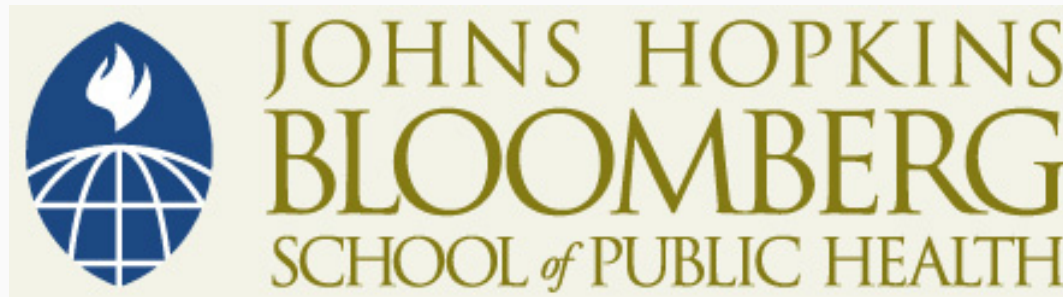


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An Introduction to STI Policy and Programming

Christina Schumacher, MHS

Keri Althoff, MPH

Johns Hopkins University

Overview

- Basics of policy and program
- An approach to problem solving
- Communication of policy and program

Important: You need to have read the *Lancet* article by Glasier et al. (2006) to receive full benefit of this lecture in helping you prepare for your project.

Objectives

- Identify an STI problem/issue
- Develop a policy or program recommendation to address the problem/issue
- Demonstrate the skills necessary to communicate the recommendation to a policy maker



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Section A

Basics of Policy and Program; Problem Definition

Simple Problem Identification

- What is happening?
- What should be happening?
- Is there a difference?
- Is the difference significant?
- If the answer to these questions is “YES,” write a problem statement

Basics of Policy and Program

- What is a policy?

“a **philosophical** course of action that defines priorities, **articulated or adopted** by a **policy-making body**, such as a municipal, state, or national government, or an established group of experts, or a group of organizations bound under a commonality, etc.”

– *Dictionary.com with revision by your TAs*

- What are examples of policies?

Basics of Policy and Program

- Example of a policy
 - On January 22, 2001, President George W. Bush announced reinstatement of the so-called Mexico City policy that required non-governmental organizations to "agree as a condition of their receipt of Federal funds that such organizations would neither perform nor actively promote abortion as a method of family planning in other nations"

Basics of Policy and Program

- Result of this policy
 - Implementation of this policy resulted in making many non-governmental organizations (NGOs) which performed safe abortions ineligible for any Federal assistance funds from the U.S., regardless of the source of funding for abortions

Basics of Policy and Program

- What policies were mentioned in Glasier et al.?

Basics of Policy and Program

- What is a program?

“a plan of **action** to accomplish a **specified** goal”

– *Dictionary.com with revision by your TAs*

- What are examples of programs?

Basics of Policy and Program—Example

- Example of a program
 - In 2002, to comply with a policy aimed at reducing the burden of STIs among Philadelphia youth, the Public Health Department implemented gonorrhea and chlamydia screening in public high schools

Basics of Policy and Program

- What programs were mentioned in Glasier et al.?

Basics of Policy and Program—Differences/Similarities

- What are the differences and similarities of policy and program?
 - Many more similarities than differences
 - Policy is a **philosophical** course of action **articulated or adopted** by a body
 - Program is a **plan of action** to accomplish a specified **goal**

An Approach to Problem Solving

1. Creating a problem definition
2. Identifying stakeholders
3. Identifying policy or program options to solve the problem
4. Recommending a course of action

1. Problem Definition

“A problem well stated is a problem half solved”

— *John Dewey*

- Defining a problem is an iterative process and will be the most difficult (but most rewarding) part of this project!

1. Problem Definition—Key Aspects

- Key aspects of a problem definition
 - Specificity of the problem
 - Nature of the problem/focus
 - Framing of the problem
 - ▶ Population
 - ▶ Context
 - ▶ Time frame
 - Causality
 - Language considerations
 - Dos and don'ts

1. Problem Definition—Specificity

- Specificity of the problem
 - What is the specific dimension or aspect of interest?
 - If you think you are being too specific, you probably are not
 - Avoid broad, general topics

1. Problem Definition—Nature of the Problem/Focus

- Nature of the problem/focus
 - Is this an STI-focused public health problem?
 - If you are too broad, your problem might begin to cross the line into other fields, such as economic or political problems
 - Not all health problems are public health problems
 - ▶ The difference between clinical patient management and public health

1. Problem Definition—Population

- Framing of the problem: population
 - Who is affected by this problem?
 - Be as specific as possible
 - ▶ Gender
 - ▶ Age
 - ▶ Nationality
 - ▶ Race/ethnicity
 - ▶ Sexual orientation
 - ▶ Injection drug users (IDU)
 - ▶ Housing situation

1. Problem Definition—Context

- Framing of the problem: context
 - What is the context? Where is the problem located?
 - Be as specific as possible
 - ▶ Geographical
 - ▶ Cultural
 - ▶ Social
 - ▶ Political
 - ▶ Economic
 - ▶ Historical
 - ▶ Ethnic

1. Problem Definition—Time Frame

- Framing of the problem: time frame
 - What is the specific time frame
 - Be as specific as possible
 - ▶ Dates (1990-1991)
 - ▶ Time since a specific event (post 9/11)

1. Problem Definition—Causality

- Causality
 - Are etiologic factors or causes part of your problem statement?
 - AVOID causal claims—there are implications of including causal claims in your problem statement

1. Problem Definition—Language

- Language considerations
 - Be clear and precise
 - Define and reference technical terms
 - Define local terms
 - Make sure it is a statement (grammar, sentence structure, etc.)

1. Problem Definition—Dos and Don'ts

- Dos and don'ts in a problem definition
 - Don't state the definition of a topic (as opposed to a problem)
 - Do be clear in defining the population or sub-population
 - Don't suggest a solution in the problem statement
 - Don't mention key determinants or make causal claims in the problem statement

1. Problem Definition

- Let's practice . . .

“Unsafe sex is the second most important risk factor leading to disability or death in the poorest communities and ninth most important in developing countries.”

– *From Glasier, (p. 1595)*

- Based on what we just learned about problem definitions, what is your critique of these problem definitions?



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Section B

Problem Definition Practice

1. Problem Definition

- Glasier: “Sexually transmitted infections, excluding HIV/AIDS are the second most important cause of loss of health in women, especially young women, and are a substantial cause of morbidity in men”

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- CDC: "Recent estimates suggest that while representing 25% of the ever sexually active population, 15-24 year olds acquire nearly half of all new STDs" (*STD Surveillance 2005, CDC*)

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- In 2005, young (ages 15-24) black women accounted for a disproportionate 49% (3,134/6,379) of all newly acquired chlamydia infections reported in Baltimore City



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Section C

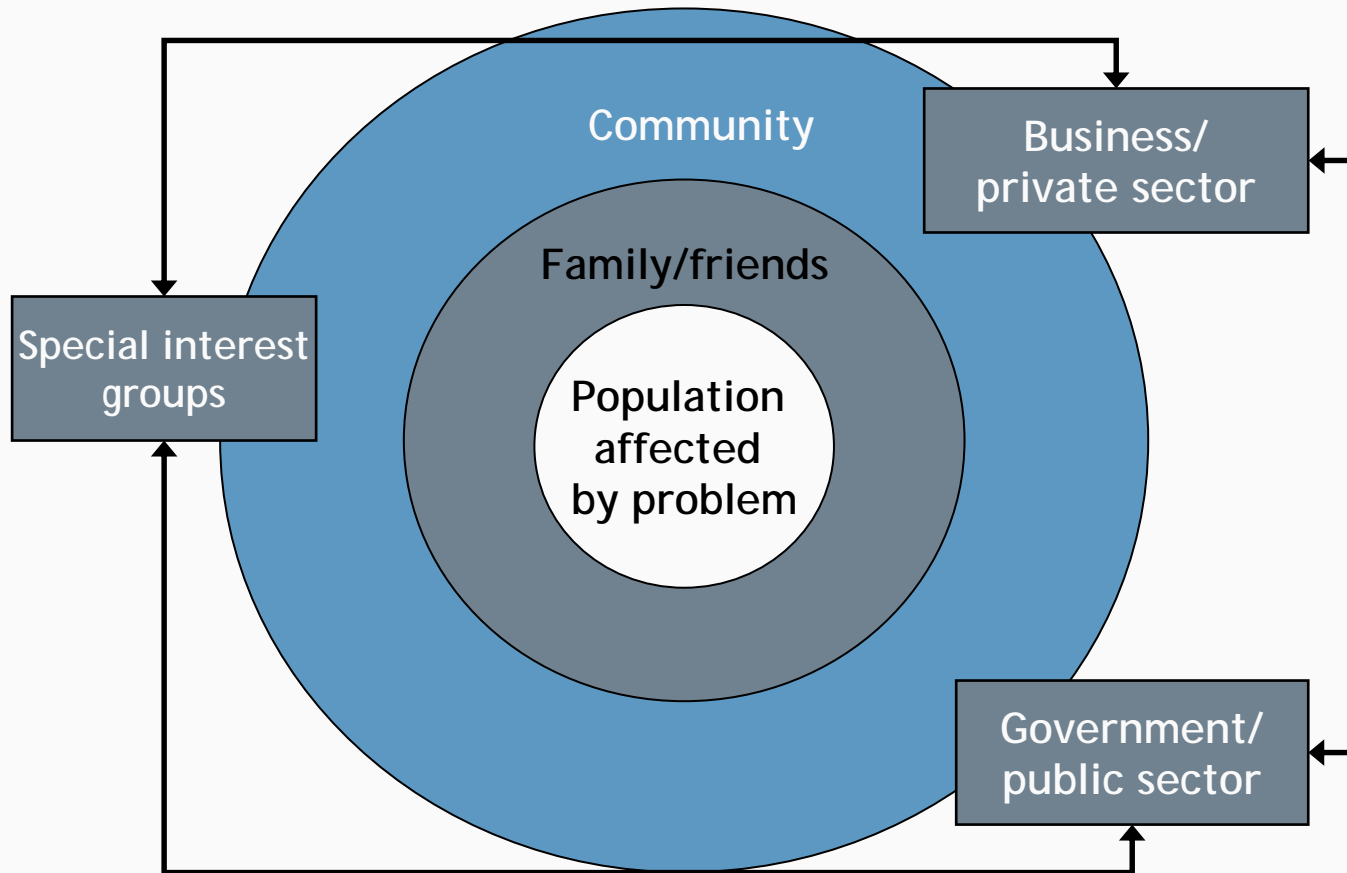
Stakeholders

2. Stakeholders

- Who are stakeholders?
 - Stakeholders have a vested interest in the problem and the policy and program options
 - Be specific
 - ▶ Conservative women from the south
 - ▶ Pregnant, Hispanic women who attend a specific type of clinic
 - Think outside the box
 - ▶ Families of those affected by the policy/program
 - ▶ Political groups
 - ▶ Pharmaceutical companies

2. Stakeholders

- Are stakeholders multi-dimensional?



2. Stakeholders

- What might specific stakeholders think or do about the policy and program options?
 - Different stakeholders may be on opposite sides of each policy/program option
 - The impact of support or rejection from the different stakeholders on the effectiveness of the policy/program option

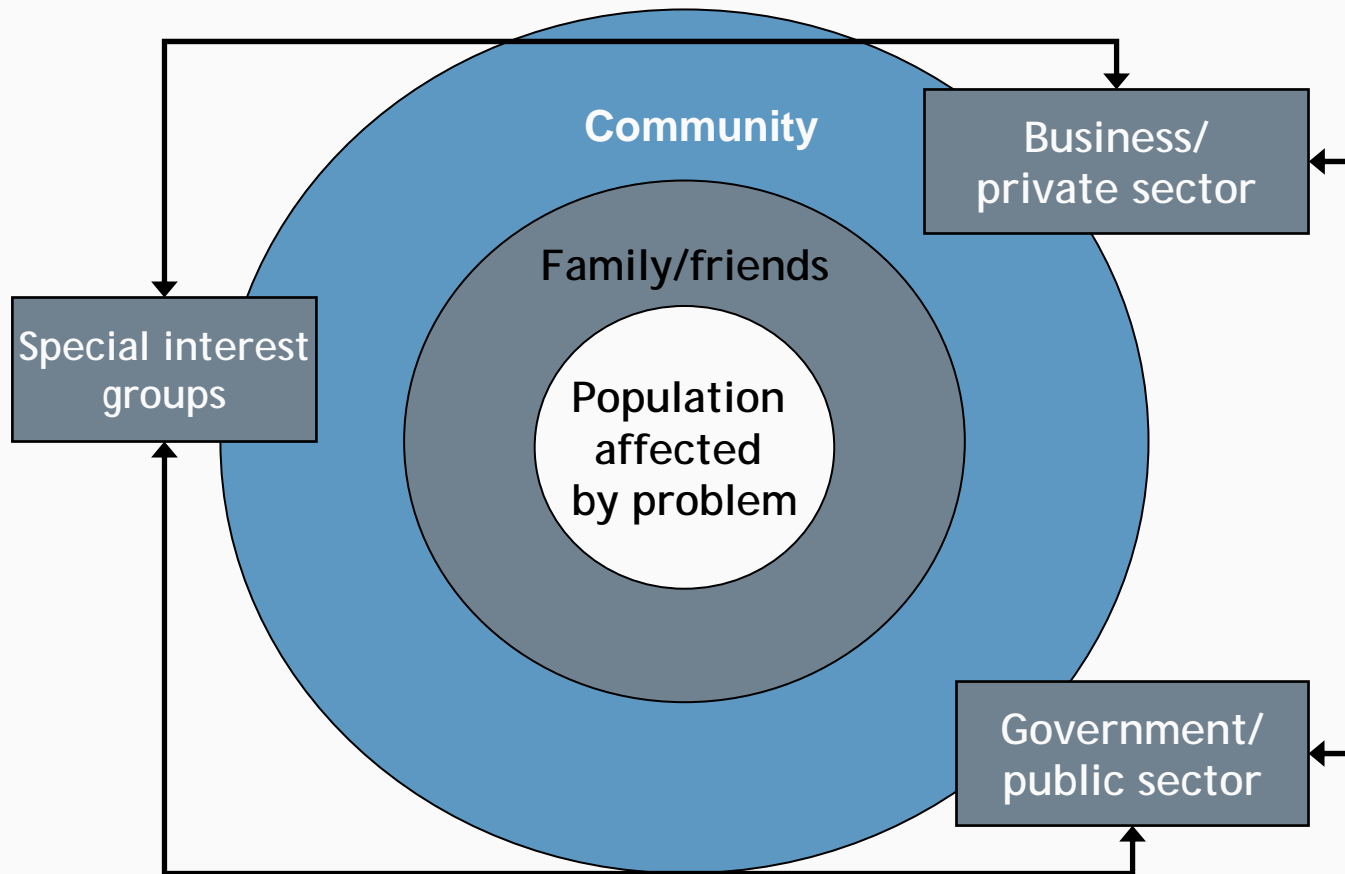
2. Stakeholders

- Let's practice . . . Who are the stakeholders for our problem definition?

In 2005, young (ages 15-24) black women accounted for a disproportionate 49% (3,134/6,379) of all newly acquired chlamydia infections reported in Baltimore City

2. Stakeholders

- Are stakeholders multi-dimensional?



2. Stakeholders for Our Problem Definition

- Young black women in Baltimore City
- Parents and guardians of the young black women
- School board (if policy/program options are school based)
- City health commissioner and other city officials (mayor)
- Pharmaceutical companies (if policy/program options require testing and/or treatment)

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Section D

Options and Recommendations

3. Policy and Program Options

- What are some policy/program options for the problem as stated?
 - The status quo is always an option
 - Maybe there is another option from another context that may be successful
 - Maybe an option is to do away with a policy or program

3. Policy and Program Options—How to Choose

- How is one policy or program better than another?
 - Strength of the evidence supporting/refuting each option
 - Benefits and liabilities of each option
 - ▶ Cost can be a benefit OR a liability
 - Mediating variables such as political or economic barriers/benefits

3. Policy and Program Options—Dos and Don'ts

- Dos and don'ts when evaluating options
 - Don't downplay either the benefits or the liabilities
 - Do discuss mediating variables
 - Do be critical of the evidence and evaluate how it applies to the context of the problem
 - Don't compare programs to policies—either list program options or policy options and compare

3. Policy and Program Options

- Let's practice . . . What are the *program* options for our problem definition?

In 2005, young (ages 15-24) black women accounted for a disproportionate 49% (3,134/6,379) of all newly acquired chlamydia infections reported in Baltimore City

3. *Program* Options for Our Problem Definition

- No change in the program—continue with current screening available to those who seek it out at city STI clinics
- Program to test high-school students for chlamydia in city schools
- Program within the city STI clinics to better educate young black women about chlamydia when they visit a clinic

3. *Program* Options for Our Problem Definition

- No change in the program—continue with current screening available to those who seek it out at city STI clinics
- Program to test high-school students for chlamydia in city schools
- Program within the city STI clinics to better educate young black women about chlamydia when they visit a clinic
- Modify program to move screening venue location

3. Policy and Program Options

- Let's practice . . . What are the *policy* options for our problem definition?

In 2005, young (ages 15-24) black women accounted for a disproportionate 49% (3,134/6,379) of all newly acquired chlamydia infections reported in Baltimore City

3. *Policy* Options for Our Problem Definition

- No change in the policy—continue with current screening available to those who seek it out at city STI clinics
- Policy to develop new school-based curriculum that targets the populations most effected by each STI based on city-wide data
- Policy to assign more DHS officers to track chlamydia cases among this “high-risk” group to record determinants of these newly acquired chlamydial infections

4. Recommendation

- Stating your recommendation
 - Recommend one of the options *or* a combination of the options presented
 - Be specific
 - Explain why this option is chosen over the other options (justification of recommendation)

4. Recommendation

- Let's practice . . .

“I **recommend** policy (program) option B. The **advantages** of option B compared to the others is . . . The **disadvantage** of option B compared to the other is . . . The **most important** aspect of option B is that it will . . .”

4. Recommendation

- What would your recommendation be for our problem definition?
 - Recommend one option
 - Recommend a combination of options



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Section E

Memo and Presentation

Communication of Policy and Program—Memo

- Memo writing
 - One way to efficiently and quickly convey information is via a memo
 - Writing style is concise, simple, and easy to read, with short, meaningful sentences
 - Bibliography is attached to display the technical/material evidence underlying the statements made in the memo

Communication of Policy and Program—Presentation

- Three-minute presentation
 - One way to efficiently and quickly convey information to a policy maker is a brief three-minute oral presentation with accompanying visual (five PowerPoint slides)*
 - Presentation should contain the most meaningful information
 - Slides should look clean and be easy to understand
 - Audio should focus on the main points (do NOT read your slides)