Association of State and Territorial Directors of Health Promotion and Public Health Education
U.S. Centers for Disease Control and Prevention

Policy and Environmental Change

New Directions for Public Health

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Final Report

August 2001

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Foreword

Hardly a day goes by without a report that discusses some of the serious public health problems of our time such as the following:

- the epidemic in obesity and diabetes;
- high rates of death from heart disease, stroke, and cancer;
- poor nutritional habits;
- inadequate physical activity;
- the high cost of health care;
- the implications of an aging population on health care costs and the burden of disease; and
- the compelling, disturbing scale of the disparities in health status among members of our population.

As such reports clearly indicate, health problems are heavily influenced by societal policies and environments that in some way either sustain the behaviors and practices that contribute to the problems or fail to foster healthier choices that could prevent the problems. The major public health problems of our time will not be solved solely by individual actions and health choices, but by individuals coming together to make our society one in which healthy choices are easy, fun, and popular. Communities in which policies and environments focus on the latter approach will be healthier and more satisfying places to live, work, and play.

What does this mean, then, for public health practitioners and the agencies in which they work? So many of our programs have been aimed at changing individual behaviors. Only recently has there been a growing sense of the importance of broader societal trends and policies that affect behaviors. Often those policies are not under the purview of public health. Instead, the policies may be in school districts, where decisions are made as to whether to continue to require physical education classes, or in parks and recreation departments, where decisions are made about the development of walking and biking trails, or in local government, where decisions are made about zoning requirements regarding sidewalks or open space for play. Other policies may be made in food service departments of schools, where inexpensive foods that are high in sugar or fat may crowd out healthier choices such as fruits, vegetables, and salads.

It is becoming increasingly clear that public health practitioners must address these policies, these environments, and the support and obstacles they provide relative to healthy behaviors as the fundamental means of intervention. This also means that health practitioners must all engage increasingly with the non-health sectors of our society, so those sectors understand how they can contribute to the health of people in their communities.

This report presents a snapshot of how health agencies and States are grappling to influence policies that matter most for health. It shows that early efforts are being made, but much more can be done; it highlights the need within the public health community for case studies of successes on how to work at the level of the *systems* of our society. This report with its recommendations is a valuable beginning, but its real value will be realized as other parts of our society recognize and embrace their roles in improving the health of people in the communities in which they live.

James S. Marks, MD, MPH
Director, National Center for Chronic Disease Prevention and Health Promotion
U. S. Centers for Disease Control and Prevention

Acknowledgments

This document represents results of a collaborative study by the Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE) and the U.S. Centers for Disease Control and Prevention (CDC). The use of policy and environmental change interventions by public health agencies across the United States was studied. *Policies* are defined as laws, regulations, and rules (both formal and informal). *Environmental interventions* are changes to the economic, social, or physical environments.

This study is important because it points to a critical role for public health in the 21st century. The recommendations were developed through a review of literature, key informant interviews, review of Internet sites, and a nationwide written assessment. They can be used by the ASTDHPPHE, the CDC, and health partners to design and implement policy and environmental change interventions that simultaneously impact large segments of the population.

The ASTDHPPHE and the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at CDC wish to acknowledge the staff of Strategic Health Concepts, Inc., especially Tom Kean, MPH; Karin Hohman, RN, MBA; Laurie Schneider, MPH; and Erin McBride. The methodology they designed and implemented facilitated the collection of a rich resource of extant and emerging data. The understanding of health promotion and health education that this company brought to the project strengthened communication with state public health agencies and facilitated translation of results to the CDC and other partners.

The project's Work Group consisted of state and local health department staff, ASTDHPPHE and CDC representatives, academia, project staff, and consultants. This group provided overall guidance; helped develop methodology, recommendations, and conclusions; and reviewed the final report. The ASTDHPPHE and the CDC express appreciation for the important work of the individuals who served on the Work Group. They are listed on the following page.

The ASTDHPPHE and the CDC also acknowledge the editorial guidance provided by ToucanEd, Santa Cruz, California. The staff at ToucanEd, particularly Jennice Fishburn, MPH, strengthened the translation of the findings for use in multidisciplinary settings to influence public health involvement in policy and environmental change interventions. ASTDHPPHE consultant, Ellen Jones, MS, CHES, also provided coordination of editorial comments on the presentation of report findings.

Lastly, the ASTDHPPHE and the CDC gratefully acknowledge the contributions of the following individuals who made this project possible:

- James S. Marks, MD, MPH, Director, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), CDC, and Terrie D. Sterling, PhD, Chief, Community Health and Program Services Branch, Division of Adult and Community Health, NCCDPHP, CDC, who served as mentors, reactors, and advisors to the study from inception to final report. Their expertise in the translation of research to practice is critical in promoting the utility of this report.
- The ASTDHPPHE officers who served during project design and implementation phases: Neil Hann, MPH, CHES, of the Oklahoma Department of Health; Donna C. Nichols, MSED, CHES, of the Texas Department of Health; and Carol Russell, MPH, formerly of the California Department of Health Services.
- Rose Marie Matulionis, MSPH, Executive Director, ASTDHPPHE, whose dedication to the success of the project facilitated transition stages from assessment to reporting.

Policy and Environmental Change: New Directions for Public Health represents an initial effort of state public health educators and health promotion directors to define policy and environmental change in the settings in which they work. It is the ASTDHPPHE's and the CDC's hope that dissemination of this report, implementation of its recommendations, and further study of this issue will facilitate greater understanding of the essential role of public health professionals in promoting healthy populations in healthy communities.

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New Directions for Public Health

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Executive Summary

Executive Summary

Introduction

Over the past decade, there has been increasing interest in policy and environmental change interventions as effective tools for health promotion and disease prevention. Policies and environmental changes can affect the chronic disease risks of many people simultaneously (e.g., by eliminating exposure to secondhand smoke in public buildings), while more traditional health promotion interventions focus on changing the behavior of single individuals or small groups of individuals (e.g., by helping individual smokers to quit). The growing interest in policy and environmental change has created a need to systematically address the capacity of public health professionals and organizations to engage in interventions that affect many people simultaneously.

The Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE) recognized the need to address emerging needs for capacity building for policy and environmental change. In 1999, with support from the U.S. Centers for Disease Control and Prevention, the ASTDHPPHE commissioned an initial state-of-the-art review of the use of these types of interventions by health departments and the development of recommendations for capacity building.

This *Executive Summary* of *Policy and Environmental Change: New Directions for Public Health* provides an overview of the purpose, scope, and methods of the project, highlights of findings, and specific recommendations for initial actions toward capacity building. A more detailed description of the project, its findings, and the full list of recommendations produced are included in the complete *Final Report* of this project.

The Case for Policy and Environmental Change Interventions and the Involvement of Public Health Departments

It is important to articulate a logical case for the involvement of public health departments in policy and environmental change interventions as a prelude to presenting the results of this project and the recommendations that follow.

1. Chronic diseases represent persistent public health problems.
2. Great gains have been made in addressing these problems through interventions that focus on individual behavior change (e.g., smoking cessation programs) or health care services (e.g., early detection of disease programs).
3. The next major step forward in chronic disease prevention and health promotion will come through the increasing and widespread use of policy and environmental change interventions that can impact large segments of the population simultaneously.
4. Health departments are the primary governmental institutions charged with protecting the health of the public.
5. Health departments can play many different roles in advancing policy and environmental change interventions, including providing information and data, funding interventions, coordinating team efforts, educating the public, and/or advocating for specific policy and environmental change strategies.
6. For the most part, traditional public health practices, priorities, staff skills, and resource allocations do not reflect the capacity that is needed for health departments to move aggressively and consistently into policy and environmental change interventions.
7. Health departments make conscious choices about the degree of priority given to chronic disease programs, including policy and environmental change interventions and the roles that they might play in such interventions. It is critical that these choices be well-informed decisions that are based on a solid understanding of current best practices and the potential impact of policy and environmental change interventions.

Project Purpose

The purpose of this project was to create a greater understanding of what policy and environmental change interventions have been implemented to reduce the burden of chronic diseases, as well as to show how they have been used by state and local health departments.

Project Scope

This project looked at two types of public health interventions:

1. **Policies**, which include laws, regulations, and rules (both formal and informal).

   Examples: laws and regulations that restrict smoking in public buildings; organizational rules that provide time off during work hours for physical activity.

2. **Environmental interventions**, which include changes to the economic, social, or physical environments.

   Examples: incorporating walking paths and recreation areas into new community development designs; making low-fat choices available in cafeterias; removing ashtrays from meeting rooms.

Public health professionals and organizations can play many possible roles in addressing policy and environmental change, including the following:

- providing data;
- convening interested parties;
- conducting needs assessments and evaluations;
- educating the public; and
- advocating for specific policy and environmental change strategies.

This project specifically focused on studying the roles played by public health departments (government entities) at the state or local level. Roles played by other organizations were studied only as they related to those played by public health departments.

The project studied the chronic diseases that are addressed by the National Center for Chronic Disease Prevention and Health Promotion of the U. S. Centers for Disease Control and Prevention (CDC). The following *chronic diseases and related risk factors* were included in the ASTDHPPHE/CDC project: aging, arthritis, cancer, cardiovascular diseases (CVD), diabetes, nutrition, oral health, physical activity, and tobacco control. In addition, the project included policy and environmental interventions that are directed toward the development and maintenance of comprehensive school health services.

The ASTDHPPHE/CDC project focused on chronic diseases that are being addressed through policy and environmental interventions by public health departments and on how the public health departments have been involved. It did not include an assessment of which policies are most effective in addressing any of the chronic diseases or related risk factors. For example, many studies have already described the effect of various policy and environmental changes for reducing tobacco use. Although this project looked at how these changes are addressed by health departments, it did not summarize which are most effective in reducing tobacco use.

Public health departments at the state and local level have been actively involved in addressing a number of other important diseases and risk factors. Although each of these is important in its own right, the following were not addressed in this project: asthma, alcohol use/abuse, injury prevention, international health issues, and mental health.

Methods

Five primary mechanisms of data collection were used in this project:

1. A **peer-reviewed literature search** used several major literature review search programs and key search terms to locate policy and environmental interventions for each of the chronic diseases and risk factors in the scope of the project. More than 700 articles were identified through these searches, of which 58 yielded information relevant to the purpose and scope of the project. An additional 16 articles contained useful general information of interest to the project.
2. **Key informant interviews** were conducted with 29 experts, including individuals working with various policy and environmental change organizations or working with state and local health departments.

3. A review was conducted of **other literature** that had not been peer-reviewed, but had been suggested by key informants or identified through searching sources such as the Combined Health Information Database (CHID). Thirty-seven such documents were ultimately included in the review.
4. Possible **Internet sites** to be reviewed were identified by key informants and Internet search engines. Fifty-two sites were ultimately included in the review. Eighteen sites came from key informants and an additional 34 were from links provided through the original sites.
5. A **nationwide snapshot assessment** based on a written assessment was sent to all 50 States and five territories. Forty States and three territories responded to the survey. States were asked to identify examples of policy and environmental interventions involving public health departments at the state and local levels. Sufficient resources were not available for a direct survey of local health departments in this initial assessment.

In addition, a project Work Group consisting of state and local health department staff, ASTDHPPHE and CDC representatives, academia, and project staff and consultants guided the work throughout the project, including development of methodology, conclusions, and recommendations.

Highlights of Findings

The findings of this project are organized into five separate topics related to policy and environmental change interventions:

- critical success factors
- unique issues and barriers facing health departments
- health department involvement in chronic diseases and risk factors
- health department roles
- conclusions about the state-of-the-practice

Highlights in each of these areas are summarized in the following sections.

Critical Success Factors

State health departments were asked to identify factors that are important to the success of policy and environmental change interventions. Key informants and other information sources were also used to identify critical success factors. The critical success factors listed by these respondents were divided into three categories: 1) those listed most frequently by the States responding; 2) those listed as important, but less often by the States responding; and 3) critical success factors identified by non-State sources.

1. More than 50 percent of the States responding to the survey indicated that collaboration, community support, supportive decision makers, and a strong data/science base for the interventions were critical to success.
2. Also cited as critical success factors (by less than 25% of States responding) were creating high visibility, documenting evaluating results, having a good plan, having champions, and supporting innovation.
3. Non-state sources identified other critical success factors for policy and environmental change interventions. Among these were clear translations of science into lay terms, setting practical expectations and avoiding traditional epidemiologic outcomes, properly assessing community readiness and capacity, and having an organization to coordinate efforts.

Unique Issues and Barriers Facing Health Departments

Many issues and barriers to health department involvement in policy and environmental change interventions were also identified, including the following:

1. Being distracted by legal and bureaucratic issues;
2. A general lack of trust by the public in government;
3. Turf issues between potential collaborating organizations;
4. A general climate in health departments of crisis managment rather than long-term relationship building, planning, and the support usually required for successful policy and environmental change interventions;
5. A general inability to handle sudden conflict;
6. Organized opposition;
7. A lack of clear distinctions between policy and environmental change interventions and political action; and

8. Lack of immediate benefits and outcomes of policy and environmental interventions, since proving success with such interventions takes time.

Health Department Involvement in Policy and Environmental Change

States were asked to identify areas in which they engaged in policy and environmental change interventions and in which they played a specific role from 1996 through 1999. (That role did not necessarily have to be a lead role.)

1. More of the *policy* interventions were focused on tobacco use (69+ instances) than on any other chronic disease or risk factor category. These were followed by diabetes (42) and cancer (28).
2. More of the *environmental change* interventions were focused on nutrition (148) than on any other category. They were followed by physical activity (102) and tobacco use (67+).

Health Department Roles

States were asked to identify roles they played in successful policy and environmental change interventions from 1996 through 1999.

1. The top roles reported by health departments in *policy* interventions were providing to decision makers information beyond data alone (mentioned 56 times), drafting legislation/policy (39), and providing data (38).
2. The top roles reported by health departments in *environmental change* interventions were training and technical assistance (mentioned 81 times) and acting as a funding source (42).
3. Eighty-three (83) instances of local capacity building by state health departments were noted for environmental change interventions. In comparison, very few instances were noted for policy interventions.

Conclusions about the State-of-the-Practice

Reviewing the information obtained from all the sources used for this study, the following conclusions were drawn about health departments' state-of-the-practice in policy and environmental change.

1. This is an exciting new area of activity for health departments, and there is a great deal more activity than was anticipated.

2. There have been some great successes in a few areas (e.g., in some aspects of tobacco control), but these have required significant trial-and-error and time to achieve.
3. There is significant confusion and/or disagreement among public health practitioners and leaders over what work public health departments can and cannot do in regard to policy and environmental change. Advocacy as a legitimate role for public health remains controversial.
4. There is little appreciation at all levels for how much time has to be invested to make these interventions successful.
5. Policy and environmental change are not an emphasis area for many public health departments or State and local governments.
6. Policy and environmental change work is not funded at the same level and in the same way as other core public health functions.
7. Public health departments are not leveraging the apparent willingness, interest, and capacity of communities to change through policy and environmental interventions.
8. The quality of leadership in public health departments for policy and environmental change varies greatly.
9. At times there may be tangible risks (e.g., job loss, censure) associated with engaging in these types of interventions that public health practitioners may be unaccustomed to or may not be willing to take.
10. The current political environment is such that the involvement of government agencies in policy and environmental change work often is discouraged.
11. In general, it seems that public health is more conservative in its approach to these types of interventions than is warranted by the potential public health impact and public interest in these interventions.
12. There are marked distinctions between the issues being addressed and the roles being played by public health departments, depending on whether they are focused on policy or on environmental change.

Limitations

There are a few limitations to this study that are important to acknowledge.

A very large body of information was encountered during this project. A great level of information is available on the reasons environmental change and policy interventions are important to public health and on the general requirements for implementing and evaluating these types of interventions. Studies of specific policy and environmental interventions focus predominantly on outcome evaluations of the interventions. However, very little specific information is available on *how* these interventions have been implemented by state and local health departments. When available, such information tends to describe established and well-funded programs rather than start-up efforts. Clearly, a gap exists in the information required for a full understanding of the capacity building needs of public health departments.

Although this study captured good examples of local policy and environmental change interventions, resources were not sufficient to create a systematic big picture of what is occurring in local health departments across the country in terms of policy and environmental change interventions.

Recommendations

Based on the findings of this project, the project Work Group developed 41 recommendations for the ASTDHPPHE's consideration. These were subdivided into categories as follows:

Table 1

Recommendation Categories	Number of Times Selected
Leadership	8
Explaining the Concept*	6
Sharing Experiences and Information	2
Skills Development	6
Funding	5
Research	10
Information Management	2
Regional Cooperation	2

* Concept = concept of policy and environmental change interventions

The recommendations were divided into three priority levels for implementation: Priority Level I (the highest), Priority Level II, and Priority Level III. Level I and Level II priorities were the following:

Priority Level I

- Develop "what to do" models of successful policy and environmental change interventions and a model infrastructure for supporting policy and environmental change interventions in health departments.
- Create a case statement for such interventions based on a logic model, including what it takes to be meaningfully involved in them as well as what they can and should achieve. This statement can be used in a variety of settings to establish credibility for such interventions. It can also clarify what such interventions are and what they are not.
- Develop an on-line, searchable database of information and resources relative to policy and environmental change (starting with the information collected in this project). Include access to other on-line resources and websites.

Priority Level II

- Educate and obtain endorsement for the case statement/concept (above) from the Association of State and Territorial Health Officials (ASTHO) and its affiliates, the National Association of City and County Health Officials (NACCHO), the American Public Health Association (APHA) and its affiliates, the Association of Schools of Public Health, and the Society for Public Health Education (SOPHE).
- Develop concrete examples of how policy and environmental change interventions are started and completed. They should contain simple, real-life examples that cover a variety of chronic disease intervention opportunities, as well as different policies and environmental change strategies.
- Integrate policy and environmental change requirements into the funding process at all levels (including the National Governors' Association (NGA), the National Conference of State Legislatures (NCSL), ASTHO, and state monies through local health departments/agencies).
- Identify key journals and other information sources and approach their representatives about including a focus on policy and environmental change. Develop a case for why this is needed.

Summary

This study is an important step in better understanding how public health departments can engage in policy and environmental change interventions. There is strong and growing interest among public health practitioners in these types of interventions, and a significant amount of activity is already occurring. It is clear that although policy interventions and environmental change interventions share common elements (e.g., need for relationship building and collaboration) and capacity requirements (e.g., staff development regarding effective collaboration), they are also quite different in terms of current health department practices and involvement with them. Significant barriers, such as variability in leadership support, must be overcome before public health practitioners can optimally engage in these types of interventions. Nevertheless, there is a strong sense that policy and environmental interventions will be a major force for improving the public health of the nation and that a good foundation exists on which to build the capacity of public health departments to engage in them more successfully. The ASTDHPPHE and the CDC have taken an important step forward by commissioning this initial study. Specific recommendations for future advancement in these areas have been proposed.

Final Report

Final Report

Introduction

Public health organizations and practitioners at the national, state, and local levels are becoming increasingly involved in policy and environmental change interventions to improve health promotion and disease prevention outcomes. These population-based approaches complement and strengthen traditional public health approaches, which have sought to change individual behavior among the public and health practitioners. As policy and environmental change interventions become more widely implemented in States and localities, it is important to track their direction and progress, identify and share lessons learned, and seek ways to improve the capacities of those organizations and practitioners engaging in them.

The Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE), with support from the U. S. Centers for Disease Control and Prevention (CDC), conducted a project to assess the state-of-the-practice in chronic disease policy and environmental change interventions involving state, territorial, and local health agencies. This report summarizes the project's findings.

Project Purpose

The purpose of this project was to develop a greater understanding of what policy and environmental change interventions have been implemented to reduce the burden of chronic diseases and of how these interventions have been implemented by state and local health departments.

Project Scope

Chronic Diseases Addressed

This assessment covers policy and environmental change interventions that affect the chronic diseases and health issues that are the direct responsibility of the National Center for Chronic Disease Prevention and Health Promotion of the U.S. Centers for Disease Control and Prevention (CDC). Those chronic diseases and related risk factors and intervention areas include the following:

- aging;
- arthritis;
- cancer;
- cardiovascular diseases (CVD);
- diabetes;
- comprehensive school health services;
- nutrition;
- oral health;
- physical activity; and
- tobacco use.

State, territorial, and local health agencies are also involved in policy and environmental change interventions for other important health issues that are outside the scope of the current project. Among the important issues that are not included in the scope of this project are the following:

- asthma;
- alcohol use/abuse;
- HIV/AIDS;
- injury prevention;
- international health issues; and
- mental health.

Types of Interventions

Because the concepts of *policy* and *environmental change intervention* can be confusing to public health professionals as well as the lay public, the following definitions were used to help focus the information gathered for this project. The definitions were based on the literature dealing with policy and environmental changes and the practical experience of the experts in the field who participated in the project.

- **Policies** include laws, regulations, and rules (both formal and informal).

  Examples: laws and regulations that restrict smoking in public buildings; organizational rules that provide time off during work hours for physical activity.

- **Environmental interventions** include changes to the economic, social, or physical environments.

  Examples: incorporating walking paths/recreation areas into new community development designs; making low-fat choices available in cafeterias; removing ashtrays from meeting rooms.

As a point of clarification, some public health professionals report that they see *advocacy* as a type of public health intervention that is related to, but distinct from, policy and environmental change interventions. Others see advocacy as an integral part of any policy and environmental change intervention. In this project, advocacy is treated as a strong, core element of all policy and environmental change interventions and is not treated as a separate type of intervention.

Roles

Public health professionals and organizations can play many possible roles in addressing policy and environmental change, including the following:

- providing data;
- convening interested parties;
- conducting needs assessments and evaluations;
- educating the public; and
- advocating for specific policy and environmental change strategies.

This project focused on studying the roles played by public health departments (government entities) at the state or local level. Roles played by other organizations were studied only as they related to those played by public health departments.

The Case for Policy and Environmental Change Interventions and the Involvement of Public Health Departments

It is important to articulate a logical case for the involvement of public health departments in policy and environmental change interventions as a prelude to presenting the results of this project and the recommendations that follow.

1. Chronic diseases represent persistent public health problems.
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3. The next major step forward in chronic disease prevention and health promotion will come through the increasing and widespread use of policy and environmental change interventions that can impact large segments of the population simultaneously.
4. Health departments are the primary governmental institutions charged with protecting the health of the public.
5. Health departments can play many different roles in advancing policy and environmental change interventions, including providing information and data, funding interventions, coordinating team efforts, educating the public, and/or advocating for specific policy and environmental change strategies.
6. For the most part, traditional public health practices, priorities, staff skills, and resource allocations do not reflect the capacity that is needed for health departments to move aggressively and consistently into policy and environmental change interventions.
7. Health departments make conscious choices about the degree of priority given to chronic disease programs, including policy and environmental change interventions and the roles that they might play in such interventions. It is critical that these choices be well-informed decisions that are based on a solid understanding of current best practices and the potential impact of policy and environmental change interventions.

Methods

The ASTDHPPHE, with support from the CDC, contracted with Strategic Health Concepts, Inc. (SHC) in January 1999 to design and implement the ASTDHPPHE *Policy and Environmental Change: New Directions for Public Health* project. The SHC staff worked closely with a project Work Group throughout the entire project. The Work Group included ASTDHPPHE staff and leaders and CDC staff.

Due to the broad nature and complexity of policy and environmental interventions and the fact that this particular study had never before been done, information was gathered at several points over the course of the project to continually refine the approach. There were four phases in this iterative approach.

Phase 1–Convening the Work Group and Developing the Search Strategies

Sixteen individuals with extensive experience in chronic disease related policy and/or environmental interventions were identified to participate in a project Work Group. Work Group members represented public health professionals from state and local health departments, academia, the CDC, the ASTDHPPHE, and the National Association of City and County Health Officials (NACCHO). (See page v for a listing of the Work Group members.)

Direct input from the Work Group was sought in creating an organizational framework for the project, developing operating definitions, and defining and refining search strategies for: a) synthesizing what is currently known from peer-reviewed literature and other suggested literature that had not been peer-reviewed, and b) assessing current practices in States and localities. Project staff conducted individual telephone interviews with members of the Work Group to solicit their input and then developed a concept paper on how the project could be carried out. Work Group members participated in a conference call to comment on the concept paper and agree on the final approach to the study.

Phase 2–Implementing the Search Strategies

Five primary mechanisms were used to gather information for this project:

1. A **peer-reviewed literature search** used several major literature review search programs and key search terms to locate policy and environmental interventions for each of the chronic diseases and risk factors included in the scope of the project. More than 700 articles were identified through these searches, of which 58 yielded information relevant to the purpose and scope of the project. An additional 16 articles contained useful general information of interest to the project.
2. **Key informant interviews** were conducted with 29 experts, including individuals working with various policy and environmental change organizations or working within state and local health departments.
3. A review was conducted of **other literature** that had not been peer-reviewed, but had been suggested by key informants or identified through searching sources such as the Combined Health Information Database (CHID). Thirty-seven documents were ultimately included in the review.
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5. A **nationwide snapshot assessment** based on a written assessment was sent to all 50 States and five territories. Forty States and three territories responded to the survey. States were asked to identify examples of policy and environmental interventions involving public health departments at the state and local levels. Sufficient resources were not available for a direct survey of local health departments in this initial assessment.

Phase 3–Developing Recommendations

A draft summary of the findings from the information collection strategies defined in Phase 2 was developed by project staff. Members of the Work Group met in Denver for a one and one-half day meeting to review the draft summary and to identify recommendations and dissemination strategies. Following the Work Group meeting, the recommendations were circulated in draft written form to the Work Group for comments before being finalized.

Phase 4–Dissemination

The last phase of the project included finalizing the report, initiating the dissemination of the project's findings, and identifying possible directions for continued work in this area.

The remainder of the report presents detailed findings from the study and the Work Group recommendations for further developing public health capacity for policy and environmental change interventions.

Summary Findings

In carrying out this project, a very large body of information was evaluated, much of which turned out to be tangential to the purpose of the project. The challenge has been to reduce this information to manageable proportions while staying focused on: a) what is happening in health departments in policy and environmental change interventions; and b) what can be done to increase the capacity of health departments to engage in these interventions.

The richest sources of information turned out to be the key informant interviews and the snapshot survey of the States and territories. As will be seen, the review of peer-reviewed and non-peer reviewed literature and the Internet searches proved to be disappointing in terms of finding information that was directly relevant to the scope and purpose of the project. Nevertheless, project conclusions could be drawn from all five information sources rather than relying on one source. Additional study ideas were also identified that could not be accommodated with the resources of the current project but could be useful in the future.

Peer-reviewed Literature Search

Approach

The strategy for searching the peer-reviewed literature was to use multiple databases for articles specific to a set of identified search terms and relevant content areas. Searches were conducted through Medline, CHID, and PsychInfo, using search terms that included each of the key content areas in this study and additionally the terms *program, policy, environment,* or *environmental change*. All of the resources used were from peer-reviewed journals, and only articles in English and from the United States were evaluated. The search was cross-checked with sentinel articles received from Work Group members and other sources to ensure proper searching techniques.

Findings

The search identified more than 700 articles. Abstracts from these were reviewed, and the number of articles that explicitly addressed the type of information sought in the project was narrowed to 58.

Sixteen additional general articles were kept in the review because they provided important reference material related to policy and environmental change interventions. These articles included state-of-the-art papers on certain chronic diseases (e. g., State of the Nation's Oral Health), papers on the methodology of health promotion, and articles on theories applicable to the field of policy and environmental change in various chronic health conditions. Attachment 1 contains a list of the 74 relevant articles found through this search.

Each of the chronic disease content areas in this study was represented in the articles that were read and reviewed. Articles related to tobacco were most prevalent (24), followed by cancer (8), physical activity (6), general health (5), comprehensive school health (5), and nutrition (5). The other topical areas followed with lesser frequency. The higher number of tobacco-related articles was not surprising, given the amount of funding available for interventions in this area over the past decade and the concentration on policy and environmental change interventions as part of the total tobacco control strategy. Examples of those interventions are restricting exposure to secondhand smoke and restricting minors' access to tobacco.

Some of the articles from the peer-reviewed literature mentioned a state health department as playing some particular role in a project. Usually this role was as a funder, convener, or a data provider. Virtually no information was provided on how these roles were carried out or on what roles health departments generally play in policy and environmental change interventions. Consequently, the amount of information in the peer-reviewed literature that is directly relevant to the purpose and scope of this project is extremely limited.

This state of affairs is also not surprising. Because of the nature of peer-reviewed literature, most of it reports on specific research studies that are performed by teams of scientists, sometimes working in collaboration with community organizations. As a result, virtually all of the articles in this review had a research perspective. Although this project's objective was to look at what interventions are being employed and how health departments are involved, the peer-reviewed literature focuses more on studying specific interventions and their empirical results. Those few that do report on implementation processes tend to be descriptive rather than analytical. Of the 58 articles that contained at least some information relevant to this project,

- only six addressed pre-enactment developmental work on a specific policy or environmental change (work generally more relevant to this project);

- twenty-one were post-enactment outcome evaluations of a specific policy or environmental change; and
- thirty-one were initiated as program evaluations, but concluded with specific policy or environmental change implications or recommendations.

More analytic studies that address the implementation of policy and environmental change are needed to determine what is happening, how it is happening, and how best to build capacity for future work in this area. Currently, there is little to be learned from the peer-reviewed literature in this area.Very few incentives exist for public health practitioners to publish articles about the processes for implementing and enacting policy and environmental change interventions, and few current peer-reviewed journals show strong interest in such articles.

Literature Other than Peer-Reviewed

Approach

The literature reviewed for this project that had not been peer-reviewed was identified through telephone interviews with the project Work Group members and other key informants and through a search of the Combined Health Information Database (CHID).

Findings

Most of the sentinel sources that were identified through key informant interviews and CHID were peer-reviewed articles or websites. A number of key informants provided specific materials that were related to the project. As was found in the search of the peer-reviewed literature, only a few of these materials directly addressed the scope or purpose of this project, e. g., roles health departments are playing in policy and environmental change and how they are carrying out those roles. A total of 37 documents were relevant and ultimately reviewed. These documents included: 10 sets of recommendations/position papers; 8 surveys/public opinion briefs; 8 guidebooks/manuals; 6 case studies/intervention descriptions; and 5 informational brochures/public relations documents. Attachment 2 contains a list of the literature other than peer-reviewed that was reviewed for this project.

Similar to the search of peer-reviewed literature, the topic area most prevalent in the

non-peer-reviewed literature was tobacco (20), followed by general health or chronic disease (14). The topics of nutrition, physical activity, and cardiovascular disease each appeared once.

Much of the information from these sources focuses on what needs to be done, and little is provided on how it is being done or on suggestions about how to do it. Established and well-funded programs are usually described. Information on start-up strategies and how best to address implementation challenges is rarely addressed. The paucity of written "how to" information suggests that this information is being shared verbally and informally rather than systematically. Although case studies and program descriptions are the most informative, the level of detail varies greatly in such studies and descriptions, leaving readers to deduce the "how to" implications for themselves.

Internet Search Strategy

Approach

Key informants interviewed for this project were asked to identify the sentinel websites they use as a part of their policy and environmental change work, as well as websites they have been made aware of. Links found on the websites identified by the key informants that specifically related to chronic disease policy and environmental change interventions were also reviewed. It is possible to spend a significant and inordinate amount of time tracking from website to website. For example, starting with the CDC website, a person could go to each state health department. From each state health department site, the person could connect to numerous other potentially relevant links. The same process occurs when starting at the website for the Association of Schools of Public Health, then going on to each school and its links. However, only links that were directly related to the focus of this project were followed.

A general Internet search using a multiple-search engine was also conducted. Multiple-search engines are commonly used as a way to search the Web for topics of interest. Multiple-search engines query several other search engines at the same time. There are many on-line multiple-search engines to choose from, including the following: Cyber 411, Inference Find, Dogpile, MetaFind, Savvy Search, and MetaCrawler. Dogpile was used for this project because of its ability to search twelve separate databases simultaneously.

Findings

A total of 52 websites were reviewed for this project, including 18 websites that were identified through interviews plus 34 related links. Attachment 3 includes a listing of the 52 websites searched. Of the 18 websites identified through interviews, the majority were those of organizations or were websites that are general in nature (10), followed by those focusing on tobacco (6) and on physical activity (2). A handful of websites were mentioned repeatedly by the Work Group and during key informant interviews and therefore stand out as examples of websites that are useful and relevant to public health professionals developing or implementing chronic disease policy and environmental interventions. These include the following:

California Center for Health Improvement (CCHI) Policy Links

www.cchi.org

Description: A collection of state-of-the-art policy ideas related to the major determinants of health (e.g., health care, education, economic vitality, safety and environment). Policies are summarized in policy profiles and examples are given of where the policies are working effectively. Key contact information for persons and organizations that have implemented identified policies is also included, as are related references and links.

Community Tool Box

http://ctb.lsi.ukans.edu

Description: More than 3,000 downloadable pages of specific skill-building topics for community health and development. Sections include the following topics: leadership, strategic planning, community assessment, advocacy, grant writing, and evaluation. Each section includes a description of the task, advantages of doing the task, step-by-step guidelines, examples, checklists, and training materials. Sections of particular interest may be found by searching specific topics. A search for "policy" yielded 40 related sections in the toolbox.

Community Health Indicators—University of Washington

http://faculty.washington.edu/cheadle/cli

Description: Community-level indicators (CLIs) are derived from observations of aspects of the community other than experts associated with individual community members. This website provides answers to basic questions about CLIs; a sample list of indicators for tobacco use, diet, and physical activity; the ability to browse the academic literature related to CLIs; and examples from specific projects using CLIs, including sample indicators.

Advocacy Institute

www.advocacy.org

Description: The Advocacy Institute's work includes advocacy leadership development, movement building, strategy development and analysis, advocacy skills building, facilitation of alliance building, and strategic counseling and networking of advocates. Programs include the Capacity Building Program, the Tobacco Control Project, and the Health Science Analysis Project. Several publications are also available on-line or may be ordered.

The Association of State and Territorial Health Officials (ASTHO)

www.astho.org

Description: Projects of note are found under committees/projects on ASTHO's website.

The Internet is an incredibly diverse and important tool for gathering information. Using its resources presents a dilemma for projects such as this one. On the one hand, many excellent websites, such as those described in this report, contain useful tools and information. However, even with these websites, the primary focus is on what needs to be done rather than on how to do it (although a number of sites offer excellent tools to help with some of the "how to" issues). Again, the information from these sites contained little information that summarized the types of policy and environmental change interventions in which health departments are engaged and how they are implementing them. This finding opens the question of the utility of more general searches of the Internet.

Search engines are commonly used to search the Web for topics of interest. Multiple-search engines query several other search engine databases at the same time. In order to illustrate what someone at a health department may encounter as they began to search the Web for information on a particular topic, the Dogpile Multiple Search Engine was used to search the term *policy and physical activity.* Dogpile searches twelve different search engines in parallel for the topic of interest. The results of this search illustrate the enormous amount of information available on the Internet.

Topic searched: *"Policy and Physical Activity"*

Total number of hits: 4,569,061

Documents reviewed: 120 (top 10 from each search engine)

Potentially relevant sites: 18

Actual relevant sites: 1 (but only tangentially relevant)

Similar searches were conducted for each of the other content areas relevant to the scope and purpose of this project.

In conclusion, if someone knows where to look, finding information on the Web and sharing useful sites and information with others can be fast and easy. Although an enormous amount of information is available on the Internet, finding useful information can be extremely time consuming and frustrating. Websites tend to provide good general information, but in regard to peer-reviewed and non-peer-reviewed literature, they tend to lack specificity, particularly in the "how to" area. In short, at this time, for health professionals interested in policy and environmental change interventions, a large amount of time can be spent searching through a great deal of information with limited results.

Key Informant Interviews

Approach

Telephone interviews were conducted by project staff with the Work Group members. Other individuals with valuable expertise related to this project were identified during these initial interviews, resulting in interviews with a total of 29 key informants. The key informant interviews focused on identifying critical success factors and barriers related to policy and environmental change interventions, sentinel sources of information, and roles that health departments *have played* and *could play* in chronic disease policy and environmental interventions. Attachment 4 contains the discussion templates used for the key informant interviews.

Findings

The key informant interviews provided a rich source of information for the project. Specific details from the interviews are presented in the next section to provide a comparison with similar questions asked of the states and territories in the nationwide assessment. In summary, many critical success factors and barriers for policy and environmental change interventions, as they apply to health departments, were identified. They tend to be broad in nature, and little detail illuminates the specific skills and capacities necessary to make them successful. They are also more general in nature than the factors articulated by the states in the nationwide assessment. Few roles were identified that state health departments *have* played, but many more were

identified that state health departments *could* play. Key informants also noted that the roles health departments play in policy and environmental change interventions change over time and from topic to topic. (For example, more conservative roles may be played in controversial topic areas, such as certain tobacco control interventions, than are played in less controversial topics.) Few of the key informants could point to sentinel resources that directly addressed the purpose and scope of this project.

Nationwide Assessment

Approach

An assessment form (see Attachment 5) was developed, reviewed, and then sent with a cover letter to the ASTDHPPHE Directors and the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD) representatives in all 50 States; the District of Columbia; American Samoa; Guam; Puerto Rico; the U. S. Virgin Islands; and the Alaska, Arizona, and Oregon Indian Health Service (IHS) offices. Even though the assessment form was sent to two people in each State or territory, a single combined response was requested from each State or territory. In all but one instance, a single response resulted. All recipients were invited to participate in a conference call to answer questions about the assessment and were encouraged to contact ASTDHPPHE project staff for further clarification. It was important to obtain maximum participation, so a more representative snapshot of the chronic disease-related policies and environmental change intervention activity of health departments could be created. Therefore, project staff made weekly follow-up calls to non-respondents until a final cut-off date of October 18, 1999. Forty-one States and three territories eventually responded to this assessment process.

In the nationwide assessment, States were asked to

- identify policy and environmental change content areas they had addressed in the last three years;
- provide an example of the most successful intervention for each content area and the roles they played associated with it;
- share critical success factors and barriers regarding policy and environmental change interventions and examples of successful local policy and environmental change interventions;

- identify roles played by the local health department; and
- provide key contact names.

Findings

State Level Policy and Environmental Change Interventions

States were asked to estimate the number of chronic disease-related policies and environmental change interventions implemented at the state level during the past three years in which the state health department played a role. The following tables illustrate their responses.

Table 2

Chronic Disease-related State Level Policy Interventions 1996–1999	
Policies	**Number of Responses**
Tobacco	69+
Diabetes	42
Cancer	28
Physical Activity	23
Oral Health	23
Nutrition	21
Comprehensive School Health	8
Osteoporosis	4
Arthritis	2
Cardiovascular Disease	2
Aging	2
Employee Health Promotion	2
Organ Donation	1
Women's Health	1

+ Plus sign indicates response of "too many to count."

Table 3

Environmental Change Interventions 1996–1999	
Environmental Change Interventions	**Number of Responses**
Nutrition	148
Physical Activity	102
Local Level Capacity Building	83+
Tobacco	67+
Diabetes	59
Cardiovascular Disease	33
Oral Health	22
Cancer	21
Comprehensive School Health	11
Infrastructure	6
Aging	5
Arthritis	3

+ Plus sign indicates response of "too many to count."

The results show a marked distinction between the chronic disease content areas addressed by policies and those addressed by environmental interventions. This likely reflects both the state-of-the-science and the state-of-the-practice in the respective content areas as well as the relative funding for each. The results also reflect a much higher degree of involvement in policy and environmental change interventions than was anticipated. It should be noted that several States were very active in tobacco control at the time of this assessment and responded with "too many to count" rather than a specific number of policies or environmental interventions. Therefore, the plus (+) sign was used in the above tables to indicate this response.

It is also important to note that some of the content categories in the table are not mutually exclusive. For example, tobacco, nutrition, and physical activity are all related to cardiovascular disease (CVD). Thus, although a low number of CVD-related policies are shown in Table 2, in fact, many of the other policies implemented should affect the CVD problems in the state. At a practical level, people with interests in CVD are often members of community coalitions that address issues such as tobacco control. Nevertheless, these charts provide some sense of the relative involvement of state health departments in policy and environmental change interventions regarding various chronic disease topics. Finally, it should be noted that there is a category of involvement for environmental change interventions that is not reflected on the policy side—local-level capacity building. This category was added as a topic at the request of various state representatives who noted that some States are heavily engaged in capacity-building activities for environmental changes.

Local-Level Policy and Environmental Change Interventions

State representatives were asked to identify up to three *highly successful* local chronic disease-related policy *or* environmental change interventions in their States that involved local/regional health departments. As with the state-level policies and interventions, success was determined by the state representatives responding to the assessment.

The examples identified by state representatives included the following number of local-level policy or environmental change interventions:

Table 4

Identification of Local-level Policy or Environmental Change Interventions	
Category	**Number of Times Selected**
Tobacco	36
Physical Activity	12
Nutrition	8
Diabetes	4
Cardiovascular Disease	4
Cancer	3
Oral Health	2
Other	1

Roles of State and Local Health Departments

State representatives were asked to identify one chronic disease-related policy or environmental change intervention that they considered to be the most successful for each chronic disease content area. "Success" was individually defined by the respondents. State representatives were then asked to describe the roles that the state health department played in developing and/or implementing the successful policy or environmental change intervention. Successful policies and interventions and the roles played by the state health department are recorded in the following two tables. Policies and interventions are listed by type of disease or health issue. Examples of the specific roles played by state health departments for each chronic disease content area follow the tables.

States were also asked to provide up to three examples of successful local-level, chronic disease policy and environmental change interventions in which a local health department had played a role. The results from this question are also found in the following tables.

Table 5

State Level Policy Interventions

Roles of the State Health Department	Disease/Health Issue								
	Tobacco	Nutrition	Physical Activity	Diabetes	Cancer	Oral Health	CVD	Other	Total
Providing Information to Public and Policy Makers	17	3	2	14	11	5	1	3	56
Drafting Legislation/ Policies/Guidelines/ Regulations/ Standards	11	5	4	5	10	1		3	39
Providing Data	13	1		12	5	6		1	38
Training/Technical Assistance	6	6	6	6	2	2		5	33
Planning/ Implementing	3	3	4	1	5		2	6	24
Providing Testimony/ Source of Credibility	10	2	2	2	2	1			19
Coordinating/ Participating/ Facilitating Team Meetings	8	3				1	1	1	14
Funder	6	3	2		1		1	2	14
Partner	1	2	4	4		1		1	14

Table 5, continued

State Level Policy Interventions									
Roles of the State Health Department	**Disease/Health Issue**								
	Tobacco	**Nutrition**	**Physical Activity**	**Diabetes**	**Cancer**	**Oral Health**	**CVD**	**Other**	**Total**
Convener		2	2			2		4	10
Collecting/ Analyzing Data	1	1	2		1	2		2	9
Surveillance/ Monitoring/ Evaluating	2	1	1		2	1		1	8
Mentoring/ Providing Support		1	2		1		1		5
Providing Media Support	3		1		1				5
Mobilizing Communities	1		1		1				3
Oversight				1				2	3
Seeking Funding		1	1			1			3
Managing Funding					1			1	2
Promoting Role of Public Health		1							1
Facilitating Screenings					1				1

Table 6

State Level
Environmental Change Interventions

Roles of the State Health Department	Disease/Health Issue									
	Tobacco	Nutrition	Physical Activity	Diabetes	Cancer	Oral Health	CVD	Other	Capacity Building	Total
Training/Technical Assistance	10	21	10	13	5	3	1	11	2	81
Funder	8	9	7	7	4		3	1	3	42
Planning/ Implementing	3	4	6	1	2	1		3	2	22
Coordinating/ Participating/ Facilitating Team Efforts	3	3	4	4	2	1	2	3		22
Surveillance/ Monitoring/ Evaluating	2	4	2	5	1			2	1	17
Providing Information to Public and Policy Makers	3	1	2	1	3	2	1	1	2	16
Providing Data		4	4	2	1	1		1	3	16
Convener	2	2	2	6		1			2	15
Developing/ Providing Materials/Models	3	4	4	2		1		1		15

Table 6, continued

State Level Environmental Change Interventions										
Roles of the State Health Department	**Disease/Health Issue**									
	Tobacco	**Nutrition**	**Physical Activity**	**Diabetes**	**Cancer**	**Oral Health**	**CVD**	**Capacity Building**	**Other**	**Total**
Collecting/ Analyzing Data	4	2	2	1		2	1	1	1	14
Drafting Legislation Policies/ Guidelines/ Regulations/ Standards	2			3	1		1			7
Partner		1	1			1			2	5
Securing Funding		2	2		1					5
Providing Media Support	2	1		1						4
Managing Funding									3	3
Facilitating/ Providing Screening			1		2					3
Institutionalizing Program		1								1
Mobilizing Communities					1					1

Table 7

Local Level
Policies or Environmental Change Interventions

Roles of the Local Health Department	Disease/Health Issue									
	Tobacco	Nutrition	Physical Activity	Diabetes	Cancer	Oral Health	CVD	Capacity Building	Other	Total
Planning/ Implementation	7	5	8	3				1	1	25
Training/Technical Assistance	7		1	1				1		10
Providing Information to Public and Policy Makers	3	1	3						1	8
Partner	3				1				3	7
Mobilizing Communities	3				1				3	7
Testified/ Advocated	7									7
Coordinating/ Participating/ Facilitating Team Efforts	5		1						1	7
Staffing	2		1			1			2	6
Drafting Legislation/ Policies/ Guidelines/ Regulations/ Standards	2		1						2	5

Table 7, continued

Local Level Policies or Environmental Change Interventions										
Roles of the Local Health Department	Disease/Health Issue									
	Tobacco	**Nutrition**	**Physical Activity**	**Diabetes**	**Cancer**	**Oral Health**	**CVD**	**Capacity Building**	**Other**	**Total**
Funder	1		1							2
Providing/ Coordinating Media Support	2									2
Monitoring/ Follow-up							1		1	2
Providing Data	1									1
Collecting/ Analyzing Data	1	1								
Sought Funding	1					1				2
Facilitated/ Coordinated Enforcement	1									1

During the telephone interviews, key informants were also asked to identify the roles that state health departments have played in implementing of chronic disease-related policies and environmental change interventions. The roles identified by the key informants were similar to the roles identified in the nationwide assessment and listed in the previous tables. Three additional roles were identified by the key informants that did not appear in the nationwide assessment:

1. translating public health science into user-friendly lay terms
2. leaking information related to the development of policy or environmental change interventions
3. recording historical information

A comparison of the roles identified for successful policy and environmental change interventions shows that for policy activities, the state health departments are playing more roles of an advisory nature (e.g., providing information and data), but are playing more active roles in regard to environmental change interventions (e.g., funding interventions, coordinating team efforts). Nevertheless, it is clear that in both arenas, health departments in some States are playing a wide variety of roles, which leads to the possibility that health departments in some states can take on additional roles based on experiences of other States.

Roles identified for local health departments are also highly varied, although most included some direct involvement in planning interventions and/or implementing them.

It should be noted again that this nationwide assessment is not a systematic look at *all* of the policy and environmental interventions in which each State engaged, nor are all the roles played tabulated. Instead, this initial data collection effort concentrated on creating a snapshot of where States are regarding their involvement and roles in these types of interventions. Similarly, at this time insufficient resources precluded a systematic look at the involvement of local health departments in such interventions.

State Health Department Roles—State-level Policies

The following are examples of roles played by state health departments as they implement state-level chronic disease-related policies.

Role: Providing Information to the Public and Policy Makers

Example: Provided information to proponents of diabetes legislation and legislators.

Role: Promulgating Regulations

Example: Promulgated regulations on the use of sunscreen to camps.

Role: Drafting Legislation, Policies, Guidelines, Regulations, Standards

Example: Wrote the Governor's Executive Order on Youth Access to Tobacco for the statewide enforcement agency.

Role: Providing Data

Example: Provided data on impact of diabetes and its complications and costs to the State.

Role: Planning/Implementing

Example: Helped design and implement tobacco pilot program activities.

Role: Training and Technical Assistance

Example: Trained cafeteria workers on reducing fats and increasing fruits and vegetables.

Role: Providing Testimony/Source of Credibility

Example: Advised the legislature on ways to strengthen laws limiting youth access to tobacco.

Role: Coordinating/Participating/Facilitating Meetings

Example: Co-coordinated a nutrition coalition.

Role: Funder

Example: Issued a Request for Proposal (RFP) for the development of pilot regional arthritis centers.

Role: Surveillance/Monitoring/Evaluating

Example: Monitored compliance with the tobacco-free schools law.

Role: Providing Media Support

Example: Wrote news releases to increase awareness of the release time for exercise policy.

State Health Department Roles—Environmental Change Interventions

The following are examples of roles played by state health departments in the implementation of state-level chronic disease environmental change interventions.

Role: Training and Technical Assistance

Example: Trained worksite physical activity coordinators.

Role: Funding

Example: Contracted with the medical center to build the capacity of small businesses for health promotion.

Role: Coordinating/Participating/Facilitating Meetings

Example: Formed a coalition focused on increasing physical activity.

Role: Providing Information to Public and Policy Makers/Promulgating Regulations

Example: Presented information at national, state, and local meetings to promote the development of community walking trails.

Critical Factors for Successful Implementation

In the nationwide assessment, state representatives were asked to identify factors critical to the implementation of successful policy or environmental change interventions. These factors are ranked below in order of importance.

The six critical factors listed were identified as ***essential*** to the implementation of successful policies or environmental change interventions. More than half of the states agreed on the first four in this list.

1. Meaningful collaborations
2. Support from the community
3. Support from decision makers, especially within the department
4. Data/science-base supporting the intervention
5. Funding/resources
6. Skilled staff/training

Also cited as critical success factors (by less than 25% of States responding) were the following:

- high visibility;
- evaluation;
- a good overall plan;
- a champion;
- good communication;
- enforcement/reinforcement;
- educational materials;
- sustainability; and
- innovation.

Additional critical factors for success were identified through key informants, peer-reviewed and non-peer-reviewed literature. They include the following:

- clearly translating science into lay terms;
- setting practical expectations while avoiding traditional epidemiologic outcomes;
- properly assessing community readiness and capacity;
- framing issues in light of the current climate;
- being prepared to answer hard questions;
- focusing in an unrelenting way on the priority areas; and
- having an organization to coordinate efforts.

Barriers to Implementing Successful Policy or Environmental Change Interventions

In general, most chronic disease-related policies or environmental change interventions that fail or never get off the ground lack one or some combination of the critical factors just listed. For example, policies or environmental change interventions may be unsuccessful due to the following:

- weak or nonexistent collaborations between partners;
- limited or nonexistent support from the community and/or decision makers;
- insufficient or inaccurate use of data-or science-based information; or
- a lack of skilled staff who understand the issues.

Other unique barriers that were listed in the nationwide assessment and/or mentioned during the key informant interviews include the following:

- entanglement in legal issues and other distractions;
- lack of trust in the government;
- turf issues;
- crisis management at the expense of long-term advocacy;
- inability to handle sudden conflict effectively;
- organized opposition;
- gray areas between policy development and politics;
- unfamiliarity with the concepts of policy and environmental change;
- insufficient time to implement policy and environmental change interventions processes, taking into account the possibility that several failures can occur before success is achieved;
- benefits not immediate/evident;
- insufficient time to implement changes;
- perception that these types of interventions are not compatible with the organization's mission;
- competition for credit;
- lack of awareness/concern about the seriousness of chronic disease;
- lack of multiple risk factor benefit (big picture; not categorical);
- trying to do too much at one time;
- failure to understand the political process;
- lack of good evaluation models for intermediary and long-term advocacy efforts;
- perceived potential adverse impact on business;

- information overload;
- conflicting information;
- lack of health insurance (for disease-related condition);
- involvement in new areas outside usual comfort zone;
- local limits on interventions that require statutory change;
- difficulty reaching/including diverse populations;
- difficulty deciding on the focus (e.g., what science sees as a priority may not be a community's priority); and
- lack of legal capacity (e. g., expertise and resources).

General Conclusions

Policy and environmental change interventions represent an exciting new area of effort for health departments, and much activity already is underway. Some great successes have occurred in a few areas (e.g., tobacco control), but significant learning and time were invested in achieving these results.

Tobacco has been a major area of policy and environmental change activity for the past decade. State reports show that extensive efforts have also occurred in the areas of nutrition, physical activity, and diabetes. A distinct difference can be demonstrated between the content areas being addressed primarily by policy and those being addressed through environmental change. The roles that health departments are playing in policy are also different from their roles in environmental change. Good examples of local policy and environmental change interventions were found, but a systematic big picture of what is occurring across localities remains to be developed.

Significant confusion exists over what health departments can and cannot do in these two areas, although this is true more so for policy than for environmental change interventions. Advocacy as a legitimate role for public health remains controversial. A tendency to be cautious in climates that may be conservative and/or anti-government results in a tendency to be even less involved in these types of interventions than is legally allowed so as to avoid any appearance of impropriety. The political process is inherent in many of these interventions, which makes many public health practitioners uncomfortable in today's political climate.

Many public health practitioners, including some decision makers, do not intuitively understand what policy and environmental change interventions are, why they are important, and how to engage in them. Many do not understand how much time must be invested to make these interventions successful, including the time necessary to build sustained and meaningful relationships with stakeholders outside the health department. Moreover, policy and environmental change interventions currently are not a priority area for many health departments or state and local governments. Policy and environmental change intervention work is not funded like core public health services.

One also senses that the public health community may not be adequately assessing and/or leveraging the willingness, interest, and capacity of communities to change. Individuals and communities are very interested in health promotion and disease prevention and, when explained in the proper context, policy and environmental change interventions make good sense to many people.

Much descriptive and empirical information on policy and environmental change interventions exists, but there is very little information on how to actually do these interventions. Similar key roles are often played by those implementing these interventions, yet their individual skills and finesse vary greatly. Most information exchange on the "how to's" of policy and environmental change interventions seems to be happening through informal networking.

Health department roles in these interventions change over time and from issue to issue. This requires a high degree of flexibility in internal department policies and operations and in communicating varying roles to stakeholders outside of the public health department.

In the final analysis, a major move by a public health department toward greater involvement in policy and environmental change interventions requires a recognition that this means a new way of doing business for that department and the willingness by those in power to make the operational changes necessary to make that happen.

Recommendations

After reviewing project findings, the Work Group categorized and developed 41 recommendations for increasing the capacity of health departments to engage in policy and environmental change interventions. The Work Group then looked at all the recommendations (independent of category) and developed three priority levels for implementation: Priority Level I (the highest), Priority Level II, and Priority Level III.

Leadership

Although development of public health policy is a core function of public health, a disconnection exists between philosophical awareness of and support for chronic disease-related policy and environmental change interventions and the actual practices in a public health department in terms of staff expectations, resource commitments, priority-setting decisions, and the skills and capacities of staff involved.

In addition, state and local health departments answer to community governmental bodies (e.g., governors, legislature, agency heads, city and county councils, boards of health), which may control the degree to which they can engage in policy and environmental change interventions.

Recommendations for This Area

Priority Level I

- Develop some "what to do" models of successful policy and environmental change interventions and a model infrastructure for supporting policy and environmental change interventions in health departments.

Priority Level III

- Develop a framework to present the concept of policy and environmental change in the context of a public health core function and leadership decision making.
- Provide education regarding the concept of policy and environmental change through linkages with existing public health leadership institutes.
- Create an infrastructure for peer networking and support for public health leaders who engage in policy and environmental change interventions.

- Develop/compile a series of keynote talks and publications by national leaders that address the issues and the need to shift the emphasis of public health priorities toward policy and environmental change interventions.
- Promote state- and national-level policy discussions among key public health and legislative organizations.
- Provide training and technical assistance to local health department leaders on how to constructively influence their governing bodies.
- Encourage public health leaders to become more involved in general community leadership groups (e.g., Chambers of Commerce) as a means for developing long-term relationships that may benefit policy and environmental change strategies.

Explaining the Concept

Traditional public health practices, priorities, staff skills and capacities, and resource allocations do not support aggressive and consistent involvement in policy and environmental change interventions.

Recommendations for This Area

Priority Level I

- Create a case statement for such strategies based on a logic model, including what it takes to be meaningfully involved in such strategies and what they can and should achieve. This statement could be used in a variety of settings to establish credibility for such interventions. It should also clarify what such interventions are and what they are not.

Priority Level II

- Educate and obtain the endorsement for the case statement/concept from the ASTHO and all its affiliates, the NACCHO, the APHA and its affiliates, the Association of Schools of Public Health, and the SOPHE.
- Develop concrete examples of how policy and environmental change interventions are started and completed. These should be simple, real-life examples that cover a wide variety of chronic disease intervention opportunities as well as different policies and environmental change strategies.

Priority Level III

- Create a "predictors of success" tool for what would represent successful public health department roles in policy and environmental change interventions.
- Link the core concepts of policy and environmental change to the current public health department accreditation planning at the CDC and with the public health infrastructure development and training initiatives underway with the U. S. Health Resources and Services Administration (HRSA), the ASTHO, and the Robert Wood Johnson Foundation.
- Develop a marketing tool for use by state health departments to promote policy and environmental change as effective strategies.

Sharing Experiences and Information

Currently, information sharing about these interventions occurs primarily through workshops and presentations at professional meetings and through informal networking by fax, e-mail, and telephone.

Recommendations for This Area

Priority Level III

- Develop a mentoring system to connect people efficiently and effectively. This system should accommodate practitioner-to-practitioner mentoring as well as practitioner-to-researcher interactions. Such systems are often called for but much less frequently are instituted and maintained, so a commitment to this recommendation requires a sustained serious intent, resources, and actions.
- Develop a mechanism for sharing the core concepts on policy and environmental change interventions with schools of public health, academic departments of health education, and other institutions providing professional preparation in public health and health promotion and for encouraging incorporation of these concepts into their curricula.

Skills Development

Many health departments are not able to recruit individuals skilled in policy and environmental change interventions. It is difficult to retain staff skilled in these areas because of salary and career track issues. Government personnel systems do not appear to value population-based intervention skills as highly as clinical-based skills.

Policy and environmental change skills cut across many traditional job classifications. Therefore, the whole public health team needs to be trained in these skills, not just the project staff.

Recommendations for This Area

Priority Level III

- Create profiles of the competencies that make for successful staff in policy and environmental change interventions and link these profiles to salary scales.
- Engage public health leadership in valuing policy and environmental change competencies/skills. The core competencies necessary to conduct policy and environmental change interventions should be included as accountability measures in job descriptions.
- Develop the core components for training in policy and environmental change; then flesh them out to include competencies and skills-based outcomes (e.g., networking, obtaining funding, decision making, garnering feedback, maintaining flexibility). This training would be used to orient new employees as well as to advance the skills of current staff.
- Develop national-level guidance on key policy and environmental change opportunities in chronic disease interventions (e.g., identify best practices and strategies that work).
- Assure on-going, highly interactive training and technical assistance follow-up. Develop a mechanism for providing such training and technical assistance.
- Develop a technical assistance/training resource that compiles and clarifies laws and rules regarding the involvement of public health officials in policy/advocacy activities.

Funding

Barriers within existing categorical funding streams could be addressed to allow for policy and environmental change interventions (e.g., requiring different deliverables and encouraging cross-categorical funding).

Recommendations for This Area

Priority Level II

- Integrate policy and environmental change requirements into the funding processes at all levels, including through the NGA, NCSL, ASTHO, and state allocation of monies through local health departments/agencies. Resources are needed to implement the policy and environmental change agenda.

Priority Level III

- Engage the leadership of legislative and funding agencies (e.g., the CDC) regarding removing the barriers to policy and environmental change interventions to better foster their implementation.
- Create a set of priorities from these recommendations and develop a budget for seeking funds. In doing this, consider developing a minimum funding level per State (e.g., as the CDC has done for tobacco).
- Encourage the ASTHO, its affiliates, and the NACCHO to pool resources to fund mini-grants for policy and environmental change initiatives.
- Visibly acknowledge local-level actions.

Research

This assessment project provides a rough snapshot of current practices and lessons from health department involvement in policy and environmental change interventions. Additional research is clearly required.

Recommendations for This Area

Priority Level II

- Identify key journals and other information resources and approach their representatives about including a focus on policy and environmental change. Develop a case for why this is needed.

Priority Level III

- Identify more precisely what "local capacity building" by state health departments actually means and entails.

- Develop, test, and implement a methodology for obtaining baseline information and tracking the involvement of state and local health departments in policy and environmental change interventions.
- Directly assess the current roles that local health departments play in policy and environmental change interventions.
- Determine how state and local health departments view their roles as leaders of policy and environmental change interventions and what skills and capacities they need to fullfill their leadership roles.
- Conduct participatory action research as a way to share knowledge of policy and environmental change strategies with the rest of the field. This should be done as a way for staff to learn how to think critically about what they are doing (e.g., identify competencies being used, identify ways to improve competencies, document the "how to" of best practices).
- Identify the gaps in what is known about what works and how to build public health capacity for policy and environmental change interventions, including identifying perceived needs of state and local health department staff and suggestions for addressing those needs.
- Assess the perceived level of skills and capacities that state and local health departments have for each of the major roles they can play in policy and environmental change interventions.
- Determine how other (i.e., non-health) governmental entities engage in policy and environmental change interventions.
- Identify and encourage research agendas linking policy/environmental change and health promotion practice with other public health and social issues (include prevention research centers).

Information Management

Information and resources related to policy and environmental change must be readily available and easily accessible.

Recommendations for This Area

Priority Level I

- Develop an on-line, searchable database of information and resources relative to policy and environmental change interventions (starting with information collected during this project). Include access to other on-line resources and websites.

Priority Level III

- Develop a link to an existing website (e.g., the ASTDHPPHE, NACCHO, CDC, ASTHO, and affiliates) where the case statement, recommendations, and additional information may be obtained. "Talk board" or other discussion options should also be included to link subscribers, including local health departments. The content and use of this website must be promoted among health departments.

Regional Cooperation

Multiple jurisdictions overlap efforts when dealing with policy and environmental change interventions (e.g., media, environmental health).

Recommendations for This Area

Priority Level III

- Support regional associations (e.g., affiliates of state public health organizations) and encourage them to consider policy and environmental change issues as part of work they may already be doing on a regional basis. Develop role delineation agreements.
- Identify practical means for promoting regional cooperation on specific policy and environmental change activities.

Attachments

Attachment 1
Peer-reviewed Literature Search

Peer-reviewed Literature Search

Policy and Environmental Change
New Directions for Public Health

Anderson, D. et al. "Developing a National Level Technology Assessment (TA) Program for the Veterans Administration (VA) [abstract]." *Annual Meeting of International Society of Technology Assessment in Health Care*, 1996, 12: p. 22.

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Attachment 2
Literature Other Than Peer-reviewed

Documents from the Literature Other Than Peer-reviewed

Policy and Environmental Change New Directions for Public Health

1. "Statewide Survey Shows Californians Support Spending More For Health Promotion and Disease Prevention." Press Release from The Field Institute and California Center for Health Improvement. January 29, 1997.
2. "Californians Believe Tobacco Companies Deliberately Market Cigarettes to Minors: Support for California to Spend Tobacco Lawsuit Settlement Funds on Public Health, Treating People with Smoking-related Illness and Anti-smoking Programs." A press release from The Field Institute and California Center for Health Improvement. February 25, 1998.
3. "Poll Finds Widespread Support for Anti-Tobacco Measures." *The San Francisco Chronicle*. August 16, 1995.
4. "Public Supports Sin Taxes, Poll Says." *The Sacramento Bee*. August 16, 1995.
5. "Californians Concerned About Youth Smoking, Majority Believes Media Has Negative Effect." *Growing Up Well: Focus on Prevention*. A publication of the California Center for Health Improvement. February 1998.
6. *What Californians Believe About Environmental Tobacco Smoke*. A publication of the Tobacco Control Section of the California Department of Health Services. February 1996.
7. *Are Californians Protected From Environmental Tobacco Smoke?* A publication of the Tobacco Control Section of the California Department of Health Services. February 1996.
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9. *Spending for Health: Californians Speak Out About Priorities for Health Spending*. A publication of the California Center for Health Improvement. January, 1997.

10. "A Movement Rising: A Strategic Analysis of U.S. Tobacco Control Advocacy." Developed by the Advocacy Institute. March 1999.

11. *Protect Your Profitability: Tobacco Smoke and Tobacco Advertising Can Keep People Away From Your Event*. A publication of the California Department of Health Services. January 1999.

12. *California's Law For a Smoke-Free Workplace: Important Information for Bars, Taverns, and Gaming Clubs*. A publication of the California Department of Health Services. June 1997.

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14. *The STAKE Act: A New Law for California Retailers*. A publication of the California Department of Health Services. April 1997.

15. *Why Not Work For A Change?: An Introduction to Careers in Social Change*. A publication of the Advocacy Institute. 1992.

16. *Telling Your Story: A Guide to Preparing Advocacy Case Studies*. A publication of the Advocacy Institute. 1992.

17. *A Model for Change: The California Experience in Tobacco Control*. A publication from the Tobacco Control Section of the California Department of Health Services. October 1998.

18. *The Community Health Promotion Kit: Instruction Manual*. Developed by the Minnesota Department of Health. 1991.

19. "Citizens Making Decisions: Local Governance Making Change." *What Works Policy Brief*. Developed by Frank Farrow and Sid Gardner. The Foundation Consortium. March 1999.

20. "Policy and Environmental Approaches to Reducing Cardiovascular Disease." Developed by Robyn A. Housemann, MPH. Presentation Outline. October 27, 1997.

21. *Implementation of AB 13: The Impact of Social Will on Tobacco Control in California Cities*. A publication of the Center for Civic Partnerships Public Health Institute. March 1999.

22. *Tobacco Control in California Cities: A Guide for Action*. Developed by California Healthy Cities Project. December 1992.

23. *Toward a Tobacco-Free California: Renewing the Commitment 1997-2000.* A publication of the Tobacco Education and Research Oversight Committee (TEROC). July 1997.

24. *Voices from America: Ten Healthy Community Stories from Across the Nation*. A publication of the Coalition for Healthier Cities and Communities and the Health Research and Educational Trust.1998.

25. "California's Anti-Tobacco Strategy: Policy Improving Health." A policy brief of the California Center for Health Improvement. March 1996.

26. *Policy Compendium on Tobacco, Alcohol and Other Harmful Substances Affecting Adolescents: Tobacco*. Developed by American Medical Association. 1994.

27. *Public Health Advocacy: Creating Community Change to Improve Health*. Developed by Stanford Center for Research in Disease Prevention. 1994.

28. Durlak, J.A. "Importance of Policy," in *Successful Prevention Programs for Children and Adolescents:* New York. Plenum Publishing Corp, 1997, pp. 159-176.

29. Gochman, D. S., ed. "Health Policy and Smoking and Tobacco Use," in *Handbook of Health Behavior Research IV: Relevance for Professionals and Issues for the Future*. New York. Plenum Publishing Corp, 1997, pp. 231–251.

30. "Protecting Our Families and Children from Tobacco: Public Policy Activities of the Coalition on Smoking OR Health." 1995 and 1996.

31. *A Special Campaign to Generate Support for State Legislation to Decrease Youth Access to Tobacco: A Case Study*. Developed by the Tobacco Control Section, California Department of Health Services. 1994.

32. "Chronic Disease Prevention," in *Healthy Students 2000: An Agenda for Continuous Improvement in America's Schools,* American School Health Association. January 1994, pp. 69–82

33. *Women's Experience of Chronic Diseases*. Developed by Women's and Children's Health Policy Center. Johns Hopkins University. 1998.

34. "California Action Plan to Prevent Cardiovascular Disease: A Report of the California Cardiovascular Disease Prevention Coalition." 1995.

35. "California Court Decisions on Smoke-Free Bars." Update. Developed by BREATH — The California Smoke-Free Bar Program. May 2, 1999.

36. "Getting to Results: Data-Driven Decision Making for Children, Youth, Families and Communities." *What Works Policy Brief*. Developed by Jacqueline McCroskey. The Foundation Consortium. March 1999.

Attachment 3
Internet Website Search

Internet Website Search

Policy and Environmental Change
New Directions for Public Health
Organizations/General

*Advocacy Institute ..... www.advocacy.org

*Advocacy Institute/Scarcnet ..... www.scarcnet.org

Agency for Health Care Policy and Research ..... www.ahcpr.gov

Americans for Nonsmokers' Rights ..... www.no-smoke.org

Association of State and Territorial Directors
of Health Promotion and Public Health
Education (ASTDHPPHE) ..... www.astdhpphe.org

*Association of State and Territorial Health Officials (ASTHO) ..... www.astho.org

Association of Worksite Health Promotion ..... www.awhp.org

*California Center for Health Improvement
(Policy Matters) ..... www.cchi.org

*Community Level Indicators/
University of Washington ..... http://weber.u.washington.edu/~cheadle/cli

*Community Tool Box/ University of Kansas ..... http://ctb.lsi.ukans.edu

Felix Burdine & Associates ..... www.felixburdine.com

MoveOn ..... www.moveon.org

National Association of Attorneys General ..... www.naag.org

National Conference of State Legislatures .....www.ncsl.org

National Heart, Lung and Blood Institute ..... www.nhlbi.nih.gov

Policy and Aging

National Center on Women and Aging ..... www.brandeis.edu/heller

Pepper Institute on Aging and Public Policy .....www.PepperInstitute.org

The Urban Institute ..... www.urban.org

Center for Policy Research, Syracuse University ..... www.cpr.maxwell.syr.edu

Environmental Health and Social Policy Center/Seattle .....www.policycenter.com

Intertribal Council on Hanford Health
Project ..... www.policycenter.com/policycenter/ichh

Keystone Center ..... www.keystone.org

Institute for Health, Health Care Policy and
Aging Research ..... www.ihhcpar.rutgers.edu

Aging Policy and Politics Group ..... www.silcom.com

Michigan Aging Services System ..... www.mdch.state.mi.us/mass

North Carolina Dept of HHS/Division of Aging .....www.dhhs.state.nc.us/aging

MSU/IPPSR Perspectives – PH surveys .....http://srd.ippsr.msu.edu/policy/persp

New York State Dept of Health/
Chronic Disease Teaching Tools ..... gopher.health.state.ny.us

American Acadmy of Pediatrics/Policy Statement ..... www.aap.org/policy

Arthritis

Dogpile Search ..... policy and arthritis

Chronic Disease

Dogpile Search ..... policy and chronic disease

Cardiovascular Disease

Dogpile Search ..... policy and cardiovascular disease

Diabetes

Dogpile Search ..... policy and diabetes

Community Health Partnerships of Santa Clara County/
Advocacy and Policy ..... www.chpscc.org

Nutrition

Dogpile Search ..... policy and nutrition

Oral Health

Dogpile Search ..... policy and oral health

Physical Activity

Dogpile Search ..... policy and physical activity

Northwest Center for PH Practice .... http://gopher.hslib.washington.edu/nwcphp

Health Promotion Strategies for Community
Health Services ..... http://hna.ffn.vic.gov.au

The Physical Activity and Health Network ..... http://info.pitt.edu

Physical Activity and Health—
Report of the Surgeon General ..... www.cdc.gov/nccdphp/sgr

DHHS Research, Policy and Admin. ..... www.hhs.ogv

ACHPER—Health and Physical Activity Advocacy Kit ..... www.achper

Wellness Junction ..... www.wellnessjunction.com

California Department of Health Services—
On the Move Physical Activity
Promotion Program ..... www.dhs.gov/org/ps/cdic/cdcb/Epidemiology/OTM

School Health

Dogpile Search ..... policy and school health

Tobacco

Dogpile Search ..... policy and tobacco

Action on Smoking and Health ..... www.ash.org

Arizona Tobacco Education and Prevention Program (AzTEPP) .....www.tepp.org

CDC's TIPS—Tobacco Information and
Prevention Source ..... www.cdc.gov/nccdphp/oshe

Join Together .....www.jointogether.org

Join Together/Quit Net ..... www.quitnet.org

Smoked.com ..... www.smoked.com

Tobacco Free Kids .....www.tobaccofreekids.org

Tobacco.Org ..... www.tobbaco.org

University of California at San Francisco/
Tobacco Control Policy Research ..... http://itsa.ucsf.edu/~tobacco/research

Tobacco Industry's Political Activity in Colorado ..... http://galen.library.ucsf.edu

U.S. Environmental Protection Agency/
Secondhand Smoke ..... www.epa.gov/iaq/pubs

Policy.com ..... www.policy.com

Attachment 4
Key Informant Interview Templates

Key Informant Interview Templates

Policy and Environmental Change
New Directions for Public Health

Two types of key informant interviews were conducted. The first type was an initial interview with project Work Group members.

The second type was an interview with other key informants. The interview content was based on ideas and results from the Work Group interview and literature reviewed by the date of the interview.

The interview template for each of these types of interviews is attached.

ASTDHPPHE In-Depth Telephone Interview
Project Work Group Members

Name: _____

Phone number: _____

Organization: _____

Date & time of call(s):	Rescheduled for:	Notes

ASTDHPPHE In-Depth Telephone Interview
Project Work Group Members

Name of Interviewee: _____

Hi, I am _____ and I am calling on behalf of ASTDHPPHE, the Association of State and Territorial Directors of Health Promotion and Public Health Education. Thank you for agreeing both to participate as a Work Group Member and to taking the time to respond to this survey focusing on policy/advocacy and environmental interventions.

Is this still a convenient for you to spend a few minutes responding to the survey on the phone now?

Y N (If no, schedule callback)

As you know, we are currently assessing policy and environmental public health interventions at the state and local levels. At this stage of the project, we are asking Work Group members to assist us in:

- creating working definition of policy and environmental interventions
- identifying key sources of published and unpublished or fugitive information related policy/advocacy and environmental interventions, and
- identifying key individuals or sources around the country that can provide information on current practices in the states.

First I'd like to ask you some specific questions related to the advance packet of materials that was sent to you.

1. Did you receive the packet? Y N

2. There was a page in the packet containing *definitions* from the literature of policy and environmental interventions.

3. What did you like best about the *policy* definitions?

4. What did you like least about the *policy* definitions?

5. Are there other *policy* definitions you would suggest we consider?

6. What did you like the best about the *environmental* definitions?

7. What did you like least about the *environmental* definitions?

8. Are there other *environmental* definitions you would suggest we consider?

Now let's talk about published and fugitive sources of information related to policy and environmental public health interventions.

1. Please identify any key articles or publications on policy/advocacy/ environmental interventions that you have found particularly good.

2. What nonpublished, or fugitive sources of information on policy/advocacy/ environmental interventions have you found particularly helpful? (Fugitive sources may include reports, case studies, information from the Internet, etc...)

3. Are there other key sources/individuals that you would suggest that we contact for information relevant to this project?

Now let's talk about interventions related to policy and environmental health.

1. Think of a very successful state-level policy or environmental health intervention. For the purposes of this interview, you determine what successful means.

    a. Briefly describe the intervention

b. What are some of the factors that were or are critical to the success of this intervention?

c. Has this intervention been published? If so, where?

2. Now think of an intervention that has not been as successful or failed.

a. Briefly describe the intervention.

b. What are some of the factors that caused this intervention to not be as successful or fail?

c. What are the major lessons learned from this example?

3. In general, what would you identify as essential elements important to any successful policy or environmental intervention at the state level?

4. In general, what would you identify as essential elements important to any successful policy or environmental interventions at the local level?

5. We would like your help in identifying key people or organizations around the country who have valuable experience to share related to developing and implementing policy and environmental interventions. Who would you suggest that we contact for more information about interventions at the state level? If you have phone numbers or the names of the individual's organization, that would also be helpful.

6. Finally, we will need to develop a strategy and define limits for assessing the state-of-the-practice in policy/advocacy/environmental interventions across the country. Which of the following strategies would you select?

   a. Conduct a complete survey of all the states (breadth vs. depth)?

   b. Conduct a survey with a sampling of states (depth vs. breadth)?

   c. Or would you suggest some other strategy? (Please describe)

7. Is there anything else that you would like to add at this point?

Thank you for your time. I may contact you again if I have additional questions or need clarification. Again, once all of the Work Group members have been interviewed, the results of the interviews will be compiled and shared with you via conference call.

ASTDHPPHE Key Informant Interview

Name: _____

Phone number: _____

Title: _____

Organization: _____

Date & time of call(s):	Rescheduled for:	Notes

Hi. My name is ———————— and I'm calling on behalf of ASTDHPPHE, the Association of State and Territorial Directors of Health Promotion and Public Health Education. ASTDHPPHE is currently leading a project to assess the state-of-the-practice in chronic disease policy and environmental interventions that have been used by state, territorial, and local health agencies. Through our initial round of interviews with state and local health department leaders, you were identified as someone with extensive policy-related experience who would have valuable contributions to this project.

I'd like to take about 30 minutes of your time to ask you a handful of questions. Your responses will remain confidential and will be used to identify critical factors for successful policy and environmental chronic disease-related interventions around the country. The results of this project will be used to strengthen policy and environmental interventions.

Thank you for your time. Your participation is greatly appreciated and is important to the success of this project.

For the purposes of this project the following broad definitions are used:

1. Policies include laws, regulations and rules (both formal and informal).

2. Environmental interventions include changes to the economic, social or physical environments (e.g. economic incentives to engage in healthy behaviors; walking paths built in to new community development designs).

Do you have any questions before we begin?

Part A - Critical Factors for Success and Barriers to Implementation

3. Based on your experience, what are the *most critical factors essential to the implementation of successful chronic disease-related policy or environmental initiatives*?

   a.

   b.

   c.

   d.

   e.

4. Based on your experience, what *barriers most often cause chronic disease-related policy or environmental initiatives to fail or not get off the ground?*

   a.

   b.

   c.

   d.

   e.

Part B - Resource Identification

5. Are there any sentinel policy-related *reports* that you rely on heavily or find especially useful that you would suggest we review for this project?

6. Are there any sentinel policy-related *websites/databases* that you rely on heavily or find especially useful that you would suggest we review for this project?

Part C - Roles of Health Departments

7. What roles have you seen health departments (state and/or local) play successfully in policy and environmental interventions?

8. What other roles do you think health departments could play and why aren't they now?

Thank you for your time and input! If you have any questions or think of additional information that may be useful to this project, contact me at _____.

Attachment 5
Nationwide Assessment Form

Nationwide Assessment Form

Policy and Environmental Change
New Directions for Public Health
Memorandum

August 21, 1999

TO: State ASTDHPPHE Representative
State Chronic Disease Directors

SUBJECT: Chronic Disease Policy and Environmental Disease Interventions Assessment

Please Reply by September 10, 1999

The Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE), with support from the Centers for Disease Control and Prevention (CDC), is currently engaged in a project to assess the state-of-the-practice in chronic disease policy and environmental interventions involving state, territorial, and local health agencies. Strategic Health Concepts, Inc. is conducting the assessment on behalf of ASTDHPPHE. The ASTDHPPHE Representatives and Chronic Disease Directors in each state and territorial health department are being sent this brief assessment form. A single, combined response from each state and territory is requested.

The responses provided will collectively give an overall *snapshot* of chronic disease related policy and environmental interventions around the country. This "snapshot" will be combined with results from key informant interviews and systematic searches of published and unpublished sources in order identify opportunities to strengthen policy and environmental intervention activities at all levels.

Thank you for taking the time to provide the information requested on the following pages. Your participation is greatly appreciated and is important to the success of this project.

Please return your responses by **September 10, 1999** to:

Strategic Health Concepts, Inc.
6256 East Long Circle North
Englewood, CO 80112
or
fax: 303-233-2996
or
e-mail: Laurie@shconcepts.com

Should you have any questions about this project or about filling out this assessment, please contact Laurie Schneider, Karin Hohman or Tom Kean at 720-489-7900.

Sincerely,
Tom Kean
Strategic Health Concepts, Inc.

Association of State and Territorial Directors of Health Promotion and Public Health Education

Assessment of the State-of-the-Practice of Chronic Disease Policy and Environmental Interventions

Name: _____ Phone number: _____

Title & Organization: _____

Scope of Survey:

This assessment covers policy and environmental interventions that impact on the chronic diseases/health issues that are the direct responsibility of the National Center for Chronic Disease Prevention and Health Promotion. These include:

Aging • Arthritis • Cancer • Cardiovascular Diseases • Diabetes • Comprehensive School Health Services (combined services/activities, not limited solely to school health education curricula) • Nutrition • Oral Health • Physical Activity • Tobacco Control

State, territorial and local health agencies are also involved in policy and environmental interventions for other important health issues that are outside the scope of the current project. At this time, please do not include information related to the following:

Asthma • Alcohol • HIV/AIDS • Injury Prevention • International Health Issues • Mental Health

Definitions Used in This Survey:

Policies include laws, regulations and rules (both formal and informal).

Environmental interventions include changes to the economic, social or physical environments (e.g. economic incentives to engage in healthy behaviors; walking paths built in to new community development designs; availability of workout facilities at worksites).

Instructions:

1. Please look through the entire assessment form to get an overview of the types of information being requested.
2. Provide the information requested only for policies and environmental interventions in which state, territorial or local health departments played some role in their development and implementation. Examples of roles that are played by health departments include: providing surveillance data that describes the health problem being addressed; drafting sample policies or legislation; analyzing of the relative effectiveness of various interventions; providing technical assistance on best practices; and participating in coalitions with others interested in the problem being addressed. If a health department has played no role in the intervention, please do not include it in your response.
3. Should you need additional space to reply, please attach extra pages. If you wish to send existing descriptive materials, please mail them to the address listed on the cover memorandum and at the end of this assessment.
4. Thank you again for your participation.

Part A - Chronic Disease Policy in Your State

Definition: Policies include laws, regulations and rules (both formal and informal).

Examples: Clean Indoor Air laws; regulations that ban smoking in public buildings, organizational rules that provide time during work for physical activity:

For the chronic disease risk factors noted, please estimate the number of chronic disease related policies at the state level over the past 3 years. Then identify one policy that you consider to be the most successful. For the purposes of this questionnaire, "successful" is based on your definition. Please also describe the roles that the state health department has played in developing or implementing this policy. In the remaining blank rows under content, identify other policy intervention areas related to chronic diseases in which the state or territorial health department has been involved and provide the other information requested.

State-level Chronic Disease Policies			
Policy Content Area	**# of State-level policies in this area in the last 3 years**	**Title of the most successful policy in this area**	**Role of the State Health Department in this successful policy**
Example: *Tobacco*	*4*	*Governor's 1998 ban on tobacco use in public buildings*	*• provided data on impact of ETS* *• drafted public rule* *• responded to public inquiries*
Nutrition			
Physical Activity			
Tobacco			

Comments:

Part B - Chronic Disease Environmental Interventions in Your State

Definition: Environmental interventions include changes to the economic, social or physical environments.

Examples: Removing ash trays from meeting rooms or high fat foods from vending machines; walking/recreation paths built in to new community development designs; lighting installed around walking/recreation paths; workout facilities provided by/at worksites; public recognition/awards for healthy behavior changes; low fat meals available in cafeterias.

First identify the types of environmental change interventions that have occurred at the state level. Then, estimate the number of chronic disease related environmental interventions in each area over the past 3 years. In each area, identify one environmental intervention that you consider to be the most successful. Again, "successful" is based on your definition. Please also describe the state health department's role in this successful intervention.

State-level Chronic Disease Environmental Change Interventions

Focus area of the environmental change	# of State-level interventions in this area in the last 3 years	Title of the most successful intervention in this area	Role of the State Health Department in this successful intervention
Example: *Local level capacity building*	*2*	*Training to assist local health departments in working with worksites to promote physical activity breaks*	• *provided training* • *provided follow-up technical* • *provided data to support benefit to employers*
Nutrition			
Physical Activity			
Tobacco			
Capacity Building to Local Level			

Comments:

Part C - Critical Factors for Success and Barriers to Implementation

1. *Based on your experience, what are the critical factors generally essential to the implementation of successful policy or environmental intervention?*

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

2. *Based on your experience, what barriers most often cause chronic disease-related policy or environmental interventions to fail or not get off the ground?*

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

Part D - Examples of Local Interventions

Please identify 1-3 **highly** successful local chronic disease-related policy or environmental interventions in your state that involved a local/regional health department. For each intervention, give a brief description of the project and identify the key contact person and the role of the local/regional health department.

Local Example A

Brief Description: _____

Contact Information (name and phone #): _____

Role of Local/Regional Health Department: _____

Local Example B

Brief Description: _____

Contact Information (name and phone #): _____

Role of Local/Regional Health Department: _____

Local Example C

Brief Description: _____

Contact Information (name and phone #): _____

Role of Local/Regional Health Department _____

Thank you again for your time and input!