

Preparation

Create your partnership

There may be several individuals and organizations that can assist you in the design, plan and implementation (or putting into action), and evaluation of your environment or policy initiative. Heart disease and stroke environments and policies have been implemented with the assistance of a wide range of partners.

Example partners to implement your heart disease and stroke initiative with include:

- American Heart and Stroke Association
- University Extension
- state and local government officials
- transportation offices
- parks departments
- food industry – producers, growers, retail outlets
- community leaders and policy-makers
- local businesses - owners, managers
- schools –teachers, sports coaches, nurses, food service personnel
- legal council
- health care professionals
- hospitals, health care facilities
- researchers and academics
- community organizations and coalitions
- advocacy organizations
- local media
- faith leaders and faith based organizations
- parents and families
- employers or worksites
- professional associations

Try to think of partners that can serve a variety of roles. For example, you may need certain partners to help you create a plan for an environmental change to promote heart disease and stroke management (e.g. urban designers and architects) while some partners may be more helpful in implementing a policy (e.g., schools and state and local government officials).

Besides creating an environment or policy initiative to increase heart disease and stroke prevention and management, it is also important to evaluate your efforts. There may be elaborate and expensive ways to develop and implement a heart disease and stroke environments and policies. Regardless of the complexity of your intervention, to evaluate a heart disease and stroke environment or policy initiative, it is often useful to seek out technical assistance from local colleges, universities or others with this experience.

For more information on engaging partners, go to [Partnerships](#).

Identify your population

Typically heart disease and stroke environment and policy interventions have targeted heart disease and stroke prevention and management for both the general population (i.e., those who will be effected by the intervention) and specific populations (e.g., key decision makers such as local politicians, school board members, employers, etc.). Heart disease and stroke environment and policy interventions have also been created to suit the needs of various subgroups with regard to gender, race/ethnicity, age, or other sociodemographic characteristics.

As you start to consider your own population, it will be important to identify important aspects of your population, such as:

- Define your population. (e.g., an organization, an internet community)
- Are there subgroups within this population?
- What are the geographic boundaries?
- What are the shared social and cultural characteristics of this community?

For more information on identifying your population, go to [Assessment and Prioritization](#).

Environments and policy interventions have been implemented in a variety of settings including: schools, communities, health care facilities and worksites. For more information on settings for heart disease and stroke interventions, go to [Heart Disease and Stroke in Different Settings](#).

Examples of environments and policy interventions targeting heart disease and stroke that have used in other communities include:

- Provision of heart disease and stroke medications – Be specific: For hypertension and cholesterol control
- Policies to require heart disease and stroke lifestyle behavior information and prevention education in school
- Increased access to physical activity by building walking trails, creating sliding scale fees for use of fitness facilities, increasing physical activity curriculum in schools
- Non-smoking policies in public buildings including restaurants, worksites, health care facilities, and businesses
- Policies for nutrition requirements in school and worksite cafeterias including improved access to healthy foods and healthy preparation of foods (e.g., decreased fried foods) and decreased access to less healthy options (e.g., foods high in fat and sodium)
- Taxi vouchers to provide transportation to and from a patient's primary care provider and pharmacies

Record your intervention goals and objectives

If you and your partnership have not formed your intervention goals and objectives, you will need to work with your partners to do so. Although you may refine your goals and objectives, it is important to start with some idea of what you want to accomplish for this intervention.

Example of a heart disease and stroke environments and policies intervention goal and objective:

- Goal: Reduce prevalence of heart disease and stroke in your community
- Objective: Increase access to healthy food options in grocery stores by 25% in the community.

This will likely require having a good idea of the community's needs, the political climate, and community support for the policy or environmental changes. It may also be helpful to create a logic model to organize your goals, objectives and the action steps to meet your goals and objectives. Some funding sources have very specific logic models for your partnership to use, so be aware of different requirements. For more information on developing goals and objectives, visit [Preparing for Your Intervention in Readiness and Preparation](#).

Assess your community capacity and needed resources

Public health practitioners and community organizations can assist the partnership in determining what actions will be most helpful in creating environmental and policy changes. These actions may include communicating with the community as a whole or with specific decision makers. In either case it is important to provide the information about the need for environmental and policy changes in a way that will capture the intended audiences attention. This may include a public action and a large number of people, or a smaller action that involves more face to face communication. Public health practitioners and community organizations can take part in either of these types of actions in a variety of ways. For example, they can provide current, relevant information and data to help develop the messages conveyed. They can also help identify appropriate audiences for a particular message (e.g., an elected official, the public at large). Because the intent of these activities is to create broad based environmental and policy changes statement, it is often useful to organize media coverage of the event and to ensure that public officials are aware of it.

If your partnership receives public funds, many things are allowed that support initiatives that advocate for environmental and policy changes. You can provide current data or other educational information on an issue as it is experienced in your community. Likewise, your partnership can help by developing a list of legislators to contact based on their interest in the issue or their position on certain legislative committees.

These different approaches and activities may require a variety of different resources.

Example resources needed include:

- a copy machine or access to a printing facility is required to get brochures and other printed materials out to the community
- cameras, video recording devices, or audio recording devices and associated technology may be needed to document and communicate community problems
- access to billboards, bus stops, train stations or other locations to post messages

A heart disease and stroke environments and policies will require certain skill sets depending on the specific strategies used. For example, it may be necessary to have skills in planning, community organization, urban design and planning, or public policy. Others have found it useful to get assistance from experts in these areas to ensure that communications related to the policy or environmental changes are appropriate and that resources to assist individuals who wish to prevent or manage heart disease and stroke are made known to community members. You may want to have your staff participate in some type of training to build capacity within your organization to collaborate with these other partners.

Likewise, evaluation of heart disease and stroke environments and policies may be complex and may require assistance from researchers and other partners who have experience with study design, measurement development, data collection, data analysis, or translation of research findings into practical implications for your community. Local universities have expertise in evaluation plan design. In general, efforts to draw attention to your environmental and policy efforts may be costly, so it will be important to develop a budget and estimate the costs of advocating for the policy and maintaining it over time.

Evidence from previous interventions suggests that many resources and funds are required to create environments and policies. Previous work in environments and policies has found the following:

The development and implementation of some of the enhanced access intervention strategies (e.g., changing ingredients or recipes in school lunches) are relatively inexpensive and may be considered a good investment. However, the enforcement of policies and other changes to the environment (e.g., building grocery stores) may be very expensive.

Space may or may not be an issue. These interventions can be conducted in neighborhoods, schools, worksites, or other environments that don't require renting out space to implement the intervention. However, changes to the environment itself (e.g., building a community garden) will require space considerations.

Likewise, equipment and materials may or may not be issues for consideration. Some of the equipment and materials are relatively inexpensive to acquire and distribute (e.g., tables and baskets for distributing fruits and vegetables) but some equipment may be more costly (e.g., machinery to build community gardens or grocery stores).

Other resources to think about may include monetary or other incentives for participation among food service staff, food vendors, food distributors, and participants.

The [Readiness and Preparation](#) and [Capacity](#) sections provide information and resources to help you think about the resources you might need for your intervention. For specific examples of tools and resources for heart disease and stroke that have been created and used by other communities, visit [Tools and Resources for Environments & Policies](#).

Design your intervention activities

- *Create community awareness*

One way to gain community support for your policy or environmental change is to raise the awareness of community members regarding the strengths and challenges of managing and preventing heart disease and stroke within your community. One way to do this is to ask people with heart disease or a previous stroke to speak to others in the community about their experiences. You can also ask these people to document community characteristics in need of change by keeping a journal, taking photographs, videotaping, or audio taping comments. This has been referred to by other groups as an audit of the environment. The documented evidence from these assessments can be used to identify and prioritize problems as well as to advocate for change (e.g., show pictures or videotapes to community members and policymakers).

When promoting a policy change, it is important to gather sound scientific evidence from a wide variety of disciplines to document the health risks of heart disease and stroke and the benefits of prevention and management of the disease. Previous efforts have included an assessment of the health effects of heart disease and stroke; documentation of what has already been done to address the issue; the specific historical, cultural, and political context; and the economic impact of changes in the environment (e.g., changes in available food and facilities for physical activity). All of these may use quantitative (e.g., survey) or qualitative (e.g., interviews) data collection.

A comprehensive assess of the impact of heart disease and stroke can be found in "The Burden of Heart Disease and Stroke in Missouri." This can be supplemented with regional and local data if available.

Once this information has been gathered, it is important to present the information back to the community and important stakeholders in a way that shows why the issue should be a concern and specify why a policy would help create a desired change.

These presentations can help to identify and prioritize problems as well as to advocate for change in a way that shows why policy and environmental changes are important for preventing and managing heart disease and stroke.

It is also important to consider the kinds of information, as well as the methods of sharing information, that will be most useful in getting key stakeholders involved.

Example strategies for information sharing:

- Newsletters
- community forums
- websites
- local meetings of civic and volunteer associations
- meetings with city council members or legislators
- health care coalition meetings

Remember that information or evidence alone may not convince key decision-makers – they may also need to see constituent support for these policy or environmental

changes. Constituent support may be demonstrated by having a group of people who would be affected by the policy or environmental changes speak to what they see as the benefits of enacting such a change (e.g., increased access to resources or opportunities to make healthy choices).

Economic feasibility is important to policy implementation, political and community support, and long-term success. Policymakers may want to know about the economic costs and benefits of the policy or environmental change, so be prepared to answer questions about the costs and benefits of various options.

In addition, while you have the attention of critical decision-makers, it is helpful to ask for advice on how to move forward a legislative or environmental and organizational strategy to address the issue. This will help to ensure time for your interactions to match the policy process and that goals of all partners are met.

- *Promoting community supports*

Think about what your community members and decision-makers want as well as what is feasible based on political and/or community support and available funding. Likewise, consider how long it may take to create these changes and whether the support from community members and decision-makers will continue as long as you will need it to. Most importantly, work with your partners to figure out what changes are reasonable and practical in the community. For example, it may not be appropriate to promote a school policy requiring students to increase physical activity if the school is not equipped with proper and safe playground equipment or a gym to facilitate this policy. These interventions will be more effective when characteristics of your population are taken into consideration (see [Assessment and Prioritization](#)).

Social action is an approach that can be taken to increase support for heart disease and stroke environments and policies. This approach can help to spotlight how the environment can affect people's health. Social action may include the use of confrontation or conflict.

Example use of a social action: A group of community members might join together to light a candle for each person who has died from heart disease and stroke or related conditions. These approaches can sometimes get people's attention when other approaches have failed. Though this strategy can help to define and bring attention to a problem, it is also necessary to strive towards effective solutions. Working with your partners through social planning can assist you in moving from awareness of the concerns to acting to create changes in environments and policies related to heart disease and stroke.

When you feel you have adequate support, you can focus on environment and policy changes (e.g., information, availability, and access or incentives to support heart disease and stroke prevention and management). Make sure that your partnership is prepared to create environment- or policy-level changes. Environmental changes require support from the site of interest as well as those using the site (e.g., schools-superintendent, parent teacher associations, teachers, students, cafeteria staff). A policy is a plan or course of action intended to influence and determine decisions, actions, and rules or regulations that govern our collective daily life. Policies can be created and enforced by organizations, schools, and workplaces or by the government at local, state, or federal levels.

Advocating for environment or policy changes is another approach communities can use to create changes in problems related to heart disease and stroke in their communities. Advocacy is the act of arguing in favor of or against an issue or policy. A well-structured organization can act as a public advocate to define a problem that affects many individuals or communities and can work to unite their voices and actions to create change. Larger advocacy organizations often develop regional or national strategies to address issues and then work with local organizations to obtain support to implement these strategies.

While some advocacy groups may work directly on changing access to resources (e.g. medications), others may work on nutrition and physical activity patterns (e.g., grocery stores, fast food restaurants, recreation centers, parks). By working with both types of groups, you may have linkages to larger organizations that can help define concerns and develop potential solutions.

NOTE:

If your partnership is considering public advocacy strategies, be aware that most organizations that receive public funds cannot participate in lobbying activities. Lobbying activities include letter or phone campaigns and petition drives.

Previous heart disease and stroke environments and policies have been successful in creating changes in access to tools for blood pressure and cholesterol monitoring and medications for heart disease and stroke treatment as well as availability of nutrition and physical activity resources. For more information, go to [Tools and Resources for Environments and Policies](#) to see examples of what others have used.

- *Create a timeline and assign roles and responsibilities*

Work with your partners to decide on the timeline for the intervention as well as who will be responsible for carrying out the intervention activities. Be very specific about roles, tasks and timelines to ensure that the intervention is implemented successfully. Include information about when your message will be distributed and by what communication channels.

Identify potential barriers

Think about the potential barriers that may be encountered along the way and prepare your reaction to these barriers. Use community development tools here (e.g., Force Field Analysis).

Some of the barriers you might encounter:

- cost – develop a budget and estimate costs of creating, implementing, and enforcing the policy or environmental change;
- resources – whether your partnership has members experienced in presenting the need for new policy or environmental changes, as well as designing environments, drafting policies, or building on existing relationships with others who can assist in these activities. A substantial amount of personnel time is required for all phases of these types of interventions, including:
- planning and preparation phases – how to get access to stakeholders to draw attention to policy and environmental change, how to build support for these

- changes and how to get buy-in from community members to adopt a balanced eating pattern.
- implementation and evaluation– how to find funds to support broader environmental changes (e.g., food preparation and packaging by vendors) and how to get people to use the environments (e.g., work in the community garden).
 - maintenance– how to keep participants eating healthy and how to allocate resources to sustaining the intervention activities over time;
 - political representatives and key decision makers – be persistent in trying to get the attention of policy-makers and influential community leaders. It may be important for you and your partners to get buy in from various key decision-makers – for example, representatives from pharmacies, supermarkets, restaurants, parks and recreation, transportation, or urban planning. These decision-makers may not understand the importance or want the added work of changing what is already offered or in existence. Others may feel burdened by having educational messages that put their staff in a position to have to respond to questions about heart disease and stroke when they may not be prepared to do so;
 - loss of revenue – some decision-makers may be concerned that either changes in cost or availability of different products or costly changes to land use or the environment will result in an overall decrease in revenue. It may be important to work with decision-makers to develop ways to assess the impact of these changes upfront (e.g., public surveys, gather information from similar communities that have implemented these changes).

Barriers that have been encountered in other heart disease and stroke environments and policies are summarized below:

- Food processing companies are reticent to decrease sodium in processed foods
- Quality of fruits and vegetables and storage/refrigeration (minimize perishing) may be problematic for schools and other organizations.
- Alternatives to high fat dips and condiments that often motivate individuals to eat fruits and vegetables need to be developed.
- Nutrition interventions in schools may take a lot of time to get up and running.
- Vending machines changes
- The small number and type of low fat snacks available through vending machines may present challenges to increasing sales of these snacks.
- The appropriate criteria for identifying nutritional content of food products are not determined.
- Difficult to assess changes in food consumption through existing measures.
- Increased access to low fat foods may increase purchases of these items over the short term, however, these impacts may decline with time.
- Interventions that combine increased choice in food items and reduced prices may make it difficult to estimate the relative contribution of each of these changes to purchasing behaviors.
- Difficult to assess the cognitive processes or patrons in making food choices.
- Changes to food choices at one meal (e.g., a worksite intervention on lunch purchases) may not have any effect on purchases or consumption for other meals or in other places.
- School personnel may not view nutrition as seriously as they do other health-related behaviors and conditions.

- Some types of environmental changes may be more long lasting than others. These types of interventions have not been sufficiently evaluated to know which will have the most significant long term effect.
- Difficult to evaluate and attribute changes in nutrition and eating patterns to interventions when the overall norms are changing and moving toward healthier eating.
- Structural barriers in the schools that may prevent changes in food service.
- Insufficient funding for schools to support a salad bar option or other related food service interventions.
- It may be difficult to engage food service managers and staff in nutrition interventions.
- Food service staff has more control over the content of bread and vegetable dishes but little control over main dishes that were usually prepared in advance by the vendors.
- School board members may be adversely influenced by vending machine companies and the revenue generated for schools

Plan your evaluation methods and measures

- *Consider your evaluation strategy*

In order to determine if your heart disease and stroke environments and policies are working, you will need to evaluate your efforts. It is important to design your evaluation in the planning phase of your intervention because you will need to be able to measure the impact of environment and policy changes that have been made. Seek out experts in evaluation.

Work with members of the population to identify community needs and gain support from local government officials, policy-makers, community members, and other community decision-makers through participatory approaches or focus groups.

Heart disease and stroke environments and policies might include an assessment of current policies or environments related to heart disease and stroke in order to examine what changes need to be made or what new policies or developments need to occur to meet the needs of the community. You can also assess health risks of heart disease and stroke and the benefits of prevention and management behaviors (e.g., taking medications, eating balanced nutritious meals, getting physical activity, quitting tobacco use). Others have also included an assessment of the existing access to resources (e.g., medical supplies, nutritious foods, aerobics classes) and places (e.g., pharmacies, supermarkets, community gardens, parks, playgrounds, gyms) to support heart disease and stroke prevention and management. To develop an effective policy or environment initiative, the specific historical, cultural, and political contexts as well as the economic impacts of changes related to heart disease and stroke are important to understand and evaluate.

As with all interventions, it is useful to consider process, impact and outcome evaluation. Process evaluation enables you to assess if your program is being implemented as intended. Environments and policies might include an assessment of how the policy was implemented and enforced. It may also be useful to assess the process used to develop and plan the environments and policies. This may include an assessment of the coalition processes (e.g., decision making, conflict management) and well as specific logistics (e.g., time of meeting, location of meeting).

Impact evaluation enables you to determine if you are achieving your intermediate objectives. For environments and policies, as with other types of interventions, it is important to assess exposure to the intervention. This can be done for example through a telephone survey to the targeted audience regarding their awareness of a new or amended environment or policy. Environment and policy surveys can be used to measure exposure factors and also to assess changes knowledge, attitudes, or behaviors (e.g., nutrition, physical activity, monitoring glucose levels, complying with medication regimens). Alternately, it is possible to track the use of facilities (e.g., walking trail counters) or changes in food purchasing patterns (sales data) when special tools are used or existing data is collected and summarized.

Remember it is important to focus the evaluation on the objectives of the intervention. If the objective was to change access by increasing the amount and types of low fat food available in a particular food outlet, it is important to assess access. Alternatively, if the intent was to improve enforcement of a policy, then it is important to assess enforcement and factors that influence enforcement.

- *Challenges to evaluating heart disease and stroke environments and policies*

There are several challenges in evaluating heart disease and stroke environments and policies that should be considered:

- It is very challenging to establish causality (e.g., changes in the cost of heart disease and stroke medications led to increased self-management behaviors). Some individuals may have changed their self-management behaviors because of pressure from family and friends, and some may have changed their behavior on their own. It is important to get as much information as possible about the reasons for behavior changes.
- The exact combination of heart disease and stroke intervention strategies (environmental changes, policies, individually adapted strategies, etc) that will be best to change rates of heart disease and stroke and related health complications is unknown.
- When heart disease and stroke environments and policies are used, it is difficult to figure out which intervention strategies led to the changes that were observed in the evaluation.
- Changes in leadership can make continuity difficult.