



Addressing Social Determinants of Health Through Policy

A Planning Guide for Multi-Sector Community Partnerships

Important note!

This document is a guide for completing a fillable Microsoft Word **Policy Planning Template**.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH POLICY

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Policy Planning Template

Click the content names or pages to jump to each section of the guide.

Module I. Introduction

Mathematica created this Policy Planning Guide to support multi-sector community coalitions and partnerships addressing social determinants of health to advance health equity and prevent chronic disease as part of the [Improving Social Determinants of Health \(SDOH\)–Getting Further, Faster Initiative](#). This initiative is a partnership between the Centers for Disease Control and Prevention (CDC), National Association of County and City Health Officials (NACCHO), and Association of State and Territorial Health Officials (ASTHO). To promote collaboration and share learnings, NACCHO and ASTHO made this guide and companion fillable planning template available for use by any community coalition or partnership addressing SDOH. Although examples in this guide reflect the SDOH areas addressed by funded coalitions and partnerships—the built environment, food security, community-clinical linkages, social connectedness, and tobacco-free policies—the approaches and strategies are applicable to other SDOH areas.

Feedback from NACCHO, ASTHO, and the CDC informed and improved this guide and template. We are also grateful to Access Health Stark County, Food as Medicine Collaborative, Healthy Here Coalition, and West Louisville Outdoor Recreation Initiative for contributing their insights to support development.

This guide can be used on its own or in conjunction with the [Sustainability Planning Guide](#) for SDOH teams looking to achieve their sustainability goals. We hope it will help you develop a culture of learning that supports your SDOH goals and advances health equity.

A. Overview

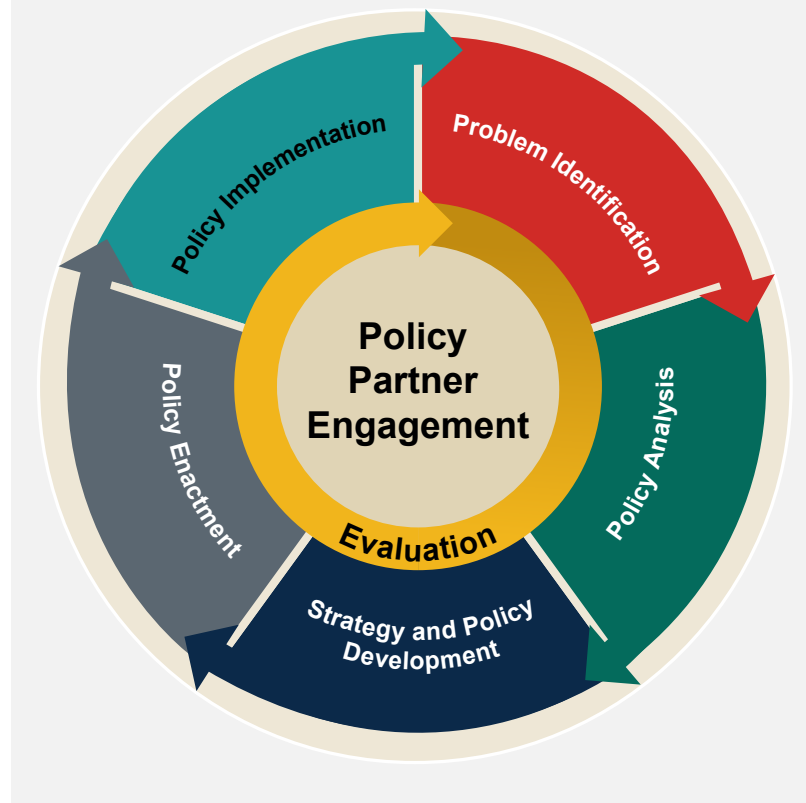
Welcome to *Addressing Social Determinants of Health Through Policy: A Planning Guide for Multi-Sector Community Partnerships!* This policy planning guide can help community multisector coalitions/partnerships develop and implement a strategy for using policies as tools to prevent chronic disease, improve population health, and advance health equity by addressing the root causes and drivers of health.

What is the policy planning guide? This resource is a roadmap that can help you chart your course, monitor your progress, and (if needed) make mid-course corrections when making policies of all kinds, including various forms of public or governmental policies ("Big P"), as well as institutional policies ("Little p") and policies for your coalition/partnership ("Medium p"). This guide can be used to support the development of policies related to chronic disease prevention by addressing SDOH. Rather than defining a list of requirements or steps, the guide outlines the key principles and considerations of each stage of the policy development process. It includes links to exercises and resources that may help your coalition/partnership make decisions about how to proceed.

Organization of the policy planning guide

- This introduction (Module I) includes information about the purpose and use of the **policy planning guide** and its connections to the accompanying materials, as well as definitions of key terms and concepts.
- **Module II** includes a **prioritization exercise** to aid coalitions/partnerships in setting policy planning intentions. The guide then contains seven modules connected to components of a policy process framework (Figure I.1), which was adapted from the Center for Disease Control and Prevention's (CDC's) Policy Process.¹
- **Module III** discusses the first central activity, policy partner engagement, which is cross-cutting and should be considered throughout the policy planning process.
- **Modules IV, V, VI, VII, and VIII** walk through the steps on the outside of the policy process framework: problem identification, policy analysis, strategy and policy development, policy enactment, and policy implementation.
- **Module IX** describes the second central activity, evaluation, which is also relevant throughout the policy process framework.

Figure I.1. Policy process framework



- **Module X** closes the guide with a summary of next steps for coalitions and partnerships who are creating policy plans.

Each of the seven policy process modules (III-IX) contains an overview of what that policy process component will entail, suggestions of actionable strategies and other considerations for how to conduct that work, and brief examples of what the policy process may look like in practice. Each module also lists the corresponding section(s) that can be found in the accompanying **policy planning template**, which coalitions/partnerships can use to create their own policy plans.

The modules also provide interactive exercises and information (**Supplement A**), as well as a list of other resources (**Supplement B**) that could help coalitions/partnerships in their policy planning efforts. These supplements can be found at the end of this guide. Figure I.2 on the next page illustrates the connections between the modules of this guide, the additional exercises in **Supplement A**, and the corresponding sections of the **policy planning template**.

Who should use this guide? This guide is broadly applicable and adaptable to meet the needs of coalitions/partnerships and their policy work. Any individuals within coalitions/partnerships that engage in policy work may find this guide helpful, but we especially recommend that individuals leading the development of a policy plan use this guide to inform how they collaborate with other coalition/partnership members.

How should we use this guide? We recommend that coalitions/partnerships first work together to complete the **prioritization exercise** in **Module II** to reflect on their opportunities, potential impacts, and readiness for goals relevant to policy development. Then, one or more individuals who are leading the policy development process can refer to the guide to aid collaborative planning. For example, coalitions/partnerships that are new to developing policies can work through the guide sequentially. Alternatively, those that are familiar with the steps involved in policy development can skip ahead in the guide to modules that are most applicable and helpful to their immediate needs. Coalitions/partnerships can use the accompanying **policy planning template** as the basis for developing their policy plan.

When should we use this guide? We encourage you to refer to the guide throughout the policy development process as you develop new insights, move on to new policy stages or goals, assess implementation, or refine your plan.

Connections across modules or to other resources



This guide mentions relevant sections of the **policy planning template**, a Word document that you received with this guide that you can use to create your own policy plan. The guide also contains hyperlinks to sections of the additional exercises (**Supplement A**) included at the end of this guide.

In addition, the guide includes notes with the following icons to point out connections to other modules or resources:



When offering tips or reminders on how to **engage policy partners** throughout the policy planning process (in connection to **Module III**)

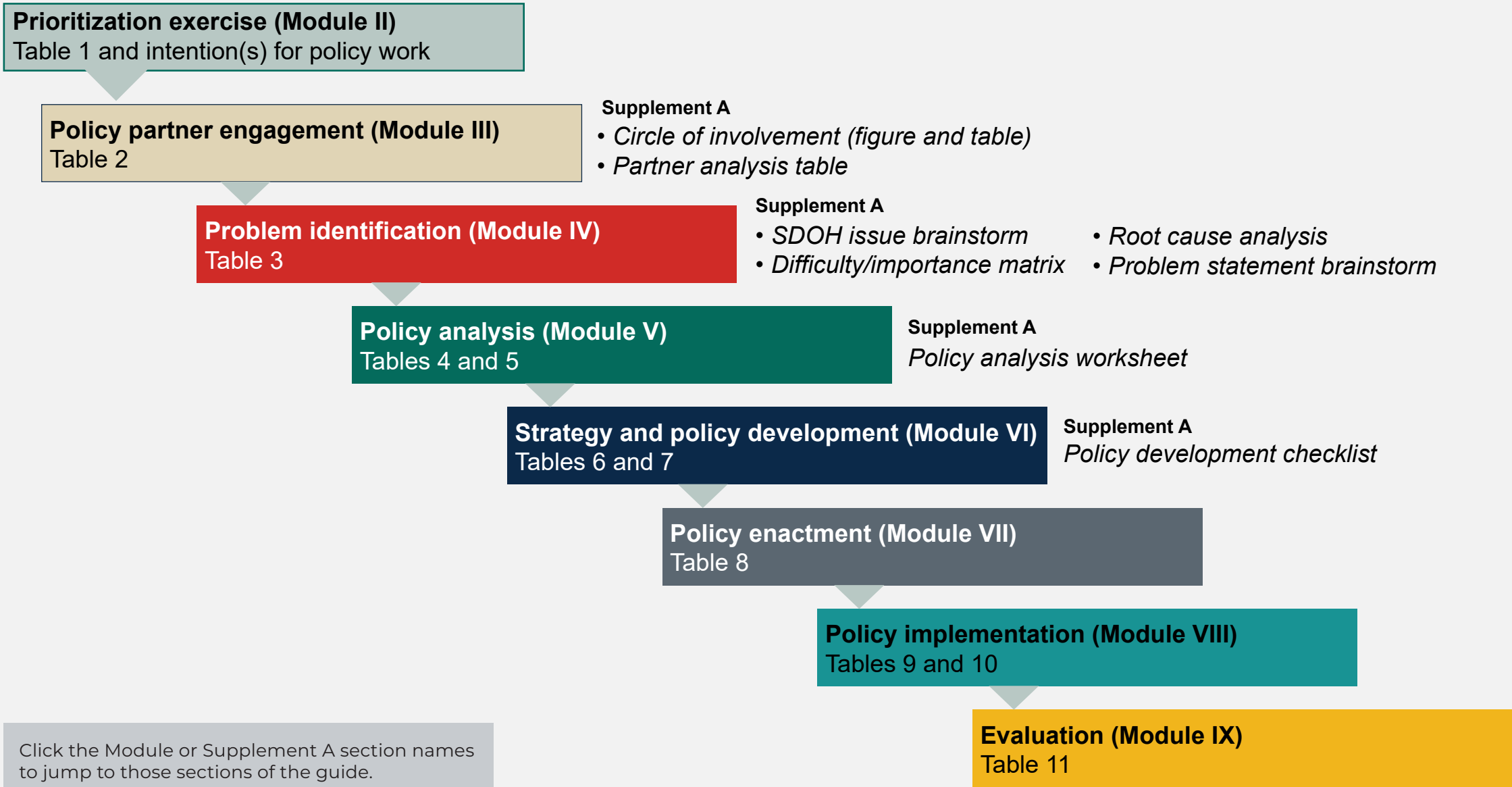


When offering tips or reminders on how to incorporate **evaluation** throughout the policy planning process (in connection to **Module IX**)

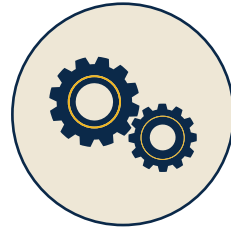


When referring to **Understanding and Planning for Sustainability: A Guide for Multi-Sector Community Partnerships Working to Address Social Determinants of Health**

Figure I.2. Connections between sections of this policy planning guide modules and the accompanying policy planning template



B. Key terms and concepts used in this Policy Planning Guide



Organization vs. coalition or partnership vs. community partners

- An **organization** is a single institution or agency. Organizations of many sizes and types (for example, public agencies, private business, non-profit entities) can be members of a coalition or partnership or be key contributors to the policy development process as policy partners.
- A **coalition/partnership** is a collection of organizations working together to achieve a defined goal or address the same general priorities. Organizations could be from the same or multiple different sectors.
- **Community partners** include individuals and groups in the regions a coalition or partnership serve that care about the problem(s) the coalition/partnership is trying to address through policy, including those who have lived experiences related to those problems. Community and organizational policy partners are not mutually exclusive—for example, some organizations are heavily embedded within and connected to communities, and organizations employ community members.

Policy vs. program

- **Policies** are laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other organizations.¹ As such, policies guide how individuals and groups act and interact with one another and influence the context in which programs operate.
- **Programs** are targeted interventions, often in operation for a specific period of time and are intended to create improvements to address specific challenges.

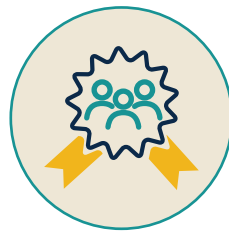
“Big P” Policy vs. “Little p” policy (and in-between)²

- **“Big P”** typically refers to policy enacted by governments to affect communities (sometimes referred to as public policy), and can be made at the local, state, or national level. These policies can be created through legislative or executive actions that require approval from elected officials; regulations developed by government agencies; or court rulings on a specific topic or policy. Big P policymaking is usually time and labor intensive, and can be governed by complex bureaucratic procedures, but can produce wide reaching change at a systems level.
- **“Little p”** typically refers to policies at an organizational or departmental level, especially those outside of government, that address organizational practices, priorities, distribution of resources, and other guidelines. Little p policies are usually easier to adopt than Big P policies, but may have a smaller, more localized impact.
- You may also want to consider **“Medium p”** policies—that is, those adopted collectively by your coalition/partnership.



Evidence-based policy making³

Evidence-based policymaking is the process of using information and knowledge about what is effective to inform policy deliberations at all stages of the policy process. Generating this evidence involves the systematic collection of high-quality data, analyses of those data with rigorous research methods, and ensuring data are available to policymakers before and during the decision-making process. Evidence can provide insights about how policies and programs operate, when and where they work effectively, or trends in performance over time.



Developing vs. informing policy

- **Developing** policy includes drafting and enacting policies, especially those within your direct influence or control.
- **Informing** policy involves educating or encouraging others to develop or enact a policy, whether public agencies enacting public policies, or other private organizations enacting institutional policies. Informing policy can take many forms, including sharing evidence about a problem and its impact, suggesting policy options, participating in policy analyses, helping to draft proposed policies, and providing feedback. In some cases, informing policy can involve advocacy, but it is important to be sensitive to the legal and regulatory restrictions that exist for certain individuals or entities, such as state and local health departments or 501(c)(3) non-profits, especially around activities that may be considered lobbying.



Enacting vs. implementing policy¹

- **Enactment** refers to the process by which a proposed policy is adopted or passed by those with the authority to do so.
- **Implementation** refers to the steps taken to translate an enacted policy into action.



Developing new vs. revising existing policies

- **New policies** are those that are being enacted for the first time (for example, a new article of legislation, or a new formal statement of an institutional policy).
- **Existing policies** may benefit from being refined over time to incorporate lessons learned from their initial implementation, adapt to changing contexts, or to go farther to achieve more impact.



Health equity vs. SDOH vs. health disparities, vs. health-related social needs^{4,5,6,7,8}

- **Health equity** is the state in which everyone has a fair and just opportunity to attain their highest level of health. As a principle, it is an underlying commitment to reduce and, ultimately, eliminate disparities in health and in their root causes, including social determinants. Achieving health equity requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities. It also requires valuing all individuals and populations equally recognizing and rectifying historical injustice and providing resources according to need.
- **Social Determinants of Health (SDOH)** are the conditions in which people are born, grow, live, work, learn, pray, play, and age. These include food security, social connections, neighborhood and environmental conditions (including built environment and tobacco-free policies), income, education, employment, housing, transportation systems, and other social factors. SDOH are drivers of health and well-being and influence our ability to achieve health equity, for better or worse.
- **Health disparities** are differences in health status or outcomes across groups of people that are closely linked to economic, social, or environmental disadvantages. These differences adversely affect groups of people who systematically experience greater obstacles to good health based on race or ethnicity, religion, socioeconomic status, gender, age, mental or physical disability, sexual orientation or gender identity, geographic location; or other characteristics historically linked to discrimination or exclusion.
- **Health-related social needs (HRSN)** are specific adverse social conditions (connected to SDOH) that are associated with poor health for an individual or group. HRSN can be addressed by targeted interventions or policy changes. Community-clinical linkages are a set of strategies that can be used to address SDOH or HRSN.



Health in All Policies (HiAP)⁹

Health in All Policies (HiAP) is a framework that shifts how decisions are made and implemented to ensure that policy decisions have neutral or beneficial impacts on SDOH and, directly or indirectly, on health. HiAP emphasizes the need to collaborate across sectors to achieve common health goals and prevent unintended consequences.

A note about HiAP

Your coalition/partnership may already be using a HiAP framework or choose to adopt it as a central tenet of your policy planning and development efforts. The principles of HiAP can also help you look for multiple pathways for addressing the SDOH issues that underlie the problems you are trying to solve through policy. For example, if your coalition/partnership does not have the ability or capacity to directly develop a SDOH-specific policy, you can look for opportunities to contribute to related policies in other sectors by offering feedback on proposed policies or contributing to health impact assessments. For more information and ideas on how to incorporate a HiAP approach, visit [NACCHO's HiAP website](#).

Module II. Prioritization exercise

This module will help you complete the prioritization exercise in your policy plan and set policy planning intention(s).

The contents of this module:

1. Describe the purpose and structure of the prioritization exercise
2. Offer examples of possible policy planning intentions

Before developing a policy plan for your coalition/partnership, it can be helpful to reflect on opportunities, potential impacts, readiness, and priorities for goals related to policy development. Working with others in your coalition/partnership, complete the **prioritization exercise** in the accompanying **policy planning template**. Discuss places where opinions differ, to better understand the different experiences and perspectives related to policy development within your coalition/partnership.

Prioritization and planning for policy change is an ongoing journey, and completing this exercise is just the first step in defining your path. As you move through the policy process, your priorities may change. Look for opportunities to reassess your priorities and update your plans to reflect your progress and address changing circumstances on a regular basis, repeating this exercise periodically in the future.

Completing this **prioritization exercise** may help your coalition/partnership in deciding which goals and approaches to incorporate into your policy plans. The exercise can help you identify high priority goals to incorporate into your policy planning process, and lower priority goals to consider at a later date. Discussions within your coalition/partnership could even illuminate important priorities not specifically listed in this exercise.

A. Completing the prioritization exercise

This **prioritization exercise** includes 20 goal statements related to policy development, organized into four domains (Figure II.1). These goal statements are adapted from two evidence-based and tested resources, which are listed in **Supplement C**.^{10,11}

For each goal statement, your coalition/partnership will discuss and answer “yes” or “no” to three questions to assess feasibility, impact, and buy-in. We recommend that you complete this exercise together as a coalition/partnership. How long it will take to complete depends on your approach. For instance, you could ask each person to take 20-30 minutes to complete the exercise on their own, compile the results, and schedule a meeting to discuss areas where your ratings differed. Alternatively, you could schedule a series of meetings to walk through the exercise together in real time.

Table 1 illustrates this approach. The accompanying **policy planning template** includes a fillable version of this **policy planning prioritization exercise table** (with separate rows for each goal statement) and a **text box for you to note other policy-related goals or priorities** that emerge during this exercise.

Table 1. Policy planning prioritization exercise

Goals	Do we have the resources, capacity, and opportunity to begin doing this, or to do it better? (Feasibility)	Will doing this advance our goals? (Impact)	Are our policy partners and community members supportive? (Buy-in)	Is this a high, medium, or low priority for your coalition /partnership?
[Goal statement from Figure II.1 on the next page]	<input type="checkbox"/> Yes, there is opportunity <input type="checkbox"/> No	<input type="checkbox"/> Yes, this will have impact <input type="checkbox"/> No	<input type="checkbox"/> Yes, we are ready <input type="checkbox"/> No	<input type="checkbox"/> High priority <input type="checkbox"/> Medium priority <input type="checkbox"/> Low priority

Collaborative approaches to the prioritization exercise

[NACCHO’s Guide to Prioritization Techniques](#) suggests different approaches that your coalition/partnership could use in completing this prioritization exercise as a group, such as multiple round voting and strategy grids.



Connection to Understanding and Planning for Sustainability: A Guide for Multi-Sector Community Partnerships Working to Address Social Determinants of Health: Check out the Collaboration Methods appendix for other ideas or techniques you could use when collaboratively completing the prioritization exercise.

Figure II.1. Goal statements for policy planning prioritization exercise

Policy development context

- We join in solidarity with community members and organizations in seeking to improve chronic disease conditions by addressing SDOH and advancing health equity.
- We have a common vision for health equity in our community that is shared with community and organizational partners focused on addressing chronic disease conditions.
- We monitor the national, state, and/or local policy context for the social and economic factors that contribute to SDOH and health inequities that our coalition/partnership seeks to address.
- We collect and review data on rates of chronic disease in our community related to our SDOH focus area(s) (including data on disparities related to race, ethnicity, gender identity, and other characteristics historically linked to discrimination or exclusion) to determine if we are making progress towards our goals and to identify communities that are not thriving.

Policy development experience

- We collaborate with a diverse group of partners to engage in policy change efforts.
- We use or support the use of an evidenced-based policymaking process.
- We promote or support health in all policies (HiAP) approaches.
- We have concrete aims for how policies can advance our chronic disease prevention, population health improvement, and/or health equity goals.
- Our policy development processes are community-driven.
- We partner with organizations across sectors and community members to eliminate exclusionary policies and practices that impact health, including chronic disease conditions.
- We partner with multisector partners and community members to adopt inclusionary policies and practices.

Public or governmental (Big P) policies

- We develop or inform policies at the local level to address SDOH.
- We develop or inform policies at the state level to address SDOH.
- We develop or inform policies at the national level to address SDOH.

Coalition/partnership (Middle-p) or member organization (small-p) policies

- We have policies and practices in place to improve diversity, equity, and inclusion among our member organizations and employees.
- We have policies and practices in place to improve working conditions for staff who experience racial, economic, and other inequalities, such as paying livable wages.
- We have policies and practices in place to increase contracting and purchasing with local vendors and minority-owned businesses, especially those located in or serving marginalized communities, to enhance local economic development.
- We have policies and practices in place to reduce our negative environmental impacts, such as increasing energy efficiency and reducing waste.
- We measure our organization's impact on and set goals to improve the health and well-being of our employees.
- We measure our organization's impact on, and set goals to improve, equity within the communities we serve.

B. Setting an intention for policy work

Before developing your policy plans, we recommend reflecting on this **prioritization exercise** and deciding how your coalition/partnership will work towards your overall policy goals by setting one or more intentions. The accompanying **policy planning template** includes a **text box for you to record your coalitions/partnership's policy planning intentions**.

Your intentions could reflect one or more of the statements that you marked as the highest priority, other priorities that emerged as you discussed potential responses to the exercise questions, or a combination of the two. Figure II.2 includes examples of policy planning intentions that your coalition/partnership could set.

Figure II.2. Example intentions for policy work



Connection to *Understanding and Planning for Sustainability: A Guide for Multi-Sector Community Partnerships Working to Address Social Determinants of Health*: If there are goal statements that your coalition/partnership feels are important but that you determined were not yet feasible or for which you did not have sufficient buy-in, you could work towards addressing those policy planning goals in the future by incorporating them into your sustainability planning.

Module III. Policy partner engagement

This module will help you complete the policy partners table of your policy plan.

The contents of this module will help you answer the following:

1. What partners does our coalition/partnership currently have that could be engaged in developing policy strategies? How and when should we engage each of these partners?
2. What new partners could we engage?
3. Who has the power, time, resources, and desire to bring about change?

Additional exercises available in Supplement A:

- The [circle of involvement figure and table](#) can help you identify potential policy partners in various sectors
- The [partner analysis table](#) can help you categorize different policy partners.

Successful policy work relies on engaging many people across multiple sectors. At the beginning and throughout the policy planning process, your coalition/partnership should carefully consider your current and potential partners for defining and advancing your policy goals and decide how and when to engage these partners in policy development.

Below, we outline two ways to categorize those you may interact with throughout the policy development process.

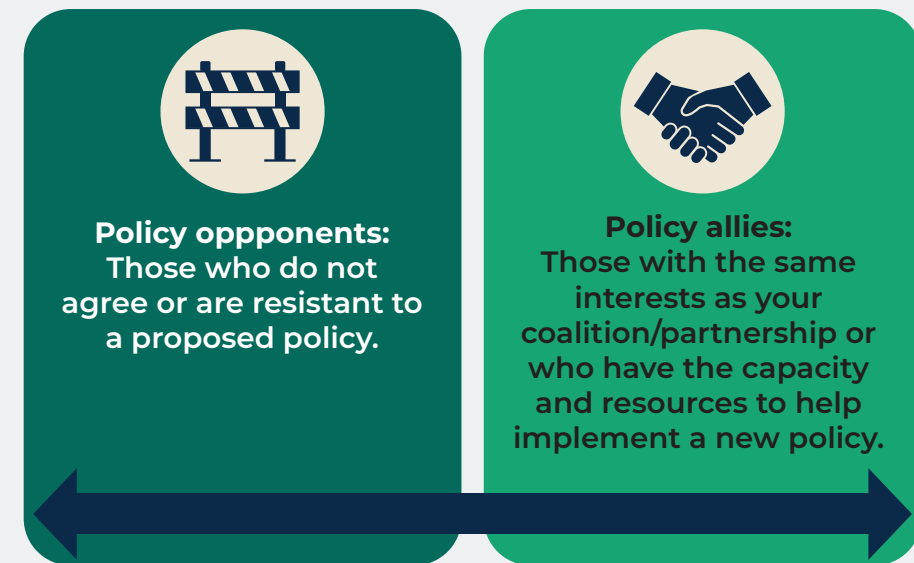
A. Policy allies and opponents

Identifying your allies and opponents (Figure III.1), and understanding their perspectives, priorities, and needs can help you effectively engage all parties in policy development and increase your chances of success.

Policy allies can help advance your policy related goals; there is power in numbers. A community is more likely to pay attention to an issue and proposed solution if there are more people working towards the same goal.

You may not be able to convince opponents of your policy goals or proposals, but understanding different perspectives can help you frame your education efforts more effectively.

Figure III.1. Identifying policy allies and opponents



B. Agents of change and targets of change

When defining your engagement strategies, it's also important to consider whether a particular policy partner or community group is an agent of change or a target of change (Figure III.2). Be sure to consider how to engage community members, especially people with relevant lived experiences, and to engage organizers and leaders that represent the groups in your area that have been historically marginalized, including Black, Indigenous, and people of color.¹²

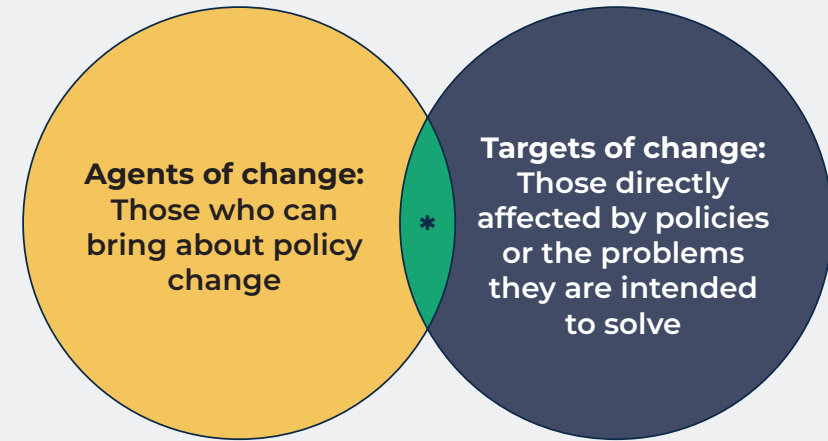
- Agents of change are often the individuals or organizations who authorize the enactment of a new proposed policy and provide the necessary resources for implementation. They may be government leaders or decision makers within non-governmental institutions.
- Targets of change can be key partners throughout all stages of the policy development process, drawing from their lived experiences and community connections.

If you have not worked with a given partner before, remember that it will take time to establish trust and a shared understanding of each other's preferences for collaboration.



Policy partner engagement tip: Consider the slogan, “nothing about us without us,” as a guide for engaging targets of change equitably throughout the policy development process.

Figure III.2. Identifying agents and targets of change



*These people are both agents and targets of change.

Table 2 lists examples of partners that may be agents and targets of change. This is not an exhaustive list, and it does not distinguish between allies and opponents, since those determinations may depend on the problems you seek to address through policies and the policy options you pursue. Also, some partners can be both agents and targets of change. For example, if a policy to change tobacco purchase laws requires a referendum in which the public votes whether or not to enact the proposed policy, community partners would be both agents of change (as voters) and targets of change (as individuals who would then be subject to the new policy). There is a blank copy of this **policy partners table** (with rows to differentiate allies from opponents) in the **policy planning template** that you can adapt.

Table 2. Policy partners

Who are agents of change? <i>Decision makers and others who have the power to advance policies</i>	Who are targets of change? <i>Those directly affected by policies or the problems they are intended to solve</i>
Mayor/Governor's office	Local health systems
State/local government agency	School districts
Social service agencies	Community action groups
Legislators and other politicians	Community members
Community action groups	Faith-based leaders and organizations

Module IV. Problem identification

This module will help you complete the problem statement in your policy plan.

The contents of this module will help you answer the following:

1. What SDOH issues are impacting our community?
2. How can our coalition/partnership define the problem we seek to address through policy?

Additional exercises available in Supplement A:

- The [SDOH issue brainstorm](#) provides space for you to identify issues you may want to address through policy
- The [difficulty/importance matrix](#) can help you prioritize SDOH issue(s).
- The [root cause analysis](#) can help you uncover what drives the SDOH-related issues.
- The [problem statement brainstorm table](#) can help you define the details you need for your problem statement.

Problem identification refers to the steps your coalition/partnership can take to understand the contextual factors and root causes that result in health inequalities. There are many ways to identify a problem. For example, you could talk to community members or use an evidence-based policymaking approach by looking into existing research, or conducting an environmental scan or literature review.



Policy partner engagement tip: Who selects and defines the problem(s) to address is important. Consider engaging a range of different contributors, such as community leaders and members; organization leaders and employees; media; state and local health departments; funders; interest groups; and schools or educational groups.

To identify relevant problems, look at available data and consider the experiences and perspectives of your policy partners.

The issue you seek to address should be as specific as possible and framed in a way that highlights potential policy solutions.¹³ To do this, create a problem statement that answers the following questions:¹⁴

- Who is affected?
- How big is the problem?
- What contributes to the problem?
- Where and when is the problem most likely to occur?

If your coalition/partnership decides to address more than one SDOH-related issue through policy, you might need to develop separate problem statements for each issue. You would then follow the steps described in the remaining modules for each problem statement to select, develop, enact, and implement the policies best suited to address each SDOH-related issue.



Evaluation tip: Being as specific as possible about the size of the problem can also serve as a baseline for evaluating the impact of any policies you pursue.

Table 3 includes example problem statements related to specific SDOH areas. There is a blank copy of this **problem statement table** in the **policy planning template** that you can adapt.

Table 3. Problem statements

SDOH area	Specific issue	Problem statement
Built environment	Some community members are unable to access needed services because they lack reliable transportation.	Community members living further than 1.5 miles from their healthcare provider have higher missed medical appointment rates than those living within moderate walking distance because bus routes are unreliable or nonexistent.
Food insecurity	Some community members lack access to healthy and consistent food sources.	Two wards in the city with historically marginalized populations do not have grocery stores. Community members must travel a minimum of 30 minutes to get fresh produce, which is difficult due to lack of public transportation.
Community-clinical linkages	Many community members receive care at multiple health and social service organizations.	Fifty percent of people in the county use two or more medical providers or social support programs. They have difficulty coordinating the care and services they receive.
Tobacco-free policies	Adolescents in the community are vaping in school settings.	The prevalence of vaping on school campuses in the community is increasing, with over 50 percent of students indicating they buy vaping products at local tobacco stores.
Social connectedness	Some community members are socially isolated due to the COVID-19 pandemic and the lingering impacts of the COVID-19 public health emergency.	Three-quarters (75 percent) of adults over the age of 65 experienced feelings of loneliness on a weekly basis during the first two years of the COVID-19 pandemic. Many currently report that they have not rebuilt social connections as the pandemic eased and remain lonely.

Module V. Policy analysis

This module will help you complete the policy options and policy analysis tables in your policy plan.

The contents of this module will help you answer the following:

1. How can we identify and describe potential policy options that address our problem?
2. How do we evaluate potential policy options and decide which is the best fit?

Additional exercises available in Supplement A:

The [policy analysis worksheet](#) can help you consider questions related to a policy’s potential impact, feasibility, and cost.

Policy analysis is the process by which your coalition/partnership identifies potential policy options that could address your selected SDOH -related issue and decides which policies your coalition would like to pursue.

Now that you have a clear, specific problem statement that describes your SDOH issue, you need to think through policy solutions that will address the issue. In evidence-based policymaking, the policy options you analyze may be based on existing policies or potential approaches backed by evidence you think could work for your selected issue. Similarly, a key component of adopting a HiAP approach is considering the differential impacts of policy options on various groups and existing disparities that could be mitigated (or exacerbated) by the policies you are considering.

Table 4 illustrates several different policies that address one problem statement: *Community members living further than 1.5 miles from their healthcare provider have higher missed medical appointment rates than those living within moderate walking distance because bus routes are unreliable or nonexistent.* There is a blank copy of this policy options table in the policy planning template that you can adapt.

Table 4. Policy options

What is the potential new or revised policy?	How did you identify it?	How does the policy address the SDOH issue that impacts chronic disease conditions?	How can this policy be adapted for your specific organization, coalition, or community?	What feedback have you received from policy partners?
#1: The health system waives the fees charged to those who are late and/or miss medical appointments.	Literature search.	Individuals who have unreliable transportation may be reluctant to access needed services because they do not want to be charged late and/or missed appointment fees.	Our health system currently charges 50 percent of a visit cost for missed appointments. We can look into waiving these fees, or creating a sliding scale based on income bracket.	This policy could incentivize people to (re) schedule appointments, but agency leadership is concerned about the level of revenue the agency may lose by waiving these fees.
#2: All people served by our coalition’s/partnership’s member organizations will be screened for transportation access when they first contact the organization and referred to a care navigator if they indicate unreliable transportation.	A neighboring city has implemented this policy.	Individuals who have difficulty accessing services because of unreliable transportation can be linked to additional services, such as bus cards or rideshares, that can help them attend appointments.	Our community has a local bus system that provides older adults with transportation services if they are enrolled in Medicare. We can look into more consistently linking people to this service. We will need to find options for those that are ineligible for Medicare.	Some community members were not aware of the bus service and some found that transportation option to be unreliable. Money for bus fare or rideshare services seems like the better solution.
#3: Create new bus routes in neighborhoods that are currently underserved.	A public comment in a recent council meeting.	More bus routes would foster neighborhood connections and allow community members greater mobility.	Community members have been asking for several years for expanded bus routes. Our coalition/partnership can partner with other multi-sector agencies to make the case for expanded bus options.	Community members are supportive of expanded bus access.



Policy partner engagement tip: While gathering information on potential policy options, and assessing the different options, your coalition/partnership may want to connect with existing or new partners. This could include speaking with subject matter experts, community partners, and individuals with lived experiences. You may also want to consider engaging public officials and administrators during the evaluation step to gather information about economic impacts and other contextual considerations.

A. Four-step process for policy analysis

You can use the following four steps to conduct a policy analysis and select the best policy options for addressing your identified problem(s). This guide highlights areas where evidence-based policymaking processes or HiAP approaches may be particularly beneficial. Where applicable, there are also references (in bold) to the corresponding sections of the accompanying **policy planning template** (fillable Word file) and **additional exercises (Supplement A)**.

1. Research and identify possible policy options

Policy options may be rooted in theory and evidence, based on policies considered or implemented elsewhere, or emerge from brainstorming or other conversations with your policy partners. In combining evidence-based policymaking and a HiAP approach, your coalition/partnership may want to consider conducting an environmental scan or literature review and talking with experts, including community members and people with relevant lived experiences. Web searches, online databases, and academic journals can be good places to start when searching for evidence-based policy options, or for evidence to inform the development of novel policy approaches.

2. Describe possible policy options

Before evaluating the different policy options, your coalition/partnership needs to describe each option. You can do so in the **policy options table** (in the **policy planning template**). Your policy options could be entirely new policies or revisions of existing policies. It can be especially helpful to consider all types of policies at this stage, including various types of public/governmental policy ("Big P"), policies of your coalition/partnership ("Medium p"), and institutional policies ("Little p"). Collaborate with your policy partners, including community members, in the identification and definition of the different policy options, and capture the feedback you are receiving to help inform the evaluation of the options that will follow in Table 5.

3. Evaluate possible policy options

After your coalition/partnership has identified several policy options, you should evaluate them using consistent criteria. This will help you identify the best option for your community. The **policy analysis table** (in the **policy planning template**) provides several suggested domains for evaluating a potential policy. You can also use the **policy analysis worksheet** (in **Supplement A**) as a guide to describe and analyze each option.



Evaluation tip: You may not yet know or be confident about the answers to these criteria or some of the questions posed in the policy analysis worksheet. When that's the case, consider incorporating those questions in your evaluation design.

Table 5 illustrates how the three policy options in the example above may rank on the criteria of impact, feasibility, economic cost, and buy-in.¹³ There is a blank copy of this **policy analysis table** in the **policy planning template** that you can adapt.

Table 5. Policy analysis

Policy options	What is the likelihood of enacting the policy? (Feasibility)	What reach or size of effect might the policy have on SDOH chronic disease conditions, including disparities? (Impact)	How much will it cost to implement the policy, relative to its expected benefits? (Economic Cost)	What degree of support does this policy have within the community? (Buy-in)	Are there any other considerations?
Policy #1: Waive late fees	Low feasibility	Medium impact	Moderate expense	Modest buy-in	May be hard to overcome resistance from agency leadership
Policy #2: Screen and refer people to care navigator for transportation support	High feasibility	High impact	Moderate expense	Modest buy-in	May be possible to expand existing policy and program
Policy #3: Create new bus routes	Medium feasibility	Medium impact	Expensive	Substantial buy-in	Potential for wider spread benefits to the community

Your coalition/partnership can modify or add to this suggested set of criteria to fit your specific needs. When selecting which policy options to pursue, you don't have to use impact, feasibility, cost, and buy-in as your criteria or treat each equally. You can also define these criteria differently or use a different scoring approach.

In a HiAP approach, who is involved in discussions and has a voice in the decisions made is important. Consider how to refine policy options and the decision-making process to avoid or mitigate creating or exacerbating inequities. Decide as a coalition/partnership who will define the criteria and process for the policy analysis and who will be involved in its completion. For example, you could have a small workgroup create the policy analysis criteria and solicit feedback from others in your coalition/partnership, as well as your policy partners, before conducting the analysis. You could also use consensus processes to make decisions as a group on how to rank each policy option and which policies to pursue.

4. Select the best policy option

At the end of this process, select one or more of the policy options that your coalition/partnership has decided to pursue. These can include policies that would affect the broader community (such as public or governmental policies with wide reach), institutional policies that may have a more targeted impact on a smaller population, or a mix of different types of policies. For example, in Table 5 above, you may decide that policy option #2 is the best choice to pursue in the short term, and also decide to start laying the groundwork to pursue policy option #3 in the future given the strong community support. The factors you considered in the policy analysis can feed directly into your strategy and policy development efforts ([Module VI](#)) and may also inform policy enactment and implementation ([Modules VII](#) and [VIII](#)).

Racial equity impact assessments

Incorporating a racial equity impact assessment into your policy analysis process, or at other points in the policy development process, allows you to systematically examine how different racial and ethnic groups will likely be affected by a proposed action or decision. Doing so can help reduce, eliminate, and prevent health disparities caused by racial discrimination and inequities, and minimize the chances of introducing unanticipated adverse consequences. For more information and resources, check out the [Racial Equity Impact Assessment Toolkit](#) created by Race Forward: The Center for Racial Justice Innovation.



Connection to *Understanding and Planning for Sustainability: A Guide for Multi-Sector Community Partnerships Working to Address Social Determinants of Health*: Check out the Collaboration Methods appendix for ideas of techniques you could use when engaging with large groups of partners in the policy analysis process.

Module VI. Strategy and policy development

This module will help you complete the policy development and policy strategy tables in your policy plan.

The contents of this module will help you answer the following:

1. How do we go about turning this policy option into reality?
2. Who should lead, contribute to, or be kept aware of our policy development efforts?

Additional exercises available in Supplement A:

The [policy development checklist](#) can help you consider whether a draft policy has all of the necessary elements.

A policy strategy outlines how your coalition/partnership will pursue the policy option(s) you selected. This strategy includes deciding who will draft the new or modified policy, which we refer to as policy development.



Evaluation tip: As you develop your policy strategy, think ahead about how you will want to evaluate the policy during and after its implementation. You may be able to start collecting data you will need now, or to take steps to ensure you will have the resources you will need to conduct the evaluation.

A. What are you going to do?

Some coalitions/partnerships may need to draft a new policy, while others may be modifying an existing policy. Depending on which policy options you pursue, you may not be in a position to directly develop the policy, and may instead choose to inform others (for example, government officials or other decision-making authorities) who will draft a particular policy.

- You may be able to leverage language from similar policies under consideration or already in use. Start by looking at the potential policy options you researched during the policy analysis phase.
- If no similar policy exists that your coalition/partnership can adapt, you may need to draft new policy language. You can use existing policies as a guide for what the policy should contain.

Determining who will approve a draft policy is critical to determining the pathway to getting the policy enacted, which is discussed in [Module VII](#) (policy enactment).

If your coalition/partnership decides to draft a new policy, you may find the [policy development checklist](#) in the [additional exercises \(Supplement A\)](#) helpful.

Table 6 illustrates how a coalition/partnership might develop the following hypothetical policy: *“All people served by our coalition’s/partnership’s member organizations will be screened for transportation access when they first contact the organization and referred to a care navigator if they indicate unreliable transportation.”* This policy is connected to the following problem statement: *“Community members living further than 1.5 miles from their healthcare provider have higher missed medical appointment rates than those living within moderate walking distance because bus routes are unreliable or nonexistent.”* There is a blank copy of this [policy development table](#) in the [policy planning template](#) that you can adapt.

Table 6. Policy development approach

What will you do?	Response
Who will develop the draft policy?	Staff at the public health department, led by its director, will lead the drafting of the policy with input from other coalition/partnership members, including the medical director of Primary Care Inc. (one of the local primary care agencies).
How will you integrate partner input in the policy development and refinement process?	Before drafting the policy, the health department and care navigator from Primary Care Inc. will hold a listening session to solicit input from community members and local groups, including faith-based groups that provide transportation assistance for their communities. Once the policy is drafted, the medical director of Primary Care Inc. will share and solicit feedback on the draft policy with other health care providers in the region. To explore whether the policy would be useful for social service agencies and other community-based organizations, the director of the public health department will solicit input from executive director of the Metropolitan Food Bank.
What is the process for the policy to be formally considered and reviewed?	Our coalition reviews new policies at monthly meetings. Each member organization, including Primary Care Inc. and other local primary care practices, have their own processes for considering institutional policies, though most involve practice owners or boards of directors.
Who will need to approve the policy?	The board of directors or owners of each primary care practice will need to approve the policy independently. Most primary care practice boards meet quarterly; primary care practices should send a representative(s) to the meeting to present the proposed policy. Owners of smaller practices could review and approve policies more quickly.

Common components of policies

Whether you are developing policies yourself or reviewing policies developed by others, it may help to familiarize yourself with the types of sections and information policies may contain. The list below describes some common elements you might encounter or want to use in a policy.^{16,17,18}

- **Background:** Need for the policy, policy context, relevant and persuasive data related to the policy issue
- **Policy statement:** Intent of the policy, any mandated actions or constraints, when the policy applies
- **Definitions:** Terms used in or specific to the policy
- **Implementation**
 - **Procedures:** Processes to be used for compliance with the policy
 - **Responsibilities:** Who is responsible for implementing the policy and procedures
 - **Enforcement:** Potential repercussions for violating the policy
- **Related information:** Forms associated with the policy, links to resources

The **strategy table (Table 7)** in the **policy planning template** will help you move from developing the proposed policy to defining the steps you need to prepare a policy for enactment. The remainder of this section describes different considerations for developing a policy strategy and ends with an example of what one may look like in practice.

B. How are you going to do it?

To get a proposed policy enacted and implemented, your coalition/partnership should outline the steps needed to make it happen. You will need to decide, at a minimum, what needs to be done, when it needs to be done, and who is going to do it.

By breaking the process into actionable steps and deciding how you will accomplish each step and with whom, you can better understand what your coalition/partnership needs to do with your policy partners to turn your policy idea into reality.

For example, your action steps for your policy strategy could include:

- Conducting more research to understand how to navigate the policy environment and policymaking process
- Gathering perspectives from different policy partners, including community members with relevant lived experience and community groups, to inform your communication strategy
- Asking experts, such as lawyers or communication firms, for advice on how to proceed
- Reaching out to and engaging agents of change to educate them about possible policies
- Hiring new staff or professional organizations to support the policy process
- Creating communication materials

C. Who are you going to do it with?

Your policy strategy should define which policy partners you will work with to create and apply your policy strategy and how you will engage them. Consider, for example:

- Who should lead the policy development process?
- Who should provide input or support during policy development and review?
- Who needs to approve the policy, and how are you engaging them?



Policy partner engagement tip: You should continue to involve and collaborate with your various partners to develop your policy and create and pursue your strategy for getting it enacted and implemented.

When defining your engagement strategies, consider the **timing** (how early), **frequency** (how often), and **type** (what depth and how collaborative) of engagement that will work best for involving each policy partner.



Evaluation tip: The ways in which you engage policy partners during the creation and application of a policy strategy can serve as a starting point for how you engage them during the evaluation.

Table 7 provides an illustrative example of a strategy table for a hypothetical policy to improve social connectedness: *“The county will allow in-person events at local senior centers, ending the restrictions on such events due to concerns about the spread of COVID-19.”* This policy is a response to the following problem statement: *“Three quarters (75 percent) of adults over the age of 65 experienced feelings of loneliness on a weekly basis during the first two years of the COVID 19 pandemic. Many currently report that they have not rebuilt social connections as the pandemic eased and remain lonely.”* There is a blank copy of this **policy strategy table** in the **policy planning template** that you can adapt.

Partnering with local and state health departments

Health departments, including those in cities, counties, states, and territories, are particularly well-positioned to contribute to policy efforts due to their understanding of the communities they serve, their connections to other organizations and partners, their knowledge of the evidence base for different policy options, and their insights into the mechanics of developing, enacting, implementing, and evaluating policies. However, these agencies are governed by rules and regulations that affect how they interact with others in the policy process, particularly (but not exclusively) with regard to policies that they have the power to enact.

Table 7. Policy strategy table

How are you going to do it?			Who are you going to do it with?	
What needs to be done? <i>(List the action steps for developing a policy and preparing it for enactment)</i>	When does it need to be done? <i>(Specify the deadline or date range)</i>	Who is going to make sure it gets done? <i>(Name person(s) or organizations accountable for completing this step)</i>	Who can help? <i>(Name policy partners that will be involved)</i>	How will we engage them and others in the community? <i>(List the timing, frequency, and types of actions to foster policy partner involvement)</i>
Discuss return to in-person events with senior center leaders	Early October 2022	Coalition/partnership	Area Agency on Aging	Host webinar
Discuss proposed change with county executive	October 13, 2022	Coalition/partnership	Area Agency on Aging	Meet with county executive
Solicit community feedback on proposed policy	October 21, 2022	Area Agency on Aging	Coalition/partnership, senior centers	Hold a public forum
Revise policy based on community feedback (if needed)	Late October 2022	Coalition/partnership	Area Agency on Aging	Post any revisions on coalition/partnership website for public comment
Prepare county council materials and testimony	Late October 2022	Coalition/partnership	Area Agency on Aging, Local YMCA chapter (resumed in-person events for seniors last month)	Hold prep session and rally scheduled for November 8, 2022
County council vote	November 9, 2022	County Council	County executive, coalition/partnership	Hold council meeting

Module VII. Policy enactment

This module will help you complete the enactment timeline table in your policy plan.

The contents of this module will help you consider the following:

1. Who has the authority to enact the policy?
2. How do we get the policy enacted?
3. How should we communicate about the enacted policy?

Policy enactment will look different for each coalition/partnership depending on what type of policy you selected to pursue, but every policy must be approved before it can be adopted.

The enactment phase consists of gaining approval from the group(s) with the power to authorize the policy. Enactment for policies within your direct control, most likely small p or Medium p policies, occurs when your organization or coalition/partnership makes an official decision to implement a policy.

Policy enactment outside your direct control, most likely Big P policies, can occur when you encourage others to engage or adopt the policy.

Planning the enactment process, including the steps needed, the timing of each step, and the parties that are responsible or need to be engaged, can help you set realistic expectations and plan your decision making, education, and communications accordingly. Your enactment timeline could be:

- Days or weeks, especially if you are enacting policies within a single organization or for your coalition/partnership that have a select number of decision makers, and those decision makers are actively engaged in the policy development process.
- Months or years, especially for public policies that need formalized processes for consideration, such as public comment period(s), regulatory or environmental impact assessments, and votes by multiple groups or levels of decision makers.



Connection to *Understanding and Planning for Sustainability: A Guide for Multi-Sector Community Partnerships Working to Address Social Determinants of Health*:

The communications worksheet in the Sustainability Planning Template can guide your communications with the various policy partners involved in policy enactment and implementation.

Table 8 provides an illustrative example of an enactment table for a hypothetical tobacco-free policy: “Our schools will not discipline students caught vaping if they receive tobacco cessation counseling in our school-based health center.” This policy is in response to the following problem statement: “The prevalence of vaping on school campuses in the community is increasing, with over 50 percent of students indicating they buy vaping products at local tobacco stores.” There is a blank copy of this **policy enactment timeline table** in the **policy planning template** that you can adapt.

Table 8. Policy enactment timeline

Step	When will this occur?	Which organization or individuals need to make the decision(s)?	Which organizations or individuals should be consulted?	Are there any other considerations?
Work with school-based health center staff to expand tobacco cessation services	2022Q3	School-based health center staff	Principal, counselors	Secure additional funding for more counseling sessions
Prepare materials supporting revision to disciplinary policy	2022Q3	Principal	School-based health center staff, counselors	Use materials from previous policy proposals as a guide
Board of Education votes on revised disciplinary policy	December 15, 2022	Principal	School-based health center staff, teachers, students, families	Board is already conceptually committed (discussed September 2022)
Share new policy with teachers/staff and students/ families	January 2, 2022	Principal	School-based health center staff	Announce via email and at first all-staff meeting

Module VIII. Policy implementation

This module will help you complete the roles and responsibilities and resources tables in your policy plan.

The contents of this module will help you consider the following:

1. How can our coalition/partnership translate enacted policy into action?
2. What are the different roles and responsibilities of people implementing the policy?
3. What resources are often needed for policy implementation?

Policy implementation involves all the activities that coalitions/partnerships must engage in to ensure the policy will achieve its intended outcomes. It is an ongoing process, including an initial rollout period, followed by a period of ongoing learning and refinement, and eventually leading to decisions about how to sustain and possibly scale up the policy. All stages require leadership, communication, and continuous feedback.

Determining and communicating the roles and responsibilities of the people involved is an important part of successfully implementing a policy. Roles and responsibilities will vary based on the type and level of policy and may also change across implementation phases.

Table 9 illustrates different roles and responsibilities for a hypothetical policy solution focused on food and nutrition security as well as transportation: *“Primary care providers and local food banks in our coalition/partnership, with support from the public health department, will share data to better link patients to health food resources within their neighborhoods.”* This policy is in response to the following problem statement: *“Two wards in the city with historically marginalized populations do not have grocery stores. Community members must travel a minimum of 30 minutes to get fresh produce, which is difficult due to lack of public transportation.”* There is a blank copy of this **policy implementation roles and responsibilities table** in the **policy planning template** that you can adapt.

Table 9. Policy implementation roles and responsibilities

Role	Organization(s) or group(s)	Key individual(s)	Responsibilities
Initial roll out			
Trainers	Food bank	Agency director	Train employees on referral system
	Public health department staff	Public health nurse	Train nurses on screening for food insecurity
System developers	Primary care agency	HIE specialist	Program screener into primary care medical record system
	Food bank	Program director	Set up referral system
Ongoing learning/refinement			
Data analysts	Primary care agency	HIE specialist	Run reports on number of referrals
	Food bank	Data analyst	Run reports on number and outcomes of referrals
	Public health department	Data analyst	Provide guidance and technical assistance, as needed, with sharing and analyzing data.
Users	Community	Community members	Provide feedback on referral system
Sustaining/scaling			
Service providers	Primary care agency	Nurses	Screen patients for food insecurity
	Primary care agency	Nurse assistants	Follow up with patients who screen positive for food insecurity

HIE = health information exchange

Policy implementation also requires resources, including material or financial resources, as well knowledge, skills, personnel time, and relationships with the community and others who will be involved in or affected by implementation.

Table 10 lists examples of resources involved in the policy implementation example above. There is a blank copy of this **policy implementation resources table** in the **policy planning template** that you can adapt.



Evaluation tip: Consider who will have roles and responsibilities for evaluating the policy, and the resources they will need. Implementation and evaluation often occur simultaneously, so it is important to look for ways to align those activities and to be sensitive to competing demands on people's time and attention.

Table 10. Policy implementation resources

Resource	Source	How will it be used during implementation?
Electronic health record systems	Primary care agencies	Capturing and sharing screening results and referral information (may require financial investments to purchase system upgrades)
Staff time	Food bank, primary care agencies	Conducting screenings, making referrals, and managing data sharing
Fliers and other communication materials	Food bank	Educating primary care providers and their patients about available services and supports

Module IX. Evaluation

This module will help you complete the policy goals and outcomes table in your policy plan.

The contents of this module will help you consider the following:

1. What role can evaluation play throughout the policy development process?
2. How will you know if your policy was successful?

Evaluation can serve multiple roles as your coalition/partnership creates policies. Evaluation results can inform continuous improvement of your intended or enacted policies, assess their effectiveness, point to future policy directions, or build the evidence base for effective policymaking in the SDOH and chronic disease areas on which your coalition or partnership is focused.

A. What kinds of evaluation could you use?

Selecting and designing an evaluation approach involves identifying fundamental questions about the purpose of the evaluation. For example:

- What can we measure, or what information do we need, to inform and determine the impact of our policy work?
- Who will conduct the evaluation? Who will be involved?
- How will we use the information from the evaluation?
- Who else could use the information from the evaluation?
- When and with whom will be it shared?

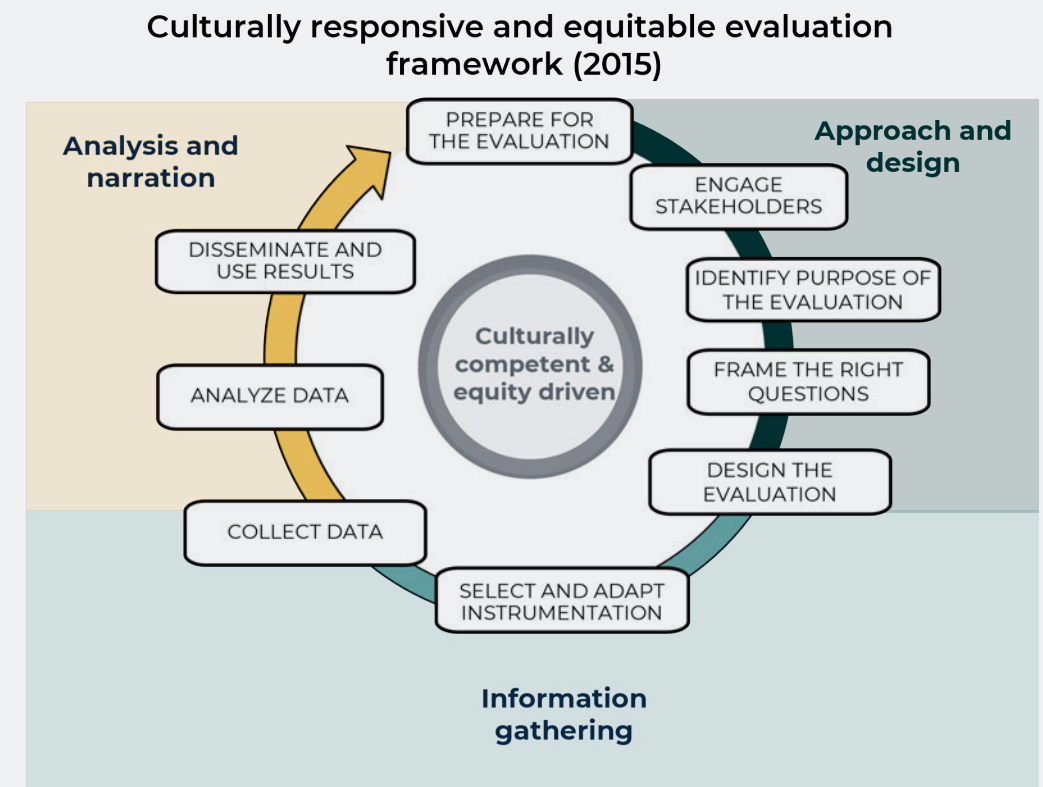
Your coalition/partnership should consider ways to evaluate the policy during (or even before) the strategy phase. There are many different ways to plan an evaluation. There are also different types of evaluations (formative, process, outcome/impact) as well as different data sources and methods (primary data, secondary data, qualitative data, quantitative data) and your coalition/partnership should select the type that works best. An equitable evaluation approach (such as that illustrated in Figure IX.1) may be particularly useful when evaluating policies that seek to address HRSN and SDOH.

The size and scale of your evaluation may be influenced by the type of policy you implement. For example, a legislative action or public agency regulation may require that an objective third party evaluate public (Big P) policies to assess the policy implementation and impacts. On the other hand, institutional (Little p) policies may be better served with a smaller scale or less formal evaluation, such as one that follows a Plan-Do-Study-Act (PDSA) quality improvement approach.



Policy partner engagement tip: Defining the purpose of an evaluation with your policy partners helps ensure its findings are meaningful and useful for everyone.

Figure IX.1. One framework for equitable evaluation¹⁹



B. What could you measure to know if your policy was successful?

Evaluations rely on having a concrete understanding of the goals, activities, and intended outcomes of your policy. Creating a logic model could help identify outcomes and processes that you could measure at different timepoints.²⁰ When creating your evaluation approach, you will need to define what short-term, intermediate, and long-term means for the policies you are pursuing, based on how quickly, and for how long, those policies will produce changes in the issues are you trying to address.

Table 11 outlines hypothetical examples of different SDOH-related policies, their problem statements they seek to address, the overarching goals of the policies, and outcomes you might expect (and be able to measure) at different timepoints. The **policy planning template** includes a blank version of this **policy goals and outcomes table** that you can adapt.

Table 11. Policy goals and outcomes

Policy	Problem statement	What is the overall goal of the policy?	What are the short term outcome(s)?	What are the intermediate outcome(s)?	What are the long-term outcome(s)?
All people served by our coalition’s/partnership’s member organizations will be screened for transportation access when they first contact the organization and referred to a care navigator if they indicate unreliable transportation.	Community members living further than 1.5 miles from their healthcare provider have higher missed medical appointment rates than those living within moderate walking distance because bus routes are unreliable or nonexistent.	Individuals will have fewer missed appointments because they will have access to reliable transportation.	Creation of a screening tool and training of case managers	Increase in the number of people screened for transportation needs	Decrease in the rate of missed appointments
Primary care providers and local food banks in our coalition/partnership, with support from the public health department, will share data to better link patients to health food resources within their neighborhoods.	Two wards in the city with historically marginalized populations do not have grocery stores. Community members must travel a minimum of 30 minutes to get fresh produce, which is difficult due to lack of public transportation.	Decrease food insecurity by linking primary care patients to local food banks and other food resources.	Creation of data sharing agreement	Increase in the number of linkages from primary care providers to food banks	Reduction of food insecurity
The coalition/partnership will encourage adoption of new reimbursement policies to support the public health department and health care agencies in hiring a diverse care coordination workforce, including community health workers.	Fifty percent of people in the county use two or more medical providers or social support programs. They have difficulty coordinating the care and services they receive.	The state will adopt new reimbursement policies for Medicaid that support care coordinators.	State agency signals willingness to consider new reimbursement policies for care coordination (e.g., by holding public forums, releasing written statements, or posting requests for information)	State enacts and implements new reimbursement policies related to care coordination Increase in number of active care coordinators	More people served by care coordinators. Organizations providing care coordination report greater financial and workforce stability

C. How can you use evaluation results?

Coalitions/partnerships and others can use the evaluation findings in many ways. For example:

- **If you start an evaluation before a policy is enacted or implemented**, you can gather data to better understand the current state of the SDOH issues you are seeking to address. Insights gained can be used to support your case for why a policy should be enacted, educate policy partners, and serve as a baseline for measuring any changes the policy may produce.
- **In the early phases of a policy's implementation**, evaluation can help you understand how the policy is being rolled out and identify places where implementation experiences may vary. This understanding can help you identify aspects of the policy or its implementation approach that should be adjusted, organizations or groups that may need additional support, and best practices that could be shared and applied broadly to improve the effectiveness of the policy.
- **As a policy's implementation continues**, evaluation can help you measure and monitor changes in the short-term, intermediate, and long-term outcomes tied to your problem statement and identify lessons learned. These insights can help you and your policy partners decide whether the policy was successful and whether it should be sustained or scaled.
- **As your evaluation ends**, the results can help you identify future directions for new or revised policies—returning you to the beginning of the policy process framework (Figure I.1) that was included at the beginning of this resource.

Through your evaluation, consider both your local audiences—members of your coalition/partnership, your policy partners, and others in the communities affected by the policy—as well as others who may be interested in your policy and its impacts. Your evaluation can help build the evidence base for how policy can address SDOH-related issues. Therefore, you should consider sharing findings of your evaluation with other coalitions/partnerships, in national or regional publications, at conferences, and through other channels that reach wide audiences interested in SDOH, chronic disease prevention, health equity, and policy.

Module X. Next steps

Now that you understand the different components of the policy planning process, you are ready to create your own policy plan! Use (or adapt) the accompanying **policy planning template** to:

- Determine your policy planning priorities and intentions
- Identify your policy partners, organized by allies and opponents, and agents and targets of change
- Define your problem statement you will seek to address through policy
- Identify and analyze policy options to select one or more to pursue
- Decide how to develop your policy and create a strategy to prepare it for enactment
- Outline the timeline for the policy's enactment
- Clarify roles, responsibilities, and resources for the policy's implementation
- Specify what short-term, intermediate, and long-term outcomes you expect and could measure in evaluating a policy

If you need more support in preparing your policy plan, the following pages contain the **additional exercises (Supplement A)** referenced in the modules above that may be helpful. There is also a list of links at the end of this resource with **additional reading (Supplement B)**, organized by module. **Supplement C** contains references for all sources cited in this guide.



Good luck creating and implementing a policy plan for your coalition/partnership! Whether you choose to start small to build momentum or to shoot for the stars and pursue large, upstream change, using policy as a lever of change can help you advance your goals to address SDOH, prevent chronic disease, and advance health equity.

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A. Policy partner engagement (Module III)

The following additional exercises can help your coalition/partnership identify allies and opponents, as well as individuals or groups that are within your sphere of influence for policy development.

- Circle of Involvement figure and table²¹
- Partner analysis table^{22,23}

If you have already identified your policy partners, you may choose to jump directly into drafting your **policy partners table** in the **policy planning template**.

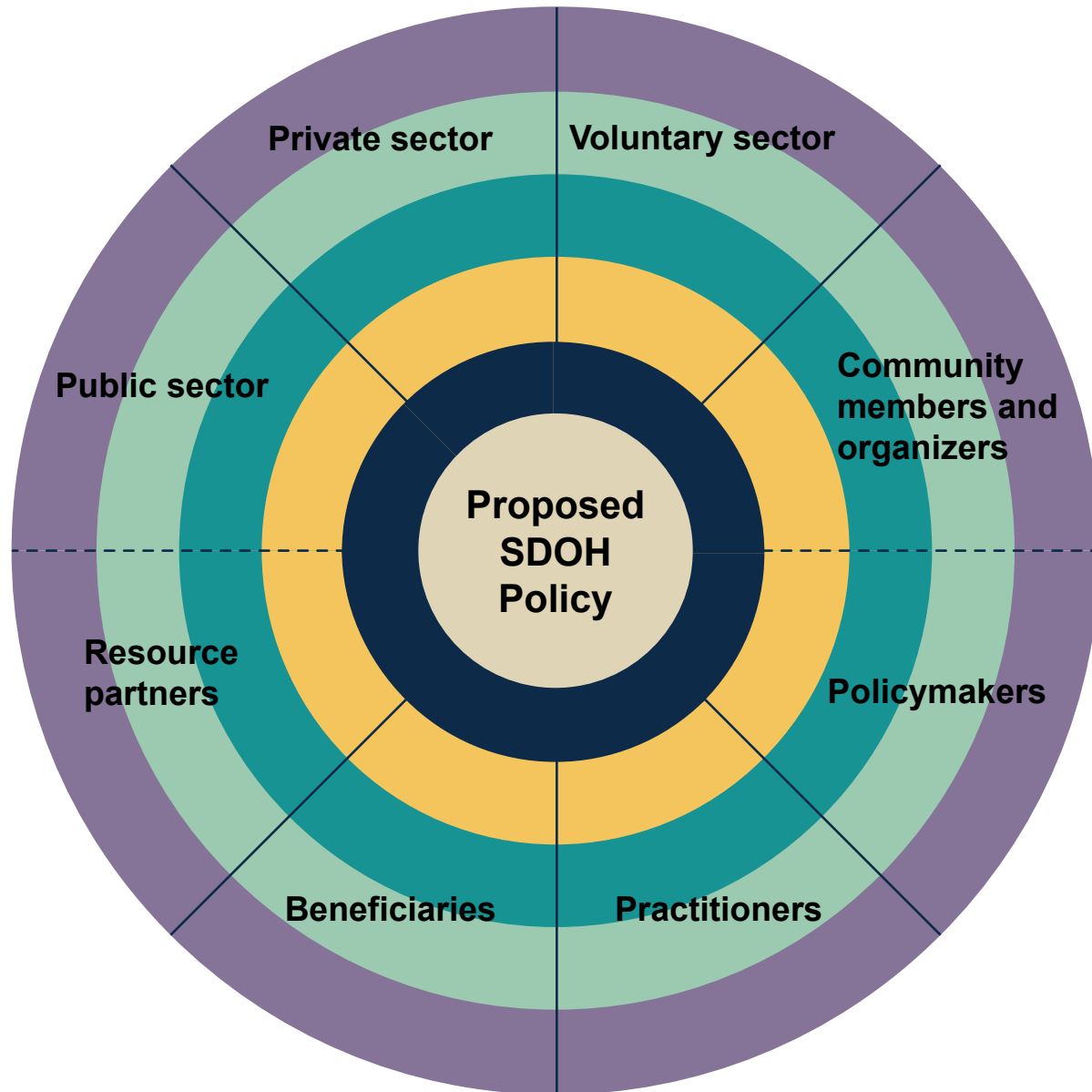
1. Circle of Involvement (figure and table)

The Circle of Involvement is a way to visualize the spectrum of sectors, organizations, and community partners and the degree of involvement they can have in the policy planning process. Before beginning this exercise, it might be helpful to brainstorm which local organizations and individuals are currently within your coalition/partnership's sphere of influence, as well as those outside the traditional purview of your work that are related to your policy planning efforts.

The Circle of Involvement graphic on page 32 defines eight different categories of partners (based on sectors and how they contribute to or are affected by policies) and five color-coded circles of influence (based on how they may interact with the policy development process), with examples of each. Using the Circle of Involvement table on page 33, map each of your current and potential partners to the appropriate category and level of influence. You can modify the number or types of categories and circles of influence to fit the needs of your coalition/partnership.

In our Circle of Involvement graphic, the four categories of partners on the bottom of the circle (policymakers, practitioners, beneficiaries, and resource partners) are more directly involved in and affected by the policy development process compared to the four categories on the top (public, private, voluntary, and information sectors). Some partners could be related to more than one category; for example, practitioners may also be private. When this occurs, use your best judgment to decide which category best represents the potential partner's role; for example, whether they are (or should be) directly or indirectly involved, or which sector best represents how they would interact with the intended policy.

A.1. Circle of Involvement



Core circle:
The group that does the most day-to-day work and facilitates participation of people in the other circles.

Circle of engagement:
Groups committed to the policy who can be called on to help with specific tasks at particular times. It could include people that will become increasingly engaged in the policy implementation.

Circle of champions:
People who typically hold positions of leadership in an organization and are, or need to be, committed to the policy. They typically authorize the policy development effort, advocate for it, and help overcome challenges.

Circle of information and awareness:
People who need to be kept in the loop as the policy takes shape and is implemented. They may lend support to the implementation effort or raise questions.

Circle of possibility:
People or groups of people who may not be immediately recognizable as interested in the policy, but have areas of commonality. People or groups in this circle can expand the sphere of influence of the coalition/partnership.

A.2. Circle of Involvement table

For each circle of influence, list the different actors from each group that your coalition/partnership is aware of. It's okay if you do not currently have connections to a given partner; the idea is to generate as exhaustive of a list as possible to fully describe the landscape within your community.

Circle of influence	Public sector Government, education, public figures	Private sector Business, media, investors/funders	Voluntary sector Faith community, non-profits, associations	Community members and organizers Interest groups, neighbors	Policymakers Those enacting the policy directives	Practitioners Those implementing the policy directives	Beneficiaries Those benefiting from the policy, or those whom the policy is intended to impact	Resource partners Those who provide resources, supportive involvement, program partners
Core circle (Example: coalition/partnership members leading policy development efforts)								
Circle of engagement (Examples: other coalition/partnership members, related advocacy groups)								
Circle of champions (Examples: elected officials, leaders of coalition/partnership organizations)								
Circle of information and awareness (Examples: communities and organizations that will be affected by policies)								
Circle of possibility (Examples: potential partners in less-affected sectors, leaders or advocates in nearby regions)								

2. Partner analysis table

After identifying your coalition/partnership’s partners, you may want to complete the following table. This table will help you think through and identify the motivations of each partner, as well as their relative power within the community, to decide if they are an ally or opponent and whether they are an agent or target of change. These decisions will help you determine how to

best engage the partner. For example, you may need persuasive communications to educate agents of change who are opponents to your policies, while allies who are targets of change could help you advance all phases of the policy development process. The responses to the seventh and eighth cells (are they an ally or an opponent?; are they an agent or target of change?) can be used to create the **policy partners table** in the **policy planning template**.

Partner	Category	Circle of Influence	How would your policy development benefit this partner?	What challenges could your policy development pose?	What power do they have?	Are they an ally or an opponent?	Are they an agent or target of change?	Potential engagement strategies
<i>Example: Metropolitan Health Department</i>	<i>Public Sector</i>	<i>Circle of engagement</i>	<i>Reducing food insecurity in Metropolitan City is one of their current priorities</i>	<i>Their engagement may be affected by political sensitivities and legal/regulatory limits on lobbying</i>	<i>Connections to and credibility with local actors, budget for supporting initiatives</i>	<i>Ally</i>	<i>Agent</i>	<i>Engage early to co-develop policy vision. Keep informed throughout policy development and strategy with plans to partner during implementation.</i>

B. Problem identification (Module IV)

The following interactive resources are designed to help coalitions/partnerships identify SDOH issues to address and craft a problem statement.

- Space to brainstorm SDOH issues
- Difficulty/importance matrix
- Root cause analysis
- Problem statement brainstorm¹⁴

If you have identified the SDOH problem(s) you intend to address through policy, you may choose to jump directly into drafting your **problem statement** in the **policy planning template**.

1. SDOH issue brainstorm

Use this space to brainstorm as many SDOH issues as you want. These issues could come from feedback collected through community engagement activities or secondary information collection.



2. Difficulty/importance matrix

When deciding which SDOH issue to address, your coalition/partnership could consider weighing the potential difficulty of proposing and enacting a policy versus the relative importance of the policy's outcomes to your organization, coalition, or community. To help visualize this process, you can use the Difficulty versus Importance matrix below.


To use the matrix, plot each SDOH issue in the quadrant that corresponds to the perceived difficulty of addressing it against the perceived importance of addressing it. There are multiple ways to decide where each SDOH issue should be placed. You may want to engage community members to talk through perceived importance, take stock of current organizational/coalition resources to determine how feasible addressing an SDOH issue is, or use a combination of approaches. Once you have mapped each SDOH issue, your coalition/partnership should decide which issue is feasible and/or important enough to pursue change through policy development.

Difficulty	Most difficult		
	Least difficult		
		Least important	Most important
		Importance	

3. Root cause analysis

A root cause analysis is a structured way to uncover the true reason for an issue, in this case a health inequity. The analysis consists of defining the problem and subsequently asking a series of “why” questions. To answer each “why” you may rely on your own knowledge of an issue, secondary data, or primary information. As always, you should engage community members in this process.

For example, if your SDOH issue was social isolation among elderly individuals, your root cause analysis may identify that (1) elderly individuals had previously been making social connections during in-person events at local senior centers, (2) those events stopped during COVID, (3) those activities are still virtual because of the wording of local COVID policies meant to protect individuals at higher risk, and (4) those policies have not been reviewed in light of changes in the relative risks of COVID infections and ongoing social isolation.

SDOH issue: 

Why is it happening?


1.


2.


3.


4.

5.

WHY? 

WHY? 

WHY? 

WHY? 

4. Problem statement brainstorm table

Now, your coalition/partnership can identify an SDOH issue to address, the relative importance and difficulty of addressing the issue, and/or the root cause(s) of the issue. A problem statement is the culmination of all this knowledge. Fill in the table below to help brainstorm details of what to include in a final problem statement.

Who is affected?	How big is the problem?	What contributes to the problem?	When and where is the problem most likely to occur?	Other contextual information not otherwise covered?
<p><i>Example. Elderly individuals are experiencing substantial loneliness.</i></p>	<p><i>Modest – it affects most of the elderly individuals in the community, with varying degrees of severity.</i></p>	<p><i>The main causes are limited interactions between neighbors and the lingering impacts of the COVID-19 pandemic on local programs, organizations, and socialization norms.</i></p>	<p><i>Loneliness is most common for people who do not live near family members and those with limited mobility.</i></p>	<p><i>We have seen emerging signs that political divides and polarization may be affecting social connectedness in the community.</i></p>

C. Policy analysis (Module V)

The following interactive resource ([policy analysis worksheet](#)¹⁵) can help your coalition/partnership work step by step through the policy analysis process by helping you complete Steps C and D outlined in Module V.

If you have already identified the policy options you intend to pursue, you may choose to jump directly into completing the [policy analysis table](#) in the [policy planning template](#) to document how you reached your decision.

1. Policy analysis worksheet

Once you have a list of policy options recorded in the [policy options \(Table 4\)](#) in the [policy planning template](#), your coalition/partnership can use the worksheet below to critically assess each and select the one(s) to pursue. This worksheet may be especially helpful if you don't have immediate insights or strong evidence to rank the impact, feasibility, and economic cost for the policy options you are most strongly considering. The worksheet includes a column to record notes as you discuss the different criteria; you may want to create a separate worksheet for each policy option.

The purpose of these questions is to help you investigate what you know about the policy options you are considering, and to think about their strengths and weaknesses. It's okay if you can't complete each question, or if you can't definitely know or measure what the question describes. You can also adapt the criteria or questions, or limit your discussion to specific criteria, to focus on what is most critical for your coalition/partnership and the policies you are considering. After you have considered the questions in each criteria, rank your policy options in the [policy analysis table](#) in the [policy planning template](#).

Criteria	Questions	Answers
<p>Descriptive information about the policy</p>	<ul style="list-style-type: none"> • What type of policy is it (legislative, administrative, regulatory, other)? • What level of government or institution implements the policy? • How does the policy work/operate? How is it funded? Who is responsible for administering the policy? • What are the objectives? • On what evidence is the policy based? • Was the policy created with input from individuals with lived experiences? 	
<p>Impact: Effectiveness of the policy in addressing the identified problem, and the policy's overall influence on sociodemographic factors that influence quality of life, population health, and equity</p>	<ul style="list-style-type: none"> • What are the pathways by which the policy addresses the problem statement (e.g., improve access, provide new services, protect vulnerable populations, improve outcomes, address disparities/inequities, etc.)? • How many and which people, groups, or organizations do we expect to reach? <ul style="list-style-type: none"> ◦ Which population(s) are most likely to benefit? How much? When? ◦ Which population(s) may be negatively impacted? How much? When? • How effectively will this policy change the problem we are trying to solve? <ul style="list-style-type: none"> ◦ What kinds of changes do we anticipate as a result of the policy? How long will they take to occur? How long will they last? ◦ What might be the unintended positive and negative consequences of the policy? • What is the evidence that shows the policy will have the desired effect? What are the gaps in the data/evidence base? 	

Criteria	Questions	Answers
<p>Feasibility: Likelihood that the policy can be successfully adopted and implemented</p>	<ul style="list-style-type: none"> • What are the current forces (e.g., political, economic, cultural) that might facilitate or block adoption of this policy? • Who are the supporters and opponents? <ul style="list-style-type: none"> ◦ What are their interests and values? ◦ How much power do they have to facilitate or block this policy? • How might this policy impact other sectors or other high priority issues? • What resources, training, or other support do we (or others) need to develop the policy? Enact it? Implement it? <ul style="list-style-type: none"> ◦ How long will it take to enact the policy? ◦ How long will it take to implement the policy? ◦ What will it take to enforce the policy? • Could the policy be scaled up (to broaden its reach within our community) or adapted (e.g., for other sectors) if it's successful? 	
<p>Economic costs: Comparison of the cost to enact, implement, and enforce the policy and the value the policy will produce</p>	<ul style="list-style-type: none"> • How much will it cost to develop, enact, and implement the policy? <ul style="list-style-type: none"> ◦ Who bears those costs (e.g., public entities at the federal, state, or local level, or private entities in different sectors)? • What direct (e.g., cost savings) or indirect (e.g., more equitable distribution of resources) financial benefits might the policy produce? <ul style="list-style-type: none"> ◦ Who will receive these benefits? How will these benefits be distributed? ◦ How long will it take for these benefits to be produced? ◦ How long will the benefits last? • Are the expected impacts (see first row) worth the costs? To whom? 	

Criteria	Questions	Answers
<p>Buy-in</p> <p>How the policy is perceived by policy partners and community members, and do they want to pursue its enactment.</p>	<ul style="list-style-type: none"> • How has the history of the issue(s) this policy is meant to address influence public and partner perceptions about the policy option and its potential impacts? • Were all groups affected by the decision part of the discussion about policy options and contribute to decisions about which policies to pursue? If not, why? • How will the proposed policy be perceived by affected groups? • Does the decision worsen or ignore existing systematic inequities and health disparities? 	

D. Strategy and policy development (Module VI)

The following interactive resource (**policy development checklist**) can help your coalition/partnership assess draft policies that you have developed or are informing.^{18,24,25,26} It can help you complete the **policy development table** in the **policy planning template**.

1. Policy development checklist

This checklist can assist coalitions/partnerships in drafting and reviewing proposed policies. You can use it after creating an initial draft of a new or modified policy.

Item	Status
Before you draft the policy, evaluate/answer the following questions:	
Does the policy comply with federal and state laws, rules, and regulations?	
Does the policy comply with local laws, rules, and regulations?	
Does the policy comply with coalition/partnership rules and regulations?	
Does the policy comply with organization rules and regulations?	
Did partners and the community help create, provide input on, or offer feedback about the proposed policy?	
Have we considered how the policy will affect various organizations and groups, and whether and to what extent it will mitigate (or exacerbate) existing health disparities?	
Do we and others have the financial or other resources necessary to implement the policy?	
Is the policy aligned, as much as possible, with best practices in area of interest?	

Item	Status
Check to make sure the following are included or considered in your policy draft:	
Background	
Is the purpose of the policy clearly articulated?	
Are the reasons for the policy adequately explained?	
Does the draft include a list of individuals and groups you consulted with during the development and/or review of the policy and supporting documents?	
Policy statement	
Are the goals and objectives of the policy clearly stated?	
Scope	
Is it clear to whom the policy applies?	
Are exclusions to the policy adequately defined?	
Definitions and accessibility	
Are any terms or jargon in the policy appropriately defined?	
Is the policy drafted using clear and concise language?	
Is the policy available in multiple languages, if needed?	
Implementation	
Are the roles and responsibilities of those implementing the policy clear?	
Does the policy define a proposed implementation date?	
Are mechanisms for policy compliance adequately defined?	
Does the policy identify what constitutes a breach of the policy and any associated consequences?	
Related information	
Have you provided references to relevant related policies, statutes, regulations, forms, guidelines, procedures, or other associated documents required for implementation or compliance with this policy?	

Supplement B. Other resources

Policy partners (Module III)

1. [NACCHO's Adaptive Leadership program and resources](#): This practical framework helps individuals and organizations adapt and succeed in challenging environments by increasing their ability to take on the gradual but meaningful process of change. It can be especially beneficial in managing organizational change; implementing community health improvement planning; strengthening community partnerships; and navigating changing political, social, and economic climates – all of which are relevant to policy planning.

Problem identification (Module IV)

1. [Introduction to Policy Analysis in Public Health - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#): This 90-minute course provides an overview of the CDC policy process, including specific instruction on the policy analysis component. The audience will have a better understanding of what policy analysis is, its use in proactively assessing policy options under consideration, and how it can contribute to public health's role in policy.
2. [Troubleshooting Guide | Section 2. We don't understand the problem or goal | Community Tool Box \(ku.edu\)](#): This section provides additional resources on how to determine the problem or goal to be addressed and to gather information about goal attainment.

Policy analysis (Module V)

1. [CDC Policy Analytical Framework](#): This document provides a guide to identify, analyze, and prioritize policies that can improve health.
2. [Chapter 17. Analyzing Community Problems and Solutions | Section 3. Defining and Analyzing the Problem | Community Tool Box \(ku.edu\)](#): This section provides information on how to determine the nature of a problem, clarify the problem, decide to solve the problem, and analyze the problem.
3. [Chapter 17. Analyzing Community Problems and Solutions | Section 6. Generating and Choosing Solutions | Community Tool Box \(ku.edu\)](#): This section provides information on how to get teams to think creatively to come up with new ideas and evaluate solutions.
4. [Chapter 31. Conducting Advocacy Research | Section 3. Gathering Data on Public Opinion | Community Tool Box \(ku.edu\)](#): This section provides information on how to find out what people think about your coalition/partnership's initiatives, and how to improve communications.
5. [Health in All Policies \(HiAP\) guide](#): This resource contains screening questions and other ideas on how to evaluate and rank potential policy solutions that may be useful if your coalition/partnership has adopted a HiAP framework.

Policy strategy and development (Module VI)

1. [Health In all Policies](#): An overview of the HiAP approach, including additional resources on how to develop HiAP approaches.
2. [Health in All Policies Evaluation Guidance Tool for LHDs](#): An evaluation tool to provide local health departments, local government, and community-based organizations with example metrics to help build an evidence base for HiAP practice. This tool was created by the National Association of County and City Health Officials (NACCHO) in partnership with the Florida Department of Health at Pinellas County and the Multnomah County Health Department, Oregon, using the seven implementation strategies and the Association of State and Territorial Health Officials (ASTHO) implementation phases as a framework.
3. [Health in All Policies: A Guide for State and Local Governments](#): A toolkit created by the American Public Health Association (APHA) that details various approaches to using intersectional collaboration to promote healthy environments. The guide provides local, state, and national case examples of HiAP approaches.
4. [Local Health Department Strategies for Implementing Health in All Policies \(naccho.org\)](#): A fact sheet that provides an overview of strategies local health departments can use to implement HiAP in their jurisdictions.
5. [Key Assets for Implementing Local Health Department Health in All Policies Initiatives](#): A fact sheet that provides tips and strategies for local health departments to identify key assets to implement HiAP, strategically identify and develop partnerships, and measure the impact of their HiAP initiatives.
6. [Chapter 30. Principles of Advocacy | Section 4. Recognizing Allies | Main Section | Community Tool Box \(ku.edu\)](#): An overview of how to successfully recruit and retain people and groups who share your organization's mission and goals. This section details what allies are, why they are needed, and how to find them. This section also provides an overview on how to best use allies, including how to use an ally power grid.
7. [Chapter 30. Principles of Advocacy | Section 5. Identifying Opponents | Main Section | Community Tool Box \(ku.edu\)](#): An overview of how to successfully identify your opponents, and to understand, anticipate, and defuse opposition. This section provides details on why and how to identify opponents, how to determine their power and recognize their tactics, and how to deal with opposition.
8. [Chapter 25. Changing Policies | Community Tool Box \(ku.edu\)](#): This chapter discusses how to change policies to improve community conditions. The first section provides an overview of what policies are, why they might be changed, who should change them, when, and how. This section also provides details on the eight fundamental guidelines for changing policies. The second section discusses how to conduct assessments to hold policymakers accountable and influence policy. The following nine sections provide examples of policy changes.

9. [Chapter 26. Changing the Physical and Social Environment | Community Tool Box \(ku.edu\)](#): This chapter describes how to change the physical and social environment to improve community conditions. The first section provides an overview of what it means to change the physical structure of a community, why it might be changed, when to try to change it, who should be involved in the change, and how to change the physical structure. The subsequent sections provide more details on quality and affordability of housing, access for people living with disabilities, improving community facilities, encouraging preservation, creating places for interaction, protecting the environment, establishing neighborhood beautification programs, conducting neighborhood cleanup programs, promoting neighborhood action, and enhancing built environment through design.

Policy enactment (Module VII)

1. [Chapter 30. Principles of Advocacy | Section 6. Encouraging Involvement of Potential Opponents as Well as Allies | Main Section | Community Tool Box \(ku.edu\)](#): This section provides information on how to arrive at workable agreements with potential or actual opponents, as well as common actions to take for mutual benefit.
2. [Chapter 30. Principles of Advocacy | Community Tool Box \(ku.edu\)](#): This chapter provides information on principles of advocacy, including how to plan for an advocacy effort, recognize allies, and identify opponents.
3. [Chapter 33. Conducting a Direct Action Campaign | Community Tool Box \(ku.edu\)](#): This chapter details how to conduct a direct action campaign, including how to use direct action tactics, such as providing personal testimony, educating decision makers, and registering voters.
4. [Designing an Advocacy Strategy | Toolkits \(knowledgesuccess.org\)](#): This resource details the process of designing an advocacy strategy, including how to define the issue, set clear goals, identify target audiences, design the strategy, and develop a monitoring and evaluation plan.

Evaluation (Module IX)

1. [Using Evaluation to Inform CDC's Policy Process](#): This resource provides an overview of policy evaluation as well as information on different evaluation types and different data sources and methods.
2. [Brief 1: Overview of Policy Evaluation \(cdc.gov\)](#): This resource provides a brief overview of policy evaluation.
3. [Brief 2: Planning For Policy Evaluation \(cdc.gov\)](#): This resource provides an overview of how to plan for policy evaluation.
4. [Brief 3: Evaluating Policy Content \(cdc.gov\)](#): This resource provides an overview of how to evaluate the policy context.
5. [Brief 4: Evaluating Policy Implementation \(cdc.gov\)](#): This resource provides an overview of how to evaluate the implementation of a policy.
6. [Brief 5: Evaluating Policy Impact \(cdc.gov\)](#): This resource provides an overview of how to evaluate the impact of a policy.
7. [Brief 6: Policy Evaluation Data Considerations \(cdc.gov\)](#): This resource provides an overview of different data considerations for policy evaluation.
8. [Brief 7: Applying Policy Evaluation Results \(cdc.gov\)](#): This resource provides an overview of how to apply policy evaluation results.
9. [What's Your Theory?](#) This resource describes how to create and combine driver diagrams with Plan-Do-Study-Act cycles to test and improve systems and processes—an approach that could be adapted during policy implementation to continuously inform improvements.

Supplement C. References

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Download the fillable Microsoft Word [Policy Planning Template](#).

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