

## How to Write a Health Policy Brief

Shale L. Wong, MD, MSPH,  
and Larry A. Green, MD  
University of Colorado School of Medicine

Andrew W. Bazemore, MD, MPH  
Robert Graham Policy Center, Washington, DC

Benjamin F. Miller, PsyD  
University of Colorado School of Medicine

Although many health care professionals are interested in health policy, relatively few have training in how to utilize their clinical experience and scientific knowledge to impact policy. Developing a policy brief is one approach that health professionals may use to draw attention to important evidence that relates to policy. This article offers guidance on how to write a policy brief by outlining 4 steps: (a) define the problem, (b) state the policy, (c) make your case, and (d) discuss the impact. The steps and tips offer a starting point for health care professionals interested in health policy and translating research or clinical experience to impact policy.

**Keywords:** health policy, policy brief, healthcare

In today's practice of medicine, clinicians, researchers and health professionals are frequently interested in health policy and seek opportunities to weigh in on issues where they may be both well-informed and well-positioned to take action. However, traditional training of health professionals does not prepare us to consider or discuss our work for the purpose of impacting policy. Understanding some basic guidance for translating unique clinical experience or scientific knowledge into policy terms, is the first step toward developing a policy lens. A well-written policy brief has a clear and specific purpose and assumes the author's under-

standing of what it is, and what it is not, as well as clearly targeting the audience for whom it is intended. Writing a brief, while conceptually straightforward, may be challenging to initiate or compose. We offer an approach to preparing a policy brief, aiming to provide a point of departure for individuals in the health professions who seek a starting place.

If policy may broadly be considered *movement in a direction for a reason*, a policy brief would in turn be a *focused discussion of an action to achieve intentional and purposeful movement*. This discussion should include the best available data or evidence to support a devised policy or range of policy options, and a narrative analysis that considers the impact of a proposed policy. As important as it is to know what constitutes a policy brief, it is important to recognize what a policy brief is not. A policy brief is not equivalent to an advocacy statement and while it may inform or motivate action, it should refrain from advocating a singular call to action. Nor is it an opinion piece that could suggest implications beyond parameters defined by the supportive evidence. A policy brief is analytic in nature and allows the author to remain objective even if the evidence appears persuasive. Furthermore, a brief is by definition, brief, which often presents the greatest challenge to an author who must share the specific purpose while limiting the compre-

This article was published Online First December 1, 2016.

Shale L. Wong, MD, MSPH, Department of Pediatric, Eugene S. Farley, Jr. Health Policy Center, University of Colorado School of Medicine; Larry A. Green, MD, Department of Family Medicine, Eugene S. Farley, Jr. Health Policy Center, University of Colorado School of Medicine; Andrew W. Bazemore, MD, MPH, Robert Graham Policy Center, Washington, DC; Benjamin F. Miller, PsyD, Department of Family Medicine, Eugene S. Farley, Jr. Health Policy Center, University of Colorado School of Medicine.

Correspondence concerning this article should be addressed to Benjamin F. Miller, PsyD, Department of Family Medicine, Eugene S. Farley, Jr. Health Policy Center, University of Colorado School of Medicine, 12631 East 17th Avenue, Aurora, CO 80045. E-mail: [benjamin.miller@ucdenver.edu](mailto:benjamin.miller@ucdenver.edu)

hensive context, rationale and potential variability in implementation, regulation or application of a proposed policy.

The first step is to call it what it is, a policy brief. Include those words in the title to frame the issue that follows. A variety of other kinds of documents may make mention of policy but clearly have a different focus. Issue and research briefs may present data and evidence to articulate a problem without necessarily suggesting policy as a solution. In contrast, a policy brief puts front and center the problem to be addressed by policy, then presents relevant evidence to support or analyze a proposed policy. Consider, for example, the introduction of this policy brief by Richardson, recently published in *Health Affairs*. It begins with a heading of Health Policy Brief followed by the title, Off-Label Drug Promotion. In the first paragraph we read,

... the FDA generally does not restrict physician prescribing practices, and many drugs are prescribed 'off label'—that is, for indications that have not been approved by the agency. In recent years there has been renewed debate over whether and how the FDA should regulate the pharmaceutical industry's communication to physicians around off-label uses. (Richardson, 2016)

This early statement very clearly frames the discussion to follow, regarding potential policy regulation that would have direct impact on clinical practice.

There is no ideal length for a policy statement. The framework that we propose is intended for a focused policy brief, 1–4 pages. A “one-pager” may present talking points with a single figure to illustrate key data. Use of images and infographics, or inclusion of a story may extend the length but also prove influential to illustrate the data. A more complete exploration of an issue that describes a variety of policy options could best be represented in a white paper of 8, 20, or 50 pages. Different styles and lengths depend on the purpose, the complexity of the issue, and perhaps most importantly, the audience of interest. When we seek the attention of policymakers, the most relevant data and framing will take into consideration direct impact on their constituency. A policy action that impacts a specific interest group will be narrow in scope, focusing to reduce extraneous noise. For both narrow and broad audiences understanding the political context and environment is essential. This allows opportunity to bring

forward opposing views and potential barriers in the form of counter arguments to proposed policy actions. Table 1 provides examples to illustrate differences in style and length for policy, research and issue briefs.

For this report, we recognize that our audience of interest is largely health care providers, clinicians, clinical researchers, or those health professionals who are seeking a way to frame policy-relevant data in a brief that persuades deeper review or understanding of a health or health care issue. This should be considered a form of health communication that will in turn, target another audience that has power or interest to influence policy-making. Thus, we offer a simple framework to guide your development of a policy brief: 4 steps and 4 tips to get you started.

## Four Steps

### Step 1: Define the Problem

What is the issue or the problem? Why is it important? Why now? Who is impacted and who cares? When defining your problem, be specific to your audience and clearly frame the issue. Who has the influence to make a change that will address this problem? If the audience is expected to be policymakers (and their staff), community leaders (grassroots or grassroots), industry or nongovernmental organization executives, the problem should be defined in terms relevant to their policy intervention, respectively.

### Step 2: State the Policy

Identify 1–3 specific policy actions that will address the problem. In a focused policy brief, the goal is to limit the menu of potential actions to target a policy approach of interest. A more extensive policy review or proposal may be a comprehensive white paper that elucidates many related policy options. Consider a focused brief to describe one policy in depth as opposed to exploring a problem and all of the potential policy solutions.

### Step 3: Make Your Case

Display and describe relevant data using 1–2 figures or tables; declare potential bias based on the data sources; refer to other related policies

Table 1  
*Examples of Different Briefs*

Type of Brief	Title	Length	Audience
Policy one-pager	Fewer Americans Report a Personal Physician as Their Usual Source of Health Care. Anuradha Jetty, et al. <i>American Family Physician</i> , December, 2015 <a href="http://www.aafp.org/afp/2015/1215/p1053.pdf">http://www.aafp.org/afp/2015/1215/p1053.pdf</a>	1 page	Family medicine providers, others in primary care
Policy brief	Off-Label Drug Promotion. Elizabeth Richardson. <i>Health Affairs</i> , June, 2016 <a href="http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=159">http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=159</a>	4 pages	Policymakers, health professionals, journalists
Policy white paper	Recommendations for Acute Care Delivery and Payment Reform. Jesse Pines, et al. <i>Brookings Institute</i> , July, 2015 <a href="https://www.brookings.edu/wp-content/uploads/2016/06/072414-Recommendations-for-Acute-Care-Delivery-and-Payment-Reform-WEB.pdf">https://www.brookings.edu/wp-content/uploads/2016/06/072414-Recommendations-for-Acute-Care-Delivery-and-Payment-Reform-WEB.pdf</a>	10 pages	Policymakers, health professionals
Research brief	Moving Toward Active Transportation: How Policies Can Encourage Walking and Bicycling. Ralph Buehler, et al. <i>Active Living Research</i> , January, 2016 <a href="http://activelivingresearch.org/sites/default/files/ALR_Review_ActiveTransport_January2016.pdf">http://activelivingresearch.org/sites/default/files/ALR_Review_ActiveTransport_January2016.pdf</a>	6 pages	Local policy and community decision makers, health and environment professionals
Issue brief	Children’s Health Coverage: The Role of Medicaid and CHIP and Issues for the Future. Elizabeth Cornacione, et al. <i>Kaiser Family Foundation</i> , June, 2016 <a href="http://files.kff.org/attachment/Issue-Brief-Childrens-Health-Coverage-The-Role-of-Medicaid-and-CHIP-and-Issues-for-the-Future">http://files.kff.org/attachment/Issue-Brief-Childrens-Health-Coverage-The-Role-of-Medicaid-and-CHIP-and-Issues-for-the-Future</a>	9 pages	Policymakers, journalists, general public

that are not discussed. Redirect to other policy references when possible or appropriate.

**Step 4: Discuss the Impact**

Briefly discuss the implications of both action and inaction; analyze estimated pros and cons of the policy action; consider intended and unintended consequences; address opposing arguments. Conclude with a restatement of how this policy specifically addresses this problem.

**Four Tips: General Recommendations**

- 1. Call your document a policy brief. Title the brief with a name that refers to the problem and/or the policy. Clarity is critical.
- 2. State your conclusion at the beginning. Be bold and clear with your key point. Then, provide analysis to support the statement.

Use illustrative images, figures or a select story to bring data to life.

- 3. Remain objective rather than impassioned in your analysis. Remember, this is not an opinion editorial. There is a place for that style of writing. Do not confuse the two. This is a policy statement.
- 4. Restate your key message to start and end with impact.

Many authors of policy briefs share an understanding and realization that they are hard to write. This is in part because strength lies in brevity and brevity challenges inclusion of everything needed and nothing more, however interesting “more” may seem. As with all guiding frameworks, these steps should not be misconstrued as a singular formula for a policy brief. At best, these steps may provide modest assistance to those who strive to improve policy

by using evidence and need to wrestle complex issues into a form that is understandable by both experts and novices who care about an issue and are positioned to move in a direction for a reason. The value of bringing practicing health professionals into the policy discussion cannot be overstated. Policy changes and reform shape every element of medicine and clinical practice today. With transformation, comes opportunity to guide and shape decision making that is grounded in evidence and clinical experience. Translating health communication for a policy-focused audience ensures that our voice is heard and we remain engaged in shaping our future.

### References

- Buehler, R., Götschi, T., & Winters, M. (2016). *Moving toward active transportation: How policies can encourage walking and bicycling*. San Diego, CA: Active Living Research. Retrieved from [www.activelivingresearch.org](http://www.activelivingresearch.org)
- Cornachione, E., Rudowitz, R., & Artiga, S. (2016). *Issue brief: Children's health coverage: The role of Medicaid and CHIP and issues for the future*. Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation.
- Jetty, A., Green, L., Bazemore, A. W., & Petterson, S. M. (2015). Fewer Americans report a personal physician as their usual source of health care. *American Family Physician*, 92, 1053.
- Pines, J., Wiler, J., George, M., McStay, F., & McClellan, M. (2015). *Center for health policy at Brookings—July 2015 health policy brief: Recommendations for acute care delivery and payment reform*. Retrieved from <http://www.brookings.edu/research/papers/2015/07/24-%20acute-care-delivery-payment-reform-pines>
- Richardson, E. (2016). Health policy brief: Off-label drug promotion. *Health Affairs*. Retrieved from [http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=159](http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=159)

Received July 11, 2016

Revision received September 29, 2016

Accepted October 3, 2016 ■