National Network of Public Health Institutes

Local Policy Database Scan

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Prepared for the Centers for Disease Control and Prevention Division of Community Health (DCH) in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

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I. Abstract

Through its Cooperative Agreement with the National Network of Public Health Institutes, in 2013 the Centers for Disease Control and Prevention Division of Community Health (DCH) in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) sought the assistance of a public health institute or institutes (PHI) to conduct a scan of the local policy database environment. The purpose was to document the landscape of local policy databases that support healthy communities and recommend options for the potential development of a future national database.

A partnership of PHIs led by the Illinois Public Health Institute executed 28 key informant interviews with subject matter experts and two online assessments of 250 potential users and database stewards. This data collection confirmed a lack of any comprehensive national-level database containing local, healthy communities' policies and proposed conditions under which such a system might be created. The project found that existing local policy databases differ in focus, structure, detail, accessibility and comprehensiveness because of the siloed nature of project funding, the absence of any central coordination, and the lack standards for healthy community policy databases. While databases exist across a variety of healthy communities' topic areas, no single database addresses them all, and not all public policy areas for healthy communities are addressed in existing databases. While the definition of healthy communities is evolving, most current policy databases do not reflect the increasing interest in quantitative analysis and policy impact, or the increasing emphasis on public health systems and social determinants of health.

The recommendations include creating a forum and process for establishing standards and common criteria for policy databases, and leveraging desirable features of existing databases and tools. While existing databases might be leveraged for future replication, the current interests of practitioners and researchers may require the creation of new models. A framework for evaluating these options is proposed.

II. Primary Findings and Recommendations

Finding 1: Policy database users can be categorized into two groups: 1) practitioners and policy makers and 2) researchers.

Practitioners and policy makers use databases to find basic policy information, examples and best practices in order to compare and evaluate their policies against those in other jurisdictions. Researchers utilize databases that have been developed according to empirical methods and rigorous standards to link coded policy information with health outcome data in order to measure the impact of policies.

Practitioners and Policy Makers

- Access basic policy information (topic, jurisdiction, date of enactment)
- Compare policies and policy language to other jurisdictions
- Measure a community's progress

Researchers

- Analyze a policy's strength, comprehensiveness and effectiveness
- Link policy information to external health outcome data, by geography
- Evaluate impact of policies

Finding 2: Existing policy databases are very diverse.

Because existing healthy communities' databases were each created for the specific purposes of developers or funders, databases vary in content, scope, structure, comprehensiveness, quality, detail, accessibility, funding, governance, tools, functionality and standards for adding and categorizing policies. In order to promote evidence-based policies among local communities, practitioners need efficient access to these policies. In the current environment, policy development for practitioners is inefficient due to the diversity and inconsistency across databases. At the same time, diversity among databases limits researchers' ability to conduct cross-topic analysis or compare strength or comprehensiveness measures.

Recommendation 1: Establish a participatory process to investigate, develop and meet standards for local policy databases.

Disparate and disconnected databases spring from a funding environment with no coordination or consensus on priorities or methodology. Therefore, interested stakeholders should develop a forum and process for database owners, managers, developers, experts, funders and current and potential end-users (including practitioners, policy makers and researchers) to develop mechanisms for creating common definitions, criteria and/or standards for local policy databases. This process would necessarily require leadership and resources to enable new and existing databases to meet resultant standards. The CDC was most commonly mentioned as the natural convener for this process.

Recommendation 2: Leverage existing databases and knowledge of user needs.

Existing databases contain knowledge, expertise and tools identified as important by end users. These desired features should be considered for standardization or replication across other databases or as part of any future national local policy database model. There are many different ways to build on existing tools and functionality, from enhancing an existing database, creating a network from existing local databases, establishing new standards-based funding opportunities to advance many databases, or building towards a single publically accessible database. Possible options are addressed in ***Section IX***.

III. Background

Scope: Since the advent of the Healthy Communities' movement in the mid-1980s, the common understanding of what constitutes a healthy community has broadened considerably. Traditional indicators of community health are being augmented by more systematic approaches to building and maintaining healthy communities. Because the very definition of healthy communities is in flux, there is value in understanding and documenting the current environment for systems that store public policies regarding healthy communities. The CDC recognized a potential need for a comprehensive database of local policies on health topics as an important step in the development of strategies and resources to promote improved community health and core public health functions. Currently, healthy communities' policy database development efforts are neither coordinated nor comprehensive. The National Networks of Public Health Institutes (NNPHI), through its Cooperative Agreement with the CDC, contracted with partner agencies to: 1) identify conditions that support healthy communities (completed by Health Resources in Action) and 2) complete a local policy database scan (current report).

Objective: The purpose of the scan was to document: 1) the landscape of local policy databases that support healthy communities; 2) the interests of community stakeholders for local policy access and dissemination; and 3) options for a future standard local policy database.

Project collaborators: The Illinois Public Health Institute (IPHI), the Texas Health Institute (THI), the Mississippi Public Health Institute (MSPHI) and software development firm MSF&W formed a collaboration to conduct a scan of local policy databases. Consultation was provided by Dr. Jamie Chriqui and Dr. Debra Haire-Joshu, nationally recognized leaders in the formation and use of local policy databases.

Audience: The CDC and the broader community interested in policy development and local policy databases to support developing and maintaining healthy communities.

IV. Methodology

Definitions of Terms. The project used specific definitions of "local," "policy," "database" and "healthy community" to focus project activities. See ***Section V*** below for definitions.

Literature review. A literature search explored published research on local policy databases across a broad range of topics and to describe challenges and gaps in this research (see ***Appendix I*** for the full literature review).

Interviews with managers of current database integration projects. The project gathered input from Community Commons and the legal consortium comprised of OSTLTS, ChangeLab Solutions, Public Health Law Research and the Public Health Law Program.

Key informant interviews with database owners, managers, developers, funders and experts. The project conducted telephone interviews with 13 local policy database owners, managers, developers, funders and experts from health foundations, federal agencies, universities, advocacy associations, and public associations (see ***Appendix J*** for the interview guide).

Key informant Interviews with current and potential end-users. The project conducted telephone interviews with eight (8) potential end-users representing universities, non-profit organizations, state and local public health departments and foundations (see ***Appendix K*** for the interview guide).

Online assessment of local policy database owners, managers, developers, funders and experts. A convenience sample of 22 respondents completed the assessment, providing detailed data on 17 databases (see ***Appendix L*** for the online assessment tool).

Online assessment of current and potential end-users. A convenience sample of 211 respondents completed the assessment (see ***Appendix M*** for the online assessment tool).

Online data collection. The project conducted additional internet search to locate and describe databases or resources identified by key informants or online assessment respondents, and those identified in online searches by project staff. A total of 110 databases or other information repositories were identified (see ***Appendix A*** for a full list).

Gap analysis. The project team conducted a gap analysis to identify differences between what exists in the current environment and a desired future state envisioned by end-users. Further explanation of the gap analysis methodology is available in ***Section VIII.*** The full gap analysis is available in ***Appendix D***.

Options analysis. The project team developed a framework to evaluate possible options to address the identified gap and develop a model for future coordinated local policy database development. The proposed framework was tested against representative options as an example of possible next steps. The options analysis methodology is available in ***Section IX.***

Data-gathering results

Data-gathering activities resulted in 4 sets of data:

- Interview data from 28 key informants
- Online assessment data from 211 current and potential end users
- Detailed online assessment data from 22 owners, managers, developers, funders and experts on 17 databases
- Descriptive data on 27 communities' local policy databases that met at least one of our criteria for inclusion (see Section V for definition)
    - 9 are local, healthy communities' policy databases
    - 9 databases contain both local and non-local healthy communities' policies
    - 9 are non-local (state- or national-level) healthy communities' policy databases
- 12 databases were identified as state legislation registries. These were excluded from the scan since it is presumed that each state has a similar registry that is not specific to healthy communities' policy topics.
- 71 information repositories were identified in the course of the data collection activities above. These repositories were excluded from the scan since they are not formally-structured policy databases. However, some of these resources are important parts of the overall environment, containing examples of model policies, best practices, guides for advocacy, and curated collections of links that provide meaning and context for local policy development and analysis.

V. Definitions

Local: legislative entities below levels of a state: sub-state, county, city, township, tribal and school district

Policy: defined by the CDC as a "law, regulation, procedure or administrative action, incentive or voluntary practice of governments…" The project scanned for laws passed by legislative bodies and regulations passed for public effect. The project did not scan for procedures, administrative action, incentives or voluntary practices.

Local policy database: an electronic database system with a formal structure of common elements that tracks and houses information about the existence of, and language for, policies enacted by a local governmental body

Healthy Communities: The project utilized the CDC's National Center for Chronic Disease Prevention and Health Promotion program areas as topics that could be included in a local policy database regarding healthy communities, including: cancer, community health, diabetes, heart disease and stroke, nutrition, physical activity, and obesity, oral health, population health, reproductive health, smoking and tobacco Use. It is the project team's observation that the current environment of local policy databases is consistent with the CDC chronic disease definition of specific topics; however, the public health community is now embracing a more holistic definition of health that includes a systems perspective and the social determinants of health.[1]

Inclusion criteria: The project developed inclusion criteria to define what policies were included in the scan. Primary inclusion criteria included local, healthy communities, legislative and/or public policies. Secondary inclusion criteria included state and national healthy communities policy databases, for the examples they provide of factors regarding healthy communities and database functionality, and non-health local policy databases, for the examples they provide regarding the structure of policy databases for local jurisdictions.

Exclusion criteria: The project did not include in its scan databases of organizational (non-public) and voluntary policies[2], databases comprised of model policies or programmatic examples and best practices. The project acknowledges the value of model policies and best practices for programs. While beyond the scope of this scan, we believe that these findings and recommendations support the expansion of this scan into voluntary and organizational policy analysis.

[1] As part of the Defining Healthy Communities Category 1 project, Health Resources in Action defined a healthy community as: "A healthy community is one where a wide variety of stakeholders from across the geo-political region use their expert local knowledge to make the community socially and physically conducive to health. Community members will be empowered and civically engaged, assuring that all local policies consider health. The community will have the capacity to assess and address their own health concerns on an ongoing basis, using data to guide and benchmark efforts. If successful, the community will be equitable, safe, economically secure and environmentally sound, with educational opportunities, transportation and housing as well as access to prevention and healthcare services, healthy food and opportunities for physical activity."

[2] Input was gathered at the Kick-off meeting with the CDC that was attended by 20 experts and partners, and the group decided that for the purposes of this project, only policies that can be enforced would be included and that organizational and voluntary policies were beyond project scope.

VI. Summary and Significant Data

End-user assessment data

Full data sets from the online assessments can be found in ***Appendix B.***

Respondents (n=211)

Current and potential end-users were from the following sectors:

- 40% government sector
- 37% non-profit sector
- 13% academia
- 10% private sector

Not all respondents are current end-users.

- 31% currently use a local policy database
- 65% of all respondents believe that their work would benefit from a local policy database

Purpose and Benefit

Current end-users (n=61) are most likely to use a local policy database for the following purposes:

- Policy development (40)
- Assessment (37)
- Education (33)
- Research (32)
- Advocacy (32)

Current and potential end-users (n=172) would benefit from a local policy database for the following purposes:

- Policy development (116)
- Assessment (106)
- Research (104)
- Education (101)
- Advocacy (98)

Healthy Communities Topics (n=61)

Current end-users identified the following healthy communities topics as most important:

- Nutrition / Obesity (50)
- Built environment (33)
- Physical activity (32)
- Tobacco (31)
- Coordinated school health (28)

Willingness to pay (n=165)

- 58% are unwilling to pay for access to a comprehensive local policy database
- 42% indicated that they would be willing to pay an annual fee

Database host (n=170)

Current and potential end-users would be most likely to use a database hosted by:

- A government agency / organization (140)
- An academic institution (128)
- A non-profit organization (122)

Most desirable elements (n=172)

- Includes a policy topic[3] (129)
- Includes a narrative policy description (122)
- Includes the policy jurisdiction (111)
- Includes the policy type[4] (107)
- Includes the policy target[5] (105)

Most desirable tools (n=170)

- Searchable by topic (154)
- Searchable by query (132)
- Searchable by jurisdiction / locality (125)
- Examples of best practices (109)
- Searchable by sector (103)

Missing elements & tools (n=160)

- Don't know (88)
- Examples of best practices (30)
- Data analysis tools (26)
- Coded categories allowing policy ranking by strength and effectiveness (24)
- Guidelines and standards for enforcement (23)
- Outcome analysis tools (24)

When asked to respond *as end-users*, the owners, managers, developers, funders and experts identified the following most desirable elements and missing elements of databases other than their own:

Most desirable elements (n=11)

- Concise policy description (11)
- Coded categories allowing comparison across policy elements (8)
- Link to bill/resolution (8)
- Date of policy enactment (7)

Missing elements and tools (n=12)

- Coded categories allowing policy ranking by strength or effectiveness (4)
- Coded categories allowing comparison across jurisdictions (4)
- Full text of enacted policy (4)

Database owner, manager, developer, funder and expert assessment data

Full data sets from the online assessments can be found in ***Appendix B.***

Respondents (n=22)

- Database owners or developers (15)
  - National- or state-level policy database developers, managers or staff (10)
  - Local policy database developers, managers or staff (5)
- Experts who promote databases as a resource (4)
- Policy database funders (3)

Healthy Communities Topics (n=22)

- Physical activity (15)
- Nutrition (14)
- Built environment (9)
- Tobacco (8)

[3] "Policy topic" refers to the healthy communities' topics detailed in Section V.

[4] "Policy type" refers to whether a policy is governmental or institutional.

[5] "Policy target" refers to the population or setting that a policy is intended to impact, for example: individuals, organizations, businesses, customers or students

Purpose and benefits

22 respondents identified the purpose of their databases as:

- Research and evaluation (16)
- Policy development (12)
- Legislative tracking (10)
- Education and advocacy (8)

When asked to respond as end-users, 16 respondents identified the top purposes of policy databases generally as:

- Research and evaluation (10)
- Policy development (8)
- Legislative tracking (7)
- Academic research (5)would benefit from a local policy database

Evaluation (n=17)

- No formal review has been conducted (11)
- User satisfaction surveys (2)
- Formal external evaluation (2)

Funding (n=17)

Databases were identified as being funded or supported by:

- National foundations (8)
- Federal or government grants or contracts (7)
- State or local government grant or contract (3)

Searchable content (n=14)

- Concise policy description (11)
- Coded categories allowing comparison across policy elements (9)
- Full text of enacted policy (6)
- Date of policy enactment (6)

Available tools (n=17)

- Search tool allows for browsing by policy (14)
- Query based search tool (11)
- Search tool allows for browsing by enacting jurisdiction (8)
- Search tool allows for browsing by other criteria (8)

Most utilized tools (n=18)

- Searchable by topic (6)
- Searchable by query (5)
- Searchable by jurisdiction / locality (5)
- 8 did not know the most utilized tools or features of their databases

Project team online data collection

Table 1: Prevalence of Healthy Communities' Policy Topics in Policy Databases

Topic	Local Health Policies (9 identified)	Local and State/ National Health Polices (9 identified)	State/National Health Policies (9 identified)	All databases in all three categories (27 identified)
Built environment*	4	6	5	15
Nutrition / obesity*	3	3	3	9
Physical activity*	2	4	3	9
Tobacco*	2	2	4	8
Food	2	3	1	6
Systems	2	2	2	6
Coordinated school health*	1	1	2	4
Drug / alcohol	0	2	2	4
Reproductive health	0	1	1	2
Heart disease	0	0	1	1

* identified in top 5 most important healthy communities' policy topics by current and potential end-users

Table 2: Prevalence of Preferred Database Features in Healthy Communities' Policy Databases[6]

Feature	Local Health Policies (9 identified)	Local and State/ National Health Polices (9 identified)	State/National Health Policies (9 identified)	All databases in the three categories (27 identified)
Includes a narrative description	8	8	9	25 (93%)
Includes a searchable jurisdiction	8	7	7	22 (81%)
Includes a searchable policy topic	4	8	7	19 (70%)
Includes examples of best practices	4	4	4	12 (44%)
Includes comparison tools	2	2	5	9 (33%)
Includes ranking tools	3	2	1	7 (26%)
Ability to download data	2	3	1	6 (22%)

[6] The list of features includes the database elements (content and descriptors) and tools (functionality) identified as most important by both groups of assessment respondents.

VII. Key Findings

End-User Environment Key Findings

1. Policy database users can be categorized into two groups: 1) practitioners and policy makers and 2) researchers.

Practitioners and policy makers use databases to find basic policy information, examples and best practices in order to compare and evaluate their policies against other jurisdictions. They seek ways to evaluate their communities' progress toward health goals and may find value in a policy tracking system. Researchers may spend a lot of time working with raw data to determine the impact of policies, based on health outcomes. They utilize databases that have been developed according to empirical methods and rigorous standards; they must have confidence in the data contained in the database. To effectively measure impact, researchers must be able to link local policy information (ideally coded by geography and scored for strength, comprehensiveness and effectiveness) to health outcome data on a community level.

2. Users are interested in a well-maintained, accessible local policy database.

Sixty-five percent (65%) of respondents cited that they would benefit from a local policy database, assuming data is accurate, relevant, and up-to-date. Some existing databases have comprehensive policy information but are hampered by a confusing or complicated user interface. Other databases have a pleasing and intuitive user interface, but contain poorly designed feedback mechanisms or limited information. Databases also fall out of date and lose relevance when funding ends and support lapses.[7]

3. Users are interested in indicators of evidence base and evaluative measures.

At its most basic level, practitioners use local policy databases to understand how other communities are writing policies about the healthy communities' topics with which their work is concerned. They are interested in policy adoption, reach and whether or not it was developed using an evidence-based approach. More experienced users want to understand if particular policies are effective, and are therefore interested in systematic quantitative features like strength, comprehensiveness and effectiveness. Applying these measures to multiple similar policies allows for comparison and ranking of policies. Comparison tools allow for coding of descriptive elements (such as topics, settings and jurisdictions) while ranking tools assign a score to a policy based on strength, comprehensiveness and effectiveness. Nine (9) of the 27 relevant databases identified in the scan contain comparison tools; only seven (7) contain ranking tools.

4. Existing databases may provide a foundation for a local policy database model.

Even in a sub-optimal policy database environment, 31% of end-user respondents use a policy database. Existing databases contain some of the most important healthy communities' policy topics and desired database elements, tools and features identified by end-users. Respondents believe that current systems could be improved and have the capacity to be adapted to meet the needs of more users.

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[7] To illustrate how the fractured funding environment impacts database sustainability, Dr. Debra Haire-Joshu provides an example: "MONAP was originally funded by Missouri Foundation for Health (MFH)…When funding for that ended, MFH decided to add a one year supplement for us to develop Policy Lift, which essentially linked with the MoNAP 'policy library' and funded development of the website, a tool for policy assessment, scoring and language…After that funding ended, the WUSTL Center for Obesity Prevention and Policy Research, housed it within our website."

5. Some end-users are willing to pay for access to a local policy database that meets their needs.

While the majority of online assessment respondents responded that they are unwilling to pay for a local policy database, 42% reported that they would pay for a reliable, up-to-date, user-friendly database regarding local policies. When asked to suggest an annual fee, responses ranged between $10 - 5,000; the majority of responses fell within the $50 - 500 range. Practitioners may be more willing to pay for databases that contain well-maintained information that supports policy development and analysis. Researchers may be more likely to pay for databases that contain coded data for local policies, based on geography, strength, comprehensiveness and effectiveness that links to health outcomes data to help determine impact.

Policy Database Environment Key Findings

1. No comprehensive policy database for healthy communities was identified.

The scan identified 27 policy databases for healthy communities; 19 of them contain local policies. There are no searchable, comprehensive, national-level local policy databases covering all healthy communities' topics and local jurisdictions. Local policy databases often contain a limited number of healthy communities' topics and cover a specific geographic region. Local policy information is derived from varied methods of policy collection from multiple sources. Some databases contain basic policy information while others, such as Bridging the Gap, contain coded policy content that allows for evaluation. Databases containing state and national policies offer additional tools and functionality that may not be present in databases containing local policies and may serve as options for potential standards for a comprehensive local policy database.

2. Existing database structures are very diverse and inconsistent.

The purpose of coding, particularly with geographic data, is to link policy information to health outcome data. Policy databases identified in the scan varied by content, scope, structure, comprehensiveness, quality, detail, accessibility, funding, governance, tools, functionality and standards for adding and categorizing policies. The vast majority of the databases do not publically document how their policies are collected. Databases also vary around authority, implementation and verification of policies. The diversity and depth of content among local policy databases brings challenges in trying to catalog and compare policy databases. Variations in database structures would create challenges in coding, scoring and ranking policy information for strength, comprehensiveness, effectiveness and validity. Trying to compare policy databases solely based on their format, structure and technical platform provides little value. The project was unable to scan databases that are proprietary or require a user log-in or subscription fee. Content, tools, and other features of databases that are not accessible to the public were not considered in this assessment. While it is possible that non-public databases contain more comprehensive information, we could not perform analysis on all existing databases.

3. Databases have been developed in a siloed fashion.

Funding to build policy databases has been provided by various sources (national foundations, federal or government grants or contracts, state or local government grant or contracts), in various amounts, and was usually aimed at building a database for

a specific type of policy, or a specific region or demographic. In order to meet requirements dictated by the funders, policy database developers have designed and built isolated solutions that reflect the siloes in which they were created. Additionally, funders may have identified a need that was not being met by any national group and funded individual efforts to fill a particular "gap." This has led to redundancy, and inconsistency in the type of information captured and reported about policies. The original rationale determines the level of standards utilized in building and maintaining the database. Databases for practitioners and policymakers contain basic reference information and vary in the way policies are added or reviewed. Practitioners seeking cohesive policy information are restricted to local policy databases that are relevant to their interests, based on policy topic area, and often gravitate to using a particular policy database due to relevance, convenience, cost, availability or familiarity. While databases designed for practitioners do not have enough quantitative content to be useful for most research purposes, practitioners and policymakers may utilize a database originally developed for research purposes. Because database owners, developers and managers compete for a limited pool of resources, they may be reluctant to share information or lessons learned.

4. Policy databases include some common descriptive elements that can be standardized and others that are topic-specific.

The CDC asked the project team to evaluate the possibility of a common coding scheme for all healthy communities' policies. The team investigated a coding scheme developed by ICF International for Healthy Eating Active Living (HEAL) policies, as part of the Community Transformation Grant Context Scan project. The team was asked to consider the HEAL coding scheme in relation to tobacco policies. In the course of analysis, the team realized that healthy communities' policies contain two general types of information: 1) high-level descriptors that are common to all policies and 2) elements that are related to the specific health topic. Common policy descriptors include policy sponsor, jurisdiction and date of enactment; however, healthy communities' policy subject matter varies widely, and topic-specific elements cannot be generalized across policies. In addition to the difficulty of comparing different policy topics (clean indoor air and school nutrition), it is also challenging to compare a singular focus policy (smoke-free environments) with a broader policy topic (child health). Therefore, policies with different topical elements cannot be scored against a common coding scheme. Since a coding scheme for local policies must be tailored or customized to each healthy communities' topic, full standardization across policy databases cannot be achieved. As standards are developed for coding evaluative measures such as strength and comprehensiveness, these elements can be incorporated into a common coding scheme.

5. Database maintenance and governance is a major challenge.

The complexity of collecting, storing and disseminating local policies and policy coding data makes database maintenance a challenging task. Policy information must be selected, input and updated on a regular basis. The process for adding policies, the number of fields, the number of coders, and training for coders varies across databases. The scan revealed no consensus about who should manage or govern any standard local policy information system. Respondents expressed concerns about an open-source platform and mentioned failures of systems that rely solely on volunteers for maintenance. Robust standards and business practices must be developed to enable cost-efficient but accurate coding performance, inter-rater reliability and ensure sustainable data validation, data management and quality control processes.

6. There is no standard for routine local policy database external evaluation.

Over half of owner/developer assessment respondents (11 of 18) indicated that no formal review has been conducted on their databases. Eight (8) online assessment respondents indicated that they do not know the most utilized tools or features of their databases. Some database owners indicated that they do not know the purposes for which their databases are being used. Identifying existing tools and most-utilized features is a necessary step in understanding how databases are used and the standards development process.

7. There is no consensus on who should host a comprehensive local policy database.

End users were asked who could host a national local policy database. Their responses were split between government agency/organization, academic institution and non-profit organization, with no consensus about whether it should be hosted by one organization or a system of partners and volunteer users. Those who believe one centralized group should host the database did not cite who that group should be or where the database should be housed.

VIII. Gap Analysis

The purpose of this gap analysis is to determine the difference between what features and functions of a policy database are needed and desired by users and what is available in existing policy database solutions.

Gap Analysis Methodology

This local policy database scan identified 110 databases and information repositories. The project performed a cursory analysis on the most relevant subset of the databases to provide an overview of the current local policy database environment versus desirable features (see ***Appendix D*** for a detailed version of the gap analysis).

Step 1: Categorize the databases

The project team categorized 110 information repositories into five groups, 27 of which met at least one of the project inclusion criteria.

1. Nine (9) databases contain exclusively local policies on healthy communities
2. Nine (9) databases contain a mix of local and non-local (i.e., state) policies on healthy communities
3. Nine (9) databases contain exclusively non-local policies on healthy communities
4. Twelve (12) databases contain registries of state legislation; similar registries exist in most states
5. All others (71)

Step 2: Review databases for inclusion of important features

The project developed a list of criteria based on the most important features of a local policy database as identified by end-users and database owner/managers during the study. Each database was flagged as having or not having the following attributes:

- Searchable by policy topic
- Searchable by jurisdiction
- Narrative description
- Examples of best practices
- Ranking tools
- Comparison tools
- Ability to download data

Step 3: Review databases for content

The project team performed some basic data collection on the databases to determine the scope and depth of the information contained within. Each database was scored based on the scope and depth of its information (See ***Appendix D*** for detail and notes on scoring).

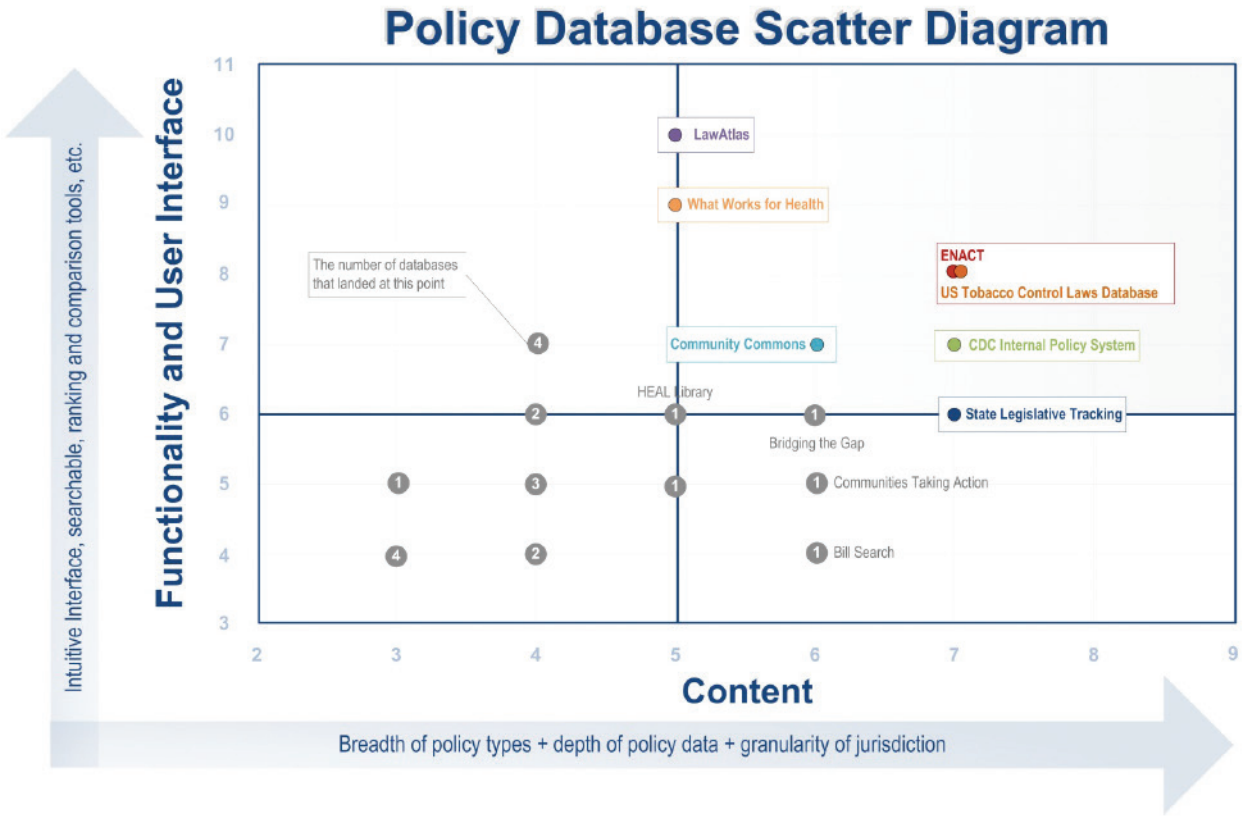
Step 4: Review databases on subjective appeal

The project team developed a subjective score for each database based on the user interface and additional unique or innovative ("intriguing") functionality that might be important in a policy database solution (See ***Appendix D*** for detail and notes on scoring).

Step 5: Develop a Scatter Diagram

Using the results from steps 1-4 above, a scatter diagram was developed to plot each database. The Y-axis of the diagram represents functionality/features/usability, and the X-axis of the diagram represents depth of content. Databases that landed in the upper right quadrant most closely met functionality needs while also providing more robust policy content. The complete list of databases and their ranking is located in ***Appendix E***.

Chart 1: Policy database scatter diagram of functionality and user interface and content



For more a detailed explanation of the most relevant examples displayed in the upper right-hand quadrant, see *Table 2.*

Gap Analysis Findings

1. There is a significant gap between what users have identified as important features and what features are present in existing policy databases.

End-users identified the most desired database features, including a searchable jurisdiction, a searchable policy topic, a narrative description, examples of best practices, comparison tools, ranking tools and ability to download data. "Narrative description" is most prevalent, present in 25 of the 27 relevant databases identified in the scan. The least prevalent features include the ability to download data (n=6), ranking tools (n=7) and comparison tools (n=9).[8] Both groups of online assessment respondents identified desirable features that are currently missing in most existing databases. These include: examples of best practices, data analysis tools, coded categories allowing policy ranking by strength and effectiveness, guidelines and standards for enforcement, outcome analysis tools, coded categories allowing comparison across jurisdictions and full text of enacted policy. Of the healthy communities' topics that users identified

as most important, "built environment"[9] is present in 15 of the 27 relevant databases; coordinated school health topics are present in four (4). Generally, existing databases contain the healthy communities' policy topics desired by end-users. However, end-user responses may have been informed by their experiences with databases in the current environment that contain a limited number of policy topics.

2. Existing databases indicate limited content and functionality.[10]

Ten (10) of the 27 relevant health communities' policy databases identified in the scan were judged to have limited content and functionality. Based on the scoring methodology used, these databases would not be considered for further evaluation for adaptation and modification, though they may contain specific features that might be relevant for future development.

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[8] The "searchable policy topic" and "searchable jurisdiction" features can be misunderstood. There is a difference between a site search for a keyword and a guided navigation of available topics and jurisdictions in the database. For the purpose of this study, sites that contained a guided navigation were scored as having the "search" functionality. Sites that only included a keyword search were not considered as having a searchable policy topic or a searchable jurisdiction. Most databases reviewed had a keyword search. Only about half of the databases also included a guided navigation by topic and/or jurisdiction, which is more complicated to set up and administer but more useful as a tool to find information.

[9] Built environment topics refer to the physical structures and infrastructure of communities.

[10] The scoring methodology used in this analysis is subjective. It is based on the existence of certain functionalities, not the quality and robustness of that functionality. The scoring system does not take into account the importance of each function, according to end-users. For example, is having the ability to "search by jurisdiction" more or less valuable than "having a ranking tool"? See Appendix D for details and notes on scoring.

IX. Options Analysis

In any process of evaluating technological solutions, three high level options are commonly considered:

1. Purchase an off-the-shelf product
2. Adapt an existing solution and modify it as needed
3. Design and build a new solution

1. Off-the-Shelf Product

The project did not identify any off-the-shelf technology solution for consideration. Given the findings that policy information and policy databases are so diverse, it's likely that, even if an off-the-shelf retail product existed, it would not be able to provide all functionality of an ideal local policy database system. At best, such a candidate solution could become a foundation from which to launch a modification and enhancement initiative for it to become a single local policy database for all users.

2. Adapt a single existing solution as a platform for a comprehensive database and modify as needed

The project found that current and potential end-users believe that any process to develop a comprehensive local policy database should be built upon the existing knowledge base for local policy databases rather than creating something new. This can provide some advantages since infrastructure and content, along with user familiarity, would already be in place.

Time and resource constraints did not allow for a full review of possible candidates for adoption and adaptation. Instead, the project reviewed the most relevant databases from the scan to provide an example of the kind of analysis that would be required for a more thorough review of potential database solutions. Those primary examples would then be further explored to provide enough information to develop a more detailed framework for evaluation. In all likelihood, further deliberations would be required to determine if any existing databases meet these requirements. To identify example databases from the scan, the team considered the databases with the most desirable features and content (represented by the top right quadrant of the scatter diagram). Based on our findings, seven examples were selected as having the greatest relevance.

The following matrix (***Table 3***) shows a framework for assessing potential databases, with the best examples from the scan. Using the basic scoring methodology developed for this project, these seven databases were ranked based on their total content score plus their total functionality/usability score. See ***Appendix F*** for detailed descriptions of the seven example databases.

3. Design and Build a New Solution

Because designing and building a new database system would entail several years of research, development and implementation, this solution could be broken down further into two options: A) a "centralized local policy database" that uses local policies as the unit of analysis and B) a "distributed

3. Design and build a new solution	A) Centralized local policy database	Phase 1: Basic local policy tracking index for practitioners	Phase 2: Collection of coded local policy information	Phase 3: Detailed policy database for practitioners / policy-makers and researchers
	B) Distributed network of databases	Phase 1: Index of local policy databases	Phase 2: Collaborative network of disparate databases	Phase 3: Collaborative network of standardized databases

Table 3: Example databases containing features identified as important by end-users, with content and functionality scores

Attribute	Example 1 ENACT	Example 2 US Tobacco Control Laws Database[11]	Example 3 Law Atlas	Example 4 What Works for Health	Example 5 CDC Internal Policy System	Example 6 Community Commons / Salud America	Example 7 State Legislative Tracking
Includes local policies for healthy communities	Yes	Yes	No (Laws)	Yes	No	No	No
Searchable policy topic	Yes	No	Yes	Yes	Yes	No	Yes
Searchable jurisdiction	Yes	No	Yes	No	Yes	Yes	No
Narrative description	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Examples of best practices	Yes	Yes	No	Yes	No	Yes	Yes
Ranking tools	Yes	Yes	No	Yes	Yes	No	No
Comparison tools	No	Yes	No	Yes	Yes	Yes	No
Downloadable data	No	Yes	Yes	Unknown	No	No	No
Intriguing features	Can submit a policy online	Materials to help communities enact policies	Clickable maps to navigate	Neat graphic interface		Appealing interface	Public health tools, ads, policy templates
Content	7	7	5	5	7	6	7
Functionality	8	8	10	9	7	7	6
Total (note: subjective)	15	15	15	14	14	13	13

network of databases" that uses local policy databases as the unit of analysis. Desired elements of current systems would serve as the foundation for any new solution. See ***Appendix G*** for full details of these two options, including information flow illustrations. Many variations of these options can be envisioned and would fall between the options presented.

[11] Because the project did not scan proprietary databases, analysis of the Americans for Nonsmokers' Rights Foundation's U.S. Tobacco Control Laws Database is based on a PowerPoint presentation that shows the components and functionality of the database.

A) Centralized Local Policy Database

This solution focuses on increasing access to the policies themselves, as opposed to discreet databases. Subject matter experts at the project kickoff meeting suggested that a basic policy tracking index may be a more useful and achievable outcome for a coordinated effort moving forward. This phased approach starts with tracking basic policy information and adds more detail and increasingly rigorous standards. The most fully developed version of this solution could result in a centralized policy database in which all policies have been standardized, peer reviewed, coded, and validated with links to health outcome data to inform determination of impact. This would encourage policy managers to follow standard protocols for publishing their policies while simplifying the ability for policy practitioners and researchers to easily locate, review and compare policies. It is important to note that the final phase of this idea would be complicated and expensive, and would only be possible in the context of the phased approach that would precede it.

Phase 1: Basic Local Policy Tracking Index for Practitioners

This phase would result in an index of local policies that contains basic information, with defined attributes such as topic, jurisdiction and implementation, along with descriptive text and the full policy language. A searchable index of all policies in the database would be provided to show the total number of policies available by topic and jurisdiction. The system would include the ability for policy makers to easily contribute their policy information to the database. As the system matured, it could provide the ability for the user community to rate a policy for completeness, value and effectiveness. The community would also have the ability to contribute information about their experiences adopting the policy. A central manager would be identified to oversee its development and operations.

Phase 2: Collection of coded local policy information

In this phase, the system would evolve to allow policy contributors and adopters to report policy information. This would be more than basic commentary, but would require facts, citations and standardized methods of reporting policy geography, indication of whether or not the policy was developed using evidence base, strength, comprehensiveness and effectiveness. A standardized data input facility would be developed to easily submit standardized data. The system would evolve to include coded and scored information about policies. Using the wealth of policy information that has been contributed, system designers could begin to develop more detailed standard coding and scoring that could be applied to the policies.

Phase 3: Detailed Policy Database for Researchers and Practitioners / Policymakers

The phase would achieve the ultimate goal of linking policy information to health outcome data in order to determine the impact of implementing a policy in a local community. In this phase, connections would be created between the centralized local policy database and external databases containing health outcomes data. Leveraging the coded and scored policy information from Phase 2, researchers would have extensive ability to review, compare, rank and cross-reference local policies with community-based health outcomes.

B) Distributed Network of Databases

The purpose of collecting policies in databases is to enable comparison and analysis. Because local policy databases in the current environment are so diverse, it is challenging to make connections between them. The following is a graduated process for integrating databases so that policy analysis would become increasingly efficient and effective. The process starts with indexing existing databases and ultimately leads to tightly integrated sets of standardized information. It would be an alternate process to the centralized local policy database above that would also result in a single solution for practitioners/policymakers and researchers.

Phase 1: Index of Local Policy Databases

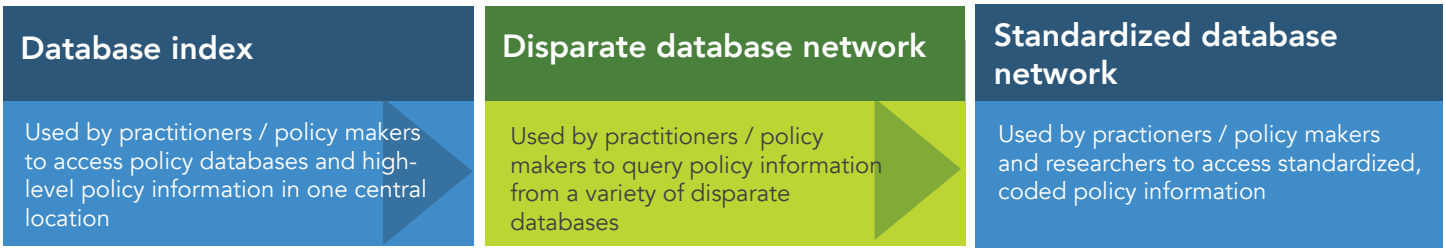
This solution would serve as a launch point for local policy database practitioners and researches to search and find local policy databases. Rather than a "local policy database," itself, it would be a database of databases, with attributes about the databases it references such as types of policies contained, jurisdiction, availability and accessibility. References to local policy databases would be organized in a central location so that policy seekers would not need to search the internet for relevant collections of policies. However, the index would need to be comprehensive and contain a sufficient description of each local policy database so that users would not need to visit each link to determine its relevance.

Phase 2: Collaborative Network of Disparate Databases

Conceptually, a search portal could be constructed that sends queries for policy information into many different databases, asking for the same information, and getting results from all of the databases in a consistent format that could be compared. This could be considered a "Google-like" search, where users could type several key words and the results would be returned from the various contributing databases. Database owners identified through Phase 1 would be invited to join a collaborative partner network and provide (or be funded to provide) technical resources needed to build the interface to connect their database to the network. A "partner database search engine" could be developed to allow a single user interface to connect to each partner database to seek and return relevant policy information and then translate it into a standard format for all results.

Phase 3: Collaborative Network of Standardized Databases

Further evolution of the collaborative network of partner databases could occur by developing a standard database format for local policy information. If a database contains the required policy data elements in an acceptable format, then that database could be certified as compliant. With this evolution, policy searchers would be assured that policies available through the search would be compliant with a standard definition and would return all information associated with a policy in the databases. This option would allow existing databases to retain their existing user interface and functionality, but would provide standardized and possibly more thorough policy information, including coding for strength and comprehensiveness. Database owners would need to make enhancements to their existing systems, which might involve database schema changes and modifying user interface to account for the additional data elements that would be available. These enhancements would be relatively minor when compared to developing a solution from scratch.



X. Recommendations

1. Establish a broad participatory process to investigate, develop and meet standards for policy databases.

Disparate and disconnected databases spring from a funding environment with no coordination or consensus on priorities or methodology. Therefore, interested stakeholders should develop a forum and process for database owners, managers, developers, experts, funders and current and potential end-users (including practitioners, policy makers and researchers) to develop mechanisms for creating common definitions, criteria and/or standards for local policy databases. This process would necessarily require leadership and resources s to enable new and existing databases to meet resultant standards. The CDC was most commonly mentioned as the natural convener for this process.

Develop funding resources for coordination, collaboration and implementation of standards.

Consistent funding of these efforts is critical to the quality and sustainability of any solution. CDC was most commonly mentioned as an integral partner and natural convener. It is important that current and future funders of local policy databases participate in this process, to attract and encourage broad stakeholder participation and because they will reflect the resulting consensus in future requirements included in grant opportunities.

Standards can be developed on a variety of policy and database domains.

Consider:

- Common descriptive elements
- Topic-specific elements
- Tools and functionality
- Database and web site navigation
- Coding methodology to accurately score content and rank policies
    - o High-level common coding elements (that can be standardized across policy topics)
    - o Coding elements to be customized by policy topic
- Strength, comprehensiveness, effectiveness, indication of policy development based on evidence
- Data collection/process for adding, storing, querying and presenting policies
- Governance
- Maintenance
- Accessibility
- Metrics for tracking usage
- Process for database evaluation and reporting
- Best practices
- Technical standards

Engage end-users.

Current and potential end-users can contribute to the process of defining local policy as an evidence-based public health approach. Include a "peer review" section that could allow practitioners to provide information about on-the-ground realities, practical limitations, and success in the field.

Engage experts.

Include an "expert review" section that would allow key policymakers, subject experts and academics to provide information regarding public program and policy evaluation and resource constraints.

Continue database owner, manager, developer and funder assessment.

Refine and re-launch the online assessment developed for this scan to solicit input from those who were unavailable for interviews during the original project time frame. Further investigate the 27 identified relevant databases to fully identify all content, features, tools and functionality. Consider additional questions:

- How many additional local policy databases are under discussion, are being developed, or exist that were no identified in the scan?[12]
- Which / how many databases were developed for research purposes? For policy development / practitioners? Both?
- What information do non-public databases contain?
- What are the most utilized tools and functions?
- What are effective and efficient methods of populating databases?
- What are the requirements, costs and training for database maintenance?
- Would database owners be willing to consider being part of a "network" and share data for users to search?

2. Leverage existing databases and knowledge of user needs.

Existing databases contain many of the features identified as important by end users. These desired features should be considered for standardization or replication across other databases or as part of a national local policy database model. There are many different ways to build on existing tools and functionality, including enhancing an existing database, creating a network from existing local databases, establishing new standards-based funding opportunities to advance many databases, or building towards a single publically accessible database.

Support database owners and managers in meeting established standards.

Develop a consensus-building process to identify national standards as detailed above. Subsequently, coordinated investment would be needed to support database owners and managers in "enhancing" their databases to meet agreed upon standards. Owners and managers can receive recognition for this and be publically recognized as meeting these standards. It would bring together local groups, advance communication and discussion, leverage already developed resources, and maintain a focus on building capacity at the local level. A comprehensive standards-development process would require consistent funding for a multi-year, collaborative process that involves many stakeholders.

Continue end-user assessment.

Further investigate user needs - by user group - to determine most important needs and features for a potential database platform:

- How many users are practitioners/policy makers versus researchers?

[12] Any scan of a dynamic environment will be incomplete. For example, in describing this project on a recent conference call, staff at the Rudd Center (present on our list), discussed a new searchable policy database on sugary drinks, and a staffer at a state medical organization referenced a policy database that they are building, and suggested that "maybe there should be more coordination on databases."

- Would users be more likely to use a database by specific health topic or a more comprehensive database that includes many topics?
- What kind of detailed data do you need?
- Which tools are users most likely to use?
- How much would end-users be willing to pay for access to a database that contained desired tools?
- How useful would a database of *model* policies be?

Develop evaluative criteria for leveraging, adapting or integrating existing databases into a comprehensive model.

Perform a study to estimate the details for development, operational costs and high-level system requirements for options like the ones presented above. A more detailed examination of existing databases would result in a better-defined sense of the potential standards and feasibility for integration within a comprehensive national model. Consider:

- **Funding** – Who will fund this undertaking? How much will it cost? How will the development of consensus, coalition and standards be addressed in the funding process? How much funding will be required at each phase of the project? How will ongoing operational costs be funded?
- **Standardization** – What standards should be identified to assure consistency across policy information contribution? Who will define these standards? How will the standards be enforced?
- **Contribution** – How will policies be contributed to the database? Who will contribute the policies? What incentives can be provided to policy contributors?
- **Peer Review** – Will policy contributions undergo a peer review by other policy contributors? If so, what are the expectations of a peer review? Will it be to provide a value ranking based on completeness, effectiveness, relevance?
- **Expert Review** – Will policy contributions undergo a review by experts for value and effectiveness? Who will perform this review?
- **Legal Review** – What legal barriers exist to more tightly integrating databases and data sources? How can these barriers be overcome?
- **Outcomes** – How can outcomes be identified and linked to the policy database? What standards need to be defined to assure that policy outcomes can be consistently compared? What will be the sources of outcome data?
- **Technical** – What are the technical requirements for a comprehensive local policy database or a distributed network of databases?
- **Management and Governance** - Where will the policy database be located?

XI. Appendices

Appendix A: Databases and Information Repositories

The lists for the databases, registries and information repositories below represent a subset of all of the data collected in the scan. The scan process resulted in a variety of different additional data about these entities, but it was not uniform across all databases or information repositories. These lists represent the most relevant and comprehensive information about these resources; additional information is available upon request.

I. Healthy Communities' Databases

Database name	Organization	Year started	Desired Database Features: Searchable policy topic	Searchable by Jurisdiction	Narrative Description	Examples of Best Practices	Ranking Tool	Comparison Tool	Data download	Healthy Communities' Policy Topics: Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease	Publically accessible	Developed for: Researchers	Practitioners / Policymakers
A. Local healthy communities' policy databases																						
ENACT	The Strategic Alliance	2001	Y	Y	Y	Y	N	N	N	√	√	√								Y		√
This Local Policy Database catalogues promising food and activity related policies to provide local policy makers, health advocates and the media with concrete examples of what's being adopted in other locales. Emerging and promising policy activities addressing these issues at an environmental level are highlighted with a goal to facilitate networking among local policymakers and advocates around successes and challenges.																						
Washington University at St Louis, Center for Obesity Prevention & Policy Research	George Warren Brown School of Social Work and the School of Medicine at Washington University in St. Louis		Y	Y	Y	N	N	N	N											Y		√
A trans-disciplinary center committed to developing and disseminating new knowledge to inform the creation and implementation of programs and policies designed to prevent obesity. The goals of the database are to develop a geographically representative baseline of Missouri's existing local policies on healthy eating and physical activity and Organize these policies to reflect the environments presented in the National Environmental Nutrition and Activity Community Tool (ENACT).																						
Food Systems Urban Agriculture	University of Missouri Extension	1993	Y	Y	N	N	N	N	N	√	√				√					Y		
A searchable database of urban agriculture resources, articles and ordinances in the U.S. and Canada. This evolving tool offers information on best practices, useful resources and model city policies of urban agriculture for city officials and planners, urban agriculture advocates and urban farmers.																						
TX Smoke-Free Ordinance Database	University of Houston Law Center		N	Y	Y	N	Y	N	N				√							Y		√
The website presents and describes all known Texas municipal ordinances designed to restrict exposure to secondhand smoke.																						
Bridging the Gap	UIC's Institute for Health Research and Policy and U of M's Institute for Social Research	1997	N	Y	Y	N	Y	N	Y	√		√					√			N	√	
Bridging the Gap (BTG) is a joint venture research program that assesses the impact of policies, programs and other environmental influences on adolescent alcohol, tobacco and illicit drug use and related outcomes. BTG examines these factors at multiple levels of social organization, including schools, communities and states.																						
Community Commons / Salud America	Advancing the Movement and Institute for People, Place and Possibilities (IP3) / The RWJF Research Network to Prevent Obesity Among Latino Children	2011	N	Y	Y	Y	N	Y	N		√				√					Y		√
Community Common includes searchable profiles of place-based community initiatives and multi-sector collaborations addressing broad-based healthy, sustainable, and livable communities' movement. The website is an interactive mapping, networking and learning utility aimed to further a systematic approach to make public data accessible for all while connecting communities, intermediary organizations and potential funders in the process. Salud America! aims to activate and inform the public, advocacy groups and policymakers targeting Latino childhood obesity. It serves as a clearinghouse—with news, research, maps, videos, resources, and successful stories of change. In collaboration with Community Commons, Salud America will develop a healthy communities' local policy database.																						
School Wellness Policies	Dairy Council of California		N	Y	Y	N	N	N	N					√						Y		√
Dairy Council of California Community Nutrition Advisers can assist with no-cost support to evaluate California schools' wellness policy and provide input and resources to make it stronger. Also included is an evaluation tool for nutrition education developed by the CDE as well as model nutrition education local school wellness policies.																						

			Desired Database Features							Healthy Communities' Policy Topics											Develope for	
Database name	Organization	Year started	Searchable policy topic	Searchable by Jurisdiction	Narrative Description	Examples of Best Practices	Ranking Tool	Comparison Tool	Data download	Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease	Publically accessible	Researchers	Practitioners / Policymakers
U.S. Tobacco Control Laws Database	American Nonsmokers' Rights Foundation	1985	N	N	Y	Y	Y	Y	N		√		√							N		√
The U.S. Tobacco Control Laws Database© contains provisions on clean indoor air, restrictions on youth access to tobacco, tobacco advertising and promotion restrictions, tobacco excise taxes, and conditional use permits. Information drawn from the database is used by researchers, health departments, and advocates helping advance their tobacco control efforts.																						
TASB Policy Service	Texas Association of School Boards	1997	Y	Y	Y	Y	N	N	Y								√			N		√
TASB Policy Service provides expert and affordable help to school districts throughout the state in policy development and maintenance. Policy On Line is a Web-based tool for publishing a school district's TASB localized policy manual on the Internet. It can accommodate legal policies, local policies, administrative regulations, and exhibits																						
B. Local and non-local healthy communities' policy databases																						
LawAtlas	Temple University Beasley School of Law; Public Health Law Research		Y	Y	Y	?	Y	Y	Y		√	√	√			√	√			Y		√
LawAtlas™ provides a platform for the systematic collection, measurement and display of state-level laws through interactive law maps, policy surveillance reports, and data. It is a resource for researchers, practitioners, policy-makers and the public, enabling users to explore variation in laws across U.S. states and over time.																						
What Works for Health	University of Wisconsin	2009	Y	N	Y	Y	Y	Y	?	√	√	√	√			√	√	√		Y		√
What Works for Health is a database of summaries pertaining to policies and programs that can improve health. It is a collection of indirect evaluation, based on a wide scan of analyses assessing evidence of effectiveness, population reach, impact on health disparities, implementation and other key information for each policy or program included.																						
Database of State Incentives for Renewables and Efficiency (DSIRE)	N.C. Solar Center at N.C. State University	1995	Y	N	Y	N	N	N	Y		√									Y		
DSIRE is the most comprehensive source of information on incentives and policies that support renewables and energy efficiency in the United States at federal, state and local levels. DSIRE also offers summary maps and tables and a search tool to help users determine which incentives and policies apply (or might apply) to a specific project.																						
National Conference of State Legislators: Health Resources and Research	National Conference of State Legislators		Y	Y	Y	Y	N	N	N	√	√	√	√			√				Y		√
A database of various publications pertaining to public health that is searchable by subject. Items include reports, articles, briefs, books, bill summaries, meeting minutes and multi-media productions.																						
Communities Taking Action: Profiles of Health Equity	Prevention Institute		Y	Y	Y	N	N	N	N	√	√	√	√		√					Y		√
Communities Taking Action is a collection of profiles showcasing successful community initiatives aimed at improving health equity. The profiles demonstrate how strong leadership, community engagement and advocacy, innovative thinking and changes in local policies and institutional practices can successfully converge to shape healthier, more equitable community environments. The Database allows searches based on topic, location, strategy, and/or partnership type.																						
Complete Streets Coalition	Smart Growth America		N	Y	N	Y	N	N	N											Y		√
A resource for communities and agencies that are working toward creating a safe, comfortable, integrated transportation network for all users, regardless of age, ability, income, ethnicity, or mode of transportation. The policy atlas notes places that have adopted some form of a Complete Streets policy and is accompanied by a written report that highlights policies that do particularly well in meeting the 'ideal," based on ten specified criteria.																						

Appendix A: Databases and Information Repositories

			Desired Database Features							Healthy Communities' Policy Topics											Developed for	
Database name	**Organization**	Year started	Searchable policy topic	Searchable by Jurisdiction	Narrative Description	Examples of Best Practices	Ranking Tool	Comparison Tool	Data download	Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease	Publically accessible	Researchers	Practitioners / Policymakers
Yale Rudd Center for Food Policy and Obesity Legislation Database	Yale University	2005	Y	Y	Y	Y	N	N	N	√	√	√		√	√					Y		√
The database contains legislation regarding food policy and obesity filed by Congress, states, and select cities and counties. One can search by bills, bill updates, bills enacted into law, and/or failed bills. Users can generate Excel spreadsheets of search results.																						
DASH-NY Obesity Policies Database	Designing a Strong and Healthy New York - New York State's Obesity Prevention Policy Center		Y	Y	Y	N	N	N	N	√	√	√			√							
The DASH-NY Policy Database is where advocates, researchers and policymakers can find information about obesity prevention policies and the related evidence-base, in addition to information about where these policies are being implemented and which national organizations are supporting them.																						
HEAL Library	LiveWell Colorado	2011	Y	Y	Y	N	N	N	Y		√				√							
The HEAL Library is a searchable online collection of codes, ordinances, resolutions, policies and other tools to help communities create environments that support access to healthy eating and active living.																						
C. Non-local healthy communities' policy databases																						
Alcohol Policy Information System	National Institutes of Health	2003	Y	N	Y	Y	N	Y	N		√					√						√
The Alcohol Policy Information System (APIS) provides detailed information on a wide variety of alcohol-related policies in the United States at both State and Federal levels as well as other relevant informational resources.																						
CDC Internal policy tracking system / State Legislative and Regulatory Action / Chronic Disease State Policy Tracking System	CDC		Y	Y	Y	N	Y	Y	N	√	√	√								Y		
An online database that allows users to search for state-level policies that support the prevention of chronic diseases. Users can search by state, health topic, setting, status and year. Currently, the database houses only policies related to nutrition, physical activity, and obesity prevention with a plan to expand in the future.																						
State Legislative Tracking	Association of State and Territorial Health Officials, ASTHO		Y	N	Y	Y	N	N	N		√				√	√	√			Y		√
ASTHO's State Health Policy team tracks and analyzes legislation across the states to identify trends and emerging issues impacting public health and state health agencies. Legislation addressing multiple issues pertaining to individual and population health is searchable by state and/or topic area.																						
CQ State Track	CQ Roll Call, An Economist Group business		Y	Y	Y	N	N	Y	Y	√	√	√	√	√				√	√	N		
Formerly TrendTRACK, State Track is a comprehensive database that follows legislation and regulations in all 50 states, plus the District of Columbia and the federal government. It includes Committee hearings with calendar tool, web publishing, state-by-state news coverage, customizable alerts and reports, full text of every bill and note-taking tools.																						
Tobacco Policy Project/State Legislated Action on Tobacco Issues	American Lung Association	2001	Y	Y	Y	Y	N	N	N				√							Y		
SLATI is an extensively researched and invaluable source of information on tobacco control laws and policy, and is the only up-to-date and comprehensive summary of state tobacco control laws.																						

Appendix A: Databases and Information Repositories

			Desired Database Features							Healthy Communities' Policy Topics											Developed for	
Database name	Organization	Year started	Searchable policy topic	Searchable by Jurisdiction	Narrative Description	Examples of Best Practices	Ranking Tool	Comparison Tool	Data download	Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease	Publically accessible	Researchers	Practitioners / Policymakers
State School Healthy Policy Database	NASBE	1998	Y	Y	Y	Y	N	N	N	√		√	√	√								√
The NASBE State School Health Policy Database is a comprehensive set of laws and policies from 50 states on more than 40 school health topics covering six broad topic areas, most of which govern the education system. In addition, health department, transportation, and social services policies are included as appropriate.																						
Federal Health Reform: State Legislative Tracking Database	National Conference of State Legislatures, Federal Health Reform	2011	Y	Y	Y	N	N	Y	N								√			Y		√
This State Legislative Database tracks bills filed in response to the Affordable Care Act. Legislation by state, year, topic, keyword, status, and/or primary sponsor is searchable from 2011.																						
Housing Regulation Database	Pioneer Institute for Public Policy Research, Harvard's Rappaport Institute for Greater Boston	2006	N	Y	Y	N	N	N	N		√											
The Housing Regulation Database is a searchable database that contains a unique, comprehensive set of information, analysis, and reports on the zoning codes, subdivision requirements, and environmental regulations in eastern Massachusetts. One can filter by regulation or locality and can download information in a variety of formats.																						
Tobacco Control Laws	Campaign for Tobacco-Free Kids	2011	N	Y	Y	N	N	Y					√							Y		√
Tobacco Control Laws is an interactive website designed for advocates, researchers, legal professionals, and other members of the public interested in national tobacco control laws to access information about related legislation and litigation worldwide. Side-by-side comparison of laws from up to three countries can be performed.																						

II. State Legislative Registries

			Desired Database Features						
Registry name	Organization	Publically Accessible	Searchable policy topic	Searchable by Jurisdiction	Narrative Description	Examples of Best Practices	Ranking Tool	Comparison Tool	Data download
Westlaw	West Law	N	?	?	?	?	?	?	?
Code Library	Municode, American Legal Publishing Corporation	Y	N	Y	Y	N	N	N	N
Local Laws Register	Government of Western Australia	Y	N	Y	N	N	N	N	N
Texas statutes and rules	Texas Department of Aging and Disability Services	Y	N	N	N	N	N	N	N
Basic legislative document search	Connecticut General Assembly		N	N	Y	N	N	N	N
Bill Search	Texas Legislature	Y	Y	N	Y	N	N	N	Y
FINDLAW	Thompson Reuters	Y	N	N	Y	N	N	N	N
Legis.la.gov	Louisiana State Legislature	Y	N	N	Y	N	N	N	N
Texas Constitutions and Statutes		Y	Y	N	N	N	N	N	N
TX Administrative Code	Secretary of State/Texas Register	Y	Y	N	Y	N	N	N	N
Electronic Code of Federal Regulations	U.S Government Printing Office (GPO)	Y	Y	N	N	N	N	N	N
District Rules Database	California Environmental Protection Agency	Y	Y	Y	N	N	N	N	N

III. Information Repositories

Resource name	Organization	Summary	Healthy Communities' Policy Topics									
			Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease
211 TEXAS	Texas Health and Human Services Commission	Online vehicle to determine eligibility and apply for state funded services including SNAP food benefits (food stamps), Health-care benefits (Medicaid and CHIP, Cash help for families (TANF), Medicare savings programs, and Long-term care.										
Adolescent Confidentiality	Center for Adolescent Health and the Law	Policy statements about adolescents' informed consent and confidential access to specific health care services									√	
Border Affairs Office, Texas	Texas Health and Human Services Commission	The HHSC Office of Border Affairs works to improve conditions for residents along the Texas border and colonias communities. The office coordinates information and resources and works with stakeholders to increase knowledge of and access to services.										
Center for Public Policy Priorities	Center for Public Policy Priorities	CPPP pursues their mission to provide healthcare access for the poor through independent research and policy analysis, public education, advocacy, coalition-building, and technical assistance. The site provides access to policy analyses in the following topics: healthcare, economic opportunity, budget and taxes, food and nutrition, child well-being, and education.										
McLennan County and City of Waco databases	City of Waco	Contains list of health and medical research databases available at the general public library.										
PRISM (PRevention Impacts Simulation Model)	CDC	PRISM (Prevention Impacts Simulation Model) is a system dynamics simulator that enables leaders interested in improving public health to: experiment with different interventions, play out the short and long-term effects of those interventions, choose which health system measures matter to them (mortality, cost, disease prevalence), estimate lives saved, costs averted, and improvements in health status for their populations of interest.	√	√	√					√		
PolicyLift	Washington University St. Louis	Policy Lift helps identify model policy components and provide various policy development resources to interested organizations and individuals as well as community decision-makers. The tools provided are evidence-based and designed to help identify model policies and assess the strength and comprehensiveness of a proposed or current policy.	√	√	√		√					
Searchable Taxpayer Information Database	Texas Comptroller's Office	Searchable Taxpayer Information Databases: Sales Taxpayer Search, Exempt Organization Search and Verification, Search Ag/Timber Exemption Number Registrants, Direct Pay Permit Holders, Maquiladora Enterprise Search										

Appendix A: Databases and Information Repositories

Resource name	Organization	Summary	Healthy Communities' Policy Topics									
			Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease
Texans Care for Children	Texans Care for Children	Work focuses on what's best for all Texas kids in five areas: health, protection, mental wellness, youth success, and early opportunities.										
The Tobacco Industry Tracking Database©	American Nonsmokers' Rights Foundation	Contains bibliographic citations, abstracts, and detailed indexing for more than thirty thousand articles, news stories, and other materials regarding the tobacco industry; clean indoor air campaigns; and other tobacco policy issues. The scope of the coverage is mainly limited to tobacco policy issues within the United States.		√		√						
Tobacco Education Clearninghouse of California	Tobacco Education Clearinghouse of California	TECC supports the efforts of educators, advocates and health care professionals in California and across the nation working to reduce the harmful effects of tobacco in our communities.				√						
Texas Department of Housing & Community Affairs	Texas Department of Housing & Community Affairs	TDHCA's services address a broad spectrum of housing and community affairs issues that include low-interest mortgage financing, emergency food and shelter, rental subsidy, and energy assistance.										
Childhood Obesity Action Network (COAN)	National Initiative for Children's Healthcare Quality (NICHQ)	The Childhood Obesity Action Network is a web-based national network of healthcare professionals in all 50 states and 5 countries working on childhood obesity. Contains COAN Papers and Publications, Members' Resources, Share a New Resource, Discussions/Questions, Conferences and Training, Childhood Obesity News	√									
Combating Medicaid Fraud and Abuse Database	Pew Charitable Trusts, State and Consumer Initiatives	States are targeting Medicaid fraud and abuse with an array of policies and tools. To help policy makers learn from one another, the State Health Care Spending Project combed through federal data to gather hundreds of practices found to be promising by state and federal Medicaid agencies.										
Abstracts Database	NCJRS	The NCJRS Abstracts Database contains summaries of the more than 215,000 criminal justice, juvenile justice, and substance abuse resources housed in the NCJRS Library collection.							√			
CTG Policy Database	Context Scan	The purpose is to provide information about the socio-demographic, environmental, and policy context in selected CTG awardee geographic areas to improve understanding about the factors that facilitate and hinder changes related to obesity prevention.	√									

Appendix A: Databases and Information Repositories

Resource name	Organization	Summary	Healthy Communities' Policy Topics									
			Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease
Policy Link	Policy Link, Lifting Up What Works	Lifting Up What Works focuses attention on how people are working successfully to use local, state, and federal policy to create conditions that benefit everyone, especially people in low-income communities and communities of color.										
Sustainable Agriculture Research and Education Program	Sustainable Agriculture Research and Education Program	Search for SAREP funded projects. SAREP provides leadership and support for scientific research and education in agricultural and food systems that are economically viable, conserve natural resources and biodiversity, and enhance the quality of life.										
State Expenditures Database	Pew Charitable Trusts, State and Consumer Initiatives	Pew's national Tax Expenditure Database includes federal income tax expenditure estimates from the Department of the Treasury and the Joint Committee on Taxation (JCT) for states.										
Casey Family Programs, State Child Welfare Policy Database		The website aims to centralize and make publicly available an array of state child welfare policies so that policy makers, practitioners, and other stakeholders can stay abreast of the policies that protect our nation's most vulnerable children.										
Health Impact Project HIA database	Health Impact Project	The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, is a national initiative designed to promote the use of health impact assessments (HIAs) as a decision-making tool for policymakers.										
Active Living Research Literature Database	Active Living Research	The ALR online literature database features papers that study the relationship of environment and policy with physical activity and obesity. The searchable database provides detailed information on study characteristics and results accessible to all and provides resources for research and policy debates.	√		√							
Alaska Traditional Knowledge and Native Foods Database	The Institute of Social and Economic Research, University of Alaska Anchorage and the Alaska Native Science Commission	The database contains information on existing measures of contaminants in species of fish and animals harvested by Alaska Natives, harvest and consumption data, nutrition data, descriptions of the role of harvest and Native food consumption in communities, and examples of community initiatives taken in response to concerns about environmental change.						√				
Behavioral Risk Factor Surveilance System (BRFSS)	CDC	BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.										

Appendix A: Databases and Information Repositories

Resource name	Organization	Summary	Healthy Communities' Policy Topics									
			Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease
CareScope	CareScope	CareScope is a private company selling client information system software.								√		
County Health Rankings and Roadmap	Robert Wood Johnson Foundation	Ranking the health of nearly every county in the nation, the County Health Rankings illustrate what we know when it comes to what's making people sick or healthy.										
County project	University of Wisconsin Population Health Sciences	A University of Wisconsin blog about improving population health through policy, practice and research.										
EM Systems		A private company selling collaboration software for healthcare officials to track people, pets, and associated property and equipment during evacuations, large events, mass casualty incidents and public health emergencies.										
EO Select Check	IRS	Exempt Organizations Select Check is an on-line search tool that allows users to select an exempt organization and check certain information about its federal tax status and filings.										
Health Tracking Network		The Health Tracking Network is now closed. In the Health Tracking Network, people across the world worked together to monitor common illnesses and discover factors related to illness.										
Healthy Communities Healthy Future	National League of Cities Institute for Youth, Education & Families	In collaboration with the National Association of Counties, NLC is leading efforts to support local officials who participate in Let's Move! Cities, Towns, and Counties (LMCTC), a key component of First Lady Michelle Obama's comprehensive Let's Move! initiative.	√	√								
Healthy Dane Promising Practices	Four Dane County hospitals and Public Health Madison and Dane County	The Promising Practices database provides a collection of programs, practices and policies aimed at improving community health and quality of life. The database provides carefully reviewed, documented, and ranked practices that range from good ideas to evidence-based practices.		√								
Houston.net		Appears to be a news site. Assessment respondent reported "City database that geomaps various neighborhoods and resources."										
Iowa walk to School	Iowa State University	This survey tool helps communities collect information about how children in their community get to and from school and to identify policies, cultural issues or environmental barriers that impact a child's ability to walk or bike to school.		√								
Maryland Assessment Tool for Community Health	Maryland Family Health Administration	MATCH features statistics for Maryland resident health events.										√

Appendix A: Databases and Information Repositories

Resource name	Organization	Summary	Healthy Communities' Policy Topics									
			Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease
NACCHO Model Practice Search	NACCHO	The Model Practices Database is an online, searchable collection of innovative best practices across public health areas.										
National Registry of Evidence-based Programs and Practices	SAMHSA	NREPP is a searchable online registry of more than 300 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.							√			
North Central Texas Workforce Development Board Policies	Texas Workforce Commission	In Texas, twenty-eight Workforce Development Boards are responsible for: Developing local plans for the use of Workforce Investment Act funds, Oversight of the local service delivery system, Workforce Solutions offices, Coordinating activities with economic development entities and employers in their local areas.										
Oakland Food Policy Council	Oakland Food Policy Council	The Oakland Food Policy Council is a 21-seat council that studies the Oakland food system and makes recommendations to the City of Oakland on ways to make the system more equitable and sustainable. (page no longer exists on website)						√				
Ozioma Local Health Data	Health Communication Research Laboratory	Contains data to help develop and test health communication programs to increase the reach and effectiveness of health information with the mission of eliminating health disparities.								√		
PEW Health Impact Assessment Database	Health Impact Project	Contains resources for policy makers including policy briefs & reports, case studies, presentations & webinars, training materials, toolkits & guides, centers & experts, literature & data sources, HIA reports, Health Impact Project resources								√		
POLICY SCAN of HIV/AIDS and Hepatitis C	Atlantic Interdisciplinary Research Network for Social and Behavioural issues in Hepatitis C and HIV/AIDS	Policy Scan contains information on policy, programs. Developed a database for projects focused on infectious disease.										
PolicyMap	The Reinvestment Fund (TRF)	PolicyMap currently offers over 15,000 indicators related to demographics, real estate, city crime rates, health, schools, housing affordability, employment, energy, and public investments.	√		√							
Preventable Hospitalizations		A PDF on "Preventable Hospitalizations" the Texas Indigent Health Care Association Conference.										
Texas Exclusions Database	Office of Inspector General, Texas Health and Human Services Commission	The Office of Inspector General works to protect the health and welfare of people receiving Medicaid and other state benefits.										

Appendix A: Databases and Information Repositories

			Healthy Communities' Policy Topics									
Resource name	**Organization**	**Summary**	Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease
UCLA California Health Interview Survey	UCLA Center for Health Policy Research, the California Department of Public Health and the Department of Health Care Services	CHIS is a random-dial telephone survey conducted on a continuous basis and covers a wide range of health topics. The survey provides: 1) Statewide information on the overall population including many racial and ethnic groups and 2) County-level information for most counties to aid with health planning, priority setting, and to compare health outcomes in numerous ways.	√							√		
Youth Risk Factor Surveillance System (YRBSS)	Centers for Disease Control and Prevention	The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.			√				√			
Centers for Law and the Public's Health	Johns Hopkins and Georgetown Universities	This collaborative at Johns Hopkins and Georgetown Universities is a primary, international, national, state, and local resource on public health law, ethics, human rights, and policy for public health practitioners, lawyers, legislators, judges, academics, policymakers, and others. Appears to be inactive since 2009.										
Diabetes Policies	CT Department of Public Health	State health department officials searched policies in 9 CT state agencies to create a diabetes policy spreadsheet.										
24/7 Tobacco Free Schools		Contains news articles related to healthy communities and a toolkit with links to model policy										
ANR Model policies for Smokefree		Primary resource for model smoke free laws.										
State Tobacco Activities Tracking and Evaluation (STATE) System	Centers for Disease Control and Prevention	An interactive application that houses and displays current and historical state-level data on tobacco use prevention and control.										
Wellness School Assessment Tool (Wellsat)	Yale Rudd Center for Food Policy and Obesity	Wellsat provides a standard method for the quantitative assessment of school wellness policies. It is used by some policy research database managers to score policies.										
Chicken Laws		Layperson's list of chicken-keeping laws, by state										
Michael & Susan Dell Center for Healthy Living Bill Tracker	The University of Texas Health Science Center at Houston	Contains bills in the 83rd Texas Legislature that are relevant to research taking place at the Michael & Susan Dell Center for Healthy Living and the expertise of our faculty.	√			√	√	√				
Policy Statement Database	American Public Health Association	APHA Organizational policy Statements beginning in 1948 to the present are available in the Policy Statement Database.										

Appendix A: Databases and Information Repositories

Resource name	Organization	Summary	Healthy Communities' Policy Topics									
			Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease
Local School Wellness Policy Resources	School Nutrition Association	Contains information on advocacy and summarized federal and state polices. Contains resource guides, standards, toolkits, fact sheets, model policies for competitive foods guidelines and nutritious snacks and beverages for à la carte lines and vending machines.	√	√								
Public Library Geographic Database		The database includes the locations of America's 16,000 public libraries, population characteristics from the US Census that best describe people that use libraries, and library use statistics from the National Center for Educational Statistics.										
Distracted driving database	Public Health Law Research (PHLR)	This database of laws provides a comprehensive view of the provisions of laws that restrict the use of mobile communication devices while driving for all 50 states and the District of Columbia between 1992, when first law was passed, through July 15, 2011.		√								
ChangeLab Solutions	ChangeLab Solutions	Contains a set of resources for policy analysis and a search for model policies and ordinances.										
Obesity Prevention Laws (Public Health Law Research)	Temple University, Public Health Law Research (PHLR)	A sub-set of the PHLR Law Atlas, of obesity-related legislation enacted in the 50 states between 2000-2007. The dataset contains over 100 variables reflecting a diverse array of law ranging from restrictions on competitive foods in school to mandated diabetes screenings.						√				
Pennsylvania Policy Database Project	Temple University	The Pennsylvania Policy Database Project is a free, online resource that provides access to more than 170,000 state and news media records and enables users to trace and analyze with a few mouse clicks the history of public policy in the Commonwealth since 1979.		√				√		√		
Policy Archive	Center for Governmental Studies	Policy Archive is a comprehensive digital library to collect and disseminate summaries and full texts, videos, reports, briefs, and multimedia material of think tank, university, government, and foundation-funded policy research.		√								
The Missouri Obesity, Nutrition, and Activity Policy Database	George Warren Brown School of Social Work and School of Medicine, Washington University in St. Louis	The objective of this study was to develop the Missouri Obesity, Nutrition, and Activity Policy Database. Its successor is included on the local policy databases list.	√		√							

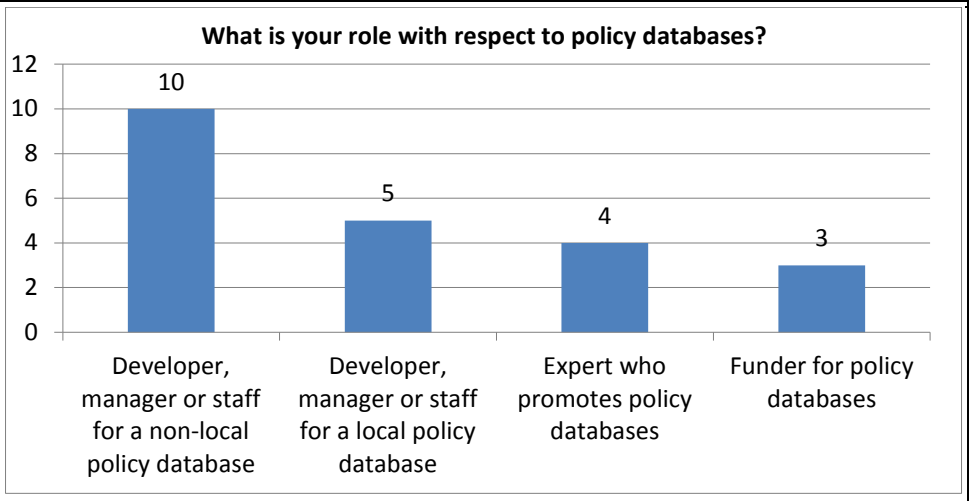
Appendix A: Databases and Information Repositories

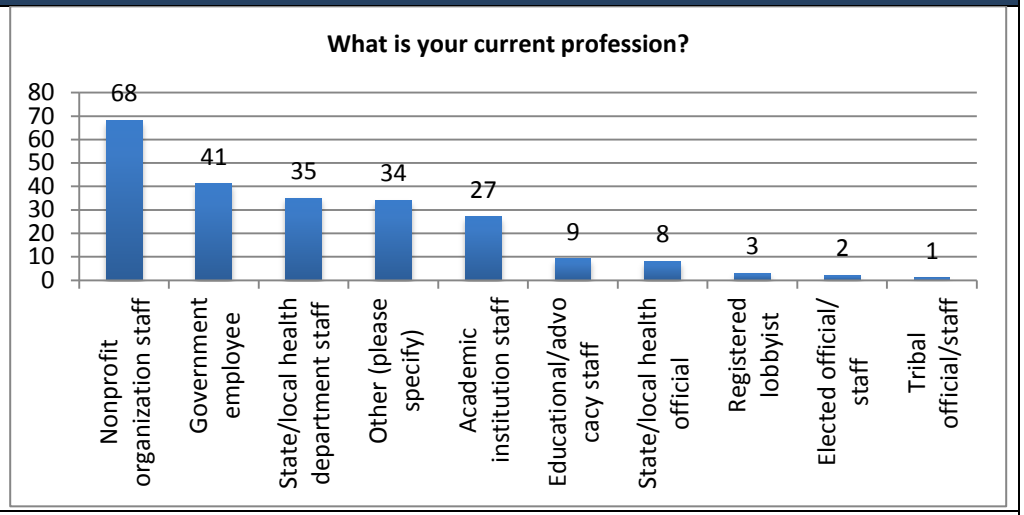
Resource name	Organization	Summary	Healthy Communities' Policy Topics									
			Nutrition / Obesity	Built Environment	Physical Activity	Tobacco	Coordinated School Health	Food	Drug / Alcohol	Systems	Reproductive Health	Heart Disease
TTCF		This was referenced in the scan without a citation; no policy database or relevant resources found.										
Bexar CO Policy Initiative		This was referenced in the scan without a citation; no policy database or relevant resources found.										
DSHS		This was referenced in the scan without a citation; no policy database or relevant resources found.										
MCCi		This was referenced in the scan without a citation; no policy database or relevant resources found.										
Legislative Council/library		This was referenced in the scan without a citation; no policy database or relevant resources found.										
Catalyst		This was referenced in the scan without a citation; no policy database or relevant resources found.										
Center for Learning and Development		This was referenced in the scan without a citation; no policy database or relevant resources found.										

Appendix B: Assessment Data Analysis

Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases

I. Data Gathering Respondents





Of the 49 potential respondents, 22 individuals completed the assessment. Among the 22 respondents, 15 were database owners or developers. Of the 15 owners and developers, ten (10) were developers, managers or staff for a national- or state-level policy database. Five (5) were local policy database developers, managers or staff. Four (4) were experts who promote databases as a resource. Three (3) were policy database funders.

Database Stewards Key Informant Perspective

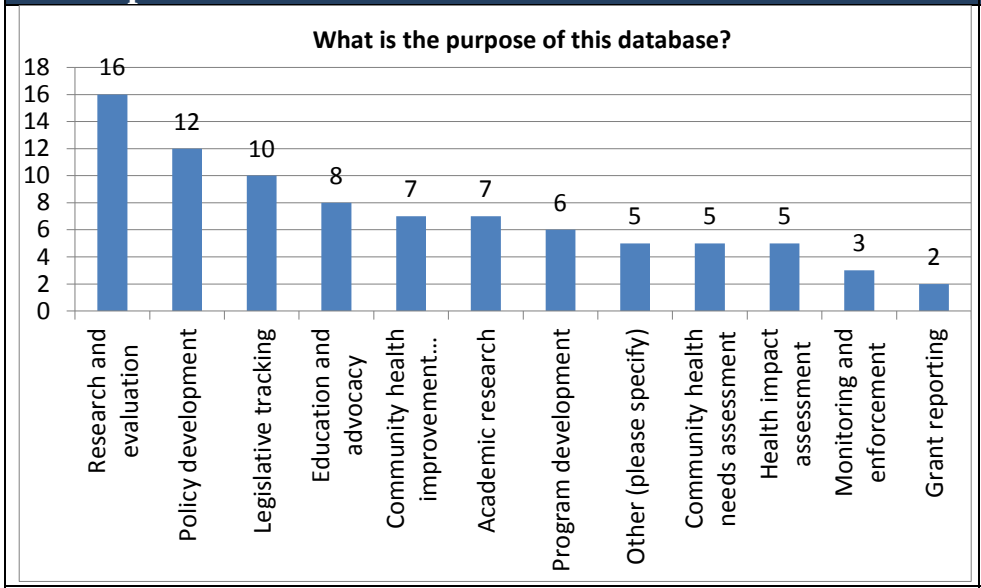
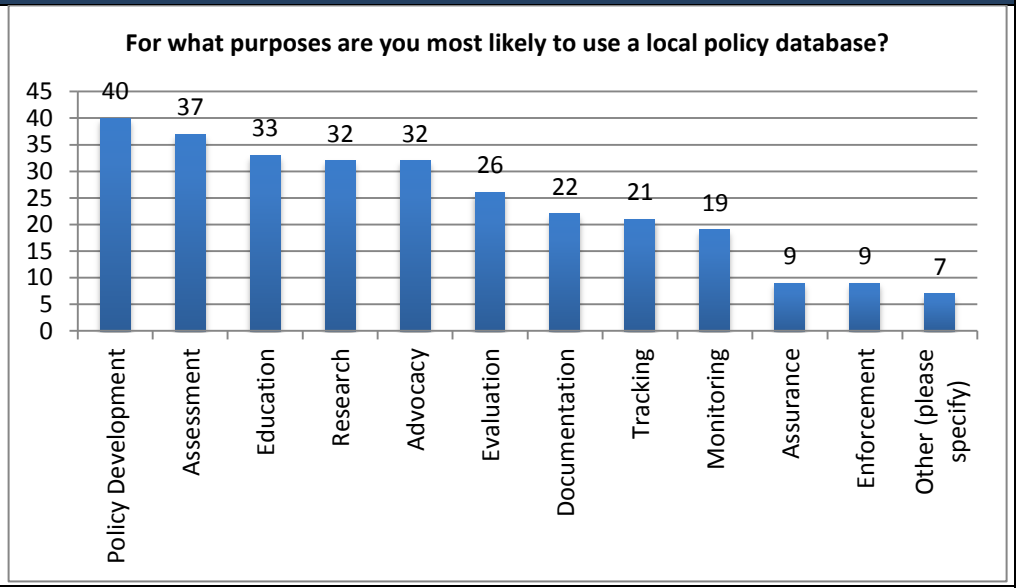
The project team conducted telephone interviews with 13 policy database owners/developers/experts in May and June, 2013. Participants represented health foundations, federal agencies, universities, advocacy associations, and public associations. All respondents were owners, developers or experts in the local policy database field.

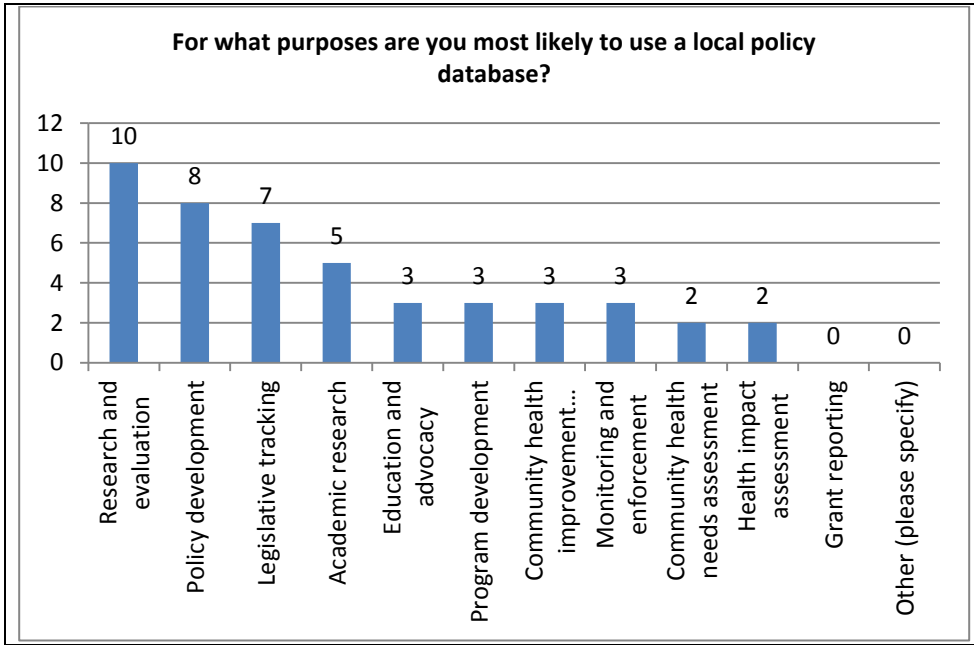
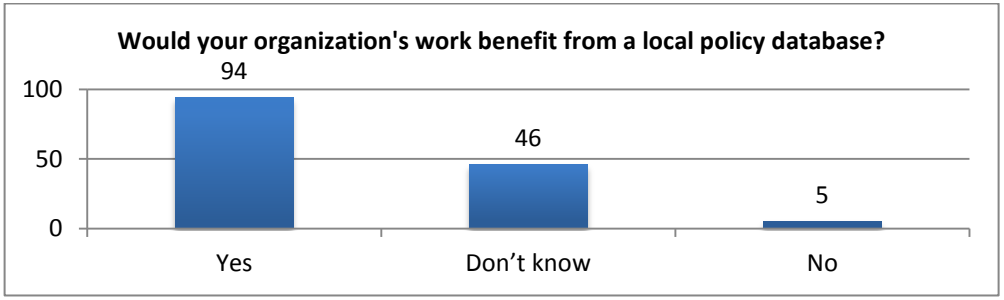
The sample of 210 respondents breaks down to approximately (categories aggregated):

- 40% government sector
- 37% non-profit industry
- 13% academia
- 10% private sector

Type of respondents under "Other" (34):

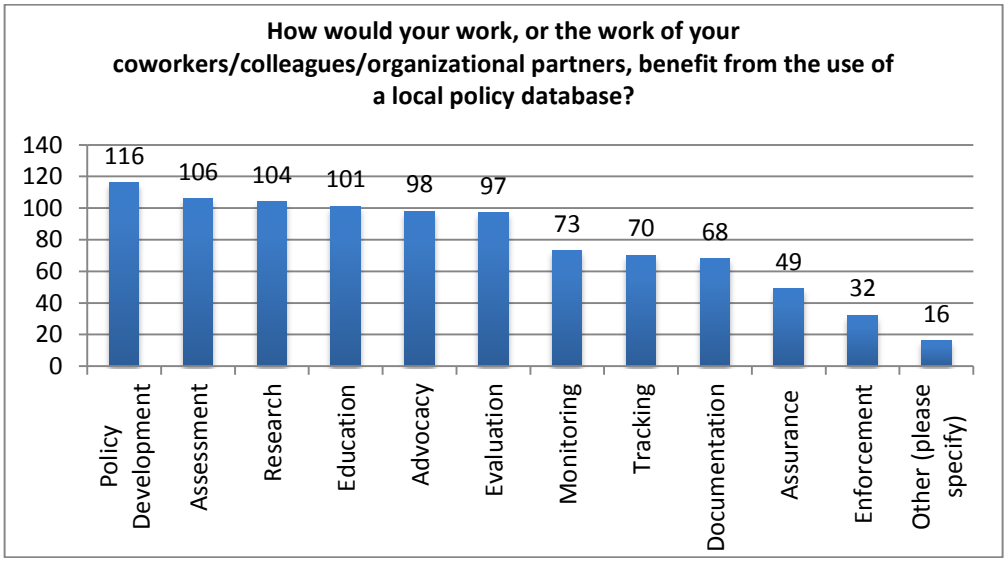
- Healthcare Sector (9)
- Local Government/Non-Profit Board (7)
- Consultant/Contractor (7)
- Academic – Other (3)
- Private Sector (3)
- Advocate (2)

Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
II. Purpose and Benefits	
	
Research and evaluation, policy development, and legislative tracking served as the primary purposes of the databases. "Other" responses include: ➢ Policy modeling ➢ To rate evidence of effectiveness and provide summaries and implementation resources ➢ Searchable data that can be compared among counties or regions to inform policy/planning ➢ Resource tool for advocates and citizens ➢ Evidenced-based programs and practices	Most respondents reported that policy development, assessment, research, and education are some of the most frequent reasons for which they would use a policy database. The highest-ranked purposes for both current and ideal databases are: ➢ Policy Development (66% of responses) ➢ Assessment (61%) ➢ Research (52.5%) ➢ Education (54.1%) "Other" responses for purposes of current databases included: ➢ Constituent Services ➢ General Best Practices ➢ Grant Development ➢ Outcome Tracking and Reporting ➢ Reviewing States' Policies for Public Services

Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	There were differences in responses regarding purposes when compared among 1) Stewards regarding their own database, 2) Stewards answering as potential database users, and 3) End-Users. For example, while End-Users prioritized policy development, Stewards prioritized research and evaluation for both their own databases and if they were users of other databases. Research and evaluation was the priority for Stewards, but was third priority for End-Users, after policy development and assessment. Next, a high priority for Stewards was legislative tracking, and for End-Users education and advocacy were more important purposes for their use of a local policy database.
When owners/mangers/experts were asked to respond as users of databases other than their own, research and evaluation, policy development, and legislative tracking remain the most likely purposes for which they would use a local policy database. *Database Stewards Key Informant Perspective* Two primary purposes were described: 1) research and 2) providing examples for local practitioners. In both areas, tracking was an important feature. The goal of tracking was different for each group. For example, researchers identified tracking the number, comprehensiveness, effectiveness and reach as important features. Experts identified examples, monitoring and comparison as important features. Respondents perceived that the purpose of a local policy database is to assist the CDC in tracking policy approaches. Additionally, the use of local policy databases was seen as a vehicle to evaluate the use of evidence based policies and improve advocacy. Experts reported an additional purpose of education and sharing among grantees.	 

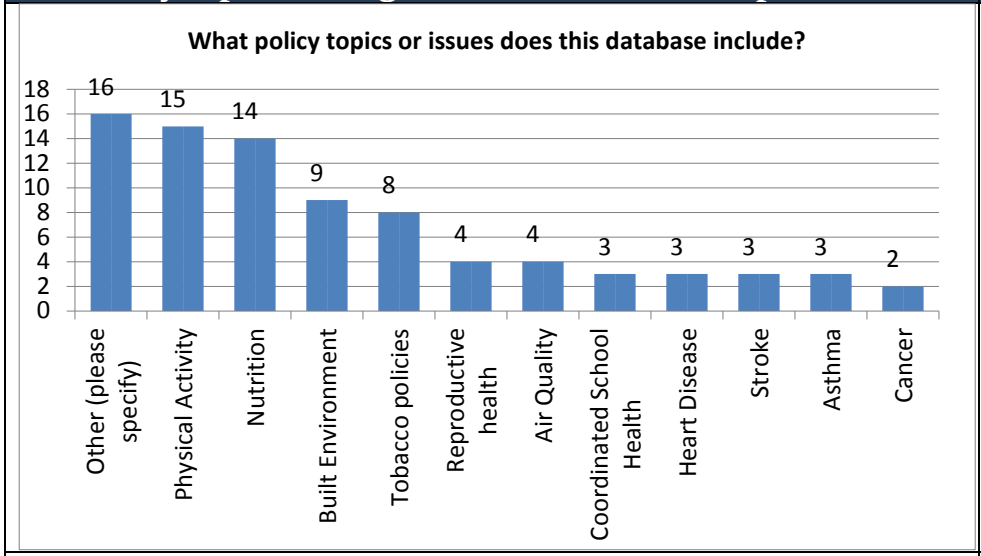
Would your organization's work benefit from a local policy database?

Answer Options	Academic institution staff	Government employee	Nonprofit organization staff	Response Percent	Response Count
Yes	13	45	30	66.4%	81
No	0	1	2	2.5%	3
Don't know	3	18	17	31.1%	38

Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	Though 31% of respondents currently use a local policy database, 65% believe that their work would benefit from one. When responses are examined by type of organizational affiliation of respondents, government employees are most likely to report that their work would benefit from a local policy database, followed by non-profit organizations then academic institution staff.
	
	Respondents reported that their organization would most benefit from the use of a local policy database in the areas of policy development, assessment, research and education, followed by education and advocacy. As expected, these responses mirror responses to the question on the purposes for which they would use a local policy database.

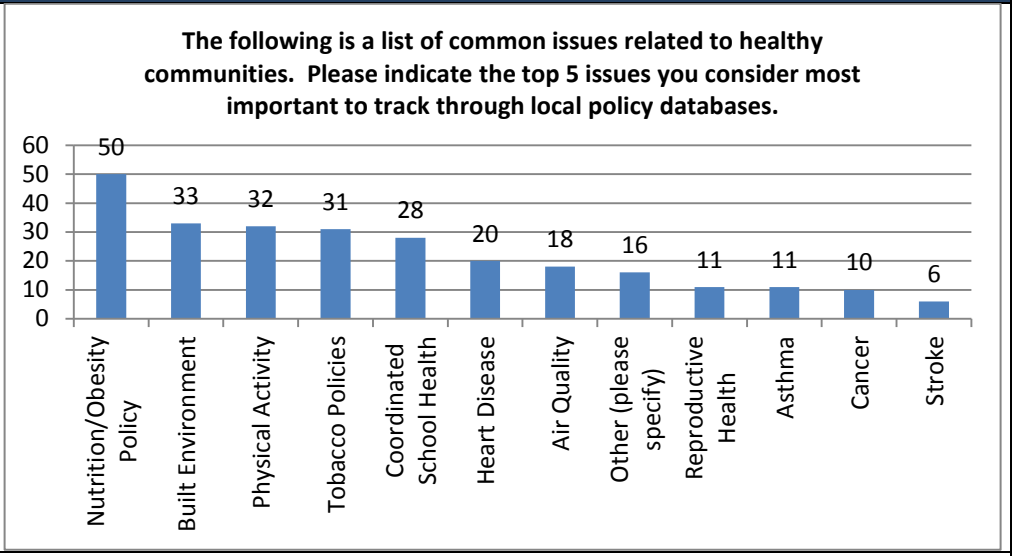
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases

III. Policy topic, Settings, Jurisdiction and Scope



Among the response choices, the most commonly-cited policy topics contained in the databases were physical activity, nutrition, and built environment. The "other" category received the most responses and included:

- Food production and distribution
- Social determinants of health
- Births, deaths, populations, and hospitalizations
- Distracted driving, youth concussion prevention, vaccination law, syringe access, nurse practitioner scope of practice
- TBI, prescription drug laws
- Behavioral Health, mental health promotion, substance abuse prevention, and mental health and substance abuse treatment, co-occurring disorders
- Clinical preventive services

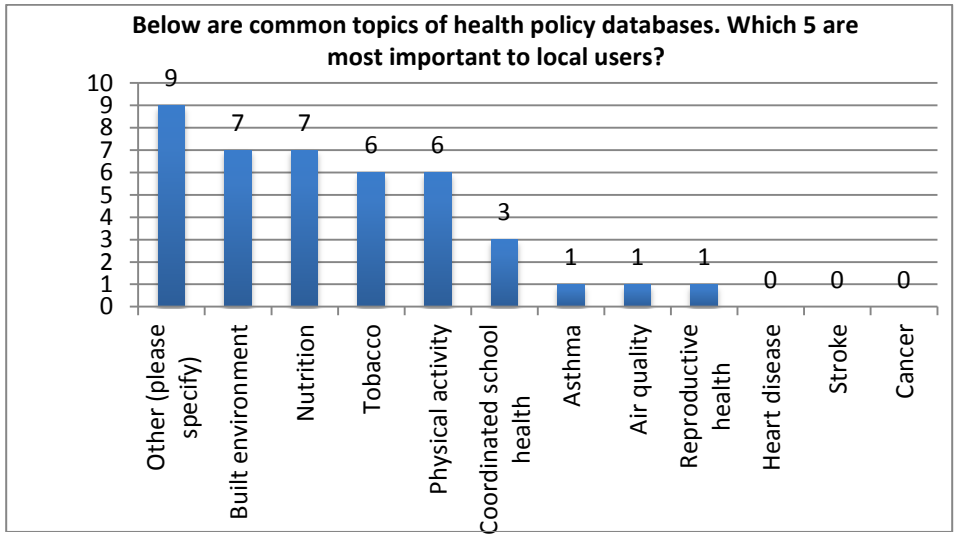


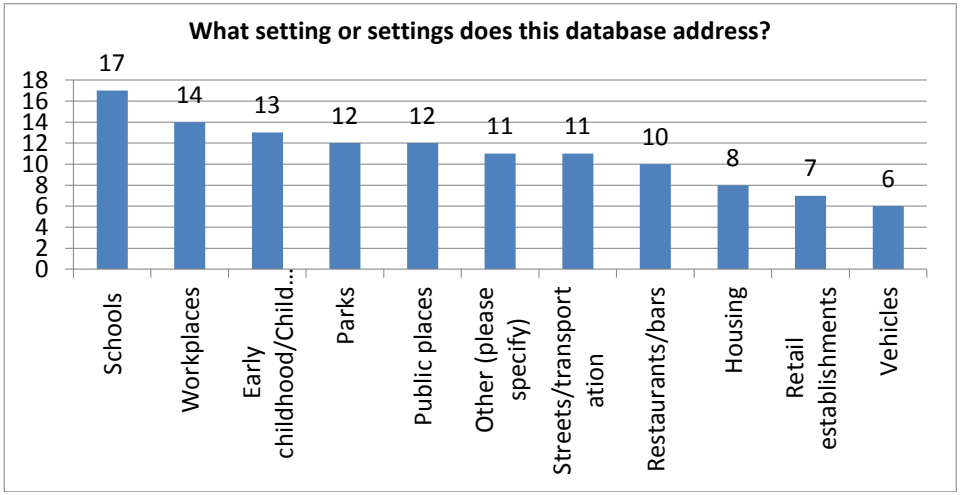
When asked to choose five top issues to track, respondents ranked these issues as most important in regard to healthy communities:

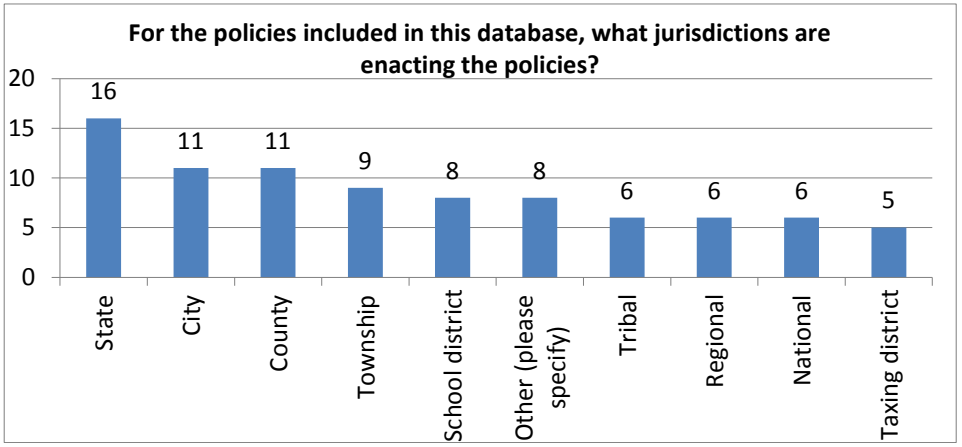
1) Nutrition/obesity policy
2) Built environment
3) Physical activity
4) Tobacco policies
5) Coordinated school health

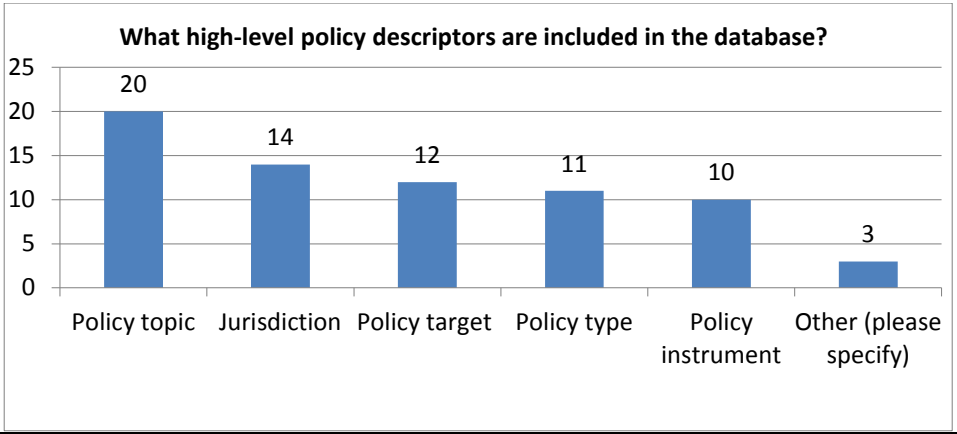
Forty-five (45) respondents checked "other" as important, including these issues:

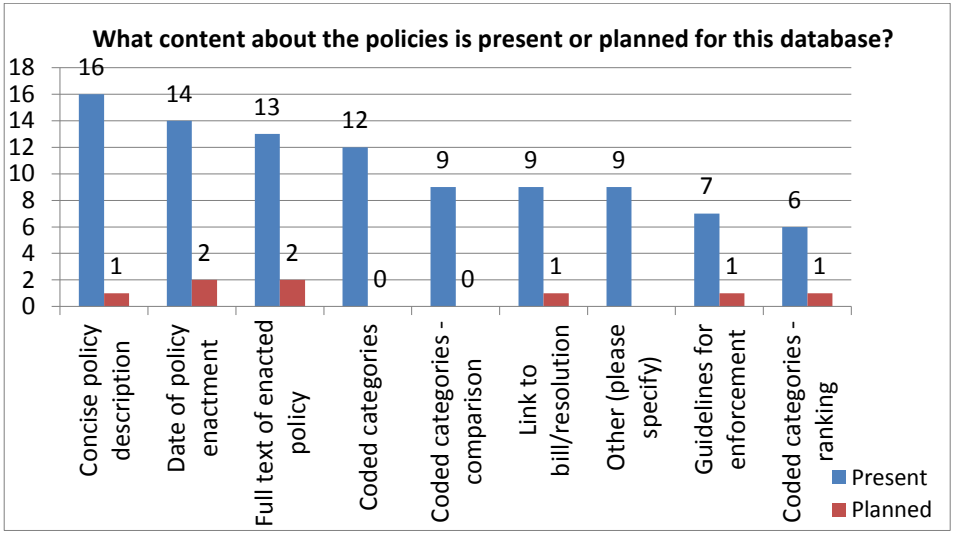
- Diabetes
- Environmental health
- Injury prevention
- Mental health policy
- Substance use/abuse policies
- Teen pregnancy

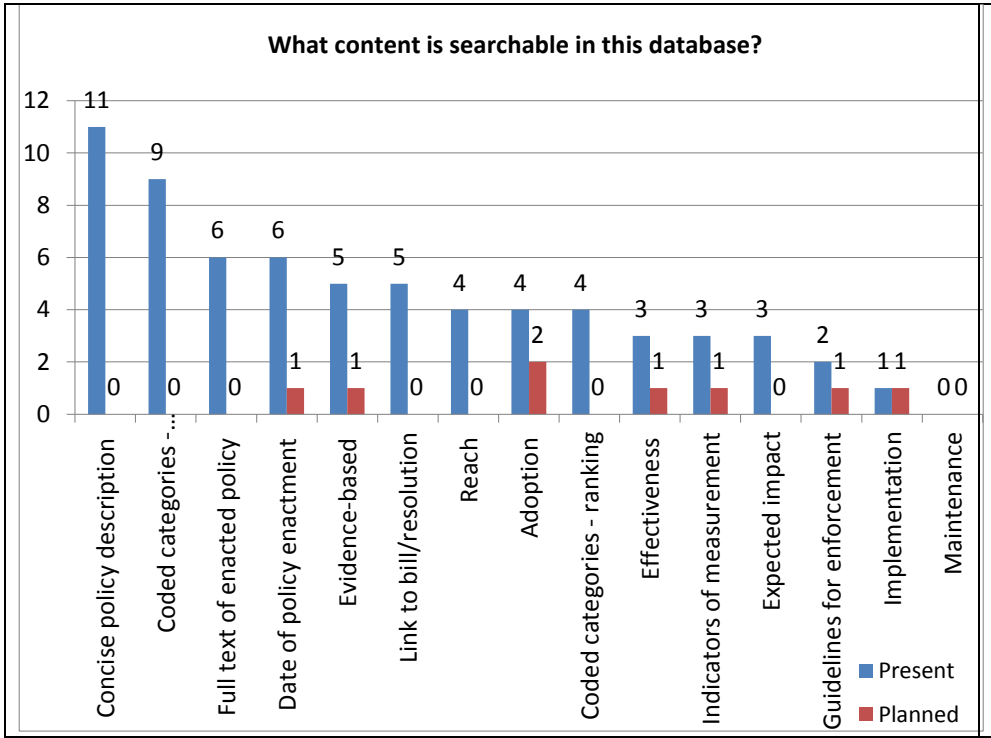
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	End-user Key Informant Perspective ➢ Informants who are involved in policy-making identified other issues of interest such as zoning policies, land use policy, bike paths, traffic data, tobacco outlet siting, and data regarding complete streets. ➢ One informant emphasized the range of policies, from mandated physical activity in schools, railways to trailways, rehabilitation of urban blight, current public-private partnerships, economic and policy incentives, SNAP benefits, community gardens, etc.
	
Owners/managers/experts were asked to identify the top 5 most important policy topics for users. Built environment, nutrition, tobacco, and physical activity were cited as the most important. Again, the "other" category received the most responses and included: ➢ Behavioral health, chronic conditions ➢ Depends on which community and issue you are interested in. ➢ Injury or equity or social determinants of health.	

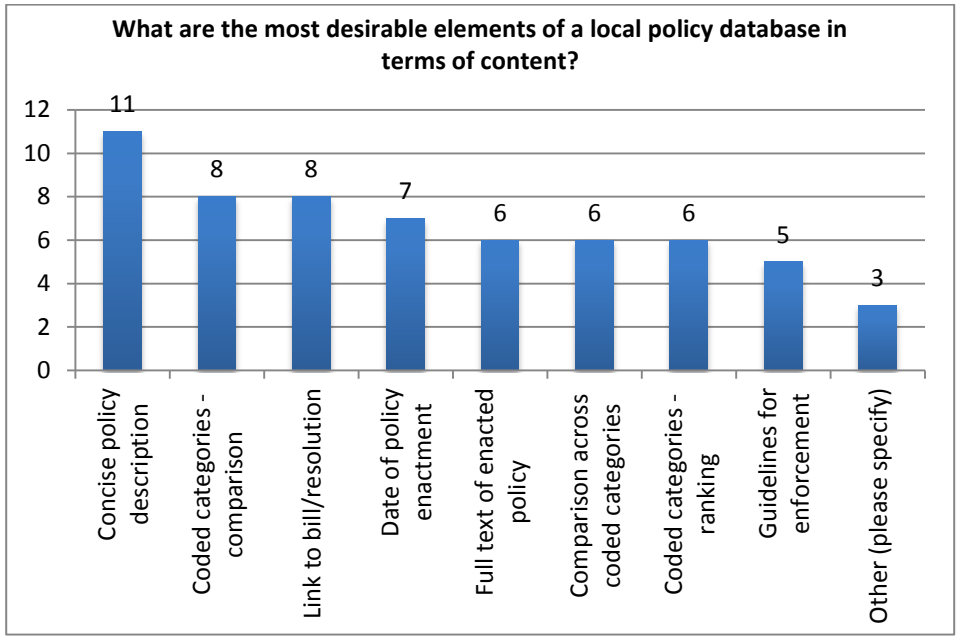
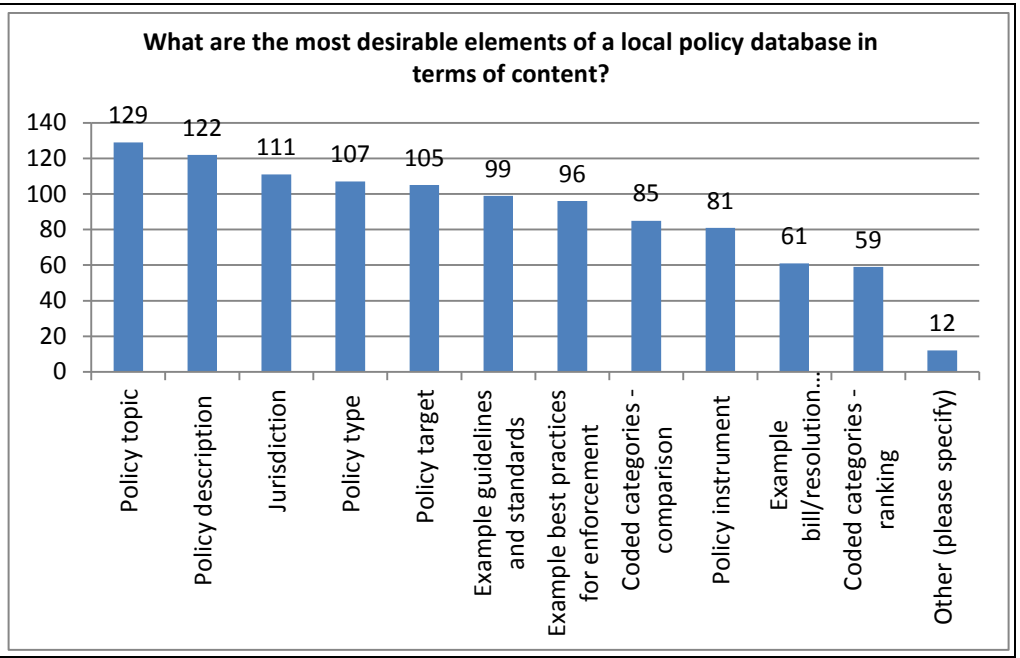
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
Database Stewards Key Informant Perspective Respondents saw value seen in having all policies about a particular topic in one place. While feedback on fields varied significantly, likely topics for inclusion were tobacco, physical activity, nutrition, school wellness, and heart disease/stroke.	
	
Schools (individual/district/state), workplaces, and early childhood/child care were identified as the primary settings for databases. "Other" responses included: ➢ Cities ➢ Community, government, afterschool, health care ➢ Varies by strategy ➢ State Legislatures ➢ All public places ➢ Broader community setting	

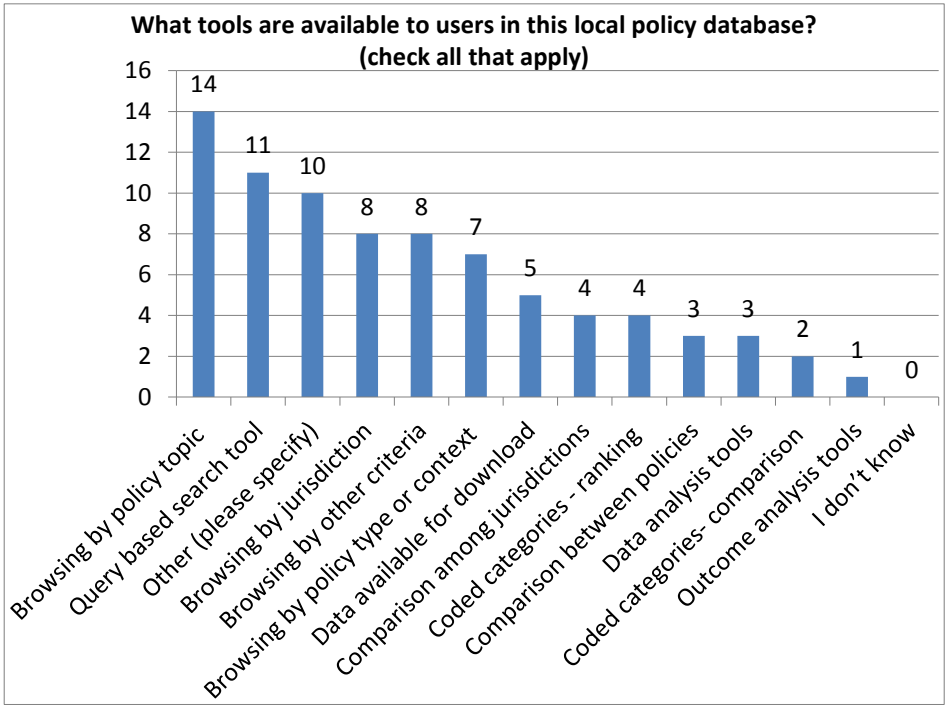
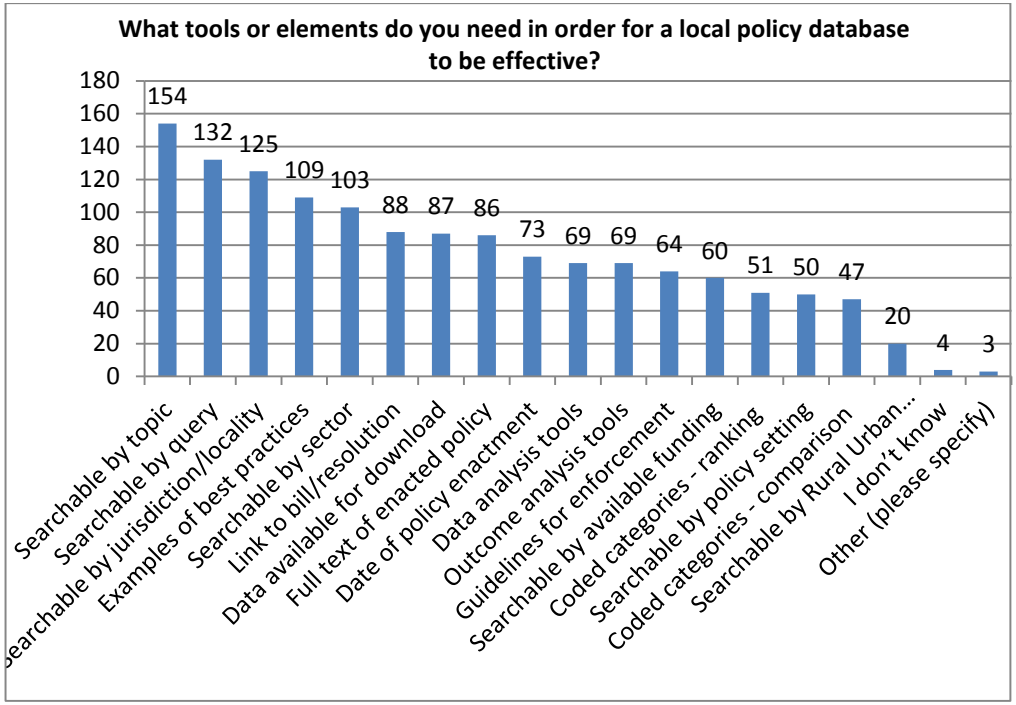
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	
The most commonly cited database jurisdictions included state, city and county. *Database Stewards Key Informant Perspective* In describing existing databases, respondents noted that most were state or national policy databases. Several have the capacity to add local policies. It was noted that the focus of database jurisdictions is shifting to local over time. Respondents expressed a common desire to have access to a state policy database first (either one database that is nation-wide or 50 individual state databases).	

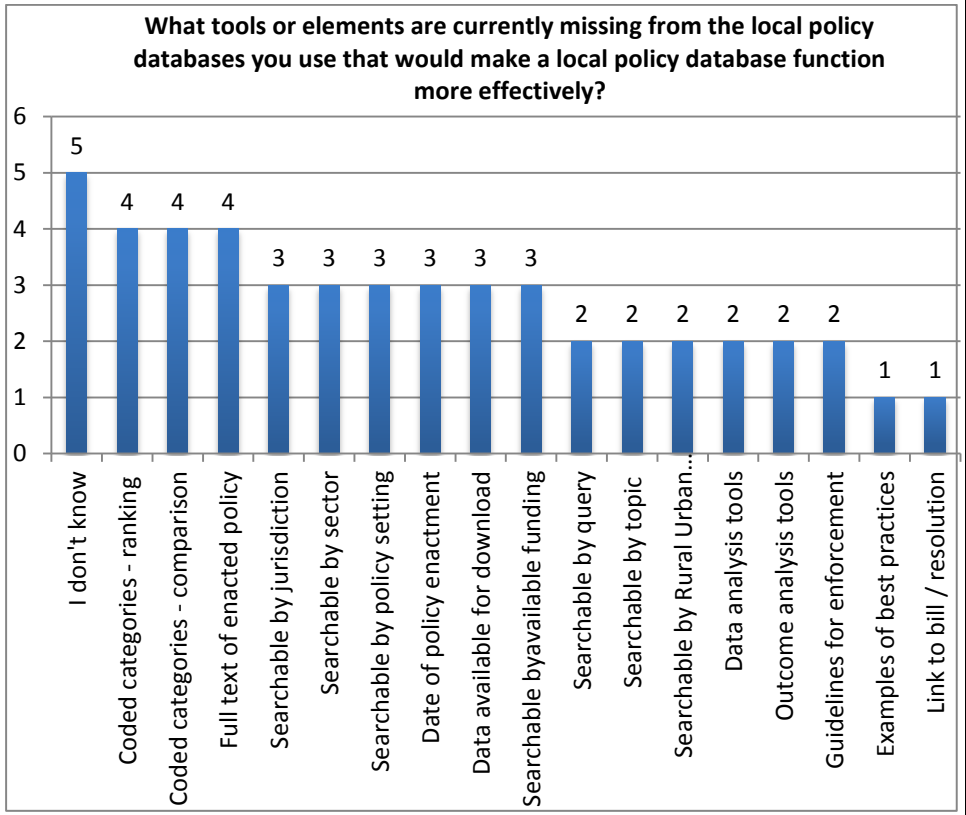
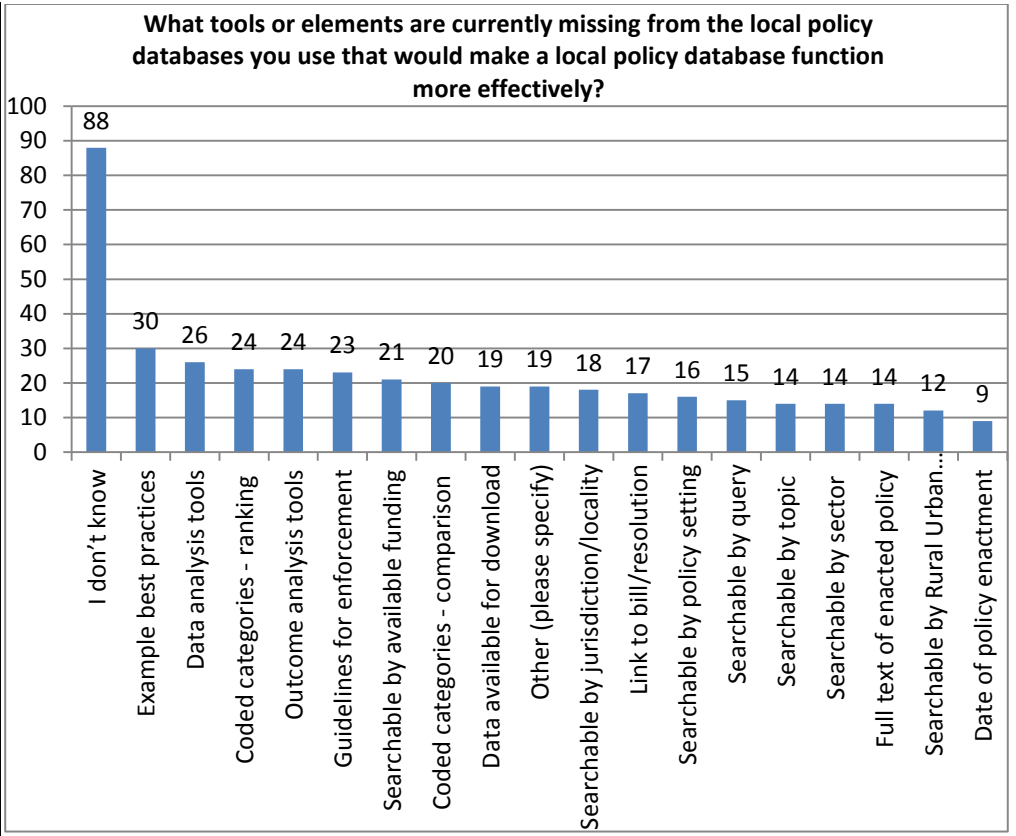
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
IV. Elements, Fields, Content and Descriptors	
	
The most common high-level policy descriptors included in the databases were policy topic, jurisdiction (school district, city, county, etc.), and policy target (individual, organizations, businesses, customers/students). "Other" responses included: ➢ Detailed coding of key features of the law ➢ Searchable by state and/or topic and has links to the actual bill	

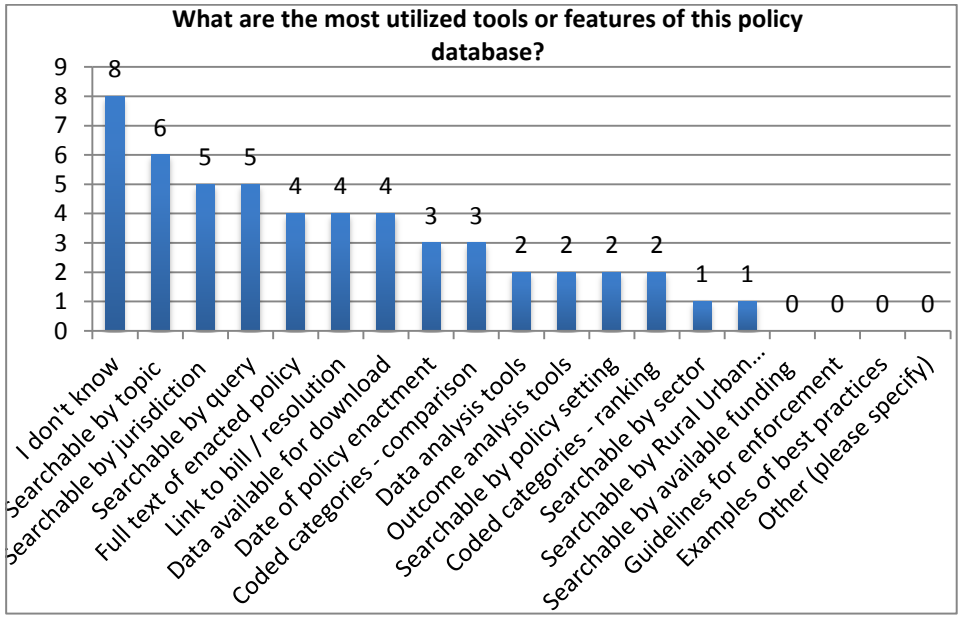
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	
Respondents were asked to identify existing content in their databases, and content that they planned to incorporate in the future. Concise policy description, date of policy enactment full text of enacted policy, and coded categories (e.g. jurisdictions) were present in most of the databases. Coded categories allowing comparison across policy elements (jurisdiction, setting, funding, urban rural continuum, etc.) was present in 9 databases, and coded categories allowing policy ranking by strength or comprehensiveness was present in 6 databases. Most commonly cited planned content included date of enacted policy and full text of enacted policy. "Other" responses included: ➢ Code reference ➢ Public access to coded data ➢ A back end for coding laws and policies ➢ Descriptive information for each evidenced-based intervention: areas of interest, outcome categories, target population ages, race, ethnicity, and gender, settings, geographic locations, implementation history, comparative effectiveness research studies, known adverse effects	

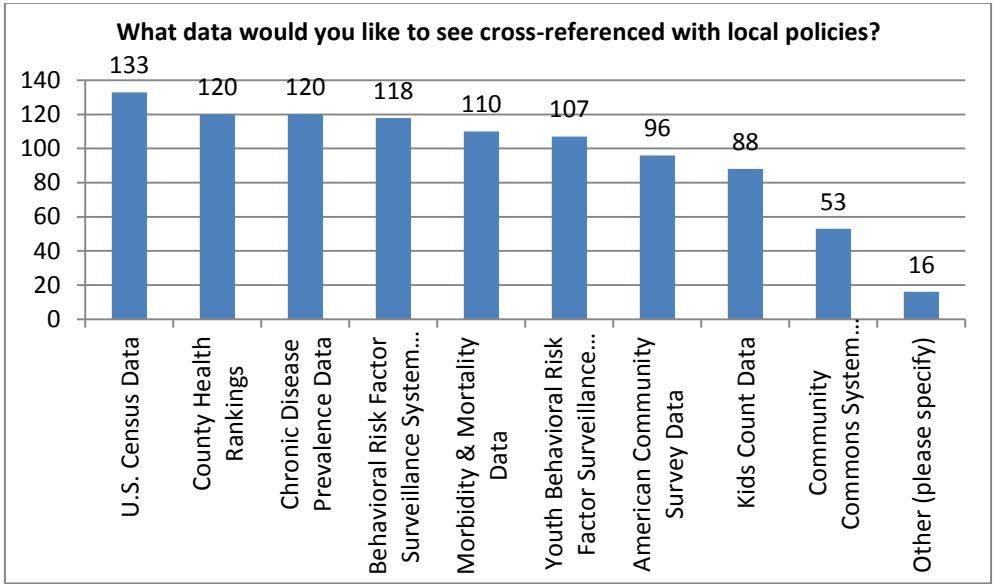
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	
Most databases were searchable (n=20). Most commonly cited searchable content included: concise policy description, coded categories allowing comparison across policy elements (jurisdiction, setting, funding, urban rural continuum, etc.), full text of enacted policy, and date of policy enactment. Geo-tags were not commonly used. 14 respondents noted that their database does not use geo-codes. Eighteen percent of respondents used FIPS codes. *Database Stewards Key Informant Perspective* Most databases do not have a direct link to a bill or statute. Many provide a link to state legislative websites.	

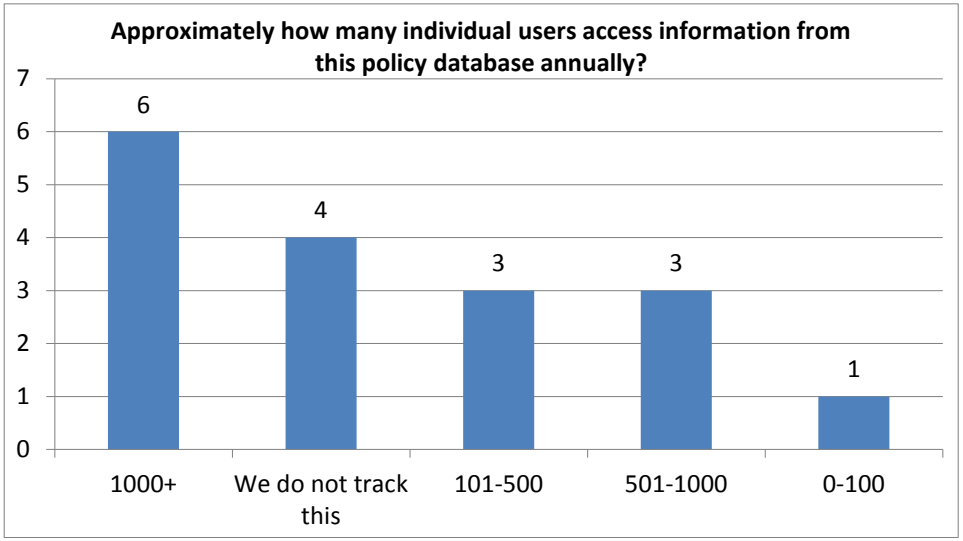
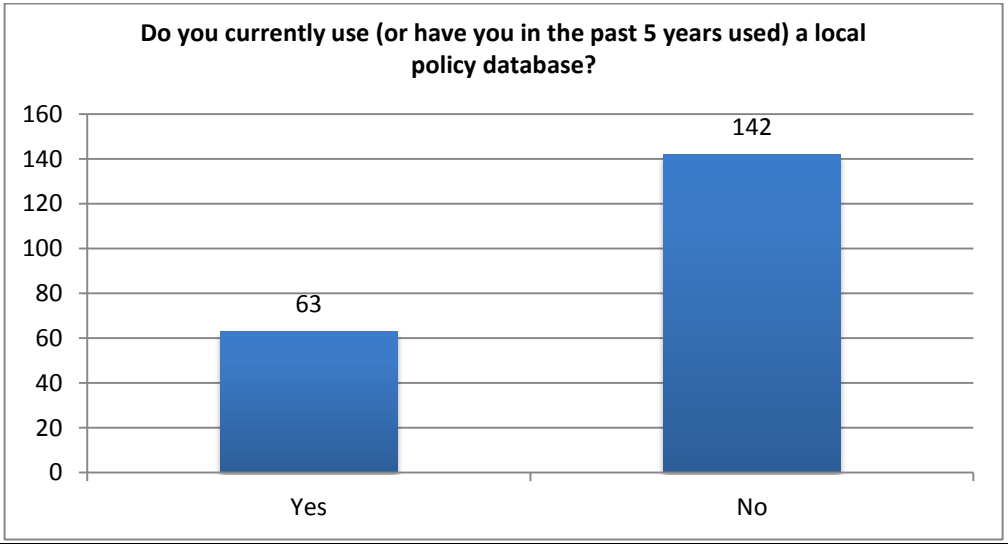
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	
When respondents were asked to respond as users of other databases, they identified the most desirable content elements as: concise policy description, coded categories allowing comparison across policy elements (jurisdiction, setting, funding, urban rural continuum, etc.), link to bill/resolution, and date of policy enactment. "Other" responses included: ➢ Name of sponsor of bill; information on how the bill progressed through (legislature, city council, board of health etc.) ➢ Completeness. Really difficult to pull together the local info.	Regarding content, most respondents would like to see the policy topic, description of text, jurisdiction, policy type, and the policy target. "Other" sources of content included: ➢ Links to policy itself ➢ Outcomes after policy implementation ➢ Best practices of policy development, including community engagement ➢ Funding sources *End-user Key Informant Perspective* There were some suggestions of having a webpage, a hub, for similar policy subjects, jurisdictions, etc., with the ability to create "tags", and these "tags" having their own page, depending on its size.

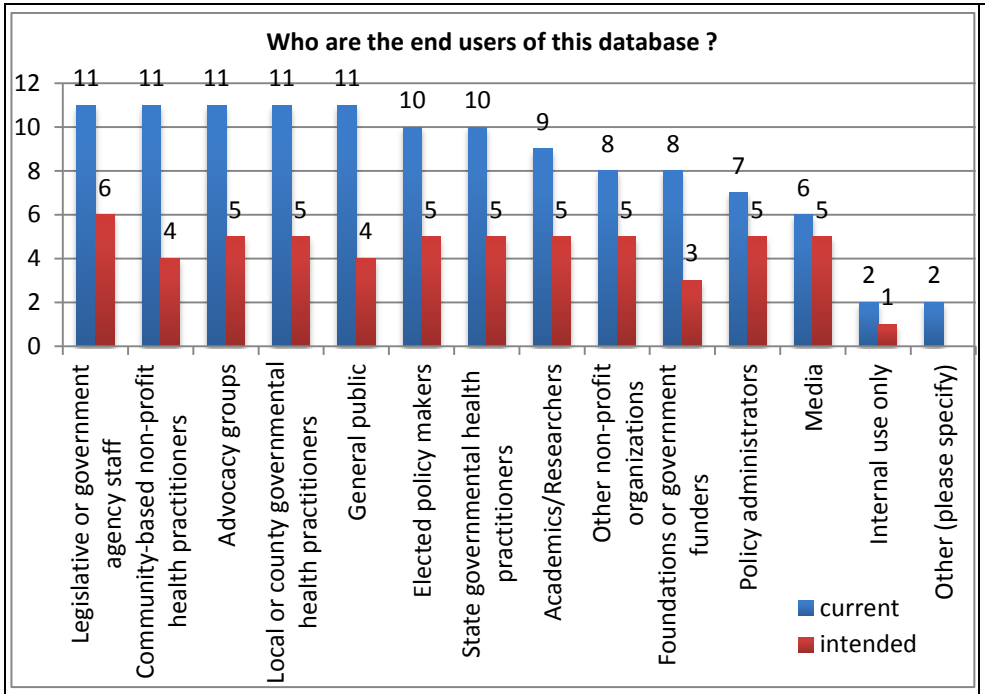
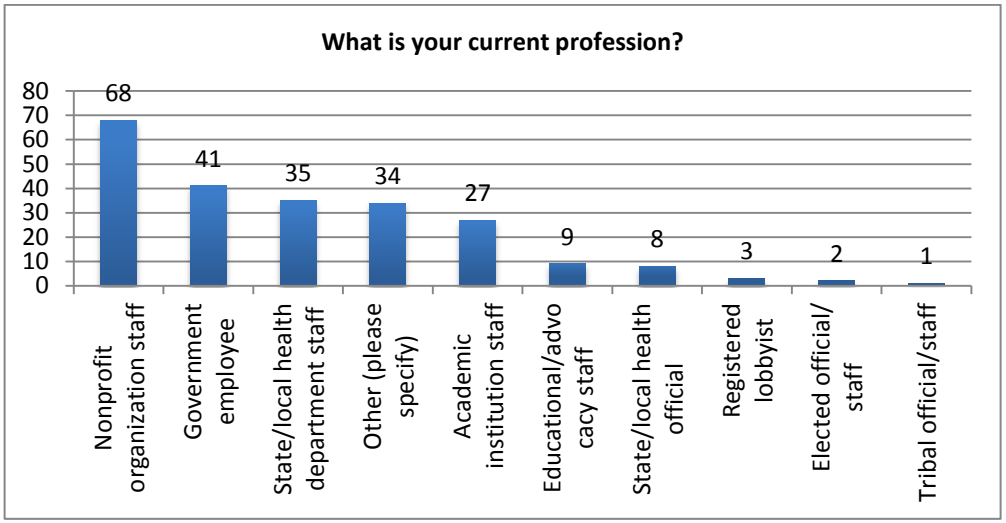
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
V. Tools, Features and Functionality	
	
Tools available to users include: search tool allowing for browsing by policy topic (tobacco, built environment, chronic disease subject, coordinated school health, etc.; query based search tool (keyword or Boolean search); search tool allowing for browsing by enacting jurisdiction (township, school district, taxing district, city, county, tribal, regional); and search tool allowing for browsing by other criteria. "Other" responses included: ➢ Full text search that also filters ➢ Menu to search for coded characteristics ➢ Searchable by topic or by state/federal ➢ Searchable by state, bill number, topic, author and year ➢ Maps	Respondents were asked what kind of tools/functionality would make their work effective. Basic functions like searching by topic, query, locality, sector, and examples of best practices ranked the highest.

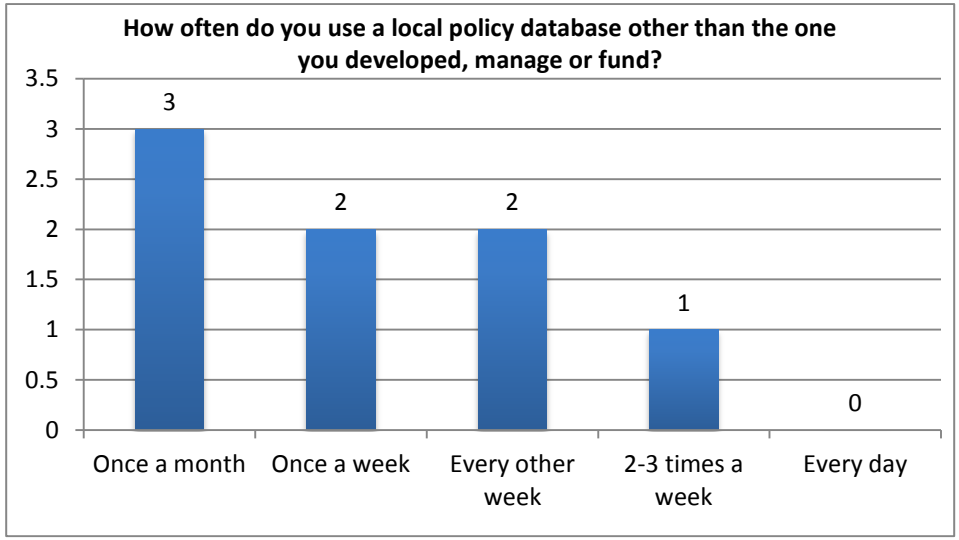
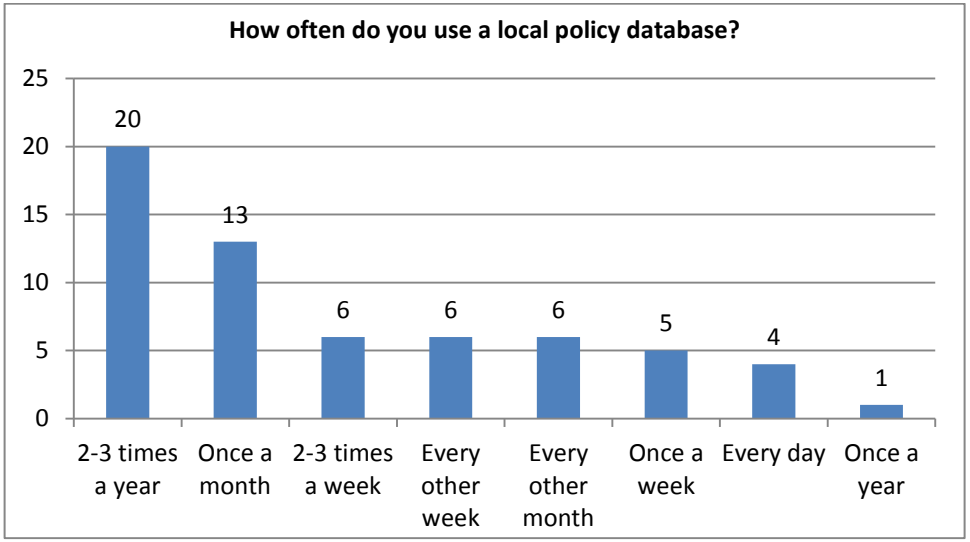
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	
Owners/managers/experts were asked to identify tools or elements that are currently missing from databases that they use, other than their own. The most commonly cited tools that would make a local policy database more effective included: coded categories allowing policy ranking by strength or effectiveness, coded categories allowing comparison across jurisdictions, and full text of enacted policy.	The vast majority of End-Users answered "I don't know" which is most likely an indication of a lack of complete knowledge about local policy databases and therefore an ability to name missing elements. *End-user Key Informant Perspective* ➢ Many informants reported that coded categories are missing and they noted this as a probably large challenge in database development. ➢ Concerns were expressed regarding standards: Who decides "how strong" a policy is? Is how they design that consensus-based? Who is the "consensus"?

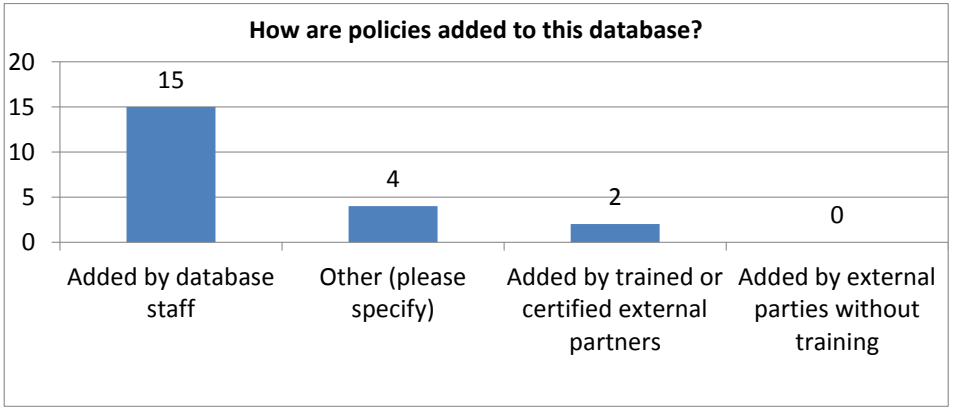
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
Database Stewards Key Informant Perspective There are coding inconsistencies in all of the databases. Contributors described were the total number of fields, the number of coders, and inconsistent training for coders. An additional challenge presented describing unique standards for local autonomy in 50 states.	Stated somewhat differently, who has the authority to make these calls? ➢ Informants suggested common criteria for local policy databases. Can there be a "like" system by users? Would there be validated users that could be considered "super users"? Do we track what policies are searched most and focus our efforts there? ➢ Informants described the need for agreement on coding. ➢ Key informants stress the need to cross-reference policies that are either in similar sectors, similar jurisdiction size, or contrast to different areas ➢ GIS data is becoming more and more in demand. ➢ The vision of an intersection or merger of census, population health, and policy data. One informant suggested the usefulness of an "at-a-glance" listing, where an end-user could look state to state, to see a list of all policies by topic and jurisdiction.
	

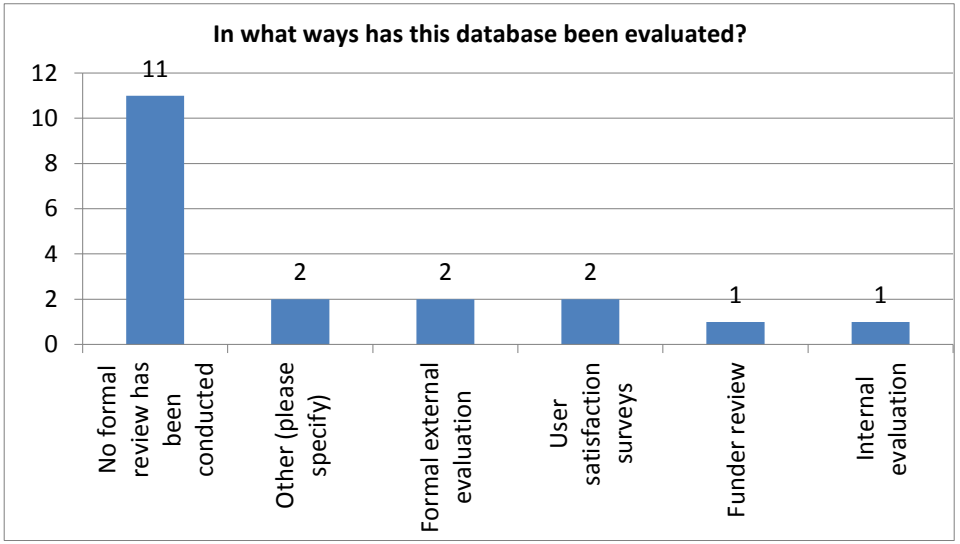
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
While many owners/managers/experts did not know the most utilized tools or features of their databases, top responses included: searchable by query (keyword search or Boolean search), searchable by topic (tobacco, built environment, chronic disease, etc.), searchable by jurisdiction / locality (township, school district, city, county, etc.).	
	Respondents ranked U.S. Census data, chronic disease prevalence data, and county health rankings the highest for data they would want to see cross-referenced in their databases. Respondents that checked "other" suggested these data sources: ➢ Chronic disease ➢ Disaster data ➢ Disability data (e.g. ACS) ➢ Healthy People goals, i.e. Leading Health Indicators ➢ Healthy Communities Institute data ➢ Infectious disease data ➢ Labor (BLS) data ➢ Migrant population data ➢ Mental health data ➢ National Health and Nutrition Examination Survey (NHANES) ➢ National Household Travel Survey ➢ Transportation data

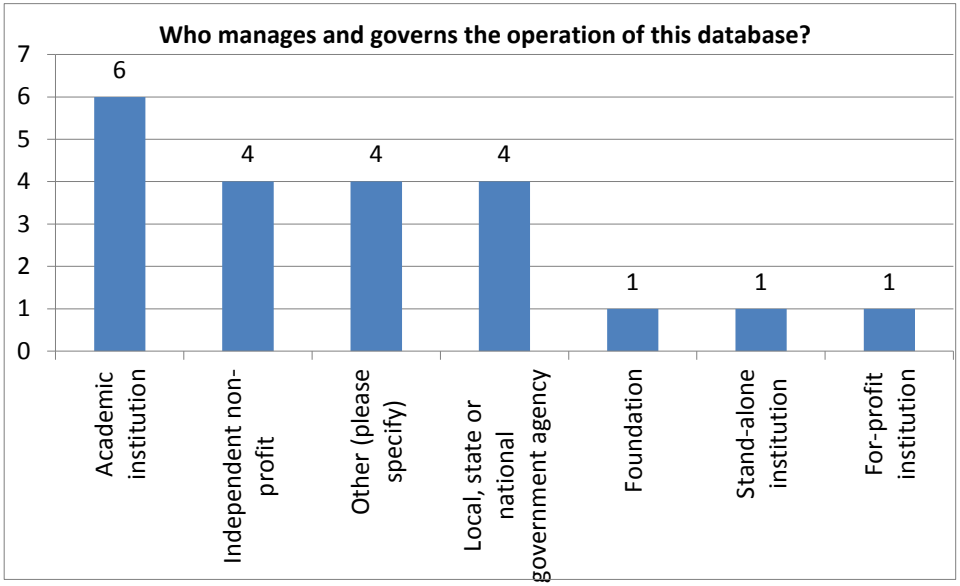
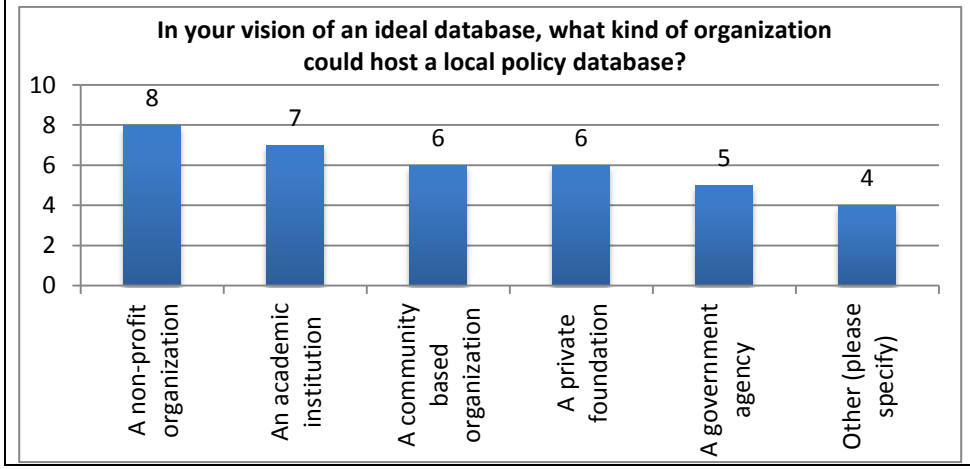
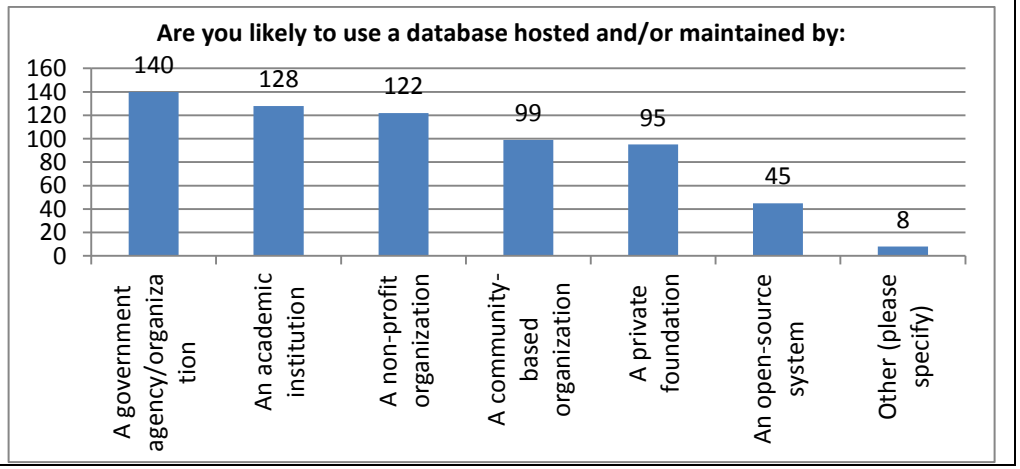
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
VI. Use, Volume and Frequency	
	
Of the 17 respondents who answered the question, six reported over 1,000 users of their database, six reported between 101 and 1000, and four do not track usage.	Sixty-three respondents (31%) reported having used a local policy database in the past five years.

Policy database stewards (owners, managers, developers, funders, experts)	
	
Half of all respondents identified current user types as: members of the general public, local or county governmental health practitioners, community-based non-profit health practitioners, advocacy groups, and legislative or government agency staff. *Database Stewards Key Informant Perspective* Respondents shared perceptions that point to two distinct uses of local policy databases: research and advocacy.	The sample of 210 respondents breaks down into approximately 4 aggregated categories: ➢ 40% Government sector ➢ 37% Non-profit industry ➢ 13% Academia ➢ 10% Private sector Type of "Other" respondents include: ➢ Healthcare Sector (9) ➢ Local Government/Non-Profit Board (7) ➢ Consultant/Contractor (7) ➢ Academic – Other (3) ➢ Private Sector (3) ➢ Advocate (2)

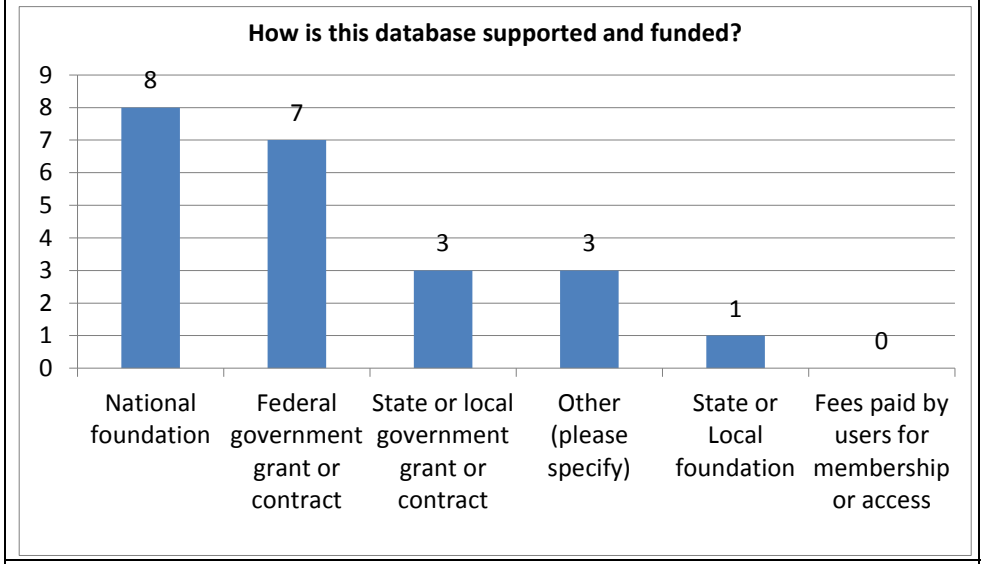
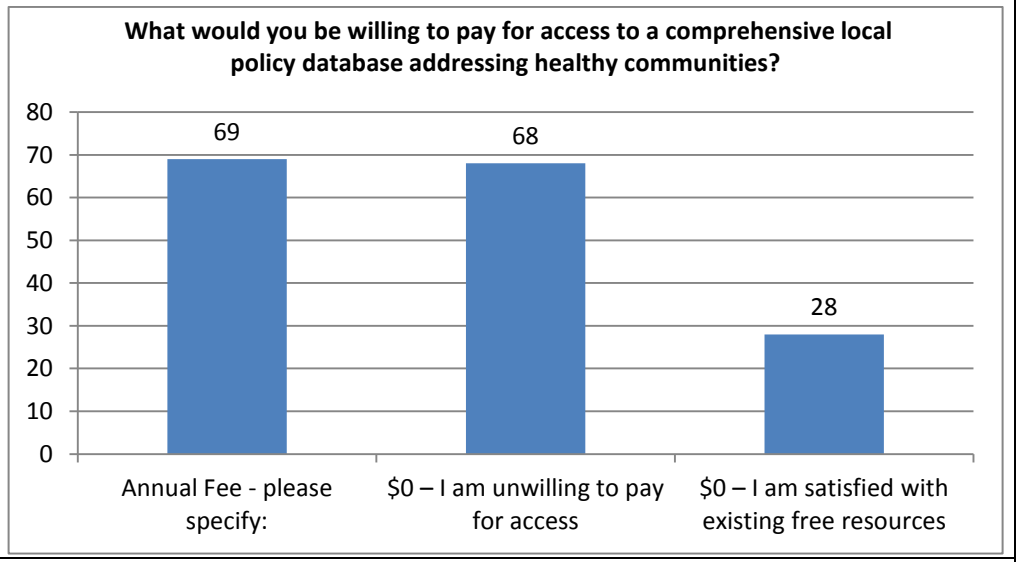
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	
When owners/managers/experts were asked to respond as database users, most reported use of databases other than their own at a frequency of once per month. Others use databases once per week or every other week.	Among End-User respondents who currently use databases: ➢ One-quarter use a local policy database at least once per week; ➢ An additional one-fifth at least once per month; ➢ Less than half report using a database a few times to once per year

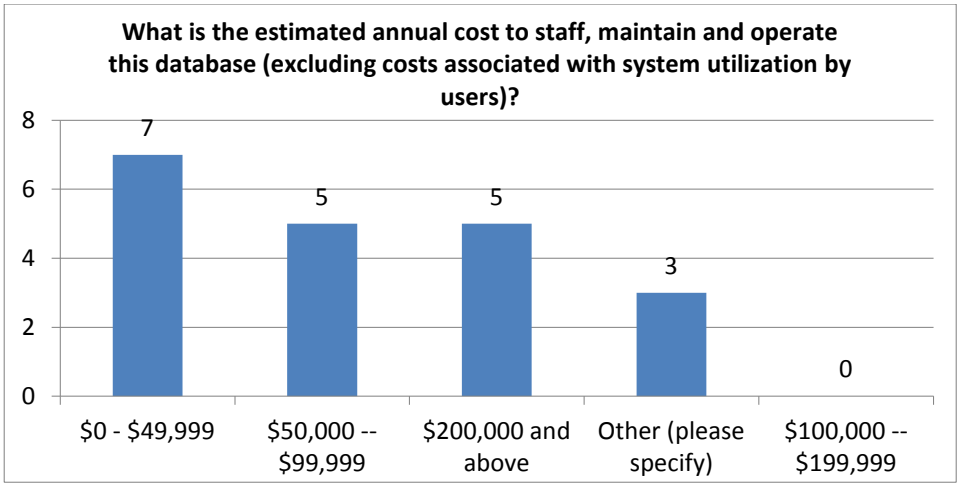
Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
VII. Host, Funding, Maintenance and Evaluation	
	
In most cases, policies are added to the database by database staff. "Other" responses included: ➢ Identified through established search terms and confirmed by staff ➢ Enough evidence has to be available and a causal link to factors in the model before a policy will be added *Database Stewards Key Informant Perspective* Inclusion/exclusion criteria varied widely. Specifics were often dictated by the funder. Several databases had more than 20 criteria. Five means of populating databases were identified. At the most rigorous level, policies were added by a researcher and the codes were checked by an independent coder. At the next level, a researcher added policies with assistance from staff. Staff assigned this staff typically had a masters' degree or a legal background. At the third level policies were added by a contractor. At the fourth level policies were added by a staff person and at the final level policies were added by local residents.	

Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	
Eleven (11) respondents indicated that no formal review has been conducted on their databases. Two respondents reported external and user satisfaction evaluations were conducted. *Database Stewards Key Informant Perspective* Few databases have completed an evaluation. Those that have evaluated a database share results only with funders. Many rely on anecdotal information or feedback from users to determine effectiveness and efficiency. A common measure is user satisfaction as measured by number of visits per year and continued funding.	

Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	
Respondents indicated that their databases are maintained or governed by: academic institutions; local, state or national government institutions; or independent non-profits.	
	

Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
Owners/managers/experts indicated that, in an ideal situation, a non-profit organization or academic organization would host a local policy database. "Other" responses included: ➢ Any could work, but for ideal, they need to be linked or no real benefit ➢ Use similar standards ➢ Either for profit or not-for-profit entity with capacity and sufficient funding *Database Stewards Key Informant Perspective* Key Informants indicated that half of existing databases were public and half were proprietary. They reported that management changes over time revealed a trend of moving from contractor to in-house hosting.	Respondents are most likely to use a database maintained by a government agency or organization, though not much more likely than one maintained by an academic institution or non-profit organization. "Other" responses include: ➢ Robert Wood Johnson Foundation (7) ➢ Texas Department of State Health Services (7) ➢ Health Departments (5) ➢ Changelab Solutions (4) ➢ CDC (4) ➢ NACCHO (3) ➢ Community Commons (3) ➢ Prevention Institute (2) ➢ Public Health Institute (2) *End-user Key Informant Perspective* ➢ A common refrain amongst the key informants is the difficulty of keeping a database like this maintained. It is difficult to find consistent information on county- and city-based policies; it would take someone to work on this full-time to keep it up-to-date and relevant enough to be timely and useful. One key informant suggests starting the scope with larger cities. ➢ ENACT is seen as a database that may already have the needed infrastructure in place. ➢ Informants cite the CDC as being an integral and necessary participant of this process. ➢ Informants also cite the need of having data and policies that are accurate and coded properly, and involve ongoing surveillance. ➢ The case for the government to be involved as an active participant is a quality control issue. Many researchers feel uncomfortable with the way information is shared in the "new generation" (e.g. open-source). ➢ One question to address with stakeholders would be whether to have one agency/organization, or a few who are responsible for this project. Some believe that not one organization should be managing it, where others believe it should have a central home.

Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
VIII. Cost, Funding and Fees	
	
The most commonly cited sources of funding for local policy databases were national foundations and federal or federal government grants or contracts.	We asked respondents what they would be willing to pay for an ideal local policy database. ➢ 58% of respondents are unwilling to pay for a database (41% would not pay for such a service, and 17% believe that they are satisfied enough with current resources). ➢ The 42% of respondents (n=69) who would be willing to pay for a service reported they would pay between $10-$5000, but the majority of respondents (n=37) are willing to pay in the $50-$500 range. ➢ About 1/3 (n=20) of respondents who would be willing to pay answered "I don't know" or "it depends". *End-user Key Informant Perspective* ➢ Funding will be one of the biggest issues with the maintenance and sustainability of a database of this kind; it could just disappear without a commitment. There needs to be a marketing and sponsorship plan. We do not

Policy database stewards (owners, managers, developers, funders, experts)	Current and potential end-users of policy databases
	want another 3-year project. ➢ A couple of informants suggested a tiered model for payment where a basic level of information could be provided for free, with a fee structure or subscription service for more in-depth policy information or an analysis tool at the next level. RWJF expressed a need for balance between public access and business sustainability. This process needs a sustainable model.
	
Of 20 respondents, 7 indicated that the estimated annual cost to staff, maintain and operate this database (excluding costs associated with system utilization by users) was between $0 - 49,999. Five reported that the annual cost was $50,000 - 99,999; five reported the database cost $200,000 and above to maintain annually. *Database Stewards Key Informant Perspective* Respondents indicated that most funding for database maintenance and operation comes from CDC, RWJF or a state-level foundation. Respondents reported that funding is not consistent and is inadequate in terms of amount and duration.	

Appendix C: Challenges, Insights and Advice from End-Users and Database Stewards

Online assessment and key informant interview responses were categorized and reported verbatim.

Challenges

End-user Perspective

Accessibility/Readability

- People don't know where to find data. They don't know what data is available. They don't know how to interpret data. They don't know how to use data to make a cogent argument with policy makers. Many people are using obesity slides that are 2-3 years out of date.
- Some databases require prerequisite knowledge in order to use them rendering them difficult to use or even useless if one can't figure it out.
- There is more of an inability to pay than unwillingness to pay. I don't have authority to make those decisions in my organization.
- They are too difficult to find by a word or phrase, too much legal ease talk

Database Development and Maintenance

- Although current local systems may exist, they are not always current or easily retrievable. Although local attempts has been made, are local stakeholders (schools, businesses, government, health care systems, not for profit organizations, etc, etc,) do not share information, are still often in a competitive mode, and often implement practice that is disease and medically focused as opposed to implementing health promotion and/or disease prevention models.
- Challenge is keeping it updated, finding info in the first place, and having enough data to make it worthwhile. Many databases just never turn up anything useful. Also, if there's not a link to a posted version of the policy, I can't cite it with confidence.
- Hard to keep up to date
- Having current data and keeping it current when having the data gathering come from one source seems highly improbable.
- I think they can be overwhelming. We have a local policy database that we will be updating later this year that is focused on HE/AL in Colorado - with a few national best practices. Just maintaining current content and links on this can be a formidable task.
- The information is not currently updated.
- They are not updated proactively, and they tend to include policies with weak provisions/those that aren't best practices.

Quality Control/ Standards

- I don't use ENACT much because there's no quality control of the policies that are in the database.
- Some sort of classification so all do not look EQUAL.

Challenges

Database Stewards Perspective

Accessibility/Readability

- Because the needs for local policy databases vary widely, it will be difficult to meet needs of both researchers and end users.
- Organizing the data in a way that is useful for the user
- Translating the data that makes it useful for the user.

Database Maintenance

- Maintenance is a huge challenge because we hand select and input everything. Some information needs to be updated.
- Off-the-shelf software was not efficient for this work; had to develop our own software designed for legal coding and publication of data to the web
- Developing search criteria for data added to the database
- Numerous challenges but many were internal to CDC or related to the choice of developer
- Takes much longer and more complex than would think. Started discussing at CDC over 10 years ago and some work has been done but pretty piecemeal and in small amounts until recently.
- Good to do but need lots of partners, lots of resources and long-term process.
- Need an understanding of the policy process, implementation and such to do this well.
- Challenges include time, funding, and staffing.
- An additional challenge exists due to the constant changes in the number, sophistication, and location of CDC grantees.
- Limitation exists because local policy database owners and developers are positioned as competitors; unlikely to share information or lessons learned because they compete for funds from a limited pool of resources.

Quality Control/Standards

- Robust standards for scientific legal coding had to be developed
- Robust business practices to enable cost-efficient coding performance had to be developed
- Legislation trackers are not always reliable--the information (e.g., that a bill failed) doesn't always come to us in "real time."
- No knowing everything that is happening around the country, we're bound to miss things.
- Also many don't do it scientifically (good coding, good plans) and more just collect laws.
- The few policies that were available and multiple contacts needed to obtain
- Several respondents shared a belief that the lack of local standardization around authority, implementation and evaluation of policy hampered efforts to create local policy databases.

Other

- A limitation of the study is the lack of common experience surrounding local policy databases. Some respondents worked primarily with national and state databases.

Insights and Advice

End-user Perspective

Accessibility/Readability

- Available in Spanish
- Cut down on language, use pictures
- Needs to be more user-friendly and accessible/relevant to a range of audiences (general public to academics).

Content & Database

- A local policy database would be a great help to the work I am involved in within the Bell County/Central Texas Community. I would like it to be searchable in as many ways as possible and formatted in such a way that it would not require hours of training to begin using. I would also like it to offer the ability to download documents in a format that would allow me to edit and customize for local use.
- Get past bill passage to bill implementation and evaluation. Make sure you include case studies as examples and link to policy analysis tools.
- I would like to see some national standards for Affordable Care Act community needs assessments
- If there are existing policy databases out there, people need to better communicate with each other the following: A) Content, B) Process, and C) Opportunities for collaboration.
- It would be extremely helpful if you could tie in the elements you have listed in this survey into a policy database, including policy language, best practices, evaluation, outcomes, categorization, and funding sources. It also would be helpful if you would be able to update the database with information as it becomes available. I did not answer the question about payment because I think we need to have a discussion within our organization about that. Please feel free to contact me about that later if you have any questions.
- Make login and password assignment simple, focus test webpage readability and functionality, have explanations of data queries (how to query and what the analysis means).
- Most databases are only done by topic area which requires searching a lot of different databases, one that includes multiple topic areas (tobacco, nutrition, PA, active transportation, built environment, etc) would be incredibly useful. Particularly one that is sortable by multiple indicators (policy type, jurisdiction, setting, etc)
- Must be client specific and yet holistic to cover all community programs and services available.
- Needs to be able to find local services easily and gain access quickly.
- Perhaps this is not the vision for this at all, but while ENACT will provide a snapshot across the country on various jurisdictional levels, what I would find immensely helpful would be a means of getting my state snapshot, on the local level. I would love to do a Texas specific search of local ordinances or cities or county level policies that provides me with the state of things for Texas alone.
- Please, please, please include information related to policies that impact underserved groups, including people with disabilities.
- Prefer comprehensive ones and good search features
- Surprised if health is the focus that Safe, Affordable Access is not part of the items to be reported.

Inclusiveness

- Each 'group,' i.e. government, schools, nonprofits, etc., tend to be focused with their own genre and connections. Need to ensure reach of all groups in community.
- Need to get community involved
- There needs to be a convening organization and it needs to seek out Medicaid-CHIP agencies for feedback.
- This resource would influence grant writing and awards.
- To suggest we are unwilling to embrace the reality of discrimination in the areas of Housing, Education, social services, Health is incorrect. We are willing but stakeholders seek to limit the examination/analysis/evaluation since the answers or solution are HARD and may require more than we are willing to embrace.

Database Maintenance and Sustainability

- Data needs to be managed well, timelines of available data explained, and older data appropriately archived.
- It must have some systematic way of being updated. Relying on users to update it will fail very quickly because few people will actually take the time to do it. You must also have a way to indicate how representative the database is (e.g., the database captures policies from ~75% of local jurisdictions).
- Maintaining it is key and ensuring accurate categorization of responses
- Needs to be frequently and regularly updated with easy-to-find notation of date of latest updates.
- It has to be sustainable.
- Must be well and regularly marketed.

Insights and Advice

Database Stewards Perspective

Accessibility/Readability

- I don't know of any local databases--would be great to have one.
- Needs to be in current time (on some of these issues, timing is everything and knowledge is power).
- Embed tools in the database that allow for easy accurate translation and communication of what the numbers say and mean, so that they can be used by the public or translated for policymakers.
- Keep it simple and clear so will be usable by local population
- The unique context and capabilities of communities (even in the same state) reinforces the need for access to user-friendly policy examples.
- The database can become part of a system that rewards policies that impact the health of communities and individuals

Database Content

- There is a lot out there already. Know how a new database would fit and what gaps it would fill.
- Find a really good developer who is creative and has ideas for expanding/changing the database down the line.

- Don't reinvent the wheel; work with us to advance this important task.
- Make it searchable.
- If possible, include points of contact who can answer questions about the policies at hand.
- An additional search option to review contextual considerations for replication of a particular intervention in other communities could be helpful.
- Advice to separate the efforts to create a database for researchers and local communities was consistent.
- There is a belief that CDC should narrow the focus and expand the resources.
- In addition to tracking policies, areas important to respondents include sustaining evidence based policies impact and enforcement.
- A need for separately funded efforts to develop local policy databases for public health systems and services research / public health law research and practical application of local policy research by community health grantees. Failure to consider these distinctions could further widen the gap between regions that have sophisticated approaches to health policy and those whose efforts are new.

Inclusiveness

- Would be a good role for the federal government to consider, but should start with all the ongoing work and efforts out there.
- Also fund work with National Congress of American Indians, County Health Rankings, TFAH. We work with and fund a lot of other resources that have local policy database components.
- Know who your user audience is; what they need.
- NREPP staff connect members of the public to intervention developers to learn how to implement these approaches in their communities.

Database Sustainability

- This is a really complicated thing to do and takes a lot of time and energy to develop. Hard to get local data and ordinances and policies often.

Appendix D: Full Gap Analysis

The purpose of this gap analysis is to determine the difference between what features and functions of a policy database are needed and desired by users and what is available in existing policy database solutions.

This LPDB scan resulted in the identification of approximately 100 information repositories, many of which are fully functioning databases, which might provide all or some of the functionality desired by the respondents to our online assessments. For the purpose of this gap analysis, we were not concerned whether the solution was only a "local health policy" repository. Instead, we looked at functional attributes of the systems that might be considered in the design of an ideal local policy database. A properly designed database can contain any type of information; the more important aspects are how users interact with the information to contribute, query and report.

Methodology

Given that over 100 databases have been identified, a cursory analysis was performed on the most relevant subset of the databases to provide an overview of the current local policy database environment versus desirable features. The following methodology was used to perform the gap analysis:

Step 1: Categorize the databases

The project team classified the 110 information repositories into three groups, 27 of which met at least one of our project inclusion criteria.

1. Nine (9) databases contain exclusively local policies on healthy communities
2. Nine (9) databases contain a mix of local and non-local (i.e., state) policies on healthy communities
3. Nine (9) databases contain exclusively non-local policies on healthy communities
4. Twelve (12) databases contain registries of state legislation; similar registries exist in most states
5. All others (71)

Step 2: Review databases for inclusion of important features

A list of criteria was developed based on the most important features of a local policy database as identified by end-users and database owner/managers during our study:

- Searchable by policy topic
- Searchable by jurisdiction
- Narrative description
- Examples of best practices
- Ranking tools
- Comparison tools
- Ability to download data

The team performed a quick assessment on the 27 databases identified in the three categories (local health policy, a mix of local and non-local health policy and non-local health policy). Each database was flagged as having, or not having, the attributes listed above.

Feature	Local Health Policies (9 identified)	Local and State/National Health Polices (9 identified)	State/National Health Policies (9 identified)	All databases in the three categories (27 identified)
Includes a narrative description	8	8	9	25 (93%)
Includes a searchable jurisdiction	8	7	7	22 (81%)
Includes a searchable policy topic	4	8	7	19 (70%)
Includes examples of best practices	4	4	4	12 (44%)
Includes comparison tools	2	2	5	9 (33%)
Includes ranking tools	3	2	1	7 (26%)
Ability to download data	2	3	1	6 (22%)

Note: The "searchable policy topic" and "searchable jurisdiction" features can be misunderstood. There is a difference between a site search for a keyword and a guided navigation of available topics and jurisdictions in the database. For the purpose of this study, sites that contained a guided navigation were scored as having the "search" functionality. Sites that only included a keyword search were not considered as having a searchable policy topic or a searchable jurisdiction. Most databases reviewed had a keyword search. Only about half of the databases included a guided navigation by topic and/or jurisdiction, which is more complicated to set up and administer but more useful as a tool to find information.

Note: in the case of a few databases, the team could not access certain features of the database without an authorized login. Features that could not be determined were marked as "not available".

Step 3: Review databases for content

The project team performed some basic data collection on the databases to determine the scope and depth of the information contained within. The team scored this as follows:

- 1-4 points based on the variety of topics in the database
- 1-2 points based on the amount of details available for the policies
- 1-4 points based on the diversity of policy jurisdictions in the database

Each database could then achieve a score of 3 to 10 points.

This was a high level review based on the team's ability to access the database or gather the necessary information about the database to draw some conclusions and provide a score. This score should be considered subjective. A thorough study of each database would need to be performed with policy subject matter experts and a standardized scoring methodology to more accurately provide content scoring.

Step 4: Review databases on subjective appeal

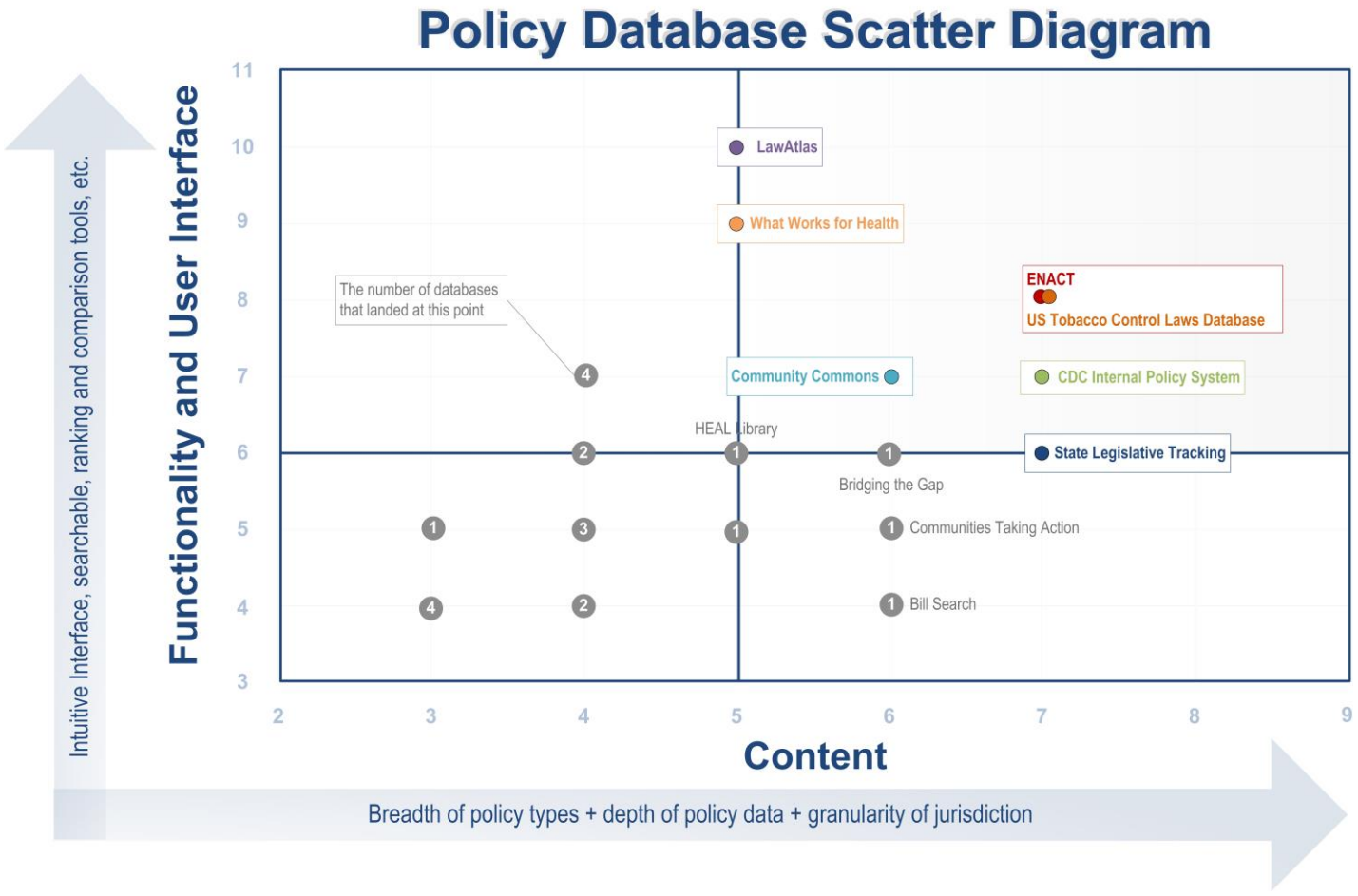
The project team developed a subjective score for each database based on the user interface and additional unique or innovative ("intriguing") functionality that might be important in policy database solution. The team evaluated characteristics including aesthetics, intuitiveness, ease of use and user interface best practices to score each database from 1-5, where 5 is the most desirable rating.

Step 5: Develop a Scatter Diagram

Using the results from steps 1-4 above, a Scatter Diagram was developed to plot each database. The Y-axis of the diagram represents functionality/features/usability, and the X-axis of the diagram represents depth of content. The X-axis scale is 0 to 10. The Y-axis scale is 0-12 (possible 0-7 points for important features and 0- 5 points for subjective appeal.

Databases that landed in the upper right quadrant were considered the candidates that most closely met functionality needs while also providing more robust policy content.

Below is the Policy Database scatter diagram, with the databases in the upper right quadrant identified. A few other high-ranking databases are also noted on the scatter diagram for quick reference. The complete list of databases and their ranking is located in **Appendix E.**



Appendix E: Database Scoring Summary

The scan identified nearly thirty healthy community policy databases as being relevant to the project selection criteria. The project developed subjective measures for content and appeal, and applied these measures to the relevant databases. This exercise was NOT intended to identify any existing database as "best" or most likely to be adapted for future expansion. **Instead, the process is an example of a framework for analysis that can be expanding and refined for evaluation of these and other databases that would be identified in a more detailed assessment process (as recommended).**

Database	Content Score	Functionality Score	Total
ENACT	7	8	15
U.S. Tobacco Control Laws Database	7	8	15
LawAtlas	5	10	15
CDC Internal policy tracking system / State Legislative and Regulatory Action / Chronic Disease State Policy Tracking System	7	7	14
What Works for Health	5	9	14
State Legislative Tracking	7	6	13
Community Commons / Salud America	6	7	13
Bridging the Gap	6	6	12
Communities Taking Action: Profiles of Health Equity	6	5	11
HEAL Library	5	6	11
Alcohol Policy Information System	4	7	11
Tobacco Policy Project/State Legislated Action on Tobacco Issues (SLATI)	4	7	11
State School Healthy Policy Database	4	7	11
DASH-NY Obesity Policies Database	4	7	11
National Conference of State Legislators	5	5	10
TASB Policy Service	4	6	10
CQ State Track	4	6	10
Yale Rudd Center for Food Policy and Obesity Legislation Database	3	7	10
Federal Health Reform: State Legislative Tracking Database	4	5	9
TX Smoke-Free Ordinance Database	4	5	9
School Wellness Policies	4	5	9
Food Systems Urban Agriculture	4	4	8
Complete Streets Coalition	4	4	8
Washington University at St Louis, Center for Obesity Prevention & Policy Research	3	5	8
Housing Regulation Database	3	4	7
Tobacco Control Laws	3	4	7
Database of State Incentives for Renewables and Efficiency (DSIRE)	3	4	7

Appendix F: Analysis of Seven Example Databases

The scan identified nearly thirty healthy community policy databases as being relevant to the project selection criteria. The project developed subjective measures for content and appeal, and applied these measures to the relevant databases. This exercise was NOT intended to identify any existing database as "best" or most likely to be adapted for future expansion. **Instead, the process is an example of a framework for analysis that can be expanding and refined for evaluation of these and other databases that would be identified in a more detailed assessment process (as recommended).** With that said, these seven existing databases scored highest for desired content and functionality under the example framework.

ENACT

One of the more prevalent local policy databases cited by respondents of the end-user assessment was ENACT (Environmental Nutrition and Activity Community Tool). Developed by the Prevention Institute as part of the Strategic Alliance for Healthy Food and Activity Environments, ENACT has a searchable local policy database tool designed to provide community advocates, health professionals, policymakers and others in related fields with examples of local policies that have been adopted and/or implemented to improve food and physical activity environments. ENACT catalogues these policies by soliciting key informants and monitoring public documents. ENACT does not include policies adopted at the state or federal levels.

ENACT allows users to search by keyword, topic, state, or a variety of other attributes. Once results are returned, the user can view basic information about a selected policy and view the policy/plan in a PDF format.

ANR U.S. Tobacco Control Laws Databases

The American Nonsmokers' Rights U.S. Tobacco Control Laws Database was created in 1985 and includes records as far back as the early 1900s. The database contains about 8500 laws in about 4000 municipalities in all 50 states. Each record has 323 fields, allowing for very detailed information about each law. Laws cover topics such as clean indoor air, smoke-free laws, youth access, and advertising, for 98% of U.S. cities having a population of 75,000 or more. Data is entered and analyzed by policy analysts to assure objectivity and consistency.

LawAtlas

Another system mentioned frequently by respondents was LawAtlas. LawAtlas is a policy surveillance portal developed by Public Health Law Research (PHLR) through funding from the Robert Wood Johnson Foundation. LawAtlas includes interactive law maps, policy surveillance reports, downloadable data, codebooks and protocols related to improving health or access to health care.

LawAtlas currently covers information for eight different topics, and is expecting to add content for several more topics in the near future.

What Works for Health

What Works for Health is a database of policies and programs that can improve health. The site claims to present a comprehensive overview of policies and programs that can impact health through individual health behaviors, clinical care, social and economic factors, and the physical environment. The site does not evaluate the effectiveness of policies directly, but instead reviews and summarizes findings from numerous resources.

The site has an appealing and intriguing graphic user interface to streamline navigation to quickly locate policies of interest. Once a list of matching policies is located, the policies are listed with several comparative attributes such as whether they are evidence-based and who is the primary decision maker for the policy or program. Users can then select a policy to view a narrative overview.

CDC Internal Policy Tracking System

The CDC's Chronic Disease State Policy Tracking System is a website allowing users to locate policies by category, state, setting, etc. Once a user selects a policy, a narrative policy overview is displayed.

The policy information in this database is strictly state-level policies.

Community Commons/Salud America

Community Commons uses a GIS map and drill-down metaphor to portray data. The data categories are broad in scope: Civic/Social, Economic, Education, Environment, and Health. Each of these major categories is composed of several sub-categories. Health, for example, disaggregates into Behaviors, Children and Families, Clinical Care, Food, Health Facilities, Health Outcomes, Health Rankings and Insurance.

In practical terms, the data is incomplete for all categories and for all map locations. Participants are invited to add to the dataset to 'fill in' the database, and expand the coverage. At present, it is unclear whether the data is complete enough in any of the sub-categories to satisfy serious inquiry. The user interface, however, is inviting, and intuitive. They are currently working with Salud America on a national policy tacking database that would link to their indicators through common geographical designation; this project is not yet public.

State Legislative Tracking (ASTHO)

ASTHO's State Health Policy team tracks and analyzes legislation across the states to identify trends and emerging issues impacting public health and state health agencies. Users can select from a list of topics and states to narrow their search. Once a list of related items is displayed, the specific legislation can be displayed as a PDF document.

Some information is also available in charts and maps.

Appendix G: Options Analysis - Design and Build a New Solution

Because designing and building a new database system would entail several years of research, design, development and implementation, this solution could be broken down further into two options: A) a "centralized local policy database" that uses local policies as the unit of analysis and B) a "distributed network of databases" that uses local policy databases as the unit of analysis. Desired elements of current systems would serve as the foundation for any new solution. Many variations of these options can be envisioned and would fall between the options presented.

Two options for designing and building a solution would be considered:

A. Design and build a new system, taking into account the needs of practitioners, policy makers and researchers to develop a comprehensive centralized policy database
B. Utilize existing databases to build a distributed network of policy databases

A) Centralized Local Policy Database

This solution focuses on increasing access to the policies themselves, as opposed to discreet databases. Subject matter experts at the project kickoff meeting suggested that a basic policy tracking index may be a more useful and achievable outcome for a coordinated effort moving forward. This phased approach starts with tracking basic policy information and adds more detail and increasingly rigorous standards. The most fully developed version of this solution could result in a centralized policy database in which all policies have been standardized, peer reviewed, coded, and validated with links to health outcome data to inform determination of impact. This would encourage policy managers to follow standard protocols for publishing their policies while simplifying the ability for policy practitioners and researchers to easily locate, review and compare policies.

It is important to note that this the final phase of this idea would be complicated and expensive, and would only be possible in the context of the phased approach that would precede it.

From a strategic standpoint, the development of this solution could be separated into scalable phases that provide ongoing value upon the completion of each phase.

Phase 1: Basic Local Policy Tracking Index for Practitioners

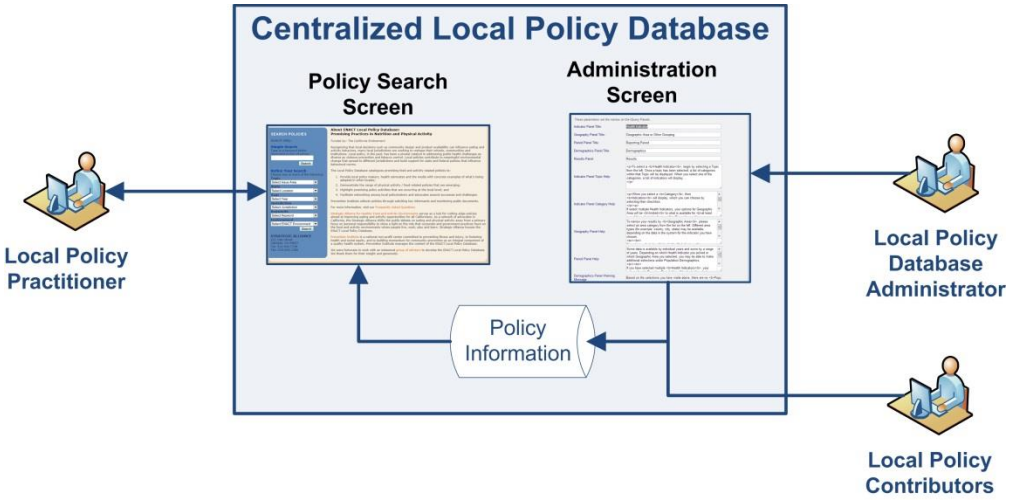
This phase would result in a database of local policies that contains basic information about local policies, with defined attributes such as topic, jurisdiction and implementation, along with descriptive text and perhaps access to the full policy language. A user-friendly interface would allow users to easily search and view policy information. A searchable index of all policies in the database would be provided to show the total number of policies available by topic and jurisdiction. A central manager would be identified to oversee its development and operations.

The system would include the ability for policy makers to easily contribute their policy information to the database. The system would verify that all required information has been provided, and would provide tools for the contributor to review and edit their information and determine when the policy will be published for use by the database user community.

As the system matured, it could provide the ability for the user community to rate a policy for completeness, value and effectiveness. The community would also have the ability to contribute

information about their experiences adopting the policy. These results might be considered "unofficial and subjective", but would be available in terms that would be useful to local policy practitioners.

To be universally adopted as the central index of all local policies, the system must be continually promoted to policy advocates, decision makers, state agencies and legislatures. Content must continue to grow so that the users recognize the value and depth of available policy information. For content to grow, incentives must be provided for policy contributors. The incentives could be in the form of recognition ("Policy Success Story of the Month") or in the form of free access to future paid services that become available on the system. Agreements could also be implemented whereby a requirement of receiving a policy-related grant is that the policy must be contributed to this system.



Phase 2: Collection of coded local policy information

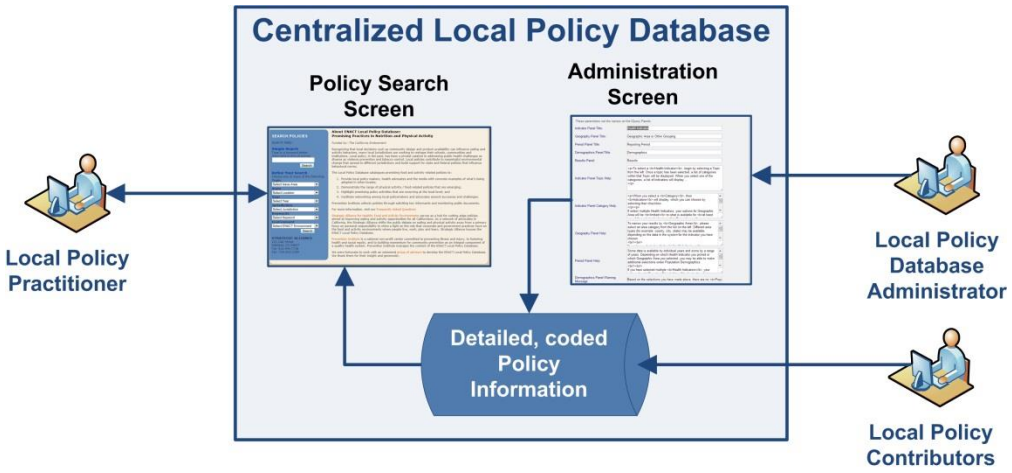
In this phase, the system would evolve to allow policy contributors and adopters to report policy information. This would be more than basic commentary, but would require facts, citations and standardized methods of reporting policy geography, indication of whether or not the policy was developed using evidence base, strength, comprehensiveness and effectiveness.

Using the wealth of policy information that has been contributed up to this point, system designers can begin to develop more detailed standard coding and scoring practices for geography, strength, comprehensiveness and effectiveness that can be applied to the policies. This might include inclusion of ICF codes (International Classification of Functioning, Disability, and Health), FIPS codes (Federal Information Processing Standards) and other coding schemas.

Requiring policy contributors to utilize a complex coding process during contribution of their policy could deter adoption. Therefore, contributors of this information would utilize a standardized data input interface to easily and consistently submit standardized data. Human coding experts may then be utilized to further refine the contributed information if needed, and artificial intelligence algorithms could perform the coding activities on existing policies in the index and new policies that are contributed in the future.

Leveraging the details of policy information with the coding elements that become available in this phase, researchers would have extensive ability to review, compare, rank and cross-reference local policies with community-based health outcomes.

System statistics could be automatically gathered to track the number of fully coded policies, the number of policies in the process of contribution, the number of policies by category and jurisdiction, and other information that can be used to promote the depth of policy content available.



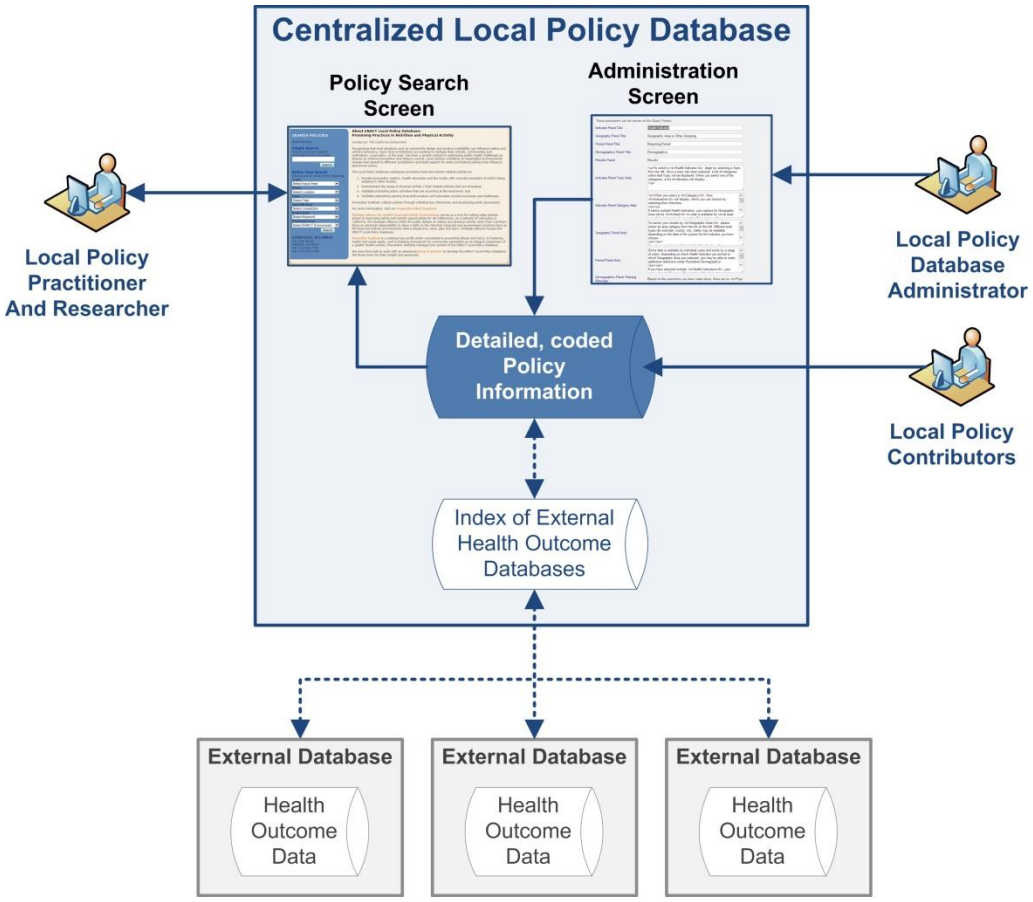
Phase 3: Detailed Policy Database for Researchers and Practitioners / Policymakers

In this phase, the system would achieve the ultimate goal of linking policy information to health outcome data in order to determine the impact of implementing a policy in a local community.

An index of external databases containing health outcome data would be added to the system. The primary governing body of the centralized local policy database would add databases to the index based on research, and health outcome database owners would be encouraged to use a contribution screen to submit their database information to the index.

Basic information about the external database would be collected, such as a list of health topics included, a description of the outcome information that is available, and the URL to access the website containing the external outcomes information.

Policies in the policy database would be cross-referenced with the index of health outcome databases by an administrator, and the associated cross-references would be displayed to system users as URLs that when clicked, would navigate the user's browser to the external health outcomes database website where the user can research outcome data based on whatever capabilities are available at that external site.



B) Distributed Network of Databases

The purpose of collecting policies in databases is to enable comparison and analysis. Because local policy databases in the current environment are so diverse, it is challenging if not impossible to make connections between them. The following is a graduated process for integrating databases so that policy analysis would become increasingly efficient and effective. The process starts with indexing existing databases and ultimately leads to tightly integrated sets of standardized information. It would be an alternate process to the centralized local policy database above that would also result in a single solution for practitioners/policymakers and researchers.

Phase 1: Index of Local Policy Databases

The first step in building a collaborative network of policy databases would be to understand the universe of available policy databases that could potentially integrate into the network. This information would be gathered into a website database and serve as a launch point for local policy database practitioners and researches to search and find local policy databases that meet their criteria. Rather than a "local policy database," itself, it would be a database of databases, with attributes about the databases it references such as types of policies contained, jurisdiction, availability and accessibility.

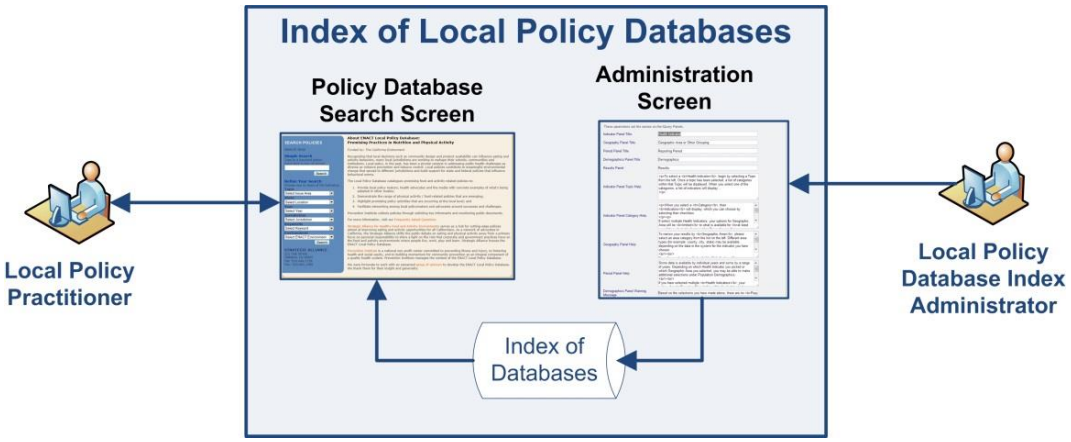
The index of databases could be built by a responsible management group that searches the internet and performs scans, much like those completed for this project. Functionality and processes could be devised to allow database owners to add their database to the index as well. To be effective, a central manager should police the database quarterly to check for broken links and to add newly discovered local policy databases.

The advantage of this solution is that references to local policy databases would be organized in a central location so that policy seekers would not need to search the internet for relevant policies. Instead, they could perform a basic search in the local policy index, which in turn would provide information and links to the respective databases.

The index would need to be comprehensive and contain a sufficient description of the local policy database so that users would not need to visit each link to determine its relevance. Users may find this tool too cumbersome to use and therefore not adopt its use, and instead rely upon searching the internet for local policy information.

The results of this scan would be combined with further investigation to gather enough details about each policy database to populate the index. A basic website with search capabilities would be created, and a central governing body would be designated to manage the database.

Below is a basic diagram of this phase.



Phase 2: Collaborative Network of Disparate Databases

Conceptually, a search portal could be constructed that sends queries for policy information into many different databases, asking for the same information, and getting results from all of the databases in a consistent format that could be compared. Technology provides the capability to do this, typically through a "web service". This could also be considered a "Google-like" search, where users could type several key words and the results would be returned from the various contributing databases.

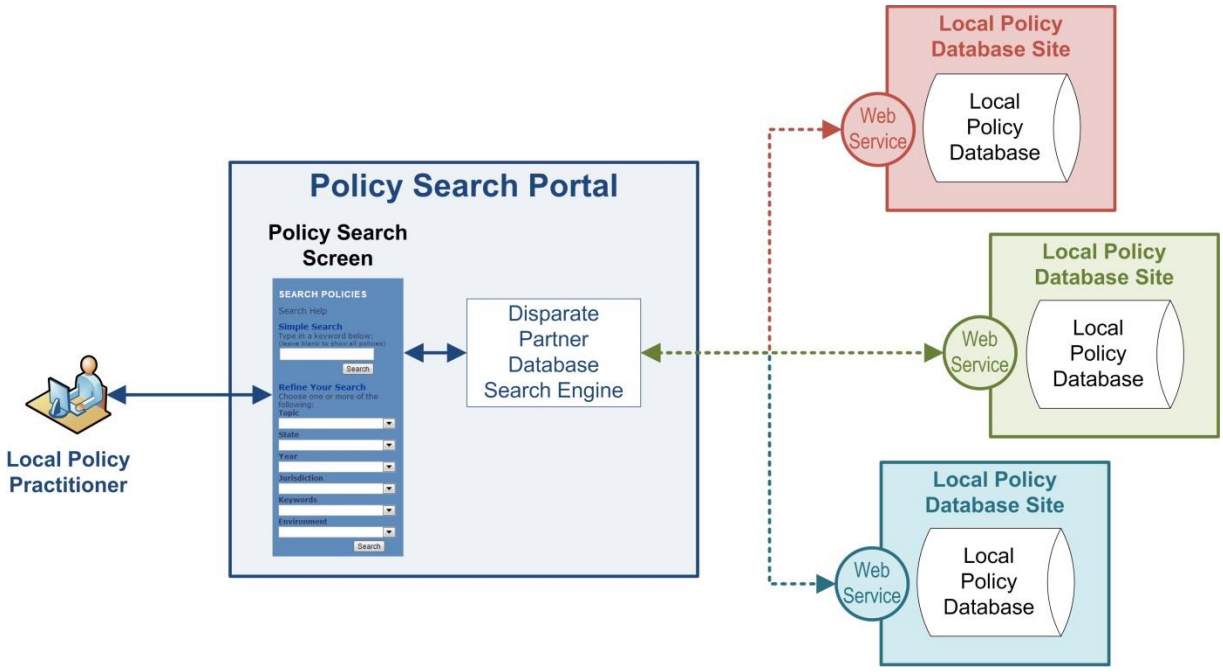
Having an index of databases from Phase 1 would provide the governing body of the system with information to perform additional assessment to determine which databases might be ideal candidates for a collaborative database network. Database owners would be invited to join a collaborative partner network and provide (or be funded to provide) technical resources needed to build the interface to connect their database to the network.

The technical challenges of this phase would be to build an intuitive, simple user interface that can translate the requested information effectively to talk to each collaborating database, because every database in the collaboration network would have different levels of details about the policies they contain, and would return different types of information in the results. However, with this option, developers could focus on the usability and simplicity of the interface rather than the detailed design required to configure a standardized, detailed policy database.

Another challenge of this phase would be that each database in the collaboration would have to have a web service built for it. Database owners would have to agree to build the web service and provide anonymous access to their database over the internet. Some database owners may be uncomfortable with this due to security risks or technical challenges.

If enough database owners could be identified as willing partners to build a web service into their database, then a "partner database search engine" could be developed to allow a single user interface to connect to each partner database to seek and return relevant policy information and then translate it into a standard format for all results.

The diagram below shows a Policy Search Portal for a collaborative network of disparate databases.



This phase could result in a hybrid solution between phase 1 and phase 2, where partner databases can be searched directly for policy information, and the database index from phase 1 would still be searched for non-partner databases that meet the search criteria.

This phase would require extensive collaboration between partner database owners to build the necessary web service interfaces into their systems.

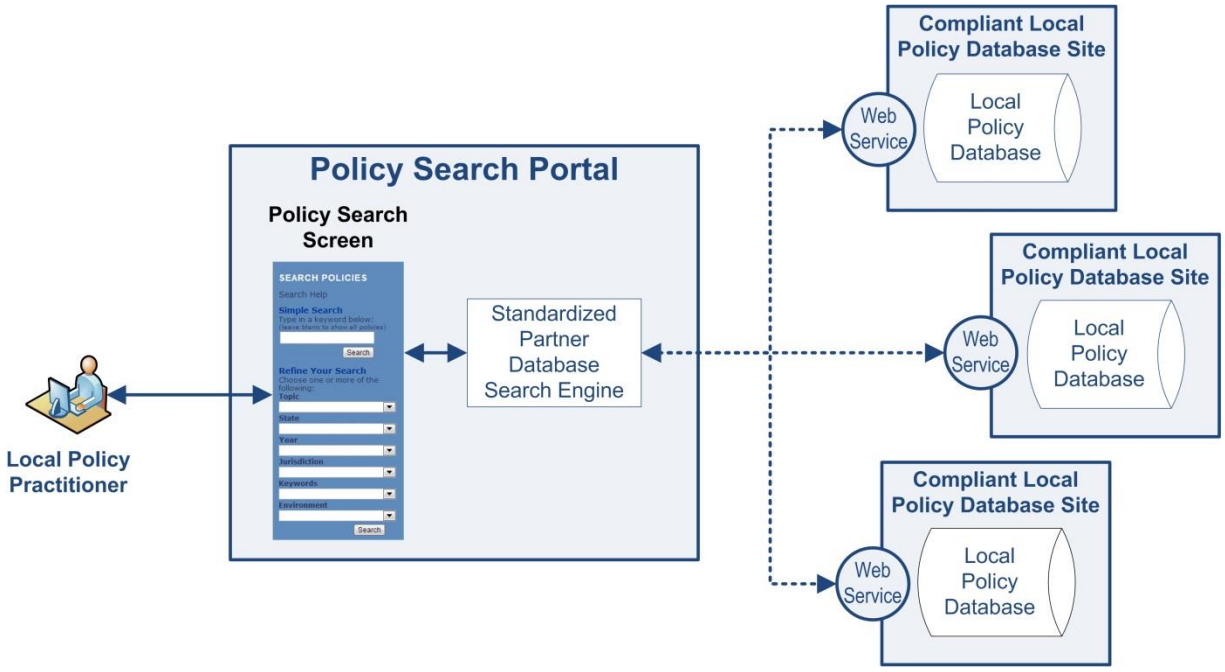
Phase 3: Collaborative Network of Standardized Databases

Further evolution of the collaborate network of partner databases could occur by developing a standard database format for local policy information. Using input from all partner database owners and other subject matter experts, a *definition* for a standard database could be created. This definition would focus on policy data elements required to be included in a model policy database. The model would not

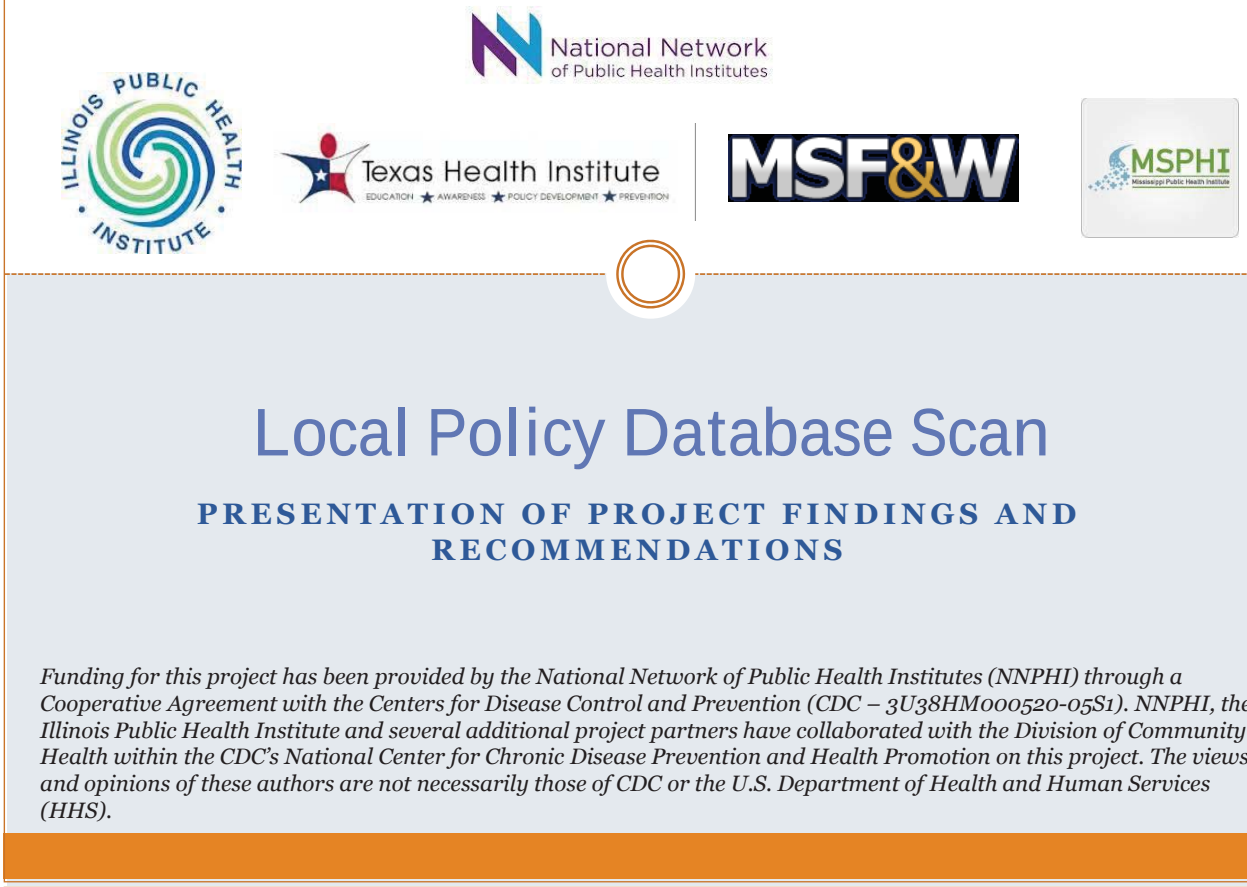
be concerned with technical details such as database platform, database scheme, or even detailed database design. If the database contained the required policy data elements in an acceptable format, then that database could be certified as compliant.

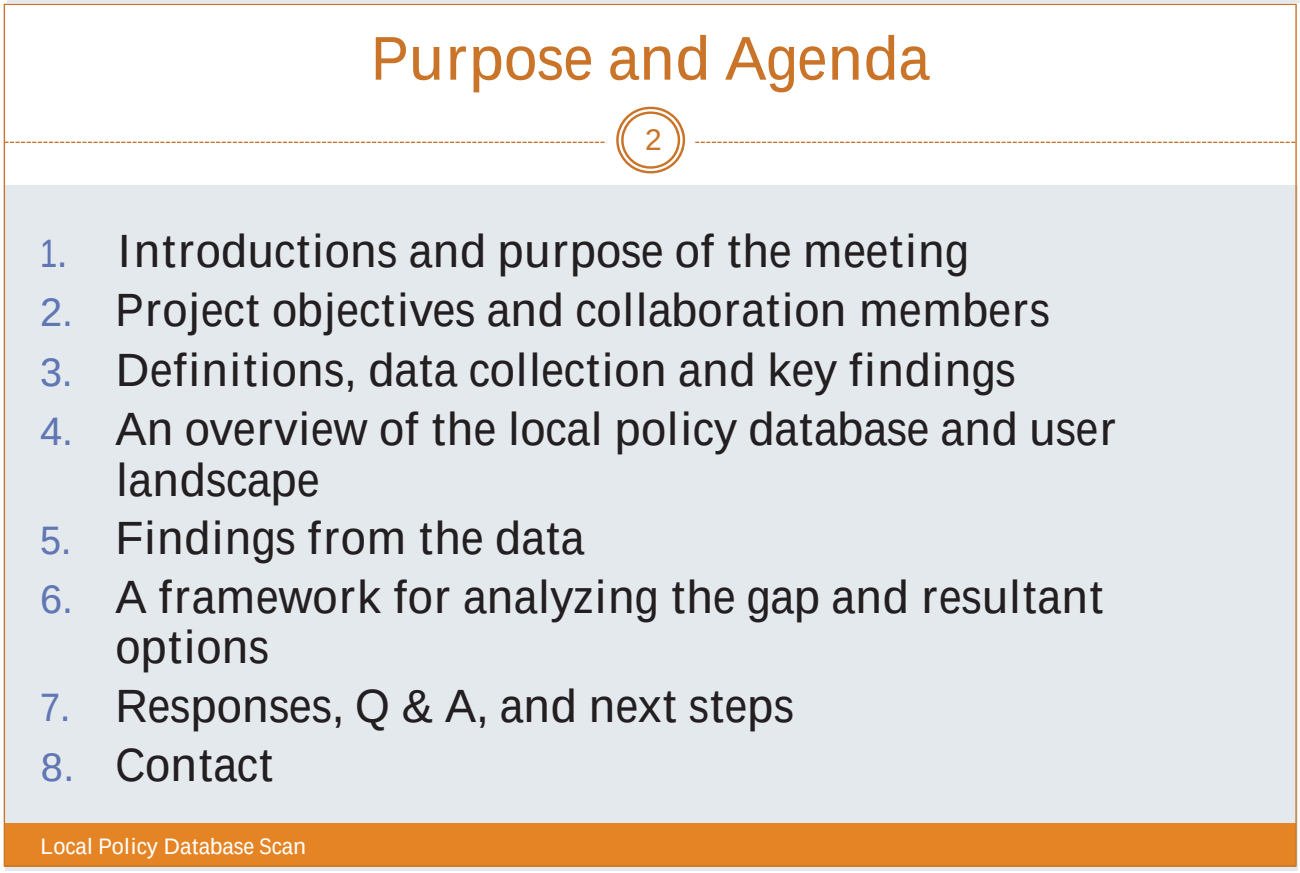
With this evolution, policy searchers can be assured that policies available through the search would be compliant with a standard definition, and would return all information associated with a policy in the databases.

This option would require collaborative effort between a governing body and partner database owners to develop the standard database definition. This option allows existing databases to retain their existing user interface and functionality, but would provide standardized and possibly more thorough policy information. To do this, the database owners would need to make some enhancements to their existing systems, which might involve database schema changes (adding data elements, adjusting data types) and modifying their user interface to account for the additional data elements that would be available. These enhancements would be relatively minor when compared to developing a solution from scratch.



Appendix H: Presentation Slides





Project Scope and Objectives

3

The National Networks of Public Health Institutes (NNPHI), through its Cooperative Agreement with the CDC Division of Community Health, contracted to partner agencies to ***complete a local policy database scan.***

Document:

1. the state of local policy databases that support healthy communities;
2. the interests of community stakeholders for local policy access and dissemination; and
3. possible options for a nationally-certified standard local policy database

The project was announced, awarded, executed and completed in 2013.

Local Policy Database Scan

Our Collaboration

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Project management and staffing by the Illinois Public Health Institute (IPHI - lead), the Texas Health Institute (THI) and the Mississippi Public Health Institute (MSPHI)

Subject matter expertise and review by Dr. Deborah Haire-Joshu (Washington University, Missouri Nutrition and Activity Policy Database) and Dr. Jamie Chriqui (University of Illinois at Chicago, Bridging the Gap)

Technical consultation and options analysis by MSF&W (Springfield, IL)

Local Policy Database Scan

Definitions and Criteria for Inclusion and Exclusion

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Databases that included:

- ***local*, *healthy communities*, *legislative and public* policies**
- State or national healthy communities policies
- Local non-healthy communities policies

Databases that excluded:

- organizational or corporate policies
- model policies
- programmatic best practices

Local Policy Database Scan

Data Collection Process

May – August 2013

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- Literature review
- 2 Interviews with managers of related database development and integration projects (Community Commons and the public health legal consortium)
- 13 Key informant interviews with database owners, managers, developers, funders and experts
- 8 Key informant interviews with current and potential end-users
- 22 respondents to an online assessment of local policy database owners, managers, developers, funders and experts
- 211 respondents to an online assessment of current and potential end-users
- 106 databases or information repositories identified in the scan, details added though online data collection

Local Policy Database Scan

Findings and Recommendations

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Primary finding 1: Policy database users can be categorized into two groups: 1) practitioners and policy makers and 2) researchers.

- These groups utilize policy databases for distinct purposes and to answer specific questions.
- Practitioners and policy makers use databases find basic policy information, examples, best practices and to compare their policies to other jurisdictions.
- Researchers utilize databases that have been developed according to empirical methods and rigorous academic standards and often use databases to support evaluation and measure impact.

Local Policy Database Scan

Findings and Recommendations

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Primary finding 2: Existing policy databases are very diverse.

- Because existing databases were individually created for specific purposes of developers or funders, databases vary in content, scope, quality, accessibility, funding, governance, tools and functionality.
- In order to promote evidence-based policies among local communities, practitioners need efficient access to these policies.
- In the current environment, policy analysis for practitioners is inefficient due to the diversity and inconsistency across databases.
- At the same time, diversity among research-focused databases limits cross-topic analysis or comparison of strength or comprehensiveness measures.

Local Policy Database Scan

Findings and Recommendations

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Primary recommendation 1: Establish a process to investigate, develop and meet standards for policy databases.

- Create a forum and process for database owners, managers, developers, experts, funders and current and potential end-users (including practitioners, policy makers and researchers) to develop mechanisms for creating common definitions, criteria and / or standards for local policy databases.
- ***Support and encourage new and existing databases to meet resultant standards.***

Local Policy Database Scan

Findings and Recommendations

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Primary recommendation 2: Leverage existing databases and knowledge of user needs.

- Existing databases contain many of the features identified as important by end users.
- These desired features should be considered for standardization or replication across other databases or as part of a national local policy database model.
- There are many different ways to build on existing tools and functionality, from enhancing an existing database, creating a network from existing local databases, establishing new standards-based funding opportunities to advance many databases, or building towards a single publically accessible database.

Local Policy Database Scan

Current and Potential End-user Respondents

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- 40% government
- 37% non-profit organization
- 13% academia
- 10% private sector

- 31% currently use a local policy database
- 65% of respondents believe that their work would benefit from a local policy database

Local Policy Database Scan

Purposes and Benefits

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End-users (total n=211)	Managers and Experts (total n=22)
Current end-users (n=61) are most likely to use a local policy database for the following purposes: • Policy development (n=40) • Assessment (n=37) • Education (n=33) • Research (n=32) • Advocacy (n=32) Current and potential end-users (n=172) would benefit from a local policy database for the following purposes: • Policy development (n=116) • Assessment (n=106) • Research (n=104) • Education (n=101)	22 respondents identified the purpose of their databases as: • Research and evaluation (n=16) • Policy development (n=12) • Legislative tracking (n=10) • Education and advocacy (n=8) When asked to respond as end-users, 16 respondents identified the top purposes of policy databases generally as: • Research and evaluation (n=10) • Policy development (n=8) • Legislative tracking (n=7) • Academic research (n=5)

Local Policy Database Scan

Healthy Community Topics

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End-users	Managers and Experts
Current end-users (n=61) identified the following healthy communities topics as most important: • Nutrition / Obesity (n=50) • Built environment (n=33) • Physical activity (n=32) • Tobacco (n=31) • Coordinated school health (n=28)	Of 22 respondents, the most common healthy communities topics contained in databases include: • Physical activity (n=15) • Nutrition (n=14) • Built environment (n=9) • Tobacco (n=8)

Local Policy Database Scan

User-identified Database Functionality

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Most desirable elements	Most desirable tools	Missing elements & tools
• Includes a policy topic (n=129) • Includes a narrative policy description (n=122) • Includes the policy jurisdiction (n=111) • Includes the policy type (n=107) • Includes the policy target (n=105)	• Searchable by topic (n=154) • Searchable by query (n=132) • Searchable by jurisdiction / locality (n=125) • Examples of best practices (n=109) • Searchable by sector (n=103)	• Examples of best practices (n=30) • Data analysis tools (n=26) • Coded categories allowing policy ranking by strength and effectiveness (n=24) • Guidelines and standards for enforcement (n=23) • Outcome analysis tools (n=24) • *Note: 88 respondents answered “I don’t know”

Local Policy Database Scan

Prevalence of Preferred Database Features

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Number / percentage of 27 databases having the most desired features

Feature	Local Health Policies (9 identified)	Local and State/National Health Polices (9 identified)	State/National Health Policies (9 identified)	All databases in the three categories (27 identified)
Includes a narrative description	8	8	9	25 (93%)
Includes a searchable jurisdiction	8	7	7	22 (81%)
Includes a searchable policy topic	4	8	7	19 (70%)
Includes examples of best practices	4	4	4	12 (44%)
Includes comparison tools	2	2	5	9 (33%)
Includes ranking tools	3	2	1	7 (26%)
Ability to download data	2	3	1	6 (22%)

Local Policy Database Scan

End-user Environment Findings and Recommendations

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Practitioners & Policy Makers and Researchers are two distinct but overlapping kinds of users with different needs

Establish a process to investigate and develop and support implementation of standards for policy databases

Demand for well-maintained accessible local policy database (no current national model)

Further investigation, further develop framework for analysis

Interest in indicators of evidence-base and evaluative measures

Develop standards, provide support to include in existing and future databases

Local Policy Database Scan

Policy Database Environment Findings and Recommendations

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Existing policy databases are very diverse (primarily due to the nature of their original funding and purpose for creation)

Establish a process to investigate and develop and support implementation of standards for policy databases

Policy databases contain common descriptive elements and topic-specific content

Further and more detailed investigation of common descriptors and possible commonalities within individual health topics

There is no comprehensive database of local policies for healthy communities

Develop a framework for a possible future model

Local Policy Database Scan

A Framework for Analysis

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Gap Analysis

A gap analysis is performed to determine the difference between what features and functions of a policy database are needed and desired by users that are not available in existing policy database solutions.

Options Analysis

An options analysis is performed to evaluate different options of meeting the identified gap, usually three options:

- Purchase an off-the-shelf product
- Adopt an existing solution and modify as needed
- Design and build a new solution

Local Policy Database Scan

Scoring High-ranking Example Databases

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Attribute	Example 1 ENACT	Example 2 US Tobacco Control Laws Database	Example 3 Law Atlas	Example 4 What Works for Health	Example 5 CDC Internal Policy System	Example 6 Community Commons	Example 7 State Legislative Tracking
Includes local policies for healthy communities	Yes	Yes	No (Laws)	Yes	No	No	No
Includes a searchable policy topic	Yes	No	Yes	Yes	Yes	No	Yes
Includes a searchable jurisdiction	Yes	No	Yes	No	Yes	Yes	No
Includes a narrative description	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Includes examples of best practices	Yes	Yes	No	Yes	No	Yes	Yes
Includes ranking tools	Yes	Yes	No	Yes	Yes	No	No
Includes comparison tools	No	Yes	No	Yes	Yes	Yes	No
Includes downloadable data	No	Yes	Yes	Unknown	No	No	No
Includes some intriguing features	Can submit a policy online	Materials to help communities enact policies	Clickable maps to navigate	Neat graphic interface		Appealing interface	Public health tools, ads, policy templates
Content	*7*	*7*	*5*	*5*	*7*	*6*	*7*
Functionality	*8*	*8*	*10*	*9*	*7*	*7*	*6*
Total (note: subjective)	*15*	*15*	*15*	*14*	*14*	*13*	*13*

Common Systems Development Strategies

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Purchase an off-the-shelf product

- Unknown if such product exists

Adopt an existing database and modify as needed

- No single existing solution meets all requirements
- Further investigation needed to evaluate possible candidates
- Consensus on standards necessary for evaluation

Design and build a new standards-based solution

Design & Build: Three Levels

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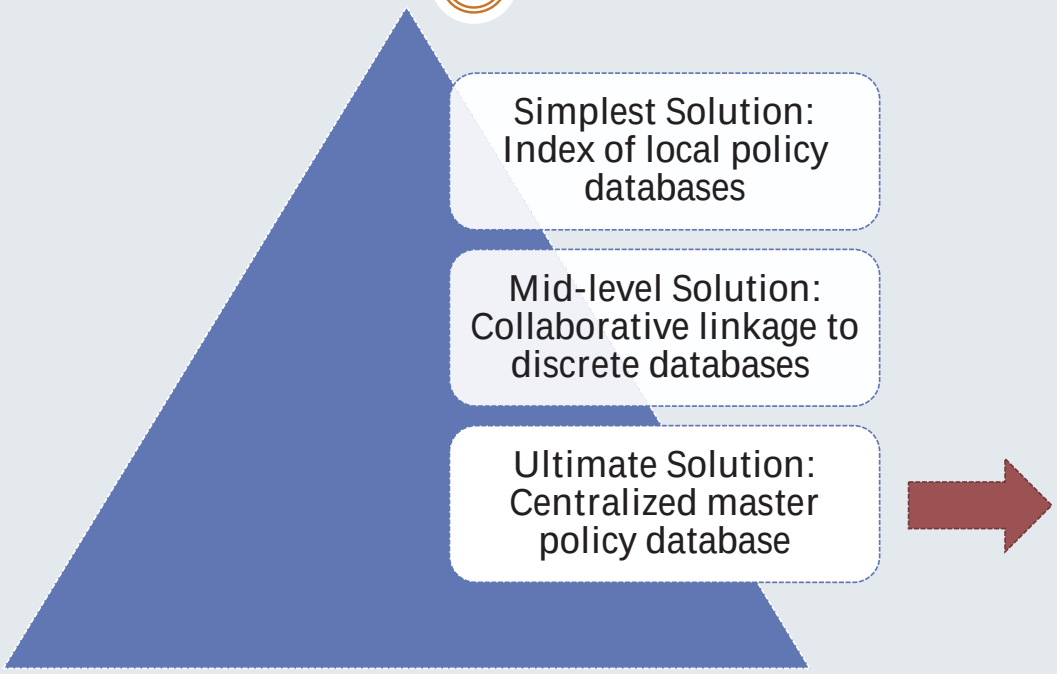
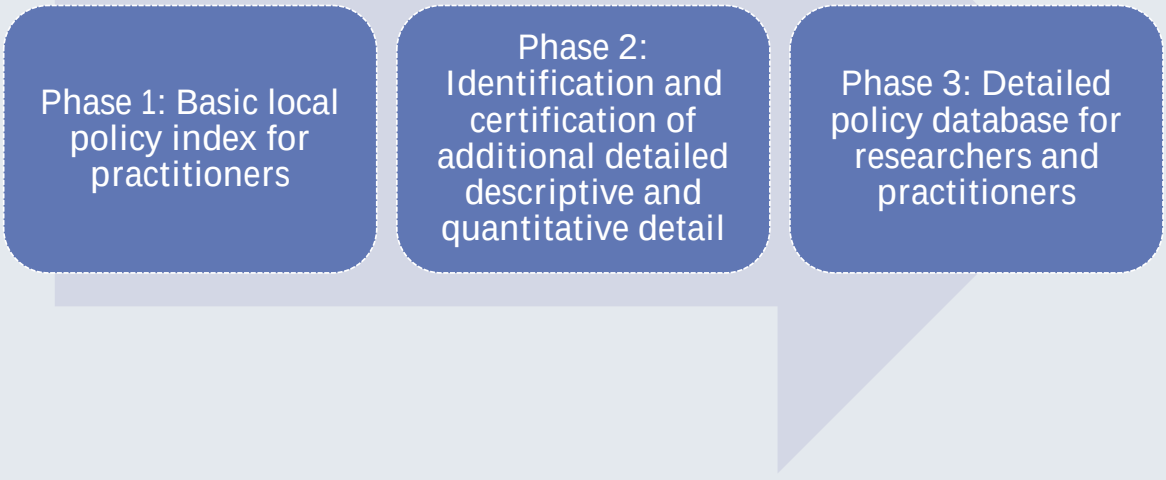


Local Policy Database Scan

Design and Build: Ultimate Solution

22



Local Policy Database Scan

Responses, Q & A, and Next Steps

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Local Policy Database Scan

For more information

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Full report and appendices will be available at www.iphionline.org

Contact Peter Eckart, Director of Health and Information Technology, Illinois Public Health Institute, peter.eckart@iphionline.org

Local Policy Database Scan

Appendix I: Literature Review

Local Policy Database Literature Search

Amy A. Eyler, PhD, CHES

Katherine Etheridge, MPPA

Introduction

Local policies are critical to both reducing and preventing further increases in many health conditions including obesity. The places in which people live, work, study, and play have a strong influence on opportunities for healthy behaviors. (1) Local governments make decisions every day that affect these environments. Without systems in place to monitor laws and their changes on population health, it will be difficult to understand their impact and utility in advancing public health. (2) Identifying and tracking local policies across jurisdictions and over time is critical to learning more about policy effectiveness.

The purpose of this literature search was two-fold. The first goal was to explore published research on local policies across a broad range of topics and complete a web search to identify the use of local policy surveillance or databases. Second, using identified relevant literature, the goal was to describe challenges and gaps in this research. This search was about the *process* of local policy research and not about specific policy outcomes. It is also important to note that a sample of state policy research was included to describe the ways in which policies are collected and catalogued.

Methods

Online literature databases were used to search for published papers from 2003-2013 citing local policy databases or surveillance. Three comprehensive databases were used: PUBMED, SCOPUS, and ERIC(EBSCO). Search terms included several variations of "local policy" paired with words including

"database", "analysis", "surveillance", "synthesis", and "research". Additionally, Google and Google Scholar were used to search for additional grey literature or links that would potentially lead to a source for a local policy database.

Since much of local policy research is conducted for very specific topics instead of by broad scope or jurisdiction, we searched for policy topics that have particular local relevance. These topics included: Alcohol, Childcare (e.g. regulations, subsidy policies), Drugs (e.g. pseudoephedrine), Education (several policies such as wellness, truancy, taxes), Local food policy, Economic development, Local sales tax, Open spaces, County park policies, Bicycle/Pedestrian master plans, General master plans and zoning codes, Sidewalk policies, Traffic calming policies, and Tobacco Control.

Results

Web-Search

In addition to the databases recommended by the committee, the consultant team identified 15 local policy databases covering topics of obesity, health, tobacco control and others. These databases are listed and described in **Appendix A**. ENACT is the most comprehensive database with relevance to the current project, although several others including Wisconsin's "What Works For Health" are noteworthy. This database is very user-friendly, and includes the ability to search policies by evidence base. **Appendix A** also outlines a sample of state and national databases. The National Association of Counties database provides a good example for ease and comprehensiveness in ability to search within the database. Each database varies in the way data is collected, the way policies are categorized, inclusiveness, and search-ability. Although most websites did not outline methods of collection, several databases allow individuals to upload a policy (i.e. Enact, NY DASH) that were checked for reliability. Other sites obtained information from state and national sources, while some accumulate

information from a multitude of sources or surveys. At least two websites mentioned policy databases, but the databases are not for public access. Most do not indicate specifics about how the database is updated.

Published Literature Search

While the searches resulted in numerous articles, only a small percentage were relevant to our goals or reported on specific local policy databases. Several papers retrieved in our searches, described state policy databases, lists of policies that were not searchable, or those not publically available. Haire-Joshu and colleagues describes surveillance of obesity-related policies in Missouri and the development of a database of policies in local environments that is included in **Appendix A**. (3) This local database was unique in that other papers most often described collecting and aggregating the policies individually or using multiple sources to find the local policies for analysis. For example, Lyn et al, describes an analysis of school wellness policies in Georgia, which were gathered from individual districts and compiled for analysis. (4) Similarly, Steinman et al compiled bicycle and pedestrian master plans through personal contacts and website searches. (5) In both of these examples, there was not a comprehensive list of the policies of interest. Methods either used or recommended for collecting local policies included key informant interviews, community participatory research, use of web-based searches, or mixed methods. (6-9) In an article on the process of collecting local policy data, Chriqui et al concluded that often web-based searches, particularly for school district policies, should be supplemented with more direct policy collection methods. (6)

Several papers using the Bridging the Gap Project data (6, 10-12) were retrieved in our search. This data identifies the policy and environmental factors that have the greatest impact on diet, physical activity, obesity and tobacco use among youth and tracks trends and changes over time at the state, community, and school levels. (13) Bridging the Gap includes current data on a representative

sample of community, district and school policies across the United States, and data collection strategies can be used as models for local policy database development, but their policy data is not accessible to those outside the Bridging the Gap project team.

Unlike the often-fragmented obesity local policy research, research on local policy on tobacco control is commonly linked to a comprehensive database, American Nonsmokers' Rights Foundation US Tobacco Control Database. (14) This is a comprehensive collection of state and local laws, covering clean air, restrictions on youth access to tobacco, tobacco advertising and promotion restrictions, tobacco excise taxes, and conditional use permits. The development, data collection, and accessibility of this database should be considered as new databases are operationalized.

Gaps and Considerations

There are no searchable, comprehensive obesity-related local policy databases covering the United States. Some topics or geographic regions are represented in the database examples, but accessing local policy information most likely includes varied methods of policy collection from multiple sources. A comprehensive and updated list of policies such as The American Nonsmokers' Rights Foundation US Tobacco Control Database would be appropriate as a model for an obesity-related local policy database. The vast majority of the databases do not indicate how their policies are collected for their website. A few of the databases report collecting policies through research or public surveys. One of the databases (IA STRS) allows individuals to upload local policies.

Ease of searching is represented in several of the local and state policy database examples. A wide variety of search terms (e.g. city, county, evidence base) should be considered. In addition to search terms, information on how data is collected and updated is imperative for both tracking outcomes and policy analysis. This was lacking in the databases represented.

Another consideration that was apparent in both the literature and web search was the wide breadth and scope needed when developing a local policy database. For example, the Missouri local policy database incorporated only a geographically representative area yet still had a sample of 2,356 sites. (3) Considerations of magnitude and organization will be key to successful dissemination and use of a broad-range, comprehensive local policy database.

Conclusion

While there is literature about national and state databases for health policy, the lack of relevant results outline a critical need for research about local policy database development, use and effectiveness. There are a limited number of local policy database examples that vary in content, scope, quality, and accessibility. State policy databases are often more comprehensive, more organized, and represent a broad range of topics, but may not be applicable to the unique aspects of local policy. Databases should be further explored to gain more details on specifics attributes that could be used as models for new database development.

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Appendix J: Key Informant Interview Guide for Database Owners, Managers, Developers, Funders and Experts

Introduction

Hello, I am with Mississippi Public Health Institute, working on a national project funded by the CDC to identify the ideal format, tools, and potential users of a comprehensive local policy database, including a policy tracking system. We are investigating local policy databases of all types, but we are especially interested in local policy databases that address healthy communities. To understand the landscape of local policy databases, we are interviewing both database managers and database users. Our purpose in this analysis is to make recommendations about a structure of a future local policy database that would support policy work at the local community level, with specific utility for healthy communities work.

When I use the term local policy database, I am referring to:

- An electronic database system with a formal structure of common elements
- that tracks and or houses information about the existence of, and language for policies
- enacted by a local governmental body.

Examples include the database(s) you manage, and others like ENACT, ANR, Bridging the Gap, and State Smoke-Free Ordinance databases. I would like to ask you a few questions about your database in particular and local policy database development and management in general.

Potential categories of database structure, coding and descriptors include:

- Policy topic/issue: Obesity (represented by nutrition, physical activity and some healthcare clinical-community linkages) and tobacco use and prevention. Consider related policy issues in "non- health" sectors (Health in All Policies model)
- Criteria: For Inclusion / exclusion
- Content: Policy description, full text, language, guidelines and standards, other metadata
- Purpose: Assessment, advocacy, assurance, research, education,
- Enforcement: Such as regulatory or economic (taxes, fees, subsidies, etc.)
- Enacting Jurisdiction: Township, school district, taxing district, city, county, tribal, regional, national
- Target Jurisdiction: Township, school district, taxing district, city, county, tribal, regional, national
- Policy type or context: Government, institutional, organizational, corporate
- Policy target: Individuals, organizations/businesses, customers/students/patients, employees of an organization
- Evaluative criteria: Evidence-based, indicators of measurement, expected impact, degree of distribution
- Users: CDC and federal agencies, local health department, community, academic, and non-traditional partners

- Tools: Search and query functions, tools for aggregation and analysis, and distinctive elements of the user interface
- Coding: Coding schemes, data dictionaries
- Integration: Any automatic or manual mechanisms for connections to or comparisons with other databases of any kind
- Collection: Policy identification and inclusion process, and mechanisms for uploading to database
- Sustainability: structure of ownership, governance, management, funding, expenses, staff, and maintenance
- Access: public or proprietary, membership, payment, variable levels of access, MOA or IRB
- Evaluation: of the LPDB, on any level
- Other descriptors or categories of description not included above

Section 1: Description of policy database

1. What is the name or names of local policy databases that you have developed or manage?

2. Do you have more than 1 database? If yes, go to #3.

3. Names for all databases? How long in existence?

4. How would you describe the database? Is there a written description available online or that you can send me? Are there other materials related to your databases that are available? Prompt if needed: policy description, full text, language, guidelines and standards, other metadata. What was the process for development?

5. What was the original purpose for the database?
    a. Research
    b. Policy analysis
    c. Education / sharing
    d. Advocacy
    e. Other

6. What changes in purpose, if any, have occurred?

7. Does the database include national/state/local policies? (Jurisdiction)

8. What information (fields) are included in the database?
   Prompt if needed: issue, content, sustainability, evaluative criteria

9. How do end users search the database? What are the most useful tools or functions?
   Prompt if needed: Search and query functions, Tools for analysis, user interface

10. Is this database:
    a. Public use
    b. Commercial (subscription)
    c. Proprietary
    d. Other, please specify

11. What healthy community topics are included?
    a. Reproductive Health
    b. Tobacco Policies
    c. Built Environment
    d. Physical Activity
    e. Access to Nutritious Foods
    f. Obesity Prevalence
    g. Coordinated School Health
    h. Heart disease
    i. Stroke
    j. Cancer
    k. Asthma
    l. Air Quality
    m. Other, please specify _____

12. How is the database organized?

13. What coding schemes are used?
    Prompt if needed: Coding schedules, data dictionaries

Section 2: Functions and use of the database

14. What criteria are used for inclusion/exclusion of polices?
    Follow up: are there other inclusion criteria you would recommend?

15. How are policies added to the database?

16. **Related to End-User survey:** Are external parties able to upload policies or any information to your database? If yes, go to #17.

17. Can users link to the original policy?

18. Describe end users.
    Prompt if needed: CDC / federal agencies, SHD, LHD, community, academic, other

19. How is your database funded?

20. What is the time frame for funding?
    a. Less than 3 years
    b. 3-5 years
    c. More than 5 years

21. Has funding remained consistent over time?
    a. What do you think it costs to manage your database each year?
    b. What staff or contracts are needed?

22. How much work goes into coding policies?

23. What are complexities of coding?

24. Has the database been evaluated?

25. Have you shared evaluation results? Can you share any results with us?

26. Have you done user satisfaction assessments?

27. Are there satisfaction assessments you can share?

Section 3: Advice from the Experts

28. We're trying to understand the long-term sustainability for a LPDB. Is there an ideal structure for this kind of database? For example, should it be a nationally curated collection of local policies, or should it be a template of common descriptors for local policies that is maintained at a state, county or more local level?

29. What are the most significant challenges you overcame or currently face while developing and operating the database?

30. What recommendations do you have about other databases we should look at?

31. What would be one thing you would do to improve local policy databases?

32. What advice do you have for local health policy database development?

33. Can you recommend any database developers/owners/experts that we should include in our on-line assessment?

Appendix K: Key Informant Interview Guide for Current and Potential End-users

Introduction

Hello, I am with Texas Health Institute, working on a national project funded by the CDC to identify the ideal format, tools, and potential users of a comprehensive local policy database, including a policy tracking system. We are investigating local policy databases of all types, but we are especially interested in local policy databases that address healthy communities. To understand the landscape of local policy databases, we are interviewing both database managers and database users. Our purpose in this analysis is to make recommendations about a structure of a future local policy database that would support policy work at the local community level, with specific utility for healthy communities work.

When I use the term local policy database, I am referring to:

- an electronic database system with a formal structure of common elements
- that tracks and or houses information about the existence of, and language for policies
- enacted by a local governmental body

Examples include ENACT, ANR, Bridging the Gap, and State Smoke-Free Ordinance databases. I would like to ask you a few questions about your opinions and experiences with policy databases.

Potential categories of database structure, coding and descriptors include:

- Policy topic/issue: obesity (represented by nutrition, physical activity and some healthcare clinical-community linkages) and tobacco use and prevention. Consider related policy issues in "non- health" sectors (Health in All Policies model)
- Criteria: for Inclusion / exclusion
- Content: policy description, full text, language, guidelines and standards, other metadata
- Purpose: assessment, advocacy, assurance, research, education,
- Enforcement: e.g. regulatory or economic (taxes, fees, subsidies, etc.)
- Enacting Jurisdiction: township, school district, taxing district, city, county, tribal, regional, national
- Target Jurisdiction: township, school district, taxing district, city, county, tribal, regional, national
- Policy type or context: government, institutional, organizational, corporate
- Policy target: individuals, organizations/businesses, customers/students/patients, employees of an organization
- Evaluative criteria: evidence-based, indicators of measurement, expected impact, degree of distribution

- Users: CDC and federal agencies, local health department, community, academic, and non-traditional partners
- Tools: Search and query functions, tools for aggregation and analysis, and distinctive elements of the user interface
- Coding: Coding schemes, data dictionaries
- Integration: Any automatic or manual mechanisms for connections to or comparisons with other databases of any kind
- Collection: Policy identification and inclusion process, and mechanisms for uploading to database
- Sustainability: structure of ownership, governance, management, funding, expenses, staff, and maintenance
- Access: public or proprietary, membership, payment, variable levels of access, MOA or IRB
- Evaluation: of the LPDB, on any level
- Other descriptors or categories of description not included above

Section 1: Current use of local policy databases

1. Do you use local policy databases in your work?
    a. FOLLOW-UP QUESTION: If so, how often do you access a local policy database?

2. DEPENDING ON ANSWER TO Q1. What are the local policy databases you use most frequently in your work? OR Which local policy databases are you aware of?
    a. FOLLOW-UP QUESTION: For what type of work do you most frequently use local policy databases?
    b. FOLLOW-UP QUESTION: What information are you most likely to search for?
    c. FOLLOW-UP QUESTION: What features of policy are you most likely to query on, or would like to query on? For example, jurisdictional level of the policy (School district, City, County, etc.), policy topic, connection to evidence base, text of the policy.
    d. FOLLOW-UP QUESTION: What analysis and reporting tools do you use, or would like to see in a local policy database?
    e. FOLLOW-UP QUESTION: What is missing from the local policy databases you use or are aware of that would make policy development work more effective if available?

NOTE TO INTERVIEWER: Document names of databases offered to add to list of existing databases.

3. What are the most common format and functions of the local policy databases you use in your work? For example, are they query-based? Can you browse by topic area? Can you browse by geography?

Section 2: Desirable elements of a local policy database and tools and functions that would be included in the ideal state

4. In light of your current use of local policy databases, which we just discussed, what would some characteristics be of the perfect local policy database? For example, where would it be housed? What search tools or criteria would you need or like to see?
    a. FOLLOW-UP QUESTION: What specific tools would you or others need for a local policy database to be effective and for its contents and tools to contribute to your work or the work of others? How would you want to use the information? For example, do you need to simply download a copy of existing legislation, analyze outcomes, compare similarities and differences with other local policies addressing the same issue, design reports?

4.5 We're trying to understand the long-term sustainability for a LPDB. Is there an ideal structure for this kind of database? For example, should it be a nationally curated collection of local policies, or should it be a template of common descriptors for local policies that is maintained at a state, county or more local level? Is there another model that might make sense for this?

5. Many existing policy databases are cross-referenced with other databases that house demographic and health outcomes data. For example, census data, morbidity, mortality, and health factors tracked by sites such as Community Commons and County Health Rankings. What demographic and/or health outcomes data do you think is most useful for cross-reference to achieve this type of "one-stop shopping?"

5.5 Based on your experience of LPDBs, is there an existing system, web site or organization that would be a good place to house this kind of database?

6. Do you think end users would be willing to pay for access to such a database?
    a. FOLLOW-UP QUESTION: How much, if any, would you pay to access the data as an individual?
    b. FOLLOW-UP QUESTION: How much, if any, would you pay as an organization?

7. How likely are you to upload data/information to the database if you have access to it? Why would you, or why would you not be likely to upload information?
    a. FOLLOW-UP QUESTION: If not you, then who would you consider likely to upload policy information to the database?
    b. FOLLOW-UP QUESTION: How frequently would that person be able to update the information or contribute to the database?

8. Who would you consider to be likely users of a local policy database?

Section 3: In this section we want engage key informants in discussion around the right questions to ask of end users in the online assessment.

INTERVIEWER READ THIS: Our ultimate goal is to understand and describe the ideal situation in which stakeholders can access local policy databases and find useful information about local policies. We've already touched on some of the questions we plan to include in our end user assessment – desired elements of a local policy database, including analysis tools, and database functionality.

9. Now we'd like to know from you, the expert, what we haven't asked but should ask of others. What have we missed?

10. Can you recommend 2-3 people we can approach to participate in an online assessment who regularly use local policy databases in their work?

Appendix L: Online Assessment Tool for Owners, Managers, Developers, Funders and Experts

Local Policy Database Expert Assessment

We need your expertise in local policy research and tracking!
The Mississippi Public Health Institute, in partnership with the Texas Health Institute and the Illinois Public Health Institute, is working on a national project funded by NNPHI through a cooperative agreement with the CDC. We are helping to identify the ideal format, tools, and potential users of a comprehensive local policy database or tracking system. We are investigating local policy databases of all types, but are especially interested in local policy databases that address healthy communities.

Section 1: Description

1. Contact information

Name:

Organization:

Title:

Email:

***2. What is your role with respect to policy databases (please choose the one option that fits best)?**

- Developer, manager or staff for a local policy database
- Developer, manager or staff for a policy database, other than local policies
- Funder for policy databases
- Expert who promotes database(s) as a resource for grantees or partners
- User of policy databases

***3. Please list the name of the local policy database you or your organization developed, manage, maintain, or fund for which you will be answering these assessment questions:**

Local Policy Local Policy Database Expert Assessment

***4. What policy topics or issues does this database include? (check all that apply)**

- [ ] Reproductive health
- [ ] Tobacco policies
- [ ] Built Environment
- [ ] Physical Activity
- [ ] Nutrition
- [ ] Coordinated School Health
- [ ] Heart Disease
- [ ] Stroke
- [ ] Cancer
- [ ] Asthma
- [ ] Air Quality
- [ ] Other (please specify)

***5. What setting or settings does this database address? (check all that apply)**

- [ ] Schools (individual/district/state)
- [ ] Parks
- [ ] Streets/transportation
- [ ] Housing
- [ ] Public places
- [ ] Early childhood/Child care
- [ ] Vehicles
- [ ] Retail establishments
- [ ] Workplaces
- [ ] Restaurants/bars
- [ ] Other (please specify)

Local Policy Database Expert Assessment

***6. What is the purpose of this database? (check all that apply)**

- [ ] Community health needs assessment
- [ ] Community health improvement planning
- [ ] Health impact assessment
- [ ] Monitoring and enforcement
- [ ] Policy development
- [ ] Research and evaluation
- [ ] Legislative tracking
- [ ] Program development
- [ ] Academic research
- [ ] Grant reporting
- [ ] Education and advocacy
- [ ] Other (please specify)

***7. For the policies included in this database, what jurisdictions are enacting the policies? (check all that apply)**

- [ ] Township
- [ ] School district
- [ ] Taxing district
- [ ] City
- [ ] County
- [ ] Tribal
- [ ] Regional
- [ ] State
- [ ] National
- [ ] Other (please specify)

Local Policy Database Expert Assessment

***8. How do you geotag for policies in your database?**

- [ ] FIPS code
- [ ] No geo codes used
- [ ] Other (please specify)

***9. What is the geographic scope of the policies in this database? (check all that apply)**

- [ ] It includes polices from multiple states
- [ ] It includes policies from a single state
- [ ] It includes polices from an area smaller than a single state
- [ ] Other (please specify)

***10. Approximately how many policies does the database contain?**

- ◯ 0-100
- ◯ 101-500
- ◯ 501-1000
- ◯ 1000+

***11. What high-level policy descriptors are included in the database? (check all that apply**

- [ ] Policy topic
- [ ] Jurisdiction (school district, city, county, etc.)
- [ ] Policy target (individual, organizations, businesses, customers/students)
- [ ] Policy instrument (regulatory, economic/taxes, fees, subsidies)
- [ ] Policy type (government/law, institutional policy)

Other (please specify)

Local Policy Database Expert Assessment

***12. What content about the policies is present or planned for this database? (check all that apply)**

	Present	Planned	N/A
Concise policy description	☐	☐	☐
Full text of enacted policy	☐	☐	☐
Date of policy enactment	☐	☐	☐
Coded categories (eg. jurisdictions)	☐	☐	☐
Coded categories allowing comparison across policy elements (jurisdiction, setting, funding, urban rural continuum, etc.)	☐	☐	☐
Coded categories allowing policy ranking by strength or comprehensiveness	☐	☐	☐
Link to bill/resolution	☐	☐	☐
Guidelines and standards for enforcement	☐	☐	☐

Other (please specify)

***13. Is the database searchable?**

◯ Yes

◯ No

Local Policy Database Expert Assessment

14. What content is searchable in this database?

	Present	Planned	N/A
Concise policy description	☐	☐	☐
Full text of enacted policy	☐	☐	☐
Date of policy enactment	☐	☐	☐
Coded categories allowing comparison across policy elements (jurisdiction, setting, funding, urban rural continuum, etc.)	☐	☐	☐
Coded categories allowing policy ranking by strength or comprehensiveness	☐	☐	☐
Link to bill/resolution	☐	☐	☐
Guidelines and standards for enforcement	☐	☐	☐
Reach (who or how many will be effected by the policy)	☐	☐	☐
Effectiveness (impacts and unintended consequences)	☐	☐	☐
Adoption (policy diffusion and participation level)	☐	☐	☐
Implementation (costs as well as enforcement and compliance)	☐	☐	☐
Maintenance (institutionalizing the policy)	☐	☐	☐
Evidence-based	☐	☐	☐
Indicators of measurement	☐	☐	☐
Expected impact	☐	☐	☐

Local Policy Database Expert Assessment

***15. What tools are available to users in this local policy database? (check all that apply)**

- [ ] Query based search tool (keyword or Boolean search)
- [ ] Search tool allows for browsing by policy topic (tobacco, built environment, chronic disease subject, coordinated school health, etc
- [ ] Search tool allows for browsing by enacting jurisdiction (township, school district, taxing district, city, county, tribal, regional)
- [ ] Search tool allows for browsing by policy type or context (government, institutional, organizational, corporate, etc)
- [ ] Search tool allows for browsing by other criteria (please specify)
- [ ] Coded categories allowing comparison across policy elements (jurisdiction, setting, funding, urban rural continuum, etc.)
- [ ] Coded categories allowing policy ranking by strength or comprehensiveness
- [ ] Data available for download
- [ ] Data analysis tools
- [ ] Outcome analysis tools
- [ ] Comparison between policies
- [ ] Comparison among jurisdictions
- [ ] I don't know
- [ ] Other (please specify)

***16. How are policies added to this database? (select all that apply)**

- [ ] Added by database staff
- [ ] Added by trained or certified external partners
- [ ] Added by external parties without training
- [ ] Other (please specify)

***17. Who manages and governs the operation of this database? (select one)**

- ◯ Affiliated with an academic institution
- ◯ Affiliated with an independent non-profit
- ◯ Affiliated with a foundation
- ◯ Affiliated with a local, state or national government agency
- ◯ Stand-alone institution for this database
- ◯ For-profit institution

Other (please specify)

Local Policy Database Expert Assessment

***18. How is this database supported and funded? (select all that apply)**

- [ ] Federal government grant or contract
- [ ] State or local government grant or contract
- [ ] National foundation
- [ ] State or Local foundation
- [ ] Fees paid by users for membership or access

Other (please specify)

***19. What is the estimated annual cost to staff, maintain and operate this database (excluding costs associated with system utilization by users)?**

- ◯ $0 - $49,999
- ◯ $50,000 - $99,999
- ◯ $100,000 - $199,999
- ◯ $200,000 and above

Other (please specify)

***20. In what ways has this database been evaluated?**

- ◯ Formal external evaluation
- ◯ Internal evaluation
- ◯ User satisfaction surveys
- ◯ Funder review
- ◯ No formal review has been conducted

Other (please specify)

21. Considering your experience with policy databases, what challenges did you experience in development and operation?

Local Policy Database Expert Assessment

22. What additional advice do you have for local community policy database development and operation?

***23. Is there a published description of your database?**

- ◯ Yes
- ◯ No

If "yes", please provide the link:

Section 2: Describing Users

***24. Approximately how many individual users access information from this policy database annually?**

- ◯ 0-100
- ◯ 101-500
- ◯ 501-1000
- ◯ 1000+
- ◯ We do not track this

Local Policy Database Expert Assessment

25. Who are the end users of this database ? (check all that apply)

	Current	Intended
Members of the general public	☐	☐
Members of the media	☐	☐
Local or county governmental health practitioners	☐	☐
State governmental health practitioners	☐	☐
Community-based non-profit health practitioners	☐	☐
Advocacy groups	☐	☐
Other (non-health focused) non-profit organizations	☐	☐
Academics/Researchers	☐	☐
Elected policy makers	☐	☐
Legislative or government agency staff	☐	☐
Those responsible for policy administrators and enforcement	☐	☐
Foundations or government funders	☐	☐
This database is only for use by our organization internally	☐	☐

Other (please specify)

Local Policy Database Expert Assessment

26. What are the most utilized tools or features of this policy database? (Please select up to five choices)

- [ ] Searchable by query (keyword search or Boolean search)
- [ ] Searchable by topic (tobacco, built environment, chronic disease, etc)
- [ ] Searchable by jurisdiction / locality (township, school district, city, county, etc)
- [ ] Searchable by sector (government, institutional, organizational, etc)
- [ ] Searchable by policy setting
- [ ] Searchable by Rural Urban Continuum Code
- [ ] Searchable by funding availability for policy
- [ ] Coded categories allowing policy ranking by strength or effectiveness
- [ ] Coded categories allowing comparison across jurisdictions
- [ ] Full text of enacted policy
- [ ] Date of policy enactment
- [ ] Link to bill / resolution
- [ ] Guidelines and standards for enforcement
- [ ] Examples of best practices
- [ ] Data available for download
- [ ] Data analysis tools
- [ ] Outcome analysis tools
- [ ] I don't know

Other (please specify)

Section 3: Policy database environment

Local Policy Database Expert Assessment

27. How often do you use a local policy database other than the one you developed, manage or fund?

- ◯ Every day
- ◯ 2-3 times a week
- ◯ Once a week
- ◯ Every other week
- ◯ Once a month
- ◯ Every other month
- ◯ 2-3 times a year
- ◯ Once a year
- ◯ Never

28. For what purposes are you most likely to use a local policy database? (Check all that apply)

- ☐ Community health needs assessment
- ☐ Community health improvement planning
- ☐ Health impact assessment
- ☐ Monitoring and enforcement
- ☐ Policy development
- ☐ Research and evaluation
- ☐ Legislative tracking
- ☐ Program development
- ☐ Academic research
- ☐ Grant reporting
- ☐ Education and advocacy

Other (please specify)

Local Policy Database Expert Assessment

29. Below are common topics of health policy databases. Which 5 are most important to local users?

- [ ] Reproductive health
- [ ] Tobacco
- [ ] Built environment
- [ ] Physical activity
- [ ] Nutrition
- [ ] Coordinated school health
- [ ] Heart disease
- [ ] Stroke
- [ ] Cancer
- [ ] Asthma
- [ ] Air quality
- [ ] Other (please specify)

30. Please list the names of any local policy databases you use or have used in your work:

31. What are the most desirable elements of a local policy database in terms of content? (Check all that apply)

- [ ] Concise policy description
- [ ] Full text of enacted policy
- [ ] Date of policy enactment
- [ ] Comparison across coded categories (eg. jurisdictions)
- [ ] Coded categories allowing comparison across policy elements (jurisdiction, setting, funding, urban rural continuum, etc.)
- [ ] Coded categories allowing policy ranking by strength or comprehensiveness
- [ ] Link to bill/resolution
- [ ] Guidelines and standards for enforcement
- [ ] Other (please specify)

Local Policy Database Expert Assessment

32. What tools or elements are currently missing from the local policy databases you use that would make a local policy database function more effectively? (Check all that apply)

- [ ] Searchable by query (keyword search or Boolean search)
- [ ] Searchable by topic (tobacco, built environment, chronic disease, etc)
- [ ] Searchable by jurisdiction / locality (township, school district, city, county, etc)
- [ ] Searchable by sector (government, institutional, organizational, etc)
- [ ] Searchable by policy setting
- [ ] Searchable by Rural Urban Continuum Code
- [ ] Searchable by funding availability for policy
- [ ] Coded categories allowing policy ranking by strength or effectiveness
- [ ] Coded categories allowing comparison across jurisdictions
- [ ] Full text of enacted policy
- [ ] Date of policy enactment
- [ ] Link to bill / resolution
- [ ] Guidelines and standards for enforcement
- [ ] Examples of best practices
- [ ] Data available for download
- [ ] Data analysis tools
- [ ] Outcome analysis tools
- [ ] I don't know

33. In your vision of an ideal database, what kind of organization could host a local policy database? (Check all that could apply)

- [ ] A non-profit organization
- [ ] A community based organization
- [ ] A private foundation
- [ ] An academic institution
- [ ] A government agency

Other (please specify)

Local Policy Database Expert Assessment

34. What other policy databases do you know of that we should investigate?

Name of database:

Name of developer/owner/manager/funder:

Email address:

35. Do you have any final suggestions for us?

End of Survey

Thank you for completing our assessment. Your expert feed back is invaluable for the future of local policy research.

Appendix M: Online Assessment Tool for Current and Potential End-users

INTRODUCTION

The Illinois Public Health Institute (IPHI), Mississippi Public Health Institute (MSPHI), and Texas Health Institute (THI) are working on a national project funded by NNPHI, through a cooperative agreement with the CDC, to identify the ideal format, tools, and potential users of a comprehensive local policy database or tracking system. We are investigating local policy databases of all types, but we are especially interested in local policy databases that address healthy communities.

When we use the term "local policy databases" we are referring to:

- An electronic database system that tracks and or houses information about the existence of, and language for policies
- AND/OR, an electronic database system that may be enacted by a local governmental body

When we use the term "healthy communities" we are referring to a general set of issues and policies that may address issues such as (but not limited to):

- Air Quality
- Chronic Disease Management
- Coordinated School Health
- Nutrition/Obesity Prevention
- Physical Activity
- Reproductive Health
- Tobacco Policies

To understand the landscape of local policy databases, we are interviewing both database managers, policy database users, and experts. This assessment is intended for current and potential database users. [If you or someone you know is a database owner/manager, please click here.]

Please take a few moments, less than 10 minutes, to complete the following assessment to help us gain insight into professionals' opinions and experiences with local policy databases.

Who Are You?

Please tell us about your profession and current use of local policy databases.

1. What is your current profession?

- [ ] Academic institution staff
- [ ] Educational/advocacy organization staff
- [ ] Elected official/ staff
- [ ] Government employee
- [ ] Nonprofit organization staff
- [ ] Registered lobbyist
- [ ] State/local health department staff
- [ ] State/local health official
- [ ] Tribal official/staff
- [ ] Other (please specify)

2. Do you currently use (or have you in the past 5 years used) a local policy database (e.g. ENACT, ANR, Bridging the Gap, state or local ordinance databases, etc.)?

- ◯ Yes
- ◯ No

3. Please list the names of any local policy databases you use or have used in your work:

Would you benefit from a local policy database?

4. Would your organization's work benefit from a local policy database?

- ◯ Yes
- ◯ No
- ◯ Don't know

What is the CURRENT Landscape for Local Policy Databases?

5. How often do you use a local policy database?

- ◯ Every day
- ◯ 2-3 times a week
- ◯ Once a week
- ◯ Every other week
- ◯ Once a month
- ◯ Every other month
- ◯ 2-3 times a year
- ◯ Once a year

6. The following is a list of common issues related to healthy communities. Please indicate the top 5 issues you consider most important to track through local policy databases.

- ☐ Air Quality
- ☐ Asthma
- ☐ Built Environment
- ☐ Cancer
- ☐ Coordinated School Health
- ☐ Heart Disease
- ☐ Physical Activity
- ☐ Nutrition/Obesity Policy
- ☐ Reproductive Health
- ☐ Stroke
- ☐ Tobacco Policies
- ☐ Other (please specify)

7. For what purposes are you most likely to use a local policy database? (Check all that apply)

- [ ] Advocacy
- [ ] Assessment
- [ ] Assurance (i.e. procedures for checking quality of care)
- [ ] Documentation
- [ ] Enforcement
- [ ] Evaluation
- [ ] Education
- [ ] Monitoring
- [ ] Policy Development
- [ ] Research
- [ ] Tracking
- [ ] Other (please specify)

What is the IDEAL Landscape for Local Policy Databases?

8. How would your work, or the work of your coworkers/colleagues/organizational partners, benefit from the use of a local policy database?

- [ ] Advocacy
- [ ] Assessment
- [ ] Assurance (i.e. procedures for checking quality of care)
- [ ] Documentation
- [ ] Enforcement
- [ ] Evaluation
- [ ] Education
- [ ] Monitoring
- [ ] Policy Development
- [ ] Research
- [ ] Tracking
- [ ] Other (please specify)

9. What are the most desirable elements of a local policy database in terms of content? (Check all that apply)

- [ ] Policy topic
- [ ] Jurisdiction (school district, city, etc.)
- [ ] Policy target (individual, organizations, businesses, customers/students)
- [ ] Policy instrument (regulatory, economic/taxes, fees, subsidies)
- [ ] Policy type (government/law, institutional policy)
- [ ] Policy description and text
- [ ] Coded categories allowing comparison across policy elements (topic, jurisdiction, target, etc.)
- [ ] Coded categories allowing policy ranking by effectiveness
- [ ] Example bill/resolution language
- [ ] Example guidelines and standards
- [ ] Example best practices for enforcement
- [ ] Other (please specify)

10. What tools or elements *do you need* in order for a local policy database to be effective? (Check all that apply)

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- [ ] Searchable by query (keyword search or Boolean search)
- [ ] Searchable by topic (tobacco, built environment, chronic disease prevalence, etc)
- [ ] Searchable by jurisdiction/locality (township, school district, city, county, tribal, regional, etc)
- [ ] Searchable by sector (government, institutional, organizational, corporate, etc.)
- [ ] Searchable by policy setting
- [ ] Searchable by Rural Urban Continuum Code
- [ ] Searchable by funding availability for policy
- [ ] Coded categories allowing policy ranking by strength or effectiveness
- [ ] Coded categories allowing comparison across policy elements (topic, jurisdiction, target, etc.)
- [ ] Full text of enacted policy
- [ ] Date of policy enactment
- [ ] Link to bill/resolution
- [ ] Guidelines and standards for enforcement
- [ ] Examples of best practices
- [ ] Data available for download
- [ ] Data analysis tools
- [ ] Outcome analysis tools
- [ ] I don't know
- [ ] Other (please specify)

11. What tools or elements *are currently missing* from the local policy databases you use that would make a local policy database function more effectively? (Check all that apply)

- [ ] Searchable by query (keyword search or Boolean search)
- [ ] Searchable by topic (tobacco, built environment, chronic disease prevalence, etc)
- [ ] Searchable by jurisdiction/locality (township, school district, city, county, tribal, regional, etc)
- [ ] Searchable by sector (government, institutional, organizational, corporate, etc.)
- [ ] Searchable by policy setting
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- [ ] Full text of enacted policy
- [ ] Date of policy enactment
- [ ] Link to bill/resolution
- [ ] Guidelines and standards for enforcement
- [ ] Examples of best practices
- [ ] Data available for download
- [ ] Data analysis tools
- [ ] Outcome analysis tools
- [ ] I don't know
- [ ] Other (please specify)

12. Are you likely to use a database hosted and/or maintained by (Check all that apply):

- [ ] A non-profit organization
- [ ] A community-based organization
- [ ] A private foundation
- [ ] An academic institution
- [ ] A government agency/organization
- [ ] An open-source system, maintained by registered, volunteer users
- [ ] Other (please specify)

13. What data would you like to see cross-referenced with local policies? (Check all that apply)

- [ ] U.S. Census Data
- [ ] American Community Survey Data
- [ ] County Health Rankings
- [ ] Kids Count Data
- [ ] Community Commons System Data
- [ ] Behavioral Risk Factor Surveillance System Data
- [ ] Youth Behavioral Risk Factor Surveillance System Data
- [ ] Morbidity & Mortality Data
- [ ] Chronic Disease Prevalence Data
- [ ] Other (please specify)

14. What would you be willing to pay for access to a comprehensive local policy database addressing healthy communities?

- ◯ $0 – I am satisfied with existing free resources.
- ◯ $0 – I am unwilling to pay for access
- ◯ Annual Fee - please specify:

OPEN-ENDED RESPONSES

15. Is there already an organization or website that may be a natural host for a comprehensive local policy database addressing healthy communities? If so, please specify below.

16. Considering all of the possibilities for local policy databases, do you have specific criticisms, insights, or suggestions to share?

17. (Optional) Please provide your contact information, name and email address, in the field below.

18. (Optional) LAST QUESTION: Can you suggest 2-3 people who could provide invaluable feedback regarding a local policy database?

CONGRATULATIONS! You have completed the assessment. Please forward to your ...

THANK YOU for completing our assessment! Your expert feedback is invaluable for the future of local policy research.

You may contact the Chelsea Brass at the Texas Health Institute if you have any questions - cbrass@texashealthinstitute.org.

National Network of Public Health Institutes

Local Policy Database Scan

Final Report | October 2013