



CONSORTIUM FOR CANCER IMPLEMENTATION SCIENCE

Policy Action Group Public Goods Project: Resources For Policy In Implementation Science

AUGUST 2023





“It has long been known that health policy, in the form of laws, regulations, and guidelines, has a profound effect on health status... There is a considerable gap between what research shows is effective and the policies that are enacted and enforced...Research is most likely to influence policy development through an extended process of communication and interaction...”

Brownson, Chiqui and Stamakakis, AJPH, 2009

This tool, prepared as a CCIS Public Good for the Policy and Implementation Science Action Group, includes readings, tools, and resources to facilitate researcher and policy practitioner partnerships that promote practice of evidence-based policy implementation science.

In recognition of the nascent stage of policy implementation science, CCIS commissioned a Public Goods Project to inform researcher – practice partnerships for policy implementation science. This compendium is one part of the public goods project and is intended to provide resources for both researchers and policy practitioners to enhance those partnerships.

“... policy implementation science is in a nascent phase; if we are strategic and systematic in application of implementation science approaches and methods to policy, there is an opportunity to expand our capacity, and subsequently the utility of policy implementation science to improve health equity...”

Emmons, K. M., & Chambers, D. A. (2021). Policy Implementation Science - An Unexplored Strategy to Address Social Determinants of Health. *Ethnicity & disease*, 31(1), 133–138. <https://doi.org/10.18865/ed.31.1.133>

Introduction

Per the National Cancer Institute, implementation science (IS) is the study of methods to promote the adoption and integration of evidence-based practices, interventions, and policies into routine healthcare and public health settings to improve our impact on population health. This discipline comprises various research designs and methodological approaches, partnerships with key stakeholder groups (e.g., patients, providers, organizations, systems, and/or communities), and the development and testing of ways to effectively and efficiently integrate evidence-based practices, interventions, and policies into routine health settings.

Emmons and Chambers (2021) note policy implementation science is in a nascent phase; further, Emmons, Chambers, and Abazeed (2021) propose “Expanding the focus of implementation science in cancer control could systematically address policy to both increase the use of scientific evidence in general and to address health equity...if we are to achieve the full benefits of scientific discovery on population and public health, we will need to consider policy as a critical mechanism by which evidence can be translated to practice...building on these efforts (of program oriented IS), the time is right to expand our focus to include policy implementation.”

Despite policy implementation science's (Policy IS') nascent phase, partnerships between researchers and policy practitioners have significantly impacted health in certain areas (e.g., tobacco control). Nurturing these partnerships can help advance both the research and the policy practice domains of implementation science. This compendium may inform the continued nurturing of such partnerships. This compendium illustrates NCI and the CCIS Policy Implementation Science Action Group are steadily expanding the pool of resources available. Several other national organizations and their research partners are similarly advancing this work, and significantly contribute to the existing evidence base.

This tool includes key readings and other tools and resources that may be used to guide policy researcher and practitioner partnerships in evidence-based policy implementation.

Intended Users. 1) implementation scientists and 2) health policy practitioners implementing evidence-based policy strategies or attempting to improve the policy practice.

Purpose/Indications for use. This tool is designed to:

- 1 clarify benefit of implementation scientists/policy practitioners partnerships to policy relevance,
- 2 educate and provide practical guidance to assist both implementation scientists and policy practitioners in integrating evidence-based strategies into their work,
- 3 help policy practitioners effectively engage with policy implementation scientist.

How the tool was developed. CCIS selected the authors to develop this tool via their Public Good mechanism. Authors produced this tool relying primarily on targeted resource assessment informed by the co-authors familiarity with or resource use. The authors supplemented the targeted resources with an overview of internet-available Policy IS resources (United States). Randy Schwartz, MSPH, President, Public Health Systems Consultants and Matthew F. Hudson, PhD, MPH (Prisma Health, Greenville S.C.) led the CCIS contingent informing tool development.

Thank you to the colleagues providing essential feedback informing resource development: Karen Emmons, PhD; Ross Brownson, PhD; and Jamie Chriqui, PhD



Lifespan of the tool. CCIS released this tool in August 2023; CCIS anticipates this field's evolution will outmode the referenced resources. However, this tool clarifies a baseline that may subsequently inform Policy IS direction.

Contents

Key articles for Researchers and Policy Practitioners..... **2**

Videos..... **17**

Web Resources..... **18**

For more information-Visit the Consortium for Cancer Implementation Science:
<https://cancercontrol.cancer.gov/is/initiatives/ccis>

Resources for Researchers and Policy Practitioners

Key Readings

A. Compendium of Articles

We would like to acknowledge the previous public good supported by the CCIS Policy Implementation Action Group, "Policy Implementation Science: NIH-Funded Case Examples and Lessons Learned.", a document detailing lessons learned from researcher-policy practitioner partnerships. This CCIS-produced document serves as an essential complement to this public good project.

Asada Y, Smith NR, Kroll-Desrosiers A, Chiqui JF. Policy Implementation Science: NIH-Funded Case Examples and Lessons Learned. Bethesda, MD: Consortium for Cancer Implementation Science. Available: <https://consortiumforcanceris.org/public-goods.html>. September 2022. DOI: 10.25417/uic.21257739.



“Once health policies are developed and adopted, they do not implement themselves. Rather they require monitoring, evaluation and community engagement to achieve intended goals...Despite the importance of health policies in shaping public health, policy implementation science could reduce the time lag from policy to practice and improve population health outcomes to build a body of evidence on effective policy implementation...”

—(Oh, Abazeed and Chambers, 2021)

- Brownson, R. C., Chiqui, J. F., & Stamatakis, K. A. (2009). Understanding Evidence-Based Public Health Policy. *American Journal of Public Health*, 99(9), 1576–1583. <https://doi.org/10.2105/AJPH.2008.156224>



Abstract: Public health policy has a profound impact on health status. Missing from the literature is a clear articulation of the definition of evidence-based policy and approaches to move the field forward. Policy-relevant evidence includes both quantitative (e.g., epidemiological) and qualitative information (e.g., narrative accounts). We describe 3 key domains of evidence-based policy: (1) process, to understand approaches to enhance the likelihood of policy adoption; (2) content, to identify specific policy elements that are likely to be effective; and (3) outcomes, to document the potential impact of policy. Actions to further evidence-based policy include preparing and communicating data more effectively, using existing analytic tools more effectively, conducting policy surveillance, and tracking outcomes with different types of evidence.

-
- *Jamie F Chriqui and others, Advancing the science of policy implementation: a call to action for the implementation science field, Translational Behavioral Medicine, 2023,; ibad034, <https://doi.org/10.1093/tbm/ibad034>*

Abstract: Public policies have been essential in addressing many of the most pressing public health problems in the USA and around the world. A large and convincing body of multidisciplinary research has established the impacts or effectiveness of public policies, such as smoke-free air laws and nutrition standards, on improving health outcomes and behaviors. Most of this research assumes that because an evidence-based policy is adopted or takes effect, it is implemented as intended. This assumption, however, is often incorrect. Like with clinical guidelines and other interventions, implementation science has an important role to play in promoting the uptake and implementation of evidence-based public policies that promote public health. To realize this potential, there remains a critical need to first establish a common understanding of what public policy is, the role of specific policies in the context of implementation (i.e., is it the evidence-based intervention or the implementation strategy?), and to establish an appropriate methodological foundation for the field of policy implementation science. We recommend that the field must evolve to (i) include policy experts and actors on policy implementation science study teams; (ii) identify theories, models, and frameworks that are suitable for policy implementation science; (iii) identify policy implementation strategies; (iv) adapt and/or identify study designs best suited for policy implementation science research; and (v) identify appropriate policy implementation outcome measures.

-
- Brownson, R. C., Colditz, G. A., & Proctor, E. K. (2012). *Dissemination and Implementation Research in Health: Translating Science to Practice*, 2nd edn. New York: Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780199751877.001.0001>

Abstract: Over the past 15 years, an exciting science has emerged that seeks to narrow the gap between the discovery of new knowledge and its application in public health, mental health, and health care settings. Dissemination and implementation (D&I) research seeks to understand how to best apply scientific advances in the real world, by focusing on pushing the evidence-based knowledge base out into routine use. To help propel this crucial field forward, leading D&I scholars and researchers have collaborated to put together this volume to address a number of key issues, including: how to evaluate the evidence base on effective interventions; which strategies will produce the greatest impact; how to design an appropriate study; and how to track a set of essential outcomes.



- Purtle J, Crable E, Cruden G, et al. Policy dissemination and implementation research. In: Brownson R, Colditz G, Proctor E, eds. *Dissemination and Implementation Research in Health: Translating Science to Practice*. 3rd ed. Oxford University Press; 2023:511-533.

Abstract: Despite the fundamental role of policies in shaping population health and in determining the impact of evidence-based interventions (EBIs), policy-focused research has historically been underrepresented in the field of implementation science in health. For example, a review of D&I research funded by the National Institutes of Health (NIH) between 2007 and 2014 found that only 12 projects (less than 10%) examined policy issues, with most considering policy as a contextual factor—not the primary focus of inquiry.⁴ However, policy is receiving increasing attention in the field. Scholars of D&I have recently published calls for a greater emphasis on policy, recent reviews have cataloged measures and strategies for policy-focused D&I research, and randomized controlled trials have tested policy-focused D&I strategies. Entire journals are dedicated to policy-focused evidence translation, and funders such as the have issued calls for policy translation research. Initiatives in the United States (e.g., the US Commission on Evidence- Based Policymaking) and globally (e.g., the World Health Organization Evidence-Informed Policy Network, the Global Commission on Evidence to Address Societal Challenges) have been launched to bridge evidence-to-policy gaps. Against this backdrop, this chapter provides an overview of policy-focused D&I research. It should be noted that the chapter is focused on *research*. Other reviews provide overviews of issues related to the *practice* of research-to-policy translation and barriers to evidence-informed policymaking.

- Bullock, H. L., Lavis, J. N., Wilson, M. G., Mulvale, G., & Miatello, A. (2021). Understanding the implementation of evidence-informed policies and practices from a policy perspective: A critical interpretive synthesis. *Implementation Science*, 16(1), 18. <https://doi.org/10.1186/s13012-021-01082-7>

Abstract: A total of 11,434 documents were retrieved and assessed for eligibility and 35 additional documents were identified through other sources. Eighty-six unique documents were ultimately included in the analysis. The study findings indicate that policy is described as (1) the context, (2) a focusing lens, (3) the innovation itself, (4) a lever of influence, (5) an enabler/facilitator or barrier, or (6) an outcome. Policy actors were also identified as important participants or leaders of implementation. Our analysis led to the development of a two-part conceptual framework, including process and determinant components.

- Emmons, K. M., & Chambers, D. A. (n.d.). Policy Implementation Science – An Unexplored Strategy to Address Social Determinants of Health. *Ethnicity & Disease*, 31(1), 133–138. <https://doi.org/10.18865/ed.31.1.133>

Abstract: This commentary explores the ways in which robust research focused on policy implementation will increase our ability to understand how to – and how not to – address social determinants of health. The authors make three key points in this commentary. First, policies that affect our lives and health are developed and implemented every single day, like it or not. Second, the authors argue for an increased emphasis on policy implementation science, while they acknowledge its nascent status. Third, development of an explicit policy implementation science agenda focused on health equity is critical. The authors recognize that they cannot escape the reality that policy influences health and health equity. Policy implementation science can have an important bearing in understanding how policy impacts can be health-promoting and equitable.



-
- Emmons, K. M., Chambers, D., & Abazeed, A. (2021). Embracing policy implementation science to ensure translation of evidence to cancer control policy. *Translational Behavioral Medicine*, 11(11), 1972–1979. <https://doi.org/10.1093/tbm/ibab147>

Abstract: Although health-related policies are abundant, efforts to understand how to ensure that these policies serve as an effective vehicle for translating scientific evidence are relatively sparse. This paper explores how policy-focused implementation science (IS) may contribute to understanding the translation of scientific evidence to health-related policy in governmental and nongovernmental sectors. Expanding the focus of implementation science in cancer control could systematically address policy to both increase the use of scientific evidence in general and to address health equity. In this Commentary, the authors look to relevant work outside of IS that could be informative, most notably from the field of political science.

-
- Evans, B. A., Snooks, H., Howson, H., & Davies, M. (2013). How hard can it be to include research evidence and evaluation in local health policy implementation? Results from a mixed methods study. *Implementation Science*, 8(1), 17. <https://doi.org/10.1186/1748-5908-8-17>

Abstract: The authors conducted a national email survey of health service commissioners at the most devolved level of decision-making in Wales (Local Health Boards – LHBs) followed by in-depth interviews with representatives of LHBs, purposively selecting five to reflect geographic and economic characteristics. Survey data were analyzed descriptively; then the authors used thematic analysis for interview data. Five interviews were held with managers from the five LHBs contacted. Service delivery decisions were informed by Welsh Government initiatives and priorities, budgets, perceived good practice, personal knowledge, and local needs, but did not include formal research evidence, they reported.

-
- Malekinejad, M., Horvath, H., Snyder, H., & Brindis, C. D. (2018). The discordance between evidence and health policy in the United States: The science of translational research and the critical role of diverse stakeholders. *Health Research Policy and Systems*, 16(1), 81. <https://doi.org/10.1186/s12961-018-0336-7>

Abstract: In the process of developing health policy, discordance can arise through subjective and objective factors that are unrelated to the value of the evidence itself, and can inhibit the use of research evidence. The authors explore two common types of discordance through four illustrative examples and then propose a potential means of addressing discordance. In Discordance 1, public health authorities make recommendations for policy action, yet these are not based on high quality, rigorously synthesized research evidence. In Discordance 2, evidence-based public health recommendations are ignored or discounted in developing United States federal government policy. Both types could lead to serious risks of public health and clinical patient harms.

-
- McGinty, E. E., Seewald, N. J., Bandara, S., Cerdá, M., Daumit, G. L., Eisenberg, M. D., Griffin, B. A., Igusa, T., Jackson, J. W., Kennedy-Hendricks, A., Marsteller, J., Miech, E. J., Purtle, J., Schmid, I., Schuler, M. S., Yuan, C. T., & Stuart, E. A. (2022). Scaling Interventions to Manage Chronic Disease: Innovative Methods at the Intersection of Health Policy Research and Implementation Science. *Prevention Science*. <https://doi.org/10.1007/s11121-022-01427-8>



Abstract: Policy can support scale-up by mandating or incentivizing intervention adoption, but enacting a policy is only the first step. Fully implementing a policy designed to facilitate implementation of health interventions often requires a range of accompanying implementation structures, like health IT systems, and implementation strategies, like training. Decision makers need to know what policies can support intervention adoption and how to implement those policies, but to date research on policy implementation is limited and innovative methodological approaches are needed. In December 2021, the Johns Hopkins ALACRITY Center for Health and Longevity in Mental Illness and the Johns Hopkins Center for Mental Health and Addiction Policy convened a forum of research experts to discuss approaches for studying policy implementation. In this report, the authors summarize the ideas that came out of the forum.

-
- Nilsen, P., Ståhl, C., Roback, K., & Cairney, P. (2013). Never the twain shall meet? - A comparison of implementation science and policy implementation research. *Implementation Science*, 8(1), 63. <https://doi.org/10.1186/1748-5908-8-63>

Abstract: Following a brief overview of policy implementation research, several aspects of the two fields were described and compared: the purpose and origins of the research; the characteristics of the research; the development and use of theory; determinants of change (independent variables); and the impact of implementation (dependent variables). The comparative analysis showed that there are many similarities between the two fields, yet there are also profound differences. There are many common issues in policy implementation research and implementation science. Research in both fields deals with the challenges of translating intentions into desired changes. Important learning may be derived from several aspects of policy implementation research.

-
- Oh, A., Abazeed, A., & Chambers, D. A. (2021). Policy Implementation Science to Advance Population Health: The Potential for Learning Health Policy Systems. *Frontiers in Public Health*, 9. <https://www.frontiersin.org/articles/10.3389/fpubh.2021.681602>

Abstract: Despite the importance of health policies in shaping public health, health care policy implementation science remains underrepresented in research. The authors argue that enhanced integration of policy questions within implementation science could reduce the time lag from policy to practice and improve population health outcomes to build a body of evidence on effective policy implementation. In this commentary, we argue that approaches to studying policy implementation science should reflect the dynamic and evolving policy context, analogous to the “learning healthcare system,” to better understand and respond to systematic and multilevel impacts of policy. Several example opportunities for a learning health policy system are posed in building a broader agenda toward research and practice in policy implementation science in public health.

B. Dissemination/Implementation and Policymakers/Legislators Articles

- Allen, P., Pilar, M., Walsh-Bailey, C., Hooley, C., Mazzucca, S., Lewis, C. C., ... & Brownson, R. C. (2020). Quantitative measures of health policy implementation determinants and outcomes: a systematic review. *Implementation Science*, 15(1), 1-17. <https://doi.org/10.1186/s13012-020-01007-w>



Abstract: Public policy has tremendous impacts on population health. While policy development has been extensively studied, policy implementation research is newer and relies largely on qualitative methods. Quantitative measures are needed to disentangle differential impacts of policy implementation determinants (i.e., barriers and facilitators) and outcomes to ensure intended benefits are realized. Implementation outcomes include acceptability, adoption, appropriateness, compliance/fidelity, feasibility, penetration, sustainability, and costs. This systematic review identified quantitative measures that are used to assess health policy implementation determinants and outcomes and evaluated the quality of these measures.

-
- Ashcraft, L. E., Quinn, D. A., & Brownson, R. C. (2020). Strategies for effective dissemination of research to United States policymakers: A systematic review. *Implementation Science*, 15(1), 89. <https://doi.org/10.1186/s13012-020-01046-3>

Abstract: The peer-reviewed and grey literature was systematically reviewed to understand common strategies for disseminating social policy research to policymakers in the United States. The authors of the present study searched Academic Search Premier, PolicyFile, SocINDEX, Social Work Abstracts, and Web of Science from January 1980 through December 2019. Articles were independently reviewed and thematically analyzed by two investigators and organized using the Model for Dissemination of Research. The search resulted in 5225 titles and abstracts for inclusion consideration. 303 full-text articles were reviewed with 27 meeting inclusion criteria. Common sources of research dissemination included government, academic researchers, the peer reviewed literature, and independent organizations.

-
- Bogenschneider, K., & Corbett, T. (2011). *Evidence-based policymaking: Insights from policy-minded researchers and research-minded policymakers*. Routledge.

Abstract: The book is pragmatic, drawing on advice from some of the best and brightest informants from both the research and policy communities. In their own voices, researchers provide incisive analysis about how to bridge the research/policy divide, and policymakers provide insights about why they use research, what kind is most useful, where they seek it, and how they screen its quality. The book breaks through stereotypes about what policymakers are like, and provides an insiders' view of how the policy process really works. Readers will learn what knowledge, skills, approaches, and attitudes are needed to take research findings from the laboratory to lawmaking bodies, and how to evaluate one's success in doing so.

-
- Brownson, R. C., Dodson, E. A., Kerner, J. F., & Moreland-Russell, S. (2016). Framing research for state policymakers who place a priority on cancer. *Cancer Causes & Control*, 27(8), 1035–1041. <https://doi.org/10.1007/s10552-016-0771-0>

Abstract: Despite the potential for reducing the cancer burden via state policy change, few data exist on how best to disseminate research information to influence state legislators' policy choices. The present study explored: (1) the relative importance of core framing issues (source, presentation, timeliness) among policymakers who prioritize cancer and those who do not prioritize cancer and (2) the predictors of use of research in policymaking. Cross-sectional data were collected from US state policymakers (i.e., legislators elected to state houses or senates) from January through October 2012 (n = 862). One-way analysis of variance was



performed to investigate the association of the priority of cancer variable with outcome variables. Multivariate logistic regression models examined predictors of the influence of research information.

-
- Brownson, R. C., Dodson, E. A., Stamatakis, K. A., Casey, C. M., Elliott, M. B., Luke, D. A., Wintrode, C. G., & Kreuter, M. W. (2011). Communicating Evidence-Based Information on Cancer Prevention to State-Level Policy Makers. *JNCI: Journal of the National Cancer Institute*, 103(4), 306–316. <https://doi.org/10.1093/jnci/djq529>

Abstract: A systematic approach was used to develop four types of policy briefs on the topic of mammography screening to reduce breast cancer mortality: data-focused brief with state-level data, data-focused brief with local-level data, story-focused brief with state-level data, and story-focused brief with local-level data. Participants were recruited from three groups of state-level policy makers—legislative staff, legislators, and executive branch administrators—in six states that were randomly chosen after stratifying all 50 states by population size and dominant political party in state legislature.

-
- Combs, T., Nelson, K. L., Luke, D., McGuire, F. H., Cruden, G., Henson, R. M., ... & Purtle, J. (2022). Simulating the role of knowledge brokers in policy making in state agencies: an agent-based model. *Health Services Research*, 57, 122-136. <https://doi.org/10.1111/1475-6773.13916>

Abstract: Primary data from surveys (n = 221) and interviews (n = 64) conducted in 2019–2021 with mental health agency (MHA) officials in state agencies. A prototype agent-based model (ABM) was developed using the PARTE (Properties, Actions, Rules, Time, Environment) framework and informed through primary data collection. In each simulation, a policy is randomly generated (salience weights: cost, contextual alignment, and strength of evidence) and discussed among agents. Agents are MHA officials and heterogeneous in their properties (policy making power and network influence) and policy preferences (based on salience weights). Knowledge broker interventions add agents to the MHA social network who primarily focus on the policy’s research evidence. Surveys and interviews revealed that barriers to research use could be addressed by knowledge brokers. Simulations indicated that policy decision outcomes varied by policy making context within agencies.

-
- Crable, E. L., Lengnick-Hall, R., Stadnick, N. A., Moullin, J. C., & Aarons, G. A. (2022). Where is “policy” in dissemination and implementation science? Recommendations to advance theories, models, and frameworks: EPIS as a case example. *Implementation science : IS*, 17(1), 80. <https://doi.org/10.1186/s13012-022-01256-x>

Abstract: Implementation science aims to accelerate the public health impact of evidence-based interventions. However, implementation science has had too little focus on the role of health policy - and its inseparable politics, polity structures, and policymakers - in the implementation and sustainment of evidence-based healthcare. Policies can serve as determinants, implementation strategies, the evidence-based “thing” to be implemented, or another variable in the causal pathway to healthcare access, quality, and patient outcomes. Research describing the roles of policy in dissemination and implementation (D&I) efforts is needed to resolve persistent knowledge gaps about policymakers’ evidence use, how evidence-based policies are implemented and sustained, and methods to de-implement policies that are ineffective or cause harm. Few D&I theories, models, or frameworks (TMF) explicitly guide researchers in conceptualizing where, how, and when policy should be empirically investigated. We conducted and reflected on the results of a scoping review to identify gaps of



existing Exploration, Preparation, Implementation, and Sustainment (EPIS) framework-guided policy D&I studies. We argue that rather than creating new TMF, researchers should optimize existing TMF to examine policy's role in D&I. We describe six recommendations to help researchers optimize existing D&I TMF. Recommendations are applied to EPIS, as one example for advancing TMF for policy D&I.

-
- Emmons, K. M., & Chambers, D. A. (2021). Policy Implementation Science - An Unexplored Strategy to Address Social Determinants of Health. *Ethnicity & disease*, 31(1), 133–138. <https://doi.org/10.18865/ed.31.1.133>

Abstract: This commentary explores the ways in which robust research focused on policy implementation will increase our ability to understand how to - and how not to - address social determinants of health. We make three key points in this commentary. First, policies that affect our lives and health are developed and implemented every single day, like it or not. These include “small p” policies, such as those at our workplaces that influence whether we have affordable access to healthy food at work, as well as “large P” policies that, for example, determine at a larger level whether our children’s schools are required to provide physical education. However, policies interact with context and are likely to have differential effects across different groups based on demographics, socioeconomic status, geography, and culture. We are unlikely to improve health equity if we do not begin to systematically evaluate the ways in which policies can incorporate evidence-based approaches to reducing inequities and to provide structural supports needed for such interventions to have maximal impact.

-
- Gilmartin, H. M., & Hessels, A. J. (2019). Dissemination and implementation science for infection prevention: A primer. *American journal of infection control*, 47(6), 688–692. <https://doi.org/10.1016/j.ajic.2019.01.023>

Abstract: Dissemination and implementation science (D&I) is a rapidly growing area of investigation. Although many evidence-based guidelines for infection prevention are available, not all are systematically implemented into clinical practice. This evidence-to-practice gap has been linked to poor health outcomes. D&I science bridges the gap between research and everyday practice by providing a knowledge base about how health information, interventions, and new clinical practices and policies are translated for use in specific settings. D&I science can expedite and sustain the successful integration of evidence into practice to improve care delivery, population health, and health outcomes. This article offers an introductory overview of D&I and addresses issues such as variation in terminology, finding and appraising evidence, theories and models, implementation strategies, and the future of D&I. Examples from the infection prevention literature are presented throughout.

-
- Gollust, S. E., Kite, H. A., Benning, S. J., Callanan, R. A., Weisman, S. R., & Nanney, M. S. (2014). Use of Research Evidence in State Policymaking for Childhood Obesity Prevention in Minnesota. *American Journal of Public Health*, 104(10), 1894–1900. <https://doi.org/10.2105/AJPH.2014.302137>

Abstract: The authors describe how scientific evidence about obesity has been used in Minnesota legislative materials to understand how research evidence might more effectively be translated into policymaking. Research evidence was mentioned in 41% of all legislative materials. Evidence was often used to describe the prevalence or consequences of obesity or policy impacts but not to describe health disparities. In 45% of materials that cited evidence, no source of evidence was indicated. By contrast, 92% of materials presented non-research-based information, such as expert beliefs, constituent opinion, political principles, and anecdotes. Despite



an abundance of available research evidence on obesity, less than half of legislative materials cited any such evidence in discussions around obesity-related bills under consideration in Minnesota.

- Haynes, A., Rowbotham, S. J., Redman, S., Brennan, S., Williamson, A., & Moore, G. (2018). What can we learn from interventions that aim to increase policy-makers' capacity to use research? A realist scoping review. *Health Research Policy and Systems*, 16(1), 31. <https://doi.org/10.1186/s12961-018-0277-1>

Abstract: This review addresses the question: What causal mechanisms can best explain the observed outcomes of interventions that aim to increase policymakers' capacity to use research in their work? Articles were identified from three available reviews and two databases (PAIS and WoS; 1999–2016). Using a realist approach, articles were reviewed for information about contexts, outcomes (including process effects) and possible causal mechanisms. Strategy + Context + Mechanism = Outcomes (SCMO) configurations were developed, drawing on theory and findings from other studies to develop tentative hypotheses that might be applicable across a range of intervention sites.

- Hoagwood, K. E., Purtle, J., Spandorfer, J., Peth-Pierce, R., & Horwitz, S. M. (2020). Aligning dissemination and implementation science with health policies to improve children's mental health. *American Psychologist*, 75(8), 1130. <https://doi.org/10.1037/amp0000706>

Abstract: The prevalence of mental health problems among children (ages 0–21) in the United States remains unacceptably high and, post-COVID-19, is expected to increase dramatically. Decades of psychological knowledge about effective treatments should inform the delivery of better services. Dissemination and implementation (D&I) science has been heralded as a solution to the persistent problem of poor quality services and has, to some extent, improved our understanding of the contexts of delivery systems that implement effective practices. However, there are few studies demonstrating clear, population-level impacts of psychological interventions on children. Momentum is growing among communities, cities, states, and some federal agencies to build “health in all policies” to address broad familial, social, and economic factors known to affect children’s healthy development and mental health.

- Innvæer, S., Vist, G., Trommald, M., & Oxman, A. (2002). Health policy-makers' perceptions of their use of evidence: A systematic review. *Journal of Health Services Research & Policy*, 7(4), 239–244. <https://doi.org/10.1258/135581902320432778>

Abstract: The aim of this systematic review was to summarize the evidence from interview studies of facilitators of, and barriers to, the use of research evidence by health policymakers. We identified 24 studies that met our inclusion criteria. These studies included a total of 2041 interviews with health policymakers. Assessments of the use of evidence were largely descriptive and qualitative, focusing on hypothetical scenarios or retrospective perceptions of the use of evidence in relation to specific cases. Interview studies with health policymakers provide only limited support for commonly held beliefs about facilitators of, and barriers to, their use of evidence, and raise questions about commonsense proposals for improving the use of research for policy decisions. Two-way personal communication, the most common suggestion, may improve the appropriate use of research evidence, but it might also promote selective (inappropriate) use of research evidence.



-
- Oh, A., Abazeed, A., & Chambers, D. A. (2021). Policy Implementation Science to Advance Population Health: The Potential for Learning Health Policy Systems. *Frontiers in public health*, 9, 681602. <https://doi.org/10.3389/fpubh.2021.681602>

Abstract: Many health policies are designed with the intention of improving health outcomes for all. Yet implementation of policies are variable across contexts, potentially limiting its impact on population health outcomes. The potential impact of a policy to advance health equity depends both on the design and its implementation, requiring ongoing evaluation and stakeholder engagement. Despite the importance of health policies in shaping public health, health care policy implementation science remains underrepresented in research. We argue that enhanced integration of policy questions within implementation science could reduce the time lag from policy to practice and improve population health outcomes to build a body of evidence on effective policy implementation. In this commentary, we argue that approaches to studying policy implementation science should reflect the dynamic and evolving policy context, analogous to the “learning healthcare system,” to better understand and respond to systematic and multilevel impacts of policy. Several example opportunities for a learning health policy system are posed in building a broader agenda toward research and practice in policy implementation science in public health.

-
- Oliver, K., Innvar, S., Lorenc, T., Woodman, J., & Thomas, J. (2014). A systematic review of barriers to and facilitators of the use of evidence by policymakers. *BMC Health Services Research*, 14(1), 2. <https://doi.org/10.1186/1472-6963-14-2>

Abstract: The authors searched online databases including Medline, Embase, SocSci Abstracts, CDS, DARE, Psychlit, Cochrane Library, NHSEED, HTA, PAIS, IBSS (Search dates: July 2000 - September 2012). Studies were included if they were primary research or systematic reviews about factors affecting the use of evidence in policy. Studies were coded to extract data on methods, topic, focus, results and population. 145 new studies were identified, of which over half were published after 2010. Thirteen systematic reviews were included. Compared with the original review, a much wider range of policy topics was found. Although still primarily in the health field, studies were also drawn from criminal justice, traffic policy, drug policy, and partnership working. The most frequently reported barriers to evidence uptake were poor access to good quality relevant research, and lack of timely research output. The most frequently reported facilitators were collaboration between researchers and policymakers, and improved relationships and skills.

-
- Pilar, M., Jost, E., Walsh-Bailey, C., Powell, B. J., Mazzucca, S., Eyler, A., ... & Brownson, R. C. (2022). Quantitative measures used in empirical evaluations of mental health policy implementation: A systematic review. *Implementation Research and Practice*, 3, 26334895221141116. <https://doi.org/10.1177/26334895221141116>

Abstract: Mental health is a critical component of wellness. Public policies present an opportunity for large-scale mental health impact, but policy implementation is complex and can vary significantly across contexts, making it crucial to evaluate implementation. The objective of this study was to (1) identify quantitative measurement tools used to evaluate the implementation of public mental health policies; (2) describe implementation determinants and outcomes assessed in the measures; and (3) assess the pragmatic and psychometric quality of identified measures.



- Purtle, J., Stadnick, N. A., Wynecoop, M., Bruns, E. J., Crane, M. E., & Aarons, G. (2023). A policy implementation study of earmarked taxes for mental health services: study protocol. *Implementation Science Communications*, 4(1), 37. <https://doi.org/10.1186/s43058-023-00408-4>

Abstract: Insufficient funding is frequently identified as a critical barrier to the implementation and sustainment of evidence-based practices (EBPs). Thus, increasing access to funding is recognized as an implementation strategy. Policies that create earmarked taxes—defined as taxes for which revenue can only be spent on specific activities—are an increasingly common mental health financing strategy that could improve the reach of EBPs. This project’s specific aims are to (1) identify all jurisdictions in the USA that have implemented earmarked taxes for mental health and catalogue information about tax design; (2) characterize experiences implementing earmarked taxes among local (e.g., county, city) mental health agency leaders and other government and community organization officials and assess their perceptions of the acceptability and feasibility of different types of policy implementation strategies; and (3) develop a framework to guide effect earmarked tax designs, inform the selection of implementation strategies, and disseminate the framework to policy audiences.

- Purtle, J., Lê-Scherban, F., Shattuck, P., Proctor, E. K., & Brownson, R. C. (2017). An audience research study to disseminate evidence about comprehensive state mental health parity legislation to US State policymakers: protocol. *Implementation Science*, 12(1), 1-13. <https://doi.org/10.1186/s13012-017-0613-9>

Abstract: The study uses a multi-level (policymaker, state), mixed method (QUAN qual) approach and is guided by Kingdon’s Multiple Streams Framework, adapted to incorporate constructs from Aarons’ Model of Evidence-Based Implementation in Public Sectors. A multi-modal survey (telephone, post-mail, e-mail) of 600 US State policymakers (500 legislative, 100 administrative) will be conducted and responses will be linked to state-level variables. The survey will span domains such as support for C-SMHPL, knowledge and attitudes about C-SMHPL and evidence-based treatments, mental illness stigma, and research dissemination preferences. State-level variables will measure factors associated with C-SMHPL implementation, such as economic climate and political environment. Multi-level regression will determine the relative strength of individual- and state-level variables on policymaker support for C-SMHPL.

- Purtle, J., Lê-Scherban, F., Wang, X., Shattuck, P. T., Proctor, E. K., & Brownson, R. C. (2018). Audience segmentation to disseminate behavioral health evidence to legislators: an empirical clustering analysis. *Implementation Science*, 13, 1-13. <https://doi.org/10.1186/s13012-018-0816-8>

Abstract: Elected officials (e.g., legislators) are an important but understudied population in dissemination research. Audience segmentation is essential in developing dissemination strategies that are tailored for legislators with different characteristics, but sophisticated audience segmentation analyses have not been conducted with this population. An empirical clustering audience segmentation study was conducted to (1) identify behavioral health (i.e., mental health and substance abuse) audience segments among US state legislators, (2) identify legislator characteristics that are predictive of segment membership, and (3) determine whether segment membership is predictive of support for state behavioral health parity laws.



-
- Purtle, J., Nelson, K. L., Horwitz, S. M. C., McKay, M. M., & Hoagwood, K. E. (2021). Determinants of using children’s mental health research in policymaking: variation by type of research use and phase of policy process. *Implementation Science*, 16(1), 1-15. <https://doi.org/10.1186/s13012-021-01081-8>

Abstract: Research use in policymaking is multi-faceted and has been the focus of extensive study. However, virtually no quantitative studies have examined whether the determinants of research use vary according to the type of research use or phase of policy process. Understanding such variation is important for selecting the targets of implementation strategies that aim to increase the frequency of research use in policymaking. Decisions about the determinants to target with policy-focused implementation strategies—and the strategies that are selected to affect these targets—should reflect the specific types of research use that these strategies aim to influence.

-
- Purtle, J., Nelson, K. L., Bruns, E. J., & Hoagwood, K. E. (2020). Dissemination strategies to accelerate the policy impact of children’s mental health services research. *Psychiatric services*, 71(11), 1170-1178. <https://doi.org/10.1176/appi.ps.201900527>

Abstract: The United States is in the midst of a children’s mental health crisis, with rates of depression, anxiety, and suicide increasing precipitously. Evidence produced by children’s mental health services research can help address this crisis by informing public policy decisions about service delivery, system design, and investments in the social determinants of mental health. Unfortunately, the policy impact of children’s mental health services research is limited because evidence often fails to reach policy makers, be responsive to their needs, resonate with their worldview, or reflect the contexts in which they make decisions. Dissemination strategies—defined as the development and targeted distribution of messages and materials about research evidence pertaining to a specific issue or intervention—can help address these challenges.

-
- Purtle, J., Borchers, B., Clement, T., & Mauri, A. (2018). Inter-agency strategies used by state mental health agencies to assist with federal behavioral health parity implementation. *The journal of behavioral health services & research*, 45, 516-526. <https://doi.org/10.1007/s11414-017-9581-8>

Abstract: Information on SMHA involvement with MHPAEA implementation was obtained from the 2010, 2012, and 2015 State Mental Health and Substance Abuse Profiling System surveys. First conducted in 1996, State Profiling System surveys collect information on the structure and activities of SMHAs via a web-based survey sent to the SMHA program director in all 50 US states and the District of Columbia. In 2010, the survey asked SMHA directors to indicate whether their SMHA anticipated being involved with MHPAEA implementation “along with other state partners, such as the state insurance department” (yes/no) and, if yes, to describe the SMHA’s role (open-ended). This question was also asked the 2012 and 2015 surveys, but was adapted to assess active, as opposed to anticipated, SMHA involvement in MHPAEA implementation through inter-agency collaborations.

-
- Purtle, J., Dodson, E. A., Nelson, K., Meisel, Z. F., & Brownson, R. C. (2018). Legislators’ sources of behavioral health research and preferences for dissemination: variations by political party. *Psychiatric services*, 69(10), 1105-1108. <https://doi.org/10.1176/appi.ps.201800153>



Abstract: This study sought to characterize primary sources of behavioral health research and dissemination preferences of state legislators and assess differences by political party. A 2017 cross-sectional survey of state legislators (N=475) assessed where legislators seek, and the most important features of, behavioral health research. Bivariate analyses and multivariate logistic regression were conducted.

-
- Purtle, J., Nelson, K. L., Gebrekristos, L., Lê-Scherban, F., & Gollust, S. E. (2022). Partisan differences in the effects of economic evidence and local data on legislator engagement with dissemination materials about behavioral health: a dissemination trial. *Implementation science*, 17(1), 38. <https://doi.org/10.1186/s13012-022-01214-7>

Abstract: State legislators make policy decisions that influence children's exposure to adverse childhood experiences (ACEs), such as child maltreatment, and their effects on behavioral health. Effective dissemination of scientific research can increase the likelihood that legislators' decisions are aligned with evidence to prevent ACEs and their consequences, and effective dissemination requires legislators to engage with dissemination materials. Informed by the elaboration likelihood model of persuasive communication and Brownson's Model of Dissemination Research, we tested the hypothesis that inclusion of economic evidence and local data would increase legislator engagement with dissemination materials about evidence-supported policies related to ACEs and behavioral health.

-
- Purtle, J., Lê-Scherban, F., Wang, X., Shattuck, P., Proctor, EK., Brownson, RC. (2019). State legislators' support for behavioral health parity laws: the influence of mutable and fixed factors at multiple levels. *The Milbank Quarterly*, 97(4), 1200-1232. <https://doi.org/10.1111/1468-0009.12431>

Abstract: Policy Points when communicating with state legislators, advocates for state behavioral health parity laws should emphasize that the laws do not increase insurance premiums. Legislators' opinions about the impacts of state behavioral health parity laws and the effectiveness of behavioral health treatment have more influence on support for the laws than do their political party affiliation or state-level contextual factors.

-
- Purtle, J., Lê-Scherban, F., Nelson, K. L., Shattuck, P. T., Proctor, E. K., & Brownson, R. C. (2020). State mental health agency officials' preferences for and sources of behavioral health research. *Psychological services*, 17(S1), 93. <https://doi.org/10.1037/ser0000364>

Abstract: An exploratory study was conducted with the aims of characterizing senior-level SMHA officials' preferences for behavioral health research and describing where they turn for this research when making policy decisions. A cross-sectional, web-based survey of senior-level SMHA officials (1 per state) was conducted in March–May 2017 (n = 43, response rate = 84%). The features of behavioral health research that SMHA officials identified as “very important” most frequently were research being relevant to state residents (93.0%), providing data on cost-effectiveness (86.0%) and budget impact (81.4%), and being presented concisely (81.0%). The primary sources that SMHA officials turned to for behavioral research when making policy decisions were professional organizations (79.1%), SMHA agency staff (60.5%), and university researchers (55.8%). Compared with state legislators' responses to the same survey questions, results suggest that senior-level SMHA officials and legislators have similar preferences for behavioral health research but turn to different sources for this research.



- Purtle, J., Henson, R. M., Carroll-Scott, A., Kolker, J., Joshi, R., & Diez Roux, A. V. (2018). US mayors' and health commissioners' opinions about health disparities in their cities. *American journal of public health*, 108(5), 634-641. <https://doi.org/10.2105/AJPH.2017.304298>

Abstract: To characterize US mayors' and health commissioners' opinions about health disparities in their cities and identify factors associated with these opinions. A multimodal survey of mayors and health commissioners was conducted in fall–winter 2016 (n = 535; response rate = 45.2%). We conducted bivariate analyses and multivariable logistic regression. Forty-two percent of mayors and 61.1% of health commissioners strongly agreed that health disparities existed in their cities. Thirty percent of mayors and 8.0% of health commissioners believed that city policies could have little or no impact on disparities. Liberal respondents were more likely than were conservative respondents to strongly agree that disparities existed (mayors: odds ratio [OR] = 7.37; 95% confidence interval [CI] = 3.22, 16.84; health commissioners: OR = 5.09; 95% CI = 3.07, 8.46). In regression models, beliefs that disparities existed, were avoidable, and were unfair were independently associated with the belief that city policies could have a major impact on disparities.

- Ridde, V., Pérez, D., & Robert, E. (2020). Using implementation science theories and frameworks in global health. *BMJ global health*, 5(4), e002269. <https://doi.org/10.1136/bmjgh-2019-002269>

Abstract: In global health, researchers and decision makers, many of whom have medical, epidemiology or biostatistics background, are increasingly interested in evaluating the implementation of health interventions. Implementation science, particularly for the study of public policies, has existed since at least the 1930s. This science makes compelling use of explicit theories and analytic frameworks that ensure research quality and rigour. Our objective is to inform researchers and decision makers who are not familiar with this research branch about these theories and analytic frameworks. We define four models of causation used in implementation science: intervention theory, frameworks, middle-range theory and grand theory.

- Rudd, B. N., Davis, M., & Beidas, R. S. (2020). Integrating implementation science in clinical research to maximize public health impact: a call for the reporting and alignment of implementation strategy use with implementation outcomes in clinical research. *Implementation science : IS*, 15(1), 103. <https://doi.org/10.1186/s13012-020-01060-5>

Abstract: Although comprehensive reporting guidelines for implementation strategy use within implementation research exist, they are rarely used by clinical (i.e., efficacy and effectiveness) researchers. In this debate, we argue that the lack of comprehensive reporting of implementation strategy use and alignment of those strategies with implementation outcomes within clinical research is a missed opportunity to efficiently narrow research-to-practice gaps. We review ways that comprehensively specifying implementation strategy use can advance science, including enhancing replicability of clinical trials and reducing the time from clinical research to public health impact. We then propose that revisions to frequently used reporting guidelines in clinical research (e.g., CONSORT, TIDieR) are needed, review current methods for reporting implementation strategy use (e.g., utilizing StaRI), provide pragmatic suggestions on how to both prospectively and retrospectively specify implementation strategy use and align these strategies with implementation outcomes within clinical research, and offer a case study of using these methods.



- Smith, N. R., Mazzucca, S., Hall, M. G., Hassmiller Lich, K., Brownson, R. C., & Frerichs, L. (2022). Opportunities to improve policy dissemination by tailoring communication materials to the research priorities of legislators. *Implementation Science Communications*, 3(1), 24. <https://doi.org/10.1186/s43058-022-00274-6>

Abstract: The present study used deidentified data collected in 2012 on 862 state legislators belonging to the US liberal-moderate-conservative ideological spectrum and from all 50 US states. Legislators were grouped using latent class analysis based on how they prioritized 12 different characteristics of research (e.g., research is unbiased, presents data on cost-effectiveness, policy options are feasible). We fit initial models using 1–6 group solutions and chose the final model based on identification, information criteria, and substantive interpretation.

- The Pew Charitable Trusts. (2017). *How states engage in evidence-based policymaking*. <https://www.pewtrusts.org/en/research-and-analysis/reports/2017/01/how-states-engage-in-evidence-based-policymaking>

Abstract: Evidence-based policymaking is the systematic use of findings from program evaluations and outcome analyses (“evidence”) to guide government policy and funding decisions. By focusing limited resources on public services and programs that have been shown to produce positive results, governments can expand their investments in more cost-effective options, consider reducing funding for ineffective programs, and improve the outcomes of services funded by taxpayer dollars. While the term “evidence-based policymaking” is growing in popularity in state capitols, there is limited information about the extent to which states employ the approach. This report seeks to address this gap by: 1) identifying six distinct actions that states can use to incorporate research findings into their decisions, 2) assessing the prevalence and level of these actions within four human service policy areas across 50 states and the District of Columbia, and 3) categorizing each state based on the final results.

- Waltz, T. J., Powell, B. J., Fernández, M. E., Abadie, B., & Damschroder, L. J. (2019). Choosing implementation strategies to address contextual barriers: diversity in recommendations and future directions. *Implementation science: IS*, 14(1), 42. <https://doi.org/10.1186/s13012-019-0892-4>

Abstract: A fundamental challenge of implementation is identifying contextual determinants (i.e., barriers and facilitators) and determining which implementation strategies will address them. Numerous conceptual frameworks (e.g., the Consolidated Framework for Implementation Research; CFIR) have been developed to guide the identification of contextual determinants, and compilations of implementation strategies (e.g., the Expert Recommendations for Implementing Change compilation; ERIC) have been developed which can support selection and reporting of implementation strategies. The aim of this study was to identify which ERIC implementation strategies would best address specific CFIR-based contextual barriers. The wide heterogeneity of endorsements obtained in this study’s task suggests that there are relatively few consistent relationships between CFIR-based barriers and ERIC implementation strategies. Despite this heterogeneity, a *tool aggregating endorsement* across multiple barriers can support taking a structured approach to consider a broad range of strategies given those barriers. This study’s results point to the need for a more detailed evaluation of the underlying determinants of barriers and how these determinants are addressed by strategies as part of the implementation planning process.



C. Videos

- NCI Scientific Events and Resources. (2020). *Policy Implementation Science: A Critical Component of Evidence Translation* [Video]. YouTube. <https://www.youtube.com/watch?v=ysengUXFBvI>

Abstract: This webinar is the first of a five-part series designed to explore Policy Implementation Science (Policy IS) and to reflect on what this area of work can contribute to evidence translation. Each session will highlight speakers who work in policy research and applied policy settings. This initial webinar will lay the groundwork for the series and consider the role of implementation science across the policy life cycle.

- NCI Scientific Events and Resources. (2020). *Improving the Use of Scientific Evidence in Policy Formulation*

Abstract: This webinar is the second of a five-part series designed to explore Policy Implementation Science (Policy IS) and will highlight the importance of improving the use of scientific evidence in policy formulation. Speakers in this session will present perspectives from research and practice while considering both governmental and non-governmental policy as we continue to consider the role of implementation science across the policy life cycle.

- NCI Scientific Events and Resources. (2020). *Adoption of Evidence-Based Policy in Governmental and Non-Governmental Sectors* [Video]. YouTube. <https://www.youtube.com/watch?v=loyLKhGT-kE>

Abstract: This webinar is the third of a five-part series designed to explore Policy Implementation Science (Policy IS) and highlighted the importance of adoption of evidence-based policy in governmental and non-governmental sectors. Our speakers presented context of policy adoption and the value of evidence from research and practice in both governmental and non-governmental settings. This session kicked off with a stimulus talk, followed by a round robin moderated panel and audience discussion.

- NCI Scientific Events and Resources. (2021). *Strategies for Integrating Evidence into Policy Implementation* [Video]. YouTube. <https://www.youtube.com/watch?v=TufJUB9qK0c>

Abstract: This webinar is the fourth of a five-part series designed to explore Policy Implementation Science (Policy IS) and will highlight strategies for integrating evidence into policy implementation. Our speakers presented on the use of strategic science to support policy implementation, the importance of brokering relationships between policymakers and researchers, and experiences working in implementation of policy across local, state, and federal contexts. This session kicked off with a stimulus talk, followed by a round robin moderated panel and audience discussion.

- *NCI CCIS (2021) Reflection on Policy Implementation Science: Growing the Field* This webinar is the final of the NCI CCIS five-part series designed to explore Policy Implementation Science (Policy IS) and will feature reflections from a distinguished panel of researchers and policymakers. Our speakers will share perspectives working in policymaking and including policy implementation science in the real world and will provide insights

on where the field should go to improve population health.

- NCI. Implementation Science: Policy in Cancer Research (2020)

Abstract: Addressing important policy-related topics including, how to develop policy-relevant evidence, identifying policy research data resources, theoretical frameworks that can guide policy implementation, methods and strategies to improve use of evidence by policy makers, to name a few, arise as we seek to move evidence-based policy implementation forward in cancer control. This webinar discusses how these questions were addressed at the first [Implementation Science Consortium in Cancer](#) (ISCC) in 2019 and next steps for the field.

D. Web Resources

- **CDC Legal Epidemiology.** https://www.cdc.gov/dhdsp/policy_resources/legal_epi.htm

Legal epidemiology is the study of law as a factor in the cause, distribution, and prevention of disease and injury. It applies rigorous, scientific methods to translate complex legal language into data that can be used to evaluate how laws affect population health. Legal epidemiology involves studying complex laws that address public health issues that can be used to quantitate data and be linked with health-related datasets. This method measures outcomes that policymakers can use to make decisions on issues that affect population health.

Also see: The Journal of Public Health Management and Practice: Legal Epidemiology Supplement
The CDC's Division for Heart Disease and Stroke Prevention (DHDS), in collaboration with Temple University's Center for Public Health Law Research (CPHLR), co-sponsored this special supplement, "[Advancing Legal Epidemiology](#)" in the *Journal of Public Health Management and Practice* with the goal of informing the broader public health practice community about the field, its inherent principles, and its application to study and evaluate policies related to chronic disease.

-
- **CDC Policy Resources:** <https://www.cdc.gov/policy/paeo/index.html>

The site includes a range of policy analysis, implementation and evaluation resources. CDC resources also includes: Kelly, M.A., Puddy, R.W., Kucik, J., Mwaungulu, G., & Edmiston, A. (2023, February). *A Quick-Start Guide to Using Evidence-Based Policy at the Local Level*. Centers for Disease Control and Prevention, Office of Policy, Performance, and Evaluation, available at: <https://www.cdc.gov/policy/polaris/resources/Quick-Start-Guide-508.pdf>

-
- **ChangeLab Solutions.** <https://www.changelabsolutions.org/>

Sections of the website include webinars, highlights, and section specific to the following public policy topics. Food systems, blueprint for changemakers, transportation, planning, success stories, uprooting inequity webinar series, public health law academy, preemption, and housing.



- **Strategies for Equitable Policymaking: Law & Policy Frameworks to Improve Health**

This 2023 resource expands on the equitable policymaking frameworks and concepts presented in the 2019 resource *A Blueprint for Changemakers* — the drivers of health inequity, community engagement, equitable enforcement, preemption, and more — and grounds those concepts in real-world examples.

https://www.changelabsolutions.org/product/blueprint-changemakers?utm_source=ChangeLab+Solutions+Active&utm_campaign=3d108f3d22-Summer_Newsletter_0823&utm_medium=email&utm_term=0_-3d108f3d22-%5BLIST_EMAIL_ID%5D

- **Rural Policymaking**

This includes a suite of resources to support local and state policymakers, community organizations, and changemakers in advancing racial equity and rural prosperity across the United States. These resources are part of the Toward Better Rural Futures project, which aims to foster greater collaboration and alignment across local, regional, and state levels of government, equipping leaders with the tools and knowledge to fundamentally shift power, opportunity, and resources to create healthy rural places where everyone can thrive. Includes “Advancing racial equity in rural communities” https://www.changelabsolutions.org/sites/default/files/2023-07/Advancing-Racial-Equity-in-Rural-Communities_FINAL_20230719A.pdf

Policy Process Evaluation for Equity: *Measuring the HOW along with the WHAT in commercial tobacco prevention policies at the point of sale* https://www.changelabsolutions.org/sites/default/files/2023-07/Policy-Process-Evaluation-for-Equity_FINAL_20230731A.pdf

- **Temple University, Center for Public Health Law Research.** <https://phlr.org>

Based at the Temple University Beasley School of Law, the Center for Public Health Law Research supports the widespread adoption of scientific tools and methods for mapping and evaluating the impact of law on health. It works by developing and teaching public health law research and legal epidemiology methods (including legal mapping and policy surveillance); researching laws and policies that improve health, increase access to care, and create or remove barriers to health (e.g., laws or policies that create or remove inequity); and communicating and disseminating evidence to facilitate innovation. The site has an evidence library.

- **Berkeley Media Studies Group:** <https://www.bmsg.org>

BMSG is a nonprofit organization dedicated to expanding advocates’ ability to improve the systems and structures that determine health. BMSG conducts research to learn how the media characterize health issues. The website includes numerous resources to inform policy IS.



- **Robert Wood Johnson Foundation.**

What Research Tells Us About Effective Advocacy Might Surprise You. <https://www.rwjf.org/en/insights/blog/2022/02/what-research-tells-us-about-effective-advocacy-might-surprise-you.html>

RWJF found evidence that policy narratives (short stories that paint a mental picture of what a problem is, who is affected, and how it came to be) were particularly effective at increasing support among the general public— notably, those who were initially most opposed. However, with state legislators, we found the opposite was true: the same narratives were not effective at increasing support and, in fact, appeared to deepen existing political divides.

Robert Wood Johnson Foundation, Public Health Advocacy and Policy site features several pages describing their policy work, policy funding, and evidence resources for funding including a Policy Brief Library.

<https://www.rwjf.org/en/about-rwjf/how-we-work/health-advocacy-and-policy.html>

Policies for Action (P4A) is a signature research program of the Robert Wood Johnson Foundation administered through the national coordinating center at the Urban Institute. This program funds research that identifies policies, laws, and other regulatory tools that can be leveraged to build a Culture of Health.

<https://policiesforaction.org>

Note the Policies for Action videos: Turning Research to Action: A Dialogue with Decisionmakers, Part1 and 2:

<https://policiesforaction.org/blog/turning-research-action-dialogue-decision-makers-part-one>

<https://policiesforaction.org/blog/turning-research-action-dialogue-decision-makers-part-two>

- **American Heart Association/Voices for Health Kids: Science Fast Facts.** <https://voicesforhealthykids.org/resource-types/science-fast-facts>

The site provides science-based evidence documents for public health campaigns on a variety of topics related to primary prevention of heart disease with relevance to cancer prevention as well.

- **American Heart Association/Voices for Health Kids: Finding Commonalities and Solutions with Decision Makers.** <https://voicesforhealthykids.org/guides/finding-commonalities-and-solutions-with-decision-makers/introduction>

The American Heart Association/Voices for Healthy Kids developed this guide based on discussions with advocates and with decision-makers, The guide includes both general tools for advancing conversation with decision-makers on any policy, along with specific messages and resources for prenatal-to-three (PN-3) and local decision-making (preemption) work.



-
- **Northeastern University- Impact Engines:** <https://impactengines.northeastern.edu/about/>

Northeastern University links academic subject matter experts and partners in the community and private sector to produce a partnership platform for policy researcher-practitioner partnerships. Impact Engines galvanize and organize interdisciplinary learning, research, and partnerships to address challenges and maximize solution impact. Other institutions may adapt Northeastern’s approach per institutional resources dedicated to the research-to-practice linkage.