Policy Report

Background:

"Policy" is a very broad concept. It can be a principle or action that is created by conventional governments on local, state, and federal levels, or amongst decision makers in tribal communities. A policy can also be adopted less formally within organizations, corporations, and other institutions, for instance by enacting a healthy vending machine policy. Similarly, the mechanisms used to influence policy are equally wide-ranging. An individual or group may minimally engage in policy work by signing on to support or reject different proposals, or publicizing a call to action. They may dedicate more resources to their policy work by training constituents on talking with legislators or working closely with organizations, corporations, or institutions to encourage implementation of new policies. More extensively, they may work on creating elaborative campaigns to gain stakeholder buy-in, or directly lobby. This sort of work can be done in isolation, or in collaboration with other partners to either react to existing policies or proactively create a shared vision and goals for future policies. All said, participating in policy work is a wide-ranging, complicated endeavor that takes careful thinking about how one will target their efforts.

healthTIDE is a network consisting of over 3000 partners working in nearly 600 different entities across Wisconsin, dedicated to creating healthy communities that support healthy people by changing policies, systems, and environments. healthTIDE is housed within the Department of Medicine at the University of Wisconsin- Madison. As a network within a university, healthTIDE functions under a set of strict rules related to political engagement in that it can only educate about different policies. In 2015, the healthTIDE network attempted to use a collective impact model to advance policy change by collaborating with the YMCA to convene partners such as American Heart, Medical College of Wisconsin, American Cancer, Children's Hospital of Wisconsin, Aurora Healthcare, Hunger Task Force, and a handful of others. Although there was a lot of energy during these meetings, it was difficult to keep the work moving outside of those spaces. Eventually, the group was able to establish a broad set of priorities around childhood obesity. Their strategy was to increase children's time engaging in physical activity at school through a campaign called "Get Kids Moving"; however, the group ran into opposition over the specific outcome goals of the campaign. The campaign came to a halt, and the collaborative group dissolved. There were many experiential learnings that came from healthTIDE's first attempt to support policy work, and an apparent need to invest more thought into how to better support policy work within a network.

Methods:

Despite previous challenges, there seemed to be a lingering desire for healthTIDE to return to the policy space. In the fall of 2018, healthTIDE support staff began to follow up on feedback indicating that healthTIDE should better support partners' policy initiatives and goals. The follow-up process began by exploring the structures and systems that other networks engaged in policy work have in place. Support staff researched and consulted with a few hT partners, UW-Madison staff, and national networks to source ideas of what it could mean to support the policy work of a network of partners. Possible roles that the network could play seemed to mirror the mechanisms used by individuals and groups, such as disseminating information and conducting trainings, along with creating additional opportunities for collaboration on different policy efforts. This information provided the basis for crafting a comprehensive survey and key informant interview aimed at identifying whether healthTIDE should be used to support policy efforts and if so, what forms of policy work should it engage in.

Support staff began by simultaneously creating a list of survey questions, and a stakeholder map of different entities (organizations, counties, municipalities, etc) within the network. The map was used to extract a core group of 15 diverse partners to interview that represented the perspectives of groups across different sectors, systems, locations, and who work with different populations. The purpose of intentionally seeking different voices was to ensure that our results would capture the unique needs of groups across Wisconsin. The staff proceeded to utilize previous knowledge about the various ways to conduct policy work in crafting a survey and key informant interview guide (Appendix A & B). The questions sought to explore; 1) current and potential policy work those organizations are engaging in, 2) how they view the healthTIDE network supporting their individual organization's policy efforts- if at all, and 3) how they view the healthTIDE network supporting collective policy work that is reactive and/or proactive.

Upon completion of the survey, the responses were aggregated into quantitative statistics. Upon completion of the 15 interviews, the responses were de-identified and compiled into an excel document for analysis. 3 healthTIDE staff members undertook an extensive qualitative coding process and collaborated to extract key findings. These findings will hopefully shed light on ways healthTIDE could support partners policy work.

Findings:
Support for Types of Policy Engagement

Individual Policy Work

62% (n=56) of survey respondents believe that the healthTIDE network should be leveraged to support their individual organizations policy efforts. In comparison, 93% (n=15) of interview respondents believe that the healthTIDE network should be leveraged to support their individual organization's current or future policy work.

Collective, Reactive Policy Work

82% (n=60) of survey respondents believe that the healthTIDE network should be used to react to existing policy initiatives. Comparatively, 79% (n=14) interview respondents believe that the healthTIDE network should be leveraged to collectively react to policy efforts.

Collective, Proactive Policy Work

97% (n=61) of survey respondents believe the healthTIDE network should be used to proactively advance new policies. In comparison, 93% (n=14) respondents believe that healthTIDE should be leveraged to proactively change policy.

Level to Address Policy

61% of survey respondents believe healthTIDE should influence policy at an organizational level, 71% at a local level, and 88% at a regional and state level (n=56).

Barriers

The top barriers that survey respondents face to engaging in policy work are 1) lack of connections to other organizations, 2) leadership support for policy work, 3) lack of resources to engage in policy work, 4) not allowed to engage in policy work, and 5) lack of knowledge or skills as well as lack of grassroots support to engage.

Opportunities

Partners felt that healthTIDE could be used as a central structure to prioritize and carry out policy initiatives, build capacity for policy work, communicate knowledge, and connect individuals, organizations, and networks for collective action.

Prioritization

It would be helpful if healthTIDE determined shared definitions, clarified partner expectations, solidified processes to identify priorities, and then set priorities and implemented initiatives that will achieve them. Determining shared definitions is the first step to aligning partners. Respondents believe that it would be helpful if healthTIDE put forth its own definition of health to clarify whether the network is centered in healthy eating, active living (HEAL) or embraces a broader definition of health. It is believed that this will help engage the people and organizations that view their work within a similar lens. Next, it is important to have shared expectations about the ways that policy efforts will be supported by the network. One suggestion was to orient new partners by explaining the mechanisms that healthTIDE uses to support policy change and establishing an expectation that they should engage in efforts that directly and indirectly relate to their work. The mechanisms healthTIDE uses to support policy change, such as priority identification or collective action, must be determined using a process that is transparent and equitable.

After getting a consensus on definitions, expectations, and processes for policy work, partners identified that the most important step that follows is to establish priorities for the

network to act on. Some people identified that healthTIDE should come up with two priorities, whereas others said ten. Regardless, they felt like healthTIDE needs priorities if it hopes to engage in collective, proactive policymaking. Partners believe that the priorities should reflect current issues that are identified by the network. Upon establishing priority issues to work on, partners hope to co-create a strategic plan that maps out healthTIDE's short and long term goals. Ideally, this plan can be used to narrow down effective, politically feasible policies that the network can collectively pursue. Cumulatively, respondents felt like it would be

Capacity Building: Infrastructure, Stakeholders, and Knowledge/Skills
        Partners identified that healthTIDE could support capacity building for infrastructure, stakeholder support, and knowledge and skill development. The greatest infrastructure needs relate to funding for policy work and personnel to carry out the policy work, both from an individual organization and a broader network standpoint. From an organizational standpoint, partners are in high need of funding for their policy work. It is unclear whether or not there is an abundance of funding available for this work, but if so, partners would like healthTIDE to gather and alert them of those specific opportunities. Similarly, some partners identified that it would be helpful if healthTIDE could fund their policy work by creating its own grant program, targeted for under-resourced, rural communities. From a network perspective, partners reported that healthTIDE needs to diversify its funds to more robustly engage in policy work. Current funding constrains policy abilities to strictly education, but some partners believe it would be helpful if healthTIDE could do more indirect and direct lobbying. It will take further research to determine how far along the advocacy continuum the healthTIDE network hopes to move to.
        Other infrastructural capacity building needs relate to personnel to carry out policy work. Partners felt like they needed interns or other designated staff at their organization to begin or advance their own policy initiatives. Personnel is a barrier for organizations that are either tight on funds and/or tight on time to train. One solution to improve an individual organization's ability to engage in policy efforts is by having shared personnel for the network that supports collective policy efforts, and possibly even individual organizations' efforts. Respondents believe that it is important for healthTIDE to conduct an assessment to identify who exists within the network and who is needed to fill the gaps. Some positions that partners think are important to have are a committee, advisory council, manager, leader, local-state liason, lobbyist, lawyer, and experts. The committee would be charged with setting a policy agenda and carrying out the work. Some partners thought that this could exist within each of the current healthTIDE teams, or it could exist as its own team. Partners felt like it might be helpful if there was an advisory council that could look at the macro-picture and approves or disapproves the policy committee's initiatives based on it. Similarly, a local-state liason may be helpful to inform of local and state priorities and how to align those with the network's priorities. Once the priorities transition to action, it may be beneficial to have a project manager available to build the coalition and hold partners accountable to keep the work moving. Similarly, healthTIDE may need to identify a leader to help push on the work by activating partners and organizing the policy efforts. Other roles that may be beneficial to fill could be a lobbyist, lawyer, and some policy experts. These people would especially help smaller organizations participate in policy work by advocating, drafting legislation, and hosting trainings respectively.

Partners identified that increasing stakeholder support as well as knowledge and skills would help build capacity for policy work. Respondents explained that they needed help gaining buy-in from community members on various issues, and translating that energy into political activism. Partners would like healthTIDE to help provide basic education via videos or pamphlets or train the trainer events to encourage community members to support specific issues. Further, they would like healthTIDE to show community members that their voices and votes matter. This is especially important to do in rural communities to help elevate their concerns into local and state politics. Partners also hope to acquire new knowledge and skills that will help them work with their activated communities. They believe that it would be helpful if healthTIDE provided trainings to understand political processes such as 'how a bill becomes a law', 'how the budget process works', 'what is policy, systems, and environmental (PSE) change', and 'how and when to advocate for PSE change'. This information would prepare partners with information that would help them engage in policy efforts. Similarly, partners would like campaign building tools, such as issue background documents and template examples, that reflect the best practices to carry out an effective campaign. In sum, respondents believe that healthTIDE would be well-fit to provide capacity building support to the network, specifically around infrastructure, stakeholders, and knowledge and skill development.

Communication: Coordinated Updates and Information Access

healthTIDE partners believe that the healthTIDE network can support policy work by communicating policy updates in a coordinated way and centralizing policy information so it is easily accessible. Partners identified that healthTIDE can help communicate policy updates in a coordinated way by expressing a unified voice on different issues and sharing partners' policy efforts. They felt like once the network identifies 1-2 policy priorities, it can clearly communicate those priorities so partners can adopt them into their current or future initiatives. This would involve generating consistent messaging and sharing it with local communities. Similarly, some expressed that it may be helpful to have shared resources such as localized talking points, issue background one-pagers, and Q&A sheets to share with their communities and take to their elected officials. It is important that these reflect what is happening politically, and any changes are communicated to partners. Along with communicating priorities and sharing politically-relevant materials, partners felt like healthTIDE could disseminate individual partners' efforts. For example, some thought it could be helpful if healthTIDE re-shared sign-on letters, call-to-actions, and advocacy events with the network. These updates could be shared through e-newspapers, social media, or an online portal. This would make healthTIDE a hub for coordinated policy updates that build support for campaigns.

Partners identified that they would like access to more policy information such as issue backgrounds with personal stories and supporting data, policy cost/benefit analyses, an inventory of existing policies, and a database with current and past policy efforts. The respondents said it would be helpful to have access to information that explains the background to different issues using personal stories of those impacted by a given issue and supplemental data. They understand that policymakers respond best to the lived experiences of their constituents over data alone. To accompany the stories, healthTIDE could provide locally, regionally, or state-specific data. Ideally, this data would provide quantitative information about a

given issue such as how many people are affected by it. As partners begin to think about solutions for these issues, they would find it helpful if healthTIDE could provide a policy cost/benefit analyses that would describe the opportunities and implications of different policies on populations, institutions, and systems. Similarly, partners hope that healthTIDE could provide an inventory of current policies that exist in each community, highlight the ones that should be changed, and how likely it is to change them. Together, the analysis and inventory would help narrow on specific policies that partners could move on.

Out of all the suggestions, information access to current and past policy efforts seemed to be the greatest need. Specifically, the partners want to know; 1) what policies others have worked on in the past, where they were done, with whom, and with what success, and 2) what policies groups are currently working on and how so that they can reach out for possible collaborations. This could be available in a policy database that is easily searchable and maps out the information in interactive ways. This database of information would help partners understand the current context and history of policy work in Wisconsin. Cumulatively, communicating updates and centralizing information are ways that healthTIDE could help support policy within the network.

Connections towards collective action

healthTIDE partners identified they would like assistance creating connections within and between networks, as well as help creating opportunities for collective action. Partners specifically wanted to continue building connections with partners within the healthTIDE network. They also desired tips on building connections and engaging partners within their own communities and networks. Similarly, and most prominently, partners would like assistance in building stronger local networks by connecting them to other individuals, organizations, and entities in their community. Some also identified that it could be beneficial to be connected to others that represent similar racial demographics or care about similar issues. These partnerships would foster mutual learning and possibly collaboration. Further, it would be helpful for some partners who have local networks, to connect with other local or regional networks. No respondents identified the mechanism they would like healthTIDE to use to bridge those connections, but there was a profound interest in continuing to develop relationships with the intention of influencing policy.

If healthTIDE continues to create connections, partners felt like there is a profound opportunity for collective action. These connections provide a platform to disseminate information and carry out policy work. Partners believe that healthTIDE should offer a space for these connected partners to convene and converse about different issues. These convenings could occur in person and virtually -to reduce barriers to under-represented populations- through existing team structures or through a new team. Respondents hope that these structures will help align multi-sector, multi-jurisdictional, and multi-level partners that represent diverse backgrounds around specific issue areas. The intention of these convenings would be to prioritize policies and determine where/how they can be changed collectively. Some of the respondents believe that the healthTIDE network can then be used to move on these policy priorities through workgroups. They propose that the workgroups meet regularly to create a meta-campaign and organize their communities to push on policy change. Partners feel that

connections for collective action would help them achieve the changes that their communities want and need.

Conclusion:

There are many ways to engage in policy work. Partners have identified numerous ways that the healthTIDE network could better support policy efforts through the survey and key informant interviews. They seem to overwhelmingly favor more support in collective, proactive policy on a state and regional level followed by a local level. Possible ways that the network could support policy is by providing a central structure to prioritize and carry out policy initiatives, build capacity for policy work, communicate knowledge, and connect individuals, organizations, and networks for collective action. These findings are extremely important because they influence fund development, decisions for institutional homes, and strategic planning.

Appendix

A.Survey

Policy work can be legislated or voluntary (e.g., administrative or organizational policy). Policy change can occur at different levels and contexts. This includes:
- State policy: policy passed by a legislative body (Wisconsin Legislature; Governor's Executive Order)
- Regional policy: larger area that covers a multitude of cities and/or provinces
- Local policy: formal policy passed by a county board, city council/village or town board
- Organizational policy: policy adopted by an organization or business; informs organizational/business practices

1. Are you or your organization currently engaged in policy work?
2. How likely are you or your organization willing to engage in policy work in the next two years?
   a. Extremely unlikely, Somewhat unlikely, Neither likely nor unlikely, Somewhat likely, Extremely likely
3. Please describe you or your organization's policy work. Which topic(s) do you focus on?
4. What are some barriers to you or your organization doing policy-related work?
   a. Lack of personnel, Organization's leadership support, Lack of know-how or skills, Lack of resources (e.g., time or money), Lack of connections to other organizations, Does not fit organizational goals, Lack of grassroots support, Grant restrictions, Not allowed to (e.g., legal ramifications), Other, None of the above
5. Should the healthTIDE network be leveraged to support **you or your organization's** policy efforts?
   a. If yes, what do you need from healthTIDE to support your or your organization's policy-related efforts?
6. Should the healthTIDE network be leveraged for **collective** (e.g., bringing folks across the healthTIDE network together) policy work?
   a. If yes, what level(s) should the healthTIDE network collectively work to influence policy?
      i. Organizational, Local (e.g., village, town, city), Regional (e.g., county, province) State, None of the above
7. Should the healthTIDE network be used to **react** to existing policy initiatives?
8. Should the healthTIDE network be used to **proactively** advance new policies?

B.Key Informant Interview

The following questions are about your organization and the work you are currently doing around policy. Policy work can be informal (an organization creates a policy) or formal (a policy is passed by a legislative or decision-making group)**.

1) To what degree does your organization work on changing informal organizational policy? Formal legislative policy? Please explain each individually.
   If yes:
   a. What is the topic specific focus of your policy work? (Probe: for level and target audience.)

   b. In what ways does your organization work towards creating policy change?

   c. Do you work or collaborate with other organizations or within other coalitions to influence policy?

   d. Is your organization interested in expanding your policy efforts within the next 1-2 years?
   If yes
      i. Thinking about the work you are doing in this area, are there plans to expand your current efforts?
      ii. Do you plan to shift or expand your efforts to other focus areas?

   If no:
   a. Is your organization interested in working on organizational and/or legislative policy work in the next 1-2 years? Why or why not?
      i. If no: Skip to 4

The following questions are focused on policy-related aspirations in the near future. We understand you may not have fully formulated thoughts on each, so just answer what you feel comfortable with

   b. (If interested in legislative policy) At what level, local, state, and/or national, do you think your organization would like to impact policy?

   c. What type of policy work do you think your organization would be interested in working on?

   d. Do you think your organization would be interested and motivated to work collectively with other organizations to influence policy?

2) What are some major barriers that your organization experiences when/to working on influencing policy?

    a. Have you experienced any barriers to working with other organizations on policy?

Now, we'd like to shift to getting your input on what the healthTIDE network could be doing, if anything at all, to support policy work. The healthTIDE network is advised by a Leadership Council and supported by staff. Please keep in mind that hT works to connect, convene, catalyze, and move collectively on changing policy, systems, and environments to improve nutrition and physical activity throughout the state of Wisconsin

3) From your perspective, do you think the healthTIDE network should be leveraged to support your current or potential policy work?

If yes

    a. From your perspective, how could the healthTIDE network support your current or potential policy efforts?

    b. Are there specific resources/materials/trainings that you need to your work?

4) From your perspective, should the healthTIDE network be used to collectively respond or react to existing policy efforts?

If yes

    a. How do you think the healthTIDE network could be used to respond/react to policy efforts?

        i. What could that look like?

        ii. How might you see your organization being involved?

        iii. Are there other organizations that you think would or should be involved?

    b. Are there specific resources/materials/trainings that would be needed to respond collectively?

5) From your perspective, should the healthTIDE network be used to support collective policy efforts that are pro-active?

If yes

    a. How do you think the network could proactively address policy together?

        i. What could that look like?

        ii. How might you see your organization being involved?

        iii. Are there other organizations that you think would or should be involved?

    b. Are there specific resources/materials/trainings that would be needed to collectively work on a proactive policy agenda?

6) Is there anything that we have not touched on today that you would like to share?