we conclude that many reformers, relying on simplistic, unidimensional analyses that fail to consider the numerous factors that influence political behavior, make too much of large contributions" (Levine, 1998). The Task Force's findings were based on a "long line of empirical research that shows how slight an impact special-interest contributions have on the roll-call behavior of legislators."

There exists extensive research showing that public opinion has a major influence on public policy decision making (Blendon et al, 1998; Page & Shapiro, 1983 & 1992). Blendon also writes that studies of the recent debate over the Clinton administration's health care reform plan found that members of Congress indicated that "changes in public opinion" were a major reason for the failure of the plan to thrive. When being interviewed and asked what influences public opinion, he responds that "what's on the front page" affects the public most. Blendon also believes that "the media sets the agenda" for public policy makers as well; this reality is nowhere more clearly expressed than in the responses by both the public and policy makers to the media's negative representation of managed health care.

A survey of members of Congress, Presidential appointees and senior civil servants (conducted by The Pew Research Center for the People & the Press in association with *National Journal*) found a parallel dissonance present in these leaders' views and perceptions of the public. Responses from those surveyed indicated that they feel the pressure of public distrust, and at the same time believe that the American public is "too ill-informed to make wise decisions about important issues." There are strong institutional differences regarding these beliefs, however: 38 percent of executive branch officials believe that public distrust of government is caused by the public's misinformation, misperceptions and misunderstanding of government; in sharp contrast, only 10 percent of Congress believe that these are the factors. Rather, Congressional members "blame Americans' distrust on the way government itself operates." In follow-up questions, all three groups surveyed view the media "as the prime culprit" in public distrust of government (Pew Research Center for People & the Press, 1998).

AN ENGAGED OR DISINTERESTED PUBLIC?

The environments of politics and policy making are not separate and discrete but have extensive overlaps and interstices. Georgetown University political scientist Judith Feder, in a speech at a conference focusing on health policy in the age of devolution, reminded participants that "to forget the connection between policy making and the political environment" was a naïve indulgence. In a June 1998 poll to assess the "mood of America" regarding their interest level in politics and government, it was found that the number of people who follow the activities of government and politics is down significantly from 1994. The Pew Research Center for The People and the Press, which conducted this particular survey, observed that opinion is similar to what it was in 1990, "a year that saw very low voter turnout and very high incumbent reelection rates" (see: www.people-press.org/). Based on several national and state-level polls, "public" affairs do not seem to interest the public.

A 1997 study from the Council for Excellence in Government found that legislators and other elected officials work in an environment in which there is a low level of interest about politics and government from the public. Study findings revealed a significant loss of confidence in government when compared to responses from 20 years ago. The loss of confidence is most striking at the Federal level, but it is consistently low at state and local levels. High levels of distrust, cynicism and low levels of confidence characterize the current state of public opinion (Committee on the Study of the American Electorate, 1997 *Report*). The Committee's report noted that 1994-1996 showed the lowest levels (since the mid-1800s) of voter turnout in American history.

New Jersey public relations consultant Andy Baglivo (formerly with the Cahill administration) recently wrote about the ever-growing distance between New Jersey's voting population and its "elected" representatives in political office. Focusing on the dominance of television -- and now Web sites -- to communicate political messages and campaigns, he asserts that most political figures have lost "touch" with their constituents, and in turn, their constituents feel as if they do not know them well enough to translate their feelings about candidates into voting behavior (*Newark Star Ledger*, July 12, 1998). To illustrate his point, Baglivo reports that in New Jersey (as throughout most of the country) there have been consistent decreases in voter turnout (comparing 73 percent in 1961 Hughes-Mitchell election to 55 percent in 1997's Whitman-McGreevey election).

Focusing specifically on New Jersey, a spring 1998 Star-Ledger/ Eagleton poll found that New

Jerseyans know very little about their state's politics and government. Findings included:

- Only one-half of the public knows that Republicans control the New Jersey state legislature.
- Just one-in-three can name either of the two U.S. senators from New Jersey.
- Only 25 percent know that New Jersey currently has a budget surplus; 17 percent believe that the state has a deficit.
- The vast majority (58 percent) admit that they have no idea of the state's fiscal condition.

HEALTH CARE POLICY AS CASE STUDY

1995 - 1998: Rip Van Winkle Stirs Awake

Because of the dynamic changes in the health care policy arena -- and the direct ways in which these changes affect our daily lives -- we can view it as an active laboratory for change and the evolution of citizen input in the world of policy making. The period from 1995 to the present is a particularly interesting era in the evolution of health care policy, both on national and state levels, as legislators emerged from their health policy-making hiatus following the demise of the 1995 national health care proposal. Paul Ginsburg, president of the Center for Studying Health System Change, identifies 1997 as a significant year in the evolution of the financing and delivery of health care, set against the backdrop of devolution and the "rise" of state's authority. He cites two broad developments for this: (1) the rise of the consumer and his/her concerns (to which the market is responding) and (2) the re-emergence of public policy development as legislators once again became involved in extensive legislative activity (citing the statistic that more than 1,000 managed care bills have been introduced in every state at present). In discussing state activity in managed care consumer protection laws (in 1997, seventeen states enacted legislation), Dallek observed that: "Never have so many states addressed a single legislative issue at the same time," as that of consumer protection laws (Ginsburg, 1998).

Issues of Trust, Confidence, Public Perception and the Managed Care Backlash

Within the current health policy environment, there appears to be a wide gulf between consumers' perceptions and confidence levels in their health care and the actual status of the health care delivery system. Through an interesting analogue, we can look at changes in the American health care system under the same lens as that used by the U.S. Supreme Court in a recent case when it reviewed certain marketing aspects of the Microsoft Corporation and its products. In its decision, the Court ruled that Microsoft's Windows software and its MS Internet Explorer are "integrated," that is, each enhances and makes the other work better, as opposed to if they were to be used independently. In fact, the Court held that they were designed -- from the start -- to work in an integrated manner and together would potentiate each other's capacity to perform in the best possible way. Under the system of managed care, the once independently operating elements of health care delivery, financing, provision and insurance became "integrated" under one roof to create a system of care which aims to reduce inappropriate costs and to provide a continuity of high-quality health care. The transition to this integrated system of care has, however, not led to an increase in confidence that all "parts of the system" will potentiate each other; it has led to a crisis of confidence. Observers point out that the blending of "who provides care" with "who insures" and "who pays for services" has raised conflict of interest questions for consumers and has led to questions of trust that cut across many dimensions: the mistrust of institutions -- both public and private; the mistrust of physicians; the mistrust of elected officials and public policy makers to protect the public good; and the mistrust of interest groups to represent the individual's needs.

What is the public's perception of its health care delivery system -- and its ability to have a voice in influencing "what's wrong" with it? In its 1998 Health Confidence Survey, the Employee Benefit Research Institute found that only 5 percent of Americans give an excellent rating to health care in America today (Fronstin and Hicks, 1998). The Health Confidence Survey found, that when asked about various aspects of their health care in the next 10 years, most Americans are not confident that they will be able to get needed medical treatments, or that they will have the freedom to choose physicians or receive quality health care. Significantly, most respondents reported that their concerns about the affects of managed care were based on their personal experience (28 percent), what they hear or see in the media (29 percent) and on what they learned from family and/friends (23 percent).

Within New Jersey, a 1997 *New Jersey Health Care Values Survey* focused on obtaining information about how New Jerseyans viewed various aspects of the health care system.[3] When asked to identify the "most important problem in New Jersey's health care system," respondents cited:

[3] New Jersey HealthDecisions commissioned the Eagleton Institute's Center for Public Interest Polling to conduct the survey on health care values, which was comprised of 800 participants.

- The high cost of health care and health insurance coverage as the number one problem (3 in 10 state residents).
- Dealing with the managed care system -- including issues of getting referrals, limiting coverage of procedures and confusion about navigating the system (2 in 10).
- The need for universal health care coverage (cited by 1 in 10 as the number one health care problem to be addressed in the state).

Lessons to be Learned about Citizen Engagement

Issues that are important to New Jersey residents have a parallel level of importance to residents in other states: the managed care system and health care access issues. In an effort to inform the policy debate regarding managed care and the degree to which consumer protection regulations should be implemented, survey researchers from Harvard University and the Kaiser Foundation analyzed the "seemingly contradictory" findings between surveys that showed consumers' support for regulation and those showing consumers were "satisfied" with their managed care plans (Blendon et al, 1998)[4]. Their in-depth study of the public backlash against managed health care revealed that the backlash is "real and influenced by at least two principal factors: (1) a significant proportion of Americans do report problems with managed care plans, and (2) the public perceives as threatening and dramatic events in managed care that have been experienced by just a few" (Blendon et al, 1998). [5]

Blendon's group acknowledges the media's significant role in forming public perceptions about health care and points out that "prior research shows that an issue is more likely to emerge as part of the public's policy agenda if it involves continuing news coverage and is dramatic in nature" (ibid). Additionally, people's perceptions about health care are also influenced by their personal fears about becoming ill just as strongly as they are affected by the media representation of threats and problems in the health care system. As reflected in the national Health Confidence Survey and last year's Kaiser Foundation/Harvard survey, regardless of how satisfied consumers of health care may be with their plan performance when they are relatively well, they are concerned that performance or coverage may not be available if and when they become very ill. (Reference is made to New Jersey Policy Forums *Issue Brief*, June 10, 1998, on managed care and consumer protection regulations.)

In the current climate, newly formed alliances are joining together to support federal and state passage of managed care patient protection laws. In what has been described as an atypical alliance, physician groups are joining with consumer advocates to make their voices and concerns heard by policy makers and legislators, while insurers and managed care companies are professing their side of the issue regarding regulation and governmental intervention in the business of health care (Kilborn, 1998; Blendon et al, 1998). A recent *New York Times* article reviews some of the new alliances, like those among the American Medical Association, the American Trial Lawyers Association, chiropractic and midwifery groups and the AFL-CIO (July 21, 1998). In response to concerns that managed care patients receive patient protections from denial or limitation of appropriate health care, provider and consumer groups in New Jersey called on Congress to pass an effective Patients' Bill of Rights. In July 1998, a national "Patients' Bill of Rights Day" was supported by members of The Medical Society of New Jersey, New Jersey Citizen Action and various other consumer groups in New Jersey. Of significant issue is that under ERISA exemptions, over 2 million state residents covered by self-insured, employer-sponsored plans (where the employer assumes financial risk) are denied protections under New Jersey's Health Care Quality Act (*The Times*, Trenton, July 17, 1998). National and state-level activities catalyzed by concerns about managed health care continue to be part of a larger work-in-progress which involves new types of consumer activism and engagement in the policy making arena.

SUMMARY REMARKS

An overview of citizen input into the public policy making process raises more questions than answers; for there are equal numbers of jaded cynics who feel engagement is futile as there are proactive citizens who work with elected officials and public policy makers to improve civic life and society. The most alarming trend which does emerge in this analysis is that public trust in politicians and in the political process is in a decline, and many Americans indicate that they no longer trust elected officials to look out for the interests of ordinary citizens (Wuthnow, 1998). What kind of repair and restoration work needs to be done to re-establish the trust on both sides? Alan Rosenthal writes, in his conclusion to The Decline of Representative Democracy, that while it is the responsibility of legislatures to respond to their

[4] Blendon's report also cautioned about the error of extrapolating public opinion regarding managed care from "customer satisfaction surveys" for managed care plans, which often do not accurately reflect perceptions about health care and health care services.

[5] Blendon cites five studies on satisfaction with nonfinancial aspects of managed care and notes that results showed less satisfaction with managed care plans than with fee-for-service plans. When the complicating factor of illness is introduced, he refers to a study that looked at differences between managed care and fee-for-service plans for persons who are ill; among this group, there were more complaints "about access to specialists, tests and waiting times by those enrolled in managed care plans" (1998).

constituents, these same constituents have the responsibility to be "knowledgeable about their political system and how it works." He further cautions that there is much to lose if we choose not to recognize the singular importance and value of our representative democracy.

DISCUSSION POINTS

Across the country, there is a growing trend towards citizens using Initiative and Referendum (I&R) to implement laws. More than 20 states and city governments have the legal process for the right of initiative, which allows the general public to initiate legislation through petitions addressed to the legislature and calling on it to enact specific legislation. If the legislature does not consider the initiative within a specific period of time, the question is put on the ballot at the next general election, where it may be accepted or rejected by the electorate. In New Jersey, Assembly Concurrent Resolution No. 71 (Lance) and Senate Concurrent Resolution 6 (Schluter/Adler) (both in their respective committees) propose a constitutional amendment to provide for enactment of laws concerning campaign finance, lobbying, government ethics and elections procedure by Statewide initiative and referendum. While these bills limit the I&R process to campaign finance, Assembly Concurrent Resolution No. 25 (Rooney/Merkt), introduced this year, proposes to amend the State Constitution to provide the people of the State with the power of indirect initiative and referendum and is not confined in its scope. Are these actions a move by some legislators -- which cut across both parties -- to offer the public more direct routes into the policy making process?

"Legislature watcher" Alan Rosenthal advises that in order to maintain a leadership role, legislators must be responsive to constituents. How can a balance be struck to narrow the gap between public distrust of those elected and appointed officials entrusted to develop, administer and oversee its public policies and programs, and such widely differing views held by those officials of the public they serve?

As Robert Blendon and other researchers observe, one of the debated issues in public policy analysis is the notion that mass media "sets the public policy agenda" and that the media defines the issues that are important for the public. This debate raises the question, "Does the issue become important for the public because it is 'on the front page' of the newspaper, or is it on the front page of the newspaper because it is important to editors, and by extension, to the public and policy makers." To what extent have health care issues been defined by the media?

As an example of the current trend recognizing the importance of consumer engagement and involvement, a Blue Ribbon advisory panel found that the National Institutes of Health (NIH) should "listen more carefully to patients and ordinary citizens in deciding how to spend its $13.6 billion annual budget" (Pear, 1998). Congress requested the formation of the advisory panel, which was appointed by the Institute of Medicine. The panel's report recommended that each Institute should create a full-time office of public liaison and that a council of public representatives should be established so that the public can have input in advising NIH on research priorities, in such areas as AIDS, cancer research, diabetes and heart disease. The panel cited disparities in NIH spending per person, depending on disease. Such findings, the panel reported, "encourage the perception of some members of Congress and the public that NIH spending often follows current politics and political correctness, or responds to media attention to certain diseases"[6] (ibid). Do such recommendations represent a trend towards government effecting outreach for citizen engagement in public policy making?

One aspect of the newly emerging developments in Medicaid managed care programs can serve as a model tool for guiding the average citizen -- who may not be "savvy" about negotiating the public policy environment's shoals and eddies -- to engage in public policy making and to gain access to the right people. Throughout the country, on state and local levels, Medicaid managed care programs are effecting outreach to program participants to create a "feedback" loop in order to learn about the public's response to program services and policies. The emergence of Medicaid managed care programs has acted as a catalyst to revisit the challenging issue confronting policy and decision-makers as to how to elicit meaningful consumer participation and involvement in the development and implementation of health care systems (Robles-Gordon, 1998). In the state of California, a project known as California Health Decisions is committed to "educating and involving the public in issues relevant to individual and societal health choices, to assure that community values are incorporated into health policy" (California Health Decisions, Mission Statement, 1998). Their model for improving quality and access in their Medicaid managed care program involves players at all levels of the program -- patients, providers, health plans, purchasers and state policy makers -- in a consumer-driven process of research, solutions, change and evaluation. California Health Decisions is also involved in running ongoing similar projects with citizens enrolled in commercial managed health care plans. Are projects such as these viable for New Jersey's health care consumers and health policy makers?

Cliff Zukin, the Director of the Star-Ledger/Eagleton poll that assessed New Jerseyans' knowledge of state politics and government, has asserted the poll's findings represent two primary variables: (1) as in most states, there is not a high level

[6] As an example, data collected by NIH show that the institutes spent "far more" on AIDS research than on heart disease research, even though heart disease accounted for many more deaths (Pear, 1998).

of natural interest in politics and government; and (2) the media structure in New Jersey, in which information is presented from both New York and Philadelphia, does not allow for extensive New Jersey coverage. How can elected officials, public policy makers and citizens work together to close this information gap and enhance citizen input into the policy making process? What types of feedback loops can be developed that are more effective and efficient for the sharing of information and resources?

The state of California is one that has a history of high managed care penetration. In January 1998, the California Managed Health Care Improvement Task Force issued its final report, offering scores of recommendations as a result of their charge "to examine the appropriate role of government in guaranteeing the highest standards in quality of care" (Enthoven and Singer, 1998). The task force was comprised of representation from managed health plans, employers, plan enrollees, providers and consumer advocates and was charged by the governor to recommend solutions to the state's managed care problems and by the legislature to provide information about the impact of managed care. Although task force recommendations were criticized by some, several of its 100 recommendations were signed into law, and several other bills proposing task force recommendations are under consideration in the California legislature. Are such collaborative relationships representative of the future of health care policy-making on the state-level? As Enthoven and Singer emphasize, while task force recommendations do not have the force of law, they are framing the way policy makers identify and analyze the issues.

REFERENCES

The Advisory Board Company. Health Care Advisory Board. Executive Briefing. Resurgence of Choice. Washington, DC. 1996.

Baglivo, Andy. "The Party's Over. Wondering Why Voter Turnout is Down?" *Sunday Star-Ledger*. July 12, 1998.

Blendon, Robert and M. Brodie, J. Benson, D. Altman, L. Levitt, T. Hoff and L. Hugick. "Understanding the Managed Care Backlash." *Health Affairs*. July/August 1998.

California Health Decisions. "Involving the Public in Health Decisions." August 1998.

Committee for the Study of the American Electorate. *Report*. 1997. Washington. D.C.

Enthoven, Alain & S. Singer. "The Managed Care Backlash and the Task Force in California." *Health Affairs*. July/August 1998.

Fronstin, Paul and J. Hicks. "Confidence in Health Care at What Cost? Results. From the 1998 Health Confidence Survey." Employee Benefit Research Institute. *Issue Brief.* July 1998.

Ginsburg, Paul. "Health System Change in 1997." *Health Affairs*. July/August 1998.

Herzlinger, Regina. Market-Driven Health Care: Who Wins, Who Loses, in the Transformation of America's Largest Service Industry. (New York, 1997).

Ignagni, Karen. "Covering a Breaking Revolution: The Media and Managed Care." *Health Affairs*. January/February 1998.

The Integrated Healthcare Association. "A New Regulatory Framework for Managed Care: Principles and Recommendations." Pleasanton, California. 1998.

Johnson, Linda A. "Doctors Call for Patients' Bill of Rights." *The Trenton Times*, July 17, 1998.

Kilborn, Peter T. "Debate of Rights and HMO's Engenders Unlikeliest of Alliances." *The New York Times*, July 21, 1998.

Moynihan, Daniel P. Maximum Feasible Understanding (New York, 1970).

Nakamura, Robert & F. Smallwood. The Politics of Policy Implementation. (New York, 1980).

National Council on State Legislatures. Washington, D.C. (www.ncsl.org.)

New Jersey HealthDecisions. *New Jersey Health Care Values Survey*. Eagleton Institute of Politics, Center for Public Interest Polling, Rutgers University. October 1997.

Page, B. I. & R. Y. Shapiro. "Effects of Public Opinion on Policy." *American Political Science Review* (March 1983).

Page, B. I. & R. Y. Shapiro. The Rational Public: Fifty Years of Trends in Americans' Policy Preferences. (Chicago, 1992).

Pear, Robert. "Hands Tied, Judges Rue Law that Limits HMO Liability." *The New York Times*, July 12, 1998.

Pear, Robert. "Health Agency Urged to Review Spending." *The New York Times*, July 9, 1998.

The Pew Research Center for The People & The Press. "Washington Leaders Wary of Public Opinion. Public Appetite for Government Misjudged." 1998 (www.people-press.org).

The Pew Research Center for The People & The Press. "Voters Not so Angry, Not so Interested; Compared to 1994." June 1998.

The Public Forum Institute. Public Policy Forum Program. Washington, DC. (www.publicforuminstitute.com).

Raney, Rebecca F. "Politicians Woo Voters on the Web." *The New York Times*. July 30, 1998.

Robles-Gordon, Carmen. "Consumers and Consumer Organizations: Catalysts for the Improvement of Managed Care." Center for Health Care Strategies. Princeton, New Jersey. 1998.

The Roper Center for Public Opinion Research. "Introduction to the Center." August 1998. (www.ropercenter.uconn.edu).

Rosenthal, Alan. The Decline of Representative Democracy. Process, Participation, And Power in State Legislatures. (Washington, D.C. 1998).

Shorris, Earl. "In the Hands of the Restless Poor." *Harper's Magazine*. September 1997.

State of New Jersey. 208th Legislature. Assembly Concurrent Resolutions No. 71 and No. 25; Senate Concurrent Resolution No. 6. 1998

Wuthnow, Robert. "The Foundations of Trust." Report from the Institute for Philosophy And Public Policy. 1998. (www.puaf.umd.edu).

Zukin, Cliff. "New Jersey Residents Know Little about their Politics and Government." The Eagleton Institute and *The Star-Ledger*. March, 1998.