CULTURE OF HEALTH LEADERS

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Policy Change Findings

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Culture of Health Leaders Policy Change Findings

Each year since the launch of the Culture of Health Leaders (COHL) program – a three-year national leadership program focused on engaging and supporting a strong and diverse network of leaders as they build a culture of health equity within communities, institutions, and systems – data has been collected from program participants and alumni to understand their impact on different kinds of policy change.[1]

Throughout the COVID-19 pandemic, participation in evaluations from our program participants was significantly impacted and resulted in fewer participants reporting on the progress they were making in their COHL work. While the pandemic may have slowed down progress from the last two cohorts, this report demonstrates the efficacy of network, relationship, and leadership-building programs such as COHL. With the right connections, resources, and skills, it is possible to affect policy change that can create communities where every American has a fair opportunity to live a long, healthy life. With challenges rising every day that threaten these opportunities, leadership programs like this and the work of our Culture of Health Leaders are critical more than ever, and are in need of dedicated funding to ensure we can meet these challenges today, and in the future.

Participant data has been collected by COHL program evaluators and TCC Group, the Change Leadership Initiative (CLI) evaluator. In mid-2021, COHL program staff expressed interest in a deeper dive into the data to answer the following questions:

1. In which fields or disciplines are COHL participants and alumni helping to create policy change?
2. Within which governance levels (organizational, city, tribal, county, state, or federal) is policy change occurring?
3. Within which geographies is policy change occurring?
4. What roles are participants or alumni playing in the policy change work?
5. What percentage of (COHL) participants or alumni are reporting policy changes?
6. How do policy change efforts differ by cohort?

Methodology

TCC Group conducted analyses from August-September 2021 on policy change data reported by COHL participants and alumni between the years 2017-2020. This data was collected by COHL program evaluators and shared with TCC Group through the NPC Core Indicators Reporting Template.[2] Data was collected from COHL alumni in 2020 through the alumni survey[3] administered by TCC Group.

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[1] While all COHL participants agree to specific legal guidelines in their grant agreements which prohibit the use of grant funds for lobbying as defined by Section 4945(d)(1) of the Internal Revenue Code, participation in COHL does contribute to leaders being prepared to be more effective in advocating for their issues. Such preparation often leads to reports of subsequently informing a variety of policy advances.

[2] Participants were asked to report policy changes that were related to or influenced by their participation in the program over the "past year" (e.g., September 2019-August 2020). The template requests the policy change data to be reported as follows, "Please list any new or improved policies pertaining to a COH that are reasonably related to the participant's work, that have happened over the past program year (Sept-Aug). Note, this indicator is meant to track policies that have passed or been changed…Provide description of change, including where it happened and who will be affected by the policy." As such, not all work described, if any, was directly supported by grant funds or program resources (e.g., coaching). All CLI participants agree to specific legal guidelines in their grant agreements which prohibit the use of grant funds for lobbying as defined by Section 4945(d)(1) of the Internal Revenue Code.

[3] Alumni were asked to respond to this item, "Thinking about the last year, what organizational, community, policy, or systems-level changes, if any, have resulted from your involvement with Culture of Health Leaders?"

TCC Group then coded responses to the open-ended questions to thematic categories that would help answer the questions listed above. Analyses were conducted to understand trends across the different variables of interest (geography, cohort, disciplines, levels).

Part of the coding process included determining if the participant had described a policy that had been changed or created or if they were describing policy advocacy work that was in progress. For the purposes of this report, we are focusing primarily on policy changes that have occurred or where new policies were created. We describe efforts in progress in the notes but do not use them as the primary focus of the analysis.

Additionally, it is important to note that we define policy change in a broad sense. In our counts we included the creation of new infrastructure within or between organizations (e.g., affinity groups, committees, collaboratives), plans that have been developed, or practice or curriculum changes that have been made, in addition to responses that describe the creation of a more traditional "policy."

This report presents findings from these analyses organized by question.

1. In which fields or disciplines are COHL participants and alumni helping to create policy change?

COHL participants and alumni **are most frequently reporting policy changes in health equity and Diversity, Equity, and Inclusion (DEI or EDI). These changes most often occur at the organizational level** (see Chart 1). There were 23 examples of DEI policy changes and 19 examples of health equity policy changes in the dataset. DEI examples most often included changes in organizational hiring or university admission practices to include a DEI lens[4], establishing staff training related to DEI, or establishing a DEI committee within their organization. Health equity policy changes included developing health equity training or guiding principles, the addition of a health equity-focused course or elective within an academic institution, changes to school wellness policies, or the integration of health equity into an organization's strategic plan.

Leaders are also reporting policy changes in racial equity, civic engagement, agriculture/nutrition, organizational development, and community development/wellness (see Chart 1). These fields had between seven and eleven mentions of policy change within each of them. These policy changes are reported across the organizational, city, state, county, and tribal levels.

For a description of the full set of field/discipline codes that were used for this analysis, please see Appendix 1.

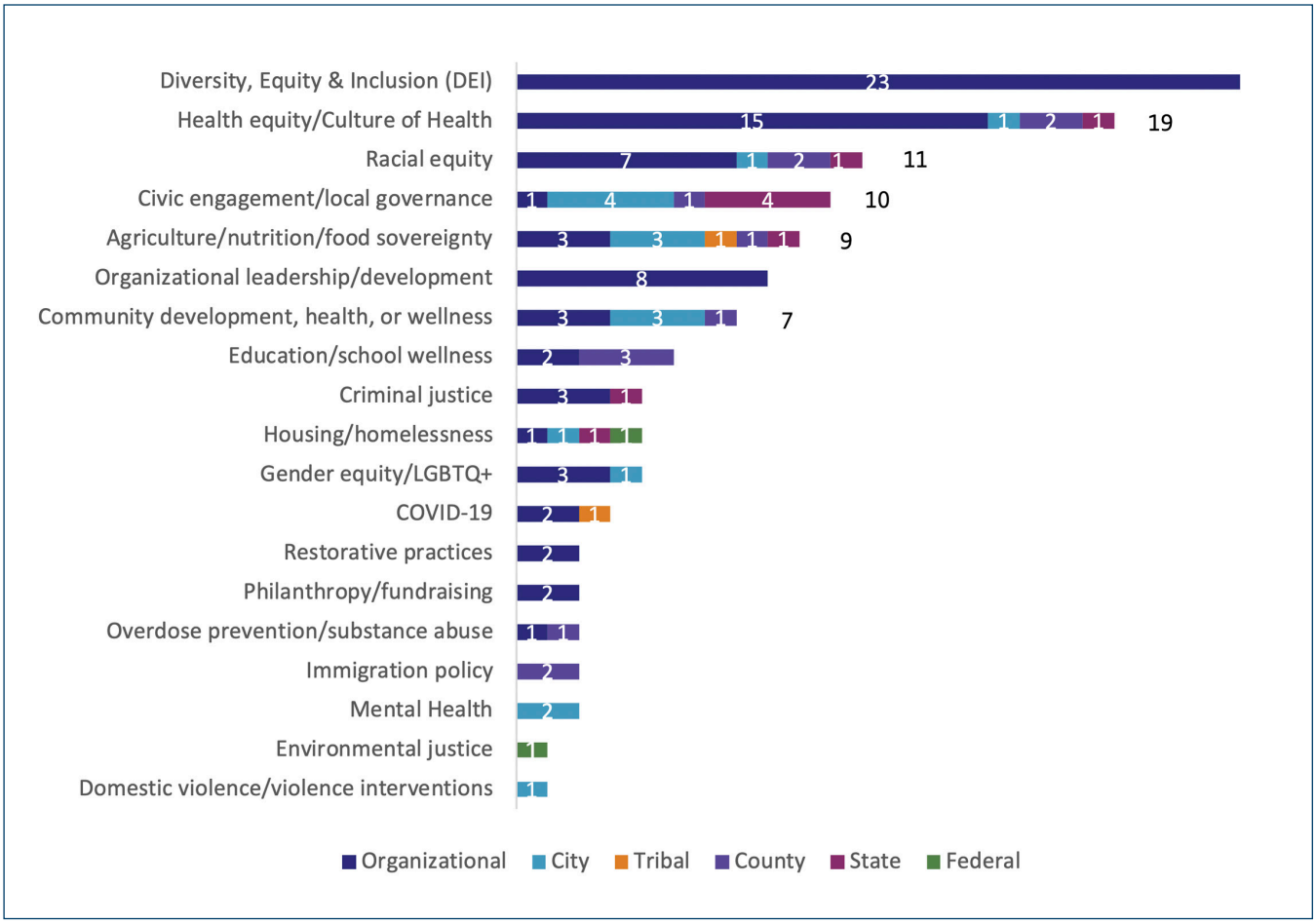
"As a result of this fellowship, I have incorporated a health equity lens in our work. Now we have a learning track of vacancy/ blight and public health."

"We are removing background checks from our housing venture and replacing with character references and deliberating diversifying our board."

"Began an equity discussion in my organization that led to a gender pay analysis as well as a racial equity committee."

[4] Work broadly described as focusing on aspects of Diversity, Equity, and Inclusion (DEI). This category is used when the respondent provides a more general or non-specific description of focusing on DEI.

Chart 1: Fields/Disciplines Where COHL Participants and Alumni Have Reported Policy Changes



**Numbers included in this chart represent the number of examples of this type of policy change across the full dataset. In some instances, a single policy change may have been coded to more than one field or discipline; therefore, the counts for the governance levels in this section will not be an exact match for those in the following section.*

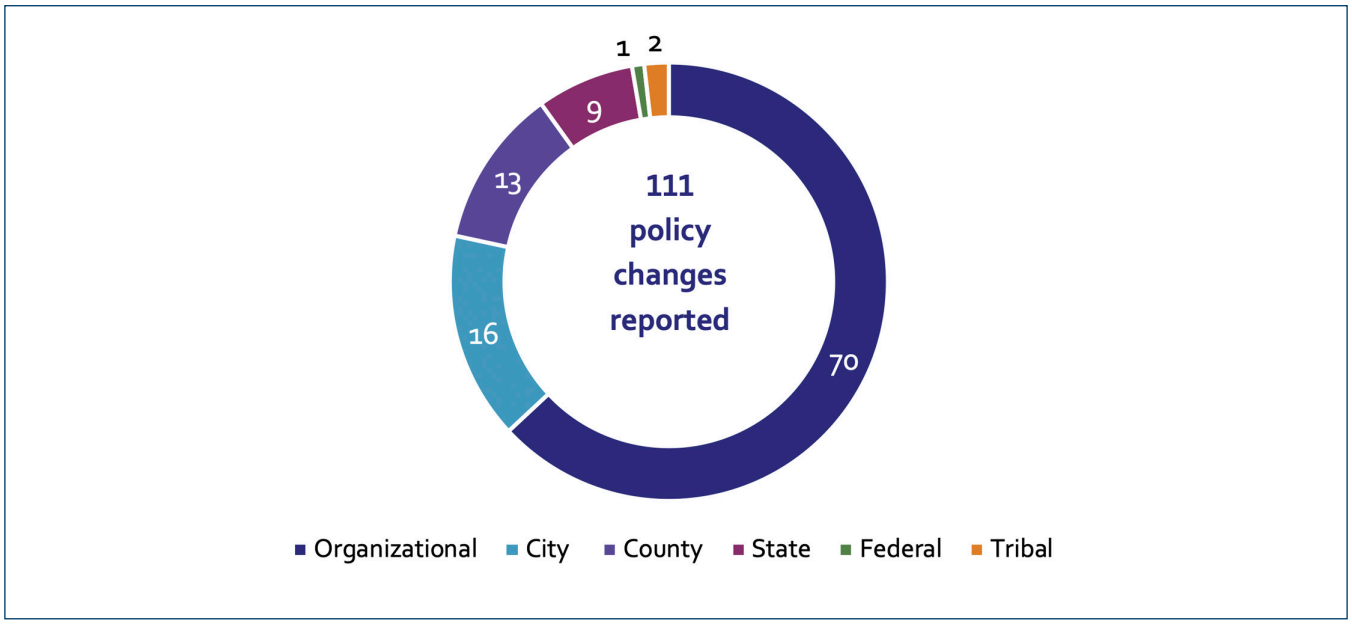
Some leaders reported examples where they are engaging in policy advocacy but have not yet achieved policy change. These examples were most often in the health equity field and were at the organizational, city, and state levels. These are examples that the COHL program can continue to follow through future data collection.

2. Within which governance levels (organizational, city, tribal, county, state, and federal) is policy change occurring?

Most of the policy changes reported by leaders are at the organizational level (see Chart 2). COHL participants and alumni reported a total of 111 policy changes, of which 70 (63%) correspond to organizational policies. Organizational policy changes took place in a wide variety of organizations, including health departments, academic institutions, nonprofits, coalitions or collaboratives, businesses, schools, government entities, and hospitals.

Policy changes are also taking place across various levels of government, particularly city governments (see Chart 2). As mentioned in the introduction, participation in COHL is expected to contribute to leaders being prepared to be more effective in advocating for their issues. Such preparation leads to them reporting they were subsequently able to inform policy changes. There were 41 policy changes (37%) that related to changes at different governmental levels. The city level is the most frequently mentioned with 16 changes, followed by county and state levels with 13 and nine changes, respectively, two changes at the tribal level and one change reported at the federal level.

Chart 2: Governance Levels Where COHL Participants and Alumni Have Reported Policy Changes

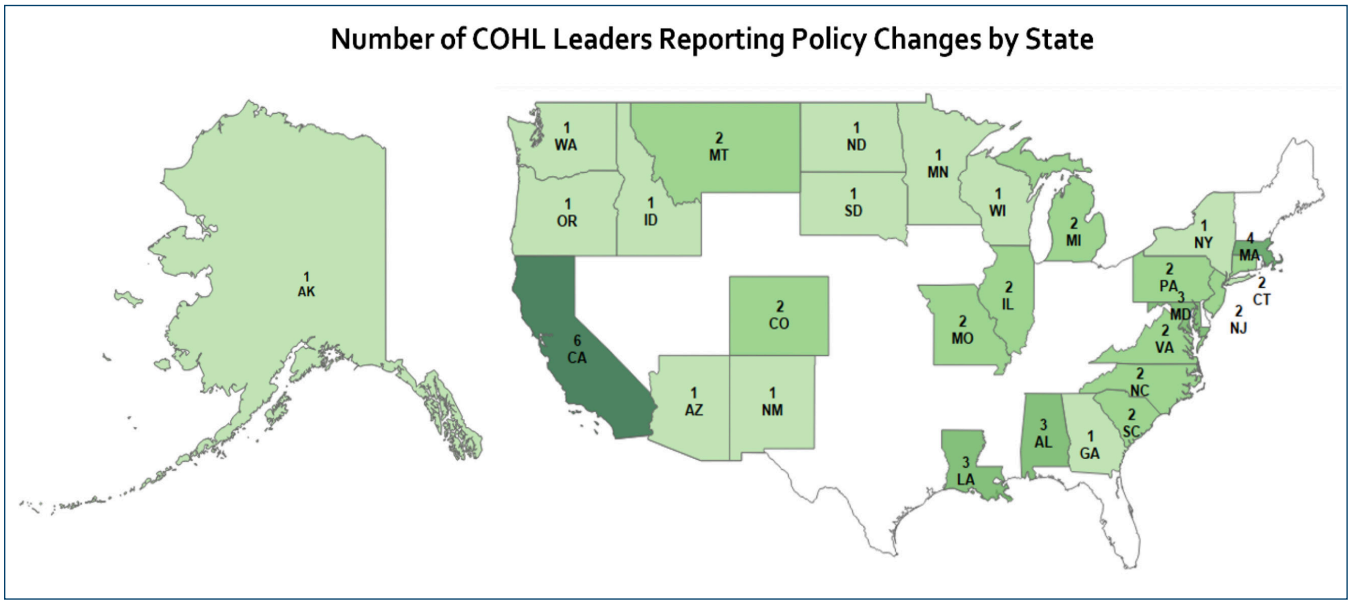


3. Within which geographies is organizational or public policy change occurring?

COHL participants and alumni who reported policy changes are based in 28 states (see Chart 3). The geographic location of the leaders who contributed to the 111 policy changes reported is spread across the country.

California and Massachusetts have the largest number of participants reporting policy changes made. The distribution of participants reporting policy changes is not surprising considering that these are states with the first and fourth largest representations of COHL participants or alumni.

Chart 3: States Where COHL Participants and Alumni Have Reported Policy Changes



**Note: This analysis uses the information provided by COHL participants and alumni about the states they are based in as a proxy for where policy changes took place since the specific information about the location where policy changes occurred is generally not reported. The map includes one policy change reported at the federal level.*

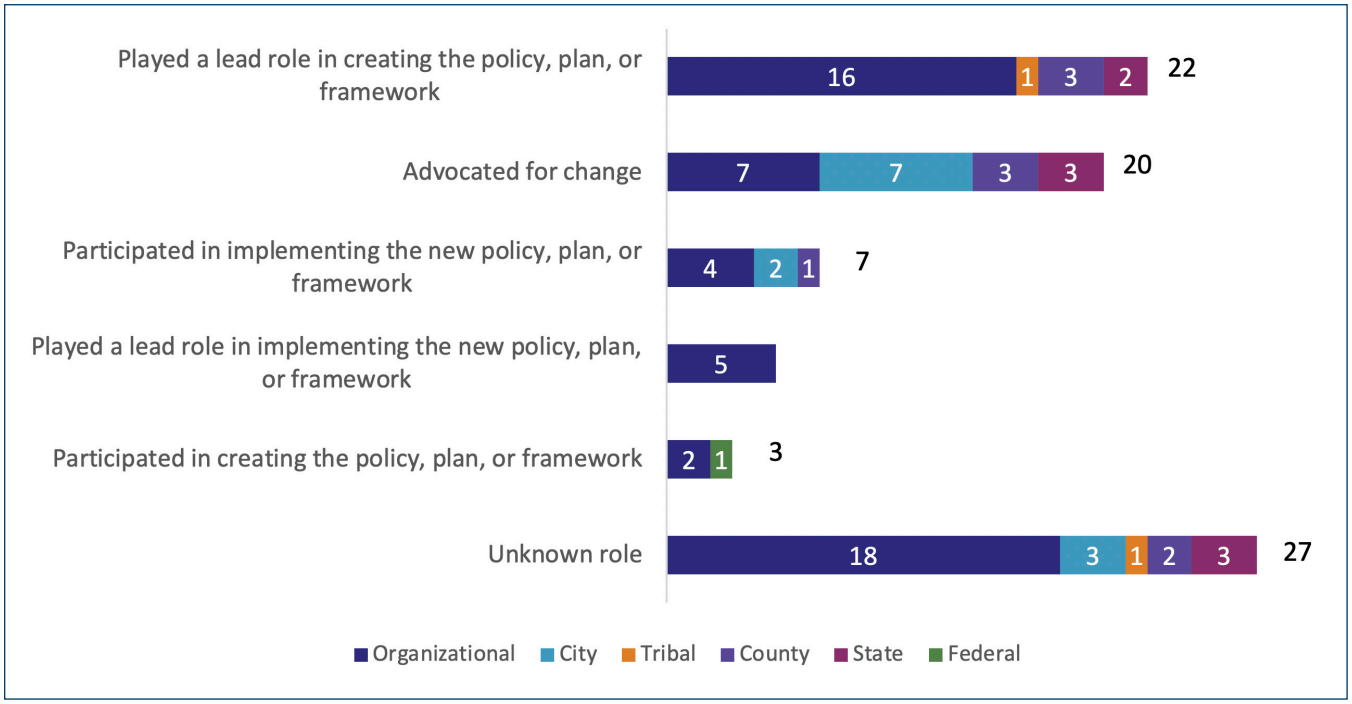
Leaders who reported policy work that is still in progress most often came from Illinois or California. There were 21 states represented by policy work in progress, but Illinois had the largest number of participants reporting policy work with six, followed by California with four.

4. What roles are participants or alumni playing in the policy change work?

Where data is available on the roles that COHL participants and alumni played in policy change, they most often play a lead role in creating or developing the new policy, plan, or framework (see Chart 4).[5] This is particularly true at the organizational level (16 examples provided) where leaders are more likely to sit in positions of formal leadership or have more direct influence. We also see some examples of this lead creation role taking place at the county, state, tribal, and city levels, indicating their involvement in policies within larger governance structures. There were between one and three examples of leaders taking this role for each of these governmental policy levels.

[5] All COHL participants agree to specific legal guidelines in their grant agreements which prohibit the use of grant funds for lobbying as defined by Section 4945(d)(1) of the Internal Revenue Code. Further, their participation in COHL contributes to participants' leadership effectiveness, which then leads to playing more effective roles in policy advocacy.

Chart 4: Roles Played by COHL Participants and Alumni in Policy Changes



**Numbers included in this chart represent the number of examples of this type of role across the full set of policy changes reported. In some instances, a participant may have been coded to more than one role related to the policy change. In 27 policy change examples that were provided, the COHL participant's role was unclear.*

"Developed a Department of Medicine policy related to gender transition in the workplace; the policy was later used as a model for a health system wide policy."

"Created a pathway for regular communication about partnership and training opportunities between the Department of Corrections and community providers that did not previously exist."

"I wrote the Community Engagement Principles Policy, a state level policy adopted first at the [state] Department of Public Health and Environment."

Leaders are quite often involved in advocating for the policy changes being made (see Chart 4). This is particularly true for changes made at different levels of government (including city, county, and state), but there are also examples of leaders advocating for changes internally at their organizations. The examples that were provided include leaders advocating, speaking up for, providing evidence for, or otherwise supporting a policy change that was later adopted.

"[Our organization] provided input and support for the drafting/passage of sweeping changes to the city's [city name] housing code."

"As a member of the [collaborative name], we supported the City [city name] in crafting and passing the Race and Gender Conscious Policy."

"[city name] adopted two resolutions stemming from the work of our [campaign name] campaign…These resolutions were sparked by an in-depth series in our local newspaper [newspaper name] which exposed and discussed the trauma youth in one area of the city face. The writers… featured a lot of the data we used to inform the campaign to inform their series."

Participants are involved, although to a lesser extent, in implementing new policies, plans, or frameworks (see Chart 4). These examples are most often provided at the organizational level and demonstrate where leaders have been involved in implementing a new policy, plan, framework, affinity group, training, or other operational structure that has been adopted. In five examples, COHL participants and alumni were leading the implementation, while in seven examples, leaders described themselves as participating in the implementation.

"We have formalized a collective system of governance in our organization as well as implemented a more formalized EDI model to help make sure there is more equal leadership and input in the organization moving forward."

"Facilitated implementation of overdose prevention education and naloxone distribution/prescription programs."

"As the new Assistant Dean for Admissions, I have begun to implement policy changes that incorporate principles of equity, diversity, and inclusions throughout the admissions process."

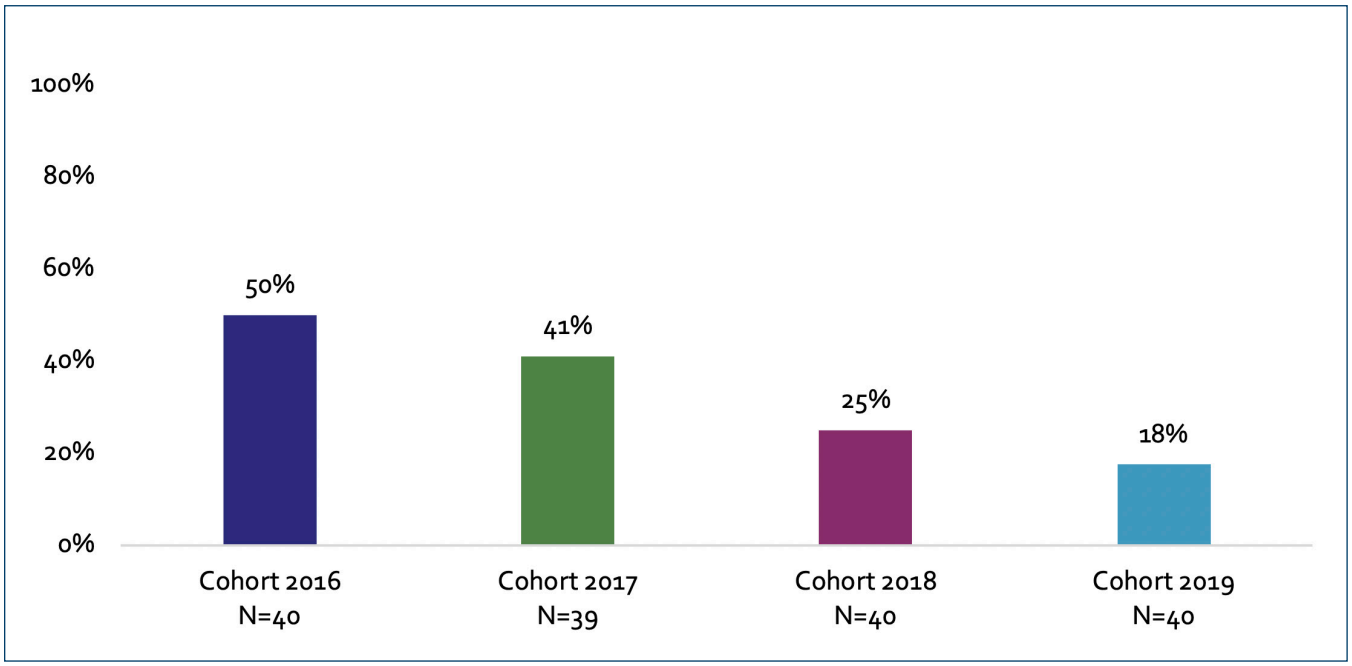
For a description of the full set of codes that were used for this analysis, please see Appendix 2.

5. What percentage of COHL participants or alumni are reporting policy changes?

33% of participants and alumni (53 individuals) have reported some type of policy change.

The percentage of COHL participants and alumni reporting policy changes is higher in earlier cohorts than in the newer ones. When comparing the number of people reporting policy changes to the number of people in the program, earlier cohorts (cohorts 2016 and 2017) have a higher policy change report rate than newer cohorts (2018 and 2019) (see Chart 5). 50% of the 2016 cohort (20 individuals) and 41% of the 2017 cohort (16 individuals) reported at least one policy change. The policy change report rate was only 25% for the 2018 cohort (10 individuals) and 18% for the 2019 cohort (seven individuals). This is unsurprising given that the dataset contains four years of data for Cohort 2016 and just one year of data for Cohort 2019. Future data collection and analysis will be able to determine if the newer cohorts grow to report policy changes at the same rates as those from the 2016 and 2017 cohorts.

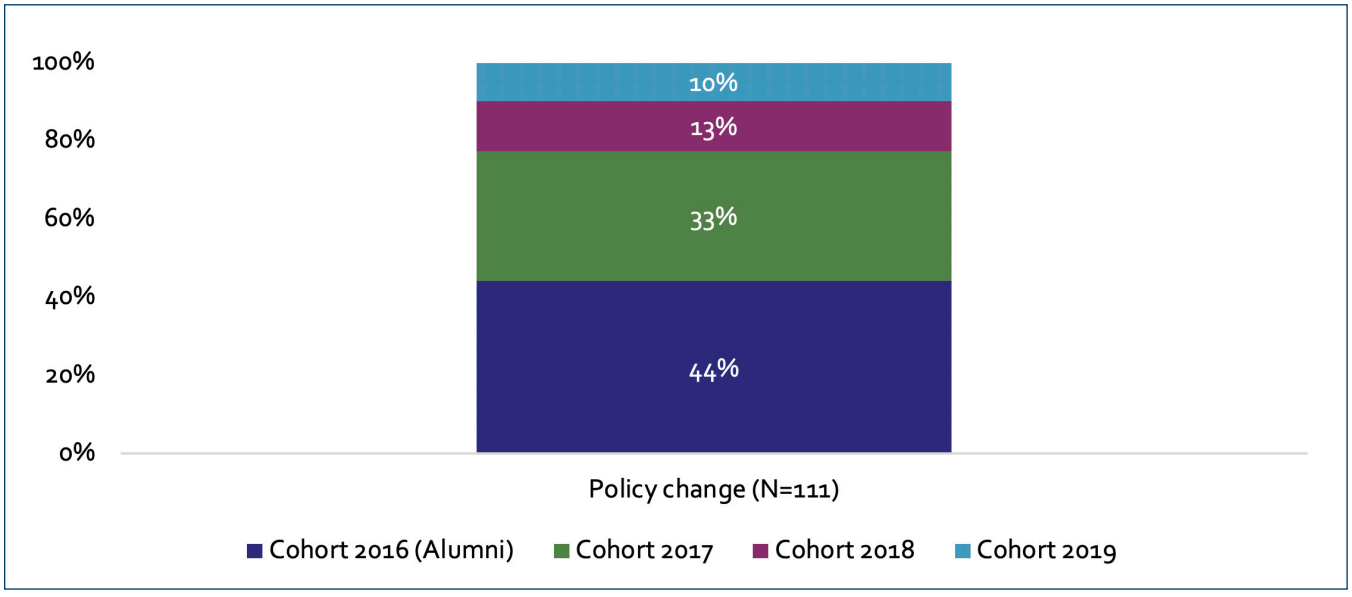
Chart 5: Percentage of COHL Participants and Alumni Reporting Policy Changes by Cohort



Note: The analysis considers the number of participants reporting policy changes and each participant is counted once, even though some participants may have reported more than one policy change.

When looking at the total set of policy changes that have been reported, the biggest proportion of policy changes was reported by older cohorts (see Chart 6). Chart 6 provides a different view of the same finding described above. The majority of reported policy changes correspond to the work of leaders from the 2016 cohort (44% of all policy changes or 49 total policy changes) and the 2017 cohort (33% of all policy changes or 37 total policy changes). The 2018 cohort represented 13% of the policy changes reported (14 total policy changes) and the 2019 cohort represented 10% of the policy changes (11 total policy changes).

Chart 6: Policy Change Distribution by Cohort



6. How do policy change efforts differ by cohort?

When looking at the fields or disciplines where each cohort is reporting policy changes, there are no significant differences between the different cohorts' areas of focus. Each cohort maintains a central focus on DEI and health equity-related policy changes. The 2018 and 2019 cohorts were the only cohorts to report policy changes within the fields of housing/homelessness (four total policy changes) or COVID-19 (three total policy changes), although the overall numbers are still small.

As a follow-up question to question 6, we also looked at the following question: *Is there a difference in each cohort's likelihood to report policy changes as they go through each year of the program?*

So far, the data does not show an increased likelihood for any particular cohort to report a policy change as they go through the program. It also does not yet show an increased likelihood for participants to report a policy change in a particular year of their program. However, at this point in time, there is still limited data available for cohorts moving through the entire trajectory of the program. It may also be worth checking response rates for the data collection tool used by COHL program evaluators to see if there has been a decrease in response rates for the tool where policy change data is collected.[6]

The 2016 cohort reports the highest number of policy changes in the second year of the program (see Table 1), while the 2017 cohort reports their highest number during the first year.

Conclusion

COHL participants and alumni are changing the way organizations address Diversity, Equity, and Inclusion and work towards health and racial equity. Through the work of these leaders, organizations are making changes in hiring or university admission practices, are establishing training or guiding principles for their organization, and are setting up committees or working groups as mechanisms for continual work on these issues within their organization. Leaders are also reporting policy changes in civic engagement, agriculture/nutrition, organizational development, and community development/wellness. While the majority of policy changes currently reported are at the organizational level, there are also some examples of policy change at the city, county, state, federal, and tribal levels.

33% of participants and alumni (53 individuals) have reported some type of policy change and these policy changes have occurred in 28 states with the largest number represented in California and Massachusetts. Leaders play a variety of roles in the policy change work including helping to create new policies, plans or frameworks; advocating for change; or helping steer implementation of a new policy.There are several examples of policy change for which we do not know the role that the leader played and this may be an area which the program wishes to track more closely in the future. So far, the data does not show an increased likelihood for any particular cohort to report a policy change as they go through the program although cohorts for which we have the most data comprise the largest number of policy changes reported. Continuing to collect this data from later cohorts will allow a comparison across cohorts of the cumulative policy changes reported.

Understanding the types of policy change that are needed to address health and racial inequities and the roles that COHL participants and alumni play in creating those changes provides valuable insights to the Culture of Health Leaders program. With this data the program is better positioned to provide program supports for the work, to connect leaders working within similar fields, and to gain a deeper understanding from their leaders of what their particular communities see as effective for addressing health and racial inequities.

[6] Since the NPC Core Indicators Reporting Template that is provided to TCC Group combines data from various NPC data sources, we are unable to tell if the participant response rates have declined or not through this tool.

Table 1: Number of Policy Changes Reported by Cohorts each Year of the Program

	1st Year	2nd Year	3rd Year	4th Year
2016 Cohort	14	26	6	3
2017 Cohort	19	12	6	-
2018 Cohort	11	3	-	-
2019 Cohort	11	-	-	-

As a proportion of cohort members, the 2016 cohort also has a higher percentage of individuals reporting changes in the second year, while the 2017 cohort has a higher percentage reporting policy changes in the first year (see Table 2). The proportion of COHL participants and alumni from each cohort reporting policy changes in the first year of the program is 18% for all cohorts except cohort 2017, where policy changes are reported by 28% of the cohort members. In the second year, the 2016 cohort increased to 35% of its cohort reporting policy changes, while the 2017 cohort decreased to 21%.

For all cohorts, the policy change data collected in 2020 was lower than in other years, which comes as no surprise given that the COVID-19 pandemic occurred during 2020. (see Table 2).

Table 2: Proportion of Cohort Members Reporting Policy Changes by Year in the Program

	1st Year	2nd Year	3rd Year	4th Year	Average Across Years	Change Over Time
2016 Cohort	18% (2017)	35% (2018)	13% (2019)	8% (2020)	**19%**	
2017 Cohort	28% (2018)	21% (2019)	15% (2020)	-	**21%**	
2018 Cohort	18% (2019)	8% (2020)	-	-	**13%**	
2019 Cohort	18% (2020)	-	-	-	**18%**	

Appendix 1: Codebook for Field/Discipline Codes

The following codebook was used to code participant and alumni responses to categories that would describe the field or discipline in which they were working for policy change.

Field/Discipline Code	Code Description
Aging	Work focused on the health and well-being of older people and/or policies that promote healthy aging.
Agriculture/nutrition/food sovereignty	Work focused on the science or practice of farming, the connection between farming and nutrition, or plans to establish local, affordable nutritional foods for all people.
Civic engagement/local governance	Work focused on civic engagement and/or establishing stronger governance or election/campaign structures or policies within a local government.
Community development, health, or wellness	Work focused on community development plans or policies aimed at overall community health and wellness, which may include the use of community spaces, smoke-free ordinances, etc.
COVID-19	Work focused on COVID-19 responses, which may include establishing COVID-19 safety guidelines, establishing childcare options, addressing food insecurity, providing healthcare services, protection of essential and low-wage workers, etc.
Criminal justice	Work focused on aspects of the criminal justice system such as reentry services, police reform, education about mass incarceration, etc.
Diversity, Equity & Inclusion (DEI or EDI)	Work broadly described as focusing on aspects of Diversity, Equity, and Inclusion (DEI). (Sometimes referred to as EDI – Equity, Diversity, and Inclusion.) Although some categories in this table parse out aspects of DEI, such as racial or gender equity, this category is used when the respondent provides a more general or non-specific description of focusing on DEI.
Domestic violence/violence interventions	Work focused on domestic violence, violence interventions, or treatment of victims of violence.
Education/school wellness	Work focused on changes to school curriculums, policies related to educational access or school wellness, or early childhood education services.
Environmental justice	Work related to policies to address climate change and environmental justice.
Gender equity/LGBTQ+	Work focused on addressing discrimination or exclusionary practices on the basis of sex – including sexual orientation or gender identity.
Health equity/Culture of Health	Work generally described as addressing health equity or working towards a Culture of Health. RWJF definition: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”
HIV	Policy work related to those living with HIV or prevention of HIV.

Field/Discipline Code	Code Description
Housing/homelessness	Work focused on policies and practices related to addressing homelessness and/or providing support for affordable housing.
Immigration policy	Work focused on immigration-friendly policies or the rights of immigrants.
Mental health	Work focused on policies related to mental health and/or treatment of trauma.
Organizational leadership/ development	Work described that includes making structural changes to an organization that change the way it goes about its work. This may include changes to its employee wellness policies, the composition of its leadership or board, or its guiding principles or values.
Overdose prevention/substance abuse	Work focused on policies or guidelines related to overdose prevention or substance abuse/chemical dependency treatment.
Philanthropy/fundraising	Establishing new structures to provide funds to groups that are historically marginalized or underserved by nonprofit or public service organizations. May also include changes in organizational policy related to fundraising.
Racial equity	Work that specifically mentions addressing racial equity through the establishment of racial equity plans or committees, the creation of policies that promote racial equity, or initiating anti-racism training.
Restorative practices	Work described as incorporating restorative practices or approaches to areas such as providing healthcare or disciplinary practices within schools.

Appendix 2: Codebook for Roles Played by Culture of Health Leaders

The following codebook was used to code participant and alumni responses to categories that would describe the role that they played in working for policy change.[7]

Codes for Roles Played by Culture of Health Leaders	Code Description
Advocated for change	The participant or alum mentions advocating, speaking up for, providing evidence for, or otherwise supporting a policy change that was later adopted.
Played a lead role in creating the policy, plan, framework, affinity group, training, or other operational structure	The participant or alum mentions leading some aspect of creating or developing a new policy, plan, framework, affinity group, training, or other operational structure that has been adopted.

[7] All CLI participants agree to specific legal guidelines in their grant agreements which prohibit the use of grant funds for lobbying as defined by Section 4945(d)(1) of the Internal Revenue Code. Further, their participation in COHL contributes to participants' leadership effectiveness, which then leads to playing more effective roles in policy advocacy.

Codes for Roles Played by Culture of Health Leaders	Code Description
Participated in creating the policy, plan, framework, affinity group, training, or other operational structure	The participant or alum mentions being a part of a group that has created or developed a new policy, plan, framework, affinity group, training, or other operational structure but does not mention taking a lead role in the creation or development.
Played a lead role in implementing the new policy, plan, framework, affinity group, training, or other operational structure	The participant or alum mentions leading some aspect of implementing a new policy, plan, framework, affinity group, training, or other operational structure that has been adopted.
Participated in implementing the new policy, plan, framework, affinity group, training, or other operational structure	The participant or alum mentions being a part of a group that is implementing a new policy, plan, framework, affinity group, training, or other operational structure but does not mention taking a lead role in the implementation.
Unknown	The participant or alum does not mention the role that they played in the policy change.