

Bringing About Public Policy Changes

Kenneth R. "Ken" Plum

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Recently my wife Jane and I conducted workshops at the annual conference of the Virginia Association for Early Childhood Education (VAECE) on advocacy – when and how to speak up for children. We covered the techniques of working with administrative agencies and regulatory boards, getting to know and influencing your legislators, and lobbying. But even with sustained efforts to raise public awareness, write letters and circulate petitions, and conduct lobbying campaigns, it sometimes is obvious that the only way public policy changes can be accomplished is with a change in the cast of characters who control the reins of government. Sometimes it becomes necessary to “throw the bums out” in order to accomplish meaningful change.

Certainly the VAECE conference reflected the positive outcomes of a change in executive leadership in the Commonwealth. While VAECE is not involved in political action, its goals have nonetheless been furthered by the election of a governor friendly to early childhood issues. A proclamation by the governor announcing the Week of the Young Child was an especially meaningful action considering that Governors Allen and Gilmore refused to issue such a proclamation for young children even as they were issuing hundreds of other proclamations including one for Confederacy Week. First Lady Lisa Collis spoke at the conference luncheon and gave testimony on the importance that cooperative preschool experiences had been for her and her children and husband.

But Mark Warner’s actions as Governor have gone beyond the ceremonial proclamation to very substantive assistance to programs for young children. There are few examples of the changes that can take place with new leadership more dramatic than those seen in Virginia’s Child Health Insurance Programs.

I have never fully understood why medical insurance for children of the working poor has been so controversial in Virginia, but it has been. I remember a delegate who has since left the House of Delegates for an appointment in the Bush administration taking the floor to rail against passage of a medical insurance program for children. The issue was not the expense because the costs were paid by the federal government. The problem in the delegate’s mind was that if a child took advantage of a government program for health insurance that child might forever be entangled with and dependent upon government programs.

While the legislature enacted a children’s health insurance program, the Allen and Gilmore administrations dragged their feet in implementing it. Limited publicity and bureaucratic red tape discouraged many families from enrolling their children.

Under the Warner administration, 46,611 children of the 51,800 eligible for the Family Access to Medical Insurance Security Plan (FAMIS) have been enrolled. The previous eight years had succeeded in just over half that number. In addition, children enrolled in Medicaid increased substantially from 250,000 in January, 2002 to 286,000 in March, 2003 – an increase of 36,000 in 15 months. The Warner administration simply publicized the program and simplified the application process. Healthier children are happier and learn better in school.

Advocacy and lobbying are critically important, but in some instances a change in leadership is the most effective way to bring about meaningful change.