HEALTH POLICY CHANGE TOOLKIT

This toolkit is designed to aid those working in tobacco and healthy eating/active living health policy change within priority populations, including communities of color and lesbian, gay, transgender and questioning (LGBTQ) people. We hope that this is an informative resource to help you navigate the policy change process. The goals of this toolkit are:

- To understand what policy change is and what it can do
- To learn about the 8 steps towards creating policy change
- To share community case studies of policy change
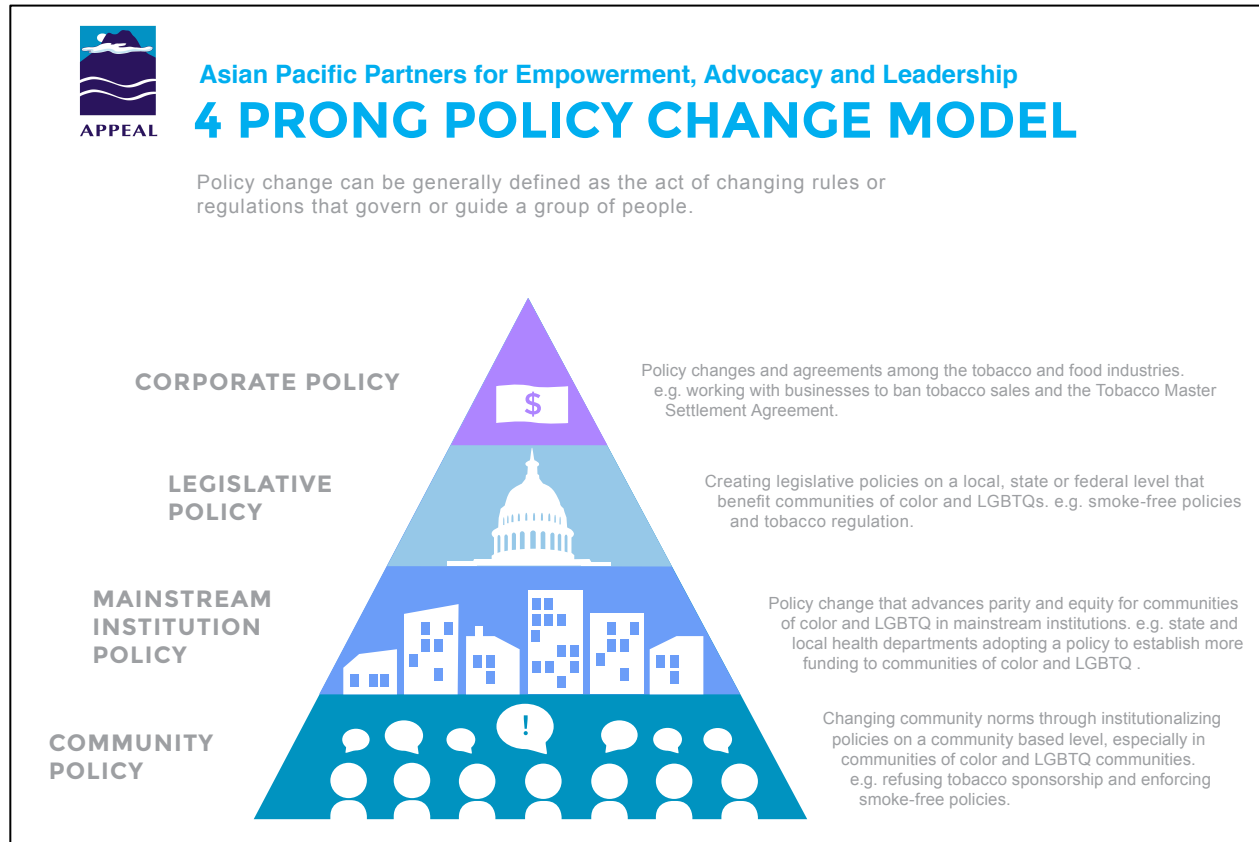
WHAT IS POLICY CHANGE?

Policy change is generally defined as *changing rules or regulations that govern or guide a group of people*. If strong policies are developed and implemented, we have the ability to make great impact on health issues, including tobacco use and healthy eating and active living (HEAL), to improve the health of our communities.

APPEAL defines four types of policy: (see Figure 1)
1. Community policy: Changing community norms within priority populations.
2. Mainstream institutional policy: Advancing parity and equity for priority populations in mainstream institutions such as state or local health departments.
3. Legislative policy: Influencing policies that are developed at the local, state or federal government.
4. Corporate policy: Changing policies and agreements among corporations, such as tobacco and food industries

Figure 1 goes into more detail and describes the four types of policy and shares examples of each policy.

Figure 1: APPEAL 4 Prong Policy Change Model

Asian Pacific Partners for Empowerment, Advocacy and Leadership
4 PRONG POLICY CHANGE MODEL

Policy change can be generally defined as the act of changing rules or regulations that govern or guide a group of people.

CORPORATE POLICY

Policy changes and agreements among the tobacco and food industries. e.g. working with businesses to ban tobacco sales and the Tobacco Master Settlement Agreement.

LEGISLATIVE POLICY

Creating legislative policies on a local, state or federal level that benefit communities of color and LGBTQs. e.g. smoke-free policies and tobacco regulation.

MAINSTREAM INSTITUTION POLICY

Policy change that advances parity and equity for communities of color and LGBTQ in mainstream institutions. e.g. state and local health departments adopting a policy to establish more funding to communities of color and LGBTQ .

COMMUNITY POLICY

Changing community norms through institutionalizing policies on a community based level, especially in communities of color and LGBTQ communities. e.g. refusing tobacco sponsorship and enforcing smoke-free policies.

The Journey To
Health Policy Change

This river represents the process of creating health policy change. It is composed of three parts: Assessment, Capacity Building, and Policy Change. Breaking up each part into multiple steps can help to create a more clear campaign vision and strategy.

In part three, the one river transforms into a delta of rivers: Community, Mainstream, Legislative, and Corporate. These rivers represent the many of ways one can move towards policy making.

Policy change is always fluctuating. At times your capacity and resources may be low. During these times of "drought", in order to move forward you may need to move backward or reroute your course.

APPEAL

Assessment

- Community Readiness Assessment
- Coalition Assessment
- Political Landscaping
- Key Informant Interviews

Capacity Building

- Coalition Development
- Leadership Summit and Trainings
- Technical Assistance and Coaching
- Policy Project Development

Policy Change

Corporate Policy

Legislative Policy

SHIP

Mainstream Policy

- Community Impact Assessment

Community Policy

- Community Dissemination
- Coalition Refinement

BRIDGE TO POLICY

ALL RIVERS FLOW TO THE LAND OF COMMUNITIES WITHOUT HEALTH DISPARITIES

This ship represents your community.

The ship that is sailing toward the goal of policy change has a crew of diverse partners. Through a community based process, the crew is working collaboratively to successfully navigate the rapids and other barriers to make in successfully downstream to their destination of a community without health disparities.
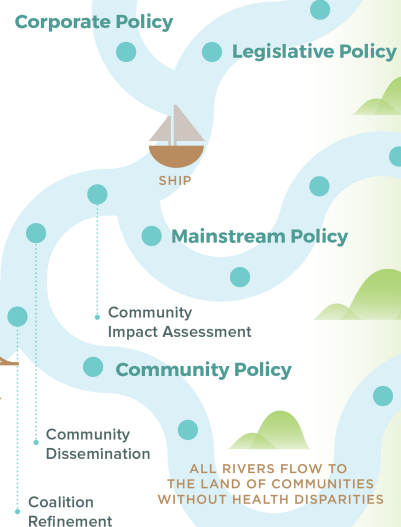
Figure 2: The Journey to Policy Change

THE JOURNEY TO HEALTH POLICY CHANGE

Policy change is a process that requires many steps. The path towards policy change is similar to taking a journey down a river on a boat or ship. The "Journey to Health Policy Change" (Figure 2) is a chart that can help to guide you as you embark on your policy change campaign. There are several important factors that are included in this "journey":

Coalition partners
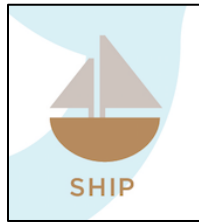
Who are you working with? Ideally, you are working with a crew of diverse partners, including community members and leaders, researchers, and others. This "crew" works collaboratively to navigate through the campaign. Each person or organization in your partnership can have a key role and/or specific strengths that they bring to the campaign. Key coalition members can have the following qualities: able to recruit additional coalition members, experience with policy change, able to make policy change culturally relevant, has relationship with policymakers, etc.

Step 1: What policy change do we need? (ASSESSMENT)
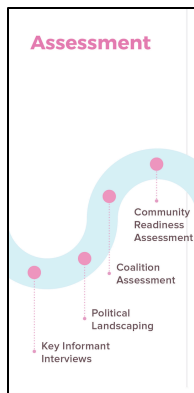
Community needs assessments are important to identify the policy changes that are needed in the community. Information that is collected from assessments can be used to help design and implement your policy change campaign and best engage your community and partners. There are various types of assessments that can be used depending on your capacity, resources, and needs. The following are some examples of assessments that can be helpful to your campaign:

- Political landscape assessment: A political landscape assessment researches what the political and/or decision making structure looks like in your community. You can assess groups such as local health coalitions, city council, and/or county board of supervisors. Research can help you to answer questions to advance your campaign, such as:
  - Who are the decision makers, power holders, or cultural/community leaders that pass policy in your community?
  - Which decision makers, power holders, or community leaders have NOT supported tobacco or HEAL policies?
  - What tobacco or HEAL policies in your community have been successful in the past?
  - Which decision makers have received donations from tobacco, soda, or fast food companies?

- Coalition Assessment: As your coalition or group grows and your campaign develops, a coalition assessment is helpful to administer from time to time. It can be a survey or

interview with individual coalition members to review the strengths and areas for improvement for your coalition. Areas of assessment can include level of member participation, membership diversity, structure, decision making, and community impact. It is important to reflect on the areas that may have lower scores or need improvement and try to work towards addressing them in order to ensure a more successful coalition.

- Community Readiness Assessment: Resources are existing assets that your organization or group may already have in place to help support your policy change effort. Examples of resources may include: staff, funding, board member support, active volunteers, fluency in language of your community, knowledge and information established, and community partners ready to lend a hand and support. One tool to measure your community capacity and resources is the APPEAL Community Readiness Matrix. The Readiness Matrix is designed for communities to assess where they currently stand in regards to their "readiness" to be active in tobacco control policy work. Communities that fill out the Readiness Matrix will gain insight and information around specific priority areas - Data and Research, Infrastructure and Capacity Building and Policy Advocacy. They are scored in each priority area to indicate areas of strength and areas that need focus and/or support. A group of people familiar with the state of tobacco control and HEAL in your community fills out the Community Readiness Matrix by answering a series of questions. The scores can provide guidance as to what areas may need more efforts to further advance your policy change goal.

In addition to political landscaping, coalition assessments, and community readiness assessments, you can also gather information from individuals and small groups through ways such as focus groups and key informant interviews.
  - Focus groups: A focus group is a group interview where participants can freely discuss their feelings and give feedback on an issue. The creative exchange of ideas and synergy that happens during the discussions can be very powerful. Some information that you can obtain through focus groups include: assessing the community and cultural competence of an outreach strategy or education materials, or getting insight on how the community feels about health issues.
  - Key informant interviews: A key informant interview is a one-on-one interview with an individual who either knows the impact of tobacco on that community or is familiar with tobacco control issues. Examples of key informants that you can interview include: community leaders or advocates, health care providers, youth leaders, politicians, business owners, religious and spiritual leaders or users of tobacco. Interviews are conducted either in person or by phone with questions prepared by the interviewer in advance. You can take the data from these interviews to find out more about how to develop and implement your program. Develop the questions based on what you think they can answer best with their experience.

Once the community issue has been identified, you can refine and be clear as to what your policy change goal is. What is the policy change that you want to see happen in your community?

There are many examples of tobacco policy change language that can be adapted and used for your specific community. If possible, it's important to try and create policies that are strong and can make a lasting impact. Organizations such as APPEAL and Americans for Nonsmokers' Rights have samples that can be adapted.

- Resources: Americans for Nonsmokers' Rights, APPEAL Needs Assessment Toolkit, DataCenter, APPEAL Community Readiness Matrix, APPEAL Political Landscape Survey, BUILD Initiative Community Systems Development Toolkit: Assessing Collaborative Functioning, Coalitions and Partnerships in Community Health

Step 2: What is our plan for reaching our policy goal (PLANNING)
Once your policy goal is identified, it is important to take time with your coalition or group to plan out your campaign. This includes the following:

- Power Analysis – A power analysis is a tool that is used to understand power relationships in the communities where we live or places where we work: Who has power? How and for what do they use it? What do unequal power relationships have to do with the problems we face? Identifying these issues helps us to create better strategies for winning campaigns. More information can be found in Step 4 below.
- Ensuring community and cultural competence – Community and cultural competence means that information is translated in a way that is culturally respectful and culturally relevant in order to ensure that all participants and community members are able to understand and be engaged. It is also tailored to the specific region and location, since ethnic specific communities in on area may have a different experience in another area. For example, the Vietnamese community in Orange County, CA may have a very different experience from the Vietnamese community in New Orleans, LA. Or the Marshallese community in Hawaii may have a very different experience from the Marshallese community in Arkansas.
- Outreach and Recruitment – Policy campaigns should include allies, community members, and other organizations in order to build power and get broad based support. How do you plan to engage and outreach more members and supporters?
- Media – How will you get your message out to policy makers and the community? How can you best utilize social media, mainstream media, and ethnic media? What type of message can be the most effective? See Step 5 and 6 below for more.
- Develop a workplan that shows specific benchmarks, who is responsible for each one, and a timeline that can be a guide for you and your coalition to reach your campaign goal, and who is responsible for each one.
- Evaluation Plan – How will you know if your campaign is effective? Conducting an evaluation helps you to determine the effects of your campaign efforts and to document the successes and challenges. See Step 8 below for more information.

Resources: Americans for Nonsmokers' Rights, Praxis Project Advocacy Curriculum, Women's Policy Institute Advocacy Plan Development

Step 3: What do we need to develop to build our community's structure to be successful in the campaign and long term? (CAPACITY BUILDING)

Identifying gaps in resources helps to inform where you or your organization can use more support. Policy change is often seen as an end goal, however the path towards policy change requires a lot of help along the way, including organizational support, research skills and capacity building. In addition to identifying the resources and strengths already existing in the community to move policy change, the APPEAL Community Readiness Matrix, also is useful to identify gaps and areas that need support and development. For example, a group may use the Community Readiness Matrix to help identify the need for more leadership development in their coalition. By participating in leadership trainings, they can build upon their individual and group skills and cohesion to become more effective policy change makers.

- Resources: APPEAL Community Readiness Matrix, APPEAL toolkits, Praxis Project Advocacy Curriculum

Step 4: Who has the power to make change happen? (TARGETS)
Policy change requires various groups of people to be involved, depending on the issue. Policy makers and traditional community or cultural leaders can be key decision makers since they may have overarching power or control over the policy that you are working on.

- Community policy decision makers include community leaders and elders, spiritual leaders, and non profit organization directors. It is important to know the cultural tradition and what may influence them to make a decision one way or another.
- Mainstream institution decision makers are most often directors of government departments or programs
- Legislative policy decision makers include legislators and policy makers
- Corporate policy decision makers are the heads of corporation, such as the CEO or company president

You can brainstorm an initial list of targets, and narrow down which ones you want to focus on talking to based on various factors. How accessible are they to talk to? Has your issue been something that they have worked on in the past? Etc.

Community members and organizations also have power to make policy change! Often times, individuals and organizations that are working on the same issue come together to form a coalition to focus on a policy goal. With more groups involved, that can help to bring more weight when trying to influence decision makers. Some communities may not have the policy issue as a priority at all, and so it is important to first provide community education in order to recruit groups or individuals to your coalition. Within some communities, traditionally there is one leader or elder that is the one to make

important decisions in the community. In these instances, who would be the best person or group that could influence and/or educate the community leader?

Resources: SCOPE Power Analysis, Praxis Project Pyramid of Power, Midwest Academy

Step 5: What do they need to hear and who do they need to hear it from? (COMMUNICATIONS AND MESSAGING)

After identifying who has the responsibility and power to make policy change happen, it is important to create a community and culturally appropriate and strong message to educate and promote the policy change. Messaging should be framed based on the audience, their readiness to be engaged in policy change, and what the level of policy change is. The message can include photos, personal testimony, and statistics. Some questions to think through when framing messages for a specific audience include:
- What would make most of an impact on the decision maker/target and why?
- What is the best language for the message to be delivered?
- How informal or formal should the wording be for my target? Should I take into consideration their age or gender?

Messages can be even more powerful with effective messengers. A diverse group of age, gender, race and ethnicity, and credibility are examples of different messengers. Among communities of color and LGBT communities, the policy process can be intimidating. People may ask themselves, "how in the world can something I do actually make an impact?" In actuality, we have a right to be involved in the policy process. People are elected to represent us and we should meet with them to make sure that they know what our concerns are – otherwise they make decisions and pass laws without our input! Often times we are left out of the process because of culture and language barriers. Cultural and community tailoring is one way for communities of color and LGBT communities to understand and experience policy advocacy, and ease into the policy process. For example, if you are trying to educate community members on Policy 101, you can provide community trainings in language, and take into account the immigration history of communities' and past relationships with government agencies in their homeland. Think in advance about the strengths and challenges that your community may have with engaging in the policy process, and incorporate them into your training. On the other side, if you are trying to meet with a legislator that is unfamiliar with your community, be sure to educate them about your community and how policies impact you.

- Resource: Center for Story-based Strategy

Step 6: Delivering the Message (MESSENGER)
Depending on the audience, there are many different ways to convey the messages. Identifying the best way to convey messages is important. What influences your decision maker? What can garner publicity to help sway their decision? There are different ways to share your message, including:

- Media advocacy –traditional media sources such as newspapers, radio and television can be a way to reach a broad audience that may influence your target. If your community is educated and aware, then they can be more empowered to make changes and support your policy change campaign. Research also shows that ethnic media is particularly important and impactful among communities of color.
- Social media – Social media, such as Facebook, Instagram and Twitter are all effective tools for education and communication. You are able to reach a large number of people with less effort. It is critical to keep in mind that social media should not replace face to face meetings and interactions. Through face to face interactions, you are able to navigate and influence the conversation more effectively than via social media.
- Fact sheets – Fact sheets are important tools for education. They provide important statistics and facts that the audience can take back with them. It is important to keep statistics up to date on the fact sheets in order to maintain accuracy.

- Resources: Center for Story Based Strategy, Praxis Project, Center for Tobacco Policy & Organizing

Step 7: How do we tell if it's we're making a difference? (EVALUATION)
Evaluation helps you to determine the effects of your campaign efforts and to document the successes and challenges. The goal of evaluation is to help you to understand what your campaign is actually accomplishing. For example, is it being implemented the way you planned? Is it reaching the kinds of people you wanted? You may also find that you are stuck on a step in your campaign and should evaluate the situation to help you become unstuck and continue moving. Evaluations are also important for health policy campaigns among communities of color and LGBT communities because they help us to identify and document what works and what doesn't.

- Resource: APPEAL Evaluation Toolkit, Center for Tobacco Policy & Organizing

APPENDIX 1: CASE STUDIES

1) Capacity Building Case Study – From ComPLEAT to Pacific Islander Community Alliance (PICA)
Between 2013 – 2016, Empowering Pacific Islander Communities (EPIC) and Guam Communications Network (GCN) participated in the ComPLEAT tobacco control project. They coordinated a Pacific Islander coalition in San Diego, CA to bring NHPI communities together as one community in a united effort to address reducing tobacco use and to protect the community from exposure to second-hand smoke. The Coalition completed the Community Readiness Matrix to help identify areas that needed improvement, including building their own community knowledge and training on tobacco issues and the need for more leadership development. They received training as a group through the APPEAL Leadership Model. It was apparent from the first meeting as well as from participation in the first and second leadership training that there was an immediate interconnectedness seen within coalition members (i.e. stepping-up of young emerging leaders, group mentoring, individual mentoring and most importantly, inclusiveness in the creativity). A "one for all and all for one" approach was established.

The primary objectives were 1) to outreach the NHPI community to promote and secure smoke-free policy adoption and to update existing policies to include e-cigarettes; 2) to involve the Coalition with the San Diego County Tobacco Control Program and participate in its advocacy activities. In working with the County Tobacco Control Program, the Coalition became involved with the American Lung Association and their smoke-free Multi-unit Housing initiative. The recruitment process for Coalition members was focused on identifying multi-generational NHPI individuals from very diverse backgrounds including Pacific Islander heritage, work and employment environments and residence within many San Diego County locales where NHPI's live, work and place. In addition, these individuals had to have a strong belief in cultural values, which included respect of our elders, reverence of family and an understanding of our island histories and struggles. The recruitment process also included mentorship and partnered new advocates with seasoned advocates, which was key as a way to connect and build multi-generational relationships.

Through key relationships and networks in the community, they approached the leadership of various organizations and groups that serve the NHPI community in San Diego, including: churches, halaus, restaurants, etc. They provided education and increased community awareness around the importance of smoke-free spaces in order to keep families and communities healthy. As a result, they collected 16 smoke-free policies.

Upon completion of ComPLEAT, Coalition members were energized to address all disparities facing the NHPI community in San Diego and formed the Pacific Islander Community Alliance (PICA). Coalition members believed that they had come full circle and now had the skill sets to go forward. Coalition members continued to be engaged in community work outside the usual TCC activities. There has been growth and progress with youth and young adults taking

leadership roles and intergenerational support with the interaction of other coalition members and allies.

2) Community Policy Case Study – Hmongtown Marketplace, St. Paul, Minnesota
The AAPI Team of Minnesota LAAMPP Fellows has been working to promote a policy change at the Hmongtown Market in St Paul to prohibit smoking in all areas of the market.   The Hmong Marketplace is a vibrant indoor and outdoor marketplace with over 200 vendors that sell a variety of products. While the Freedom to Breathe Act prohibits smoking in indoor spaces at the market, outdoor areas between vendor areas and the parking lots are not covered by the law. Thus in these spaces in the market area, vendors and customers are exposed to second hand smoke. To get to shops, people – including families with small children – often need to walk through groups of people smoking near the entrances. Some vendors reported that smoke from people using tobacco near exits had drifted into the market, damaging textiles and fabrics and making them unsuitable for sale.

To address this problem and create support for a market level policy that will prohibit smoking in the outdoor spaces at the Hmongtown Market, the AAPI Team staffed a booth to conduct outreach to vendors and customers in order to increase awareness of the dangers of tobacco use and exposure to second hand smoke in order to create support for adoption of a smoke free policy throughout the market grounds. The Team also held events to increase awareness of the dangers of second hand smoke and provide cessation information. Materials were translated into Hmong to ensure that they were accessible to the people attending the market.

As part of their effort to increase awareness, the Team is administering surveys for vendors and for customers to gather knowledge and opinions on tobacco harms and a policy. In total, 77 vendors and 97 customers completed the survey. The results showed the majority of both venders and customers had seen or experienced problems related to tobacco use (such as litter, damage to products, or walking through smokers), thought second hand smoke is harmful, and supported a ban on smoking throughout the market. As a result, the Market was convinced to create a smoke-free policy.

APPENDIX 2: REFERENCES

Organizations
- Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
- Americans for Nonsmokers' Rights
- Praxis Project
- Center for Story-based Strategy
- Midwest Academy
- Center for Tobacco Policy & Organizing

Materials
- APPEAL Needs Assessment Toolkit
- APPEAL Evaluation Toolkit
- APPEAL Community Readiness Matrix
- APPEAL Political Landscape Survey
- BUILD Initiative Community Systems Development Toolkit: Assessing Collaborative Functioning, Coalitions and Partnerships in Community Health
- Praxis Project Advocacy Curriculum
- Praxis Project Pyramid of Power
- SCOPE Power Analysis
- Women's Policy Institute Advocacy Plan Development

Publications
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- Lew, R. (2009). Addressing the Impact of Tobacco on Asian Americans: A Model for Change. In Bateman W, Abesamis-Mendoze N, and Ho-Asjoe H. (Eds.) *Praeger Handbook of Asian American Health: Taking Notice and Taking Action. Volume 2: Parts 5-8* (pp. 729-749). Santa Barbara, CA: ABC-CLIO, LLC.
- Tong, E. and Lew, R. (Published online May 24, 2013). Moving Communities Toward Policy Change : APPEAL's 4-Prong Policy Change Model. *Health Promotion Practice.*