

Nutrition Expertise and Policy

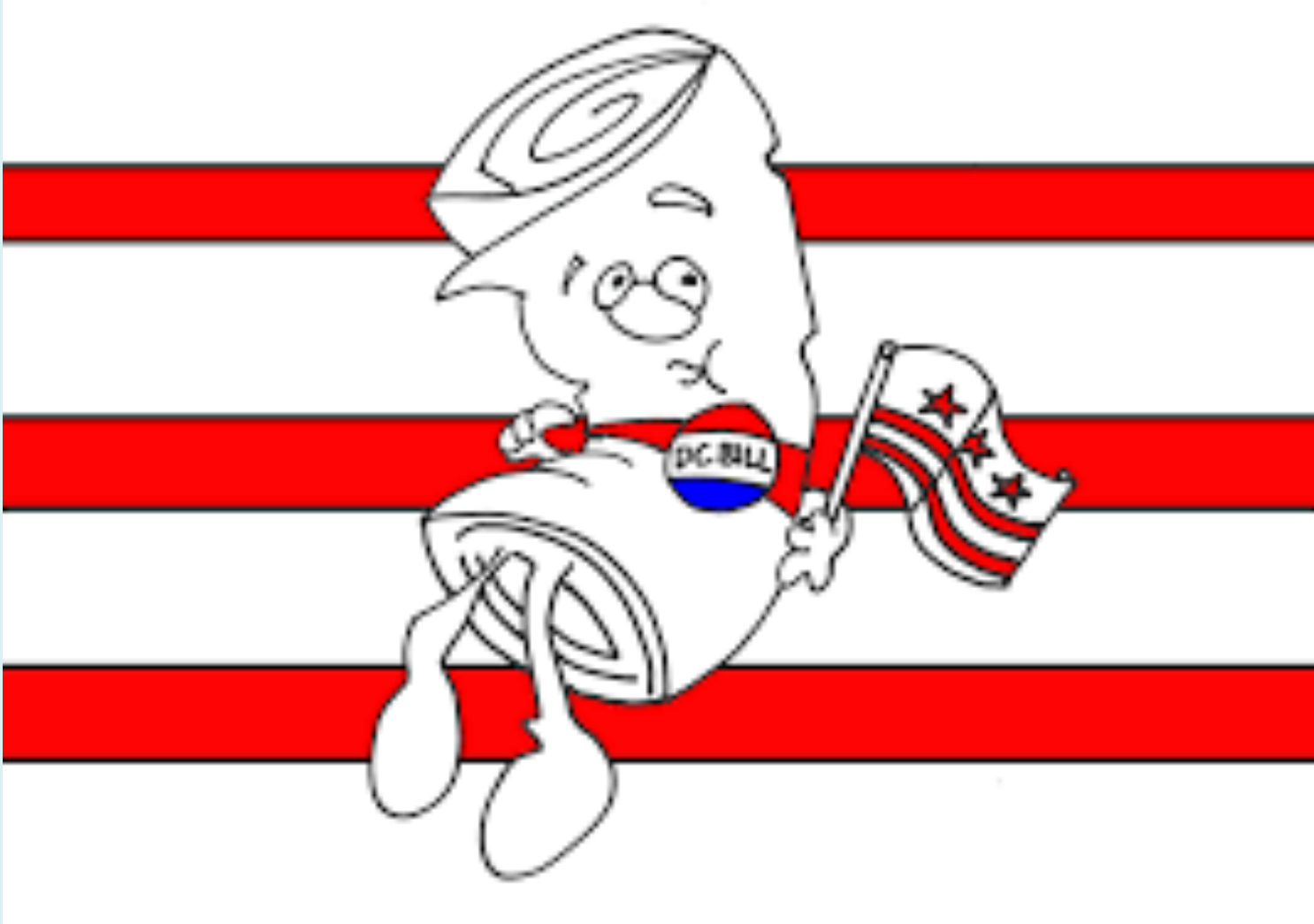
Jaime Foster, PhD, RD

Research Scientist

Connecticut State Representative



How often do experts think or say...
“there ought to be a law”?



How a bill becomes a law: State and federal process

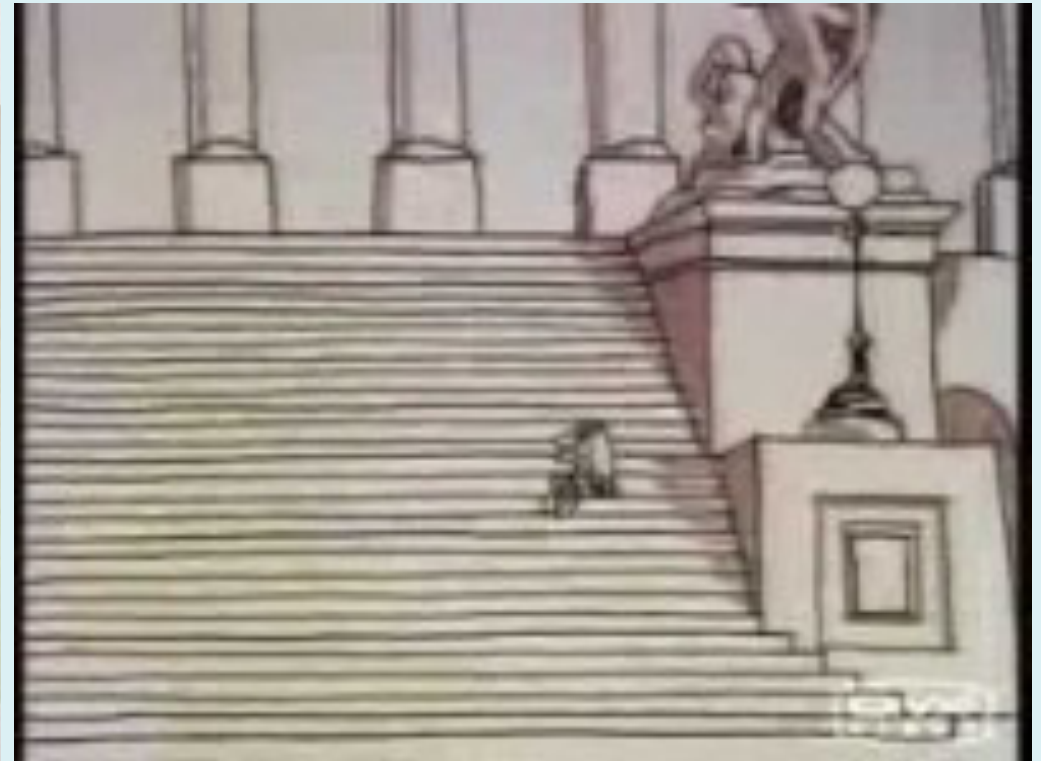
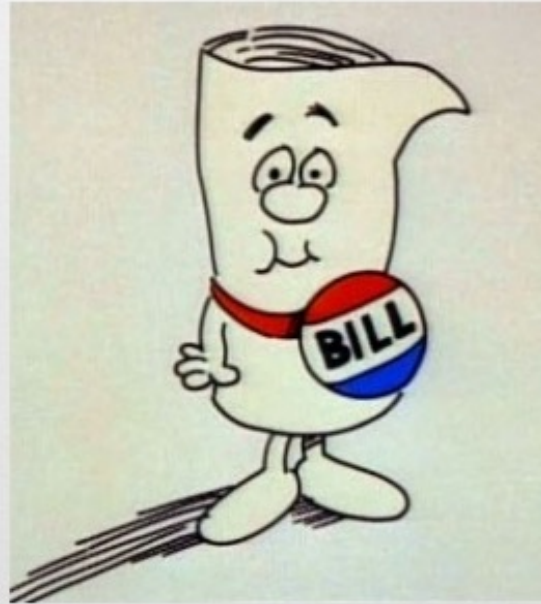
A bill is a proposed law.

Bills can be introduced in either house unless..

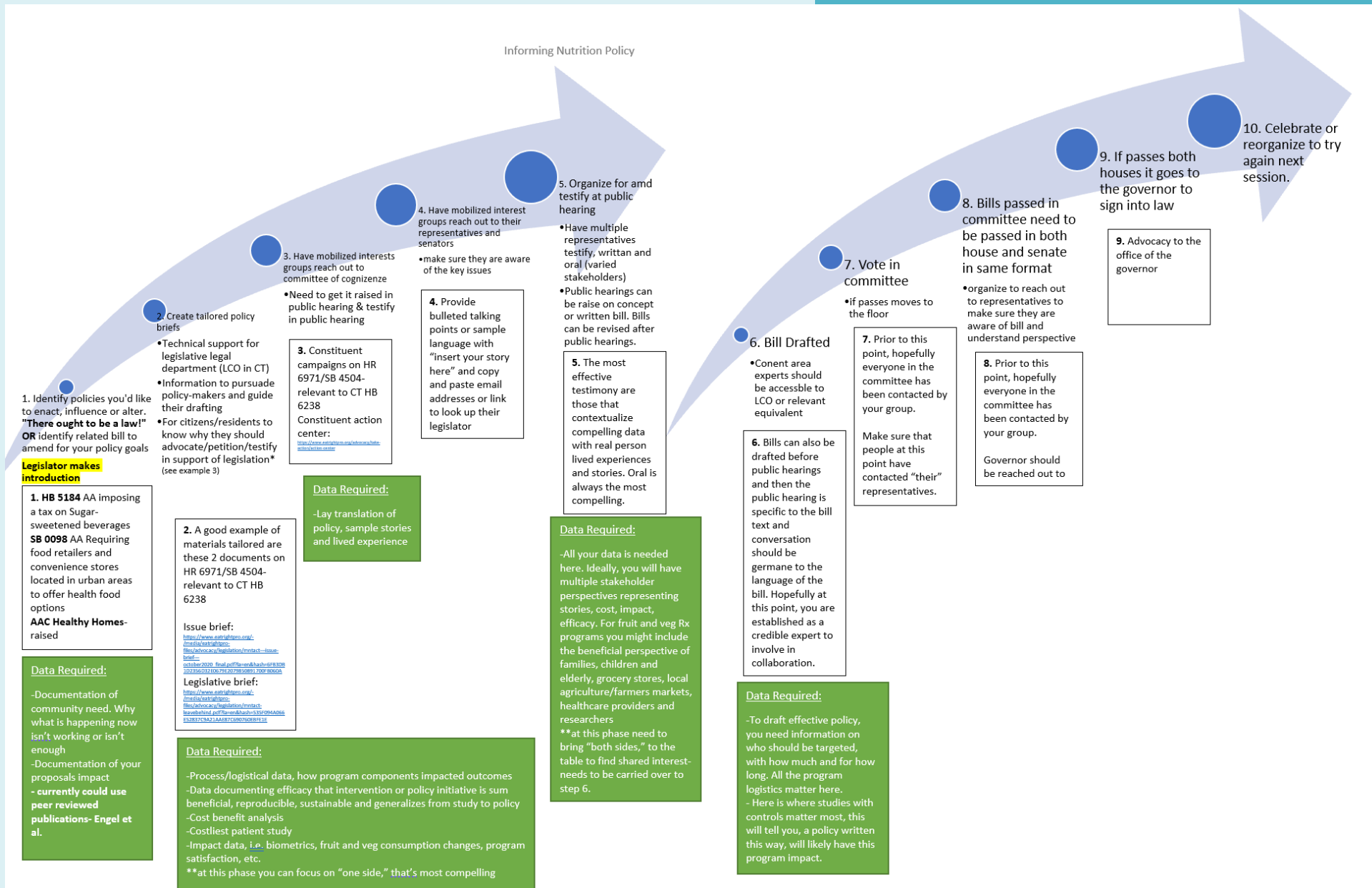
Appropriation Bill- bill approving raising of money (must begin in the House!)

Each bill must pass in the House and the Senate then be approved by the President

A law is also known as an act.



Informing Nutrition Policy



Government Structure

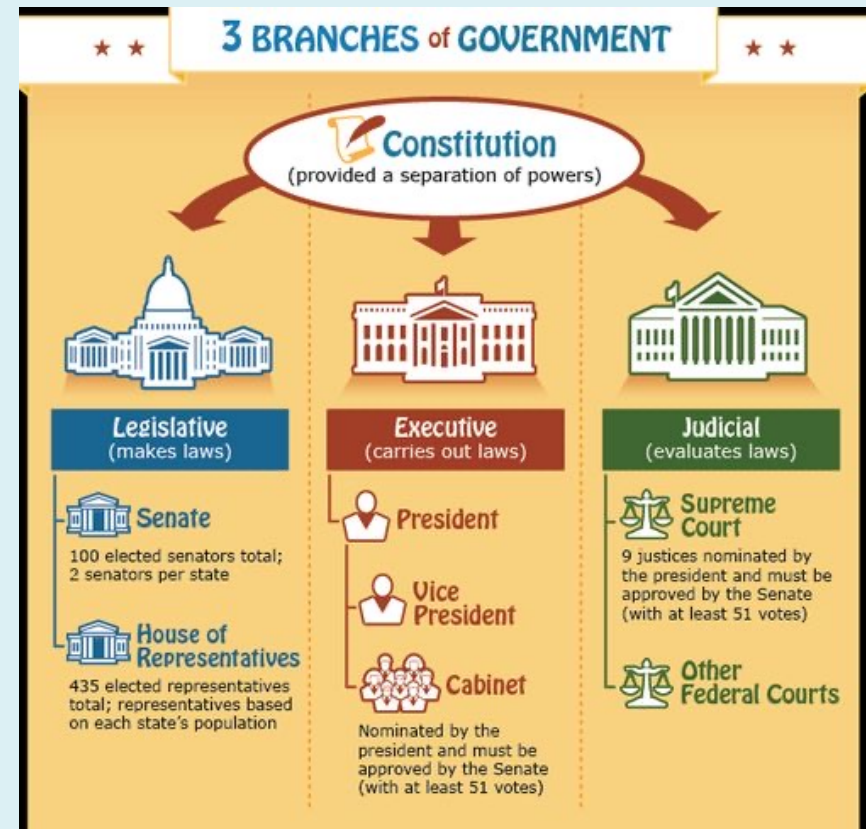
LOCAL

Legislative Body

Mayor and Town/City Council
or First Selectman/ Board of
Selectmen with a town meeting

Local boards and commissions
with cognizance over issues

STATE AND FEDERAL



Local Politics and Health Issues

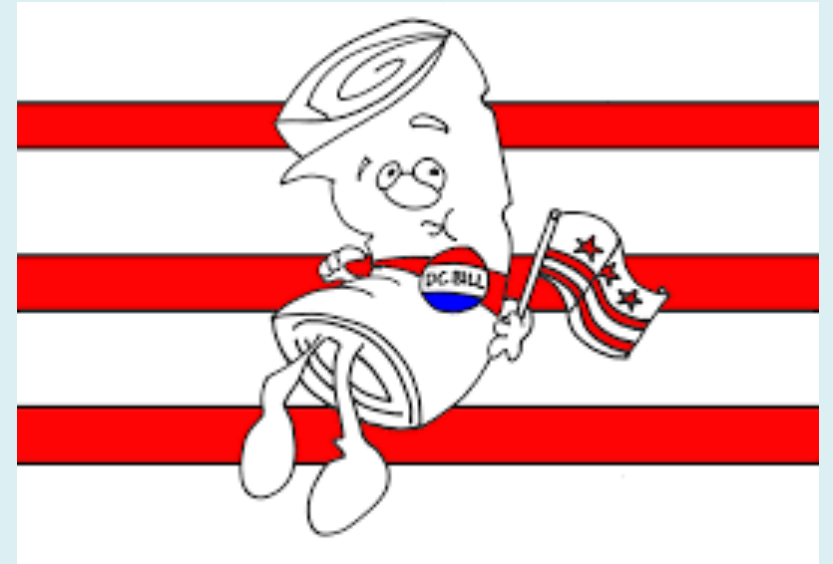
Local Entity	Types of health-related projects they have cognizance over
Board of Selectman /Town Council /Board of Finance	Funding and appropriating money for projects, working with delegation to secure bonding <ul style="list-style-type: none">• Trails• Parks• Rec centers• Other built environment changes• Ordinance changes - https://patch.com/connecticut/southwindsor/south-windsor-town-council-against-banning-tobacco-sa963cffb1ec• SSB tax• Flavored tobacco ban
Board of Education	<ul style="list-style-type: none">• School food policy• Hiring of food service department• Oversight/recruit school-based health center• Prevention programming• Curricula oversight- health ed
Planning and Zoning	<ul style="list-style-type: none">• Preserve open space, parks, walkability• Neighborhood safety
Boards and Commissions	<ul style="list-style-type: none">• Youth Services• Human Services• Social Services• Health Department• Elderly Services

1. “There ought to be a law.”

Identify policies you'd like to enact, influence or alter.

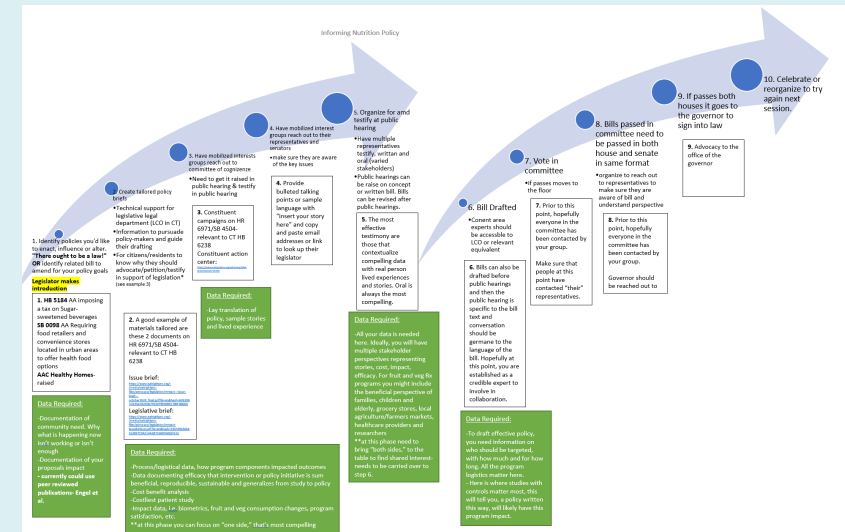
Legislator makes the introduction

**Make yourself the champion:
collaborate with them!**



Data you can share:

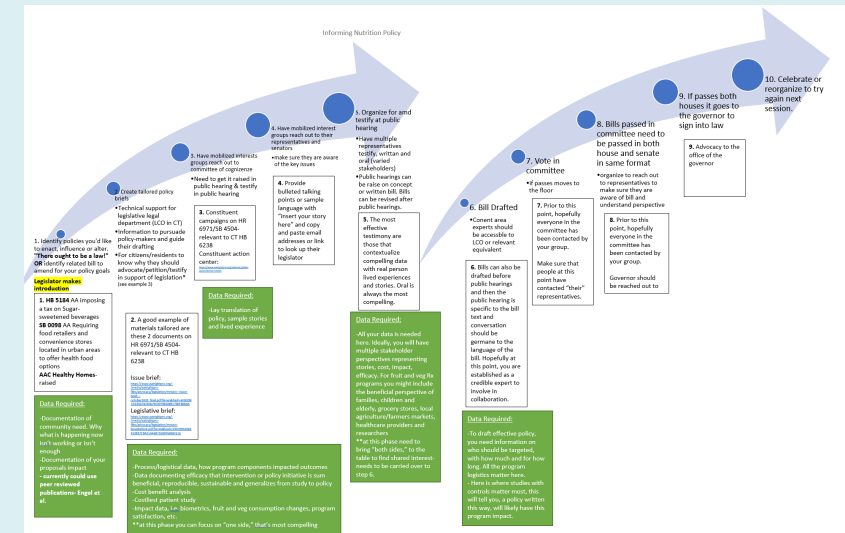
- Documentation of community need / why what's happening now isn't working or isn't enough
- Documentation of your proposal's impact



2. Influence the drafting of the proposed bill

You might... create tailored policy briefs

- Technical support for legislative legal department
Information to persuade policy-makers and guide their drafting
- For citizens/residents to know why they should advocate/petition/testify in support of legislation



Issue brief: https://www.eatrightpro.org/-/media/eatrightpro-files/advocacy/legislation/mntact--issue-brief---october2020_final.pdf?la=en&hash=6FB3DB1D2356D32E0679E2079850891700FB060A

Legislative brief: <https://www.eatrightpro.org/-/media/eatrightpro-files/advocacy/legislation/mntact-leavebehind.pdf?la=en&hash=535F094A066E52837C9A21AAE87C690760EBFE1E>

3. Encourage the bill to be raised and given a public hearing

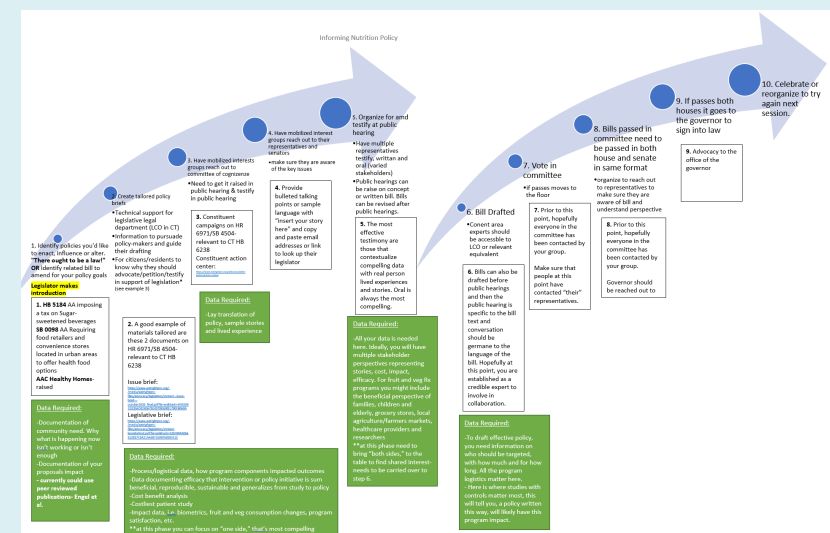
- Here you might have mobilized interest groups reach out to committee of cognizance.

Examples include:

- Constituent campaigns on HR 6971/SB 4504 - relevant to CT HB 6238
- Constituent action center:

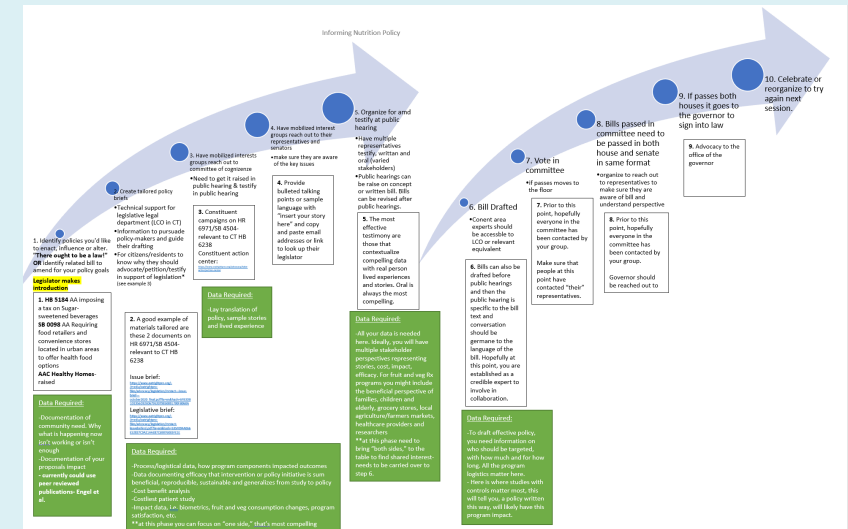
<https://www.eatrightpro.org/advocacy/take-action/action-center>

- Consider lay translation of policy, sample stories and lived experience.



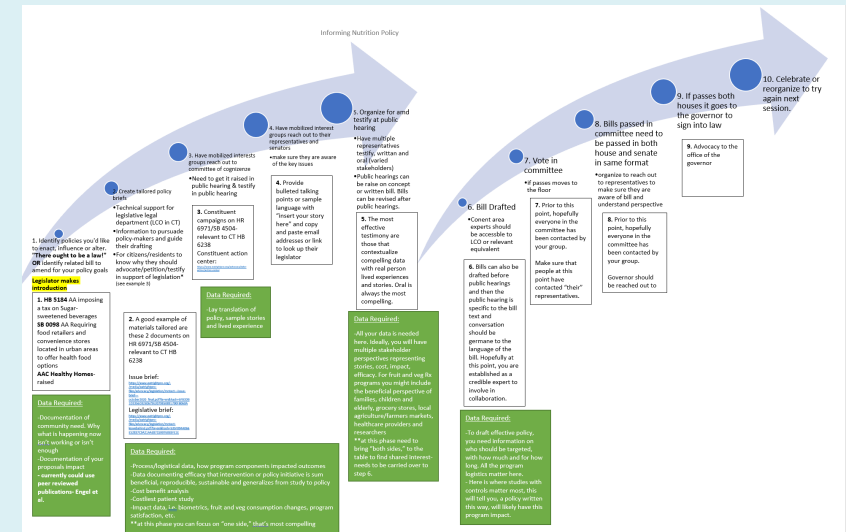
4. Have mobilized interest groups reach out to their representatives and senators

- Make sure supporters are galvanizing their own legislators on an issue.
- Provide bulleted talking points or sample language with “insert your story here” and copy and paste email addresses or link to look up their legislators.



5. Organize for and testify at the public hearing

- Have multiple representatives provide written and oral testimony (varied stakeholders).
- The most effective testimonies contextualize compelling data with “real person” lived experiences and stories. Oral storytelling is always the most compelling.
- Public hearings can be raised on concept or written bill. Bills can be revised after public hearings.



Format for a public hearing

Speakers must sign up ahead

Be called on by chair

Have 3 minutes to testify,
testimony must be germane to
agenda

Elected are not supposed to
pontificate/debate but only ask
questions on public

On HB 6229



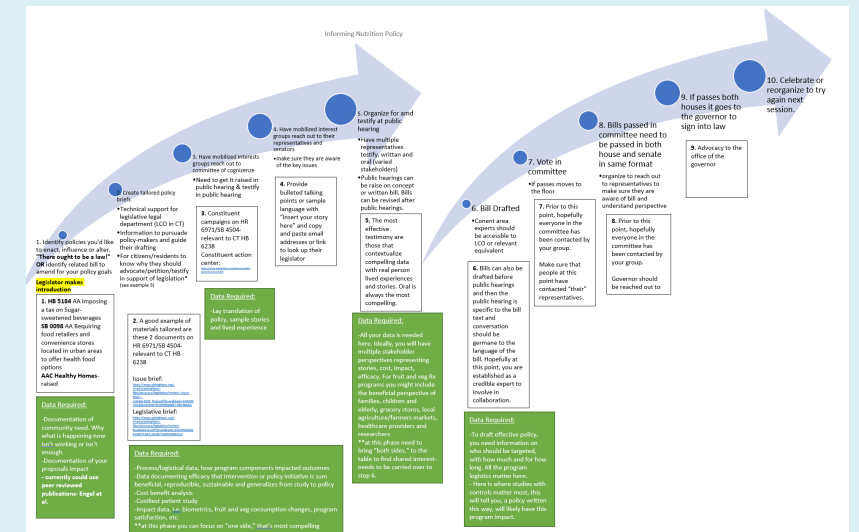
Why we need scientists and HCPs in politics



- Dr. Shaw line of questioning by Senator Dr. Anwar and myself

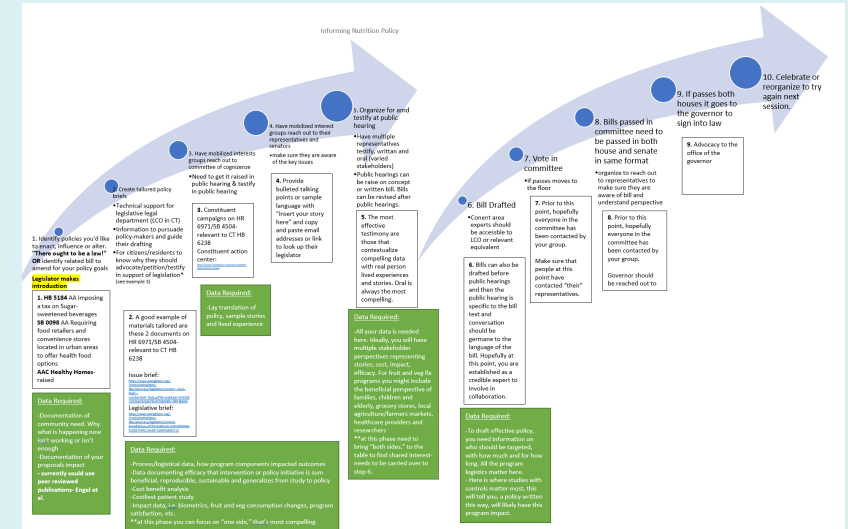
6. Drafting or revision of a bill

Content area experts should be accessible to drafting attorneys.



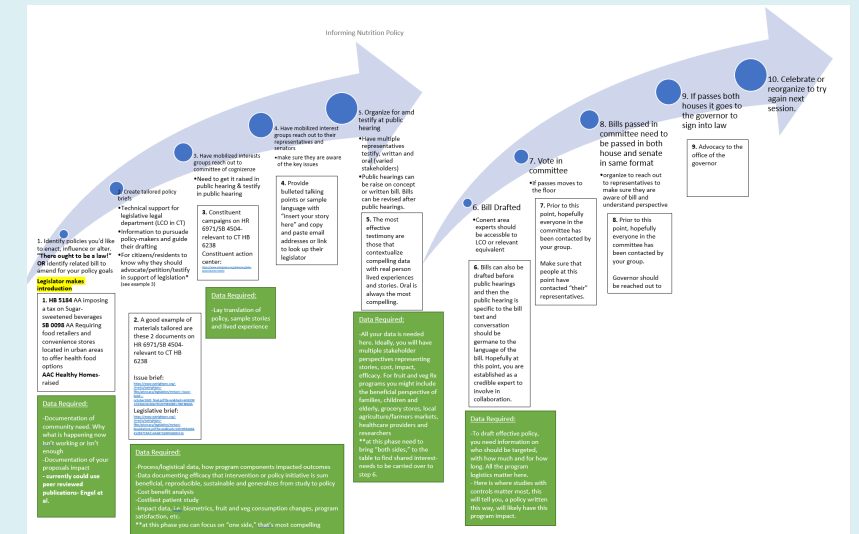
7. Voting in committee

- If it passes, it moves to the floor.
- Prior to this point, hopefully everyone in the committee has been contacted by your group.
- Make sure that people at this point have contacted their Representatives.



8. Bills passed in a committee need to be passed in both House and Senate in the same format

- Organize to reach out to Representatives to make sure they are aware of the bill and understand your perspective.
- Prior to this point, hopefully everyone in the committee has been contacted by your group.
- Reach out to the Governor and President as well.



Floor debates - in defense of dairy



Midnight discussions on vaccines



We need scientists, experts, and advocates!

- Misinformation and assumptions are loud and spread widely.
- Our findings and understandings are nuanced and can inform better policy.
(Flavored tobacco example)
- When compromises are sought, our expertise can inform better final agreements and help policymakers determine worthwhile vs. risky concessions.
- Connect with your legislator. Establish yourself as the expert on the issue and make it clear that you want to help.



POLICY IMPLEMENTATION AND OUTCOME EVALUATION

Laurie Whitsel, Ph.D.

National Vice President – Policy Research and Translation

American Heart Association



ASSESSING FOR IMPACT

To optimize our work in advocacy, we need to understand whether the policies we work so hard to get into place are implemented as intended

- Population Impact
- Improved Equity
- Impact on Disparities
- Cost to Implementers and Priority Populations
- Any Unintended Consequences
- Penetration and Uptake
- Contribution to Creating Longer Healthier Lives

Advocacy organizations have an obligation to assess the impact of the issues/campaigns they work on

Need for a policy implementation and outcome evaluation framework that can be used by organizations in partnership with the research community, funders, and government

EVIDENCE FOR IMPACT – WHAT ARE WE MEASURING?

Qualitative Assessment:

- Adoption
- Acceptability
- Penetration
- Feasibility
- Fidelity
- Implementation Cost
- Cost-effectiveness
- Unintended Consequences

Quantitative assessment against relevant surveillance systems, consumer data, and other monitoring

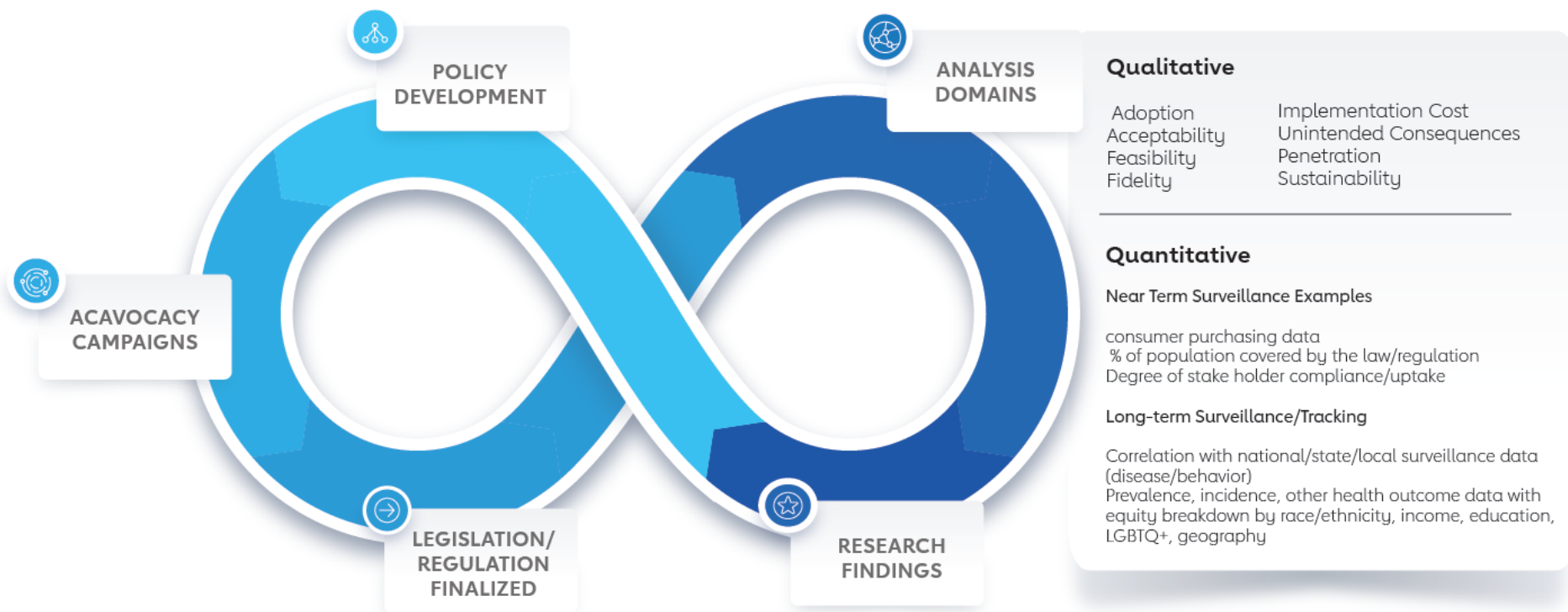
Longitudinal tracking

Examples of equity measures:

- Race/Ethnicity
- Geography
- Rurality
- Income
- Educational Attainment

While these metrics with each policy issue will primarily be showing association, not causality, the analysis will be important for some assessment of efficacy.

Research Framework for Robust Policy Implementation and Outcome Evaluation



Policy implementation and outcome evaluation is an integral component of the policy process that provides an overall performance management framework to guide responsible decision-making. Fundamentally, to optimize our work in advocacy, we need to understand whether the policies we work so hard to get into place are implemented as intended, whether there is specific population impact, whether they improve equity or create disparities, the cost to implementers and target populations, their penetration and uptake, any unintended consequences, and their contribution to creating longer, healthier lives. The framework requires longitudinal tracking with a blend of qualitative and quantitative analysis. Optimizing evidence-informed policy making will require significant engagement from advocacy organizations and the research community with profound investment from private and public funders.



American
Heart
Association.

ADOPTION

What is the policy mechanism (e.G. Executive order, legislation, regulation, contracts)?

At what level of government was the policy addressed?

Is the policy based on evidence-based scientific or clinical recommendations?

Was the policy formally approved/passed?

Was the policy adopted? If so, what was the adoption date?

What is the scope or elements of the policy and at what level (i.E., Federal, state, local) is it being adopted/implemented.

Were implementation process steps outlined in statute and regulation?

Was implementation evaluation written into the law?

Is there a role for a federal, state and or local health agency) and any dedicated appropriations/funding for evaluation.

Was the policy implemented? If so, was there an implementation date?

What resources and funding were available to ensure implementation of the policy?

Are resources/training available to support lower capacity implementors to ensure equity?

What existing social, political, or economic realities were occurring at the time of implementation of this policy?

Is there capacity for monitoring/enforcement?

ACCEPTABILITY

Who were the stakeholders involved in Adoption and Implementation? Were stakeholders who would be most impacted by the policy involved in implementing?

What supporting policies, resources (e.g. technical assistance, training) and/or processes were put in place to enforce the implementation of the policy?

Was the policy well received across all priority populations? If so, by whom? If not, by whom?

Was the policy change adequately communicated? If so, by whom/by what agency or stakeholder? How did the communication happen?

What was the level of engagement with enactment?

- Amongst implementers
- How was the policy received across impacted populations?



FEASIBILITY

Were implementers adequately trained to implement all aspects of the policy?

Were there barriers to implementation? If so, what were they?
Were they overcome? If so, how?

What/who were the facilitators for implementation?



FIDELITY

Was the policy implemented as intended?

Did it have its expected outcomes??

Summarize the equity impact

- a. Racial/ethnic reach
- b. Income
- c. Education levels
- d. Geographic area
- e. Sexual orientation
- f. Other characteristics specific to the policy



IMPLEMENTATION COST

What was the cost of implementation?

Are there any annual appropriations in place associated with implementation?



UNINTENDED CONSEQUENCES

Were there any unintended consequences experienced

- By the priority population or other population groups?
- At the systems level?

Were disparities increased or decreased with implementation?



PENETRATION

Scope/reach of the policy (actual population reach, systems change, process improvement)

Does the policy address any social determinants of health?

Was there a system change with this policy?

Did this policy improve or worsen any existing processes?



SUSTAINABILITY AND MONITORING

Was the policy change sustained over time? How long?

Did outcomes vary over time? If so, how?

Was the implementation process sustainable over time?

For monitoring/ enforcement, which agencies are involved; is it happening?



QUANTITATIVE ANALYSIS – WATERFALL APPROACH

Priority Issue	1 st Outcome Measure (Monitoring)	2 nd Outcome Measure (Monitoring)	3 rd Outcome Measure (Monitoring)	4 th Outcome Measure (Monitoring)
Healthy Diet				
Sugary beverage taxes	Increase in cost of beverages (likely will have to purchase these data)	Beverage sales and changes across the beverage portfolio	Reported beverage consumption in youth and adults (YRBSS, BRFSS)	CVD outcomes, obesity, and diabetes rates (Vital Statistics, LHANES/NHANES, BRFSS, YRBSS)
SNAP	Level of Appropriations	Fruit and vegetable purchases	Self-reported Fruit and vegetable intake (YRBSS, BRFSS, LHANES/NHANES)	
Early Care and Education Licensing Regulation	# <u>of</u> facilities (center and home-based) that met the standard (CDC-NRC)	# <u>of</u> children covered (center and home-based care)	Licensing official trainings that occurred; embedded in compliance visits	Children's diet quality from menu analysis or data from CDC surveillance (CDC's C-SAW)

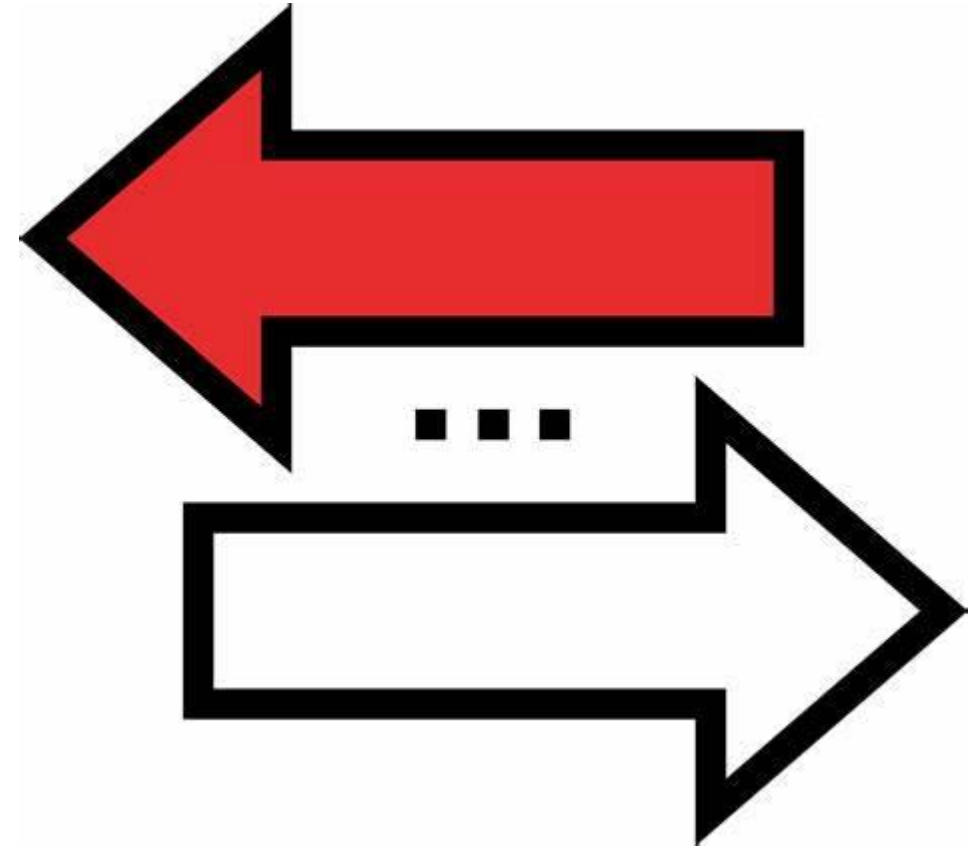
AHA'S AREAS OF FOCUS ON NUTRITION POLICY

- SUGARY BEVERAGE TAXES
- SCHOOL NUTRITION STANDARDS
- GOVERNMENT NUTRITION ASSISTANCE PROGRAMS (SNAP, WIC, CACFP, SUMMER FEEDING PROGRAM)
- FOOD IS MEDICINE
- RESTAURANT MEALS
- NUTRITION AND PA STANDARDS IN EARLY CARE AND EDUCATION
- SODIUM REDUCTION ACROSS THE FOOD SUPPLY
- FOOD LABELING
- TARGETED FOOD AND BEVERAGE MARKETING/ADVERTISING



NEXT STEPS

- Co-create an evergreen research agenda for policy implementation and outcome evaluation research across our strategic policy agenda
- Work with government agencies, research community, policy makers, funders to bring capacity and momentum to this work
- Continue to share what we learn





Questions?



Thank You.

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