Policy Process Playbook

Everyone wants to live, work, play, and learn in environments that promote healthy lifestyles and enable communities to thrive. But what does it really take to make that vision a reality?

From identifying and defining the problem, to reviewing and selecting a policy strategy, this Playbook guides partners through each step of the policy process and provides information on how and why policy can be a useful tool for addressing chronic disease.

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Introduction

Health is one of our most precious resources. Everyone wants to live, work, play, and learn in environments that promote healthy lifestyles. But what does it really take to make that vision a reality?

We all need healthy food, safe parks and green spaces for recreation and play, and clean water and air. We need access to affordable, healthy, culturally appropriate food in our schools, workplaces, and stores. We need to be able to get around safely on foot and bicycle. We need the places where we live, study, work, and play to be tobacco free. We need homes that are safe, well maintained, affordable, and located in neighborhoods that provide access to daily needs. We need communities that are free of violence, where there are good jobs and opportunities to start and grow our own businesses. We need healthy schools where our kids can learn, grow, and succeed. We need to feel connected to our neighbors and our communities.

The Policy Process Playbook guides the reader through each step of the policy process – from identifying and defining the problem to reviewing and selecting a policy strategy. While the Playbook focuses on local policy, many of the recommendations apply to policy development within organizations and at other levels of government. By the end of this Playbook, you will have a clear understanding of what policy is, how policy can support and strengthen existing current health initiatives and programs, and how to work on policy.

How can this Playbook support your work?

Moving Healthcare Upstream (MHCU)

Moving Health Care Upstream (or "MHCU") is a collaborative effort co-led by Nemours and UCLA's Center for Healthier Children, Families & Communities. The work of MHCU is based on the notion that health systems can address persistent and costly health inequities by moving "upstream"-- beyond the walls of hospitals and doctor's offices and into the community, collaborating with community-based organizations to address the root causes of disease.

The various areas of work within MHCU share a common focus- on supporting hospitals and other stakeholders in testing and spreading strategies to move upstream, and in doing so, to inform the field and accelerate the upstream movement in the field as a whole. Please visit our website to learn more about MHCU and what it means to go upstream.

MHCU is funded by the Kresge Foundation and Nemours.

Take a second to think about how you typically start a new health initiative or program. Maybe you start by learning more about community needs through talking to community members. From there, you may convene a team of experts with various strengths and resources to start identifying how to address community needs. Then, you put together a plan, implement a solution, track and evaluate how well the solution works, ask community members how they think it worked, and start again from the beginning.

From our work on healthy community initiatives across the country, we know that many partners have experience using a sequence of steps like those above. Partners have conducted needs assessments, collaborated with community members through education programs and services, and implemented health programs to improve health behaviors such as eating healthy foods, participating in physical activity and reducing tobacco use. The good news is, these activities lay the groundwork for successful policy development and implementation. The hard part is understanding how these activities can lead to policy change. That's where this Playbook comes in.

The purpose of this Playbook is to help partners understand how their current health programs and initiatives can be strengthened by policy. The Playbook is broken up into two sections. The first section defines policy and describes why partners should work on policy. The next section describes the steps of the policy process and includes real life examples of how policy has helped create healthy communities.

What do we mean by policy?

Policy is a tool used to change physical environments, community norms, and the way organizations and systems operate. Policies have three defining characteristics.

1. They are written statements that reflect the values and decisions of a public body or private organization.
2. They are binding and enforceable.
3. They apply broadly to a geographic area, type of institution, physical space, and/or group of people.

Policies can be adopted within an organization or by local, state, or federal governments. ***This Playbook specifically focuses on local and state policies***. Below are examples are what we mean by local, state, and organizational policy.

Local or community-level policies include ordinances, resolutions, budgets, specific plans, master plans, or general plans adopted by a county or city council. They also include executive orders adopted by the mayor. Examples of local policies that create healthy communities include the following:

- A general plan update requiring bicycle parking in all new developments as a condition of approval.
- A master plan coordinating public and private investment in prioritized infrastructure improvements supporting active transportation.
- An ordinance requiring all tobacco retailers to verify that the customer purchasing tobacco products is over 21 years of age.

State policies include laws, resolutions, statutes, and budget appropriations adopted by state legislatures. They also include executive orders adopted by the governor. An example of relevant state policies includes:

- A Medicaid state plan amendment that allows Medicaid programs to reimburse for asthma care delivered by non-traditional providers outside the clinic walls.

Organizational policies include policies adopted by *individual* businesses, nonprofits, faith-based institutions, schools, or government agencies. For example, if a hospital system adopts a policy allowing its employees to use paid time to participate in physical activity, this is an organizational policy because it does not apply to employees in all county agencies.

General Plans, required by state law to be adopted by cities or counties, lay out plans for the development of the city or county. Many cities and counties incorporate language to address health problems in their general plans.

Specific/Master Plans establish policies, programs, priorities, design criteria, and/or capital projects to guide change in defined areas or improve elements of cities such as bike and pedestrian infrastructure.

Licensing Ordinance for Healthy Food Retail requires all stores with a grocery permit to sell a minimum variety and type of healthy foods and beverages.

Complete Streets policies change how streets are designed and built, so that community members of all ages and abilities can travel easily and safely along community streets, whether they are walking, biking, or riding the bus.

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.[3]

Why should you work on policy?

Policy Applies Broadly Across the Community

Policy has the potential to affect the decisions and behaviors of entire populations. For example, public awareness and education campaigns or programs may influence a few people to bike or walk to work or school. However, a state or local Complete Streets policy can ensure safe bike and pedestrian routes across the community making it easier for more people to bike or walk to work or school. Policies can also coordinate funding for and implementation of programs which address different populations but share common desired outcomes.

Policy Can Address and Prevent Health Inequities

Chronic diseases, such as heart disease and cancer are the leading causes of death in the United States.[i] In many communities, people of color, people in low-income neighborhoods or rural communities, people with disabilities, older adults and many others experience higher rates of chronic diseases and worse health outcomes. Policy has the potential to address and prevent health inequities so that – regardless of race, level of education, gender identity, mental or physical ability, location, job status, or sexual orientation – all members of the community have opportunities to attain optimal health.[ii]

For example, policies such as zoning ordinances make it possible for communities to have farmers markets and community gardens. This can improve access to healthy foods for community members living, working, playing, and learning in areas without grocery stores or other healthy food retail.

> **Zoning** is used to regulate the use of land in a community. Zoning laws may govern both the physical nature of buildings (size, height, or location on a lot) and the way buildings may be used in a particular area.

Policy Change is Sustainable

Although policy is just one tool used to improve health outcomes, it often achieves lasting, significant results more efficiently and at a lower cost than other tools or interventions. Strong policy can survive changes in leadership, funding, political will, and much more. For example, if your community has a pop-up farm stand on an unused lot but does not formally have permission to use the lot – what happens if the city decides they'd like to build or reclaim that space? There is no guarantee that the farmers market would continue. But, zoning codes can be changed to protect the farmers market.

The Social Determinants of Health: Policy as a tool for prevention, not perpetuation

Policy can affect health outcomes by shaping our environments as well as changing the social and economic systems that surround us.

As powerful as policy can be in shaping healthy communities, it is important to be aware that, layered upon one another, policies for housing, transportation, and development have also been a significant force in creating and perpetuating health disparities by being intentionally discriminatory (eg. Jim Crow laws); through discriminatory implementation of fair policies (eg. housing mortgage redlining); and through unintended impacts to minority or vulnerable populations (eg, school discipline practices such as zero tolerance, highway construction through poor and minority neighborhoods, or local nuisance laws that are inequitably enforced).

All of these policies are interrelated. There are many ways that these policies continue to unintentionally create social and economic systems that yield health disparities. And the groups who historically benefited the most from these policies continue to do so, widening wealth and health gaps.

However, in the same way that policies have led to health disparities, policies can transform those same existing unjust structures and systems, turning them into equitable ones. Where some policies have enabled injustice, policy can now be used to help communities thrive.

While policy has fueled these health disparities, it may also be the most effective tool for addressing and preventing future health disparities. To learn more about the social determinants of health, and how to address them, check out this chapter from the Community Toolbox: How to Address Social Determinants of Health.

The Policy Process
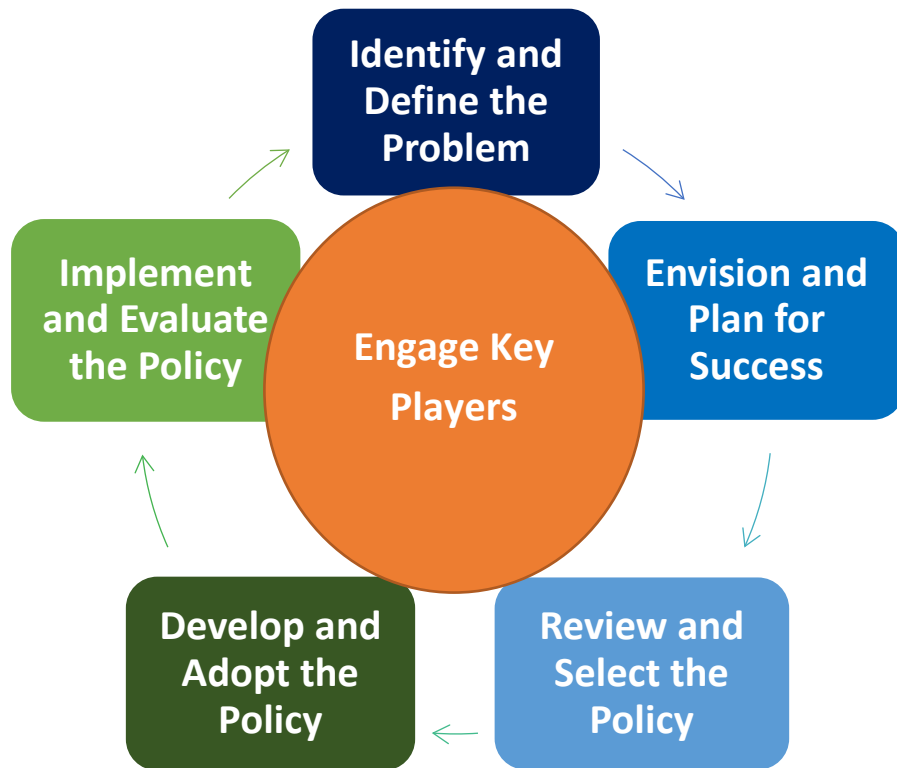
- **Identify and Define the Problem:** gather information about what's happening in your community and determine the scope and cause of the problem.
- **Envision and Plan for Success:** imagine a healthy, thriving community and create a plan to make that vision a reality.
- **Review and Select a Policy Solution:** identify different policy solutions to address the problem and choose the most effective, efficient, and feasible option for your community.
- **Develop and Adopt the Policy:** write, edit, and/or review the policy and adopt or assist with adoption.
- **Implement and Evaluate the Policy:** put the policy into action and assess what works and what doesn't work.
- **Engage Key Players:** gather input and share information with government partners, community members, and decision makers at each stage of the policy process.

Key Players in the Policy Process

Several key players — government agencies and departments, community members, community-based organizations, anchor institutions like hospitals and universities, faith-based organizations, businesses, and policymakers — have roles to play in building healthier communities. The table below lists potential key players and their responsibilities in the policy process.

Policy Lead The person, agency, or organization responsible for guiding the work	HEALTHY COMMUNITIES PARTNERS **Responsibilities:** • Guide the policy process • Engage government partners, community stakeholders, and decision makers • Organize in-person meetings or workshops with government partners, community stakeholders, and decision makers • Conduct a needs assessment to identify and define to the problem • Guide the vision and plan for creating a healthy community • Identify and secure funding • Build public will for policy changes and healthy communities • Draft and/or review the policy • Implement health programs, initiatives, or activities that align with and support the policy • Establish shared measurement practices for evaluating the policy change
Government Partners Entities or agencies that can contribute resources, expertise, or information to the policy process	CITY OR COUNTY DEPARTMENT OF PUBLIC HEALTH **Responsibilities:** • Assist the Policy Lead in community stakeholder and decision maker engagement • Provide the Policy Lead with county-level health data • Review the policy and provide recommendations related to health behaviors and health outcomes • Lead the implementation of programs or other health initiatives to support the policy PLANNING DEPARTMENT **Responsibilities:** • Assist the Policy Lead in decision maker engagement • Review the policy and provide recommendations related to general plans, zoning, development guidelines, and other planning issues • Lead the implementation of programs or other health initiatives to support the policy PUBLIC WORKS/TRANSPORTATION DEPARTMENT **Responsibilities:** • Assist the Policy Lead in community stakeholder and decision maker engagement

- Review the policy and provide recommendations related to infrastructure projects such as street, open space, water, and sewer design, construction, and maintenance
- Lead the implementation of programs or other health initiatives to support the policy

POLICE/FIRE

Responsibilities:
- Assist the Policy Lead in community stakeholder and decision maker engagement
- Review the proposed policies and provide recommendations on implementation and enforcement related to safety and emergency response.
- Lead the implementation of programs or other health initiatives to support the policy

PARKS AND RECREATION

Responsibilities:
- Assist in the Policy Lead in community stakeholder and decision maker engagement
- Review the policy and provide recommendations related community open space and facilities administration, maintenance, and programming
- Lead the implementation of programs or other health initiatives to support the policy

SCHOOLS/SCHOOL BOARD

Responsibilities:
- Assist in the Policy Lead in community stakeholder and decision maker engagement
- Review the policy and provide recommendations related to school curriculum, programming, administration, improvement, and maintenance as well as student and family needs and experiences
- Lead the implementation of programs or other health initiatives to support the policy

Decision Maker(s)

The persons, entity, agency, or organization that has the authority to pass or adopt the policy.

ELECTED OFFICIALS

Responsibilities:
- Direct the Policy Lead to complete a needs assessment and submit recommendations for addressing the problem
- Collaborate with the Policy Lead to guide the work
- Champion healthy community policies among other elected officials and city leaders

	• Pass/Adopt the policy
COMMUNITY STAKEHOLDERS Any person or group of people that benefit from, or are affected by, the problem and, ultimately, the policy change	COMMUNITY MEMBERS **Responsibilities:** • Participate in needs assessment surveys, in-person meetings, and workshops to identify and define the problem • Participate in the development of the vision for the community • Assist the Policy Lead in engaging other community stakeholders and mobilizing community support for policy change • Review the policy and provide input on whether this policy addresses community needs • Provide feedback on how the policy is working after adoption and implementation
	BUSINESSES **Responsibilities:** • Participate in needs assessment surveys, in-person meetings, and workshops to identify and define the problem • Participate in the development of the vision for the community • Assist the Policy Lead in engaging other community stakeholders and decision makers • Review the policy and provide input on whether the policy addresses community needs • Provide feedback on how the policy is working after adoption and implementation • Champion healthy community policies among business leaders
	COMMUNITY ORGANIZATONS **Responsibilities:** • Participate in needs assessment surveys, in-person meetings, and workshops to identify and define the problem • Participate in the development of the vision for the community • Assist the Policy Lead in engaging other community stakeholders and decision makers and mobilizing community support for policy change • Review the policy and provide input on whether the policy addresses community needs • Provide feedback on how the policy is working after adoption and implementation

Step 1: Identify and Define the Problem

The first step in the policy process is to identify and define the problem. We all have assumptions about the problems that exist in our communities, but collecting and analyzing data can create a clearer understanding of community needs.

Identify the Problem

Review and Analyze Existing Data

Health disparities, issues, opportunities, and trends in health outcomes can be identified by gathering and analyzing data. There are many existing national data sources, such as the [Behavioral Risk Factor Surveillance System](#), [U.S. Census](#), and [County Health Rankings and Roadmaps](#), that Healthy Communities partners can use to help identify and define the problem. In addition, there are many local data sources in that partners can access. These local data sources include the [Community Vital Signs Initiative](#), a county-wide health assessment.

> ### THE KEY PLAYERS OF STEP 1
>
> **Healthy Community Partner City**: Gather existing data and data from government partners and community stakeholders
> **Local Department of Public Health**: Share existing data and support the gathering of new health data
> **Appropriate Government Partners based on the problem:** Share existing data and support the gathering of new health data
> **Community members, businesses, organizations:** Participate in needs assessments and in-person meetings or workshops and assist in further community stakeholder engagement.
> **Decision Makers:** Direct the partner city to conduct a needs assessment; review data findings

Gather New Data

Gathering and analyzing existing data is just one piece of identifying and defining the problem. It is also important to gather new data about the environment and from the community stakeholders who are most affected by the problem. Needs assessments, such as surveys (in-person, telephone, or mailed), informal community meetings, and seminars or workshops, are good ways to gather new data from community stakeholders. Existing conditions studies and maps are also important ways to understand where there are assets and barriers to healthy eating and active living. There are several sample needs assessment surveys, including this [Community Needs Assessment Survey Guide with Sample Survey](#), which partners can use to help identify and define the problem.

Define the Problem

What's happening and why?

Now that you have gathered existing and new data to help identify the problem, you can begin to define the problem. Defining the problem can lead partners and other key players to potential policy strategies to address the problem. The problem can be defined in terms of what's happening (i.e., how many people are not getting the recommended amount of physical activity) and what's causing it (i.e., a lack of safe places to play).

Problem: Certain neighborhoods do not have access to healthy food options.	Problem: People are not getting the recommended amount of physical activity.
Data Gathering: • Map ½ mile and 1 mile market areas for all grocery stores, corner stores, and restaurants in the focus area.	Data Gathering: • Map existing sidewalk and bike lane networks.

- Conduct a community needs assessment survey to find out where community members currently buy healthy foods.

- Map neighborhoods within ¼ mile and ½ mile walking distance of all publicly accessible open spaces in the focus area.
- Conduct a community needs assessment survey to determine other barriers to physical activity in the community.

Using Data to Support Policy

Using Data to Back the Case When the owner of a convenience store in San Francisco's low-income Tenderloin neighborhood approached the planning commission to have his liquor license approved, he hoped the commissioners would agree that the small selection of groceries he planned to offer would help satisfy the local demand for healthy foods. However, community residents felt differently, and gathering data helped support their case.

Using a mapping tool such as Community Commons, the community was able to study food access in the neighborhood and demonstrate that the neighborhood was already oversaturated with liquor stores. Armed with the data, dozens of residents joined forces with Chris Schulman, senior policy analyst with the Mayor's Office of Economic and Workforce Development, to argue against granting the liquor license.

Documenting the Impact At a hearing before the planning commission, one resident after another stood up and described the negative impact that readily available alcohol had on neighborhood safety. When the planning commission wanted evidence that a small store could survive without selling alcohol, Schulman turned to the data to demonstrate that more than half of the corner stores in the neighborhood did not sell alcohol and that their businesses were doing well.

"Whether we were looking for focus group data or a map of food availability in the neighborhood, the research had what we needed," Schulman says. *"We turned to it at every step of the process."*

A Different Business Model As far as community residents were concerned, the story had a happy ending: the planning commissioners' policy decision was to vote 6 to 1 to deny the store owner the liquor license. Meanwhile, Schulman's agency helped the store owner develop a business plan for offering produce and other healthy choices. The business is building momentum without selling alcohol, Schulman reports. Thanks to the data, he says, "we were able to make a case for a different model."

RESOURCES

General tips and guidance for gathering data
- Ten Steps in Information Collection – Steps of collecting information and learning about the problem.
- Neighborhoods by Numbers – An introduction to finding and using small area data to help make better community-level decisions.

Existing data sources
- Behavioral Risk Factor Surveillance System (BRFSS) – State-level data about health-related risk behaviors, chronic health conditions, and use of preventive services among adults.
- Youth Risk Behavior Surveillance System (YRBSS) – State-level data about health-risk behaviors that contribute to death and disability among youth and adults.
- CDC's 500 Cities Project – City- and census tract-level data for chronic disease risk factors, health outcomes, and use of preventive services for the largest 500 cities in the U.S.
- Community Commons – Mapping tool for communities

Engaging Partners and Stakeholders through Workshops and Participatory Planning
- The Changemaker's Guide: A Community Planning Curriculum – Introductory curriculum for workshops including activities, icebreakers, and accompanying materials (offered in both Spanish and English).
- Working with Stakeholders to decide on a Problem Statement – Sample decision-making activity that can be used with stakeholders

Learning from Partners and Stakeholders through Surveys and Focus Groups
- Community Description Worksheet – Sample worksheets for recording community information such as demographics and community issues and goals.
- Guidelines for Individual Interviews – Tips for conducting individual interviews with stakeholders.
- Community Needs Assessment Survey Guide with Sample Survey – Guide on developing and conducting a community needs assessment.
- Comprehensive Needs Assessment with group worksheets – A workbook, complete with worksheets, that walks users through the basics and development of needs assessments.

Step 2: Envision and Plan for Success

Let's say the problem in your community, identified through gathering existing and new data, is that only 20% of community members consume the recommended amounts of fruits and vegetables every day. As you defined this problem, you also determined that the main cause was the lack of access to affordable fruits and vegetables. In step 2 of the policy process, stakeholders use their understanding of the problem to develop a vision for the community and a plan to get there.

Envision Success

Define Your Healthy Community

What will success look like at the end of this process? Perhaps the vision for your healthy community includes all community members having access to fresh fruits and vegetables within 1 mile of their homes or creating a network of bike lanes connecting neighborhoods to schools, workplace districts, and activity centers across the city.

No matter what success looks like, establishing a vision helps to clearly define your endpoint and facilitate the policy prioritization process in the future. In addition, partners must ensure that the vision reflects the needs of government partners, community stakeholders, and decision makers.

> ### THE KEY PLAYERS OF STEP 2
>
> **Partner City**: Guide the vision and plan for creating a healthy community; Engage government partners, community stakeholders, and decision makers; Organize in-person meetings or workshops to envision and plan for success
> **Local Department of Public Health**: Engage stakeholders about health issues and opportunities relevant to the project as well as the vision where appropriate
> **Appropriate Government Partners based on the problem and vision**: Participate in the envisioning and planning process
> **Community members, businesses, organizations:** Participate in the envisioning and planning process
> **Decision makers:** Monitor and participate in the envisioning and planning process

Plan for Success

What needs to happen and when?

The vision for the community may be broad but the plan for reaching the vision needs to include specific objectives. Using the visions above as examples, here are ideas for specific objectives for each:

Vision: All community members will have access to fresh fruits and vegetables within 1 mile of their homes.	Vision: Create a network of bike lanes connecting neighborhoods to schools, workplace districts, and activity centers across the city.
Objectives: - By December 2017, the partner city will work with 3 existing food retailers in an underserved area of the community to help them offer more fresh fruits and vegetables. - By March 2018, the partner city will work with the planning department to establish a farmers market in an underserved area of the community.	Objectives: - By December 2018, the partner city will work with the planning and transportation departments to adopt a Complete Streets resolution - By December 2020, the partner city will create a planned bicycle lane network as part of an adopted active transportation master plan. - By December 2022, the partner city will work with the transportation department to ensure primary bike routes and high-need areas are being prioritized when adding bike lanes.

Planning for Health

Creating a Vision
In 2011, the City of Chicago made a bold move. The Chicago Department of Public Health (CDPH) released a 5-year public health agenda, known as Healthy Chicago, to make the city a healthier and safer place to live, work, and play. But Healthy Chicago was more than a plan for the public health department. It called on diverse partners from across the city—government agencies, community-based organizations, private businesses, among others—to help give every Chicagoan a fair shot at a long and healthy life.

Healthy Chicago, and the people and groups that rallied around it, moved the city toward a new approach to improving government, environments, and health outcomes. "I proposed that we convene a group of city government agencies to help us implement the Healthy Chicago plan," said Erica Salem, then-Deputy Commissioner at CDPH, in 2013. "We also wanted to add strategies to our approach that, while not in the plan, could lead to health improvement."

Making Partnerships a Priority
CDPH convened an interagency council to begin implementing Healthy Chicago's 193 strategies, spanning 12 priority areas, including healthy homes, tobacco use, and obesity prevention. This collaboration—between the planning department, the transportation department, schools, and many others—shed light on how many city issues, policies, and departments affected one another. "There was growing recognition that many health challenges could not be solved on their own. We were trying to address many connected problems," said Jesse Lava, Director of Policy at CDPH. "With the interagency council, we could begin focusing directly and intentionally on the social determinants of health to get at the root causes of health issues. We could do Health in All Policies."

To achieve a healthy community, every part of government has a role to play. Agencies have to work together to improve the social determinants of health, which are the conditions in which people live, work, and play. That's the idea behind Health in All Policies: to adopt a collaborative, all-in approach to policymaking and improve the health of a community.

Focusing on Health Equity
By 2013, the city had made significant progress toward the Healthy Chicago goals. And by March 2016, it had developed its current plan to sustain that progress. The new 4-year plan, Healthy Chicago 2.0, explicitly highlighted the city's commitment to Health in All Policies. Using a health equity lens, the plan focused on how tackling the social determinants of health would create not only a healthier, safer Chicago, but a Chicago that is more just and inclusive.

Healthy Chicago 2.0 required the whole city to work together. To formalize this collaboration, Chicago needed a policy to bring city agencies together and put health and equity at the center of all policymaking. "We wanted to institutionalize our Health in All Policies approach. Mayor Emanuel introduced a city council resolution, which seemed like the best way for Chicago to take the next step in this process," said Lava. In May 2016, with Mayor Emanuel's support, the Chicago City Council passed the "Health in All" Resolution. It established a Health in All Policies Task Force and made official the city's new collaborative, comprehensive approach to improving health.

The resolution focused on the systemic barriers keeping Chicago families from being healthy, such as lack of access to safe, affordable housing and grocery stores. And it emphasized the profound health inequities at play in the city, highlighting how African American and Latino Chicagoans have fewer opportunities to be healthy and often worse health outcomes than their white counterparts.

Since its creation, the task force has helped the city consider the consequences of existing policies, identify opportunities to effect meaningful change, and envision a healthier, more equitable future for all Chicago residents. The task force is now preparing a report to submit to the city council; the report will offer recommendations for applying a Health in All Policies framework to the work of Chicago's governmental departments and sister agencies.

RESOURCES

Developing a Vision
- Defining Your Vision, Mission, Objectives, Strategies, and Action Plan – Various resources on developing a vision including examples and guides.

Writing Objectives
- Creating Objectives – Basics of objectives including how to write them and why.

Engaging Stakeholders through Workshops and Participatory Planning
- The Changemaker's Guide: A Community Planning Curriculum – Introductory curriculum for workshops including activities, icebreakers, and accompanying materials (offered in both Spanish and English).
- Working with Stakeholders to decide on a Problem Statement – Sample decision-making activity that can be used with stakeholders.

Learning from Stakeholders through Surveys and Focus Groups
- Community Description Worksheet – Sample worksheets for recording community information such as demographics and community issues and goals.
- Guidelines for Individual Interviews – Tips for conducting individual interviews with stakeholders.

Step 3: Review and Select the Policy

Now that you and your partners have defined the problem and envisioned what success looks like, it's time to review and select a policy solution. There may be several potential policy solutions to address community needs and create a healthy environment. However, not all policy solutions will work in every partner city and the same policy solution may be implemented differently across partners.

Review the Policy Solutions

Identify and Analyze Policy Solutions

Identifying potential policy solutions may seem overwhelming. To make it a little easier, the Centers for Disease Control and Prevention (CDC) created a state policy tracking system that contains over 6,000 policies related to chronic disease prevention and health promotion.[2] Partners can use this database or work with government partners and decision makers to identify potential policy solutions.

After identifying potential policy solutions, partners can research to learn more about how each policy will influence health outcomes, the costs to implement the policy, the political and operational factors associated with adoption and the feasibility of implementation. (CDC Policy Process) This information will help partners prioritize and select a policy solution. Again, the CDC has a useful tool for analyzing policy solutions which can be found here.

> ### THE KEY PLAYERS OF STEP 3
>
> **Policy Lead**: Lead the process of researching and prioritizing policy solutions; educate and receive input from government partners, community stakeholders, and decisions makers when selecting a policy solution.
> **Local Department of Public Health**: Review and provide input on the relative health performance of policy options under consideration.
> **Appropriate government partners based on the problem, vision, and potential policy solutions**: Participate in meetings to prioritize and select a policy solution.
> **Community members, businesses, organizations:** Participate in surveys, workshops, or in-person meetings to identify and select the policy solution that best meets the needs of the community and addresses the problem.
> **Decision makers:** Identify existing policies or practices meant to address the problem; guide or support the selection of a policy solution.

Select the Policy

What is the priority policy solution?

Using the information gathered when identifying and analyzing policy solutions, partners can now begin prioritizing policy solutions. Partners, government partners, community stakeholders, and decisions makers all need to be involved in the prioritization of policy solutions. The CDC's tool for analyzing policy solutions also includes a sample table for rating policies. Partners might find this tool useful when prioritizing policy solutions.

Problem: Certain neighborhoods do not have access to healthy food options. **Vision: All community members will have access to fresh fruits and vegetables within 1 mile of their homes.**	**Problem: People are not getting the recommended amount of physical activity.** **Vision: Create a network of bike lanes connecting neighborhoods to schools, workplace districts, and activity centers across the city.**
Potential policy solutions - Licensing ordinance for healthy retail - Zoning for farmers markets - General Plan - Master Plan	Potential policy solutions - Complete Streets - Safe Routes to School - General Plan - Master Plan

Policy Change Takes Time
You may be noticing that the policy process takes time. At the end of step 3, partners have already spent time conducting needs assessments, hosting community workshops, gathering and analyzing data, communicating with decision makers, researching policy solutions, and prioritizing policy solutions. It's important to note that while the process is long, and slow at times, it can lead to healthier communities in the future.

Policy Adoption Takes Time

For generations, Navajo families, like many agrarian communities, have grown food both for personal consumption and to earn money. But as times changed, most families living on federal Indian reservations started buying food at convenience stores and trading posts. Today, many people living the Navajo reservation drive more than a hundred miles to get to a grocery store. Only 10 full-service grocery stores, located predominantly in a few urban centers, serve the 27,000 square miles of Navajo Nation. Those living in more rural parts of the reservation rely on gas stations and convenience stores which sell mostly high calorie, heavily processed food items. Indian Health Services reports that compared to Whites, the American Indians and Alaska Native (AI/AN) adults are 2.3 times and AI/AN youth are 9 times more likely to have diagnosed type 2 diabetes.

In 2014, the Navajo Nation adopted the Healthy Diné Nation Act of 2014, which applies a 2 percent tax to unhealthy foods (in addition to the existing 5 percent sales tax). The tribal council also passed companion legislation that removes the 5 percent sales tax on healthy foods, such as fresh fruits and vegetables, water, nuts, nut butters, and seeds. The Act applies to all retail purchases that take place on the reservation, including restaurants buying from distributors and families buying at local trading posts. The revenues generated by the tax will fund Community Wellness Projects in Navajo communities such as health education, promotion of traditional Navajo foods, and restoring farms.

The Diné Community Advocacy Alliance first proposed the tax to the tribal council in 2011. In June 2016, the Navajo Nation Council Budget & Finance Committee gave final approval to establish guidelines to distribute the revenues as part of the Healthy Diné Nation Act. Local advocates pushed for five years to put this policy in place that would allow them to reinvest tax dollars in their community's health.

RESOURCES

Identifying Potential Policy Solutions
- Chronic Disease State Policy Tracking System – Database of state policies related to chronic disease prevention and health promotion.
- Healthy Retail Playbook: A Set of Tools for Policy and Partnership – Includes innovative strategies in tobacco control, nutrition, and excessive alcohol use prevention in order to create a retail environment where it is easier to make healthy choices than unhealthy ones.
- Regional Asthma Management and Prevention Program is a collaborative that promotes strategies for reducing asthma through a broad and comprehensive approach that includes clinical management and environmental protection.

Assessing and Prioritizing Potential Policy Solutions
- Essential Elements for Strong Public Health Policy – Guidance on how to create sustainable public health policy.
- CDC's Policy Analytical Framework – Guidance on how to identify, analyze, and prioritize policies that can improve public health.

Engaging Stakeholders through Workshops and Participatory Planning
- The Changemaker's Guide: A Community Planning Curriculum – Introductory curriculum for workshops including activities, icebreakers, and accompanying materials (offered in both Spanish and English).
- Working with Stakeholders to decide on a Problem Statement – Sample decision-making activity that can be used with stakeholders.

Learning from Stakeholders through Surveys and Focus Groups
- Community Description Worksheet – Sample worksheets for recording community information such as demographics and community issues and goals.
- Guidelines for Individual Interviews – Tips for conducting individual interviews with stakeholders.
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Step 4: Draft and Adopt the Policy

This step can be the most intimidating step both for stakeholders that are more comfortable creating and implementing health programs. However, the first three steps of the policy process set partners up for a smooth transition into the drafting and adoption phases.

Draft the Policy

Include the Key Components

- **Existing Conditions/Findings:** Many state or local government policies include statements of scientific evidence, facts, summaries of relevant trends and existing conditions, and local information to establish what the identified problem is and explain why the policy is important. Often, these statements start with the word "whereas" and are found at the beginning of the policy.

- **Intent/Strategy:** This section typically articulates the strategy for addressing the stated problem and the outcome envisioned upon successful implementation of the policy.

- **Applicability:** This is the part of the policy that explains to whom the policy applies. For example, a healthy food retail licensing policy applies to food retailers and they must comply with the policy requirements.

- **Policy Provisions/Requirements/Standards/Regulations:** These are the rules or elements of the policy that must be followed. For example, a healthy food retail licensing policy may require food retailers to stock a minimum variety of fresh fruits and vegetables.

- **Implementation and Enforcement:** This section will list any programs, improvements, or other implementation actions that the city or partner agencies must undertake to achieve the vision; designate which government agency or agencies responsible for implementing and enforcing the policy; include information about the penalties for noncompliance with the policy such as fines; and define the timelines for when the policy goes into effect and when evaluation reports must be shared.

Ensure Sustainability

Included in your policy should be ways to help make it sustainable. Many cities experience high staff turnover and limited resources to continue working on a problem long-term. One way to ensure sustainability of a policy is to secure and maximize a variety of funding sources. This includes setting aside funding in the city budget, allocating staff time, pursuing grants, leveraging finance mechanisms such as Community

Development Financial Institutions (CDFI), and pursuing shared outcomes through existing policies or programs by articulating and funding cross-sector coordination.

Adopt the Policy

How will the policy be adopted?

Typically, more significant draft policies will be introduced to the Planning Commission or City Council and discussed through a series of public hearings. To streamline the process, begin with a reminder of the initial directive to pursue the policy, provide a summary of feedback received from stakeholders, and present an executive summary of key policy content. After discussion and public comment, a revised version of the policy which incorporates feedback from Planning Commission/City Council will be voted on for adoption. Executive orders, administrative processes, and smaller policy decisions which are authorized by larger policies may be able to be approved directly by the mayor or city manager.

In all cases, it is important to get a sense of key decision makers' impressions of a policy prior to adoption. Prepare for adoption hearings by assembling background information that speaks to their priorities and responds to their anticipated concerns. It is also important to ensure that representatives of stakeholder groups who were involved in the process and/or support the policy attend public hearings and speak in support of the policy. Ultimately, elected officials are responsible for representing their constituents and are more likely to vote in favor of a policy if they hear significant positive support from affected stakeholders at adoption hearings.

Belmont, California

Residents of Bonnie Brae Terrace, a housing complex for low-income seniors in the Northern California suburb of Belmont, were growing frustrated by the secondhand tobacco smoke drifting into their apartments from their smoking neighbors. Some were cancer survivors or had severe health conditions that were exacerbated by exposure to secondhand smoke. Several had even lived through a terrifying fire at the complex the year before that was caused by a smoldering cigarette. One night a dozen or so of the residents showed up at a city council meeting to voice their concerns.

A "tremendous opportunity"

The council responded to residents' complaints by directing the city attorney to draft an ordinance to restrict smoking almost everywhere in the city – an unprecedented move that would create the nation's first comprehensive smokefree policy. "We have a tremendous opportunity here," Councilman Dave Warden said. "We need to pass as stringent a law as we can." Belmont chose to pursue smoking restrictions not only in outdoor areas such as dining patios, parks, and bus shelters, but also inside all multi-unit housing such as apartment buildings, condo complexes, and senior housing developments.

Changing the conversation

Soon after the new law was proposed, city officials began receiving emails and letters of support and opposition from all over the world — Canada, England, Australia, and cities across America. The proposal ignited an international debate over smokers' rights that played out in major media outlets for months. The city pushed ahead and made history by adopting what the *San Francisco Chronicle* called "the most sweeping anti-smoking law in the world,". Today dozens of cities and counties in California have laws on the books that prohibit smoking in at least some multi-unit housing, and the momentum continues to build for smokefree housing laws nationwide.

RESOURCES

Utilizing Existing Model Policies for Healthy Communities: Model language designed to be tailored to the needs of an individual city/agency.

- Increasing Access to Healthy Foods
    - o Model School Board Resolution Establishing a Farm-to-School Program
    - o Model Healthy Food System Resolution
    - o From the Ground Up: Land Use Policies to Protect and Promote Farmers' Markets
    - o Licensing for Lettuce: Model Ordinance and Guide for Licensing Healthy Food Retailers
    - o The Democracy Collaborative's Healthy Food Procurement Toolkit (Includes tools and templates from Healthcare Providers)

- Reducing Tobacco Use
    - o Model Tobacco 21 Ordinance
    - o Model Ordinance Addressing Regulation of E-Cigarettes
    - o Model Ordinance Addressing Smoke-free Housing (CA-specific)
- Healthy Housing
    - o Model Ordinance to Establish a Proactive Rental Inspection Program

Funding Your Policy: Resources on funding opportunities for various policies.

- Increasing Access to Healthy Foods
    - o Community Development Block Grants: Linking Health and Economic Development Through Food Retail
    - o Fruitful Collaboration: Funding to Promote Fruits and Vegetables in Food Retail Stores
    - o Green for Greens: Finding Public Funding for Healthy Food Retail
    - o Understanding the Role of Community Development Finance in Improving Access to Healthy Food

Step 5: Implement and Evaluate the Policy

Adopting a policy is a big step toward creating healthy communities, but the work does not stop there. The fifth and final step of the policy process is to implement and evaluate the policy. Just as you and your partners have implemented and evaluated health programs and initiatives in the past, so too must you implement and evaluate policies.

Implement the Policy

Promote the Policy

Before community members will take advantage of the policy, they have to know about it. For example, if a policy is adopted by a city to allow or expand urban agriculture in underserved neighborhoods, community members must be informed about the policy.

Stakeholders can promote the policy by posting signs, sharing information on their websites, and providing updates at community meetings, to name a few ways.

Connect Existing Programs to the Policy

> **THE KEY PLAYERS OF STEP 5**
>
> **City**: Promote the policy and connect existing programs to the policy; lead the evaluation process; share evaluation results and recommendations with government partners, decision makers, and community stakeholders
> **Local Department of Public Health**: Gather and maintain data to help cities measure policy success
> **Appropriate government partners based on the policy:** Assist in the promoting the policy and connecting existing programs to the policy; assist in evaluation
> **Community members, businesses, organizations:** Provide feedback on how the policy is working
> **Decision makers:** Oversee the implementation and evaluation of the policy

As mentioned throughout this Playbook, readers probably have experience developing and implementing health programs and initiatives. Those existing activities can help promote the policy and lead to a culture of health. For example, bike-to-work and bike-to-school events are useful programs for promoting new Complete Streets policies and healthy cooking demonstrations can help promote new healthy food and beverage choices at a corner store after the adoption of a healthy retail licensing policy. In addition, connect program providers with the resources that the policy provides such as funding, information, or technical assistance. For example, walking school buses or crossing guard programs can take advantage of safe routes to school funding or align with routes identified for complete streets improvements.

Evaluate the Policy

What works and what doesn't work?

Evaluation can help partners and decision makers determine if the policy is addressing the problem and to determine whether the policy needs to be revised to make it more effective. For example, if the number of people participating in the recommended amount of daily physical activity was the main concern, evaluators may want to know if physical activity has increased since the policy was implemented.

To measure success, evaluators will often use the data collected during the initial needs assessment in step 1 and the vision and objectives set in step 2. Evaluate changes in community behaviors, health outcomes, or other indicators to confirm that the desired outcomes are being met. If a partner city is not meeting its goals, it may revise the policy, alter how it is implementing the policy, or implement other programs and policies that will work in conjunction with the original policy to improve health outcomes.

Finally, it's important to share the evaluation results and recommendations for improvement with government partners, decision makers, and community stakeholders. It is also important to note that evaluation is an ongoing practice that occurs over time. Once the policy's desired outcomes are achieved, communities can go further with more ambitions outcomes and more comprehensive policies.

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Strengthening Policy

The Policy In 2008, Minneapolis became the first locality to adopt a healthy food retailer licensing law. The Staple Foods Ordinance requires licensed grocery stores (including corner stores, gas stations, dollar stores, and pharmacies) to carry food in four staple food groups: vegetables and fruits; meat, poultry, fish, or vegetable proteins; bread or cereal; and dairy products and substitutes.

Evaluating and Strengthening the Policy In 2014, the ordinance was significantly updated to require six additional categories of staple foods as well as to specify minimum varieties and amounts of required foods. The updated list was based on requirements from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and feedback from store owners about culturally appropriate foods.

The City of Minneapolis continues to partner with the University of Minnesota-School of Public Health for to evaluate the impact of the staple foods ordinance. The goals of the evaluation are to assess changes in healthy food availability in stores before, during and after policy implementation and to assess changes in the nutritional quality of consumer purchases at stores. Results will be compared to a sample of grocery stores in St Paul, MN which does not have a staple foods ordinance in effect.

Learn more about the Minneapolis Healthy Corner Stores program here: http://www.minneapolismn.gov/health/living/new%20cornerstores#Resources.

Learn more about the evaluation plan for the program here: http://storestudy.umn.edu/.

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RESOURCES

Implementing and evaluating the policy
- Policy Evaluation: Using Evaluation to Inform CDC's Policy Process – Guidance on evaluating actions within the policy process.

Engaging Stakeholders through Workshops and Participatory Planning
- The Changemaker's Guide: A Community Planning Curriculum – Introductory curriculum for workshops including activities, icebreakers, and accompanying materials (offered in both Spanish and English).
- Working with Stakeholders to decide on a Problem Statement – Sample decision-making activity that can be used with stakeholders.

Learning from Stakeholders through Surveys and Focus Groups
- Community Description Worksheet – Sample worksheets for recording community information such as demographics and community issues and goals.
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[i] National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017.

[ii] Centers for Disease Control and Prevention. *A Practitioner's Guide to Advancing Health Equity*. Atlanta, GA; 2013. https://www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/Health-Equity-Guide-intro.pdf.