

Addressing Social Determinants of Health Through Policy

Policy Planning Template

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I. Introduction

Mathematica created this [Policy Planning Guide](https://www.mathematica.org/download-media?MediaItemId=%7b4035D768-8673-4A6E-8872-D343B60454FE%7d) and Template 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](https://www.cdc.gov/chronicdisease/healthequity/sdoh-and-chronic-disease/nccdphps-programs-to-address-social-determinants-of-health/getting-further-faster.htm). 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 and template can be used on its own or in conjunction with the [Sustainability Planning Guide](https://www.mathematica.org/download-media?MediaItemId=%7bD64FEFB4-7E61-4448-8CCB-054605E46C4A%7d) 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.

This template is the starting point for developing your coalition/partnership’s policy plan. It is intended to be flexible and adaptable to fit your needs and your progress with policy development of all types, including various forms of public or governmental policies, policies of your coalition/partnership, and institutional policies. You can add or delete rows to the tables below, modify their structure or wording, or completely replace them with your preferred format for conveying the relevant information.

II. Prioritization exercise

A. Prioritizing policy planning goals

For each goal statement in Table 1, first determine the feasibility, potential for positive impact, and resonance with your policy partners and community members’ needs, according to the prompts at the top of each column.1,2 If you answer “yes” to each question in the first three columns, decide whether the goal is a **high**, **medium**, or **low** priority for your coalition/partnership. As described in Module II of the accompanying guide (“prioritization exercise”), the purpose of this exercise is to foster conversations within your coalition and partnership on how or why you will plan for and pursue policy change efforts. After these conversations, you will record your commitments for the policy planning process in Section II.B of this template, “setting an intention for policy work”. We encourage you to approach the identification of policy planning priorities as a journey with ongoing reflection and refinement.

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? |
| --- | --- | --- | --- | --- |
| 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. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| 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. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| 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. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| 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. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| Policy development experience |
| We collaborate with a diverse group of partners to engage in policy change efforts. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We use or support the use of an evidenced-based policymaking process.  | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We promote or support health in all policies (HiAP) approaches. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We have concrete aims for how policies can advance our chronic disease prevention, population health improvement, and/or health equity goals. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| Our policy development processes are community-driven. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We partner with organizations across sectors and community members to eliminate exclusionary policies and practices that impact health, including chronic disease conditions. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We partner with multisector partners and community members to adopt inclusionary policies and practices. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| Public or governmental (Big P) policies |
| We develop or inform policies at the local level to address SDOH. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We develop or inform policies at the state level to address SDOH. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We develop or inform policies at the national level to address SDOH. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| 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. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| 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. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| 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. | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We have policies and practices in place to reduce our negative environmental impacts, such as increasing energy efficiency and reducing waste.  | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We measure our organization’s impact on and set goals to improve the health and well-being of our employees.  | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |
| We measure our organization’s impact on, and set goals to improve, equity within the communities we serve.  | [ ]  Yes, there is opportunity[ ]  No | [ ]  Yes, this will have impact[ ]  No | [ ]  Yes, we are ready[ ]  No | [ ]  High priority[ ]  Medium priority[ ]  Low priority |

Take a moment to note any other policy-related goals or priorities that emerged during this prioritization exercise.

|  |
| --- |
|  |

B. Setting an intention for policy work

Use the space below to document the coalition/partnership’s intention(s) for your policy development efforts that emerge from this prioritization exercise. Your intentions could reflect one or more of the statements that you marked as high priority, other priorities that emerged as you discussed potential responses to the exercise questions, or a combination of the two.

|  |
| --- |
|  |

III. Policy partners

Determine who your current and potential allies and opponents are for your policy development efforts, including other organizations as well as individuals and groups within the community, such as people with relevant lived experiences. For each, decide whether they are agents or targets of change to inform your decisions of how to engage them throughout the process of policy development.3 Keep in mind that your policy partners, and the role(s) they play, may depend on the types of policies you are considering. Use Table 2 to map this information.

Table 2. Policy partners

|  |  |  |
| --- | --- | --- |
|  | Who are agents of change?*Decision makers and others who have the power to advance policies* | Who are targets of change?*Those directly affected by policies or the problems they are intended to solve* |
| Who are your allies?*Have shared interests and can help advance policies* |  |  |
| Who are your opponents?*Disagree or are resistant to policies* |  |  |

IV. Problem identification

Use Table 3 below to capture your problem statement. This statement should indicate what the problem is, who is affected, how big the problem is, what contributes to the problem, and where and when the problem is most likely to occur.

Table 3. Problem statement

|  |
| --- |
| Specific Issue |
|  |

V. Policy analysis

A. Policy options table

Start by researching and brainstorming possible policy approaches that can address your identified problem. Consider all types of policies, including public and governmental policies (“Big P”), policies for your coalition/partnership (“Medium p”), or institutional policies (“little p”). Determine whether or how you would need to adapt this policy for your community. Next, solicit feedback from policy partners, including community individuals and groups, on the potential policies you have identified. Record the results of these activities in Table 4.

Table 4. Policy options

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | What new or revised policies are you considering? | How did you identify it? | How does the policy address a SDOH that impacts chronic disease conditions? | How can you adapt this policy for your specific organization, coalition, or community? | What feedback have you received from policy partners? |
| #1 |  |  |  |  |  |
| #2 |  |  |  |  |  |
| #3 |  |  |  |  |  |
| #4 |  |  |  |  |  |

B. Policy analysis table

Use Table 5 to rank each policy option using a consistent set of criteria (columns) to decide which one(s) to pursue. This table contains a suggested set of criteria and scoring approach, but you can adjust these to focus on the factors most important to your coalition/partnership and your policy partners.4 You may want to consider analyzing different types of policies (for instance, “Big P” public/governmental policies versus “Medium p” coalition/ partnership or “little p” institutional policies) separately, especially if you and your policy partners have set intentions to advance certain kinds of policies.

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 condition(s), or health 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 from community members and policy partners? (Buy-in) | Are there any other considerations? |
| --- | --- | --- | --- | --- | --- |
| Suggested scoring | **Low**: no/small likelihood of being enacted**Medium**: moderate likelihood of being enacted**High**: high likelihood of being enacted | **Low**: small or variable reach and limited or uncertain effect **Medium**: modest reach/effect, large reach/small effect, or small reach/large effect**High**: large reach and effect  | **Expensive**: high costs to implement and/or limited benefits**Moderate expense**: modest costs/benefit**Inexpensive**: low costs to implement with high benefit | **Limited**: little to no support **Modest**: some support, or varying degrees of support**Substantial**: Strong support | Use this space to note other important considerations not covered by the previous four columns.  |
| #1 | [ ]  Low feasibility[ ]  Medium feasibility[ ]  High feasibility | [ ]  Low impact[ ]  Medium impact[ ]  High impact | [ ]  Expensive[ ]  Moderate expense[ ]  Inexpensive | [ ]  Limited buy-in[ ]  Modest buy-in[ ]  Substantial buy-in |  |
| #2 | [ ]  Low feasibility[ ]  Medium feasibility[ ]  High feasibility | [ ]  Low impact[ ]  Medium impact[ ]  High impact | [ ]  Expensive[ ]  Moderate expense[ ]  Inexpensive | [ ]  Limited buy-in[ ]  Modest buy-in[ ]  Substantial buy-in |  |
| #3 | [ ]  Low feasibility[ ]  Medium feasibility[ ]  High feasibility | [ ]  Low impact[ ]  Medium impact[ ]  High impact | [ ]  Expensive[ ]  Moderate expense[ ]  Inexpensive | [ ]  Limited buy-in[ ]  Modest buy-in[ ]  Substantial buy-in |  |
| #4 | [ ]  Low feasibility[ ]  Medium feasibility[ ]  High feasibility | [ ]  Low impact[ ]  Medium impact[ ]  High impact | [ ]  Expensive[ ]  Moderate expense[ ]  Inexpensive | [ ]  Limited buy-in[ ]  Modest buy-in[ ]  Substantial buy-in |  |

VI. Policy strategy and development

A. Policy development

Complete Table 6 when your coalition/partnership is ready to draft or move forward with a potential new or revised policy. Work with your policy partners to determine the best approach, including the pathway towards having a policy approved. Adapt it to fit your needs; for example, if your coalition/partnership seeks to inform policies enacted by others, you could ask and answer questions to clarify how you and your policy partners will interact with the policymakers during the policy development process.

Table 6. Policy development approach

|  |  |
| --- | --- |
| What will you do? | Response |
| Who will develop the draft policy? |  |
| How will you integrate partner input in the policy development and refinement process? |  |
| What is the process for the policy to be formally considered and reviewed? |  |
| Who will need to approve the policy?  |  |

B. Policy strategy

Complete Table 7 for each policy solution you decide to pursue to address your selected problem statement. Your policy strategy is your action plan for turning a potential policy into a reality. You can make the list of action steps as detailed as you want, based on what would be most useful for your coalition/partnership and policy partners. If you are pursuing public or governmental policies (“Big P”), consider existing laws and regulations that may govern the policymaking process.

Table 7. Policy strategy

| How are you going to do it? | Who are you going to do it with? |
| --- | --- |
| What needs to be done?*(List the action steps for developing a policy and preparing it for enactment)* | When does it need to be done?*(Specify the deadline or date range)* | Who is going to make sure it gets done?*(Name person(s) or organizations accountable for completing this step)* | Who can help?*(Name policy partners that will be involved)* | How will we engage them and others in the community?*(List the timing, frequency, and types of actions to foster policy partner involvement)* |
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VII. Policy enactment

Use Table 8 for each policy solution you are pursuing to define the pathway to getting your proposed policy approved or passed. Note that “Big P” public and governmental policies may have very specific procedures that need to be followed, including steps like public comment periods.

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? |
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VIII. Policy implementation

A. Roles and responsibilities

Use Table 9 to describe who will play a part in implementing the policy and ensuring that its implementation is successful. Consider the policy partners you have already engaged as well as others in your region and community members and organizations who will be affected by the policy.

Table 9. Policy implementation roles and responsibilities

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Organization(s) or group(s) | Key individual(s) | Responsibilities |
| Initial roll out |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Ongoing learning/refinement |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Sustaining/scaling |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

B. Resources

Use Table 10 to list the resources you will use to support the policy implementation process. Consider both financial and tangible resources as well as the time, skills, and experience of people who are (or could be) involved in the policy’s implementation.

Table 10. Policy implementation resources

|  |  |  |
| --- | --- | --- |
| Resource | Source | How will it be used during implementation? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

IX. Evaluation

List the short-term, intermediate, and long-term outcomes you expect and could measure to evaluate the impacts of the policy on the problem statement you are trying to address in Table 11.

Table 11. Policy goals and outcomes

| 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)? |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

References

1. Facilitating Power. “The Spectrum of Community Engagement to Ownership.” 2021. Available at <https://movementstrategy.org/wp-content/uploads/2021/08/The-Spectrum-of-Community-Engagement-to-Ownership.pdf/>
2. Well-being and Equity in the World, Association of State and Territorial Health Officials (ASTHO), and Centers for Disease Control and Prevention (CDC). “Pathways to Population Health Equity Compass: A Guide for Public Health Change Agents.” n.d. Available at [https://www.publichealthequity.org/\_files/ugd/8913b9\_b8ab4fe88b3a41aaafc0a7ae4b4bfbd8.pdf](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.publichealthequity.org%2F_files%2Fugd%2F8913b9_b8ab4fe88b3a41aaafc0a7ae4b4bfbd8.pdf&data=05%7C01%7CBFischer%40mathematica-mpr.com%7C39d434ec8c224d5eff2808da85e88109%7C13af8d650b4b4c0fa446a427419abfd6%7C0%7C0%7C637969530956049627%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=ynblSk0jF%2BwJiqIXpG28gsMMbluSCLoTWXDiZNvO1kk%3D&reserved=0)
3. Center for Community Health and Development. (n.d.). “Chapter 18, Section 3: Identifying Targets and Agents of Change: Who Can Benefit and Who Can Help.” n.d. University of Kansas. Available at: <https://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/identify-targets-and-agents-of-change/main>.
4. CDC. “CDC’s Policy Analytical Framework.” 2013. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Available at <https://www.cdc.gov/policy/analysis/process/docs/CDCPolicyAnalyticalFramework.pdf>.

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**Let’s Progress Together.** For questions or comments regarding the Policy Planning Guide or to discuss how Mathematica might support your SDOH journey, contact Megan Dormond (MDormond@mathematica-mpr.com) or Alyssa Crawford (ACrawford@mathematica-mpr.com).