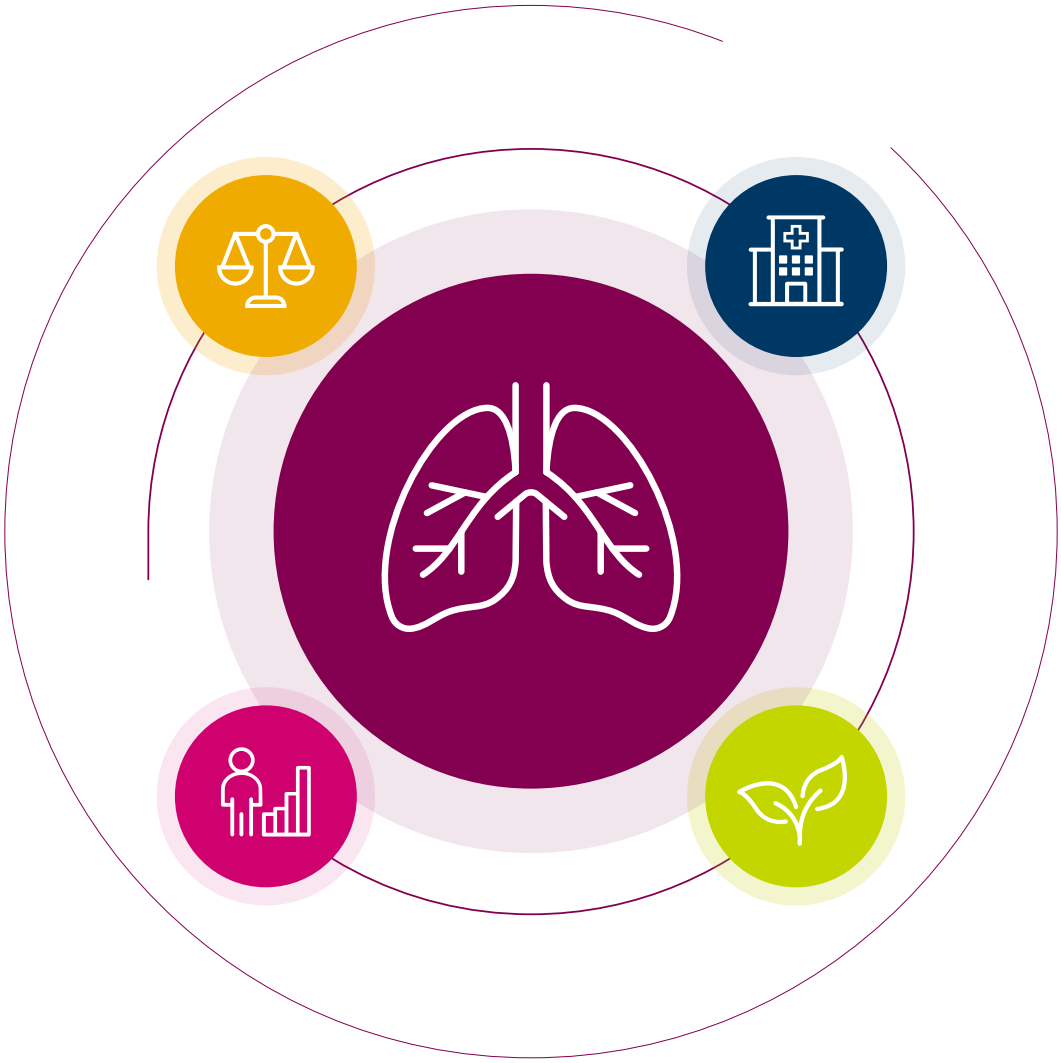
Achieving cut-through with policymakers to improve COPD outcomes

A toolkit for engaging with policymakers



Any use of this toolkit at a country level will require Local Market review and approval

Date of preparation: December 2023 Veeva Document Number: Z4-60163

AstraZeneca commissioned the MHP Group to produce this document

This dossier is organised and funded by AstraZeneca

Contents

Summary checklist

Your purpose for contacting the policymaker

Be clear on the *why* – why are you contacting the policymaker:

- [ ] Meeting
- [ ] Roundtable invitation
- [ ] Briefing

Be clear on the *what* – what are you asking for from the policymaker:

- [ ] A change in policy
- [ ] You have identified a policy gap or need
- [ ] An emerging issue arising from, e.g. research or data, needs to be addressed by policymakers

Contacting policymakers

Where to find names and contact details:

- Publicly available directories e.g. in the UK information can be found in Civil Service Yearbook
- Information can be found online for example on organisational websites, published documents, social media or via search engines
- At networking events or conference
- Governmental bodies have a contact inquiry line
- Patient Advocacy Groups, medical research charities, NGOS

Message clarity

Initial contact via email:
- Use plain language, no jargon
- Brief title
- Avoid lengthy paragraphs
- Be clear on what you are asking for and why
- Highlight a time line

Prepare your policy briefing

Foreword

Chronic Obstructive Pulmonary Disease (COPD) is a heterogeneous lung condition characterised by chronic respiratory symptoms (dyspnoea, cough, sputum production and/or exacerbations) due to abnormalities of the airways (bronchitis, bronchiolitis) and/or alveoli (emphysema) that cause persistent, often progressive, airflow obstruction.[1] Smoking has long been seen as the main risk factor for COPD, which has driven stigma.[2] Research shows that 25–45% of COPD patients have never smoked.[3] Other risk factors heavily contribute to the disease burden and are likely to surpass the risk attributable to smoking within the next two decades.[2] These other risk factors include air pollution, history of pulmonary tuberculosis, asthma, infections during childhood, and low socioeconomic status.[2]

Air pollution

History of pulmonary tuberculosis

Asthma

Infections during childhood

Low socioeconomic status

COPD is a major public health problem[4]

3.2m people died from COPD in 2019[5]

COPD is the **3rd** leading cause of death worldwide[5]

The global cost of COPD is expected to rise to **$4.8tn** USD by 2030[6]

The COPD burden is heavily driven by exacerbations and their associated healthcare costs[7,8,9]

Estimates show that COPD is the **2nd** most common cause of emergency admissions in certain countries, including the UK and Canada[10,11]

COPD remains an issue that requires greater understanding and attention in healthcare and policy circles[12]

This suggests that a more collective social movement to enable policy escalation is required

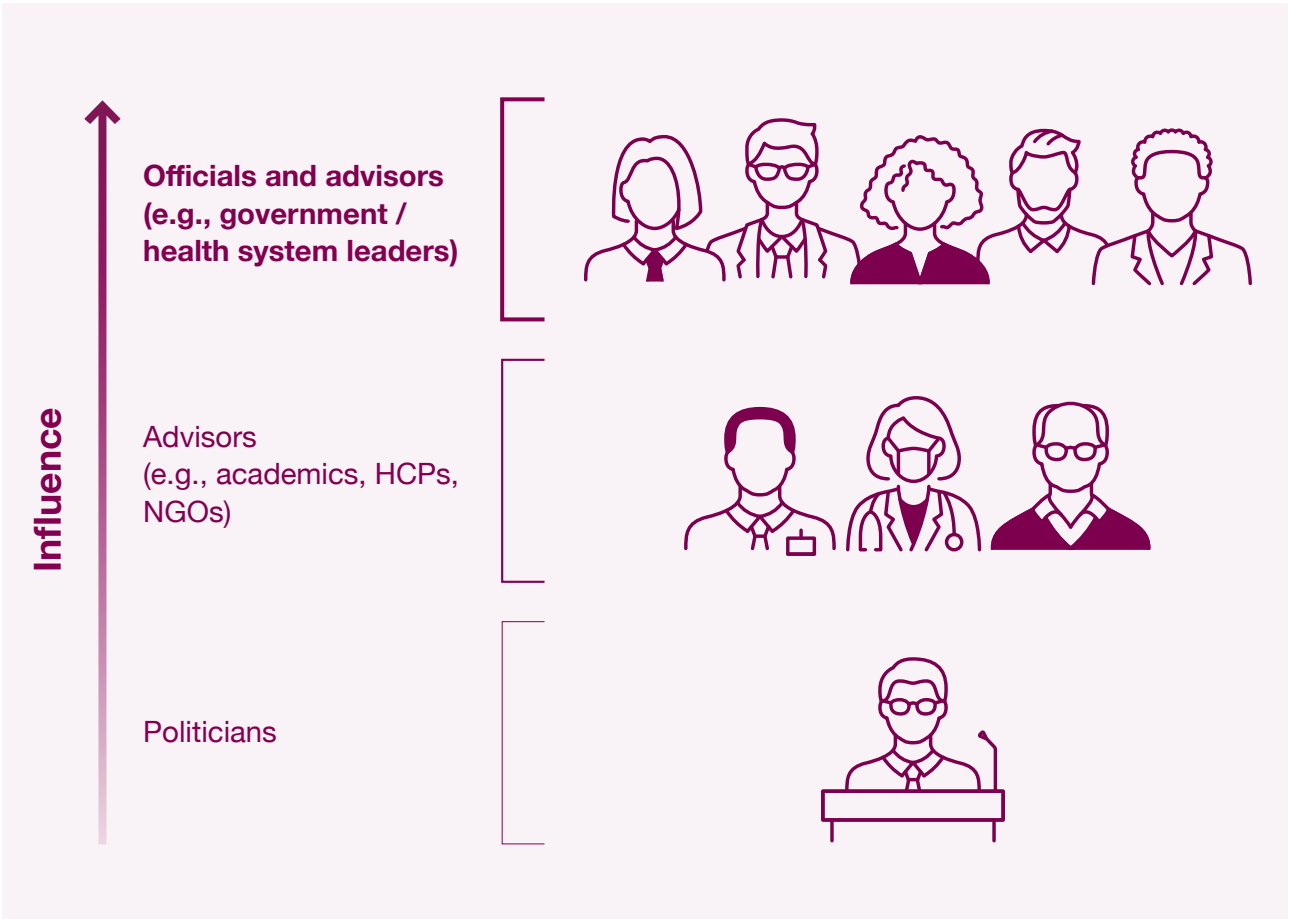
Achieving a step change in the identification of COPD and the care patients receive requires a combination of science and policy. Whilst the science has identified the aetiology, the risk factors, and the treatment, achieving systemic change requires collaboration with policymakers.

This guide, in parallel with the COPD Policy Dossier is intended to support engagement with policymakers through identification, contact, messaging and meeting preparation.

1 Who are policymakers and what are they looking for from experts?

In broad terms, a 'policy' is a plan, legal instrument, or approach adopted by government, business, regulatory or professional bodies designed to influence or determine a course of action. Sometimes a policy is enshrined in law, as a regulation or a direction.

The process of developing policy is drawn from a wide network with varying degrees of influence:



Officials and advisors – usually based in central government departments and health systems – are the most influential, however policymakers are typically transitory, as they frequently move roles and departments and are non-specialist, meaning they are not usually clinically or scientifically trained.

Research commissioned by AstraZeneca entitled *Common, Preventable, Treatable: Has COPD Been Underprioritised?* showed that only 5% of health policymakers view COPD as a priority and in addition this research indicates:[13]

Amongst policymakers, there is low awareness of COPD:

- **2%** say COPD is the highest current non-communicable disease (NCD) priority
- **Nearly a third** of health policymakers are not aware that COPD is a lung disease

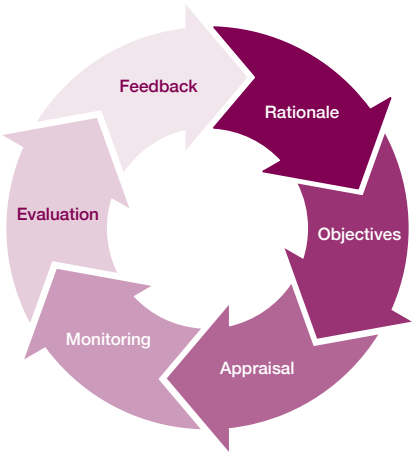
COPD is not a high priority, but:

- **74%** see the burden of hospital admissions as most concerning
- **76%** see early detection as the most effective way to reduce burden

Policymakers are frequently contacted by a wide group of people hoping to influence the policy development process with their views and ideas – from academics, professional groups and societies, non-governmental organisations, businesses, lobbyists, interest groups and the public. Policymakers are often time-poor, and although they tend to be generalists, it is important not to underestimate their skills and experience, particularly when it comes to understanding complex issues and assimilating knowledge.

Policymaking is often described as a process – or cycle. For example, the UK Government's HM Treasury issues guidance called The Green Book – which outlines the policy development and appraisal process – and uses the following stages to represent policy development as a cycle, comprising:

- **Rationale**
- **Objectives**
- **Appraisal**
- **Monitoring**
- **Evaluation**
- **Feedback**



However, as the UK's Institute for Government indicates in Better policy making, in reality policymaking in the real world tends to operate less rationally and is much more opportunistic, taking into account public reaction, political direction, the role of the media, research, professional opinions and socio-economic factors. Moreover, policy implementation is not immediate, and the results may take time to appear and are rarely linear, frequently overlapping with other policies, which can make measurement and evaluation complex.

The HM Treasury The Green Book suggest that it is vital to understand both the context within which policy objectives are being delivered and the process of change that will result from the proposed intervention and cause the desired policy objectives. Further, HM Treasury highlight the issues that influence the wider debate that give rise to policy development are summarised in the mnemonic known as PESTLE which stands for Political, Economic, Social, Technological, Environmental and Legal issues. The translation of these issues through policy into outcomes is represented in The Green Book by a flow chart.

Figure 1: HM Treasury Green Book policy development flow chart

The process of policy development must be based on objective evidence:

- Where assumptions are needed, they should be reasonable and justified by transparent reference to the research information on which they are based
- Information may come from a range of possible sources including evaluation of previous interventions and what works, background academic research, specially commissioned research or surveys, and international comparisons
- Research and due diligence activity should take place early on, and before the process of more detailed policy development or business case development and appraisal begins

As stated earlier in this section, policymakers are contacted by a wide variety of individuals and organisations – and are looking for a wide range of opinions and advice – which must be evidenced, clear and not sit outside established frameworks, for example if trying to establish a policy lever that would improve COPD outcomes, do not propose the reorganisation of the whole health system. Later sections of this document will outline methods to employ when engaging with policymakers and seek their interest; **however, it is important for them to understand why they should pay attention to your views.**

Therefore, establish early on your:

- **Reputation,** for example through awareness of published papers, networks, involvement with professional societies and other influencing organisations
- **Academic authority,** for example your academic and clinical positions and background
- **Understanding of government priorities and restrictions,** for example be cognisant of what is possible within the current policy framework – the process of policy making is as much about compromise and negotiation as it is about ideas

2 Stakeholder mapping and maintaining relationships

Stakeholders are any people or groups who are involved in or impacted in some way by, for example, a policy, project, organisation, regulation, action, or intervention. Examples of stakeholders in health may include government, health system leaders, learned societies, regulators, academics, patients, research charities, business.

Undertaking stakeholder analysis as an early step in your change project can help you avoid conflict and delays caused by inadvertently failing to involve key people. Stakeholder analysis involves identifying who your stakeholders are, working to understand their interest in and influence on the project, how your project or work will affect them.

Broadly, there are two types of stakeholders:

- Those that **have a direct influence or responsibility** in promoting your proposals for example, government officials
- Groups outside of government that **can help with building a movement to support** your policy proposals

There are many different approaches to undertaking stakeholder analysis. Research published in BMJ Global Health states that "While stakeholder analysis is a recognised practical tool to assess the positions and engagement of actors relevant to policy, few empirical studies provide details of how complex concepts such as power, interest and position are operationalised and assessed in these types of analyses".[14] The study sought to address "this gap by reviewing conceptual approaches underlying stakeholder analyses and by developing a framework that can be applied to policy implementation".

For further reading the following paper on Stakeholder Analysis from the Journal of Health Policy and Planning (2000) seeks to understand the role of stakeholder analysis in the wider process of policy development.

Questions to consider when thinking through mapping your stakeholder network:

- What financial or emotional interests do stakeholders have in the outcome of your work? Is it positive or negative?
- What motivates these groups/people most?
- What information do they want from you?
- How do they want to receive information from you? What is the best way of communicating your message to them?
- Who influences the influencers?

Creating a stakeholder map

Stakeholder maps can take different shapes and forms; however, they should always be:

- **Easy to read,** as their goal is to be used as a quick tool for decision-making
- **Comprehensive,** since only a complete overview of the relevant stakeholders can provide useful information
- **Organised into groups** based on the nature, common interests, and level of influence of the various stakeholders

The benefits of using **stakeholder maps** include:

- **Identifying the key players** immediately, meaning you know who to target, monitor or inform
- **Making decisions** quickly or **holding consultations** without overlooking important stakeholders
- **Assessing the power** and **understanding the interests** of each stakeholder to define strategies and **communicate plans** accordingly

Various forms of mapping can be used, for example charts, grids, system diagrams. Some example charts can be found in this guide: Stakeholder Mapping: A Complete Guide.

The World Health Organization have prepared a Stakeholder mapping tool through the lens of family planning guidance, however this structure is applicable to any stakeholder mapping process. The tool contains a stakeholder mapping grid to help support the identification and prioritisation of stakeholders:

Stakeholder mapping grid

Name of organisation	Name of contact person/s (title and level)	Level of influence	Type of influence	Priority of engagement	Role and type of engagement

Figure 2: Extract from the World Health Organization Stakeholder Mapping Grid

Creating a stakeholder map – main points:

1. **Establish the purpose of the map** – for example engagement, decision making or influence

2. **Identify stakeholders** – organisations, people and groups and segment

    - Example segmentation could be type of organisation, ability to influence, decision-maker

3. **Prioritise stakeholders** – for example by contact frequency, power to decide, and review this regularly. This will enable trusted relationships to be built – which is important especially if a policymaker moves role, which can happen at frequent intervals

Approaches to policymaker stakeholder discussions

If you proceed to a meeting with policymakers, there are some do's and don'ts to consider. To note, these are indicative and may vary from system to system. The box below outlines some points to consider when meeting with policymakers.

Do's and don'ts of policymaker stakeholder meetings:

- **DO: Keep meetings short – 30–60 mins and be prepared for short notice cancellations or a delay to this start time** – ensure to find out their schedules before you fix the date, time, and length of the meeting. In addition, understand days of the week that work best; for example, Mondays are usually not ideal for scheduling these types of meetings – later in the week can often work well. Remember to focus on your key message and the background information your audience needs

- **DO: Bring copies of your briefing document with you – and if there are any related papers.** For example, related journal papers or research reports. Offer to email the documents following the meeting

- **DON'T: Assume this is presentation. A meeting should be a dialogue – unless discussed in advance** and policy makers are often intelligent consumers of evidence and proposals and will have a wide and varied knowledge, expertise, and backgrounds. Give them the chance to react, raise concerns, ask questions, and provide perspectives. Therefore, after introductions DO have prepared a short set of bullet points precising your ideas

3 Contacting policymakers and structuring policy briefs

Contacting officials

In most systems there is a cascade effect – **so policymakers, usually government officials – are the key to unlocking policy or political prioritisation.** The optimal initial approach to contacting policymakers based in government departments and health systems is via email. Once a relationship is established then calling may be appropriate but given schedules and commitments email should be the first line of contact.

Initial contact email template:

Set out **who you are and your role** – in one sentence

Outline **why you are contacting the policymaker and the reason for its' importance** – maximum three sentences

What are you looking for in contacting the policymaker, for example a meeting – online or in person, attendance at an event, or you would like to send them a policy brief – and set out timeframe for the interaction – four to five sentences maximum

Conclude by offering to send further information or to have an initial call to enable the policymaker to decide on the next stage

Example contact email:

New message

To : Name Surname × cc : bcc :

Subject : [insert subject line]

Dear XYZ,

I hope you are keeping well and please forgive this unsolicited email. I am a Professor of Respiratory Medicine at ABC University, specialising in Chronic Obstructive Pulmonary Medicine (COPD).

COPD is a major contributor to health inequity. Data shows that patients with low socioeconomic status are twice as likely to experience poor COPD outcomes and are more frequent exacerbators. Across the OECD and EU, patients in the lowest income group are less likely to see a specialist outside of primary care as they tend to find it more difficult to access services. Many patients I see in clinic could have better outcomes if we had more comprehensive COPD care in primary care settings, which would help ensure that everyone at-risk receives the care they need. As well as benefiting health equity, this could also reduce the burden on emergency services.

In the first instance, I would welcome the opportunity to send you a more detailed briefing on this issue, setting out the reasons and options. Following that, it might be helpful to arrange a follow up meeting.

Please do let me know how you would prefer to discuss, and if you would like further information or a call to discuss further.

I look forward to hearing from you and progressing this issue.

With regards,

Name Surname, Job title

Send

If you **do not receive a prompt reply**, it is advisable to wait a week then send a follow up email. Approximately two follow ups would be acceptable, although cultural variances should be considered.

If **no response is received seek other ways of contact** – for example, through an intermediary or via someone from your stakeholder network who knows the policymaker.

How to find whom to contact and where?

- Information **can be found online** for example on organisational websites, published documents, social media or via search engines
- In **some countries directories are available** – your organisation library may have access. For example in the UK, the Civil Service Yearbook lists contact details for principal officials
- Alternatively, **most Governmental bodies have a contact inquiry line** which should be able to assist

Preparing a policy briefing

Depending on your request you may be asked to prepare a briefing so your proposals can be considered further. In this document, the term 'policy briefing' is used – but other terms are used, for example, briefing paper or note, short report, etc.

There is no prescription for preparing policy briefings, but in general the document should not exceed **1,000 words maximum** or **no more than 2-sides – in Word, do not use PowerPoint**. The reason for using Word is that the content maybe used to escalate within the organisation, and this gives your document greater utility for internal briefings.

The box below outlines a proposed structure for the briefing:

Template structure for Policy Briefing:

- **Summary** – two sentences explaining the purpose of the briefing
- **Key points** – three or four bullet points this will be your "sales pitch" – short, sharp points that summarise your proposal and recommendations – essentially if the recipient only reads this section, they will understand your proposal and recommendations
- **Background** – one paragraph outlining the reasons for raising the issue and the need for the proposal, why your proposal needs to be considered, and the impact your proposal would have to improve, for example pathway redesign or patient outcomes
- **Key points** – five paragraphs maximum setting out in detail why the issue has occurred, how long has this been a problem, impact on patients, any financial implications, evidence, and data to support your argument or proposal
- **Recommendations** – one paragraph or bullet points setting out your recommendations, or proposed actions, or next steps

However, there are some dos and don'ts to bear in mind when preparing a briefing, and the box below outlines the principal suggestions:

Points to consider when preparing a policy briefing:

- **DO: Use plain language** – avoid jargon, spell out acronyms and explain technical terms in the text the first time they are used. But stay formal – avoid contractions – and keep at front of mind that the person receiving your briefing is more likely to be a generalist and not a specialist
- **DO: Use a title** that states exactly what your brief is about, avoiding long titles
- **DO: Avoid heavy paragraphs by breaking up your text, highlight key points and keep paragraphs short,** use sub-headings, bullet points or text boxes
- **DO: Include a 'key points' section.** You are the specialist and are passionate about your subject however, the individual you are contacting maybe a generalist, is unlikely to share your passion and may know very little if anything about the topic
- **DO: Write clear, specific, and realistic recommendations in terms of both implementation and timescales.** Avoid vague language, clarity is the key
- **DO: Cite your claims.** Brief references can be included in footnotes or endnotes but attempt to keep these to a minimum and avoid the briefing taking on the look and feel of a scientific paper
- **DO:** Ensure you **edit** your document. Grammatical errors or spelling mistakes can undermine your credibility
- **DO: Distribute the briefing to your broader network of stakeholders** to achieve maximum impact and further support

4 'Issue, Background, Options, Cost' template

If you are asked to proceed to a more comprehensive policy proposal, more detail will be required – but unless requested otherwise, there are four factors to keep in mind when preparing a proposal.

Key principles when preparing a policy proposal:

- Ensure **brevity**
- Use **plain language**, not jargon
- Keep to **3–4 sides** maximum
- In **Word, not PowerPoint**

The template below outlines a proposed structure that can be adapted to suit your needs or requests, however, keep to a basic principle of: **Issue > Background > Options > Costs**

Template for Issue > Background > Options > Costs

1. Title: should be short and indicate the content of the briefing

2. Issue: briefly summarise the issue – think of it as a precis of the Background section, in case the full briefing is not read in detail

3. Background: summarise the background for example history of the issue, previous policy decisions and their impact, previous research on the issue, or other contextual information. Move on to outlining the rationale behind your recommendations, explaining the considerations, and a more substantive discussion of how and why your policy is needed and how it will work. For example, are there any structural, workforce or financial implications, how will your proposal improve patient outcomes

4. Options: set out 3–4 recommendations; it is possible to provide a steer to your preferred option

5. Costs: policy proposals may incur costs but may also provide savings, either through efficiency and productivity improvements or direct revenue expenditure. You should try and set these out, even at a high level. Note – you are not expected to be experts in public sector accounting

6. Appendices: these can include data, articles, further explanations etc. but, do not assume it will be read: the brief must stand on its own

There are some points to consider when preparing the briefing, and the box below outlines the most important.

Be a contributor, not a translator – emphasise what you can do for policymakers, as well as having a policy ask in your communications

Avoid emotive language – for example, do not use terms such as "the Government must" or it is "essential to do"

Engage with the wider policy network – for example, patient groups, NGOs, think tanks, other disease groups etc. – they can advocate for you, and place quotes from these organisations in your briefings

Publicise your expertise – ensure your ideas are aired across various channels – not just through journals and scientific conferences but for example, at more general health conferences – policymakers are more likely to see you there or social media

Be aware of the wider health and political landscape – think laterally – for example, how does what you want to achieve fit in with wider concerns or issues, can it support or complement other initiatives being progressed

5 Additional Resources

These links provide additional information and advice on engaging with policymakers:

- Stakeholder analysis – a guide to identifying and mapping stakeholders by NHS England
- How Should Academics Engage in Policymaking to Achieve Impact? – review article from Political Studies Review on the advice from the academic and 'grey' literatures identifying a list of do's and don'ts for academics seeking 'impact' from their research
- Policy Toolkit – prepared by the University of Toronto and the Fraser Mustard Institute for Human Development, this toolkit provides a guide for researchers to develop effective policy briefs to communicate research findings to policymakers to support evidence-informed decision-making
- Engaging public groups with your research – a guide prepared by the University of Bath to support public engagement
- Participatory Policy Toolkit – aimed primarily at non-governmental organisations, this toolkit from the Goldman School of Public Policy at the University of Berkeley, California provides a step-by-step toolkit for achieving social change
- The do's and don'ts of influencing policy – a systematic review of 'how to' advice in the academic and grey literatures published in Nature
- Engaging with policymakers – advice from the Global Alliance for Chronic Diseases

References

1 Celli B, Fabbri L, Crine G, et al. Definition and Nomenclature of Chronic Obstructive Pulmonary Disease: Time for its Revision. Am J Respir Crit Care Med 2022.

2 Stolz, D., Moribund, T., Schumann, D. M., Agusti, A., Ash, S. Y., Bafadhel, M., Bai, C., Chalmers, J. D., Criner, G. J., Dharmage, S. C., Franssen, F. M. E., Frey, U., Han, M., Hansel, N. N., Hawkins, N. M., Kalhan, R., Konigshoff, M., Ko, F. W., Parekh, T. M., & Powell, P. (2022). Towards the elimination of chronic obstructive pulmonary disease: a Lancet Commission. *The Lancet*, 400(10356), 921–972. https://doi.org/10.1016/s0140-6736(22)01273-9

3 Salvi, S. S., & Barnes, P. J. (2009). Chronic obstructive pulmonary disease in non-smokers. *The Lancet*, 374(9691), 733–743.

4 Quaderi SA, Hurst JR. The unmet global burden of COPD. Glob Health Epidemiol Genom. 2018 Apr 6;3:e4. doi: 10.1017/gheg.2018.1.

5 World Health Organization. (2023). Chronic Obstructive Pulmonary Disease (COPD). World Health Organization: WHO. https://www.who.int/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-(copd) (Accessed November 2023).

6 Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum, 24.

7 Chetty, M., MacKenzie, M., Douglas, G., & Currie, G. P. (2006). Immediate and early discharge for patients with exacerbations of chronic obstructive pulmonary disease: is there a role in “real life”?. *International Journal of COPD*, 1(4), 401–407. https://doi.org/10.2147/copd.2006.1.4.401

8 Punekar, Y., Shukla, A., & Mullerova, H. (2014). COPD management costs according to the frequency of COPD exacerbations in UK primary care. *International Journal of Chronic Obstructive Pulmonary Disease*, 9, 65–73. https://doi.org/10.2147/copd.s54417

9 de Nigris, E., Haughney, J., Lee, A. J., Nath, M., Müllerová, H., Holmgren, U., & Ding, B. (2023). Short- and Long-Term Impact of Prior Chronic Obstructive Pulmonary Disease Exacerbations on Healthcare Resource Utilization and Related Costs: An Observational Study (SHERLOCK). *COPD: Journal of Chronic Obstructive Pulmonary Disease*, 20(1), 92–100. https://doi.org/10.1080/15412555.2022.2136065

10 Lane ND, Brewin K, Hartley TM, et al. Specialist emergency care and COPD outcomes. *BMJ Open Respiratory Research* 2018;**5**:e000334. doi: 10.1136/bmjresp-2018-000334

11 Canadian Institute for Health Information, (2023) Hospital stays in Canada 2021–2022, *Canada Institute for Health Information* https://www.cihi.ca/en/hospital-stays-in-Canada (Accessed September 2023).

12 Hurst, J.R., Winders, T., Worth, H. et al. A Patient Charter for Chronic Obstructive Pulmonary Disease. *Adv Ther* **38**, 11–23 (2021). https://doi.org/10.1007/s12325-020-01577-7

13 AstraZeneca. (2022). *Common, Preventable, Treatable: Has COPD Been Underprioritised?* https://qrco.de/COPDpollingreport

14 Balane, MA et al. Enhancing the use of stakeholder analysis for policy implementation research: towards a novel framing and operationalised measures. BMJ Global Health 2020;5e002661.

AstraZeneca