



American Academy of Nursing on Policy

The mechanics of writing a policy brief

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According to [Nannini and Houde \(2010\)](#), reports addressing the interests and needs of policy makers are frequently referred to as *policy briefs*. These reports are intended to be short and easy to use, containing information that can be reviewed quickly by policy makers. The contents of these reports are based on systematic reviews of the literature addressing refereed, rigorously evaluated science to advance policy making based on the best evidence. In a very important way, policy briefs give policy makers context to the issues that are intended to be addressed in their roles. Policy brief writers typically used this genre of communicating ideas and opinions when they argue a specific solution to a problem while addressing the audience outside of their organization or common worldview. Today, policy briefs have become popular tools for corporations and professional organizations, especially on the Internet but also in other readily accessible written formats, in that they promote the mission and vision of organizations through public sharing of ideas based on compelling evidence ([Colby, Quinn, Williams, Bilhelmer, & Goodell, 2008](#)).

Typically, the purpose of a policy brief is to create a short document providing findings and recommendations to an audience who may not be experts in an area of interest. The brief serves as a vehicle for providing policy advice; it advocates for the desired solution to a particular problem or challenge. The audience for a policy brief can be the general public or particular entities of interest that seek solutions to problems or needs or who may require to be convinced of a different way of looking at an area of interest (i.e., exposure to a new paradigm). In order to persuade the targeted audience, the brief must focus on their needs. If the brief addresses problems that readers want to solve, they will read the policy brief looking for a new way to view a solution. Otherwise, the policy brief may not be read and may even be ignored. It is important to emphasize the readers' interests rather than those of the writer when composing this type of document while supplying credible evidence to support change in policy ([Pick, 2008](#)).

Students in policy courses, professional organizations, policy institutes (i.e., "think tanks"), and

legislators are among those who most often write policy briefs for the purpose of giving succinct evidence to support actions that ideally should be taken to address an issue. The main purpose of giving the evidence in a succinct form is to make a convincing argument to inform policy making while considering all the salient aspects of an issue from a position of expertise. Policy briefs are written to inform others of a specific viewpoint, to frame discussions, and to show credibility and expertise on a certain subject matter ([Chaffee, 2007](#)).

There are many examples of policy briefs. We focus on one policy brief that was produced by the American Academy of Nursing's expert panel addressing emerging and infectious diseases ([DeMarco, Bradley Springer, Gallagher, Jones, & Visk, 2012](#)) (Figure 1). Other examples are readily available outside of the American Academy of Nursing and can be accessed for comparison, such as a policy brief on the consolidation of school districts that was written by the National Education and Policy Center ([Howley, Johnson, & Petrie, 2011](#)) and a policy brief that was generated as the end product of a funded research project addressing rural considerations related to globalization ([DERREG, 2011](#)). Each of these policy briefs shows the structure of a typical brief with some key variations that will be addressed and explained. What is often lacking in the literature is guidance on how one creates effective policy briefs (i.e., the structure and mechanics of developing the brief itself) and how there may be differences in the physical presentation across business and professional groups as well as national versus international approaches. This article highlights the overall framework for crafting an effective policy brief by using the three briefs mentioned previously as examples.

Step 1: Considerations before Writing a Policy Brief

The informed writer of a policy brief gives attention to two major considerations before drafting the brief:

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<http://dx.doi.org/10.1016/j.outlook.2014.04.002>

EXECUTIVE SUMMARY

Despite advancements in prevention and treatment of HIV/AIDS, a defined and structured process of identifying the many individuals who are unaware that they are infected is not being consistently used.^{1,2} In the United States, an alarming proportion (24–27%) of individuals infected with HIV are unaware of their HIV serostatus.³ What is particularly disturbing is that those who are unaware of their HIV status account eventually for 54% of new infections annually.³ HIV screening of individuals who do not know their HIV status is one critical element to prevent disease transmission. Knowing one's HIV serostatus helps infected individuals adopt risk-reduction behaviors and access life-prolonging medical treatment while helping uninfected individuals maintain behaviors that reduce the risk of infection.^{4, 5, 6, 7, 8, 9}

BACKGROUND AND SIGNIFICANCE

The Centers for Disease Control and Prevention (CDC) in 2006 released revised recommendations for HIV testing calling for routine HIV testing to be offered to individuals ages 13–64 in all healthcare settings as a standard component of general health care.¹⁰ Important changes included in this recommendation include eliminating the endorsement of a separate written consent form before an HIV test can be performed. What is suggested is a process in which HIV testing is incorporated into the general consent forms for health care and elimination of mandated pretest counseling. Evidence that buttresses these recommendations includes an extensive and comprehensive review of the literature, expert consensus, and findings from various CDC-sponsored projects related to HIV screenings in various clinical settings.^{4, 5, 6, 8, 10, 11} More recently a first ever National HIV/AIDS Strategy (NHAS) was released from the Obama administration identifying among other significant goals the need to identify those living with HIV more successfully through effective screening and to focus on access to care for people living with HIV/AIDS, optimizing health outcomes, and reducing HIV-related health disparities.¹²

Despite the feasibility of the original CDC plan in 2006, target goals have not been realized, and, in fact, the scope of epidemic today remains essentially unchanged. In spite of numerous benefits conferred by routine testing and the many goals, initiatives, provisions, and resources from the CDC and NIH, routine HIV testing has not been implemented in many healthcare settings. Progress toward operationalizing the guidelines is slow, possibly related to perceived barriers at the patient, healthcare provider, and/or policy level.

Figure 1 – Excerpts from Executive Summary, Background and Significance, and Position Statement (DeMarco et al., 2012).

(1) the interests and expertise of the target audience and (2) the timing of delivery for the brief. Consideration must be given to the target audience for the brief so that the level of writing, explanations, and examples will be geared to the needs of that group. For example, a policy brief focusing on infectious disease transmission that is directed to a nonscientific group interested in volunteerism will require more explanation of terms than would be the case with a scientific research group. Do research to determine how knowledgeable the group is about the topic. This research is highly significant because if readers are highly knowledgeable, simplified concepts may be interpreted as patronizing. The writer must consider how much persuasion is needed in order to convince the reader of the policy brief to take the endorsed approach and/or action. The reader may be more open

to the message and the message viewed as more urgent during times of crisis (e.g., gun control when an episode of gun violence has made national news). At other times, the writer may need to provide more evidence and more carefully consider alternative perspectives.

This approach is highlighted in the examples presented in this article. In [Figure 1](#), the authors discuss HIV testing at a critical point wherein the Centers for Disease Control and Prevention had recently released information about transmission trends and related those trends to individuals who did not know their status and therefore might be transmitting infectious diseases unknowingly. Thus, there was a perceived immediate need to protect individuals from heightened vulnerability and to decrease the prospective health and personal costs related to chronic disease

POSITION STATEMENT

The Emerging Infectious Disease Expert Panel of the American Academy of Nursing recommends that all public health and healthcare settings in the United States adopt the 2006 CDC HIV Testing Recommendations to develop a system of routine testing for HIV infection. The Panel further recommends that nurses assume a leadership role to implement these recommendations and facilitate infrastructure changes where routine HIV testing is not currently in place or is planned for future implementation. Historically, nurses have taken the lead when significant public health issues face the community. In the early years of the HIV epidemic, nurses led efforts to promote widespread HIV testing and identify those who were unaware of their status.¹³ Now, thirty years later, nurses should again provide leadership that includes

- Identifying knowledge deficits among healthcare providers, especially in primary care regarding the CDC recommendations;
- Developing educational programs to address identified deficits among healthcare providers;
- Generating data to assess routine testing programs through qualitative and quantitative research at the community, institution, and state levels with special attention to community-based participatory research;
- Urging nurses to get involved where state legislation is pending that would change the written informed consent laws that currently exist;
- Mobilizing nursing organizations, interdisciplinary healthcare groups such as the American Public Health Association, and the public to accept the tenets of routine HIV testing through educational programs and creative leadership that specifically address counseling and testing;
- Creating institutional interdisciplinary teams to develop specific implementation and evaluation plans to operationalize the CDC recommendations in hospitals and clinics;
- Utilizing the rich expertise of peer educators and community leaders to help develop culturally relevant and sensitive education and community acceptance;
- Developing State by State coalitions to address HIV testing issues with local legislators and healthcare decision-making bodies through the American Academy of Nursing, Association of Nurses in AIDS Care, and the American Public Health Association;
- Facilitating the expansion of drug assistance programs to accompany broader testing to effect change at the state and local level of care;
- Supporting and advancing the perspective of “test and treat,” i.e., treating HIV infection aggressively before symptoms appear to help control the spread of the disease.

Figure 1 – (continued).

care through policy change. Finally, a balanced brief shows both sides of a complex issue. Including the benefits and advantages or barriers and facilitators to a solution is very important as can be seen in [Figure 1](#). It underscores the position but also embodies a sense of fairness in putting forth that position.

Step 2: Four Sections to a Policy Brief

Generally, there are four sections to a policy brief: (1) an executive summary; (2) background and significance; (3) a position statement highlighting the actions the reader should take; and (4) a timely, reputable reference list. One of the challenging issues of writing a policy brief is that it should be *brief*. A policy brief should be a “stand-alone” document focused on a single topic that is no more than two to four pages in length or 1,500 words ([International Development](#)

[Research Center, 2013](#)) ([Figure 2](#)). The example in [Figure 1](#) ([DeMarco et al., 2012](#)) is a good example of how to achieve brevity.

Executive Summary

This section represents the distillation of the policy brief. It provides an overview for busy readers and should be written last. The executive summary is similar to an abstract. It should be a paragraph or two and only take up half of a double-spaced page. It should stand alone and help the reader to understand the background, significance, and position taken in a short brief statement. The executive summary should answer the following question: What is the policy brief really about? In [Figure 1](#), in the case of universal testing for HIV, the authors include statements that summarize the need for testing from the perspective of not knowing one’s testing status and how dangerous this is while explaining the difficulty in

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Figure 1 – (continued).

harnessing real data regarding the incidence and prevalence of infection and coinfections (DeMarco et al., 2012).

Background and Significance

This section creates curiosity for the rest of the brief. It explains the importance and urgency of the issue and answers “why?” In addition, it describes issues and context and should not be overly technical. The rule of thumb is to progress from the general to the specific.

The purpose and/or focus of the policy brief must immediately be apparent to the reader. This is essential to crafting an effective and persuasive brief. Therefore, limiting the supporting evidence to one or two paragraphs is critical as shown in Figure 1.

If available, it is also important to include references from lay publications with a wide sphere of influence (e.g., *The New York Times*, *The Washington Post*, and so on). The use of such references informs the reader that the topic is current and in the public purview. Using current references defines the challenge and facilitates

Design

- Bullets
- Bold
- Box
- Underline
- Highlight

Content

- *BRIEF*
- 2–4 pages
- 1,500 words
- References

Components

1. Executive Summary
2. Background/Significance
3. Position/Policy Statements
4. Reference List

Figure 2 – Key elements of a policy brief.

an understanding of the extent of the challenge. Current references also elucidate why this challenge is perhaps more important than other challenges. Using statistics from respected published sources that are current, reputable, and peer reviewed is an effective way to accomplish this. Statistics are frequently used in the examples in [Figure 1](#). These data highlight that many people are affected or potentially affected by these infections, and particular health care costs are either mentioned or identified by naming states that have instituted changes in these areas of interest. In the examples, the Centers for Disease Control and Prevention and the European Commission are quoted as foundational national and international authorities. After presenting the context and background in the opening paragraphs, the writer can then move on to “bring home the point” by highlighting the key concerns surrounding the issue in the next section of the document.

Highlight the key concerns via bulleted points ([Figure 1](#)). This is the place to illustrate the broad impact of the issue to focus attention on multifaceted

aspects. The impact of an issue, whether it be positive or negative, is rarely limited to one facet. The ramifications are frequently multifaceted, with health, the economy, professional autonomy of providers, human rights of care recipients, environmental considerations, and social implications being among them. Consider the case for promoting universal testing for HIV infection. Although universal testing for HIV will result in increased numbers of persons being aware they are infected, lead to decreased community levels of HIV because of decreased transmission, and facilitate earlier enrollment in HIV care and treatment ([DeMarco et al., 2012; Figure 1](#)), there are also other implications in addition to the impact on health outcomes. A more persuasive argument might also include information about increased labor productivity and quality of life. A well-written policy brief presents a variety of consequences related to the issue at hand. Hence, clearly explicated key concerns are easily linked to the writer’s recommendations for addressing the issue (i.e., position statement). The position statement constitutes the third section of the policy brief.

Position Statement Directing Policy

This section expresses ideas that are balanced and defensible but with strong assertions. One of the key approaches is to let the reader know what could happen if something does not change. In every case, this section needs to be supported by evidence and be replete with referenced sources. The position statement section must also be clear and concise and is best written without inflammatory language ([Chaffee, 2007](#)). The writer should use the active voice. Active language can be quite persuasive, giving the impression that this issue is important. Keeping the focus of the statement narrow also facilitates its effectiveness by avoiding a potential dilution of the issue ([Foley, 2007](#)). Parsimony is a must; white space and bullets are very useful techniques.

The position statement section of a policy brief highlights the writer’s recommendations using clear, concise, appropriate, and directly actionable language. If writing a policy brief that is directed to a policy maker (e.g., a congressman, city council member, and so on), speak their language. Use policy-related language when drafting recommendations for action. For example, “write new guidelines to oversee the practice of advanced practice nurses” might be more effectively written as “promulgate new rules to regulate the practice of advanced practice nurses.” For recommendations that are directly actionable ([Longest, 2010](#)), one might write, “Ensure that all FDA [Food and Drug Administration]-approved prescription medications must be available on all insurance company formulary lists.” The term *ensure* leaves a lot to interpretation. How might the availability of medications be ensured? Will the availability be ensured by asserting pressure on employers who provide insurance coverage, by enlisting the assistance of consumers, or via

authoritative agency oversight? A clearer and more directive recommendation might read, “Draft new CMS [Centers for Medicare & Medicaid Services] regulations mandating that all FDA-approved prescription medications be made available on all insurance company formulary lists.”

Reference List

The formatting and style of references should also be considered. The use of superscripts saves room in the text of a policy brief, and sequential numeric referencing in the reference list allows for an easy review of the references as the reader examines the contents of the brief. [Figure 1](#) gives examples of the use of superscripts with sequential referencing to maximize space.

In addition to a reference list that encompasses cited sources, an effective position statement should be accompanied by an extensive bibliography. This is where the writer of the statement is able to show his or her in-depth grasp of the background for, context of, and trends related to the issue. The bibliography should be comprised of entries from journals, newspapers, and books in addition to online sources. Including this section goes a long way in creating goodwill with staffers and agency personnel. A diverse and comprehensive bibliography is especially helpful if the recipient of the policy brief decides to investigate the issue and potentially take action.

Design Choices

As has been discussed earlier, the use of bullets to emphasize key sections of the policy brief, such as specific policy suggestions made in the position statement section, enables the reader to focus. However, the bullets must express a complete thought and not be so abbreviated that it is difficult to understand the point being made ([Figure 1](#)). Using subtitles to break up text or bold, underlined, or shaded/color-highlighted font enhancements is also helpful. Boxing in areas to emphasize examples or issues can create a focus in the document as will using graphs and figures if they are easy to read and labeled accurately. All verbs need to be dynamic and allow the reader to feel propelled to do something or think in a different way ([Figure 1](#)).

Conclusion

A well-written policy brief is a very effective advocacy tool. Nurses are credible and respected authorities

who enjoy the public’s trust and confidence. Harnessing that expertise and using it to draft policy briefs is a fantastic strategy for impacting health care policy and health outcomes. Essentially, a well-crafted policy brief takes a position, backs up that position with solid evidence, is clear and succinct, and speaks to potential objections before they surface ([Chaffee, 2007](#)). Hence, the policy brief is an excellent tool for exerting influence in the increasingly complex health policy arena.

Acknowledgments

The authors gratefully acknowledge the members of the American Academy of Nursing Emerging & Infectious Diseases Expert Panel for their guidance and assistance.

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