Communicating with Policymakers about Policy

Formulating Policy: Strategies and Systems of Policymaking in the 21st Century
November 25, 2019
Communicating with Policymakers

• What we are talking about today: Content information with the goal of influencing the policy agenda and policy decisions
  – Bringing science to the policy process
• Importance of this skill to policymaking
• Relevance to professional development
Research on Communicating with Policymakers

Sorian & Baugh, 2002
- Survey of state policy makers
- How much do they read?
  - Most often “skim for content”
- What do they read?
  - Relevance: current debate (67%), real people (25%), information about similar states (11%), easy to read format (11%)
  - Irrelevant: not about real problems (36%), too long, dense, or detailed (22%), to theoretical, technical or jargony (20%), biased (19%)
- Trusted information sources

Colby, et al., 2008
- Translation
- Accessible and easy to use
- Relevant

- Different cultures of academia and policy
  - Incentives
  - Timelines
  - Values
  - Vocabularies
  - Networks
Written Policy Materials

• Different formats that policy writing takes
  – Fact sheets
  – Brief reports/issue briefs
  – Legislative history
  – White paper
  – Leave behind materials
  – Memos

• What we will cover
Communicating Specific Policy Recommendations
Communicating Evidence to Policy: Cases 1 and 2
Communicating General Information
Communicating Evidence to Policy: A Resource

• Characteristics of the Resource
  – 6”x9” spiral bound
  – Heavy card stock
  – Tabbed, labeled divider pages
  – Color pictures

• Content of the Resource
  – Introductory letter from Center Director and Communications Director
  – 8 injury topics
  – 1 page bulleted fact sheets, standard format
  – Additional resources and references
  – Center contact information
Example of Writing for a Policy Audience: Fact Sheets

- Selecting the topics

- Injury topics
  - Alcohol and Injury
  - ATV Safety
  - Distracted Driving
  - Falls among Older Adults
  - Home Fires
  - Intimate Partner Violence
  - Motorcycle Safety
  - Teen Drivers
  - Trauma
  - Prescription Drug Overdose
Example of Writing for a Policy Audience: Fact Sheets

• Fact sheet content
  – How does it affect the U.S.?
  – How does this affect Maryland?
  – How do we address this problem?

• Characteristics
  – Most current, reliable data
  – Evidence-based
  – Select, policy relevant facts
  – Brief bullet points
  – Clear, non-technical language
  – Include citations
Example of Writing for a Policy Audience: Fact Sheets

- **Additional Resources**
  - Websites of relevant agencies and organizations

- **References**
  - Full citations

- **Purpose**
  - Facilitate access to credible resources to inform policy making

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**ADDITIONAL RESOURCES**

- Johns Hopkins Center for Injury Research and Policy: www.jhuphs.edu/InjuryCenter
  - National Center for Injury Prevention and Control, CDC: www.cdc.gov/injury
  - Maryland Department of Transportation Motor Vehicle Administration: www.mdot.state.md.us/
  - University of Maryland School of Medicine National Study Center for Trauma and Emergency Medical Systems (NSC): www.medschool.umaryland.edu/tocctrauma/default.aspx

**REFERENCES**


Communicating an Ask
Communicating Evidence to Policy: Funding

Preventing Injuries & Violence Saves Lives & Money

Injuries are the leading cause of death for Americans ages 1-44.

More than 200,000 people die from injuries each year; that’s nearly 1 person every 3 minutes.

Injuries & violence are serious public health problems. Areas include:
- Assault & Homicide
- Domestic & Intimate Partner Violence
- Pedestrian & Biking Safety
- Poisoning & Prescription Drug Overdose
- Suicide

CDC’s Injury Center helps people live to their full potential.

Invest in What Works - Prevent Injury & Violence

Core VIPP states are making significant strides toward reducing injuries and violence in their communities, including:
- Pivoting a prescription drug misuse and abuse initiative in three Arizona counties;
- Enhancing Colorado’s Prescription Drug Monitoring Program through statewide policy and systems changes;
- Implementing an online surveillance system in the Twin Cities (MN) for concussions in high school athletes;
- Preventing infant abuse by spreading the Period of PURPLE* Crying Program in hospitals in Oklahoma; and
- Reaching record high seatbelt use after passage of a permanent primary seatbelt law in Rhode Island.

FUTURE GOALS
- Establish a coordinated, comprehensive violence and injury prevention program in every state, D.C. and U.S. Territory.
- Provide adequate funding and technical support to states to implement and evaluate evidence-based programs and policies.

SUPPORT FY 2019 FUNDING FOR THE CORE VIOLENCE & INJURY PREVENTION PROGRAM

FY 2017 FUNDING REQUEST

<table>
<thead>
<tr>
<th>State</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>Safe States Alliance’s FY 2019 request</th>
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Injuries and violence are the leading cause of death during the first four decades of life, regardless of gender, race or socioeconomic status.

Nearly 40 million nonfatal injuries occurred in the U.S. in 2013.

Injuries and violence cost the U.S. $4.40 billion in 2012.
Communicating Using Social Media
Social Media as a Dissemination Platform

• A developing tool, developing discipline
• Matters to consider
  – Recognizing different types of evidence
  – Explaining complex issues
  – Interpreting responses: who is engaged; what is their level of commitment
  – Developing relationships
  – Conveying different types of messages: emotion, evidence
• Sorian Findings: policymakers’ interest in evidence that is relevant to current topics
• Mechanism of Communication to Watch
Social Media as a Dissemination Platform

- Promise, pitfalls, and concerns
- Frequency of use
- Twitter specifically
- How to use this channel effectively
Memo #1 Feedback
Assignment 1: Policy Memo

• General Feedback
• Specific Feedback
  – Importance of following the directions
    • Position vs. Background Memo
    • Clearly identify your reader
    • Include a Statement of Purpose
  – Problem and logic
    • Numbers not adjectives
    • Problem statement defines the parameters of the issue; why should we care?
    • Understanding the problem: be thorough, use numbers and text
    • Problem statement and policy solution must match
  – Style
    • Better to over cite than under cite
    • Sources: know your sources; value of original sources
    • Headings can help to guide the reader
    • Efficiency in writing – words and content
    • Importance of editing
The purpose of this memo is threefold: to review the role of emergency department (ED) physicians in gun violence prevention, extreme risk protection orders (ERPO) in New York, and the political milieu surrounding this policy.

Dr. Em, an emergency medicine physician from upstate New York, wants you to sponsor an amendment to the Extreme Risk Protection Order (ERPO) law to include emergency medicine physicians as petitioners. Seventeen states and D.C. have ERPO laws. Maryland, D.C., and Hawaii (in effect 1/2020) include physicians as petitioners. In addressing the feasibility of this amendment, this background memo summarizes gun violence in New York, existing ERPO laws, and the politics of this proposal.
In 2017 New York experienced an overall gun death rate of 3.7/100,000 while the national average was 11.8/100,000. Of the 772 gun-related deaths in New York that year, 443 were due to gun suicides (57%). In comparison, 60% of U.S. gun-related deaths were due to suicide.

ED physicians interact with two high-risk populations with respect to gun violence: those at risk for self-inflicted harm and those at risk for harming others. Suicides account for nearly two-thirds of all firearm fatalities in the United States. One study shows one-third of individuals who committed suicide had contact with a physician in the preceding month. For ED doctors in 2013, 1 in every 100 ED visits pertained to suicidal ideation.
Extreme Risk Protection Orders (ERPO) permit the state to temporarily remove firearms from an individual who “poses a serious risk of harm to self or others.” In New York, police officers, district attorneys, family members, and school officials can initiate the ERPO process. While often discussed in the wake of mass shootings, ERPO laws show promise in preventing suicide. ERPO laws were associated with a 15% and 7.5% decline in suicide in Connecticut and Indiana, respectively. Emergency medicine physicians treat patients at risk of suicide, and in some instances are on the front lines of caring for people when crisis unfolds.
• Gun control advocacy groups, such as Moms Demand Action (a national group with New York chapters) would be supportive of the proposed ERPO amendment. Their mission is to fight for public safety and protect people from gun violence. They emphasize responsible gun ownership, which is what ERPO laws serve to do. They would support an ERPO bill because it removes guns from those at high-risk for violence, which aligns with their advocacy of responsible gun ownership.

• The National Rifle Association (NRA) would likely oppose an additional group of petitioners. Previously, the NRA opposed ERPOs citing it violates individual rights and could “be ripe for abuse by individuals that disagree with the Second Amendment.”20 Furthermore, the NRA’s relationship with physicians intervening on gun violence is tenuous as evidenced by their tweet, “Someone should tell self-important anti-gun doctors to stay in their lane.”
The New York ERPO Law specifies a fast track process for those deemed to be at high risk of self-inflicted or interpersonal violence to be temporarily restricted from firearms. It also expands the petitioning authority outside of law enforcement to family members and school administrators. Physicians already possess legal reporting rights for other potential harms; adding ERPO petitioning power is in accordance with this tradition and would be well-supported by physician groups.