

PAd 209 Public Administration and Management: Part III
PPOL 215 Capstone Seminar: The Ethics and Practice of Public Policy
Fall, 2006

SYLLABUS: September 5, 2006

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MPA 614 202-994-5170

Class meeting: Wednesday, 6:00pm – 8:00 pm
*** ROOM CHANGE*** MPA 208

Office hours: Wednesday, 4:00pm – 5:45 pm
Also available by appointment most weekdays

Course Description and Objective:

Students will work in teams to design and analysis of a substantive policy and/or administration issue and present findings in response to a project scope of work developed by one of the clients selected by the instructor.

This course is a capstone of your professional education and an introduction into the professional practice of public policy analysis and management. During this semester, you will draw on the tools and expertise garnered from prior coursework to analyze one or more important public policy and management problems. On the basis of that analysis, you will then develop recommendations for dealing with those problems to a client official or agency.

As reflected by the cross-listing, students in the Fall Capstone come from the public policy *and* public administration degree programs, as well as other closely related graduate-level programs. The mix of backgrounds should allow most of you to work closely with students whose areas of specialization are different than your own. You can expect to apply and demonstrate skills in problem definition, issue framing, collection of data and information, interviewing, selection and analyses of alternatives, presentation of findings and recommendations, design of implementation tools and administrative procedures and organizations, report writing and oral presentation to policymakers, and appreciation of practical and ethical issues in the content of policy and the process of making and implementing it.

If you are **not** in your final semester of course work towards a Master's Degree, contact the instructor immediately to discuss whether you have had enough classes and experience to benefit fully from the class and to succeed in it.

Projects and Project Assignments:

Study teams, each consisting of four to seven students, will each undertake a project for a client that has been selected by the instructor. After the first class meeting, students will have the opportunity to request assignment to a specific project, but all project assignments will be made by the instructor.

Project assignments will balance individual students' interests and fields of expertise with the objective of assembling a team whose members' strengths complement rather than duplicate each other.

Specific substantive expertise is not required to participate in a team, and in previous semesters, some students have specifically requested projects outside of their area of expertise. Policy and management professionals are expected to be generalists, able to apply their analytical competencies to a wide range of policy administrative, and political problems.

Three projects are available to students. See the appendix for detailed project descriptions.

[Project 1:](#) Health Centers and Health Professions Programs
National Association of Community Health Centers (NACHC)

[Project 2:](#) Creating an Economic Impact Model of Response to a State of Emergency
Department of Homeland Security (DHS)

[Project 3:](#) Strategic Planning and Performance Management
Executive Office of the Mayor, D.C. Government

Project Process: Design and Execution

For each project, the client will meet with the study team during the second or third week of the semester to outline the problem as it sees it and discuss the kind of product it is interested in receiving. The client will also provide some initial contacts and background information. The team will collect information, frame and analyze issues, prepare a report, including examples or drafts of any legislative instructions or administrative instruments necessary to implement recommendations, and develop strategy for moving the policy proposal through the appropriate policy making and implementation bodies. Each team will present its work in written, graphic, and oral forms.

Team members will refine the scope of work, identify the tasks involved, a timetable for their completion, allocate responsibilities among its members, who will be responsible for completing assignments on time and at high professional standards. The instructor will be available for consultation throughout the study period.

The work will be organized into the following (somewhat overlapping) phases:

1. Problem definition, issue framing, fact-finding on problem and its causes
2. Study design and adjustment to scope of work, if needed
3. Collection and analysis of data and information and identification of policy options.
4. Analysis of data and information to assess alternative policy options or approaches
5. Development of findings and recommendations.
6. Design of implementation strategy.
7. Drafting of the report, including appropriate graphics
8. Review and revision for the final report.

9. Formal presentation to Clients

Presentation of the report will be made in a PowerPoint presentation to the client and other experts, sitting as a "jury," to critique both the substance of the work and its presentation. This presentation should be structured so that each member of the team has a role.

| Week # | Week of Monday... | Schedule |
|--------|-----------------------|---|
| 1 | September 4 | Introduction and class overview |
| 2-3 | September 11, 18 | Meet with the client, subject to client's availability |
| 4 | September 25 | Meet as a group to commence project design, background research, and revisions to scope of work |
| 5 | October 2 | Schedule a meeting with the instructor to discuss progress and informally present analytical approach. Study teams are encouraged to schedule this meeting earlier, if they are ready. |
| 6-9 | October 9, 16, 23, 30 | Execute project design. Meet with the instructor as needed. Draft a working outline and make revisions as necessary. |
| 10 | November 6 | Continue with project tasks, prepare a working outline for submission |
| | November 10 | Submit a working outline of the project report for review by the instructor |
| 11 | November 13 | Schedule a meeting with the instructor to receive comments on the working outline and discuss progress. <i>Note that I expect to be out of town at a conference from Wednesday, November 15 to Friday, November 17. Plan to meet with me on Monday, November 13 or Tuesday, November 14, if not before.</i> |
| 12-13 | November 20, 27 | THANKSGIVING HOLIDAY - November 23–25; develop draft report and start planning for the oral presentation for the client. |
| 14-15 | December 4-15 | <ul style="list-style-type: none"> ▪ MOCK PRESENTATIONS, Wednesday, December 6. ▪ Schedule a final presentation with the client. ▪ Meet with the instructor as needed to finalize the report and prepare the oral presentation. ▪ Note that the last day of classes is Monday, December 11, and final exams begin on December 14. |

Team Member Evaluation

Near the end of the semester, the instructor will distribute an evaluation form. Every student will be asked to evaluate the other member's of his or her team on the basis of the following criteria:

- Attendance at team meetings
- Timely written work
- Quality of contributions
- Leadership
- Problem solving
- Fairness
- Consideration of others' views
- Creativity
- Decisiveness

All forms will be confidential.

APPENDIX I: PROJECT DESCRIPTIONS

Project 1: Health Centers and Health Professions Programs

Client: National Association of Community Health Centers

Contacts: John Sawyer, 202.331-4603, jsawyer@nachc.com
 Lisa Cox, 202.296-09223, lcox@nachc.com

The Problem:

Community health centers (CHCs) are local, non-profit, community-owned health care providers serving low income and medically underserved communities. Over 1,000 health center organizations deliver care through over 5,000 service delivery sites in every state and territory, making them the nation's largest national network of primary care providers. CHCs currently serve over 15 million patients. Fully 40% of these patients are uninsured and 36% have Medicaid, and at least a quarter of all health center medical encounters are for chronic diseases. An extensive amount of research documents that health centers successfully improve access to care for hard to reach populations, and provide high-quality and cost effective care. The health centers program has grown significantly over the last few years, as both the Bush Administration and Congress have committed to expanding their reach.

All health centers¹ are characterized by the following unique federal grant requirements:

1. located in *high-need areas* that have been identified by the federal government as “medically underserved;”
2. able to provide *comprehensive* health and “enabling” services;
3. *open to all* residents, regardless of income, with sliding scale fee charges for out-of-pocket payments based on income and ability to pay;
4. governed by *community boards*, the majority of which must be patients to assure responsiveness to local needs; and
5. *follow rigorous performance and accountability requirements* regarding their administrative, clinical, and financial operations.

The National Association of Community Health Centers (NACHC) believes that quality health care means having enough qualified doctors, nurses, and other health care professionals willing to work long hours to care for individuals and families who need services, and to truly understand the unique needs of diverse racial and ethnic populations. NACHC also feels that health centers have realized minimum benefit from the federal Title VII (health professions) and VIII (nurse training) programs and that the programs have not been adequately focused on the needs of underserved communities.

Along these lines, NACHC would like a policy paper that outlines whether (and to what degree) each of the 50 or so programs authorized under Titles VII (health professions) and VIII (nurse training) achieve any or all of three key health center objectives for such programs: (1) reverse the decline in

¹ Community, migrant, and homeless health centers are all part of the health centers program, as defined by Section 330 of the Public Health Service (PHS) Act. Health centers are also known as Federally Qualified Health Centers (FQHCs), a term that specifically relates to their unique Medicaid reimbursement policy. While most health centers receive federal grants under Section 330, approximately 100 do not receive these funds. These non-federally funded health centers are known as “FQHC Look-Alikes.”

primary care workforce (this includes Medical, dental, and nursing workforce); (2) increase the diversity of the workforce; and (3) require or stimulate service in underserved communities or to vulnerable populations.

Tasks:

Please prepare a briefing paper that addresses the following questions:

1. Background/Lit Review. What do we know? What has already been done?
 - Review relevant literature on health professions programs and briefly document the benefits, challenges and other major findings. Be especially attentive to any findings that relate specifically to providers serving low income, uninsured, or medically vulnerable patients.
 - What are the critical issues that health centers need to be aware of? What are the biggest challenges to increased CHC participation in health professions programs (e.g., ineligibility, focus on academic institutions, administrative burdens, capacity and operations issues) and why?
 - In recent years, the Health Centers program has achieved record growth through the federal budget and appropriations process, while Health Professions programs have been a perennial target for cuts. What is the rationale behind this budgetary disparity? Would re-engineering Health Professions training programs to better meet the needs of health centers bring broader political (and budgetary) support?

2. Program inventory. Catalogue the different programs in Title VII and VIII and give an short rating or assessment for each as to their compliance with these four priority criteria:
 - *Health Center Eligibility:* are Health Centers explicitly or implicitly eligible for participation in the program? Are there required linkages between institutions/participants and health centers?
 - *Focus on Primary Care:* to what extent does the program focus on growing the number of health professionals entering the workforce as primary care practitioners and addressing shortages of primary care professionals?
 - *Underserved Communities:* to what extent does the program and its participant institutions and students prioritize or require eventual service in an underserved community?
 - *Minority Workforce:* to what extent does the program emphasize increased participation in the health workforce by students of color and those from disadvantaged socioeconomic backgrounds?

3. Recommendations for future development.
 - Does your analysis lead you to believe that there may be changes in Title VII and VIII programs that might improve the participation of health centers and accomplish the goals for the program health centers have outlined?
 - What do you recommend to better integrate health centers into Title VII and VIII programs?
 - What actions could NACHC, the higher education community, states, or the federal government take?

Background Resources and Recommended Readings

Health Centers

- NACHC, America's Health Centers Fact Sheet, August 2005.
<http://www.nachc.com/research/Files/IntrotoHealthCenters8.05.pdf> (*background on health centers and the health center model*)
- NACHC, *Safety Net on the Edge*, August 2005.
<http://www.nachc.com/research/Files/SNreport2005.pdf> (*background on the increasing demand for health center services, financial information, challenges to meeting rising demand*)
- Oct-Dec 2005 issue of the *Journal of Ambulatory Care Management*. The entire edition was dedicated to the 40th anniversary of the health centers program, and reviews the need for and success of the program, health centers relationship with the larger health care infrastructure, and challenges to the success of the program.
- Shortages of Medical Personnel at Community Health Centers: Implications for Planned Expansion. Roger A. Rosenblatt, MD, MPH; C. Holly A. Andrilla, MS; Thomas Curtin, MD; L. Gary Hart, PhD JAMA. 2006;295:1042-1049. Conclusions CHCs face substantial challenges in recruitment of clinical staff, particularly in rural areas. The largest numbers of unfilled positions were for family physicians at a time of declining interest in family medicine among graduating US medical students. The success of the current US national policy to expand CHCs may be challenged by these workforce issues.
- The Impending Collapse of Primary Care Medicine and Its Implications for the State of the Nation's Health Care: *A Report from the American College of Physicians, January 30, 2006.*

Data on health centers:

- US profile at <http://www.nachc.com/research/ssbysdat.asp> (state data also available)
- Federally-funded health centers report data annually at the health center level (as opposed to the patient level). For a "roll up" of nationally aggregated data for 2004, see <http://www.bphc.hrsa.gov/uds/>. NACHC has access to this database and while we are unable to share it with you, can assist you in aggregating any data you may need. Contact Michelle.
- Websites
 - NACHC - www.nachc.com and specifically, www.nachc.com/research
 - Bureau of Primary Health Care, Health Resources and Services Administration, HHS (oversees the health centers program) - www.bphc.hrsa.gov, see especially <http://www.bphc.hrsa.gov/chc/>
 - Health Disparities Collaboratives (chronic care management program at CHCs) - www.healthdisparities.net
 - Bureau of Health Professions, HRSA: <http://bphr.hrsa.gov>
 - National Health Service Corps: <http://nhsc.hrsa.gov>
 - Health Professions and Nursing Education Coalition (HPNEC): www.aamc.org/advocacy/hpniec/
 - AAMC
 - AAFP
 - NOA

Health Professions Program Background

- Bureau of Health Professions, HRSA: <http://bphr.hrsa.gov>
- National Health Service Corps: <http://nhsc.hrsa.gov>
- Health Professions and Nursing Education Coalition (HPNEC):

www.aamc.org/advocacy/hpnec/

Office of Management and Budget:

- Performance Assessment Rating Tool (PART) Review of the Health Centers program:
<http://www.whitehouse.gov/omb/expectmore/detail.10000274.2005.html>
- PART Review of Health Professions programs:
<http://www.whitehouse.gov/omb/expectmore/detail.10000276.2005.html>

Project 2: Creating an Economic Impact Model of Response to a State of Emergency**Client: Department of Homeland Security**Contact: Gary Becker, 202.282-9013, gary.becker@dhs.gov**The Idea:**

During a state of emergency, many individuals and organizations are engaged in acts of recovery and helping those people in need. Data collection and documentation are a low priority because these activities can siphon away scarce resources and distract workers from the more urgent tasks at hand. As a result, immediately after an event and while response is ongoing, there is a dearth of information upon which to make informed decisions. Nevertheless, officials do need to make policy decisions, often quickly, that can have far-reaching and long lasting economic consequences. Many relatively basic questions are unanswered. For example, what is the cost of closing the air transportation system due to a terrorist event, and what is the incremental cost of maintaining it closed? Similarly, should our financial system be attacked, what is the incremental cost of closing our banks and the added cost of keeping it closed for a day, two days, or a week?

In order to better serve the Secretary of the Department of Homeland Security in decision-making and planning during our nation's time of need, it is critical to deliver rapid and credible information, complete with statistics, demonstrating the impact that an emergency event will have (and possibly already has had) on the economy of the United States. An Economic Threat Model previously developed by Booz Allen Hamilton (BAH) attempts to estimate cost impact of a code red event. This model identifies fundamental relationships, but it does not allow sophisticated analysis or prediction capabilities.

The Challenge: Develop a more sophisticated model of the economic impact of a threat level declaration made in response to a state of emergency. DHS will use the model to assess alternatives for the duration, scope and gravity of a threat declaration. The BAH model may or may not prove useful, in whole or in part, as the basis of the model to be developed.

As the developer of this new model, there are many factors you will need to take into consideration during the progression of this project. These include:

- The current threat level as a result of the incident (Yellow to Orange, Orange to Red, etc...)
- Location of the incident (should be flexible to all parts of the United States)
- International impact...is foreign influence a factor?
- Informational resources available to the user at time of application
- Value of time and urgency to the user
- Any restrictions or limitations placed on the public in light of recent events that may affect or skew data

Because of the Secretary's urgent need for this information, it is inevitable that this tool will present rough statistics and cost estimates, however, it is critical to also maximize the precision of such results. To help you get started, we have included a list of recommended information that should be produced by the tool:

- What sectors to the public will be most affected (transportation, commercialism/ business, tourism, banks/investment, restaurants/eateries, medical field, etc...) How long will they be affected (days? Weeks?)? Does geographical location make a difference?
- Breakdown of the costs in damages to the Public Sector as a result of the incident (Note: costs

- may increase with time)
- Breakdown of the costs in damages to the Private Sector as a result of the incident (Note: costs may increase with time)
- General costs to the economy
- Effects on the stock market and trading
- Estimated time needed to recover from the event considering costs and magnitude of damage

We encourage you to develop as much information as possible, which may include more than the above listed items. An idea may also be to include an additional section outlining similar events that may have happened in the past, the recovery methods executed for that event, the costs involved, and/or other damages that may be of relevance to the Secretary to help identify the scope of this incident in relation to past events. However, please feel free to use your logical and creative judgment in the development of this project. We hope that this mission will prove to be both challenging and rewarding. The Department of Homeland Security is grateful to you for your efforts and ideas in helping make the United States of America a safer place for us all.

Project 3: Assessment of the KRM Approach to Performance Measurement

Client: Executive Office of the Mayor, D.C. Government
Contact: Oscar Rodriguez, Oscar.Rodriguez@dc.gov

The client for this project is the Office of City Administrator, Division of Strategic Planning and Performance Planning, Center for Innovation and Reform. The Office of City Administrator (OCA) has the management oversight of all District Agencies and legal responsibility for gathering and reporting KRM's on behalf of all District Agencies - to the City Council and the Congress. The Office of the Inspector General (OIG), whose report is referenced below, is an independent audit function in the District and has no line relationship with any District organization.

The District is completing transition to performance-based budgeting and performance-based management systems. Agencies are required to develop long-term strategic business plans, consistent with the Citywide Strategic Plan. Plans are to include a new program and activity structure, agency strategic result goals, key result measures, and a suite of activity performance measures. An overview of the systems are included in the introduction to the FY 2005 budget, posted at http://cfo.dc.gov/cfo/frames.asp?doc=/cfo/LIB/cfo/budget/2005/pdf/pbfp05_overview.pdf&open=|33210|

The system attempts to tie program outputs and outcomes to funding requests and accountability to taxpayers. A report prepared by the D.C. Office of the Inspector General, "Audit of Selected District Agency Key Result Measures," {go to <http://oig.dc.gov/news/newsLister2.asp?mode=audit> and select the 8.17.06 report} concludes

"During our review at seven agencies, we found that agencies did not always maintain support for KRMs on the established basis; and establish an audit trail for independent verification of accomplishments for each KRM. As a result, we were unable to verify 25 of 44 (57 percent) KRM results reported to the OCA," (p 1).

The central policy problem is a low level of compliance among agencies with KRM data collection and reporting requirements, possible design flaws within the KRM system itself, and poor implementation of the KRM policy or requirements across agencies. A failed technology project called Argus was intended to automate the KRM process, and the current system is a workaround without adequate execution. As the District transitions to a new administration (a new mayor will be elected in November), OCA wants to evaluate the current approach, and modify or recommend improvements to the next administration. The OIG report simply illustrates and creates greater awareness and strategic impetus to do what OCA was anticipating.

The final report should illustrate strengths and opportunities for improvement in the existing system in the short term, and mid and long term recommendations, based on context and resource realities, that will meet the District's needs for performance management in the future. The capstone project will focus on the systematic obstacles inherent in the KRM system that agencies face in trying to comply with data collection and reporting requirements, as well as organizational characteristics (that is, characteristics of the DC government, lines of authority, etc.) that do not encourage or enforce agency compliance.

Tasks:

1. Expand on the August 2006 Inspector General's Report on Key Results Measures detailing "As Is" Key Results Measurement; and then collaboratively determine what would need to occur to establish a "To Be" process that is auditable with standardize methodology such as tracking, monitoring, documentation or other steps that would strengthen credibility and validity of KRM's. Identify roles, responsibilities, and resources at the District and Agency level.
2. Working with the District's Performance Management Council, evaluate the effectiveness of the existing process, and develop policy and practice recommendations that will be provided to the transitional team for improvements in District's Performance Management Systems. Identify strategy, structure, people processes, process, measurement/rewards approaches to create a robust performance management system in the District.
3. Provide consultation to Select District Agencies (based on a strategic assessment) on internal Strategic Planning and Performance Alignment activities and assist the respective agencies in the development of an integrated planning cycle that incorporates Planning, Performance, and Budgeting.

Resources:

- The District's Performance Management Council is ready to cooperate with the study team.
- The Interim Director for Strategic Planning and Performance Management has additional data that was not published in the August report, and the OIG may be able to provide additional data.
- Additional background material, such as an overview of the KRM system, will be provided to the study team.

APPENDIX II

GUIDELINES FOR REPORT WRITING AND PRESENTATION

The final report should be 20-30 pages in length, double-spaced (5,000 to 7,500 words), exclusive of attached tables, graphs and other appendix material.

- 1 *Identify your audience.* It is usually layered: The client is a decision maker or decision-making body. There is usually a staff audience as well. There may also be other audiences of peers of the client, media, and general public. Any document prepared for a public official must be assumed to be in the public domain.

It is important to understand the client's/audience's technical competence level, how they may apply the information conveyed, and the institutional and policy/political context within which they work.
- 2 *Identify key messages and get your message straight.* It is important to focus on a few key points, targeted to the identified audience.
- 3 *Simplify your words – present in simple, non-technical language, which is free of scientific jargon.* Strip away everything that isn't essential in order to make the point as clearly as possible.
- 4 *Describe the implications.* Remember what it was like not to understand the thing you are trying to explain. Every time you come to understand something new, you are transformed into a different person. The trick is to remember your untransformed self, and especially how the transformation took place.
- 5 *Get the facts straight.* Spell names and things correctly. Organize evidence in a logical sequence. Double-check the accuracy of figures (especially those derived by calculation) and other information. Know where you're the sources of your data and other information. Exercise due diligence as to their credibility.
- 6 *Understand the importance of graphics -- photos, charts, illustrations.* In presenting data, especially in briefing papers or executive summaries, simplify tables and graphics to convey the essential message. Details can go into appendices. For each table or graphic, include a complete and accurate caption. Coordinate your report's text with the table or graphic to which it refers. Graphs and tables should tell a story in a way that makes it possible for the reader to quickly grasp its point without having had two semesters of advanced econometrics.
- 7 Use academic citations sparingly. "For Further Information" may be a useful appendix.

The report should be organized (with some variations to fit the situation) as follows:

The Executive Summary or Briefing Paper

Busy clients will read the executive summary of a report or a briefing paper based on it, and if

it is compelling, may read the entire report. So these documents should be brief, clearly written and free of jargon; and organized to present:

- The central problem that has been addressed, and its importance;
- Major recommendations, with
 - i. concise statements of the supporting findings and
 - ii. the reasoning behind each of them.

The executive summary or briefing paper should be able to “stand alone” as a basis for decisions.

It also provides the basis for the PowerPoint presentation, which should take approximately 15 minutes and 15 frames.

1. Introduction (The Problem)

This section of the report explains how this got to be a problem and the kind of problem it is. The section should analyze its historical and/or policy context, and why its significance for the client and/or other publics. This may entail brief descriptions of any applicable laws, regulation, policy or management issues that are involved or have contributed to any of its dimensions. Remember, how the problem is framed greatly affects the kinds of responses that can be fashioned for it.

This section may also be used to describe how the study was conducted and provide a brief synopsis of the organization of the report.

2. Sections, as needed, to discuss salient aspects of the problem, findings and recommendations with respect to each.

These sections of the report provide the detailed analyses that support the executive summary’s findings and recommendations, which should be stated at the conclusion of each sub-section. The number of sections has to be tailored to fit the subject matter. The use of sub-headings and tables or graphics should be used where possible to provide appropriate historical or comparative information, and to simplify the presentation.

3. Appendices

Detailed descriptions of methodology, references, and tables containing large amounts of data should be placed in appendices unless they are essential to the discussion in the body of the report. Appendices may also contain acknowledgements, copies of relevant statutes, regulations, MOUs, etc., and drafts of new policy or management instruments designed to implement the recommendations.