Policy and Environmental Change

EXECUTIVE SUMMARY

New Directions for Public Health

ASTDHPPHE

CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

Policy and Environmental Change
New Directions for Public Health

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

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Table of Contents

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.

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

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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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 mentioned 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.