

Guide to the ABCs of State Heart Disease and Stroke Policymaking

Heart Disease and Stroke Prevention (HDSP) Policy Project

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This handbook is one in series of three documents from the Heart Disease and Stroke Prevention Policy Project. Other documents are an annotated bibliography of heart disease and stroke policy and activity sources and a handbook to assessing heart disease and stroke prevention policy. All documents can be found at www.cdc.gov/dhdsp/library/dhdsp/leg/.

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Note: Opinions and interpretations expressed here are not necessarily the position of CDC or any state agency.

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Introduction

MOTIVATION FOR THE GUIDE

The Division for Heart Disease and Stroke Prevention of the Centers for Disease Control and Prevention (CDC) funded programs in 32 states and the District of Columbia in 2006 to promote cardiovascular health and prevent morbidity and mortality due to heart disease and stroke. These programs are part of CDC's State Heart Disease and Stroke Prevention (HDSP) Program. The primary goal of CDC's State HDSP Program is to build the capacity of each state to develop, implement, track, and sustain population-based interventions that address heart disease, stroke, and their associated risk factors. The program also monitors trends in the incidence and prevalence of heart disease and stroke, and in risk-factor-related screenings and events, such as blood pressure screening, and mortality related to acute myocardial infarction.

To help CDC provide expertise and support to states in developing and implementing policies, Mathematica Policy Research, Inc. (MPR), conducted the HDSP policy project to study HDSP policies and policymaking between September 2004 and August 2006. MPR developed a centralized database of state HDSP policies and evaluated priority HDSP policies. To gather information on sources of HDSP state policies and learn about the activities that grantees are engaging in to develop, implement, and evaluate HDSP policies, MPR conducted a focus group with seven State HDSP Program grantees.¹ Grantees were asked to recount their experiences with HDSP policies in their state, including the facilitators and barriers to developing, implementing, and evaluating policies. The focus group discussion revealed that grantees did not have significant experience developing HDSP policies and were unsure how best to participate in policymaking and policy evaluation. As a result, MPR, with support from

¹ The CDC technical monitor sent an e-mail on the CDC state HDSP grantees' listserv to solicit focus group participants who had knowledge of HDSP policy. Seven participants from six states volunteered. The six states included two northeastern census region states, two midwestern states, and two southern states. Although no one from a western census region state volunteered to participate, existing variations in region and grant types allowed us to capture various perspectives and experiences in state efforts related to HDSP policies.

CDC, undertook the task of creating this guide to the ABCs of State HDSP Policymaking as a resource for grantees.

OBJECTIVES OF THE GUIDE

The intention of this guide is to help State HDSP Programs identify areas in the HDSP policymaking process where they may become involved. We interviewed nine policy experts from across the country, who were selected with input from CDC and the HDSP project's expert panel. They held various positions in different agencies and organizations and provided a diverse array of perspectives on the process of state HDSP and public health policymaking. The experts included a state senator, a state health department director, two health department legislative liaisons, a representative of a public health consumer organization, a representative from a coalition dedicated to lobbying on public health issues, and three advocacy organization representatives. To protect their confidentiality, policy experts are not identified in this guide.

Experts were interviewed for 30-45 minutes using a semistructured guide. They were asked to describe the processes of development, implementation, and evaluation and how state grantees can become involved in these processes. This guide is organized to reflect these topic areas. The first chapter is dedicated to policy development, the second to policy implementation, the third to policy evaluation, and the fourth to the role of state health departments in policymaking. Key messages are highlighted in the final section. This guide is based on the expert opinions of nine respondents and as such is meant not to be comprehensive but to outline the basic process of state HDSP policymaking. We hope that State HDSP Program grantees and other readers find this document a useful starting point to policymaking. For further questions and comments regarding the guide, please contact the Division for Heart Disease and Stroke Prevention at ccdinfo@cdc.gov.

Please note that this guide was developed based on information gathered through nine interviews with policy experts and was not intended to reflect other sources about policy development, implementation, and evaluation. Information presented in the guide should be considered in context of its source.

Chapter I

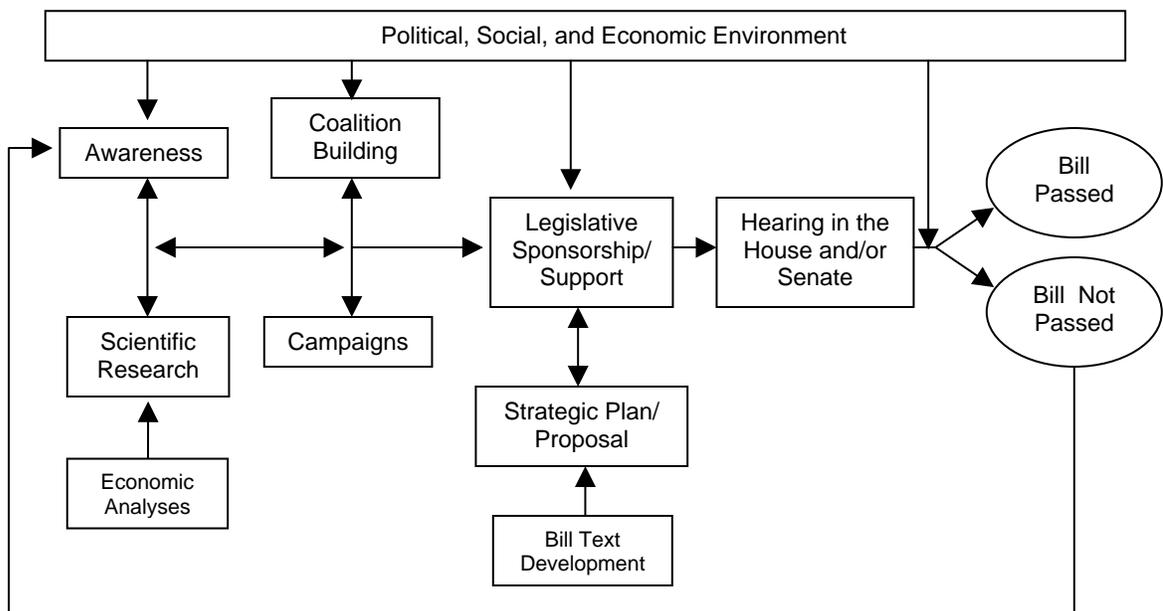
Policy Development

The policymaking process begins with policy development. A policy is a rule of practice and procedure that supplement the constitution and bylaws. Public health policy development can be defined as the process of formulating public policies, in collaboration with stakeholders and other community and government leaders, to address identified local, state, and national health problems and priorities. In this chapter, we outline the steps in policy development and describe the challenges associated with it.

POLICY DEVELOPMENT PROCESS

This section describes key phases in the policy development process. Figure I.1 depicts the different phases of policy development; each box of the flow diagram is described in greater detail in the sections below the figure. Not all policies proceed through all steps diagrammed, and certain steps may occur simultaneously.

Figure I.1. Policy Development Process



Awareness

Policy development starts with awareness of an issue, which may be raised through personal contact or broader outreach, such as a media campaign. It can stem from the efforts of ordinary citizens or celebrities who have personal experiences with a health problem, from advocacy groups, or from health department staff. For instance, communities may identify public health policy needs and raise the issue with government agencies, advocacy organizations, and others in the community. Advocacy organizations may learn about policy priorities through their national, state, or local work. Health departments that are involved with programs related to heart disease and stroke on a daily basis often have knowledge of community needs and may alert their supervisors and legislative liaisons to policy priorities. However awareness arises, it is essential for legislators to be among those made aware of the issue for policy development to be successful.

Scientific Research

Scientific research is key to policy development because it provides data to support the need for and benefits of a policy. For instance, scientific data can be used to describe the burden of a health issue or to demonstrate the potential number of lives saved or the cost savings if a health intervention were implemented. Legislators and other stakeholders can use this information to learn about community needs, to prioritize health issues, and to indicate the most effective way to achieve health goals. In other words, data can “make the case” for a policy.

Scientific discoveries may raise awareness about health issues, or awareness may be the impetus for scientific research on a health topic. Awareness and scientific research may exist independently of one another. Sources of data to support the need for a policy include CDC’s Behavioral Risk Factor Surveillance System, CDC’s National Health and Nutrition Examination Survey, scientific journals, and state health departments. Consumer groups, advocacy organizations, and scientific health organizations collect data that may support health policies.

“The science tells us the public health approaches to heart disease and stroke prevention make a difference in people’s lives, can actually prevent heart disease and stroke, can have secondary benefits to those who have had a heart attack or stroke in preventing a reoccurrence or other complications, and additionally save health care dollars.” ---State health department, chronic disease bureau director

Economic Analyses

A specialized part of scientific research is cost-benefit, cost-effectiveness, or cost-utility analysis. Such analyses provide evidence about potential savings in cost and in lives because of a policy change. As legislators seek to prioritize policies, the cost savings of a policy can play a major role in the decision about which policies to promote. Policies shown to result in large cost savings often move higher on the legislative priority list and engender legislative support.

*“If you can show that prevention saves dollars, then that’s the way that you can get people to sit up and listen.”
---Advocacy organization representative*

Coalition Building

Individual or community awareness and scientific research can mobilize stakeholders in the community. Stakeholders include health departments, advocacy organizations, community organizations, individuals in the community, and legislators. Coalition building is one form of mobilization. A coalition coordinates a network of interested stakeholders and their activities around an issue or set of issues. Coalition members may gather information and stakeholder support for a policy, including letter writing/e-mail campaigns, phone calls to appropriate stakeholders, and garnering resources from previously established relationships with other groups. The combined voice of many stakeholders in a coalition can help to convince legislators of the need for a certain policy.

"If you work together, certain things are much easier to accomplish because they are not coming from one special interest group."---Advocacy organization representative

Campaigns

Campaigns, like coalitions, are vehicles to achieve change. However, campaigns often refer to the communication of information to a group or to the general public, whereas coalitions focus on organizing stakeholders. Campaigns can be used to educate the public about the benefits or disadvantages of a policy. Leaders of a campaign can include community representatives, the media, and lobbyists. Though coalitions and campaigns may exist independently from one another, campaigns can raise awareness and thus cause coalitions to form, or coalitions can instigate public policy campaigns.

Legislative Sponsorship/Support

Once awareness, scientific research, coalition building, and/or campaigns around a health issue initiate the policy development process, gaining the support of a legislator or legislative committee is the next step. Without legislative support, a policy may never be developed or, if it makes it to a legislative hearing, may never be passed. To obtain legislative sponsorship, stakeholders often educate legislators and their staff on the issue of interest. They also educate legislators' constituents with communication vehicles such as health campaigns. Legislators are more likely to support a policy their constituents support.

Strategic Plan/Proposal

A strategic plan outlines the objectives and timeline to get a policy passed and is an essential step in moving a policy agenda forward. Part of an effective plan is outlining the key dates in a legislative session, which allows stakeholders to develop a timeline for the creation of a bill based on the legislative schedule and plan for targeted coalition activities and campaigns. If legislative sponsorship has not already been obtained, the strategic plan may include how to gain legislative cooperation and when it must be accomplished. If legislative sponsorship was gained before the strategic plan was developed, the legislative sponsor may provide input into the plan.

Bill Text Development

The text for a bill that will be proposed to the House and Senate may be developed in any of the policy development steps before the House and Senate hearing. However, finalization of the wording of a bill is often part of the strategic plan. Legislative liaisons, advocates, legislators, and legislative aides are among those who may develop the wording of a bill to submit to the House and Senate. In addition, state health department staff may be asked to help with text development. However, involvement of state health department staff in legislative activities must comply with the legal restrictions of state employees. State health department staff can check with their legislative liaison about the legal restrictions applicable to them.

Hearings in the House, Senate, or Both

After a bill is composed, oversight sessions and public hearings are held in which state health departments, legislative committees, experts in a field, and the public can offer input into the bill and make recommendations for improving it. At the oversight sessions and public hearings, the state Ways and Means Committee may offer estimates on the costs of implementing the new legislation, and the state Division of Health Care Finance may present cost-benefit analyses of the legislation. After the hearings, the bill makes its way through the State House of Representatives and/or the State Senate. The legislative houses vote on the bill. If they pass it, the governor decides whether to sign it into law. If signed, the bill may go to the Ways and Means committee for appropriations. Once a bill is signed, whether or not appropriations accompany the bill, it is assigned to the state health department or other agency named in the bill for implementation.

If a bill is not passed, stakeholders have to decide whether to begin the policy process again or drop the bill. If stakeholders choose to reinstate the policy process, they will likely address the barriers to passing the bill. They may then use strategies such as including data to make a stronger case for a policy, widening constituent and legislative support, and increasing coalition or campaign activities.

Political, Social, and Economic Environment

The political, social, and economic environment plays an important role in each step of policy development. The political leanings of the party controlling the state legislature determine the priority issues of the state. One party may favor public health initiatives more than another. Similarly, the highly visible social issues will dictate the support and funding available for public health issues. For example, to provide resources to address the immediate and severe damage from a natural disaster, legislators may not be able to fund chronic disease initiatives in a given year. The amount of overall funding available to develop and implement a policy also depends on the economic environment. During a recession, the state may not have discretionary funds to allocate to public health issues. Thus, when deciding whether to develop a policy, stakeholders should consider the other priority issues of the state, the party in office, and the resources available to support the policy of interest.

CHALLENGES TO POLICY DEVELOPMENT

Barriers to policy development may occur at any point in the development process. Differences in opinion between stakeholders about the priority of a policy are a common problem. Another problem occurs when stakeholders concur on the urgent need for a policy but disagree on its specifics. For example, they may disagree about where a policy would be most effective if implemented (e.g., mandate automated external defibrillators at the workplace or in schools). Such differences are ultimately solved by the legislature, which makes the final decision on whether to enact a bill. Using scientific data to prioritize policies and illustrate the potential effectiveness in various settings can also help to eliminate issues that may impede the policy development process.

Another common barrier to policy development is insufficient allocation of resources. Issues related to resources and policy development arise in two different ways. First, stakeholders may not have enough resources available to develop a policy. The involvement of multiple stakeholders and division of labor can help address this problem. Second, it is difficult to ensure that resources accompany a policy to fund its implementation and maintenance.

“Legislators have difficulty conceptualizing cost savings that are far in the future, which is typically the case with policies designed to prevent disease, and so they [legislators] do not want to commit funds to such endeavors.” ---Advocacy organization representative

Showing how much the state will save by implementing a policy can aid in the allocation of monies to the policy. Demonstrating that the policy cannot be implemented within the current health department budget may also persuade legislators to ensure that sufficient appropriations accompany a bill.

Chapter II

Policy Implementation

Policy implementation refers to carrying out the authoritative decisions of the state legislature. At the state level, a bill passes and becomes a law, or an executive order is issued with an implementation date by which the public health agency or state health department is required to engage in the activities described by the law. Although the state health department may have primary responsibility for overseeing implementation of a policy, multiple parties are often involved. This chapter describes the process of policy implementation, those involved in the process, and the facilitators and barriers to policy implementation.

PROCESS OF POLICY IMPLEMENTATION

The implementation process begins after legislation has been passed, when legislators determine whether the budget has adequate funds to support policy implementation. An oversight or Ways and Means Committee may decide on what portion of the state budget to allocate to a passed bill. However, whether or not funds are adequate to implement a policy, the state health department is sometimes called to define the rules for implementing a health-related policy and to implement the policy. Advocacy organizations, coalitions, and other partners may collaborate with a state health department in this process. The state health department may set up an advisory committee composed of various stakeholders to oversee implementation.

A major and essential part of policy implementation is educating the public about a new policy. After conception of a plan for implementation, the state health department may lead its partners in the effort to communicate the policy change to the public. Communication about a policy involves defending it if controversy arises. To increase the likelihood that the public supports a new policy, the state health department may enlist the help of its partners to engage in media and other activities to highlight the positive attributes of a policy and counteract negative impressions people may have about it.

Once the new policy has been communicated to the public and an implementation plan has been created, the state health department or other designated entity engages in activities to implement the policy. A “rule promulgation” may also require that the state health department and its partners report back to the legislature about the implementation and demonstrate that the regulations set forth by the legislation regarding implementation were observed.

FACILITATORS AND BARRIERS TO POLICY IMPLEMENTATION

Passed policies are not always implemented. In this section, we discuss factors that facilitate and impede policy implementation, including funding appropriated to a policy, relationships with partners, and stakeholders' perceptions of the need for a policy.

Resources allocated to a policy play a large role in its implementation. Although state departments may be expected to implement a policy without funding, that is often difficult or impossible. Without funds to implement a policy, a state health department frequently has to dip into other department programs and discretionary monies. These monies are limited, and the extent to which a policy is implemented is ultimately decided by the funds available. As discussed in the first chapter, although there is no way to ensure that sufficient funds accompany a policy, showing the cost savings associated a policy's implementation can increase the likelihood that funding is appropriated.

Agreement among partners about a policy's content and its priority is essential, because multiple organizations are often called to execute various tasks in the policy implementation process. In

"If [the policy is] what we wanted, the natural inclination is [to implement] a little faster. But if [the policy is] something that is being forced on us, it could take a while to get implemented. Or, if there are no resources at all committed to it, and it's not anything we wanted to do, sometimes it takes a really long time to get implemented." ---State Health Department Legislative Liaison

particular, if a policy specifies that the state health department has the responsibility for leading the implementation process, advocacy organizations and other partners should ensure that the policy is aligned with state health department priorities and gain the support of the state health department during policy development.

The state health department and its partners are often called to work together to promote a new policy. However, parties' disagreement about the priority or content of the policy during the development phase can cause setbacks in communications with the public. Mixed positive and negative messages from different sources can lead to confusion and be detrimental to a policy's implementation. A unified message depends on a unified perspective from all key stakeholders.

Chapter III

Policy Evaluation

Though policy evaluation is not commonly written into legislation, all the experts interviewed for this guide agreed that it is an essential part of the policymaking process because it offers stakeholders a way to gauge whether a policy is having the intended effect. Such information can help to make the current policy more effective in achieving its intended objectives and to inform future policies. This chapter discusses the process of policy evaluation and its facilitators and barriers.

PROCESS OF POLICY EVALUATION

Ideally, policy evaluation happens concurrently with policymaking. In other words, policy development includes plans for evaluation in an ideal situation. The first step in policy evaluation is to determine the roles of various stakeholders. State health departments or whoever is assigned to lead the evaluation frequently ask researchers whose expertise is conducting public health evaluations to provide input into the evaluation design and process. Researchers may also be asked to conduct the evaluation independently, with input from the state health department.

Once the roles of stakeholders are determined, a strategic plan is developed for the evaluation. It may outline short-term, intermediate, and long-term objectives. These objectives often become the benchmarks for the evaluation. Creating the strategic plan for evaluation may also include developing logic models or indicators to supply an evaluation roadmap. The evaluation plan may include an analysis of costs and benefits associated with the policy.

After the strategic plan has been developed, the evaluation is conducted. This involves gathering data to measure processes and outcomes or outcome indicators as described in the plan and synthesizing the findings to demonstrate the complete implementation and impact of the policy. The results may be presented as a report to the legislature, the appropriations committee, the subject matter committee, the oversight committee, or the post-audit committee. The report can be an independent report about the policy or part of an annual report. The legislature may choose to examine the fiscal and tax statements as well as an overall impact statement. On the basis of legislative review, a legislature or legislative committee may make recommendations to continue or improve the policy. The information from the policy evaluation may also be used internally within the health department to assess performance and to inform future department activities.

FACILITATORS AND BARRIERS TO POLICY EVALUATION

Though experts agree that policy evaluation is an essential part of the policymaking process, it does not always occur and is not commonly written into legislation. This section discusses the barriers facing policy evaluation and the factors that can help counteract such challenges.

As people who develop and pass policies, legislators often are not experts in policy evaluation or methods of evaluation. They may not understand the value of evaluation in providing evidence of the effect of a policy and offering insight into future policymaking efforts. This lack of understanding about evaluation and its value may lead legislators to view policy evaluation as nonessential to policymaking. Educating legislators during the policy development process about policy evaluation can facilitate understanding of the value of evaluation and may encourage them to include it as part of the legislation, even if the outcomes will be apparent only after their service ends.

Though legislators who have been educated about policy evaluation may understand the need for it, budget constraints continue to play a major role in the decision-making process with regard to including evaluation in legislation. One way to reduce financial issues is to minimize evaluation costs. For example, this can be done by enlisting the help of academic or other funded researchers whose work is dedicated to conducting evaluations. Another example is to work with coalitions, partners, and other stakeholders who would support an evaluation effort with their collective resources. Evaluation costs can also be minimized by using existing state health department resources and data systems. If budget constraints occur, the low cost of evaluation will provide little incentive to cut it from the legislation.

Experts interviewed suggested five main reasons why evaluation is not a formal part of the policymaking process:

- 1) Many state legislators who develop public policies are not familiar with policy evaluation methods*
- 2) Including an evaluation component can make legislation more complex, thus lengthening the policy development process*
- 3) When state budgets are tight, evaluations are the first component of legislation to be omitted because they are not seen as essential*
- 4) Players in public policy have not yet recognized the need for evaluation*
- 5) Legislators have shorter terms of service than the time needed for the outcome of a policy to become apparent and therefore have little incentive to provide for evaluation*

Chapter IV

Role and Restrictions of State Health Department Employees in Policymaking

This chapter describes several ways state health department employees can contribute to policymaking and discusses types of legal restrictions and where to find more information about such restrictions.

WAYS FOR STATE HEALTH DEPARTMENT EMPLOYEES TO CONTRIBUTE TO POLICYMAKING PROCESS

Although state health department employees may not advocate for policies, they can have a large impact on the success of a policy because of the knowledge and support they can provide. Below we list several ways state health department employees can be involved in the policymaking process.

Provision of scientific data to justify the need for a policy. Data may include information on health burden and cost in a state or county. It may be provided to advocacy organizations, legislators, and the general public. The information may be supplied in the form of health education or data in reports, fact sheets, and similar documents.

Participation in coalitions. State health department representatives are often asked to participate in coalitions. As members of a coalition, they may provide data and raise awareness about a health issue to other stakeholders in the coalition. They may also provide information and facts that may inform coalition activities.

Engagement in health education campaigns and promotion of awareness. State health departments may engage in health education campaigns as part of their activities to raise the public's awareness about department-approved health issues. They may also mobilize local health departments to alert the public about a health issue.

Facilitation of contact with legislators. State health department employees may refer advocacy organizations and others to the health department legislative liaison, who can often provide contact information for and facilitate contact with legislators. Such facilitation may permit stakeholders to obtain legislative sponsorship for a health policy.

LEGAL RESTRICTIONS OF STATE HEALTH DEPARTMENT EMPLOYEES RELATED TO POLICYMAKING

While engaging in policymaking activities, state health department workers must be cognizant of and observe the legal restrictions applicable to them as state employees. In general, state health department employees may not lobby; cannot mention a bill number or dollar amount when talking to legislators, advocates, or others; and must bear state health department identification prominently if testifying to legislators.

Specific legal restrictions vary from state to state. The enforcement of restrictions may depend on the state commissioner of health. In some states, only the commissioner of health communicates directly with legislators. In other states, employees may discuss issues with their health department legislative liaison, who then communicates these discussions to the commissioner or legislators. Employees in some states may be authorized by the commissioner to communicate directly with legislators. The method of communicating with legislators also varies among states. Approved methods may include telephone, e-mail, letters, and meetings. It is recommended that state health department employees verify the regulations about legislative communications with their state health department legislative liaison or related department.

Because state heart disease and stroke prevention grantees receive federal funding, they must also comply with federal restrictions that accompany the funds. Organizations or programs cannot use federal grants or cooperative agreement funds to lobby at the federal, state, or local level. However, grantees supported by federal funds are not restricted from educating legislators and other stakeholders about public health issues mentioned in a policy.

State health departments can contribute to many different steps in the policy development process. Although the role of state health department staff may not include advocating a particular issue, members can present facts and provide information to interested parties. To take a stance on an issue, health department employees may have to consult with and obtain permission from health department legislative liaisons or the commissioner of health. If permitted to take a position on an issue, employees may need to make sure their opinions are consistent with those of the health department as a whole or the state governor. Each state health department has its own rules which may change with the political climate.

Conclusion

SUMMARY OF KEY POINTS

- Collaboration and communication among stakeholders is essential to policy development, implementation, and evaluation.
- Having a legislative champion and collaboration with partners is essential in obtaining resources for policy development, implementation, and evaluation.
- Scientific evidence to show the need for a policy and stakeholder cooperation can help overcome the barriers and challenges related to gaining legislative support for a policy.

Policy Development

- Using scientific data to inform policy development can help educate legislators about a policy.
- The political, social, and economic environment plays an important role in each step of policy development.

Policy Implementation

- Educating and communicating to the public increases the likelihood of support for a policy change and helps the implementation process occur smoothly.
- Although there is no way to ensure that sufficient funds accompany a policy for its implementation, showing the cost savings associated with a policy's implementation can help in the appropriations process.

Policy Evaluation

- Educating legislators about the value of policy evaluation may help encourage them to include evaluation as part of the legislation.
- Evaluation costs can be minimized by enlisting the help of researchers whose work is dedicated to conducting such evaluations; working with coalitions, partners, and other stakeholders; and using existing health department resources and data systems.

Role and Restrictions of State Health Department Employees in Policymaking

- Although state health department staff have legal restrictions on how they may communicate or collaborate with legislators and other stakeholders in their state, they are not restricted from providing data related to a policy, educating others about the risks and benefits of a policy, or referring other stakeholders to legislators.
- State health department employees are strongly encouraged to verify the regulations about legislative communications with their state health department legislative liaison or related legal staff.

LIMITATIONS OF THE GUIDE

The information provided in this guide should be understood with an acknowledgment of certain limitations related to the data and methods used to produce it. In particular, because the information about policymaking presented in this guide is based on 30 to 45-minute interviews with nine policy experts, the guide is not a comprehensive manual to state heart disease and stroke prevention policymaking. The guide is intended to provide a general description of the policy process and how state employees may become involved in the process.

ADDITIONAL SOURCES OF INFORMATION ABOUT PUBLIC HEALTH POLICYMAKING

Avner, M. *The Lobbying and Advocacy Handbook for Nonprofit Organizations: Shaping Public Policy at the State and Local Level*. St. Paul, MN: Amherst H. Wilder Foundation; 2002. ISBN: 0-940069-26-1.

Hooker, T. and L. Speissegger. *Public Health: A Legislator's Guide*. Denver, CO, and Washington, DC: National Conference of State Legislatures, 2002. ISBN 1-58024-210-3.