

# CITYHEALTH EVALUATION LEARNING BRIEF

Center for Community Health and Evaluation  
February 2025

## Policy Advancement

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This report was prepared by the **Center for Community Health and Evaluation** (CCHE) as part of the CityHealth evaluation funded by Kaiser Permanente.

CCHE designs and evaluates health-related programs and initiatives throughout the United States. CCHE's mission is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation.

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## Introduction

CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente (KP), works to advance a package of evidence-based policy solutions with the goal of helping people live longer, better lives in vibrant, prosperous communities. At the time of this report's writing (February 2025), the initiative's policy package consisted of twelve policies that address root causes of health disparities, promote well-being, and prevent adverse health outcomes.

Annually, CityHealth assesses the progress of the largest 75 cities in the United States in adopting policies from this package and awards cities medals based on policies adopted. CityHealth works with subject matter experts to select the policy package and define medaling criteria. The policies were selected because they demonstrate evidence of health impact, are largely within cities' jurisdictional authority, have been successfully adopted and implemented at a city-level, and demonstrate bipartisan support. CityHealth worked with subject matter experts for each of the policies to define criteria for scoring individual policies as gold, silver, bronze, or no medal.

CityHealth updates its policy package every five years. The initial policy package (2017-2021) consisted of nine policies, and 40 cities were assessed. The current policy package (2022-2026) consists of 12 policies, and 75 cities are assessed. In the update of the policy package, six policies were added, four policies were retained with updated medaling criteria, and two policies were retained with the same medal standards.

Throughout the year, the CityHealth initiative works closely with cities and local stakeholders that want to adopt CityHealth policies. The initiative utilizes a variety of approaches to support cities.

[The Center for Community Health and Evaluation](#) (CCHE) evaluates one of CityHealth's approaches: the initiative's implementation and impact in the subset of 23 large cities located in the KP footprint. This approach is built on partnerships among:

- CityHealth leaders who oversee the national scope and scale of the initiative
- KP national, market, and local staff working with city staff, elected officials, and other local stakeholders to advance policy
- Public affairs contractors that provide support and strategic guidance to cities in KP service areas
- Technical assistance providers with expertise on each of the policies.

## CityHealth's Policy Package



Affordable Housing Trusts



Complete Streets



Earned Sick Leave



Eco-Friendly Purchasing



Flavored Tobacco Restriction



Greenspace



Healthy Food Purchasing



Healthy Rental Housing



High-Quality, Accessible Pre-K



Legal Support for Renters



Safer Alcohol Sales



Smoke-Free Indoor Air

This brief explores lessons learned during CCHE’s evaluation of CityHealth in the KP footprint (2018–2024). During this period, cities in the KP footprint actively advanced policies and earned medals. In CityHealth’s 2024 policy assessment, 87% of the 23 cities within the KP footprint earned overall medals (see figure to the right). All 23 cities in the KP footprint earned a policy medal for their High-Quality Pre-K policies and 18 cities earned a medal for their Greenspace policies.



This brief intends to support the public health and policy advancement fields.

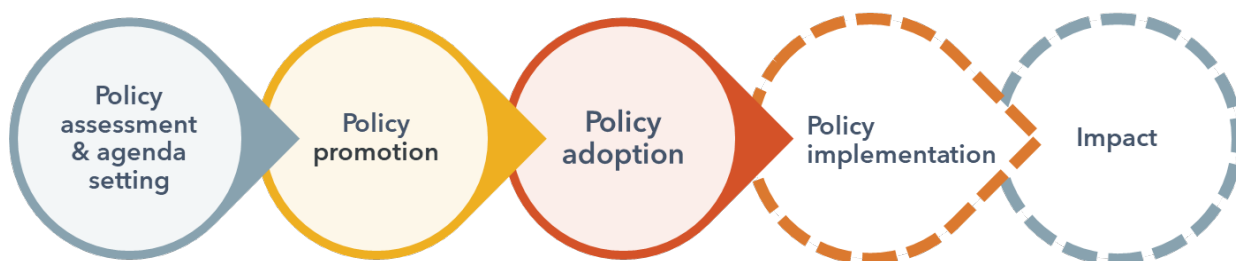
- 1) The first section describes **lessons learned** from the CityHealth initiative’s expansion in the KP footprint, that can help shed new light on policy efforts across the country.
- 2) The second section focuses on the ways in which the **CityHealth initiative’s unique structure and approach added value to the policy advancement process** in the KP footprint.
- 3) The third section examines **CityHealth’s potential to improve health**, based on the implementation of adopted CityHealth policies.

CCHE drew these learnings from dozens of interviews, surveys, and joint sensemaking sessions with initiative participants, including staff from all initiative partners, community stakeholders, policy, and agency staff (2018-2024). The evaluation also consulted with subject matter experts to understand key aspects of policy development, implementation, and impact (See Appendix A for more information).

## 1. Lessons that inform CityHealth and other policy advancement efforts

This section highlights key results and themes the evaluation identified that may apply to broader public health and policy change efforts. While many of the situations and obstacles partners faced are not unique, the way this initiative addressed these challenges may support other policy advancement efforts to understand how theory can successfully be put into practice.

To guide the evaluation, CCHE used a **policy spectrum framework** to understand how strategies contribute to policy change (see figure below).



It is used in the CityHealth evaluation to capture the steps, contributions, and capacities that precede and follow a policy change, helping initiative partners pinpoint where they are, where they would like to be, and how they can define success along the way.

Policy advancement takes time, often several years. Without understanding the stages of policy advancement and adoption, achieving CityHealth medals might be viewed as the sole indicator of success. However, each of these stages contributes to moving a policy toward adoption and, depending on the circumstances, the process can circle back to earlier stages. Although they are often perceived as linear or sequential, it is important to note that different stages can sometimes happen in parallel.

Consistent with CityHealth's focus on policy adoption and not policy implementation, CCHE focused on understanding the first three stages of the policy spectrum framework, represented by solid circles in the figure on the previous page. As a goal of CityHealth is to "help millions of people live longer, better lives in vibrant, prosperous communities," the evaluation team also investigated the potential implementation and impact of policies within the CityHealth policy package as indicated by dashed circles in the figure above. (See Appendix B for more discussion on the policy spectrum.)

## 1.1 Customizing strategy to local context while leveraging learnings from other cities

As with many policy advancement efforts, CityHealth wrestled with how to effectively balance standard and tailored approaches to policy change across different environments. Early on, initiative leaders aimed for a uniform approach to move policies forward, either within a given city or for a specific policy across cities in the KP footprint. They hoped a standardized policy menu would make this possible.

Within the first year, however, it became clear there was no uniform template for advancement. Instead, CityHealth developed a hybrid approach that adapts strategies to policies and cities while also leveraging lessons from other cities. The combination of local KP staff and targeted support by public affairs contractors and CityHealth made this approach possible and effective.

- **Deep local knowledge:** Given its long-standing investments in local communities, KP understands community health needs, economic issues, and has unique insight into the local landscape. KP has deep relationships with the community, agencies, and policymakers that can guide this work. Understanding the history of the policy issue in the city was an essential part of the process, including knowing whether it was a new issue or already a focus for local stakeholders (e.g., coalition leaders or agency staff).
- **Leveraging cross-city learning:** CityHealth's public affairs contractors developed a cross-city lens that allowed them to leverage learnings about how to advance the same policy in other cities. Their deep knowledge of each policy, and direct line of communication with technical experts, and content expertise, further tailored the process.

## 1.2 Understanding relevant policy mechanism guides strategy

Although each effort was different, the evaluation gathered lessons based on the type of mechanism needed to formally adopt a policy. Understanding these common threads helped the initiative understand which components were likely to be part of each policy journey.

The three main mechanisms used for policy adoption in cities are administrative action, legislative action, or a public vote. Other cities working on these policies can use the lessons CityHealth learned about these mechanisms to determine which is the most viable for their situation.

### Adoption Mechanisms

#### Administrative action:

An order or ruling to adopt the policy by the relevant city official e.g., Mayor, City Council, Agency Director.



### Examples

- **Complete Streets** policies in Portland and Seattle: Codified existing practices & distributed policies into one unified “Director’s Rule” from the Department of Transportation (2019)
- **Healthy Food Purchasing** in Seattle: Mayoral Directive to establish the policy and create an interdepartmental workgroup to create nutrition standards (2021)
- **Greenspace** in Seattle: Codified an Urban Forest Management Plan produced by a working group representing City departments with tree management or regulatory responsibilities (2020)

#### Legislative action:

A vote on the policy by a governing body (generally the City council) and then signed into law by the mayor\* (unless that is not required)



- **Smoke Free Indoor Air** policy in Atlanta (2020)
- **Flavored Tobacco Restrictions in LA, Santa Ana, Stockton, and Multnomah County**, which includes Portland (2023)
- **Greenspace** in Long Beach and Santa Ana via Park Master or Strategic Plans (2022)
- **Healthy Rental Housing** in Seattle via a new biannual registry policy (2022)

#### Public vote:

A vote on the policy by the public via ballot initiative, measure, bond or levy which results in new laws or funding\*



- **Affordable Housing Trust policies:** Vote in Los Angeles via initiative vote and in Oakland via Infrastructure Bond (2022)
- **Greenspace policy** in Fresno: Vote on a tax measure to fund Clean and Safe Neighborhood Parks (2021)

\* In most cases, legislative action and public votes were at the city level but were sometimes blocked from advancing a policy because state law required changes to occur at the state level. When appropriate, in select cases, partners engaged in targeted activities at the state level.

The initiative identified patterns of policies likely to be adopted via each mechanism in cities in the KP footprint:



**Usually required legislative action or a public vote:** Tobacco-related policies (e.g., Flavored Tobacco Restrictions, Smoke Free Indoor Air, and Tobacco 21). Sometimes, these policies were passed through both mechanisms because the legislative action is challenged. For example, after several cities in California adopted Flavored Tobacco Restrictions, the State adopted this policy via legislative action, which was then challenged in a statewide ballot proposition. The public voted to keep the Flavored Tobacco Restrictions, and it is now state law. Some cities continued to adopt stronger versions of the policy in subsequent years.



**Usually adopted via administrative action:** Policies whose purview generally falls under agency control (e.g., Healthy Food Procurement and Eco-Friendly Purchasing). Although funding for major initiatives, such as High-Quality, Accessible Pre-K, sometimes required a public vote.

Understanding the policy mechanism helped the initiative prepare effective policy advancement support. Some types of support are relevant and necessary for all mechanisms, e.g., providing technical assistance and cultivating champions.



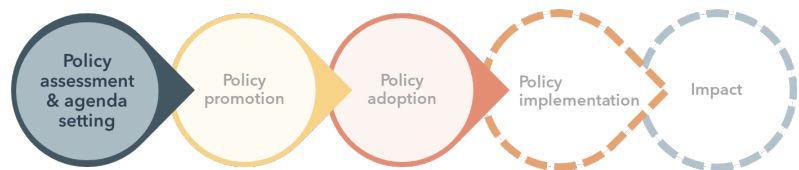
**Adoptions by administrative action took the form of policy directives, executive orders, or departmental policies.** These types of actions can move more quickly than other modes of policy change, and timely, expert technical assistance often benefitted city leaders.



**Mechanisms requiring a vote of a governing body or the public,** may include multiple public hearings and campaigns. Policy advancement via these mechanisms were more likely to require multi-year support from stakeholders, including local coalitions. Sometimes KP was highly visible in these coalition efforts, including lobbying, commissioning polling, launching media campaigns, attending rallies, submitting letters to public officials, and providing public testimony.

### 1.3 Developing and leveraging windows of opportunity

Defining the existing policy gaps and potential opportunities for a given issue is the earliest phase in the policy process: *Policy assessment and agenda setting*.



A key lesson from the initiative was that advancing CityHealth policies depends on a policy-specific window of opportunity. These windows are defined by the presence of key relationships and champions, stakeholder and public support, the relevance of the issue in that city, and a supportive political landscape (e.g., city dynamics, current politics). Identifying this as a tacit requirement allowed the initiative to efficiently:

- 1) Assess the likelihood of a policy advancing in the short vs. long term,
- 2) Identify what was needed to “open” the window; and
- 3) Support local stakeholders.

Identifying policy windows of opportunity requires a deep understanding of what is important to the community and what may be viable in local political and economic realities.



**The window of opportunity for policies adopted via legislative action or a public vote are often marked by existing champions that emerged over a multi-year effort.** In many cases, champions and coalitions worked for many years to create a supportive political landscape and a window of opportunity. During these phases, CityHealth provided concrete examples of, and materials on, how other cities advanced policies.

Once the window opened, there was a motivated champion, ideally with decision-making authority, who publicly endorsed and prioritized the policy on their agenda. Many stakeholders identified the presence of committed champions with authority to influence changes as a “make or break” component of their efforts.

Tobacco-related policies provide good examples of multi-year efforts. Over time, the strong evidence and media coverage about the impact of smoking and vaping generated momentum for local efforts and grew stakeholder and public support.

*"[In Washington's Tobacco 21 effort], the politics were right, and it had a multi-year history, and there was coordination to make sure it went through smoothly."  
- Initiative partner*

In some cases, early champions moved into influential positions as chairs of key committees who could navigate legislative barriers that previously blocked progress, thereby opening a window. For example, when state-level action occurred for Maryland and Washington Tobacco 21, motivated champions were often the chairperson of a key legislative committee or powerful caucus. Their influence was sometimes paired with strong support from health department leaders (2019).

In other cases, cities with a favorable majority in key legislative or council bodies or in executive positions (mayor or governor) opened the window of opportunity. For example, in Denver, a favorable composition of the state legislature facilitated the removal of a state law that preempted cities from acting on tobacco laws. This reversal allowed Denver's mayor to move the Tobacco 21 policy forward (2019).



**Policy windows for administrative actions also required a supportive political landscape. Sometimes city stakeholders already prioritized these policies, while other times the CityHealth policy package brought new ideas for policy change.**

Often, existing relationships with motivated champions such as mayors and agency leaders were important components in getting the policy on the city's agenda and moving it forward. Champions were able to make decisions about the policy development process, discuss potential concerns with peers, and dedicate staff resources to the effort. Sometimes a strong champion was already identified, while other times, the initiative leveraged existing relationships with city officials to develop a champion.

In administrative actions, the CityHealth policy menu and achieving a relevant medal was sometimes a key motivator for a mayor, city council member, or public health director to champion a CityHealth policy initiative. In these cases, a particular policy could represent a new take on an issue of importance to the city.

*"[The Champions] were able to send the signal pretty quickly to the agencies that everyone should be working on it. That added a level of efficiency that only comes with finding the right champion."  
- Initiative Partner*

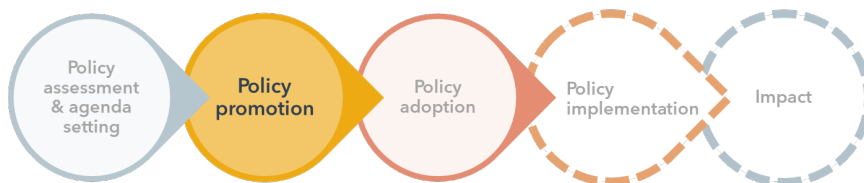
For example, in Seattle, the development of nutrition standards for Healthy Food Purchasing fit well with the city's public health focus. Although it wasn't previously on the city's radar, two champions, the mayor and the public health director, prioritized it as a viable way to advance public health in Seattle. A mayoral Executive Order formed an interdepartmental workgroup that included representatives from six city departments (2021). Within six months, CityHealth awarded Seattle a gold medal for a policy that set standards and contracting language based on current scientific recommendations and inclusive practices.

**Without the synergies of a policy window, some prioritized policies never advanced.** In these cases, initiative partners prioritized policies because they thought there might be a window, only to learn the right elements were not in place. Absent robust coalitions, strong

legislative champions, or media attention in favor of the issue, policy adoption did not occur. In some cases, other competing community priorities arose and limited city or agency leader interest in working on CityHealth policies. This was particularly true during the tumultuous years of the COVID-19 pandemic, when KP staff and CityHealth stakeholders described that cities made difficult decisions about where to spend limited staff time and resources.

### 1.4 Engaging local coalitions demonstrates commitment to the community and enhances policy promotion

Activities in the *policy promotion* stage aim to build political will to advance a given policy. Policy promotion can either move very quickly or take years to build an environment conducive to advancing policy.



The evaluation of the 23 cities in the KP footprint demonstrated that success in this stage relies on the buy-in and support from local stakeholders. While identifying a champion is always key, coalitions are pivotal in moving policies forward, particularly for publicly visible legislative actions or public votes.

Coalitions often work for many years to elevate the need for a given policy by leveraging their united voice to call for change. Knowing how and when to engage coalitions requires balancing many factors including the magnitude or impact of the intended change, timeline available for policy promotion, and community input on the policy issue. Overall, coalitions are less likely to be directly engaged in policies passed through administrative action.

Sustained, coordinated efforts like these are often difficult and require coalition members to attend to the [essential elements of collaboration](#) (see figure to the right).

#### Essential elements of collaboration



**Shared vision.** Coalition stakeholders often talked about the importance of delivering a united message across all activities from lobbying to media campaigns.



**Essential people at the table.** Over time, coalitions grew to represent a broad and diverse range of organizations. Diverse partners leveraged their community connections to encourage residents to share their stories, a tactic particularly effective with policymakers. Diverse members also ensured that the policy addressed issues from a range of perspectives, including those often marginalized during the policy promotion process.

*Having partners like Equality California [in the coalition] who really brought in that LGBTQ lens and said 'hey, menthols isn't just an African American issue, it's an LGBTQ issue, and it's affecting our community a lot'... That also really helped [expand inclusion and diverse perspectives]."*

*- City stakeholder 2023*

As a large health care organization anchored in the community, KP brought a different voice to the mix. KP representatives, including physicians and community health leaders, added the viewpoint of healthcare, speaking to the social drivers of health.



**Effective leadership.** CityHealth stakeholders described the importance of having a lead organization that can make decisions about strategy and messaging to advance policy change. These coalitions were often led or supported by organizations such as the American Cancer Society, the American Heart Association, and the Campaign for Tobacco-Free Kids. Strong relationships between coalition leaders and KP or CityHealth staff allowed for pivotal technical assistance at key campaign moments.



**Adequate infrastructure and support.** Effective coalitions also need sufficient resources and dedicated staff time to carry out key activities. They also need coordinated communication and decision-making structures. For example in Washington, the Tobacco 21 coalition met weekly during the legislative session to ensure that they were unified in message and action (2019). In some cases, KP funded educational actions such as polling.



**Active collaboration.** Coalitions not only provided a way for organizations to collaborate with each other, they also provided ways to include and coordinate with legislative and agency champions. In Denver, this allowed champions and staff to efficiently work on policy development and promotion with a few coalition representatives instead of a myriad of independent voices (2019).

*"We [KP] even funded a statewide poll...It was all hands-on deck...I was so proud of how our organization was participating in that campaign."*

*- KP staff*



**Taking action.** A coordinated strategy allowed coalition members to effectively align their on-the-ground activities such as legislative/council visits, testimony, education about smoking/vaping, and media strategies (if they were included). For example, the Smoke-Free Atlanta coalition coordinated volunteers, phone banks, a grassroots campaign, and a communication strategy. When Atlanta adopted the policy, the city, including the busiest airport in the country, became smoke-free (2020).

**Engaging coalitions can help elevate how policies may impact the community.** Prior to policy adoption, policy promotion activities can also consider how the policy might impact different segments of the community. This usually entails including and elevating community voices, developing messages for different communities, and suggesting draft policy language that centers affected communities.

Efforts to consider different community impacts in policy promotion can be visible to many types of stakeholders: local government or agencies, elected officials, and those engaged in advocacy. This visibility can help build buy-in across different city stakeholders and has the potential to influence or inform more inclusive policy promotion practices beyond the current agenda.

**Work to advance Flavored Tobacco Restrictions (FTR) in Denver and Los Angeles provides examples of prioritizing community voice in coalition actions.** In both efforts, the coalitions deliberately included community members and organizations directly impacted by the issue (e.g., health centers whose patients have health conditions due to flavored tobacco use) in addition to the more traditional state and national partners and subject-matter experts like the Campaign for Tobacco-Free Kids.

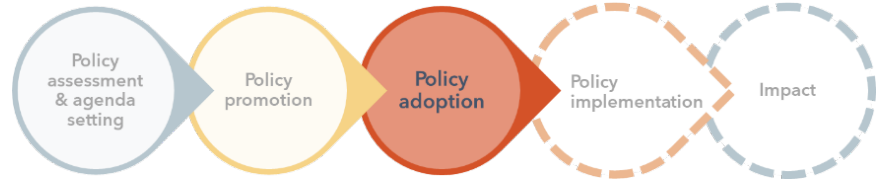
*"Hearing stories from youth about getting peer pressure from other students to try [flavored tobacco], those stories have a bigger impact."*

*- City stakeholder 2023*

The coalitions elevated the voices of those most impacted by the policy issues which increased awareness of and built support for FTR among the public. For example, coalitions tried to reduce barriers to youth engagement by providing transportation support. Youth participated in key meetings and educated other youth about FTR.

## 2. CityHealth approach strengthens policy advancement

This section focuses on how the CityHealth approach in the KP footprint brought value to all stages of the policy



advancement process toward adoption. The approach positively impacted local efforts through technical assistance, political expertise, the credibility of its sponsors, motivation for policy change, and strategic support for on-the-ground action. The CityHealth approach and policy package has the potential to improve the health of communities nationwide.

### 2.1 Providing technical assistance and policy expertise is an effective cornerstone of the approach

Developing and promoting strong policies requires a range of robust support, policy expertise, and technical assistance (TA) that varies for each policy. Leveraging these resources can impact every step of the advancement process, from policy prioritization to strengthening language to promotion strategy. Overall, stakeholders described a positive impact when the TA provider matched the content and timing a city needed.

**CityHealth has a strong, consistent TA approach** that includes policy-specific national organizations paired with each policy in the package, as well as research and assessment partners<sup>1</sup> that look across all the policies. This allows CityHealth to partner with organizations at the forefront of each policy topic and are familiar with the CityHealth model. KP National staff also provided policy expertise for tobacco-related policies.

Policy & Resource Link	Technical Assistance Partner
Affordable Housing Trusts & Healthy Rental Housing ( <a href="#">Link</a> )	Enterprise Advisors ( <a href="#">Enterprise</a> )
Complete Streets ( <a href="#">Link</a> )	Smart Growth America ( <a href="#">SGA</a> )
Earned Sick Leave ( <a href="#">Link</a> )	National Partnership for Women & Families ( <a href="#">National Partnership</a> )
Eco-Friendly Purchasing ( <a href="#">Link</a> )	Center for Environmental Health ( <a href="#">CEH</a> )
Flavored Tobacco Restrictions ( <a href="#">Link</a> )	Campaign for Tobacco-Free Kids ( <a href="#">CTFK</a> )
Greenspace ( <a href="#">Link</a> )	Trust for Public Land ( <a href="#">TPL</a> )
Healthy Food Purchasing ( <a href="#">Link</a> )	Center for Science in the Public Interest ( <a href="#">CSPI</a> )
Legal Support for Renters ( <a href="#">Link</a> )	National Coalition for a Civil Right to Counsel ( <a href="#">NCCRC</a> )
High-Quality, Accessible Pre-K ( <a href="#">Link</a> )	National Institute for Early Education Research ( <a href="#">NIEER</a> )
Safer Alcohol Sales ( <a href="#">Link</a> )	Ryan Treffers, J.D. ( <a href="#">Treffers Research</a> )
Smoke Free Indoor Air ( <a href="#">Link</a> )	American Nonsmokers' Rights Foundation ( <a href="#">ANRF</a> )

<sup>1</sup> Overall policy research: ChangeLab Solutions ([ChangeLab](#)) & Dr. David Jernigan. CityHealth annual assessment partners: Temple University Beasley School of Law's Center for Public Health Law Research ([Temple](#)), National Institute for Early Education Research, Trust for Public Land, and Ryan Treffers, J.D.

TA partners provide a range of support to the CityHealth initiative. Nationally, **they contribute to policy-specific CityHealth briefs.** These resources provide a clear rationale and concrete examples of how each policy can address the challenges cities face and how the policies can be used at the city level, including considerations for policy development. They describe the links between the policy and improving health, including details advocates can use when promoting the policy with city leaders.

TA partners also bring experience on a given topic from their work across jurisdictions. They help to navigate the complexity that is part of the policy advancement process. Given its standardized policy menu, one of the initiative's most significant contributions was its understanding of how policies are written and implemented and what is required to CityHealth medal. This began with the initial medaling process and continued as partners, state and city staff, and sometimes additional TA partners assessed what language would be needed to move a policy to a gold medal.

**Providing strategic TA in policy language is an effective way to ensure cities adopt strong policies and reduce unintended consequences.** CityHealth's policy resources provide specific examples of policy language from large cities across the country. In select cases, CityHealth partners worked with local policy drafters to share best practices and review policy language. When involved in the drafting phase,

CityHealth partners can point out unintended consequences that could result in policy implementation challenges, including potential negative impacts on different segments of the population. For example, KP, CityHealth, and partners reviewed Denver's draft FTR policy language in detail, focusing on language that could unintentionally lead to increased policing of specific communities. They provided recommendations and technical assistance to help legislative champions craft a policy that aligned with best practices and addressed important unintended consequences. This involved leading discussions with city staff and coalitions about the need to revise policy language so penalties are applied to tobacco retailers rather than consumers. KP discussed these changes to the ordinance with city council members who then worked to obtain approval (2022). In Atlanta, CityHealth provided technical assistance by sharing best practices from other cities and identified a proposed exemption for long-term care facilities in the draft ordinance. This also resulted in a stronger policy (2019).

*"CityHealth was really helpful in laying out parameters, making key connections, and I think giving feedback on the ultimate tool that the city decided to adopt."*

*- Local stakeholder*

**In general, the TA process was more straightforward in cities that started policy development from scratch,** or when the policy change needed to medal was straightforward. CityHealth and/or TA partners provided policy examples and reviewed emerging policies as they developed so that the process was efficient. When appropriate, the initiative connected city staff with other cities that had passed similar policies to share lessons learned. For example, agency staff in Seattle worked closely with other cities on their Healthy Food Purchasing policies to learn how to navigate the complex topic of inclusive nutrition standards and contracting implications (2019).

*"[KP] lending their name, and being part of the advocates, and the connection to the [policy experts] –those were the areas that were really helpful."*

*- Local stakeholder*

**TA support processes were more complicated when cities had an established set of practices and policies** that did not officially meet the CityHealth policy criteria. TA providers were able to clarify medaling requirements and determine what TA might be useful as the city moved towards a gold medal.

## 2.2 Initiative sponsors add credibility and motivation

One of the unique aspects of CityHealth is the stature of its sponsors and their partnership in this joint endeavor. Both the de Beaumont Foundation and KP are leaders in their spheres and bring expertise, relationships, and experience to national and local CityHealth efforts.

- As a prominent philanthropic organization, the de Beaumont Foundation brought experience in public health and extensive connections in large cities across the country. They facilitate connections for the initiative, particularly within public health departments, and leverage learnings from other initiatives to understand issues important to cities.
- KP is an essential pillar of local community infrastructure as a health care provider, employer, community partner, and member of the business community. Many stakeholders described the credibility that a large health care institution anchored in the community brings to a policy effort. This can facilitate connections. Stakeholders described the importance of having KP engaged in coalitions and their ability to add their “white coat” medical expertise to the work. For example, in many cities across California, and then during the statewide initiative to ban Flavored Tobacco products (Proposition 31), KP coordinated closely with coalitions, providing support that ranged from policy expertise to testimony at public hearings. KP even produced television commercials that featured doctors speaking out in favor of the Proposition.

*“If we had come up with our own policy, it’s not that it wouldn’t have been effective, but knowing that it was a part of a national movement gives it a little bit of legitimacy.”*  
- Local stakeholder

The CityHealth approach also brought value to local efforts. Some stakeholders described how the engagement of a national organization, CityHealth, increased the initiative’s credibility and prominence in the minds of local policymakers and agency officials.

Another benefit was the recognition cities gain as part of the medaling process. The ability to earn public-facing medals for existing and/or new policies that support their communities motivated some city and agency leaders. For example, when CityHealth awarded Seattle an overall silver medal at a U.S. Conference of Mayors meeting in 2018, the mayor publicly committed to getting the city to an overall gold medal within a year. In partnership with the public health director, Seattle adopted the necessary number of policies and earned an overall gold medal in 2019.

## 2.3 Strategic support for on-the-ground action keeps policies moving forward

**One of the most visible types of strategic support is having a robust local presence that can respond in real time.** Successfully promoting policy requires real-time strategy, decisions, and planning. KP’s approach to CityHealth engagement allowed the initiative to play key roles in local policy efforts when needed. Given their presence in the community, local KP staff met in person with policymakers, city staff, and coalitions. For the policies that required legislative action, KP staff worked in coordination with local coalitions to provide letters of support, in-person testimony at key hearings, attend rallies, and lobby as appropriate.

*“Towards the end of our work, they [KP and CityHealth] would do a more frequent touch-base on this issue to make sure that things were successfully moving forward: if they needed any assistance or support, if the mayor had any requests with that.”*  
- Local stakeholder

**Strategy development and project management are equally essential.** Policy promotion can be complicated, particularly when multiple partners, city officials, agency staff, and coalitions are engaged in the work. CityHealth often provides strategic planning or implementation support that helps efforts move from theory to practice.

### 3. CityHealth policies have the potential to advance health

Adopting strong policies is an essential step towards advancing health. As demonstrated in the policy spectrum, implementing a policy is required to achieve the intended impact. While implementation and impact are not the focus of CityHealth, all partners recognize the importance of this policy stage and understand that implementing policies takes time and resources to see the impact on the community. The evaluation explored the potential impacts of policy implementation to learn how the initiative's work can be most effective and inform conversations about how the initiative evolves over time.

**When CityHealth policies are implemented with fidelity, there is the potential to meaningfully impact community health.** Evidence reviews and conversations with subject matter experts indicate that when CityHealth policies are implemented with fidelity with sufficient resources for robust enforcement, there is the potential to meaningfully impact community health.

#### Example: Tobacco 21

Cities must effectively implement policies before the policy can affect health outcomes. The box on the right describes some of the enforcement, restrictions, penalties, and exemptions that make up Washington State's Tobacco 21 law when it was initially passed in 2019. These policy elements comprise the regulatory environment that promotes or hinders successful implementation. Without successful implementation, the opportunity to positively impact community health is constrained.

Even so, it is possible to calculate some of the potential impacts of a Tobacco 21 policy using data from the Institute of Medicine's report, "Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products" and the Centers for Disease Control and Prevention's Prevention Impacts Simulation Model (PRISM).<sup>2</sup>

#### Successfully implementing Tobacco 21 in Washington State (Seattle) - leverage the positive, address limitations\*

Leverage positive policy elements:

- Comprehensive definition of tobacco including electronic nicotine delivery systems and accessories
- Enforcement agency is identified
- Requires vendors to have a Tobacco Retail License with an associated cost and requiring annual renewal
- Retailers receive a monetary fine for non-compliance and a criminal citation and the TRL can be suspended or revoked after a specified number of offenses
- No exemptions for military or phase-in of affected ages

Address policy limitations:

- Does not restrict flavored products, sales at pharmacies, and tobacco retailers' distance from certain locations (e.g., schools)
- No minimum fine amount for non-compliance with the law
- Includes penalties for purchase, use, and possession (i.e., youth penalties, which create early contact with the criminal justice system)
- Pre-empts local jurisdictions from issuing stronger policies

\*Does not list all policy elements.

Source: D Dobbs P, Chadwick G, W Ungar K, et al Development of a tobacco 21 policy assessment tool and state-level analysis in the USA, 2015-2019 Tobacco Control Published Online First: 14 October 2019. doi: 10.1136/tobaccocontrol-2019-055102

<sup>2</sup> These estimates model the scenario with the greatest effect: youth who grow up with Tobacco 21 during the years when they are most susceptible to begin smoking. The projection does not represent effects for individuals only partially exposed to the effects (e.g., current 20-year-olds are only exposed to 1 year of Tobacco 21). Population estimates were obtained from the U.S. Census Bureau's 2018 American Community Survey 1-Year Estimates Subject Tables.

**Calculations show that a Tobacco 21 policy is projected to reduce the number of 21-year-old smokers by 15%.** Seattle can be used as an example to understand some of the effects of this policy on the population. In a city this size, with about 2,400 20-year-old smokers, Seattle could see about 450 fewer youth smoking on their 21st birthday.

**Tobacco 21 also positively impacts multiple health conditions, including cardiovascular disease (CVD).** Under Tobacco 21, Seattle could see about 160 fewer CVD events (e.g., heart attack) each year. Looking across the health conditions most affected by Tobacco 21 policies (e.g., CVD, lung and other cancers), we estimate that each year Seattle could see about 650 more healthy life years across the city's population.<sup>3</sup>

#### Potential impact of Tobacco 21 in Seattle



About 450 fewer youth smoking on their 21st birthday



160 fewer CVD events (e.g., heart attacks and strokes) each year



About 650 more healthy life years across the city's population (looking across all health conditions most affected by Tobacco 21 policies (e.g., CVD, lung and other cancers))

While these numbers are encouraging, the ability to calculate impact is limited to the quantifiable pathways found in medical literature and do not represent the full impact of Tobacco 21. They do, however, demonstrate that policy change can directly impact the lives of people living in our cities for the better. Subsequently, Tobacco 21 was implemented at the national level in December 2019, making it illegal for retailers to sell tobacco to anyone under the age of 21.

## Conclusion

The CityHealth evaluation found that the CityHealth initiative has contributed to advancing health policy in the KP footprint. The lessons and examples in this brief have informed the development of the CityHealth initiative and can inform broader policy advancement efforts in the future. For example, understanding that there is no template for policy advancement allows stakeholders to support cities' efforts in ways that work best for their context. These lessons can also inform how local efforts are implemented through underscoring the importance of policy windows, strong relationships, and local champions.

CityHealth's unique approach brought value to policy advancement efforts in the KP footprint and provides insights for other policy advancement efforts. In particular, the unique partnership between a public health foundation and a large-scale health institution leveraged the strengths of each organization while also providing credibility, motivation, and concrete support for local efforts. CityHealth's robust technical assistance structure demonstrates how to support multiple policy topics within one initiative.

Adopting strong policies is an essential first step towards advancing health and strong policy implementation is also needed to achieve the intended impact. As CCHE's evaluation suggests, when CityHealth policies are implemented with fidelity, with sufficient resources for robust enforcement, they have the potential to meaningfully impact community health in our nation's largest cities.

<sup>3</sup> Healthy Life Years (HLYs) are the counterpoint to Disability-Adjusted Life Years, which are used widely in measuring the "Global Burden of Disease." HLYs are expressed as the cumulative number of years gained due to avoiding ill-health, disability, or early death.

## Appendix A - Methods

### Evaluation overview

CCHE is contracted to evaluate the CityHealth initiative in the 23 cities in the Kaiser Permanente (KP) footprint. Initiative strategy and activities are being carried forward by three initiative partners, KP, de Beaumont Foundation and CityHealth, who agreed to develop a consistent approach to evaluating the initiative's progress.

The goals of the evaluation are to:

- Understand the initiative's effectiveness and impact
- Drive ongoing program improvement
- Tell the story of CityHealth and inform the field

The evaluation plan is considered a living document. It is guided by a set of 5 questions that are organized along the policy spectrum (see figure to the right).

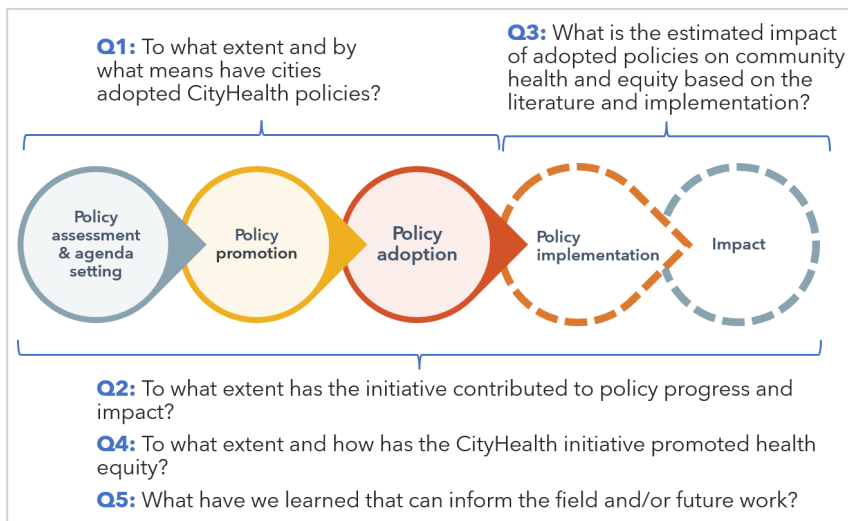
### Data collection

Learning brief themes are drawn from the following data sources:

- Interviews that took place between 2018-2024.
  - Interviews with staff engaged in the CityHealth initiative in the KP footprint, including staff from KP, de Beaumont Foundation, CityHealth, and public affairs contractors. These interviews generally happened on an annual basis so that the evaluation could understand both current progress and change over time.
  - Interviews with community stakeholders and agency/legislative staff generally occurred after a policy was adopted. Multiple perspectives were gathered to understand each adoption process and learnings.
- Ad hoc information from partner and staff representatives during operational meetings, document reviews, and convenings.
- Research related to specific adoption processes including media research, document review, and policy research.
- Conversations with policy and subject matter experts.
- CityHealth materials including updates on policy progress and medaling reports, policy briefs, blogs, and annual reports.

### Analysis and sensemaking

CCHE analyzed the data and presented initial findings to representatives from the initiative partners in annual and summative sensemaking sessions so that they could critically examine each finding and provide input. CCHE also developed internal case study outlines on many of the policies adopted at a gold medal level to support individual and cross-case analysis. Outlines were shared with interviewees active in each of the policy advancement efforts to validate and/or refine the policy advancement stories.



## Appendix B - Assessing progress along the policy spectrum

Increasingly, initiatives such as CityHealth are setting their sights on improving the policies that influence community health. Policy change happens in dynamic and fluid environments, and it can be difficult to show how advocacy for change makes a difference.

CCHE adapted a **policy spectrum** to understand how strategies contribute to policy change.<sup>4</sup> The policy spectrum is the basis of the CityHealth initiative logic model and evaluation plan. It is used in the evaluation to capture the steps, contributions, and capacities that precede and follow an actual policy change, helping initiative partners pinpoint where they are, where they would like to be, and how they can define success along the way. As with most policies, the development process is not linear or sequential, and phases can happen in parallel. The model calls out the importance of the policy implementation stage in achieving the desired impact of improving community health.

To understand how progress is achieved and drives ongoing program improvement, the evaluation examined the extent to and means by which cities adopted CityHealth policies across the spectrum of policy development. The segmentation of the policy spectrum served as a model to situate the context, organize and analyze the data, and facilitate cross-case learnings.



*Policy assessment and agenda setting* includes identifying the issue to be addressed, understanding it in the local context / political landscape, weighing its relative importance and prioritizing it on the agenda. This guides efforts in the following phases of the policy development process.

*Policy promotion* centers on activities aimed at building political will to enact a given policy, including: forming or leveraging relationships with policymakers, participating in coalitions, gathering support through media or communication, providing technical assistance and resources to strengthen the policy, commissioning research or public opinion data, and writing policy-specific reports on progress and opportunities.

*Policy adoption* is the stage at which decisions are made at the governmental level - via legislative action or administrative action. This results in a new law or an executive order that is reviewed by CityHealth to determine if it meets the requirements to medal.

*Implementation* of the enacted policies focuses on the processes and mechanisms by which the policy is being executed and monitored. The goal is to ensure that the implementation is aligned with the policy's objectives. It often includes budgetary considerations, human resources dedicated to implementation, and the development of administrative structures and regulations such as workgroups and enforcement institutions to support implementation.

*Impact* is the goal of policies—to positively promote and improve community health in cities.

<sup>4</sup> The policy spectrum approach is based on CCHE's previous policy evaluations and was adapted for CityHealth: Ottoson, J.M., Green, L.W., Beery, W.L., Senter, S.K., Cahill, C.L., Pearson, D.C., Greenwald, H.P., Hamre, R., & Leviton, L. (2009). Policy-Contribution Assessment and Field-Building Analysis of the Robert Wood Johnson Foundation's Active Living Research Program. *American Journal of Preventive Medicine*, 36(2S), S34-243.