
MAKING RESEARCH MATTER: CREATING POLICY BRIEFS

HOPE COOPER & MARCI MCCOY ROTH

© TRUE NORTH GROUP 2019



TODAY'S TOPICS

- Understanding Policy Audiences
- Identifying Research Findings to Share with Policymakers
- What is a Research Policy Brief?
- Structure of a Research Policy Brief
- Case Study - Getting Started
- Tips to Keep in Mind

UNDERSTANDING POLICY AUDIENCES

- Elected or appointed officials (local, state, federal), agency leaders and/or staff
- Membership (e.g., NCSL, NGA) and advocacy (ZERO TO THREE) organizations
- Responsible for understanding many issues, often considered generalists; some have more specialized expertise
- Usually working within tight timelines; yet, able to digest much information in short amount of time
- Understand there are opposite sides to most issues
- They want to know what the research says and hear YOUR views

IDENTIFYING RESEARCH FINDINGS TO SHARE WITH POLICYMAKERS

- What did the research find? What's the key thing to share?
- How are the findings relevant to policymakers?
- What's the best time to share these findings?
- Which policymakers would/should be most interested in these findings?
- What's the best way to share the research?

WHAT IS A RESEARCH POLICY BRIEF?

- Concise summary of a particular study topic
- Aims to convey research findings or insight in a policy context
- Generally offer 'key considerations' or recommendations for policy makers
- Length
 - Short – 1 page; May also be visual (such as infographic)
 - Long – Up to 8 pages (3,000 words)
- Types of policy briefs: Advocacy or Objective; analysis or recommendation

WHAT SHOULD A RESEARCH POLICY BRIEF DO?

A research policy brief should:

- **Educate:** Present information relevant to reader – insight into topic of interest, uncover a new problem or present new information about existing problem/challenge to understand the problem.
- **Identify.** Uncover a problem, identify gap/challenge, describe an important trend, key finding.
- **Analyze.** Provide unique, research-based perspective on the problem and objectively identify possible steps for addressing problem. about alternatives (in an objective brief). Provide evidence to support one alternative (in an advocacy brief).
- **Motivate.** Encourage the reader to ask more questions; further investigate problem; pursue solutions.

STRUCTURE OF A RESEARCH POLICY BRIEF

Four essentials in a research policy brief:

1. Catchy, clear title
2. Abstract
3. Body
4. Takeaways

DOING IT WELL: POLICYLAB AT CHOP

I. Catchy, clear title

POLICYLAB POLICY BRIEF EPIDEMIOLOGY
IMPROVING CHILDREN'S HEALTH POLICY THROUGH RESEARCH

REDUCING REPEAT HOSPITAL VISITS FOR CHILDREN WITH ASTHMA

REPEAT HOSPITAL VISITS FOR HIGH-RISK CHILDREN WITH ASTHMA ARE COMMON, YET PREVENTABLE

Asthma is the most common chronic medical condition in children, affecting nearly 8 million children in the U.S. with a disproportionate burden on low-income and minority children and those who live in urban areas.¹ Asthma is also a leading cause of childhood hospital admissions, many of which are preventable. Nearly 170,000 children are hospitalized for asthma each year, and 20 percent of them will have a repeat hospital admission this year.

But for some of the highest-risk children—those with multiple yearly hospitalizations—this burden is heavier. As many as one in four of these youth will return to the emergency department (ED) or an inpatient setting within just 30 days.² The small proportion of children with multiple asthma hospitalizations make up a relatively large portion of overall hospital admissions, medical costs, and care. Additionally, the cost to children of asthma that is not well-managed can reach \$100 million a year, as well as the potential for long-term disability and death.³

The children who suffer the most from their asthma, it is imperative that providers and health systems address the underlying reasons for their poor health outcomes. These include social determinants of health like poor housing conditions, as well as direct health care factors like low medication adherence. Using a multi-faceted approach that addresses the drivers of frequent asthma exacerbations, Children's Hospital of Philadelphia (CHOP) has successfully reduced repeat ED visits and hospital readmissions for the highest-risk children in one year. This brief identifies challenges facing children, families and providers such as gaps in cost of high-risk asthma and asthma management, identified by various stakeholders, to support providers and policy makers in reducing and managing hospitalizations in their communities.

FIGURE 4: The highest-risk children return to the hospital within 30 days of discharge.

KEY TAKEAWAYS



Childhood asthma hospitalizations, although preventable, are major drivers of health costs and can negatively impact parental employment and a child's school success.



Social risk factors for childhood asthma are more prevalent among poor, urban and minority families, putting these already vulnerable children at greater risk for asthma hospitalizations.



Addressing these risk factors requires collaboration among everyone involved in a child's asthma management.



By considering a patient's needs both inside the hospital and in the community, health care providers, systems and others can help reduce asthma hospitalizations.

2. Abstract

3. Body

4. Takeaways

I. CATCHY, CLEAR TITLE



Use the colon method – Write a catchy main title followed by a subtitle with information about the content of the research policy brief

A Stitch in Time: Calculating the Cost of School Unreadiness

When the Bough Breaks: The Effects of Homelessness on Young Children



Use these criteria to check your title

Predicts content

Interesting

Includes key words



What's the problem/challenge and who does it affect?



What research was done and implications?



What are options for addressing the problem/challenge?



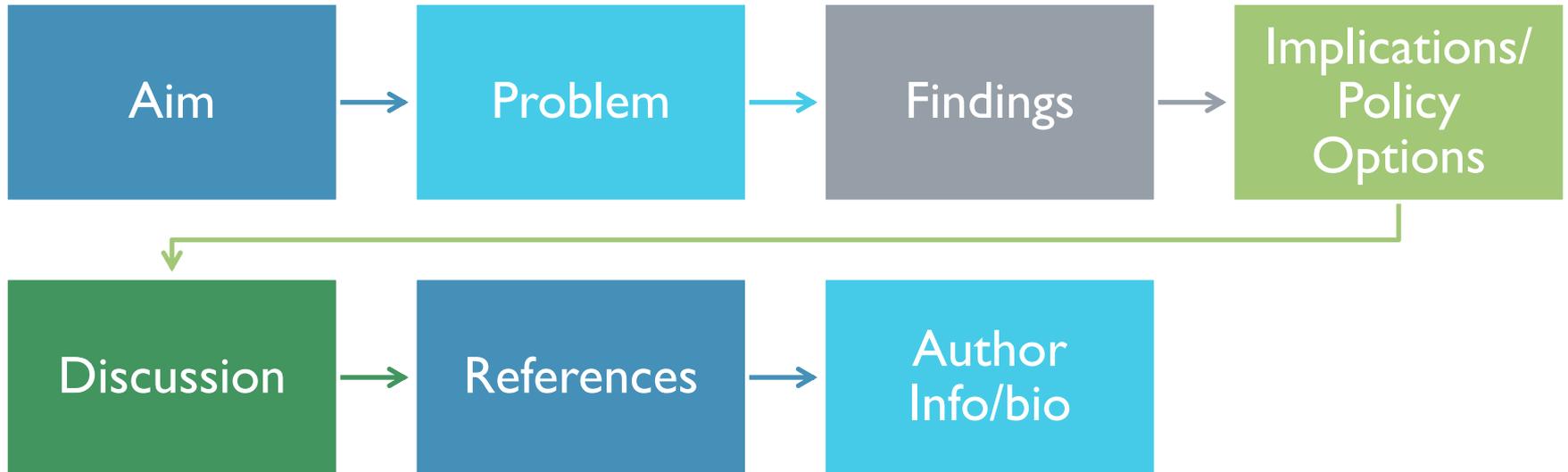
100 words with the aim, problem, summary of research, and implications



Write it last.

2. ABSTRACT

3. INSIDE THE BODY



3. BODY

First Paragraph

- **Aim:** The purpose of the brief; 1-2 sentences; included in the first paragraph.
- **Problem:** Describe context, causes and magnitude of the problem, and why it should be important to the reader.

3. BODY - RESEARCH FINDINGS

Findings

- Present research without partisan views.
- Communicate in easy-to-understand language
- Include information about generalizability by describing study population
- Outline policy options and evidence

NOTE: Not necessary to include technical research methodology and statistical analysis. Point to your longer research report.

3. BODY – CONCLUDING SECTIONS

- Implications and Policy Options
- Conclusion/Discussion – One paragraph to summarize take away findings/recommendations.
 - Don't let your only finding be that the field needs more research studies.
- References
- Author Info/Bio

3. BODY – RESEARCH FINDINGS TIPS

TIPS

- Use plenty of headers/subheaders
- Use bullets
- Use graphs with care
- Include counter positions or arguments against your recommendation in your analysis.

4. KEY TAKEAWAYS

Provide possible quotes, statistics, highlights, main takeaways that should be emphasized in sidebar.

Note if research found something new.

Why this section is important

- Translation
- Helps with communicating with policymakers (also reporters)
- Helps readers understand what the research says and why it matters
- Builds your brand, establishes your organization and you as trusted resource
- More researchers should do this to ensure integrity of research is communicated accurately and consistently to policymakers

PICK A CATCHY TITLE (INTERACTIVE – REMOVE THIS SLIDE)

- Examining Child-Teacher Relationships and Classroom Quality Across Racial Groups
- Quality, Relationships and Race Affect Early Learning Outcomes
- Relationships Matter: Conflicts, Quality and Race Effects on Early Learning Outcomes

Income Effects on Food Insecurity

Household income can significantly affect children's diets.

Children in households with incomes below the poverty line are six times more likely to have low food security than their counterparts in households with incomes at 185 percent of poverty or higher; and they are fourteen times more likely to experience very low food security.

Though households with higher incomes spend more money on food than lower income households, this represents a smaller proportion of their income. In food-insecure households, families tend to spend less on food than do families in food-secure households² suggesting that when resources are tight, families may buy less food and/or less expensive foods.

Children who are Hispanic, black, or living with a single parent are also much more likely to be food-insecure than are children who are white or living in married-couple

Impact of Insufficient Diets on Young Children's Health and Well-Being

Insufficient diets can jeopardize children's development, threaten their readiness for school, and have lifelong effects on adult productivity. Adequate consumption of important nutrients (notably vitamins A, C, D, and E, and phosphorus and magnesium) is critical for normal growth and development and learning.³ Young children who do not get enough vitamins and nutrients may be negatively impacted in terms of how well and how much they can learn.⁴

Figure 1. Percentage of all children (0 to 17) in US living in Food-Insecure Households, Selected Years, 1995-2009



Source: [Food Track Statistics](#)¹³

More than 9.6 million U.S. children (ages 0-6) live in "food insecure" households, in which consistently getting enough food to eat is a struggle.⁵ Children who have been identified as "food insecure" are reported to have higher rates of hospitalization, iron-deficiency anemia, and other chronic health conditions. In very young children (3 years old), studies have associated food insecurity with higher rates of behavioral problems. Paradoxically, child food insecurity is also associated with a greater risk for being overweight. In part, this is because food insecurity can result in a lower-quality diet with less

**TAKE AWAY
EXAMPLES**

Income Effects on Food Insecurity

Household income can significantly affect children's diets.

Children in households with incomes below the poverty line are six times more likely to have low food security than their counterparts in households with incomes at 185 percent of poverty or higher; and they are fourteen times more likely to experience very low food security.

Though households with higher incomes spend more money on food than lower income households, this represents a smaller proportion of their income. In food-insecure households, families tend to spend less on food than do families in food-secure households⁵ suggesting that when resources are tight, families may buy less food and/or less expensive foods.

Children who are Hispanic, black, or living with a single parent are also much more likely to be food-insecure than are children who are white or living in married-couple families.⁵

TAKE AWAY EXAMPLES

REDUCING REPEAT HOSPITAL VISITS FOR CHILDREN WITH ASTHMA

REPEAT HOSPITAL VISITS FOR HIGH-RISK CHILDREN WITH ASTHMA ARE COMMON, YET PREVENTABLE

Asthma is the most common chronic medical condition in children, affecting nearly seven million children in the U.S. and the highest percentage (up to 17% for low-income and minority children and those who live in urban areas).¹² Asthma is also a leading cause of childhood hospital admissions, many of which are preventable.¹³ Nearly 150,000 children are hospitalized for asthma each year, and 20 percent of them will have a repeat hospitalization that year.

For the vast majority of children—those with multiple yearly hospitalizations or those with severe cases, Asthma can be a life-threatening condition. The emergency department (ED) and hospital are often the only places where severely ill children with asthma receive medical attention and care. Additionally, the cost of doctor visits that do not get managed can result in several health care-related hospitalizations can impact parental employment and the child's ability to succeed in school.¹⁴

For children at risk for the worst from their asthma, it is important that providers and health systems address the root causes for their poor health outcomes. These include chronic conditions of health, the poor housing conditions, as well as other health care delivery and access barriers. Using a multi-factorial approach that addresses the drivers of frequent asthma exacerbations, Children's Hospital of Philadelphia (CHOP) has nearly halved repeat ED visits and hospital readmissions for the highest-risk children in our care. This brief outlines the changes (including children, families and providers working to control high-risk asthma, and outside recommendations) formed by our success at interventions to support providers and policymakers in reducing asthma hospitalizations in their communities.

Line 4 of the report may be added to read: *Based on the findings of this brief.*



KEY TAKEAWAYS



Childhood asthma hospitalizations, although preventable, are major drivers of health costs and can negatively impact parental employment and a child's school success.



Social risk factors for childhood asthma are more prevalent among poor urban and minority families, putting these already vulnerable children at greater risk for asthma hospitalizations.



Addressing these risk factors requires collaboration among everyone involved in a child's asthma management.



By considering a patient's needs both inside the hospital and in the community, health care providers, systems and payers can help reduce asthma hospitalizations.

KEY TAKEAWAYS



Childhood asthma hospitalizations, although preventable, are major drivers of health costs and can negatively impact parental employment and a child's school success.



Social risk factors for childhood asthma are more prevalent among poor, urban and minority families, putting these already vulnerable children at greater risk for asthma hospitalizations.



Addressing these risk factors requires collaboration among everyone involved in a child's asthma management.



By considering a patient's needs both inside the hospital and in the community, health care providers, systems and payers can help reduce asthma hospitalizations.

WRITING THE ABSTRACT – DO THIS LAST

100 words



PROBLEM:

WHAT'S THE PROBLEM/
CHALLENGE AND WHO
DOES IT AFFECT?



AIM (OF RESEARCH):

WHAT RESEARCH WAS
DONE AND
IMPLICATIONS FOR
CHILDREN, OTHERS?



OPTIONS:

WHAT ARE POLICY
OPTIONS, GIVEN THE
RESEARCH?

SAMPLE ABSTRACTS



Excess consumption of added sugars, especially from sugary drinks, poses a grave health threat to children and adolescents, disproportionately affecting children of minority and low-income communities. Public policies, such as those detailed in this statement, are needed to decrease child and adolescent consumption of added sugars and improve health.

Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents
Natalie D. Muth, William H. Dietz, Sheela N. Magge, Rachel K. Johnson, AMERICAN ACADEMY OF PEDIATRICS, SECTION ON OBESITY, COMMITTEE ON NUTRITION, AMERICAN HEART ASSOCIATION

Pediatrics, Apr 2019, 143 (4) e20190282

SAMPLE ABSTRACTS



This brief provides California policymakers with recommendations on how to improve access to high-quality early childhood education (ECE) for all children. It is based on a report that examines the ECE practices in 10 counties that vary by region, population density, and child care affordability. The report upon which this brief is based describes the landscape of ECE at the local level as it is shaped by federal and state policies, illuminates challenges that counties face in providing access to high-quality programs, and highlights promising practices. This report complements our earlier publication, *Understanding California's Early Care and Education System*.

Building an Early Learning System That Works: Next Steps for California, Learning Policy Institute, January 2018.



CASE STUDY – GETTING STARTED

DISCUSSION

DISCUSSION: RELATING RESEARCH TO PROGRAMS OR PRACTICE

- Why are these findings important? Think of your policy audience.
- How do they relate to policy and practice?
- What did the research find? What's the key thing to share?
- How does it tie into program or practice?
- How does it relate to policies?
- Which policymakers would/should be most interested in these findings?
- What's the best time to share these findings?
- What's the best way to share the research?



Early Teacher-Child Relationships of Multilingual Children

Anna Rhoad-Drogalis, **Robin Sayers**, Laura
Justice, Tzu-Jung Lin, Jessica Logan, Kelly Purtell

Discussion

- There are **not statistically significant differences in conflict** based on children's language background
- **Teachers perceived less closeness with multilingual students** compared to monolingual students across the school year
- Once children's language skills were accounted for, **differences in teacher-child closeness by language background were no longer significant**
- **Teachers' struggles** to form and maintain close relationships with their multilingual students **may be largely attributed to children's limited use of English skills**



POLL

What questions might a policy maker, especially a legislative one, ask: (check all that apply)

- What's the age group of children?
- What type of teacher?
- How important is the relationship?
- What about non multi-lingual children?
- Does the study apply to children in my state?

Summer Skill Development Between PreK and Kindergarten

Mirjana Pralica
Meghan McCormick
Paola Rosada
Christina Weiland
JoAnn Hsueh
Jason Sachs
Catherine Snow

March 23rd, 2019

Society for Research on Child Development Biennial Meeting
Baltimore, MD



Conclusions

- Students continue to grow in academic skills during the summer between PreK and K
- Growth in skills during the summer is slower than during the PreK or K academic years
- Variation in summer growth rates by students' SES, race/ethnicity, and DLL status (depending on outcome)
- Enrollment in center-based care during the summer appears to help sustain PreK growth rates but mostly for higher-SES students.

POLL

- What questions might a policy maker have about the conclusions? (select all that apply)
- What's normal? What's optimal? Is it okay for growth of skills to be slower in the summer?
- What does this mean for child care policy?
- What does this mean for Pre-K policy?
- What are the characteristics of the center-based care where Pre-K growth rates were sustained?



Examining Child-Teacher Relationships and Classroom Quality Across Racial Groups

Iheoma U. Iruka

HighScope Educational Research Foundation

Susan Sheridan, Lisa Knoche, and Amanda Witte

University of Nebraska – Lincoln

2019 Biennial SRCD Conference Baltimore, MD

March 22, 2019

The research reported here was supported by the Institute of Education Sciences, U.S. Department of Education, through Grant #R305N160016 to the University of Nebraska-Lincoln. The opinions expressed are those of the authors and do not represent views of the Institute or the U.S. Department of Education.

earlylearningnetwork.unl.edu

LOOKING AT SOME EARLY LEARNING NETWORK RESEARCH

Rationale for Study

- **Teacher-student relationships and interactions are critical factors in children's learning experiences and achievement** (Crosnoe et al., 2010)
- **Persistent social challenge of the racial achievement gap that start early**
- **Some indication that children of color likely to experience less enriched learning opportunities** (Early, Iruka, et al. 2010; Gilliam et al., 2016)
- **The extent of these racial differences in opportunities to learn on children's achievement have been underexplored in pre-K**



EXAMPLE FROM ELN PRESENTATION

Take Home Points

- Conflict with teacher more negatively associated with Latinx children's problem behaviors than peers
- Black children less likely have close relationships with teachers and be in emotionally supportive classrooms compared to peers
- Universal and cultural relevance of specific teacher-child relationships and classroom quality on children's learning and behavior needs more attention.
- Deeper examination about bias and equity in early childhood experiences and opportunities to learn, especially for minoritized children

POLL

- Questions to anticipate from policymakers:
 - What public programs are serving these children now? (What are the ages of children for whom this applies?)
 - What are current qualifications for teachers in these settings?
 - Do model teacher training programs exist? What are the key characteristics?
 - What should we (policymakers) do to support further research?

DISCUSSION: RELATING RESEARCH TO PROGRAMS OR PRACTICE

- Why are these findings important? Think of your policy audience.
- How do they relate to policy and practice?
- What did the research find? What's the key thing to share?
- How does it tie into program or practice?
- How does it relate to policies?
- Which policymakers would/should be most interested in these findings?
- What's the best time to share these findings?
- What's the best way to share the research?

FINAL THOUGHTS ON INCLUDING DATA IN RESEARCH POLICY BRIEFS

- Depends on audience
- Data/methods
- Depends on key take-aways
- Infographics

TIPS TO KEEP IN MIND

- Be clear, concise, and succinct.
- Use small, easy to understand words.
- Say more with fewer words, policymakers may skim
- Non-academic
- Active voice
- Write abstract *after* you write the brief
- Write about timely topics that policymakers care about
- Be respectful of “values” held by different sides. Be sensitive to how you present your arguments.

THANKS!



Marci McCoy-Roth, Partner
marci@truenorthgroup.com

Hope Cooper, Founding Partner
hope@truenorthgroup.com

ADDITIONAL RESOURCES

- How to write a policy brief https://www.pep-net.org/sites/pep-net.org/files/typo3doc/pdf/CBMS_country_proj_profiles/Philippines/CBMS_forms/Guidelines_for_Writing_a_Policy_Brief.pdf
- How to cite everything in APA style. <https://www.easybib.com/guides/citation-guides/apa-format/>
- How to turn a graph into a story. <http://speakingppt.com/3-steps-to-turn-a-graph-into-a-story/>
- How to communicate research for policy influence <https://assets.publishing.service.gov.uk/media/57a08a15ed915d622c00055b/Guia-02-serie-3-ingles.pdf>