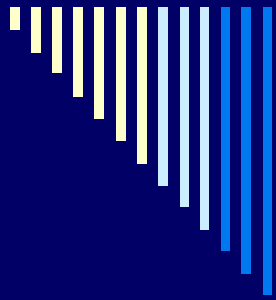


What Moves Policy Forward?

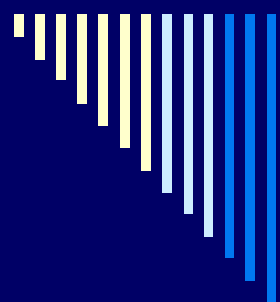
Elizabeth Dodson, PhD, MPH
Washington University in St. Louis
March 31, 2009



Acknowledgements

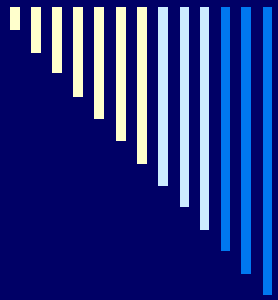


- ❑ Ross Brownson, PhD
- ❑ Debra Haire-Joshu, PhD
- ❑ Douglas Luke, PhD
- ❑ Tegan Boehmer, PhD, MPH
- ❑ Chris Fleming, MPH
- ❑ Robert Wood Johnson Foundation
– C. Tracy Orleans



Presentation Overview

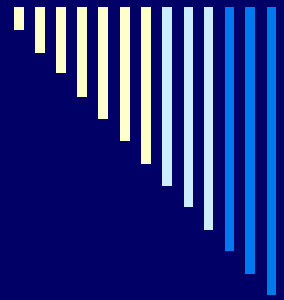
- Background and terms
- Conceptual framework
- COPS – 3 phases
- So what?
- Communicating with policymakers
- Next steps



The charge:

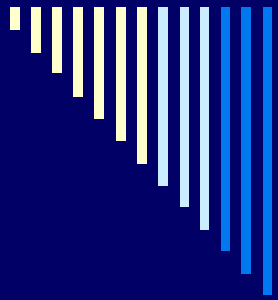
“Healthy choices need to
be the easy choices.”

1986 Ottawa Charter
World Health Organization



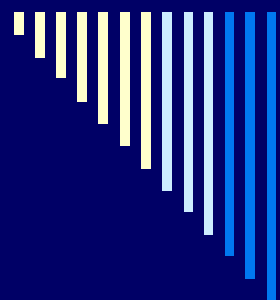
Background

- Childhood obesity epidemic
- Environmental and policy interventions
- Individual states/provinces have much of the authority over public health policy



What do we know and what has been done?

- Easier to prevent obesity than assist in weight loss (Visscher, 2001)
- Most previous work = information and education; individually targeted (Sallis, 1998)
- Information alone often not sufficient to change behavior (DHHS, 2001)
- Some literature on policy interventions = poor methodological quality (Pelletier, 2005)

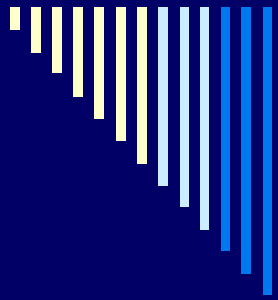


What else can we do?

- Make it easier to be healthy!

- How?
 - Work at multiple levels

 - Policy and environmental interventions



“Science can identify solutions to pressing public health problems, but only politics can turn most of those solutions into reality.”

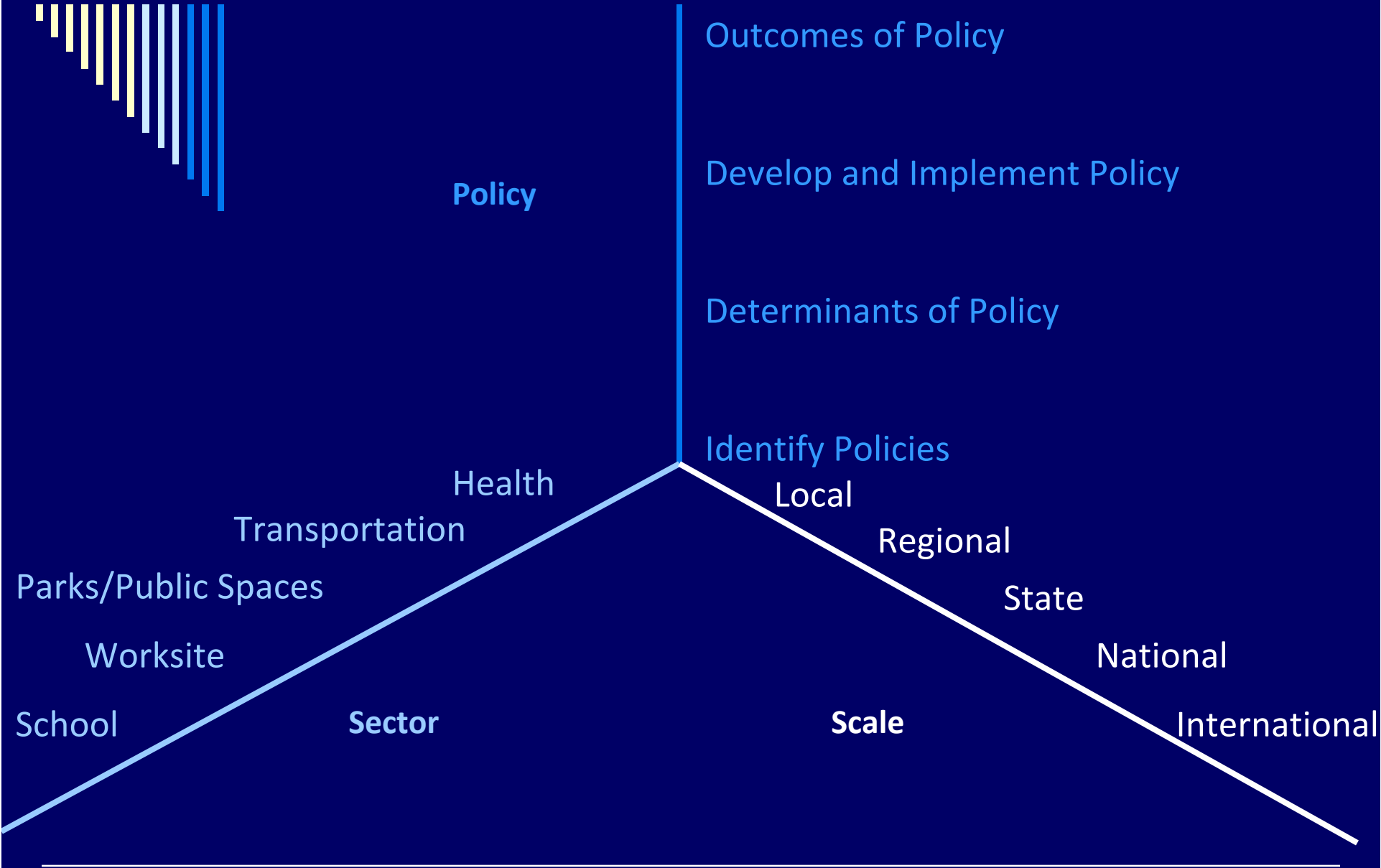
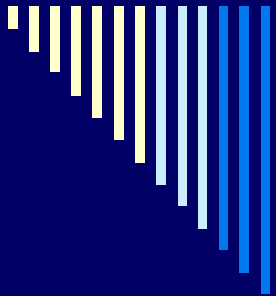
Thomas Oliver, PhD

Johns Hopkins Bloomberg School of Public Health

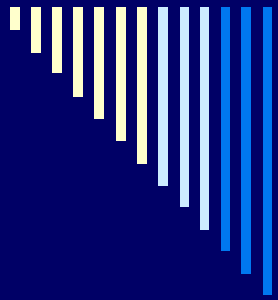


Why policy interventions?

- ❑ Aimed at changing the physical and sociopolitical environments
- ❑ Designed to provide opportunities, support, and cues to help people develop healthier behaviors
- ❑ May directly affect behaviors or alter social norms
- ❑ Often more permanent than many public health programs focused on individual-level behavioral change
- ❑ Vast potential vs. limited evidence (“inverse evidence law”)



Schmid, Pratt, and Witmer. *J Physical Activity Health* 2006.



Defining Terms

Policy can be:

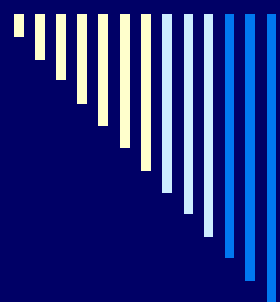
- ❑ Broad-based policies (e.g., smoking bans)
- ❑ Targeted laws (e.g., child safety seat laws)
- ❑ Educational requirements (e.g., vaccination requirements for child care and school attendance)
- ❑ Community-wide interventions (e.g., water fluoridation)



Working Definition

Policy = A formal or informal plan or action designed to influence groups of people. Policies can include:

- Laws
 - Regulations
 - Codes
 - Ordinances
 - Written standards
 - Guidelines
-



COPS: Childhood Obesity Policy Study

Study Objective: To examine childhood obesity prevention legislation in all 50 states, 2003-2005

Phases 1 and 2:

1. Identify relevant legislation and describe patterns of introduction and adoption
2. Explore predictors and contextual factors affecting bill enactment

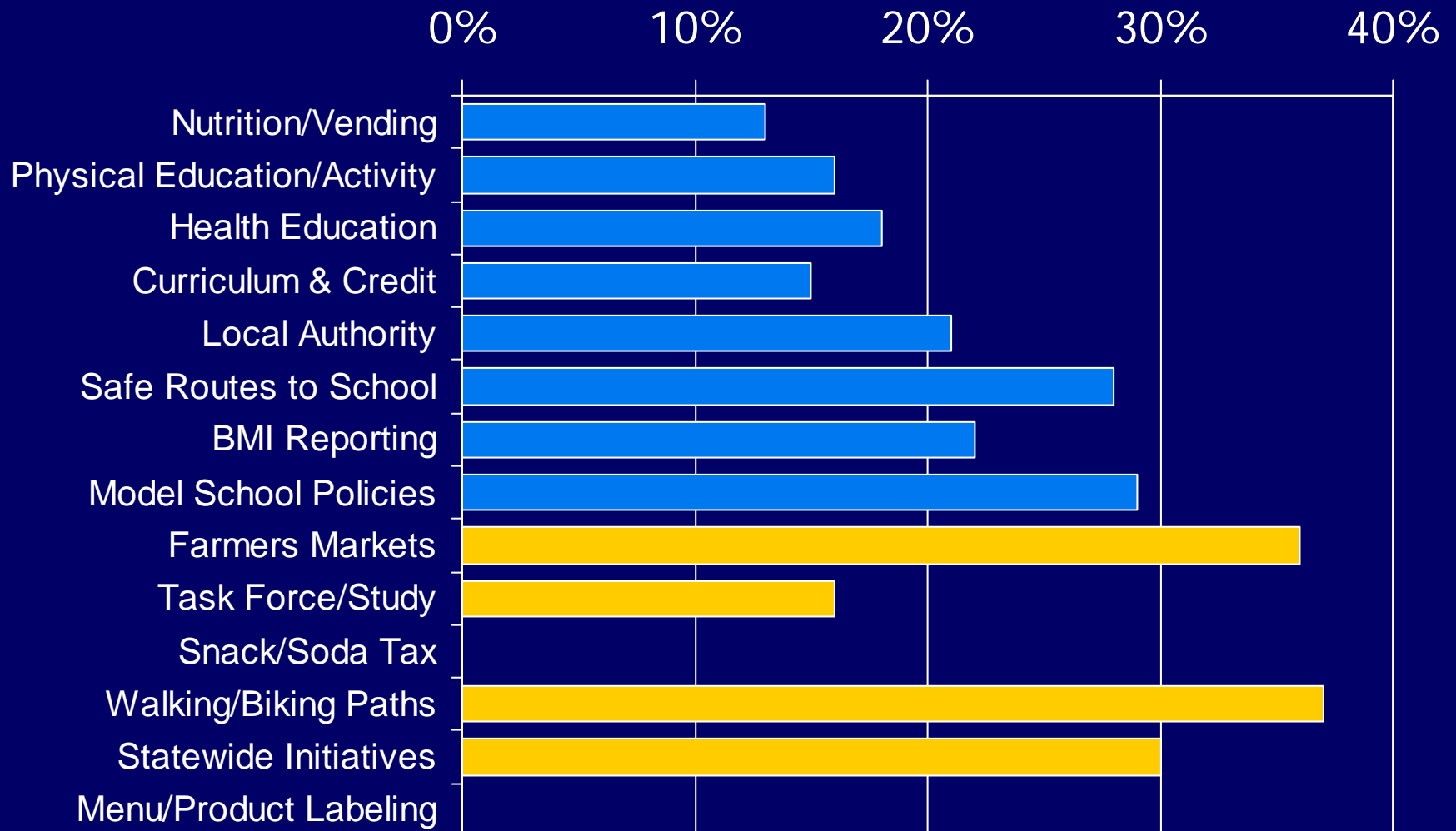


Results Summary: Phase 1

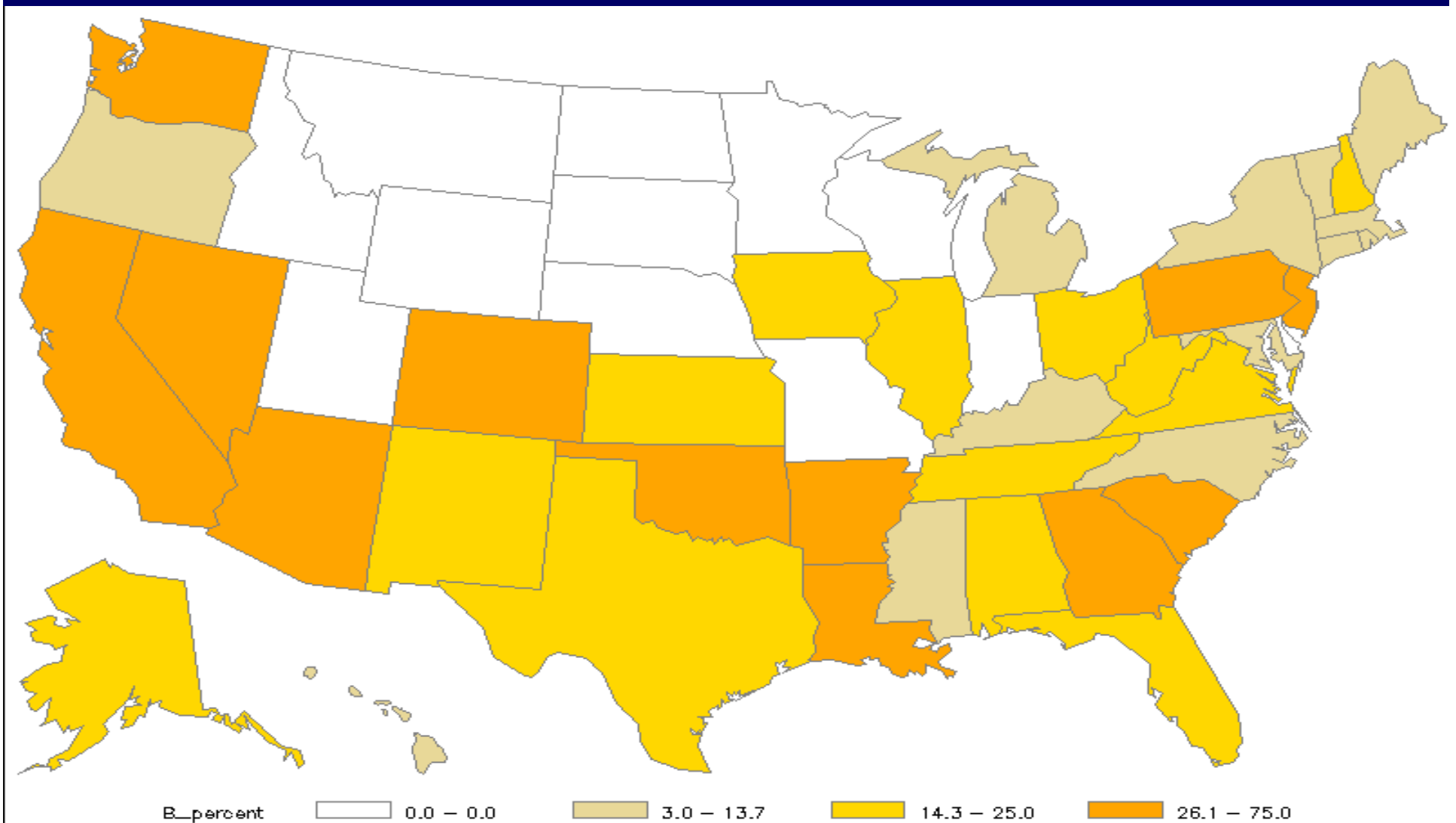
- Descriptive statistics to describe patterns by time, place, and topic area

- During 2003-2005
 - 123 of 717 (17%) bills were adopted
 - 71 of 134 (53%) resolutions were adopted
 - Introduced legislation increased 70%
 - Adopted legislation increased 38%

Bill Enactment (%) by Topic Area, 2003-2005



Bill Enactment (%) by State, 2003-2005





Results Summary: Phase 2

- Bills were more likely to be introduced if:
 - Introduced in Senate vs. House
 - >1 sponsor from a single party

- Bills were more likely to be enacted if:
 - Budget bills – enacted 75% of time
 - Involved community walking/biking paths

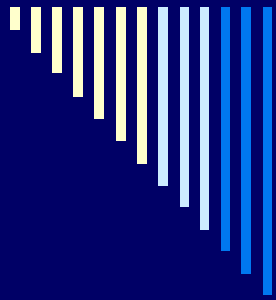
- Bills were less likely to be enacted if:
 - Proposed a new law (vs. amendment)
 - Proposed to generate revenue through taxes or fines
 - Involved PE, health curriculum, nutrition/vending regulations



Phase 3 Background: Understanding the Policy Process

- What influences policymakers' decisions?
(Sabloff, 1995)
 - Personal ideology/beliefs
 - Constituent pressure
 - Lobbyists
 - Staff
 - Funding

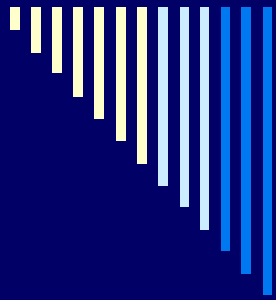
 - What influences bill introduction & adoption?
-



Phase 3: Purpose

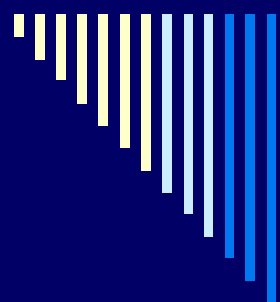
Objectives:

- ❑ Identify factors of state legislative environment important for successful childhood obesity prevention legislation
- ❑ Describe significant barriers to passing & adopting childhood obesity prevention legislation



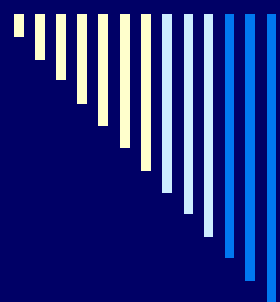
Phase 3: Methods

- Key informant interviews with state legislators and staffers
- Interview questions
- Sample selection
- Telephone interviews conducted:
 - December 05 – April 06
- Qualitative data analysis



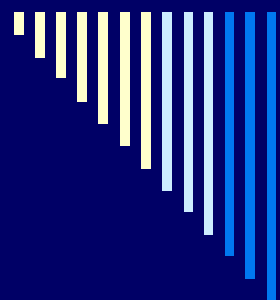
Results: Sample

- N = 16: 11 legislators, 5 staffers
- Political party: 80% Democratic
- Backgrounds: law & education (20% health)
- Time in state legislature:
 - range = 4-21 years; mean = 11.8 years
- Legislative responsibilities



Interview Question #1

In your view, what factors support or facilitate the introduction and adoption of childhood obesity prevention legislation?



Results: Facilitators

National Media Exposure

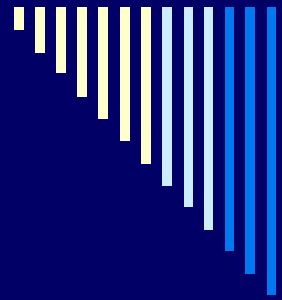
“[Which bills pass] depends on what makes it into the media.”



Results: Facilitators

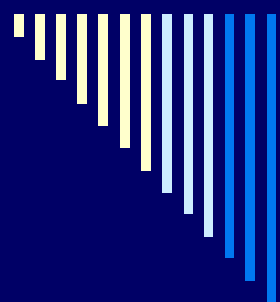
Introduction by senior legislators & those with personal interest

- “You need ... committed legislators. Legislators who are going to say, ‘I’m going to put myself on the line and push for something.’”
 - “We said that we need to do something about the obesity issue instead of just inform the public...We just did basic fundamental thinking of, what can we do to help? And then: what can we do that will pass?”
-



Other Facilitators

- Gaining support of key players
- Working in supportive political climate
- Attempting incremental changes



Interview Question #2

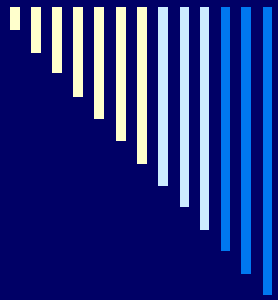
In your view, what factors oppose or inhibit the introduction and adoption of childhood obesity prevention legislation?



Results: Barriers

Lobbyists of companies producing unhealthy foods

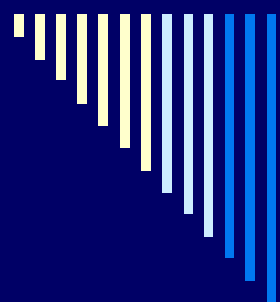
- “We cannot underestimate the power of the food lobby, the soda lobby, the restaurant association...”
 - “You can’t blindsides the lobbyists...I had this one...bill, we had as many lobbyists in the room as legislators...Lobbyists are there. They get paid and they can watch things a lot more carefully than public interest groups, which are not as well-funded.”
-



Results: Barriers

Misconceptions about negative outcomes for schools

“Representatives who voted no [on school junk food bill] indicated that their schools had encouraged them to vote no. Some of them implied that soft drink companies had put pressure on them as well. But most of them, even the ones who said they got pressure from the soda companies, all of them mentioned pressures from their school districts they represented, saying that their school districts feared they would lose money.”



Interview Question #3

Legislation sometimes passes in increments over a period of time, eventually leading to a comprehensive set of bills vs. the initial adoption of comprehensive bills. Do you think that childhood obesity prevention legislation is more likely to progress through (1) a series of several incremental bills or (2) a few comprehensive bills?



Question 3 Results

- Childhood obesity prevention legislation is more likely to pass through:
 - Series of incremental bills (73%)
 - One comprehensive bill (18%)

 - “I think incrementalism is the name of the game here in the legislature, given our fiscal constraints.”
-



So what?

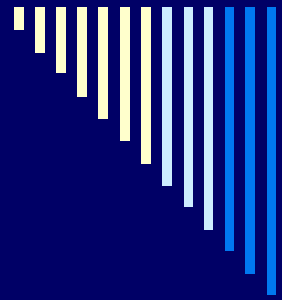
- What we already know:
 - Lobbyists
 - Incrementalism
 - Political climate

 - What we can do:
 - Learn to work within the system
 - Learn from other areas of success (tobacco)
 - Train community advocates to use media
 - Educate constituents
-



Recommendations

- Build & advocate for issues incrementally
 - “If you [researchers] can get things into the media, it’s very helpful to legislators.”
 - “When you want to pass legislation like this, you really want to make sure that the people who are going to be implementing it and the people who are affected by it are involved in your legislative planning.”
-



Communicating with Policymakers: R01

- ❑ Project aims
- ❑ Application / dissemination
- ❑ Materials

Saving Women's Lives

Using what works to increase mammograms in Oregon



NATIONAL CONFERENCE
OF STATE LEGISLATURES
100 North Broadway Street



"I felt a small lump on my left breast and hoped it would go away. But it didn't. It was easy to put off having a mammogram. I worked for a small, family-owned business that didn't provide health insurance. I made too much money to qualify for 'low-income' programs, but not enough to pay for a mammogram."

"By the time Andrea came to see me, her cancer had spread and was very aggressive. She needed a mastectomy to remove her breast and several courses of chemotherapy after that. Her treatment took eight months. She was one of the lucky ones. When cancer is found at a late stage it's more difficult to treat. It's also more expensive."



OREGON'S PROBLEM

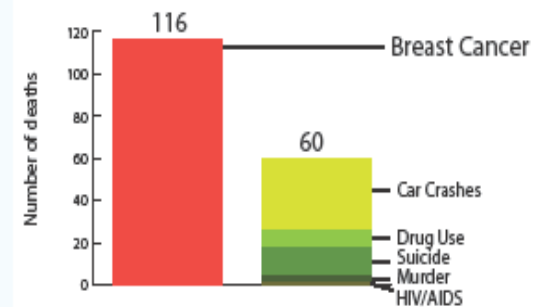
In Josephine County, more women died of breast cancer from 1999-2005 than from car crashes, drug use, suicide, murder, and HIV/AIDS combined.

Over 15% of women in Josephine County age 40-65 are uninsured. Almost 10% of them don't meet the criteria for any government-sponsored screening programs.

Source: U.S. Census Bureau, Small Area Health Insurance Estimates, 2005.

62% of Oregon women with no health insurance are not up-to-date on their mammograms, compared to only 21% of insured women who are not up-to-date.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006.



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, 1999-2005.
Population: Data for Josephine County; women age 35 and over.



About one in four Oregon women over age 40 is not up-to-date on her mammograms.

The National Cancer Institute recommends that women over age 40 get a mammogram every one to two years.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006.



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Saving Women's Lives

THE BENEFITS OF MAMMOGRAMS

Mammograms cut treatment costs

Treatment for breast cancer detected early is

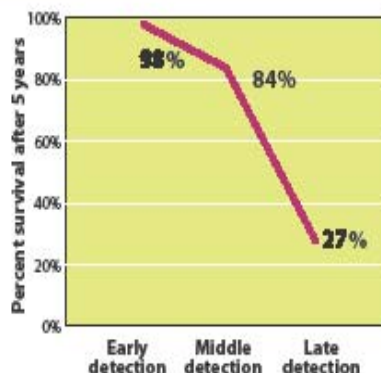
less than half the cost
of treatment for cancer detected late.

Source: Brown et al. Economic evaluation of breast cancer screening: A review. *Cancer Practice* 1999; Vol. 7: 28-33.

Early detection saves lives

When breast cancer is found early—before it has spread to other parts of the body—**almost 100% of women survive**. Mammograms are the best way to find cancer early, when it's easier to treat.

Mammogram—An x-ray picture of the breast



Source: National Cancer Institute, SEER Cancer Statistics Review, 1996-2004.

A BIG difference...

Mammograms can find very small breast lumps, before they've had a chance to grow and spread. That gives doctors the best chance to treat breast cancer effectively.

a mammogram can find a lump this size

a breast self-exam or clinical exam can find a lump this size



Source: Emory University Winship Cancer Institute, <http://www.cancerquest.org/index.cfm?page=3223&Q19>.

THE SOLUTION

Mammograms find breast cancer early and, as a result, reduce breast cancer deaths.

Here are some approaches that **WORK** to increase the number of women who get mammograms:

Increase women's access to mammograms.

Provide free or low cost mammograms to women who are underinsured or have no insurance.

Use free transportation or mobile mammography vans to help women get to their mammogram.

Have free childcare for those who need it.

Increase women's demand for mammograms.

Use media campaigns to encourage women to get a mammogram and promote free mammograms.

Educate women about the importance of getting a mammogram.

Increase doctors' referrals for mammograms.

Ask doctors to increase the number of women they refer for mammograms, and let them know if they're reaching that goal.

Use a reminder system (in patient charts, by computer, or by mail) to let doctors know when patients are due or overdue for a mammogram.

THE BOTTOM LINE

What you need to know

One in four Pennsylvania women is not up-to-date on her mammograms.

Mammograms are cost-effective and save lives.

When breast cancer is found early, almost 100% of women survive.

What you can do about it

Introduce or support bills based on approaches that work for increasing mammograms.

This can be accomplished using model legislation.

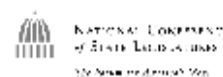
A sample is available here: www.modellegislation.org

Where you can learn more

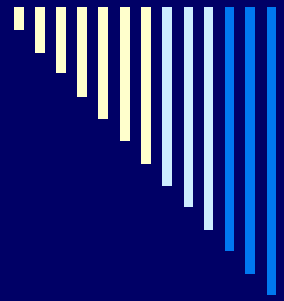
National Conference of State Legislatures
www.ncsl.org

American Cancer Society
www.cancer.org

The Community Guide
www.thecommunityguide.org



To learn more about *Saving Women's Lives*, contact:
Beth Dodson at edodson@wustl.edu
or (314) 362-9652.



Next Steps: Researchers and Practitioners

- Policy recommendations
 - Research what works
 - Be involved in policy process (e.g., give testimony, write policy briefs, advocacy)
 - Site-specific interventions
 - Worksites, communities, schools
 - Evidence-based tools available to help
 - Community Guide
 - The Community Toolbox
 - **COLLABORATION**
-

Thank you!



edodson@wustl.edu

