The State Health Department's Role in the Policy Process

A Tool for State Health Department Injury and Violence Prevention Programs

Target Audience:

- CDC funded state health department injury and violence prevention programs

- CDC funded state health department program staff working to prevent injuries and violence

Purpose

To provide guidance to Centers for Disease Control and Prevention (CDC)-funded state health departments about their important role in informing and evaluating policy to prevent injuries and violence through active participation in the policy process.

Policy as an Effective Public Health Tool to Prevent Injuries and Violence

Policy interventions are important and can be effective community and societal level strategies for improving the public's health. Public health policy interventions can influence systems development, organizational change, social norms, and individual behavior to promote improvements in the health and safety of a population.

State health department injury and violence prevention programs are also well-positioned to link with other public health department programs or initiatives (i.e., obesity prevention, maternal and child health, or environmental health) and complementary issues such as transportation, affordable housing, and sustainable healthy communities so that injury prevention goals can be incorporated into larger societal level efforts where appropriate.

A state health department injury and violence prevention program and its partners play a significant role in:

- analyzing data to identify trends and opportunities for intervention,
- researching, identifying, assessing, and prioritizing policy options that can impact injury and violence prevention,
- identifying and connecting with stakeholders to gather feedback, implement communication strategies, and to deliver relevant messages and materials,
- providing science and evidence to educate decision makers about the components and potential effects of policies,
- educating the public about existing policies or laws, and
- evaluating the impact of policies.
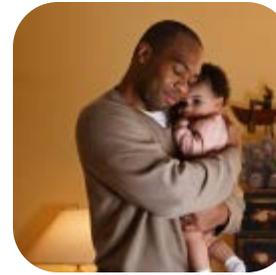
Policy: Organizational, Regulatory, and Legislative

Policy can be defined in many ways. One applicable definition when describing public health policy is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. Policies generally operate at the systems level, are applied to large sectors or populations, and set the context in which individual decisions and actions are made. State health departments can engage in various public health policy activities as outlined in CDC award documents. **Other than for normal and recognized executive-legislative relationships, no CDC funds may be used for** impermissible lobbying, including, advocating to continue or increase state health department funding from the federal government. See CDC's guidance entitled "Anti-Lobbying Restrictions for CDC Grantees" for more detailed information.

There are different types of policies and each of them plays an important role in improving the public's health.

Organizational (also known as internal policies) – rules or practices established within an agency or organization, such as those developed by:

- Local education agencies and/or schools or school districts e.g., required training for teachers on teen dating violence prevention (this may actually be a regulation promulgated by the school board, which in many jurisdictions is an elected body).
- Private hospital or other healthcare delivery sites (e.g., physicians' offices), e.g., a systematic, required use of an evidence-informed program to prevent Shaken Baby Syndrome as a component of a hospital stay for all new mothers.
- Community- or faith-based organizations, (e.g., requiring volunteer coaches to receive training and information on concussion awareness to protect young athletes).
- Governmental agencies, e.g., restricting the use of government-owned electronic communication devices while driving by employees and contractors (this is actually by Executive Order).
- Business, industry, or corporations, e.g., health insurance company reimbursement policies (health insurance company reimbursement policies may be set by law).
- Professional associations or accrediting organizations, e.g., CEU requirements to demonstrate competencies in public health or injury prevention.

Regulatory – rules, guidelines, principles, or methods created by government agencies with regulation authority for products or services (government agencies receive authorization to make regulations through state laws)

- State, e.g., standards regarding main drain covers and starting blocks in swimming pools.
- Federal, e.g., rules governing manufacturing of automobiles to meet safety standards.

Legislative – laws or ordinances

- Local (city or county), e.g., statute requiring working smoke alarms be included in all residences.
- State, e.g., laws allowing police to enforce seat belt laws without requiring another violation (also known as primary enforcement seatbelt laws).
- Federal, e.g., federal law that mandates the maximum allowable blood alcohol concentration level of 0.08% among persons operating a motor vehicle.

Policy interventions are particularly valuable because they are systems-based and can affect populations by changing the context in which individuals take action or make decisions. They can influence decisions (e.g., requiring seat belt use) or they can create an environment or structures in which we live safer (e.g., mandating that all cars are made with front and side airbags). While the behavior change may occur at the individual level, policies can set the parameters for many individual choices, or where appropriate, take more direct action at the population level. This type of population-based approach can be less expensive and more cost-effective. However, the ultimate effectiveness of a policy intervention depends on numerous factors, including the level of awareness, education, and compliance to the policy by the public as well as resources to support a policy's implementation (e.g., enforcement capacity, education and training, and availability of programs to support and enhance policy implementation). For example, a texting while driving law may be passed in a state, but public understanding regarding the specifics of the law may impact compliance. Compliance often requires enforcement. Police need to know how to determine if someone is texting and be willing to pull an offender over for texting. **If none of these other policy or practice elements are in place, the intent of the law will not be realized.**

CDC funds can be used for many policy-related activities. For instance, they may be used by state health departments to work directly on policy-related matters across their equivalent branch of state government. Non-governmental CDC awardees and nongovernmental sub-awardees, however, have stricter parameters on the use of federal funds for *any* lobbying-related activities. See AR-12 and the guidance for more detail.

Role of State Health Departments in the Policy Process

While most state health department staff are accustomed to playing a major role in identifying problems, some agencies or programs may be less involved in other critical domains of the policy process, including policy analysis, strategy and policy development, implementation, evaluation, and stakeholder engagement. Participating in these parts of the policy process can help to ensure that public health policy solutions are based on the best available science and evidence, reflect and respond to audience needs and realities, and are updated as evidence evolves.

Public health agencies have a role to play in all types of policy initiatives (organizational, regulatory, and legislative). CDC funds cannot be used to grass-roots lobby, or to encourage members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

State health departments have an important role to play in all domains of the policy process[1]:

- Problem identification – analyze and communicate the problem

- Policy analysis – identify possible interventions

- Strategy and policy development – prioritize interventions

- Policy enactment – provide evidence as requested by decision makers

- Policy implementation – support implementation through education, training, technical assistance, and guidance

[1]CDC http://www.cdc.gov/stltpublichealth/policy/

State health departments play an important role in using scientific evidence and epidemiological data to educate both internal and external decision makers and partners about health issues and the potential effect of a policy intervention on a public health issue such as injuries and violence. Allowable activities related to contact with public policymakers vary by state; therefore it is important to consult internal agency rules, and state and federal laws to ensure full compliance. For instance, applicable federal provisions include Sections 503(b) and (c) of the Fiscal Year 2015 Consolidated Appropriations Act, CDC's policy AR-12, and applicable regulations found at 2 C.F.R. Part 200, et seq. These provisions provide restrictions and prohibit impermissible lobbying with CDC funds. State health departments may use CDC funds to work with other agencies within the Executive Branch of their state government on policy approaches to health issues as part of normal executive-legislative relationships.

Education – gives factual information—data, program description, scientific evidence of effectiveness of prevention measures, goals, current budget, people served, and accomplishments—without conveying a value judgment or linking to legislative action (e.g., laws, pending legislation, appropriation, regulation, or other policy decision). State health departments may use CDC funds to educate the public about health issues and their public health consequences.

Advocacy – conveys general support for a cause, promotes best practice, supports a national recommendation, but does not seek a specific policy outcome or decision. CDC funds may be used to support a generalized policy such as "clean air" without a recommendation for a particular standard in law or regulation. CDC funds cannot be used to grass roots lobby, e.g., to encourage members of the public to contact their elected representatives to urge support of, or opposition to, proposed or pending legislative proposals.

Direct Lobbying – includes any attempt to influence legislative or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation and other orders and are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders.

CDC funds may also be used for the below-described activities to the extent consistent with applicable provisions discussed above.

Examples of State Health Department Policy Activities

Below is a list of specific activities state health department program staff can undertake in each stage of the policy process.

Problem Identification

- Collecting, analyzing, summarizing, and interpreting data and other scientifically based information relevant to the frequency and severity of injuries and their consequences

- Describing the problem in clear, compelling ways, including groups that are affected (demographically, geographically, etc.), how their lives are impacted (personally – individual stories often illustrate this impact best), and that there are proven ways to prevent the problem

- Developing data reports highlighting changes in health conditions over time

- Developing policy or issue briefs highlighting strategies based on the best available evidence

- Proactively disseminating data to inform possible solutions

- Signing memorandums of understanding with state and local agencies to access new data sets

- Implementing surveys to collect new data

- Conducting data analysis to answer key questions

Policy Analysis

- Developing formal analyses of legislative bills and drafting white papers and other internal issue memos as requested as part of the recognized role of the state health department in the formal legislative process

- Finding common goals or synergy with complementary issues, such as affordable housing and reducing greenhouse gas emissions

- Using data and other scientific information to identify policies that consider the health effects (positive and negative), based on the best scientific information available, are based on needs and realities of intended audiences, and include evidence-based practices

- Maintaining information about the health and cost impact of injury prevention policies and distributing to interested parties

- Identifying synergies with other state health department initiatives (such as those focused on preventing obesity) that affect injuries and collaborate on developing data and disseminating information for decision makers

- Identifying and analyzing the impact of existing injury prevention policies

- Conducting a feasibility analysis of potential policy intervention strategies

- Providing information to partners including schools and organizations working on developing voluntary organizational policies

- Developing best practice documents or recommendations for evidence-based interventions

Strategy and Policy Development

- Participating in coalitions, networks, etc. to inform others about the health impact of policies

- Conducting feasibility analysis related to implementation or enforcement (e.g., executive governmental partner agencies, law enforcement, schools, etc.) of a proposed policy intervention

- Using communication strategies to improve compliance with existing policies

- Developing a partnership plan that identifies stakeholders and potential ways to engage with them

- Developing one pagers on potential policy interventions with benefits, costs, and barriers to implementation

- Conducting health and economic analysis of the burden of injuries and their consequences and estimating how much evidence-based prevention efforts will avert health care costs from an organizational, public sector, or societal perspective

- Providing training on policy, systems, and population-based approaches

- Developing a state injury prevention agenda or state health agenda that includes injury prevention if requested by state health department leadership

Policy Enactment

- Conducting analysis to validate components in proposed bills as part of the formal legislative process in which the state health department participates (e.g., bill review)

- Developing information briefs with key scientific findings for multiple audiences

- Providing invited testimony

- Meeting with policy makers, if requested, to educate them about the burden of injuries and their consequences and evidence-based interventions

- Providing data, information, stories and technical assistance as requested

Policy Implementation

- Raising awareness of or helping to implement existing policies that support preventing injuries and their consequences

- Working with partners to educate and engage with the public around the existing policy intervention and implement programs to enforce existing policies that address preventing injuries and their consequences

- Working with enforcement entities to ensure policies are implemented appropriately and consistently

Policy Evaluation

- Evaluating the effectiveness of existing or proposed policies (considering program implementation and cost)

- Documenting successes in policy education, implementation, or evaluation to share with other state health departments and partners to promote best practices in the future

- Sharing evaluation data with policy makers and the public

Restrictions and Implications

There are restrictions on the use of CDC funds for certain activities. In addition, each government agency may have limitations for its employees relating to lobbying or contact with public policymakers. It is important to work within states' systems and with CDC project officers to determine what activities are allowed within the formal legislative process. Also, as noted, please refer to CDC's AR-12 and Guidance for more information.

Summary

Injury and violence prevention policy strategies have the power to influence systems development, organizational change, social norms, and individual behavior to improve the health and safety of a population. State health departments can employ a range of allowable activities to weigh in on policies that have the potential to reduce injuries and improve population health.

Legislative proposals include legislation, appropriations, regulation, administration action, or Executive Orders. Anti-Lobbying Restrictions for CDC grantees:
http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

Background and Acknowledgements

The Centers for Disease Control and Prevention's (CDC's) National Center for Injury Prevention and Control (NCIPC) has identified policy as an important focus area for increasing health impact. Through the Core Violence and Injury Prevention Program (Core VIPP) and others, they are committed to working with state health department partners in informing policy strategies to prevent injuries and violence.

This document was developed in collaboration with an external review committee of state health department injury and violence prevention program directors and the Safe States Alliance. The Safe States Alliance is a national non-profit organization and membership association whose mission is to serve as the national voice for state and local injury and violence prevention professionals building a safer, healthier America. We are grateful for their critical feedback and insightful comments.