Public Health Policy Institute 2015
Preparatory Work Guidelines

Some key preparatory work will make your team’s work at the Institute in Corvallis much more productive. Specifically, we’ve asked each team to:

A. Gather information that quantifies the number of people or organizations affected by your policy issue, as well as its health and economic impact;
B. Identify potential policy solutions to your issue that have been tried elsewhere; and
C. Briefly list potential policy options you may want to consider implementing.

More details are provided below. Please let us know if we can provide any help or suggestions in assembling this information!

A. Quantifying the problem

We’ve discussed some specific examples of quantitative data that your team should try to assemble to help in quantifying the problem you will address at PHPI. Please also review these specific questions below to see if there are any additional data you can assemble.

1. What is the exact issue?
2. Who or what is affected? Describe in words?
3. How many people/institutions are affected?
4. Is the focus on decreasing incidence? If so, provide incidence rate.
5. Is the focus on overall prevalence? If so, provide prevalence rate.
6. How many women are affected?
7. How many men are affected?
8. Does the number differ by race or age? If so, provide the number affected by racial categories or age categories (or any other relevant category – e.g., educational status).
9. If institutions are the focus, calculate the number affected across relevant categories (e.g., public v. private; rural v. urban)
10. Does the number affected differ by state or region? If so, provide that data.
11. Has there been an upward trend in the number affected? If so, provide data over the relevant period of time.
12. Are there cost implications? If so, provide relevant data.
13. Provide other relevant data.

At the end of this document are a couple examples of problem quantification statements, as an idea of what we’ll ask your team to produce during Day 1 of the Institute.

B. Examples of policy solutions for other jurisdictions.

It will save time and effort if your team can borrow ideas—or learn from failures of—other jurisdictions that have addressed policy problems similar to yours. Any reports, articles, documents, or website links you can collect before the Institute will help you in identifying and analyzing potential policy options to address your problem. This will be another important exercise on the first day of the Institute.
C. Potential policy options

Spend just a few minutes individually or as a team thinking about potential policy options that might be implemented to address your team’s problem. However, you do not need to flesh these out in detail. You’ll spend time at the Institute reviewing comparing potential policy options to address your problem, and then fleshing out details of the option your team feels is most likely to be successful.

Policy Brief Guidelines

Also attached are some guidelines for preparing a policy brief, something we’ll ask your team to work at the end of the Institute. A good example of a policy brief on a current health topic is also attached.

Measuring the problem - examples

BICYCLING INJURY AND HELMET USE

Cycling injuries are an issue that affects both developing and developed nations. Even in a highly motorized country like the US, 5% of children are on bicycles daily, let alone bicycle commuters and cycling enthusiasts, which bring the total of US cyclists to 67 million. While cycling may be popular, the use of helmets is less so. Globally, the use of helmets is low. Studies in the US and in Europe suggest that helmet use can be as low as 14% (UK) and only as high as 42% (US). Fatalities from cycling injury are most commonly associated with head injury and helmets have been shown to decrease morbidity and mortality for injuries sustained while cycling. In the US, nearly 900 individuals die from injuries and half a million are treated in emergency departments. Of these, a preponderance are the result of head and facial injuries. These injuries are often serious and require admission and/or surgery. A statistic to back up these last 2 sentences would be helpful.

LONG-TERM CARE

Roughly 12 million Americans of all ages need long-term supports and services because of disabling conditions—for example, multiple sclerosis, dementia, Parkinson’s disease, or the effects of stroke. These conditions hinder people’s ability to perform a range of “activities of daily living,” including basic personal hygiene and grooming, dressing and undressing, feeding themselves, getting in and out of bed, going to the bathroom, and walking or using a wheelchair. Many, but not all, of those who need long-term services and supports end up in nursing homes. But far more live in their own homes, with loved ones, or elsewhere in communities. In recent years, there has been a growing preference among many disabled people to remain in their own homes, and to stay out of nursing homes for as long as possible. Some statistics should be included to back up these statements.

Although people of all ages can be disabled, disability rates increase with age. About two-thirds of today’s 65-year-olds are expected to need long-term services and supports to help them carry out these tasks at some point during their lives. The number of elderly Americans age 65 and older needing long-term care services is expected to more than double to 16.1 million between now and 2050.