

UNCHealthySolutions enhancing public health capacity and strategy

Systems Change for Health

Course 1 – Assessing and Defining the Problem

November 2020 Four Distance-Learning Sessions

Handouts

Provided to: Crater Health District (Virginia)

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Handout A: SCH Competencies and the Systems Change Process

Improving Public Health through Changes in Systems, Policies, and Built Environments Technical Competencies for the Public Health Workforce

Domain 1: Assessing and defining the problem

- a. Collects, summarizes, and interprets information relevant to an issue
- b. Defines the problem needing a policy, system, or environmental solution

Domain 2: Analyzing potential solutions

- a. Defines criteria for selecting among proposed options to improve the problem
- b. Records the options in clear and concise written statements
- c. Estimates the health, fiscal, administrative, legal, social, and political implications of each option
- d. Predicts the feasibility and expected outcomes of each option
- e. Analyzes the options using decision analysis methods (e.g., cost-benefit)
- f. Builds consensus for the chosen course of action

Domain 3: Influencing the systems change process

- a. Plans a policy/system/environmental change approach
- Educates decision-makers, media, partners, and the general public by providing relevant information (i.e., become an informational resource)
- c. Frames messages and tailors materials to influence the change process
- d. Implements policy-advocacy strategies
- e. Implements communications strategies to impact social learning, agenda setting, and message framing
- f. Monitors the change process and its outcome

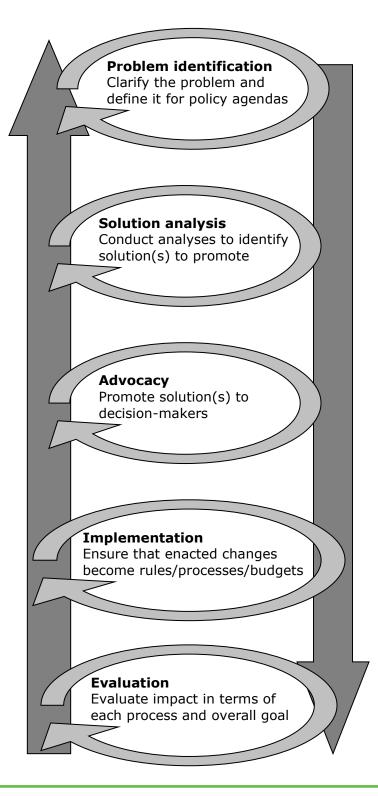
Domain 4: Implementing system changes

- a. Predicts how the relevant bureaucratic entities (e.g., agencies, departments) might implement the enacted changes
- Plans how to monitor and assist each entity as it develops the budgets, rules, guidelines and procedures necessary to implement the enacted change
- c. Assists entities with planning for structural and programmatic adjustments
- d. Monitors the implementation process to document how the solution is or is not functioning as intended

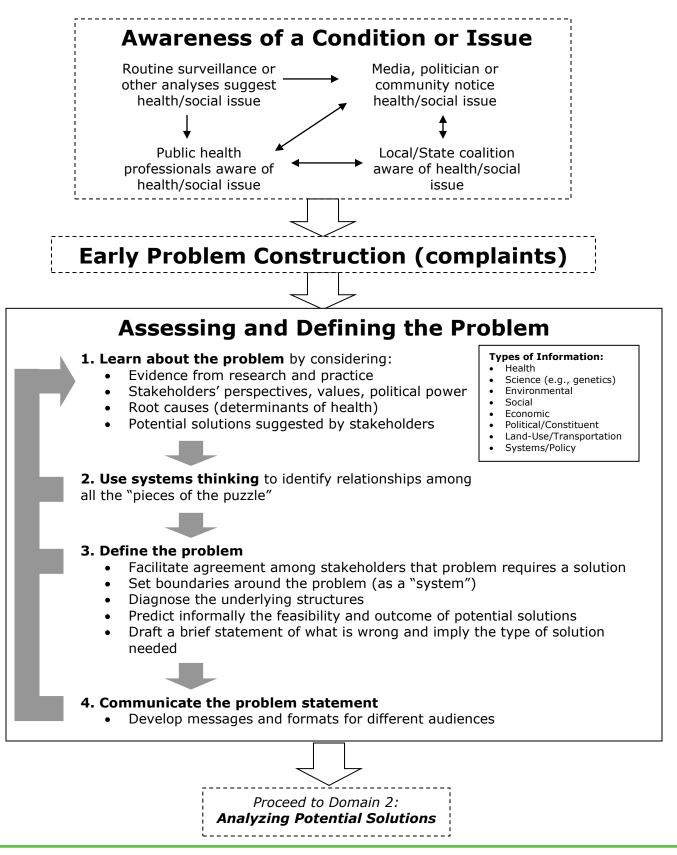
Domain 5: Evaluating systems change interventions

- a. Develops mechanisms to monitor policy/system/environmental change
- b. Evaluates the impact of the change
- c. Incorporates evaluation findings into future planning and analysis efforts





Handout B: Model of Applying the Domain 1 Competencies



Handout C: Sources of Information

Sources of Evidence/Data

Data portals

- www.Fedstats.gov
- www.usa.gov
- www.hhs-stat.net/
- www.MedlinePlus.gov
- www.census.gov/compendia/statab/
- www.StateHealthFacts.org
- Quickfacts.census.gov/qfd/
- PHPartners.org/health_stats.html
- CDC Chronic Disease State Policy Tracking System

Federal agencies

- US government departments
 - www.usa.gov/Agencies.shtml
- CDC
 - www.CDC.gov/DataStatistics
- US Census Bureau
- US Congress (Thomas.LOC.gov)

State agencies

- State government departments
 - www.statelocalgov.net
- State planning agency
- State legislature
- State budget
- State archive
- State reference library

Local agencies

- Local government departments
 - www.statelocalgov.net
 - Local planning agency
 - GIS mapped data
- Assessor's office (city, county)
- School districts
- Housing authority

Organizations

- Water and sanitary district office
- Chamber of commerce
- Universities and colleges
- Media

Sources of Reports/Summaries

Federal agencies

- CDC
 - \circ $\;$ Divisions and programs
 - \circ $\;$ Guide to Community
 - Preventive Services
- National Institutes of Health

 www.PubMed.gov
- Indian Health Service
 - o National Data Warehouse
 - http://info.ihs.gov

Organizations reporting evidence

- Brookings Institution
- Council of State Governments

 HealthyStates.csg.org
- HealthPolicyGuide.org
- Prevention Institute
- RAND Corporation
- Robert Wood Johnson Foundation
 - o County Health Rankings
 - \circ Active Living Research

Organizations with policy briefs & fact sheets

- APHA
- ASTHO
- International City/County Mgmt Assoc (ICMA)
- Local Government Commission
- NACCHO
- NACDD
- National Assoc of Local Boards of Health (NALBOH)
- National Conference of State Legislatures
- National Governor's Association
- National School Boards Association
- US Conference of Mayors
- www.transact.org (transportation)

Handout D: Tips for Using Evidence/Data

This reference handout provides some tips for obtaining and using data.

Staying Current on Published Research Evidence and Data

Register for automatic updates from sources of evidence and data. Public Health Partners provides a free instruction manual (PDF) and an extensive resource list.

- Public Health Information and Data: A Training Manual. (Available for download from: <u>www.phpartners.org/pdf/phmanual.pdf</u>)
- Resources on public health data (available from: <u>https://phpartners.org/ph_public/</u>)

Collecting New Data

If you cannot find the evidence or data you need already summarized in a published source, you could consider collecting and analyzing your own data. It takes time and resources, but it can be useful especially if decision makers are requesting locally relevant evidence.

This workshop will not provide instruction in data collection methods. Many methods used traditionally in public health research can be useful when studying a problem, including: surveys; in-depth interviews; field observation; and behavior diaries. The CDC provides a gateway to public health professionals with information and extensive links for data and research: <u>https://www.cdc.gov/publichealthgateway/cha/data.html</u>

Collecting data on social and environmental determinants of health is increasing in the United States. Two approaches with tools have been evolving in the US.

Health Impact Assessment (HIA): The CDC has been assisting states and localities by creating an information resource with tools and examples. HIA is a new variation of the Environmental Impact Assessment process. Several municipal and county health departments have started collecting these new data. For more information visit: www.cdc.gov/healthyplaces/hia.htm

PACE-EH: The CDC and the National Association of City and County Health Officials (NACCHO) published this tool to assess community environmental determinants. A guidebook is available to provide instruction. For more information visit: https://www.cdc.gov/nceh/ehs/ceha/pace_eh.htm

Handout D: Tips for Using Evidence/Data

Presenting Data

Once data are analyzed and key findings identified, the results must be communicated. Choose the format carefully. Tables allow comprehensive information to be visible to the reader. Figures (e.g., charts, graphs and maps) are illustrative and can depict data, but they do not reveal the information comprehensively. Figures should be used carefully since they can misinform easily. Ask staff and partners to interpret all tables and figures to ensure they communicate accurately.

Here are some tips when constructing tables:

- \circ $\;$ Use a descriptive and clear title
- Include sample size (n) either in the title or in the table or footnotes
- Clearly label the rows and columns

Here are some tips when constructing figures:

- Use a descriptive and clear title
- Include sample size (n) either in the title or in the table or footnotes
- Design for black and white photocopying (don't assume color copying)
- Include a legend if helpful

Choose the type of graph based on the point you want to communicate:

Point to Make	Type of Graph to Use
Proportion	Pie chart
Difference	Bar chart
Distribution	Bell curve or histogram
Trend (change)	Line graph
Co-relationship	Scatter diagram
Geographic area	Мар

Source: Kosslyn, S. <u>Clear and to the Point: 8 Psychological Principles for Compelling</u> <u>PowerPoint Presentations</u>. New York, NY: Oxford University Press, 2007.

Handout E: Built Environment Process and People (Obesity)

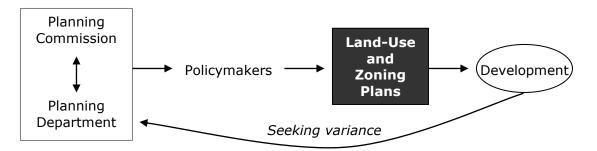
This handout introduces some of the planning processes that result in changes to the built environment. It also provides snapshots of typical products that result from the planning process and which guide development.

Types of Planning

Communities can decide how to use the land which they govern. **Land-use planning** is the process of developing a vision and detailed plan for future development and redevelopment. **Zoning** ordinances are the policies enacted to regulate how land-use development occurs. These two processes create documents and maps that guide the decisions about development requests. **Transportation planning** is the process by which state and local authorities create future plans for all forms of transportation including vehicular, pedestrian and bicycle.

How Planning Works

A typical planning system includes the legislative body, the planning department, and a planning commission or committee that advises the legislative body.



Land-use and transportation planning occurs both proactively and reactively:

- **Proactive planning** is when land-use or transportation planning is developed by the professionals and planning commissions, and is approved by decision makers. The plans will guide and encourage future development within the community. Developers still can submit proposals that do not follow the plans by seeking variance from the policies that would constrain their project.
- **Reactive planning** occurs when a community does not have a land-use, zoning or transportation plan, or when a development proposal is submitted that varies from existing plans. In either case, the planning professionals review the proposal and make a recommendation to the decision makers who either grant or deny the request. Sometimes the professionals request meetings with the developer to further shape the project.

Planning Influences Health

Land-use and transportation planning can influence health outcomes and disparities. For example, towns with bicycle and pedestrian plans have a vision for developing sidewalks, greenways, and bicycle paths which all encourage healthy, active living. "Small area" land-use plans guide redevelopment of neighborhoods and can include parks and access to healthy food. "Alternative zoning" can be used to encourage healthy retail and alleviate dense, unhealthy retail (e.g., fast food development in poor neighborhoods; tobacco retail near schools).

Handout E: Built Environment Process and People (Obesity)

The following table describes basic information about some of the types of professionals who influence different aspects of built environments.

Category	Government Entities	Professionals	Areas of Focus for the Built Environment
Land-Use	 Planning Department Planning Commission 	 Urban planner City/Town planner County planner Regional planner 	 Predicting community trends/needs by conducting studies (demographic, economic, environmental) Land-use and zoning City systems and their connectivity (water, sewer, utilities) Neighborhood locations, boundaries, and connectivity via transit Aesthetic design including building height, street width, signage, streetscaping (bus stops, lighting, newsstands and wastebaskets) Economic viability of plans Research current laws and suggest enhancements by consulting evidence and public input
Transportation ^a	 Transportation Department Public Transit Metropolitan Planning Organization (MPO) Federal/State Highway Administration Highway Trust Fund 	 Transportation planners City engineers Bicycle and Pedestrian Public Transit officials 	 Systemic effects of transportation (including links between economy, health, environment, quality of life, social equity, land-use, urban growth and safety/security) Financing capital projects Constructing and maintaining transportation systems Transportation enhancement projects (cycling, walking, transit)^b Context-sensitive Solutions to transportation planners Transit hubs as centers of economic/residential development

Handout E: Built Environment Process and People (Obesity)

Category	Government Entities	Professionals	Areas of Focus for the Built Environment
Traffic Engineering	 Transportation Department Federal/State Highway Administration Highway Trust Fund 	 City engineers 	 Safe and efficient movement of people and goods Design and construction of roads, railroads, bridges, traffic signals and signage Transportation demand management Air quality (smog reduction)
Public Works	 Public Works Department Facilities Management Maintenance 	 Managers and administrators Civil and mechanical engineers 	 Government property and facilities (e.g., construction, landscaping, refurbishment, maintenance) Vehicle fleet maintenance Maintenance of publicly developed property (e.g., streets, sidewalks, parking lots) Waste management (e.g., trash, recycling, composting) Safety and beautification of streets and public property Planning capital improvements
Parks and Open Space	 Parks and Recreation Department 	 Managers and administrators Scientists Educators 	 Planning, construction and maintenance of parks and open space Public spaces for gathering Land conservancy Land conservancy Air, water and soil quality Climate change Educational programs Opportunities for physical activity Demographic change and equity of park siting Joint-use of facilities with other community agencies (e.g., schools)
^a The Federal Highv	vay Administration (September 2007) has produced a helpful, s	^a The Federal Highway Administration (September 2007) has produced a helpful, short guidebook (PDF) for people who want to work more

^b Transportation Enhancement projects are unique and powerful funding source for community improvements for walking and bicycling environments. More information at: <u>www.enhancements.org</u>

Handout F: Understanding How Policy is Structured

Nebraska Clean Indoor Air Act of 2008 (Legislative Bill 395)

In 2004, Nebraska enacted statewide indoor air legislation (Nebraska Clean Indoor Air Act of 2004), but the policy permitted "designated smoking areas" in public places. Advocates knew they would have to develop additional policies to strengthen the law.

In January 2007, legislation was proposed to ban smoking inside all public buildings and workplaces. After the initial bill was proposed, many amendments were proposed. One of those amendments (#593, proposed in March 2007) would allow local governments to "opt out" thereby weakening the statewide effect. In other words, it would undermine the original intention of the proposed legislation. Advocates convinced policy makers to "kill" the bill. The advocates then spent eight months re-educating their sponsoring legislators about the purpose of statewide clean indoor air legislation and the need to preserve the integrity of the policy.

The following year Legislative Bill 395 (LB395) was proposed to repeal the weaker indoor air legislation and replace it with a stronger law that required every Nebraska indoor workplace to be smoke-free.

The law was signed on February 26, 2008 and became effective June 1, 2009.

LB395 eliminated smoking in enclosed indoor workspaces including restaurants, bars, keno establishments and other workplaces (retail/office space, manufacturing, etc.) and indoor public places. The only exceptions are the following:

- up to 20 percent of hotel rooms
- tobacco-only retailers defined as a "store that sells only tobacco and products directly related to tobacco. Products directly related to tobacco do not include alcohol, coffee, soft drinks, candy, groceries or gasoline."
- facilities researching the health effects of smoking
- private residences, except when a residence is being used as a licensed child care program

Handout F: Understanding How Policy is Structured

Adapted from: <u>http://smokefree.ne.gov/LB395_Summary.pdf</u> and the Nebraska Legislature website (<u>http://uniweb.legislature.ne.gov</u>).

Instructions for Discussion

Answer the following questions by referring to the accompanying text of LB395. NOTE that the page numbers refer to the pagination of the bill's text.

- 1. What are the numbers in the left column of each page of the bill?
- 2. Why is some text underlined?
- 3. What is the meaning of pg 2, lines 3-5?
- 4. What is the purpose of Sec. 3?
- 5. What is the meaning of Sec. 14?
- 6. Why be concerned about Sec. 15?
- 7. What is the purpose of Sec. 16?
- 8. What is the purpose of Sec. 17, number 1?
- 9. What is the purpose of Sec. 18?

Handout F: Understanding How Policy is Structured

LEGISLATURE OF NEBRASKA

ONE HUNDREDTH LEGISLATURE - SECOND SESSION

LEGISLATIVE BILL 395

FINAL READING (SECOND)

Introduced by Johnson, 37; Aguilar, 35; Hansen, 42; Howard, 9; Kruse, 13; Pankonin, 2;

Preister, 5; Schimek, 27; Stuthman, 22.

Read first time January 16, 2007

Committee: Health and Human Services

A BILL

1	FOR AN ACT relating to public health; to repeal the current
2	Nebraska Clean Indoor Air Act and adopt a new act;
3	to provide penalties; to provide an operative date; to
4	provide severability; and to outright repeal sections
5	71-5701, 71-5702, 71-5703, 71-5704, 71-5706, 71-5708,
6	71-5709, and 71-5712, Reissue Revised Statutes of
7	Nebraska, section 71-5705, Revised Statutes Cumulative
8	Supplement, 2006, and sections 71-5707, 71-5710, 71-5711,
9	and 71-5713, Revised Statutes Supplement, 2007.
10	Be it enacted by the people of the State of Nebraska,

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LB 395

Section 1. Sections 1 to 19 of 1 this act shall be known 1 2 and may be cited as the Nebraska Clean Indoor Air Act. 3 Sec. 2. The purpose of the Nebraska Clean Indoor Air Act 4 is to protect the public health and welfare by prohibiting smoking 5 in public places and places of employment. The act shall not be 6 construed to prohibit or otherwise restrict smoking in outdoor 7 areas. The act shall not be construed to permit smoking where it is prohibited or otherwise restricted by other applicable law, 8 9 ordinance, or resolution. The act shall be liberally construed to further its purpose. 10 Sec. 3. For purposes of the Nebraska Clean Indoor Air 11 12 Act, the definitions found in sections 4 to 13 of this act apply. 13 Sec. 4. Employed means hired, contracted, subcontracted, 14 or otherwise engaged to furnish goods or services. 15 Sec. 5. Employee means a person who is employed by an employer in consideration for direct or indirect monetary wages, 16 17 profit, or other remuneration.

LB 395

Handout F: Understanding How Policy is Structured

18 19	Sec. 6. <u>Employer means a person, nonprofit entity, sole</u> proprietorship, partnership, joint venture, corporation, limited
20	partnership, limited liability company, cooperative, firm, trust,
21	association, organization, or other business entity, including
22	retail establishments where goods or services are sold, who or
23	which employs one or more employees.
24	Sec. 7. Guestroom or suite means a sleeping room and
25	directly associated private areas, such as a bathroom, a living

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LB 395

LB 395

1	room, and a kitchen area, if any, rented 1 to the public for their
2	exclusive transient occupancy, including, but not limited to, a
3	<u>guestroom or suite in a hotel, motel, inn, lodge, or other such</u>
4	<u>establishment.</u>
5	Sec. 8. Indoor area means an area enclosed by a floor,
6	<u>a ceiling, and walls on all sides that are continuous and solid</u>
7	except for closeable entry and exit doors and windows and in which
8	less than twenty percent of the total wall area is permanently open
9	to the outdoors. For walls in excess of eight feet in height, only
10	the first eight feet shall be used in determining such percentage.
11	Sec. 9. Place of employment means an indoor area under
12	the control of a proprietor that an employee accesses as part
13	of his or her employment without regard to whether the employee
14	is present or work is occurring at any given time. The indoor
15	area includes, but is not limited to, any work area, employee
16	breakroom, restroom, conference room, meeting room, classroom,
17	employee cafeteria, and hallway. A private residence is a place of
18	employment when such residence is being used as a licensed child
19	care program and one or more children who are not occupants of such
20	residence are present.
21	Sec. 10. Proprietor means any employer, owner, operator,
22	supervisor, manager, or other person who controls, governs, or
23	directs the activities in a place of employment or public place.
24	Sec. 11. Public place means an indoor area to which the
25	public is invited or in which the public is permitted, whether or

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LB 395

LB 395

1	not the	public is	always	invited	or	permitted.	1 A	private	residence

2 <u>is not a public place.</u>

LB 395

Handout F: Understanding How Policy is Structured

3	Sec. 12. Smoke or smoking means the lighting of any
4	cigarette, cigar, pipe, or other smoking material or the possession
5	of any lighted cigarette, cigar, pipe, or other smoking material,
6	regardless of its composition.
7	Sec. 13. Tobacco retail outlet means a store that sells
8	only tobacco and products directly related to tobacco. Products
9	directly related to tobacco do not include alcohol, coffee, soft
10	drinks, candy, groceries, or gasoline.
11	Sec. 14. Except as otherwise provided in section 15 of
12	this act, it is unlawful for any person to smoke in a place of
13	employment or a public place.
14	Sec. 15. The following indoor areas are exempt from
15	section 14 of this act:
16	(1) Guestrooms and suites that are rented to guests and
17	are designated as smoking rooms, except that not more than twenty
18	percent of rooms rented to guests in an establishment may be
19	designated as smoking rooms. All smoking rooms on the same floor
20	shall be contiguous, and smoke from such rooms shall not infiltrate
21	into areas where smoking is prohibited under the Nebraska Clean
22	Indoor Air Act;
23	(2) Indoor areas used in connection with a research
24	study on the health effects of smoking conducted in a scientific
25	or analytical laboratory under state or federal law or at a

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LB 395

1	college or university approved by the Coordinating 1 Commission for
2	Postsecondary Education; and
3	(3) Tobacco retail outlets.
4	Sec. 16. A proprietor of a place of employment or public
5	place where smoking is prohibited under the Nebraska Clean Indoor
6	Air Act shall take necessary and appropriate steps to ensure
7	compliance with the act at such place.
8	Sec. 17. (1) The Department of Health and Human Services
9	or a local public health department as defined in section
10	71-1626 may institute an action in any court with jurisdiction
11	to enjoin a violation of the Nebraska Clean Indoor Air Act. Any
12	interested party may report possible violations of the act to such
13	departments.
14	(2) No person or employer shall discharge, refuse to
15	hire, or in any manner retaliate against an employee, applicant
16	for employment, or customer because such employee, applicant, or
17	customer reports or attempts to report a violation of the act.
18	(3) The Department of Health and Human Services may waive
19	provisions of the Nebraska Clean Indoor Air Act upon good cause
20	shown and shall provide for appropriate protection of the public

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Handout F: Understanding How Policy is Structured

- 21 <u>health and safety in the granting of such waivers.</u>
- 22 Sec. 18. (1) A person who smokes in a place of employment
- 23 or a public place in violation of the Nebraska Clean Indoor Air
- 24 Act is guilty of a Class V misdemeanor for the first offense and
- 25 <u>a Class IV misdemeanor for the second and any subsequent offenses.</u>

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LB 395

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A person charged with such offense may voluntarily 1 participate, at his or her own expense, in a smoking cessation program approved by the Department of Health and Human Services, and such charge shall be dismissed upon successful completion of the program. (2) A proprietor who fails, neglects, or refuses to perform a duty under the Nebraska Clean Indoor Air Act is guilty of a Class V misdemeanor for the first offense and a Class IV misdemeanor for the second and any subsequent offenses. (3) Each day that a violation continues to exist shall constitute a separate and distinct violation. (4) Every act or omission constituting a violation of the Nebraska Clean Indoor Air Act by an employee or agent of a proprietor is deemed to be the act or omission of such proprietor, and such proprietor shall be subject to the same penalty as if the act or omission had been committed by such proprietor. Sec. 19. The Department of Health and Human Services shall adopt and promulgate rules and regulations necessary to implement the Nebraska Clean Indoor Air Act. The department shall consult with interested persons and professional organizations before adopting such rules and regulations. Sec. 20. This act becomes operative on June 1, 2009.
22	Sec. 21. If any section in this act or any part of any
23	section is declared invalid or unconstitutional, the declaration
24	shall not affect the validity or constitutionality of the remaining
25	portions.

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LB 395

LB 395

Sec. 22. The following sections are outright repealed:
 Sections 71-5701, 71-5702, 71-5703, 71-5704, 71-5706, 71-5708,
 71-5709, and 71-5712, Reissue Revised Statutes of Nebraska,
 section 71-5705, Revised Statutes Cumulative Supplement, 2006, and
 sections 71-5707, 71-5710, 71-5711, and 71-5713, Revised Statutes
 Supplement, 2007.

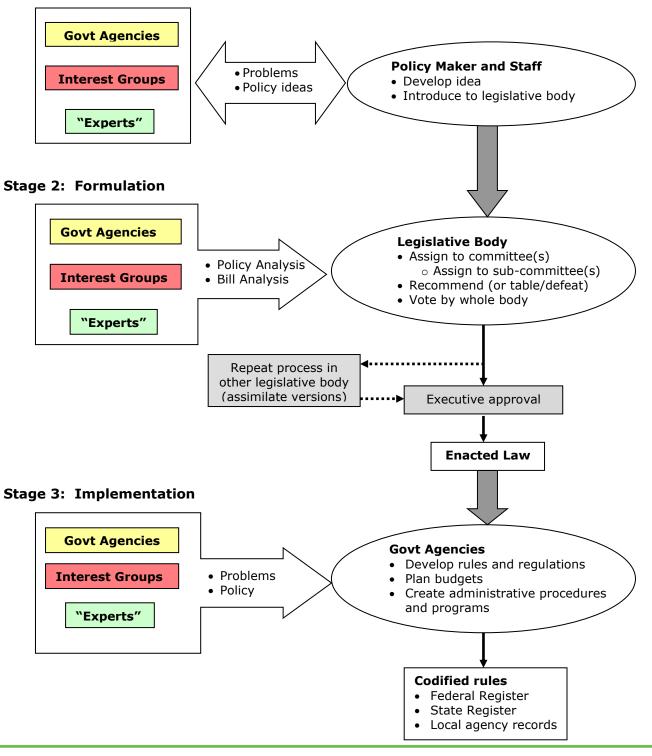
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Handout G: Policy Process and People

General Outline of the Policy Process

This figure illustrates a general policy process for most legislative entities. In Stage 2, the grey boxes only apply to some processes (i.e., bicameral legislatures; strong mayor cities).

Stage 1: Initiation



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Handout G: Policy Process and People

Who works on policy?

Elected Officials

- **Legislators:** Federal, state and local governments have some form of legislators who represent constituent interests in the formation of policy
 - Federal and State senators and representatives
 - County Board or Commission; City Council and Mayor
- Legislative Committees: Legislators collaborate on committees and/or subcommittees to develop written policies
 - US Congress has permanent committees
 - House of Representatives (n=19 committees; limited subcommittees)
 - Senate (n=15 committees; unlimited subcommittees)
 - State legislatures form committees as needed
 - Some committees become stable fixtures over decades
 - Other committees serve a special and temporary function
 - Local governing bodies form committees as needed
 - Some committees become stable fixtures over decades
 - Special committees or workgroups can be formed that also include citizens to help work on a particular problem
- **Support Staff:** Depending on resources, the legislature can provide staff to its members. Legislative staff serve at all jurisdictional levels
 - Federal senators and representatives have "staffers." They serve two main functions (which is helpful for advocates to remember):
 - 1. **Constituent staffers** help legislators with responsibilities to voters. They can share in-depth knowledge about their legislator.
 - 2. **Committee staffers** help committee members understand and consider specific policy issues. They can share in-depth knowledge about policy topics, evidence and solutions.
 - Some state legislatures provide staff; others rely on interns and volunteers.
 - Some resource-wealthy local government systems (e.g., counties and municipalities) can provide staff to their legislative bodies.

Executive Administration

- Administrative Power: Federal, state and local governments all have an executive branch of government that serves as the administrator (implementer) of the legislature's policies. It is important to identify the administrative structure of the executive branch and where power is held.
 - **States:** All have a governor who is chief administrator.
 - **Local:** There are three main types of arrangements.
 - 1. **Strong Mayor** holds almost all administrative authority. This is most common in large cities.
 - 2. **Strong Council** holds almost all administrative authority leaving ceremonial duties to the Mayor. This is most common in small towns.
 - 3. **Council-Manager** is a variation where the Mayor serves as chair of the council and they appoint or hire a professional manager to implement policy and possibly also supervise city government (similar to a CEO).
- **Structure:** Most administrations are structured into functional departments or agencies. Each of these organizations has an administrator or supervisor who can set policy for the entire organization and its programs.

Handout G: Policy Process and People

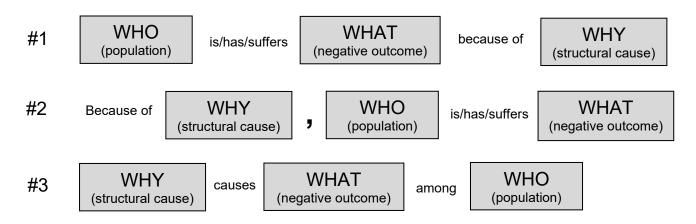
For More Information: Use these resources to track legislation, research policy trends, and find policy examples on the problem/issue.

Type of Resource Federal	Location
Legislation	
U.S. Congress (bills, statutes, laws)	www.congress.gov
U.S. Code (compendium of statutory laws)	http://uscode.house.gov
Administrative rules and Executive Orders Regulations.gov (proposed and pending regulations)	www.regulations.gov
Federal Register (compendium of federal regulations)	www.federalregister.gov
State	
Legislation	
Portals for state legislature websites	www.congress.gov/state-legislature- websites
	www.statelocalgov.net
	www.ncsl.org
	www.llsdc.org/state-legislation
Administrative rules and Executive Orders Portal for state rule registries	www.llsdc.org/state-legislation
Local	
Legislation	
County or municipality websites	Check listing under each state at: <u>www.statelocalgov.net</u>
	Also can use Google to search
Hardcopy is usually available	County administration, city/town hall, city/county clerk, public libraries

Handout H: How to Write a Problem Statement

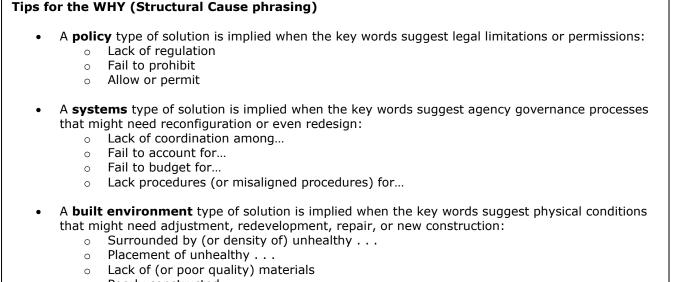
Drafting a Problem Statement

When drafting a problem statement, it can be helpful to use a template as a guide. The template might include the population, the negative outcome or condition, and the structural cause (e.g., the policy, environment, or system determinant), and their order can vary.



Examples

- 20% of pre-school children living in poverty in our city suffer cognitive impairment because the city does not regulate the use of lead-based paints in private rental housing.
- Our city does not regulate lead-based paint in private rental housing, and that causes cognitive impairment among 20% of pre-school children living in poverty in our city.



- Poorly constructed
- $\circ \quad \text{Poorly designed} \quad$

Social Construction of Problems

- 1. Aday (2005). *Reinventing Public Health: Policies and Practices for a Healthy Nation*. New York: Jossey Bass.
- 2. Andreasen A (2006). *Social Marketing in the 21st Century*. Thousand Oaks, CA: Sage Publications, Inc.
- 3. Joffe M & Mindell J (2006). Complex causal process diagrams for analyzing the health impacts of policy interventions. *American Journal of Public Health*, 96(3): 473-479.
- 4. Kingdon JW (1995). *Agendas, Alternatives, and Public Policies*, 2nd Edition. Harper Collins College Publishers.
- 5. Kotler P & Zaltman Z (1971). Social marketing: An approach to planned social change. *Journal of Marketing*, 35, 3-12.
- Midgley G, Munlo I, Brown M (1998). The theory and practice of boundary critique: Developing housing services for older people. *Journal of Operations Research Society*, 49:467–478.
- 7. Novick LF & Mays GP (2001). *Public Health Administration: Principles for Population-Based Management.* Sudbury, MA: Jones & Bartlett.
- 8. Quade EW (1989). Analysis for public decisions. New York: North-Holland.
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