CHAPTER 5

Policy Design

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KEY TERMS

Fire alarms: Signals built into a policy that alert policymakers that the design, implementation, or evaluation phase is in danger of failing.
Participation: Extent to which individuals in the target population join in government programs.
Policy link: The connection between policy ideas and their implementation.

Introduction

In today's world, it is imperative that healthcare providers be knowledgeable about the policy process and know how to play a key role in the changes that are occurring now and will continue to evolve. The purpose of this chapter is to examine the component of the policy process that involves the "tools" that government uses to get people to do what they might not ordinarily do.

The scope of government's involvement in social issues in the United States has expanded rapidly during the last 90 years. Federally funded healthcare programs such as Medicare and Medicaid have made a major impact on

how health care is implemented by providers and perceived by the public. The impact is even greater with the passage of the 2010 Affordable Care Act (ACA). As noted by Comer (2002), government involvement in health care has occurred at the state and local levels through program administration, educational preparation, licensing, and regulation of practice. As with most public issues, policies regarding health care are intentionally vague. Ambiguity provides states and municipalities flexibility in implementation; however, the vagueness complicates the implementation process and often results in a failed policy or an unintended consequence.

Health care is fraught with a multitude of factors that are difficult to identify and control, and the issue of healthcare reform has polarized the country. As noted by Eileen T. O'Grady (2010), there is massive misinformation and confusion about the many aspects of the Affordable Care Act: "It is like a giant root ball that cannot be understood without untangling and pulling apart each root" (p. 8). Public policy is by nature complicated. The root of public problems has no simple single answer; if it did, more than likely it would become a guideline, recommendation, or rule implemented by the private sector. Health care is perhaps the most convoluted of public issues because it is impacted by a multitude of factors such as national and international economies, social movements, education, resources, and religion. The intractability of most factors that lie within the healthcare field prevents uncomplicated, comprehensive, easily understandable solutions. One of the factors most inhibiting policy success is the inability to predict consumer behavior and participation in a program. The gap in matching desired behavior with appropriate government tools is discussed in this chapter. Advanced practice registered nurses (APRNs) are in a perfect position to help policymakers have a clear understanding of how target population participation can be maximized by choosing the appropriate tool. In this author's view, examining the tools that government chooses to use to achieve its desired goals in addressing a public issue is the most logical and simple way to determine policy success.

The United States has one of the most sophisticated healthcare systems (although challengers call it a "sick care system") in the world in terms of technology and preparation of healthcare professionals. Yet in many of the health indices designed to evaluate the overall health of a country, the United States rates comparatively low. For example, the average life

expectancy for females in the United States is 80.9 years, whereas in many other developed countries such as Japan, Canada, and the Netherlands, a female's life expectancy is 86.1, 82.9, and 81.9 years, respectively (Central Intelligence Agency [CIA], 2009a). Infant mortality also is an important measure of a nation's health. The United States ranked 33rd among industrialized countries in 2009 and also had a high rate of low and very low birth weights, a major contributor to infant mortality (CIA, 2009b). The system is broken. It suffers from unwarranted variations in performance, effectiveness, and efficiency.

Efforts have been made by previous administrations to address the issues of cost, access, and quality, and those efforts were a reflection of the then-current political philosophies and ideologies. For example, the government programs in the 1960s reflected a democratic ideology where there was less concern with outcome-based planning and more concern with access. Then in the 1980s, under a Republican administration, regulatory efforts attempted to reduce costs through outcome-based choices, individual responsibility for cost, and less expansion.

Policies are usually designed to influence behavior and, as noted earlier, get people to do what they ordinarily might not do. Health policies address health concerns through laws, regulations, or programs that focus on health determinants including behavioral choices, the physical environment in which people live and work, and social factors. Although many studies regarding the policy process have been conducted, few have examined the process of policy design in issues of health care. The focus of most policy studies has been on the implementation of effective programs, and data have been gathered on statistical outcomes. This author argues that design considerations also should be a component to be considered during all phases of the policy process to promote policy success. For example, in the agenda-setting phase, the social issue must be stated in such a way that it will capture the attention of lawmakers and framed so that government response will be feasible and adaptable. During the implementation phase, the design of the policy provides guidance and also provides an overall picture of the plan by specifying the intended outcomes. During the evaluation phase (this phase should be specified in the design) the program objectives are clearly identified and measurable, or it would be difficult to determine that the focus is on an outcome that addresses the original issue.

The Policy Process

Policies reflect public opinion. The policy players are a collection of actors whose task is to find a solution to intractable problems. Policies that address social problems in the United States usually are formulated by a combination of legislators and aides, the executive branch, courts, and special-interest groups. Professional experts are often asked to serve as panel members or consultants or to serve on committees that provide input to policymakers, and so advanced practice registered nurses (APRNs) are asked to serve on committees that relate to health care. For example, nurse leaders were invited to sit at the table during the early 1990s when Hillary Clinton was proposing a national plan to change existing healthcare policies.

The proliferation of participants in policy formation makes systematic program design that is focused on outcomes difficult to achieve, which is also complicated by the fact that social problems are usually intractable and difficult to solve. Safriet (2002) reports that most social issues are not brought to the attention of policymakers until there is a crisis with multiple causative factors. It is well known that decision making with regard to relevant factors that relate to or have an impact on perceived social problems often is conducted hastily because of lack of information, constituency impatience, and lack of expertise.

Review of Policy Research

Notable work has been conducted regarding agenda setting, implementation, and evaluation, and many of the models stemming from this work are in use today in the study of the policy process. For example, in 1973 Pressman and Wildavsky noted the complexity of implementation and the difficulty in achieving policy success when many branches and divisions of government attempt to work together. Bardach (1977), in his classic work, identified certain relationships among policy actors that developed through game playing. He identified activities, such as bargaining and negotiating among players, that make a tremendous impact on policy success or failure. Bardach also noted that a good policy must begin with a design that incorporates scenarios that can anticipate games and "**fire alarms**." For example, in some states APNs have to be willing to allow a representative from the board of pharmacy or the board of medicine to be on the governing board that regulates nursing at the advanced level.

Several notable political scientists who have also contributed to the study of the policy process include Kingdon (1995); Cohen, March, and Olsen (1972); and Dryzek (1983). These researchers made significant contributions to the main body of knowledge of the policy process by examining the way decisions were made (e.g., loose coupling, garbage can model) and the complexity of the policy.

Recently, Bryan and O'Byrne (2012) wrote about using policy analysis framework when proposing a policy related to nondisclosure in Canada, using Leavitt, Mason, and Whelan's (2013) policy analysis framework. The framework included identifying several factors that should also be included when considering policy design, such as the setting and influencing components, forming taskforces composed of stakeholders, and including a values assessment component. Identifying these factors as being critical to the evaluation process is crucial when working in the design phase of policymaking.

Policy Links

During the 1980s, political scientists studied the content of policy with the intention of providing an understanding of the link between policy design and policy outcome (**policy links**). Their efforts hold importance for APRNs whose roles often require interpretation and implementation of policies. To improve the likelihood of policy success, APRNs must be able to critically analyze policy content; specifically, they must be able to understand what the original intent of the policy is and if the policy is designed in such a way as to assure the intended outcome.

Schneider and Ingram (1990) argued for a closer look at design and proposed a framework to examine behavioral assumptions and attributes of policy content that can be employed by APRNs to conduct the work of government. This framework was used by this author and also was used by Roch, Pitts, and Navarro (2010) to examine how racial and ethnic representation influences the tools public officials use in designing policies to address discipline in public schools. Schneider and Ingram (2005) note that "the laws that policy produces are the principle tools in securing the democratic process for all people" (p. 2). They also note that although public policy ensures all people certain entitlements, policy has also been responsible for creating "distinctive populations."

Government policies are subject to a wide scope of interpretation that depends on who brings problems to national attention and which legislative group attaches itself to problems and solutions. Policies are often vague,

with unclear mandates. This is intentional, in order to provide more discretion in the implementation of policies. An opportunity exists for APRNs who recognize the value of vagueness; rather than waiting for clear directives, the nurse must learn and become comfortable with ambiguity because it allows discretion and flexibility in decision making and action, thereby enhancing the ability to individualize management.

The Design Issue

Unclear mandates often result in a mismatch between congressional intent and bureaucratic behavior. For example, federal money that is allocated to states for harm-reduction programs, such as smoking cessation during pregnancy, may reach a segment of the target group that may not need it. Many college-educated women will not smoke during pregnancy, yet private healthcare providers have access to as much federal money to develop an antismoking program as their public agency counterparts do.

Policy design became a focus of studies regarding the policy process over 30 years ago. For example, in 1987, Linder and Peters reported that poor policy design was a reason for policy failure. Describing some programs as crippled at birth, these scholars noted that the best bureaucracies in the world may not be able to achieve desired goals if an excessively ambitious policy is used (i.e., the problem is too complex for a single policy or agency). Also, if there is a misunderstanding of the nature of the problem, inappropriate policies may be formulated. Linder and Peters proposed that implementation should be examined, but only as one of the conditions that must be satisfied for successful policymaking. They maintain that by shifting the focus of study to policy design, a more reliable and explicit answer can be found regarding policy success.

Other scholars concurred with Linder and Peters. Ingraham (1987) argued that a systematic analysis of program design, rather than analysis using the garbage can model of agenda setting, could enhance policy success by allowing the option of considering alternative strategies and providing causal links, culminating in theory building. At that time, Ingraham focused her work on two areas of policy design: the level of design (sophistication of the design) and the location (exclusive to the legislative arena, exclusion of experts).

Upon reviewing the policy literature, it is apparent that the design phase of the policy process continues to be an area where few policy scholars choose

to focus their efforts. However, there are a few policy studies that look at design when examining social policy. For example, in a study conducted to examine policy-instrument utilization to promote electricity-efficient household appliances and office equipment, Varone and Aebischer (2001) determined that the political climate in which a policy is implemented is a critical factor to be considered when choosing instruments. In addition, the work of Roch, Pitts, and Navarro (2010), as noted earlier, examined policy tools. In summary, policy design is an integral component of the policy process. An understanding of policy tools or instruments chosen for policy design and the underlying assumptions of policymakers during the design process is critical to an understanding of the overall policy process.

Policy Instruments (Government Tools)

The study of the instruments or tools by which the government achieves desired policy goals has allowed researchers to examine policies in relation to their intent and to begin to infer the predictive capabilities of tools. Two scholars proposed a framework for studying policy based on policy tools. Schneider and Ingram (1990) offer a framework to analyze implicit or explicit behavioral theories found in laws, regulations, and programs. Their analysis uses government tools or instruments and underlying behavioral assumptions as variables that guide policy decisions and choices. Their contention is that target group compliance and utilization are important forms of political behavior that should be examined closely. Combined with process variables such as competition, partisanship, and public opinion, Schneider and Ingram argue that the tools approach moves policy beyond considering the standard analysis and improved frameworks. They note that policy tools are substitutable and states often use a variety of tools to address a single problem. To understand which tools are most productive, emphasis should be placed on using them in conjunction with a particular policy design. APRNs can use their knowledge of policy tools to make suggestions and recommendations to government leaders who are designing policies and programs. Schneider and Ingram (1990) state that public policy almost always attempts to get or enable people to do things they would not have done otherwise, and policy tools are those methods chosen by policymakers to overcome barriers to policy-relevant actions. Large numbers of people in different situations are involved in policymaking. Actions required by these

players include compliance with policy rules, utilization of policy opportunities, and self-initiated actions that promote policy goals. Schneider and Ingram suggest several issues that may affect failure to take actions needed to ameliorate social, economic, or political problems: (1) lack of incentives or capacity, (2) disagreement with the values implicit in the means or ends, or (3) the existence of high levels of uncertainty about the situation that make it unclear what people should do or how to motivate them. The researchers describe five specific policy tools used by governments in designing policy. In addition, they identify five broad categories of tools: authority, incentives, capacity building, symbolic and hortatory, and learning.

Authority Tools

Authority tools are used most frequently by governments to guide the behavior of agents and officials at lower levels. Authority tools are statements backed by the legitimate power of government that grant permission and prohibit or require action under designated circumstances. An example of an authority tool is a law, regulation, or mandate that requires that women qualify for prenatal services under regulated criteria.

Incentive Tools

Incentive tools assume individuals are utility maximizers and will not be motivated positively to take action without encouragement or coercion. Utility maximizers are those who want to get the greatest value for each expenditure. These tools rely on tangible payoffs (positive or negative) as motivating factors. Incentive policy tools manipulate tangible benefits, costs, and probabilities that policy designers assume are relevant to the situation. Incentives assume individuals have the "opportunity to make choices, recognize the opportunity, and have adequate information and decision-making skills to select from among alternatives that are in their best interests" (Schneider & Ingram, 1990, p. 516). An example of an incentive tool is coupons for free public transportation to prenatal clinics to encourage pregnant women to seek care. However, if the APRN assumes that lack of transportation is a barrier to accessing prenatal care (in that transportation options do not exist, regardless of cost), the outcome from an attempt to use this particular incentive may fail. The 2010 Affordable Care Act falls into this category, with a penalty to those individuals and businesses who do not adhere to the law.

Capacity-Building Tools

Capacity-building tools provide information, training, education, and resources to enable individuals, groups, or agencies to make decisions or carry out activities. These tools assume that incentives are not an issue and that target populations will be motivated adequately. For capacity-building tools to work, populations must be aware of the risk factors the tools possess and how these tools can help. Capacity-building tools focus on education. For example, information may point out the risks of smoking and drugs on a fetus, and information on such risk factors is distributed to the target population through brochures, email, YouTube videos, or other presentations. Another good example would be the extensive effort by the administration to inform the public about the Affordable Care Act. The underlying assumption is that information regarding the importance of smoking cessation is considered valuable to pregnant women and they will stop smoking to protect the health of their babies. Capacity-building tools also are used to encourage people to recognize the value of health care and to sign up for healthcare insurance.

Symbolic or Hortatory Tools

Symbolic or hortatory tools assume that people are motivated from within and decide whether to take policy-related actions on the basis of their beliefs and values. An example of this type of tool is a poster directed at adolescents that uses an adolescent model to issue advice or a warning. Such tools seek to gain the attention of the target population (adolescents) through use of peer imagery. Slogans also are symbolic and are used so that consumers link a positive or negative outcome to a particular behavior.

Learning Tools

These tools are used when the basis upon which target populations might be moved to take problem-solving action is unknown or uncertain. Policies that use learning tools often are open-ended in purpose and objectives and have broad goals. A needs assessment of the target population may be conducted by a taskforce, which provides knowledge and insight for policymakers and is an example of a learning tool. For example, if a community program related to addressing childhood obesity is to be proposed, a needs assessment must be conducted to determine what information is going to be needed before a proposal is presented to the county council.

Policy tools are important resources for the APRN because tools can be used to enlighten policy makers and persuade them to support or oppose a policy. Policy tools are similar to educational brochures and other materials that nurses provide to patients and families so that the patient can make informed decisions. For example, one of the primary goals of nursing is to provide the patient with comprehensive information regarding whether the patient has a chronic or acute illness or has undergone a stress-causing, life-changing event. Policy briefs, talking points, brochures about specific health conditions, and information about how the 2010 ACA will affect patient care often are given to policy makers to help them understand a health issue. More specific educational guidelines relating to health promotion behaviors and signs and symptoms of illness can reinforce information received from the care provider.

Behavioral Dimensions

In addition to understanding the types and the roles of tools in developing policy, the nurse in advanced practice must understand behavioral assumptions and the political context in which tools exist. The political climate in which social problems are addressed often prescribes the choice of tools to be implemented. Various tools are used when addressing similar social problems, and often these tools are interchanged, frequently resulting in differing outcomes when used by different agencies, states, or countries. In the United States, for example, liberal policymakers are inclined to use capacity-building tools when developing policies for poor and minority groups, whereas conservative policymakers might use the same types of tools in developing policies applicable to businesses.

Using Tools as a Looking Glass

Policy design is an integral component of the policy process. The choice of policy tools and the underlying assumptions of policymakers during the design process are critical to the success or failure of a policy. To help APRN students wrap their heads around how to analyze the policy process by looking at the tools used to address a policy, it might be useful to briefly discuss a study conducted by a nurse doctoral student studying

health policy. The question was: If the United States is supposed to have the best healthcare system in the world, why do we have one of the highest infant mortality rates among developed countries? The research involved analyzing how two different countries address the issue of infant mortality; specifically, what tools did the government in the Netherlands use that had such a different outcome than that of a state in the United States (South Carolina)?

Political Culture

In the area of political culture, differences were evident. Even though South Carolina and the Netherlands are pluralist societies with democratically derived leadership and elected legislatures, many factors contribute to very different approaches to policymaking. The Constitution of the United States established a system of checks and balances that has led to a federal legislature that, even when dominated by the same party as the executive branch, has considerable autonomy and may be divided strongly on a given issue. This diffusion of power makes it difficult to enact and implement policies. The structure of federalism (a system of government that allows each state considerable room for decentralized development in terms of adapting to unique human and environmental circumstances) offers opportunities for bolder programs in states than at the national level. In addition, the cleavages and turf issues that exist in the United States present resistance to cooperation. Because of the growth of regulatory activities, policymaking has become more complex, with more interdependency and conflict. In contrast, the Dutch government is centralized with little discretion allowed to lower-level administrators in municipalities. This is the result of clear, specifically stated policies that limit administrative and management flexibility.

APRNs in the United States often work in settings where even small policy changes involve multiple disciplines or departments and actors. For example, in a primary care setting, such as a family planning center, a policy change relating to Medicaid payment would affect patient recordkeeping for the social worker, dietitian, physician, and business manager, as well as the nurse. The APRN must be prepared to assume a leadership role in the collaboration of the various disciplines in providing comprehensive care to the patient.

CASE STUDY 1: COMPARATIVE ANALYSIS OF PREGNANCY OUTCOMES IN TWO COUNTRIES

The study (Smart, 2008) looked at how different governments might approach the issue of infant mortality. South Carolina (in the United States) and the Netherlands were chosen as the foci of study, and the questions asked related to factors such as political culture, economies, government response, and policy participation. Although the state and national levels of government are different, they are appropriate for comparative analysis because of their bicameral political structures and relative similarity in size. The most revealing factors regarding the differences in pregnancy outcomes were related to the approaches taken by the two governments to address the issue.

Economies

The gap between equality and distribution of income is greater in the United States than in the Netherlands. Income in the Netherlands falls within a close range, and so the income gap between the rich and the poor is very narrow; this is as opposed to the United States, where the gap is large and getting larger with the current economic situation and the resulting increased number of unemployed. Sardell (1990) notes that access to health care among the poor and unemployed is a long-standing concern of proponents of maternal and infant care. Despite an unemployment rate that exceeds that of South Carolina, prenatal services are provided to all Dutch women, regardless of income, with minimal financial barriers to care.

Government Response

This research found that governments in both countries used tools similar to those described in Schneider and Ingram's framework (1990), although the policy environments differed a great deal. Policies and initiatives developed and implemented by policymakers were analyzed by applying policy tools used in the conceptualization and implementation of the policy. As noted by Schneider and Ingram, "Policy tools are used to overcome impediments to policy-relevant

actions" (p. 510). Successful realization of policy goals requires active **participation** by the target population. If policymakers are not cognizant of motivating and deterring factors affecting the decision-making process of the target group, incorrect assumptions regarding participative behavior can result in an ineffective policy.

Although data relating to government responses to the problem of infant mortality revealed that policymakers in both countries were informed regarding beliefs and values of the target population, government-designed policies to address infant mortality in the United States have not been as successful in reducing the rate of infant mortality as in the Netherlands.

The area of family planning reflected the widest gap in the choice of tools. Several initiatives exist in most states, including South Carolina, that address family planning. All initiatives are activated through local and individualized programs, with no single program providing a clear and consistent framework to be followed by others. Although sex education is taught in the state-funded schools, each county may present the package in any form it chooses. Most key policymakers who are informed about the content of the sex-education curriculum practices around the state report that the content is often a very brief (15-minute) discussion each semester that covers broad concepts. In contrast, Dutch schools mandate a comprehensive sex education to all students beginning in the fifth grade. In addition, a government-funded family planning service is available through all general practitioners and midwives. The government is supported in these efforts by a majority of Dutch citizens and most of the clergy.

Policy Participation

The success of a policy or program is highly dependent upon whether the target population perceives the services provided by the program to be valuable enough to warrant participation. Policy participation in this study revealed that co-production (assumption of the values and involvement of establishment of goals) of a policy is not coordinated in South Carolina, but that Dutch citizens are very involved

(*continues*)

with policy design and formulation. All Dutch citizens use the same healthcare system and, therefore, have greater vested interest. Utilization of services in South Carolina is poor, which informants suggest is the result of very little input regarding policy formulation from the target population. Dutch women fully participate in family planning and prenatal healthcare programs.

Policy-Process Variables

Policy-process variables may make a major impact on the success or failure of a policy or program. Process variables include partisanship, public opinion, interest group strength, homogeneity between policymakers and the target population, and influence of policy analysis. Partisanship is deeply embedded in the United States and affects decisions on policies addressing maternal and infant health. Democrats are disposed more favorably than Republicans toward capacity-building tools or positive inducements for populations such as the poor. The Netherlands, in contrast, is noted for its ability to provide an overarching relationship among political elites to provide harmony and stability. Lijphart (1977) notes that the Netherlands is "a dramatic example of the survival of a nation state as a stable democracy despite extreme social pluralism" (p. 103).

Public opinion regarding policies that address unwanted pregnancies in the United States is polarized. The divisions between those who favor open, factual, and consistent information regarding sexuality and sex education and those who feel that such an environment would foster more promiscuity and unwanted pregnancies are also reflected in the legislature. In the Netherlands, public opinion is strongly and cohesively in favor of open communication between adolescents and the community at large regarding unwanted pregnancies; not so in South Carolina. A gap exists in the United States between policymakers and the target population, and most informants state that this gap contributes to the relative lack of public support and the weakness of special-interest groups lobbying for prenatal care. Quite the opposite exists in the Netherlands. Political support is apathetic and inconsistent in South Carolina, yet is supportive, consistent, and proactive in the Netherlands.

Bringing Policy to The Classroom

It is exciting to watch students as they develop skills relating to the process of policy analysis. It is not uncommon to hear at the beginning of the semester that students do not necessarily like what they are seeing and hearing in the workplace, but they feel powerless to do anything about it except on a one-to-one basis with their patients and their families. However, as learners progress through the academic term and are required to go through various exercises relating to understanding and developing policy, educators can almost see a change in attitude about what they as APRNs can do to become significant actors in the policymaking area. Students in this faculty member's class are required to take on one health policy issue currently being discussed in the state legislature. They are asked to research the issue and identify what stage the policy is in (agenda setting, design, implementation, etc.), determine in which committee the issue is currently residing (to determine whether or not it is the right committee to address this issue), determine what and where the resistance is, research the resistance, and propose a solution or counterargument to the resistance. They are then required to visit with their legislator and present their position regarding the issue. These connected exercises help students identify an issue, learn about it to develop a position (by obtaining knowledge to support their position), and gain the confidence to articulate their position to a legislator. It is the challenge of meeting a legislator face-to-face that is often overwhelming. A majority of students cite this requirement as one of the most valuable skills they have developed in the program. Students have chosen fascinating topics, such as the effect of streetlights on a community, health care for the homeless, and the Medicare donut hole. In addition to studying local government, students are required to form groups and develop presentations related to a country of their choice and, using tools and policy factors, explore how healthcare policies are designed and implemented in other countries. Over the years, students have presented on countries around the globe, looking at wealthy, developed countries such as Canada, France, and Germany, as well as poor countries such as Nicaragua.

CASE STUDY 2: POLYPHARMACY PROBLEMS

Polypharmacy, a common problem in the United States' geriatric population, increases the risks of drug–drug interactions. APRNs and pharmacists are committed to providing compassionate, comprehensive, cost-effective health care that focuses on disease prevention, health promotion, and patient education, and the United States' elders need and deserve this quality of care. Some of the factors that exacerbate the problem include multiple health conditions requiring that multiple specialists attend a patient, the cost of medications leading to skipped doses, and use of multiple pharmacies. The use of computer-based recording might help reduce contraindicated drug use, but to date no national or state policies are in place to regulate and reduce the incidence of the practice of writing prescriptions that are inappropriate for use in older adults.

Discussion Points

1. Identify the goal of a policy written to reduce this practice.
2. What tools might be included in the design phase of the policy process to increase the probability of success?
3. What research from other countries could be helpful in addressing this issue?

CASE STUDY 3: TEEN PREGNANCY IN SOUTH CAROLINA

Concerned about the high rate of teen pregnancy in South Carolina (39.1 per 10,000 in 2011), five graduate nursing students (Bartee, Whittington, Voelker, & Coats, 2013) analyzed teen pregnancy using two types of criteria: evaluative criteria (to introduce values and philosophy into the policy analysis) and practical criteria (examining the process through adoption and implementation). In projecting

outcomes, three alternatives were discussed: (1) do nothing (i.e., keep the current policy as it stands), (2) retain the current policy but add a mandate that addresses the issue, and (3) overhaul the current policy to address the issue from all sides. A detailed discussion ensued for each alternative that included economic and social attitudes and consumer behavior. Students began by looking at potential alternatives to address the social issue of teen pregnancy and subsequent economic and social implications, as well as the feasibility of government action and target group participation in each alternative. They delved into all factors that would potentially impact the outcome of each alternative. This comprehensive discussion is a very good example of how to set up a social issue and examine the issue and potential alternatives to policy success through the window of policy tools.

Discussion Points

1. Describe by example how tools and their underlying assumptions can affect the outcome of a policy to reduce teenage pregnancy.
2. Identify tools that might be included in the design phase of a policy to reduce teenage pregnancy to increase the opportunity of success
3. Examine opportunities for healthcare professionals to work together in designing healthcare policies.
4. Analyze potential obstacles to policy success, and identify what strategies should be put in place to eliminate or bypass the obstacles?

Conclusion

As a component of advanced practice nursing, active participation in the policy process is essential in the formulation of policies designed to provide quality health care to all individuals. To be effective in the process, APRNs must understand how the process works and the points at which

the greatest impact might be made. The design phase of the policy process is the point at which the original intent of a solution to a problem is understood and the appropriate tools are employed to achieve policy success. APRNs can be extremely effective in this phase as policy tools are considered and selected.

Discussion Points and Activities

1. Identify a health policy and the tools used by the institution/agency to implement the policy.
2. Using your understanding of the behavioral assumptions underlying the tools, predict the potential for success or failure of the policy. Identify policy variables that will affect success or failure.
3. Identify a policy (rule, regulation, etc.) that has been in use for several years, yet has had little success. Identify the variables that may be inhibiting success and offer possible solutions. Write or call your legislator to express your concerns (using data) and offer a proposal for revision. Explain why your proposal may increase success of the policy implementation and outcome.
4. How does the political climate affect the choice of policy tools and the behavioral assumptions made by policymakers?
5. Identify opportunities that are currently in place for APRNs to begin activity in policymaking.
6. Submit an article for publication to a refereed journal about a clinical problem based on the policy design process.

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