

TRAINING: HOW TO WRITE A POLICY BRIEF


This set of slides has been adapted from a presentation developed by the Women's and Children's Health Policy Center at the Johns Hopkins Bloomberg School of Public Health entitled "The Art of Crafting Policy Briefs."

What Makes for a Good Policy Brief?

- Addresses a policy problem
- Provides information or a perspective that is needed
- Written with the audience in mind
- Easy to understand without specialized knowledge or additional reading
- Communicates essential information that drives policy recommendations
- Tells a story, and flows logically

Why Develop a Policy Brief?

- There is a gap between current outcomes and ideal outcomes
- The problem is clear but the solution is not
- The problem is emerging but is not being addressed
- New knowledge has implications for policy and practice




OHIO INJURY PREVENTION
PARTNERSHIP
by Physicians, Advocates and Policy Action Group

Injury Prevention Policy Brief

Infant Safe Sleep: Protect Ohio's Children

AUGUST 2012



SUMMARY

- Sleep-related infant death is the leading cause of mortality in Ohio and the U.S. for infants 1 month to 1 year of age.
- Most sleep-related infant deaths can be prevented by ensuring a safe infant sleep environment.
- Public policy can help to prevent infant sleep-related deaths by requiring all new parents to participate in an infant safe sleep education program and by restricting the sale of dangerous infant sleep-related products.

DEFINING SLEEP-RELATED INFANT DEATH

Sudden unexpected infant deaths (SUIDS) are defined as deaths in infants less than 1 year of age that occur suddenly and unexpectedly, and whose cause of death are not immediately obvious prior to investigation. Sleep-related deaths are SUIDs that are attributed to sleep-related conditions and include:

- **SIDS** is a medical term used to describe the death of an infant that cannot be explained by other causes. Prior to attributing a death to SIDS, an investigation is conducted which includes a death scene investigation, autopsy, and a complete medical history.¹
- **Unintentional sleep suffocation** includes deaths identified as being related to asphyxiation, suffocation or strangulation while sleeping on or in a bed, crib, couch or chair. They may also involve sharing a sleep surface with an adult or another child. These deaths are usually related to unsafe sleep practices including bed-sharing, improper sleep position and other unsafe sleep environment and are preventable.
- **Unspecified or unknown causes** where the specific cause of death could not be concluded with certainty.

SLEEP-RELATED INFANT DEATH IN OHIO

From 2006 to 2010 in Ohio, there were 830 infant sleep-related deaths. These deaths account for 15 percent of infant deaths from 2006 to 2010, more than any single cause of death except prematurity. 25 percent of deaths were attributed to SIDS and 35 percent to unintentional sleep suffocation, leaving 40 percent other or unknown. Evidence suggests that many SUIDS are attributable to unsafe sleep practices and could be prevented with simple measures.²

PREVENTING SLEEP-RELATED INFANT DEATHS¹

Sleep-related infant deaths have similar and overlapping risk factors, and as a result, can be addressed simultaneously in prevention messages. The American Academy of Pediatrics (AAP) issued the following recommendations to prevent sleep-related infant death:

- Infants should be placed to sleep on their back
- Infants should be placed to sleep on a firm sleep surface
- Infants should room-share, but not bed-share with parents
- No soft objects or loose bedding, including bumpers pads, pillows, blankets and stuffed animals in the crib
- Regular prenatal care and routine immunizations
- Avoid smoke exposure during pregnancy and after birth
- Avoid alcohol and illicit drug use during pregnancy and after birth
- Exclusive breastfeeding for about 6 months, with continuation for 1 year or longer
- Use of a pacifier during sleep, after breastfeeding has been established
- Avoid overheating
- Avoid commercial devices marketed to reduce the risk of SIDS


www.healthyohiprogram.org/vlpp/olpp/olpp.aspx

1

What Kind of Changes Are Being Promoted?


- Legal
- Administrative policies/regulations
- Agency funding priorities
- Organizational practices
- Program implementation

sharing child and youth development knowledge
Volume 28, Issue 3, 2014



Social Policy Report Brief

Military and Veteran Families and Children: Policies and Programs for Health and Development



The Society for Research in Child Development (SRCD) is an international, interdisciplinary organization of scientists, established in 1933 by the National Academy of Sciences.

SRCD Office for Policy and Communications

Martha Zaslow, Ph.D.
Sarah Manool, M.S.
Hannah Klein
Nighist Dawit

Brief Writer
Anne Bridgman

Social Policy Report

Editorial Team
Samuel L. Odom, Ph.D.
Iheoma Iruka, Ph.D.
Kelly L. Maxwell, Ph.D.
Leslie Fox

Managing Editor
Amy D. Glaspie

This brief summarizes a longer report. The full report and references are available online at www.srkd.org under Social Policy Report on the Publications tab.

Why Does This Matter?

Since 2001, more than 2 million Americans have served in the Afghanistan and Iraq Wars, and more than 2 million military children have been separated from their parents because of deployments. Many families have seen multiple deployments, and have struggled with combat-related physical injury, mental health problems, or a parent's death, all of which may affect children and families for years. As combat deployments decrease, we must continue to meet the longer-term needs of military service members, veterans, adult family members, and their children.

Policy Implications

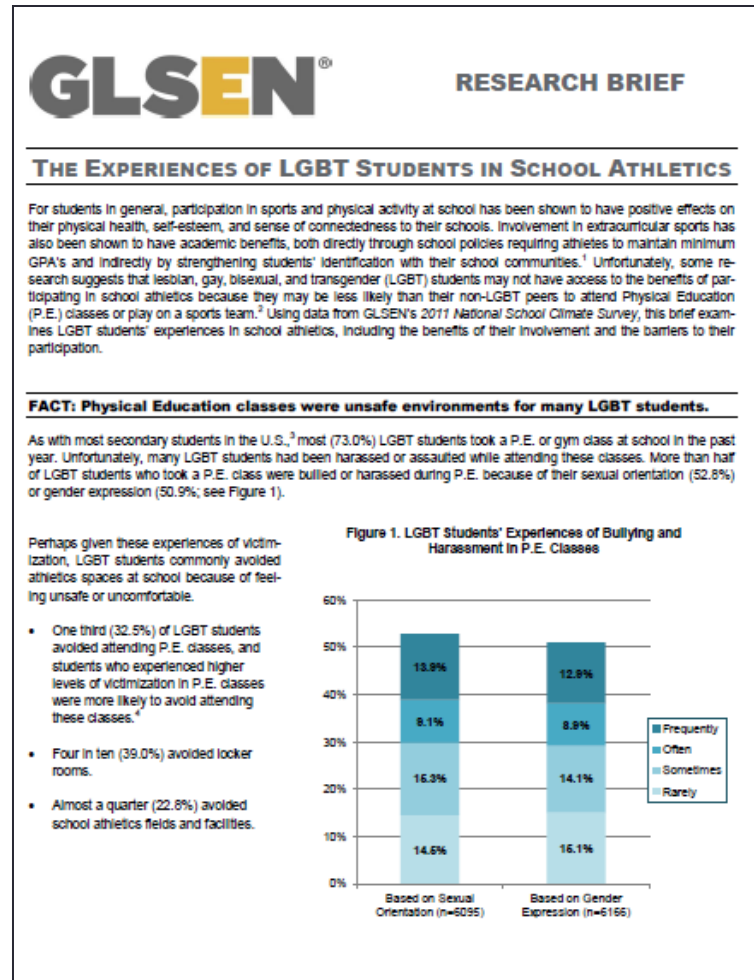
The United States needs a national plan to meet military and veteran families' needs:

- Families respond to deployments differently: Many are distressed but can sustain health and wellness, while others are severely stressed. This range calls for a strategy that supports health, screens for risk, and engages those struggling most.
- We need broad *prevention strategies*, including *universal prevention* that develops resilience-enhancing skills to sustain families through challenges and *targeted strategies* that help families experiencing multiple deployments, combat-related injuries, post-traumatic stress disorder, or a parent's death.

Effective policies and programs are needed that build on individuals' inherent strengths to maintain resilience, enhance health and positive development, and address the possible negative effects of deployment and reintegration.

Who is Your Audience?

- What is their technical knowledge?
- What are the political/organizational constraints?
- What is their exposure to the issue?
- What is their openness to change?
- What information do they need?



Essential Elements

- What is your aim? This drives the rest.
- Describe the problem
 - Why is this problem important to the audience?
 - Why have previous efforts failed?
- Recommendations
 - Backed by the evidence
 - Flow from your argument
 - Are specific
 - Are appropriate for the audience
 - Do not go beyond the research*

Exercise 1: Deconstructing a Policy Brief

Skim a policy brief for 30 to 45 seconds. Can you tell...

- What is the purpose of the brief?
- What problem does it seek to address?
- What changes does it recommend?

Organizing a Policy Brief

- Start with your conclusions
- Keep the flow logical
- Give visual clues
 - Break up the text
 - Use headings
 - Use bulleted lists
 - Highlight key points (e.g., using font, call-out boxes)
 - Have healthy margins and lots of white space
- Write for clarity and simplicity (see example brief)
 - Economy of words
 - De-jargonize

Economy of Words

- Did you use a big word when a smaller one would have worked?
 - “Operationalize” versus “carry out”
- Can you cut out words or phrases without changing the meaning?
 - “It is important to note that”
- Have you used a phrase or clause when a word or two will do?
 - “Due to the fact that” versus “because”

De-jargonizing Scientific Writing

- Executive function
- Working memory
- Cognitive dissonance
- Psycholinguistic
- Cognitive skills
- Cultural schemas
- Idiolect
- Intergroup
- Neural connectivity
- Analogous
- Implicit ingroup attitudes

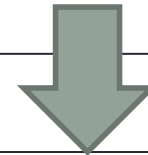
Additional Language Tips

- Use the active voice
 - People do things (versus “things were done”)
 - “The focus of this study” versus “This study focuses on”
- Can you say in one sentence what you just said in two or three?
- Can you break a long sentence into two clearer ones?
- Are the subject and verb easily identified?

Make Data Talk

- Choose carefully, with your audience in mind
- Present data simply and clearly
 - Assume the audience has no knowledge of statistics
 - Don't overwhelm the reader with numbers
- The use of data should flow logically from the text (without being duplicative)

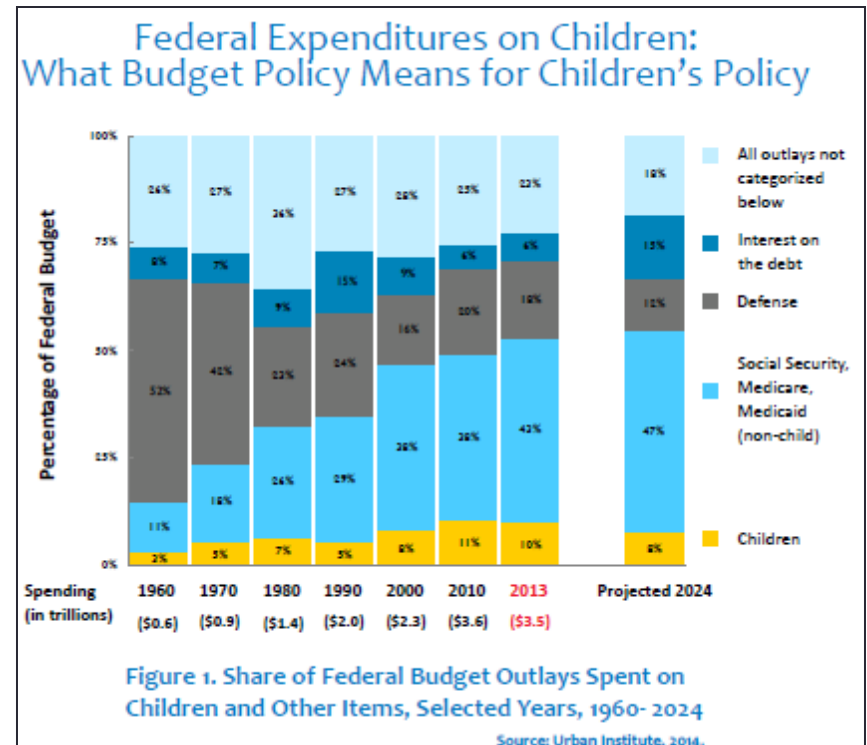
As predicted, marginalization predicted greater significance loss ($B = .21$, $SE = .04$, $p < .001$), as did discrimination ($B = .38$, $SE = .06$, $p < .001$). Moreover, the relationship between marginalization and significance loss became stronger the more one had experienced discrimination ($B = .17$, $SE = .05$, $p = .002$). In turn, significance loss predicted support for a radical interpretation of Islam ($B = .17$, $SE = .07$, $p = .03$). The confidence intervals suggested that marginalization indirectly related to support for a radical interpretation of Islam via significance loss when having experienced high levels of discrimination ($CI_{95} = .0053, .1282$).



Radical groups like ISIL prey on youth who lack clear purpose and direction by promising belongingness, status, and recognition for those who work on their behalf. And this seems to work—some Muslim Americans who feel a lack of meaning in their lives report being more attracted to radical groups and ideologies.

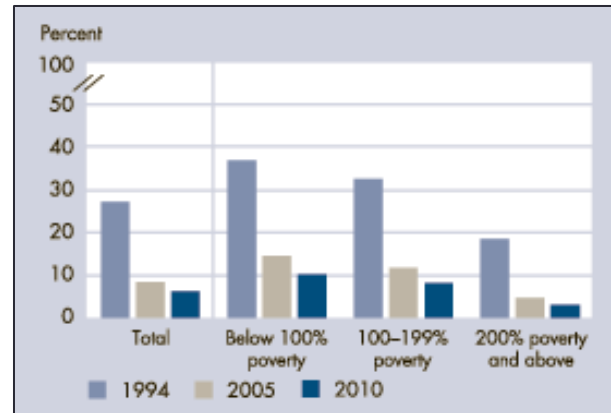
Presenting Data Visually

- What story do you want to tell?
 - Use graphs to show relationships, the shape of data (e.g., patterns, trends)
 - Use tables to show individual values
 - Bar graphs are more effective than pie charts
 - Minimize visual clutter (e.g., grid lines, legends, 3-D effects, colors that don't copy well)



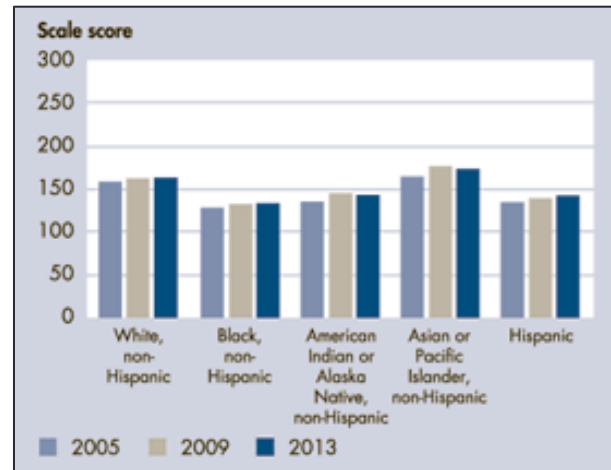
Presenting Data Visually (Continued)

INDICATOR PHY2.B:
PERCENTAGE OF CHILDREN
AGES 0–6 LIVING IN HOMES
WHERE SOMEONE SMOKED
REGULARLY BY POVERTY
STATUS, 1994, 2005, AND
2010



← Useful

INDICATOR ED2.B: AVERAGE
MATHEMATICS SCALE
SCORES FOR STUDENTS IN
GRADE 12 BY RACE AND
HISPANIC ORIGIN, 2005,
2009, AND 2013



← Not Useful

EXERCISE 2: BEGINNING YOUR POLICY BRIEF

Attendees will use the Exercise 2 handout to outline a policy brief based on their own research or the broader body of research that interests them. If time permits, attendees will then draft one-page briefs using these outlines as guidance.

EXERCISE 3: POLICY BRIEF CHECKLIST

If time permits, attendees will share their draft briefs with other attendees and solicit feedback for improvement.

GROUP DISCUSSION

- In your brief, what policy problem did you choose to address, and who was your audience?
- What was your “take home” message and how did the content of the brief support that message?
- In developing your brief, what were the translation challenges you encountered and how did you address these challenges?