PCH 358 – Health Policy
Introduction, effective writing, health policy overview

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I should apologize, perhaps for the style of this bill. I dislike the verbose and intricate style of the modern English statutes. . . . You however can easily correct this bill to the taste of my brother lawyers, by making every other word a 'said' or 'aforesaid' and saying everything over two or three times so as that nobody but we of the craft can untwist the diction, and find out what it means.

-Thomas Jefferson, 1817
Readers

- Readers have other options, many distractions
- You have precious little time to engage them
- Lose readers with every paragraph, every sentence, every word
- MEGO – my eyes glaze over
• Most important – get this first
• Determines voice, tone, citation style, format, color vs. not, pictures
• Use language appropriate to audience
• Reach them where they are -- through their experiences, their motivation
tips

• Consider what you want the reader to understand
  • then don’t clutter it up with anything that doesn’t support that goal
• Plain English whenever possible
  • language use depends on audience
  • minimize jargon
• Less is more
  • edit mercilessly
• Avoid passive voice
• Most important info up front
• Use short, simpler sentences
• Use clear words
• Be clear about your point, don’t make them guess what you meant
• Don’t repeat yourself
• Punctuate carefully
• When in doubt, leave it out
• Use the active voice
• Paragraphs should have one point
Before:
When the process of freeing a vehicle that has been stuck results in ruts or holes, the operator will fill the rut or hole created by such activity before removing the vehicle from the immediate area.

After:
If you make a hole while freeing a stuck vehicle, you must fill the hole before you drive away.

From: www.plainlanguage.gov
Allergy Tablets

INDICATIONS: Provides effective, temporary relief of sneezing, watery and itchy eyes, and runny nose due to hay fever and other upper respiratory allergies.

DIRECTIONS: Adults and children 12 years and over—1 tablet every 4 to 6 hours, not to exceed 6 tablets in 24 hours or as directed by a physician. Children 6 to 11 years—one half the adult dose (break tablet in half) every 4 to 6 hours, not to exceed 3 whole tablets in 24 hours. For children under 6 years, consult a physician.

EACH TABLET CONTAINS: Chlorpheniramine Maleate 4 mg. May also contain (may differ from brand): D&C Yellow No. 10, Lactose, Magnesium Stearate, Microcrystalline Cellulose, Pregelatinized Starch.

WARNINGS: May cause excitability especially in children. Do not take this product unless directed by a physician, if you have a breathing problem such as emphysema or chronic bronchitis, or if you have glaucoma or difficulty in urination due to enlargement of the prostate gland. May cause drowsiness; alcohol, sedatives and tranquilizers may increase the drowsiness effect. Avoid alcoholic beverages, and do not take this product if you are taking sedatives or tranquilizers without first consulting your physician. Use caution when driving a motor vehicle or operating machinery. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. Keep this and all drugs out of the reach of children. In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately.

Store at controlled room temperature 2°-30°C (36°-86°F).

Use by expiration date printed on package.

Protect from excessive moisture.

For better identification keep tablets in carton until used.

Made in U.S.A.
tips

• Put contact information on EVERYTHING
• Cite everything, but how to cite depends on context
• End notes over footnotes
• The way you cite for papers in classes is not how you should in testimony or an op-ed
• You want them to remember your message, not your format – make it look like what they are used to and they will focus on your message
e.g. op-ed

- CT News Junkie, 9/7/17
- Is Overtreatment a Thing?
- [http://www.ctnewsjunkie.com/archives/entry/op-ed_is_overtreatment_really_a_thing_2017_09_07/](http://www.ctnewsjunkie.com/archives/entry/op-ed_is_overtreatment_really_a_thing_2017_09_07/)
funny headlines

- Iraqi Head Seeks Arms
- Something Went Wrong in Jet Crash, Expert Says
- Farmer Bill Dies in House
- New Study of Obesity Looks for Larger Test Group
- If Strike Isn't Settled Quickly, It May Last Awhile
- Red Tape Holds Up New Bridges

Source: www.plainlanguage.gov
less is more

<table>
<thead>
<tr>
<th>Worse</th>
<th>Better</th>
</tr>
</thead>
<tbody>
<tr>
<td>during the time that</td>
<td>while</td>
</tr>
<tr>
<td>there is no doubt but that</td>
<td>doubtless</td>
</tr>
<tr>
<td>this is a topic that</td>
<td>this topic</td>
</tr>
<tr>
<td>despite the fact that</td>
<td>although</td>
</tr>
<tr>
<td>in some instances</td>
<td>sometimes</td>
</tr>
<tr>
<td>that was a situation in which</td>
<td>there</td>
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</tbody>
</table>
To qualify for HUSKY you must be a low income child, low-income parent or caregiver of a child, low income elderly, disabled, have a specific condition, such as HIV, breast or cervical cancer or a very low income childless adult.

- OR

To qualify for HUSKY, you must be low income and

- Very low income childless adult
- a child
- parent or caregiver of a child
- elderly
- disabled or
- have a specific condition, i.e. HIV, breast or cervical cancer
In 2008, the US spent 36% of health care dollars on hospital care, 25% on physician care, 12% on prescription drugs, 8% on administration and profit, 7% on nursing homes, % on dental care, and 3% each on home health care and public health.
US health care spending 2008

- public health
- home health care
- dental care
- nursing homes
- administration and profit
- prescription drugs
- physicians
- hospitals

(or)

0% 5% 10% 15% 20% 25% 30% 35% 40%
Look to other examples for format, content, style
  • Choose successful examples
  • Be as specific as possible
• Ask for guidance
• Plan it out
• Give it a day (or two)
• Read it aloud
• Proofread carefully
• Share with someone else
• Give multiple “products” for multiple users of the information
how to be a better writer

- Read good writing
- Read a lot -- follow good health policy sites, blogs, journals
- Join listservs
- Write often
- Have others read your writing
- Contact the Writing Center
sources

• Use most up to date sources available
• Fact, fiction, propaganda?
• Best – peer reviewed journals, government sources, i.e. Census, BLS, CDC, CBO
• Next – respected, nonpartisan groups, i.e. Kaiser, RAND
• Press – use mainstream media, i.e. NY Times, Washington Post, LA Times
• Next – books, often authors have an agenda
• Worst – industry backed sources, secondary sources, political sources, opinion blogs
“consider the source”

• Language use – objective or emotional?
• Are assertions backed up with citations, evidence?
• Good mix of primary and secondary sources?
• Is this plagiarized? Check for others with same information
• Who funds the organization? Who is on the board? Where did staff come from?
good examples, sources

- Kaiser Family Foundation  [www.kff.org](http://www.kff.org)
- *Health Affairs*  [www.healthaffairs.org](http://www.healthaffairs.org)
- Urban Institute  [www.urban.org](http://www.urban.org)
- RAND  [www.rand.org](http://www.rand.org)
- Commonwealth Fund  [www.cmwf.org](http://www.cmwf.org)
- Major newspapers
Academic integrity

• Taken very seriously
  • Plagiarism is not tolerated
• Violation of trust, values
• Missing a unique learning opportunity
• Unfair to other students
• Can impact your career
• It is your responsibility to know SCSU’s definition and policy
• If in doubt, cite your source
Once a particular senator read a speech to a lunch group and succeeded in boring everyone. Afterwards a feisty old lady came up to him and said, “How do you expect us to remember your speech when you can’t remember it yourself?”

– Tip O’Neill, *All Politics is Local*
effective presentations

• Get the details – audience, time, place, etc.
• What do you want them to walk away remembering – one or two things
• Prepare the talk and prepare for probable questions
• DO NOT read from slides or notes
• Practice on someone kind
• Leave handouts, but after your talk
• Have a beginning, middle and end
• Let them know what to expect
• Helpful to have an action step or place for more info at the end
presentations

• Show up early
• Check systems
• Look at the audience
• Smile, when appropriate
• Talk slowly
• Ask for feedback/input when appropriate
• Leave time for questions or discussion
• Use humor carefully
presentations

• Relax
• Take a breath
• Everyone in the audience has been in your shoes at some point
• It gets easier the more you do it
• For more advice, go to http://www.cthealthpolicy.org/toolbox/opinion/public_speaking.htm
debates for this class

• Respectful of all positions
  • More challenging to argue an unpopular side of the issue, but more opportunity to excel
  • Don’t nitpick

• Good background, put proximate issue in context

• Prove your point, don’t just give opinions

• Use facts, but only enough to make the point
  • No extra points for more numbers
debate format

- 15 minutes each to make your case
- Use the time, don’t rush, expand on/explore points
  - Background, context on the question
  - Describe proposed solution/position
  - Make your case
  - Summarize
- 5 minutes each for rebuttal
- Questions from classmates
- Use slides, bring a fact sheet
  - Students will revise fact sheet during class, return to debaters
- Everyone’s assignment – reflect on the debate, 2 pages
America’s health system is neither healthy, caring nor a system.

-- Walter Cronkite
This chapter is out of date. It went out of date the second we sent it to the printer.

• What’s obvious may not be right (or may not work)
• What’s right today may not be right tomorrow
• We’re all just going with our best guess
• Don’t get too bogged down in the moment – think of the past and the future
• Never be too sure of yourself
Health policy

• The rules and conventions that define the health care system and how it works (or fails)
  • Stated and not
  • Official and traditions/culture
  • Formal and informal
• We will focus on CT in this class
• Policy matters – even if it seems it doesn’t
• Process of policy development, changes
• Much agreement on goals in health care
  • Much angry disagreement on strategies to get there
• Public health is interwoven throughout the system
Is health care a right?

President Obama on signing the ACA: (2011)
“We have now just enshrined the core principle that everybody should have some basic security when it comes to their health care”

John Mackey, CEO of Whole Foods, Wall Street Journal opinion: (2009)
“How can we say that all people have more of an intrinsic right to health care than they have to food or shelter? Health care is a service that we all need, but like food and shelter it is best provided through voluntary and mutually beneficial market exchanges. A careful reading of both the Declaration of Independence and the Constitution will not reveal an intrinsic right to health care, food or shelter. This ‘right’ has never existed in America.”
Unique history of US health care

- Early control in setting the foundation of our system granted to independent providers (AMA, hospitals)
  - Respectable, trusted
  - Autonomous
  - Conflicting interests didn’t foster integration or organization
- Health care was treated as a market good, rather than a social good
- Attached to employment in WW II
  - Labor tight, wage freeze
  - Health benefits ruled not wages
- Third party payers, insurance
  - Higher prices, salaries, administrative costs
- Science and technology advances without necessary evaluation
- Emphasis on specialization over primary care -- $$ and prestige
Who sets/influences health policy?

- Who decides on health policies?
- Who can influence them?
- Who can undermine or kill policy?
### Who sets/influences health policy?

<table>
<thead>
<tr>
<th>Category</th>
<th>Influencers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government officials</td>
<td>Elected, appointed, bureaucrats</td>
</tr>
<tr>
<td>Standard setting bodies</td>
<td>Schools</td>
</tr>
<tr>
<td>Think tanks</td>
<td>Researchers</td>
</tr>
<tr>
<td>Media</td>
<td>Constituents</td>
</tr>
<tr>
<td>Nonprofit advocacy org.s</td>
<td>Individual and groups of providers</td>
</tr>
<tr>
<td>Hospitals</td>
<td>Insurers</td>
</tr>
<tr>
<td>Practices</td>
<td>Employers</td>
</tr>
</tbody>
</table>
Stakeholders and silos
What are the goals and values that guide health policy?
What are the goals and values that guide health policy?

The IHI Triple Aim

- Population Health
- Experience of Care
- Per Capita Cost
Goals, values often mentioned

- Shared responsibility
- Improved quality
- Paying for value
- Bend the cost curve
- Improve efficiency, maximize resources
- Promote equality
- Autonomy
- Patient safety
- Stimulate/support the economy