

# The Policy Scan in 10 Steps

A 10 Step Guide based on the Connecticut Chronic Disease Policy Scan

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**For Additional Information:**

[www.ct.gov/dph/chronicdisease](http://www.ct.gov/dph/chronicdisease)

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## Policy Scan: Who, What, Why

In an effort to systematize policy approaches among its various chronic disease programs, Connecticut Department of Public Health (DPH) conducted a policy scan to obtain baseline knowledge of existing state statutes pertaining to chronic disease. In April 2014, the Department released the state's coordinated plan for chronic disease prevention and health promotion called *Live Healthy Connecticut*.<sup>5</sup> The plan outlines the state's indicators and goals in 12 chronic disease areas: asthma, cancer, diabetes, genomics, health care access, health care quality, health equity, heart health, nutrition and physical activity, obesity, oral health, and tobacco. The indicators track progress in each priority area with a particular focus on health equity and vulnerable populations (VP). A policy scan is essentially a survey of the existing policies in particular areas of interest. The purpose is to identify existing policies in a particular area to inform future program and policy work. With an interest in developing, modifying, advancing and implementing policies to promote chronic disease prevention and improve health equity, DPH found the policy scan to be an important component of a shared knowledge base.

A policy scan systematically gathers and analyzes policies in a particular area of interest. It provides a unified location for multiple stakeholders, partners and advocates to access policy information and analysis. Also, it can serve as a planning tool for modifying existing policies and for future policy work. It will also help to avoid duplicative efforts, and the health equity review aids prevention of unintended consequences for vulnerable populations.

Those that can benefit from conducting a policy scan include not only public health professionals, but policy advocates, non-profits and community organizations from different sectors as well. This guide will briefly describe the process used to conduct the policy scan in Connecticut and how it can be replicated in other states and organizations.

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<sup>5</sup> Connecticut Department of Public Health. 2014. *Live Healthy Connecticut, A Coordinated Chronic Disease Prevention and Health Promotion Plan*. Hartford, CT: Connecticut Department of Public Health [http://www.ct.gov/dph/lib/dph/state\\_health\\_planning/dphplans/chron\\_dis\\_coord\\_plan\\_\\_april\\_2014.pdf](http://www.ct.gov/dph/lib/dph/state_health_planning/dphplans/chron_dis_coord_plan__april_2014.pdf)

# The Policy Scan in 10 Steps

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## Preparation

- 1) Define explicitly the policy scan objective(s) and the scope.
- 2) Identify variables for analysis and potential data sources.
- 3) Design the data tool (with headers aligned with selected variables).
- 4) Identify common social determinants of health and vulnerable population categories for the area of interest; and create predetermined reference lists for review.
- 5) Design a search flow diagram (or other tracking method) to facilitate documentation and continuity of the search process.
- 6) Identify search terms.

## Search

- 7) Maintain consistency between searches (i.e. same search protocol for each search term) and between data sources (i.e. same inclusion/exclusion parameters for policies found in different data sources). Keep careful and methodical documentation.

## Review

- 8) Review policies for appropriateness and accuracy. Include different reviewers and subject matter experts.
- 9) Perform analysis based on the type of information desired.
- 10) Refine, review, share and identify a system for updating.

# Preparation

**1. Define explicitly the policy scan objective(s) and the scope.**

Prior to starting the policy scan, it is important to have a clear and specific idea of the purpose of the scan and its parameters. Taking the time to identify this in a clear and detailed manner will ensure consistency throughout the policy search. Clear and specific objectives would include the scan’s intent and/or potential outcomes and uses, i.e. how it will be used; programs, staff, or initiatives it will be used to inform; and any further products or analysis to be gained from it.

The scope of the scan should be related to the objectives, and should include unambiguous search and inclusion/exclusion parameters. Pre-determined parameters will serve as a guide when searching and reviewing policies for inclusion or exclusion. The scope of the scan should include any time, place or subject constraints. For example, the Connecticut policy scan had no time limits- all active state statutes were considered for inclusion regardless of their enactment date. However, the scan was limited to policies pertaining to specific chronic disease topics within the state of Connecticut. If conducted on policies that are not statewide, an example of place limitation could be a specific geographic area, agency or organization. Inclusion/exclusion parameters should include criteria for measuring each policy’s appropriateness for inclusion.

**Practice Example**

| <b>Connecticut Chronic Disease Policy Scan</b> |   |
|--|---|
| <b>Purpose</b>                                 | To create a baseline database of state chronic disease policies.  |
| <b>Objectives</b>                              | Create a database that will be available to and support policy initiatives of agency staff and partners.  |
|  | Create a database that will provide current and up-to-date information on state chronic disease policies.   |
|  | Assess the representation of health equity among state chronic disease policies.  |
| <b>Scope</b>                                   | Active state statutes, no time constraints  |
|  | Alignment with the indicators in the state chronic disease prevention plan <i>Live Healthy Connecticut</i> - potential to inform, affect or further the goals and strategies within each chronic disease indicator. <ul style="list-style-type: none"> <li>• Does the policy specifically mention aspects of the goals and strategies within the chronic disease area of the state chronic disease prevention plan?</li> <li>• Does the policy address a topic that could potentially inform, promote or hinder the goals and strategies in the state chronic disease prevention plan?</li> </ul> |

**Table 1: Connecticut Chronic Disease Policy Scan- Scope and Objectives**

**2. Identify variables for analysis and potential data sources.**

Writing out the scope and objectives for the scan should make it easy to identify variables for analysis. Analyses will help to identify trends among the included policies. It is important to identify variables prior to starting the scan as they will predict the information necessary to extract from included policies during the search. This will help with designing the data tool. Data sources can vary depending on the type of policies of interest; however, identifying sources of data in advance can save time and help with planning the search method.

**Practice Example**

| Types of Variables                                  |  |
|---|--|
| Total included policies                             | Number of search terms used                      |
| Number of included policies referencing SDH         | Number of policies retrieved                     |
| Percent of included policies referencing SDH        | Number excluded based on title scan              |
| SDH most frequently referenced                      | Number of full text reviews                      |
| Number of included policies referencing VP          | Search term producing the most policies          |
| Percent of included policies referencing VP         | Search term producing the most relevant policies |
| Number of included policies referencing SDH and VP  | Policies from secondary findings                 |
| Percent of included policies referencing SDH and VP | Policies from other websites                     |

**Table 2: Connecticut Chronic Disease Policy Scan- Types of Analyses**

| Data Sources  |
|---|
| Connecticut General Assembly Website  |
| National Human Genome Research Institute Policy and Legislation Database              |
| CDC Chronic Disease State Policy Tracking System                                      |
| National Association of State Boards of Education State School Health Policy Database |

**Table 3: Connecticut Chronic Disease Policy Scan- Data Sources**

**3. Design the data tool (with headers aligned with selected variables).**

The data tool is used to collect and aggregate data found during the search. The data tool headers are what frame the data tool. These constitute the desired information to be gleaned from review of the included policies. Policy information can be filled under these headings as they are included. Headers should be identified prior to beginning the scan so the information gathered will be relevant to the objectives and consistent between policies and topic areas. For the Connecticut scan, Microsoft Excel was used to formulate the data tool.

Practice Example

| Asthma   |                           |                |   |  |   |  |
|--|---------------------------|----------------|---|--|---|--|
| Policy Name <sup>1</sup>   | Policy ID (Title-Section) | Effective Date | Subject   | Constituencies Affected <sup>2</sup>   | CT DPH Programs Affected <sup>3</sup>                 | Summary  |
| Health assessments   | 10-206                    | 1-Feb-2004     | School health assessments                                 | DPH, Students, Educators, School administrators, Parents, Medical practitioners, SDE | Asthma, Diabetes, SHAPE (School Health), Oral Health  | Each local or regional board of education (BOE) shall require a health public school enrollment. The health assessment must include a physical which including hematocrit or hemoglobin tests, height, weight, blood chronic disease assessment. The chronic disease assessment shall include indicating an asthma diagnosis and vision, hearing, postural and gross health assessment with the same asthma indication and screenings in pupil in either grade 6 or 7 and in either grade 9 or 10. Requires the BOE and DPH annually. Requires DPH to report to the joint standing committee Assembly (JSCGA).   |
| Administration of medications in schools, at athletic events and to children in school readiness programs          | 10-212a                   | 15-Jun-12      | Medication administration in schools                      | Students, Educators, School administrators, Parents, SDE                             | Asthma, Diabetes, SHAPE (School Health)               | Allows school personnel, such as coaches, to administer medications self-administration of medications by students. Allows students to use inhaler at all times.   |
| Pediatric asthma pilot program. Asthma monitoring system. State-wide asthma plan. Model case definition of asthma. | 19a-62a                   | 1-Jul-00       | Pediatric asthma program                                  | Students, Educators, School administrators, Parents, Medical practitioners, DPH, DSS | Asthma  | Requires DPH to establish a pilot program for the early identification of pediatric asthma. Requires DPH to evaluate the pilot program and report. Requires DPH to establish and maintain a system of monitoring asthma. Requires DPH to establish a state-wide asthma plan. Requires DPH to develop a model asthma. Requires DPH to submit a report of the monitoring system's findings. Commissioner of Public Health shall make grants-in-aid under the pilot to be established in two municipalities to identify, screen and refer children for treatment. Projects geared toward early detection of asthma may utilize through public-private partnerships to establish a public awareness and outreach initiatives targeting urban areas to encourage early screening of asthma. Report on pilot program due to JSCGA October 1, 2001. |
| Regulations. Exemptions. [child day care centers and group day care homes]   | 19a-79                    | 1-Jan-05       | Regulations for day care centers and group day care homes | Day care operators and staff, DPH, Children, Parents, OEC                            | Asthma, Community-based regulation, Daycare Licensing | A child day care center or home shall not deny services to a child that has injectable equipment used to administer glucagon; or on the basis of a child because a child has a prescription for an inhalant medication to treat asthma. presence of staff trained in the administration of this equipment and during all hours when such a child is on-site. Requires staff training within 1 weeks after such child's enrollment. Requires DPH to establish physical standards for licensed child day care centers and homes that exclusively serve   |

Figure 1: Connecticut Chronic Disease Policy Scan- Data Tool

**Description of Data Tool Headers**

|   |  |
|---|--|
| <b>Policy Name</b>                      | The descriptive name given to the policy in the statute text. If a policy was given more than one descriptive name, only the first name was included in the tool.  |
| <b>Policy ID</b>                        | The policy’s chaptered ID number in title-section format. This stipulates the title where the policy is found in CT general statutes, and the chapter section within that title. Titles are used to organize the state statutes into topic areas.                        |
| <b>Effective Date</b>                   | The effective date is the date the policy was enacted. If the enacted date was not available, the date the policy became effective was used. If neither date was available, ‘uncertain’ was used for the effective date.   |
| <b>Subject</b>                          | A brief description of the policy topic, or subject area. This makes it helpful for quick scanning when looking for policies related to a particular topic.  |
| <b>Constituencies Affected</b>          | Groups, agencies and organizations that might be affected by implementation of the policy. Constituencies affected were included based on specific appearance in the statute text or based on the researcher's perception of the potential to be affected by the policy. |
| <b>DPH Programs Affected</b>            | DPH programs that may be affected by implementation of the policy. DPH organizational chart was examined to identify programs and sections that may be affected by the policy based on the researcher's knowledge of the program's responsibilities and activities.      |
| <b>Summary</b>                          | Summary of the statute text. The summary generally includes the purpose, requirements or allowances related to the chronic disease area, responsible parties, and any aspects of health equity.  |
| <b>Health Equity</b>                    | Highlights any language in the text that relates to health equity. This may or may not be the same as the information represented in the VP and SDH columns.   |
| <b>Vulnerable Populations Mentioned</b> | Highlights any VP mentioned in the statute text based on a pre-defined reference list. All policies were reviewed for specific mention of VP from the reference list, or having a potential to affect one or more of the VP on the list.                                 |
| <b>Social Determinants of Health</b>    | Highlights any SDH mentioned in the statute text based on a pre-defined reference list. All policies were reviewed for specific mention of a SDH from the reference list, or having a potential to affect one or more of the SDH on the list.                            |
| <b>Other Priority Areas Addressed</b>   | Identifies if the policy may relate to any other chronic disease areas. Policies were reviewed for specific mention, or mention of factors related to, other chronic disease priority areas.   |
| <b>Mention of Funding</b>               | Identifies if there was any mention of funding to support the policy activities or requirements.   |

Table 4: Connecticut Chronic Disease Policy Scan- Data Tool Headers

**4. Identify common social determinants of health and vulnerable population categories for the area of interest; and create predetermined reference lists for review.**

For the health equity review portion of the scan, it is important to define social determinants of health (SDH) and VP prior to review. This is another way of maintaining consistency during policy review. For the Connecticut scan, the predetermined list of VP consisted of a list of categories. Categories were used because different terms are used to describe VP. Using categories allowed for the inclusion of different terms describing the same, or a similar, group. Additionally, it is important to note SDH are a broad topic. Because of this the reference list may not be completely comprehensive. The focus should be on those SDH that are most prevalent in the area of focus. Similarly with VP, the focus should be narrowed to specific categories. Both the SDH reference list and the VP list should be reviewed by subject matter experts.

**Practice Example**

| SDH Reference List         |                   |
|----------------------------|-------------------|
| Access to Care             | Transportation    |
| Income                     | Housing           |
| Education                  | Employment        |
| Crime                      | Health Literacy   |
| Access to Healthy Food     | Built Environment |
| Environmental Risk Factors | Quality of Care   |
| Linguistic Access          |                   |

Table 5: Connecticut Chronic Disease Policy Scan- SDH Reference List

| VP Reference List                           |                             |
|---|-----------------------------|
| Geographic Area                             | Health Status               |
| Income                                      | Race                        |
| Age   | Ethnicity                   |
| Gender                                      | Limited English Proficiency |
| Special Population (i.e. inmates, homeless) |                             |

Table 6: Connecticut Chronic Disease Policy Scan- VP Reference List

**5. Design a search flow diagram (or other tracking method) to facilitate documentation and continuity of the search process.**

A search flow diagram is a simple way of tracking the search process throughout the scan. It is a systematic way to ensure consistency throughout the search process as well. Particularly

when conducting a large scan, the search and review process can become obscure if there is not a structured way of conducting the search, and documenting it throughout. Additionally, having thorough documentation will offer validity to the process and it will be helpful when performing analyses.

**Practice Example**

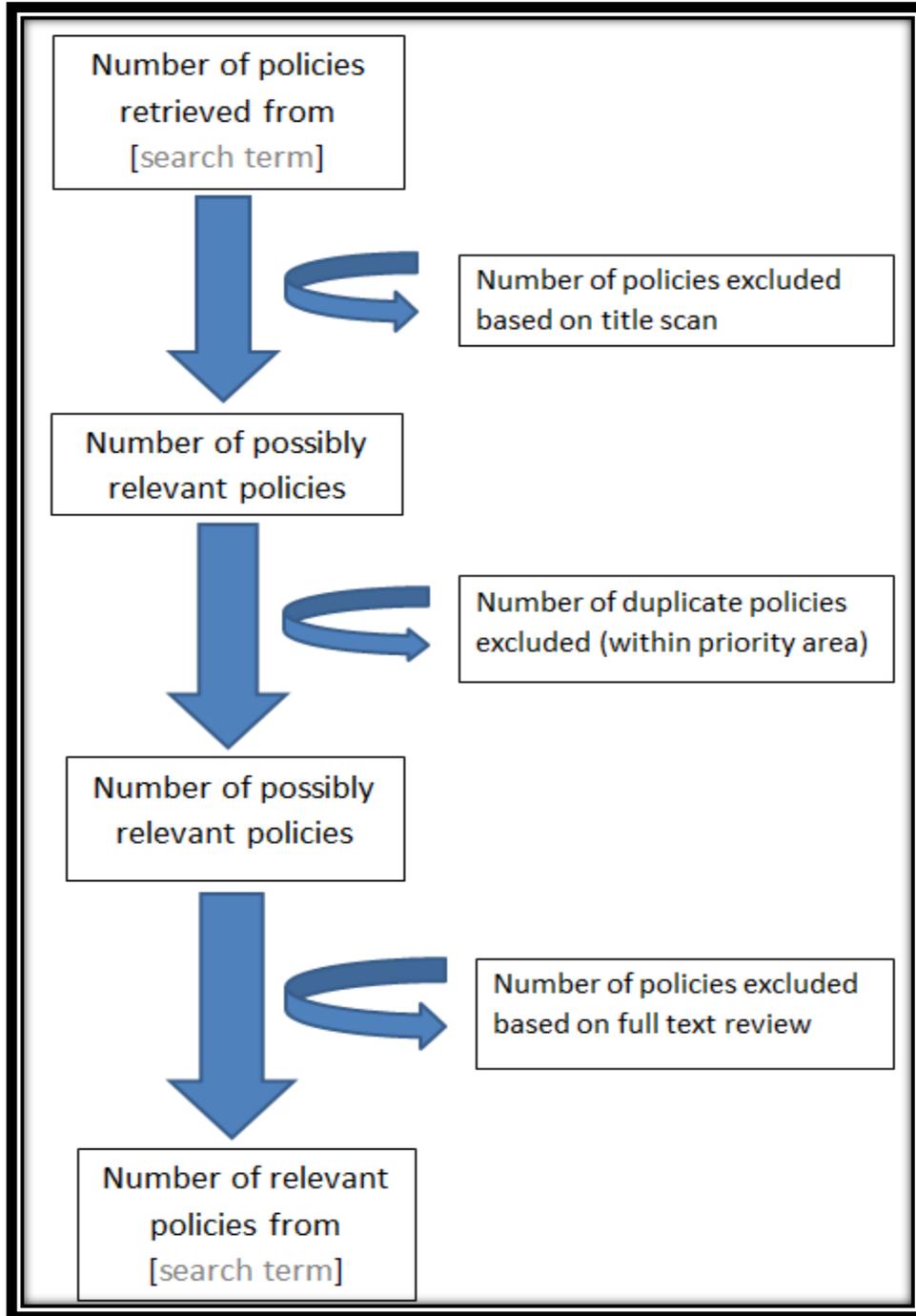


Figure 2: Connecticut Chronic Disease Policy Scan- Search Flow Diagram

**6. Identify search terms.**

Depending on the nature of the data source(s) used, search terms should be identified for each focus area. Search terms can be identified based on personal knowledge of the topic area, but subject matter experts should be consulted. This will allow you to identify terms and/or policies that may be overlooked.

**Practice Example**

| Asthma  |                               |
|---|-------------------------------|
| Asthma (6)  | Air (7)                       |
| Respiratory (3)   |                               |
| Asthma, air, respiratory, airway inflammation, pulmonary function, occupational disease, inhaler  |                               |
| Cancer  |                               |
| Cancer (34)   | Breast (3)                    |
| Mammogram (1)   | Tanning (1)                   |
| Secondary (1)   |                               |
| Cancer, breast, cervical, mammogram, colonoscopy, early detection, hookah lounges, tanning salons, clinical trials, tanning   |                               |
| Genomics  |                               |
| Genomics (1)  | Genetics (2)                  |
| Gene (2)  | Bioscience (2)                |
| Clone (1)   | Newborn screening (2)         |
| Secondary-NHGRI (3)   |                               |
| Genomics, genetics, genome, gene, hereditary, BRCA, biotechnology, bioscience, chromosome, eugenics, clone, mutation, pharmacogenomics, newborn screening, phenylketonuria, genetic discrimination, familial hypercholesterolemia, syndrome |                               |
| Health Care Access  |                               |
| Health care access (14)   | Health insurance exchange (2) |
| Secondary (7)   |                               |
| Healthcare access, health care access, health insurance exchange  |                               |
| Health Care Quality   |                               |
| Health care quality (1)   | Health quality (1)            |
| Assurance (12)  | Secondary (6)                 |
| Health care quality, health care quality, health quality, health care assurance, health assurance, assurance  |                               |

**Table 7: Connecticut Chronic Disease Policy Scan- Search Term Key**

**Note:** Displays number of policies included per search term and includes only policies found using a search term. Complete list of search terms used is shown at the bottom of each section.

# Search

**7. Maintain consistency between searches (i.e. same search protocol for each search term) and between data sources (i.e. same inclusion/exclusion parameters for policies found in different data sources). Keep careful and methodical documentation.**

The steps preceding step 7 have all been geared toward maintaining consistency while conducting the policy scan. This step stands alone because it may be one of the most important during the search process. If there is no consistency, the scan may become ineffective at meeting the purpose, scope and objectives set for it. Following the preceding steps and keeping methodical documentation will help to avoid this. It will also help to minimize any discrepancy from human error. The purpose, scope and objectives should be reviewed frequently. When reviewing policies, keep the scope of the scan in mind, and possibly written down in a visible area. If retrieving a large number of policies from the search, it can become easy to confuse what is appropriate to include and what is not. For example, during the Connecticut policy scan search, many policies related to each chronic disease area were retrieved. However, not all policies were related to the particular goals and strategies in the state chronic disease plan; which was the inclusion criterion.

When populating the data tool, information should be taken directly from the policy text. The headers, as previously selected when designing the data tool, should guide what information should be extracted for populating the data tool. For example, as analyzing health equity in chronic disease statutes was a main goal for the Connecticut policy scan; ‘Health Equity’ was included as a header in the data tool. Cells under this header were populated with any text from the statute relating to a health equity measure or consideration.

## Practice Example

| Summary  | Health Equity   | VP Mentioned                       | SDH Mentioned  | Other Priority Areas Addressed | Funding Mentioned |
|--|---|------------------------------------|--|--------------------------------|-------------------|
| Requires the Secretary of the Office of Policy and Management to develop a form for capital development impact statements on which state agencies shall indicate the manner in which a planned or requested capital project or program addresses the following goals: (1) Revitalization of the economic base of urban areas in order to protect existing jobs and create new job opportunities needed to provide meaningful economic opportunity for inner city residents; (2) revitalization of urban neighborhoods to reduce the isolation of various income, age and minority groups through the promotion of fair and balanced housing opportunities for low and moderate income residents; (3) revitalization of the quality of life for the residents of urban areas by insuring quality education, comprehensive health care, access to balanced transportation, adequate recreation facilities, responsive public safety, coordinated effective human service programs, decent housing and employment and clean water and by insuring full and equal rights and opportunities for all people to reap the economic and social benefits of society; (4) coordination of the conservation and growth of all areas of the state to insure that each area preserves its unique character and sense of community and further insure a balanced growth and prudent use of the state's resources. | Requires reporting of methods to revitalize quality of life, to include health care, and other SDOH | geographic area, income, age, race | Access to care, Income, Education, Transportation, Housing, Employment, Built environment, Crime | Health Equity                  | No                |

Figure 3: Connecticut Chronic Disease Policy Scan- Data Tool

|            |          |                                    |        |   |
|------------|----------|------------------------------------|--------|---|
| Cancer     | 10-29a   | cancer [34(52)]                    | Oct-13 | cancer [34(52)],<br>breast [3(24)],<br>cervical [0(7)],<br>mammogram<br>[1(5)], colonoscopy<br>[0(3)], early<br>detection [0(9)],<br>hookah lounges<br>[0(0)], tanning<br>salons [0(0)],<br>clinical trials<br>[0(22)], tanning<br>[1(4)] |
| Total = 41 | 10-217d  | <a href="#">CGA Statute Search</a> | Oct-13 |   |
|            | 10-217f  |                                    | Oct-13 |   |
|            | 10a-109b |                                    | Oct-13 |   |
|            | 17b-278b |                                    | Oct-13 |   |
|            | 17b-278d |                                    | Nov-13 |   |
|            | 19a-32b  |                                    | Nov-13 |   |
|            | 19a-32c  |                                    | Nov-13 |   |
|            | 19a-62   |                                    | Nov-13 |   |
|            | 19a-72   |                                    | Nov-13 |   |
|            | 19a-73   |                                    | Nov-13 |   |
|            | 19a-73a  |                                    | Nov-13 |   |
|            | 19a-73b  |                                    | Nov-13 |   |
|            | 19a-74   |                                    | Nov-13 |   |

Figure 4: Connecticut Chronic Disease Policy Scan- Search Sheet

**Note:** In addition to the flow diagram, a search sheet was compiled to track searches for each chronic disease area. It included the total number of included policies, web links to the specific policies, month and year the policy was retrieved, the number of policies found and included for each search term, and a repository of all search terms used in that area with the number of policies found and included for each.

## Review

### **8. Review policies for appropriateness and accuracy. Include different reviewers and subject matter experts.**

At this point, it is important to review the policies that have been included to ensure they truly fit within the criteria that were set and the intent of the scan. Input from others who are familiar with the purpose, scope and objectives of the project, and can provide a “fresh pair of eyes” is advised.

### **9. Perform analysis based on the type of information desired.**

The analysis performed must be related to the variables selected in step 2. It should provide information about trends and policy in the area of interest. Types of analyses could include sum tallies, percentages and averages. For example, a major focus of the Connecticut policy scan was to assess the representation of health equity in state chronic disease statutes. To measure this, sum tallies were conducted and percentages calculated on the frequency of SDH and VP mentioned in included policies for each chronic disease area (i.e. after reviewing each included cancer statute, it was found that 58.5% of state cancer policies mention at least one SDH).

## Practice Example

|  | Combined       | Asthma                         | Cancer              | Diabetes           | Genomics           | HCA                 | HQC                                       | HH                                  | N&PA                        | Obesity                         | OH                             | Tobacco  |
|--|----------------|--------------------------------|---------------------|--------------------|--------------------|---------------------|---|-------------------------------------|-----------------------------|---------------------------------|--------------------------------|--|
| Total included policies                      | 201            | 15                             | 41                  | 16                 | 13                 | 22                  | 21  | 7                                   | 27                          | 1                               | 15                             | 23   |
| # of included policies mentioning SDH        | 123            | 14                             | 24                  | 3                  | 3                  | 14                  | 20  | 1                                   | 26                          | 1                               | 7                              | 10   |
| % of included policies addressing SDH        | 61.2%          | 93.3%                          | 58.5%               | 18.8%              | 23.1%              | 63.6%               | 95.2%                                     | 14.3%                               | 96.3%                       | 100.0%                          | 46.7%                          | 43.5%  |
| Most common SDH                              | Access to care | Environmental risk factor (10) | Access to care (19) | Access to care (2) | Access to care (2) | Access to care (16) | Quality of care (20); Access to care (13) | Access to care (1); none for others | Access to healthy food (17) | Built Environment and Education | Access to care (6); Income (5) | Environmental, Built, Income (4); Access to care (3) |
| # of included policies addressing VP         | 41             | 3                              | 6                   | 1                  | 2                  | 4                   | 7   | 5                                   | 6                           | 0                               | 6                              | 1  |
| % of included policies addressing VP         | 20.4%          | 20.0%                          | 14.6%               | 6.3%               | 15.4%              | 18.2%               | 33.3%                                     | 71.4%                               | 22.2%                       | 0.0%                            | 40.0%                          | 4.3%   |
| # of included policies addressing SDH and VP | 33             | 3                              | 6                   | 0                  | 2                  | 4                   | 7   | 0                                   | 6                           | 0                               | 4                              | 1  |
| % of included policies addressing SDH and VP | 16.4%          | 20.0%                          | 14.6%               | 0.0%               | 15.4%              | 18.2%               | 33.3%                                     | 0.0%                                | 22.2%                       | 0.0%                            | 26.7%                          | 4.3%   |
| # of search terms used                       | 93             | 7                              | 10                  |                    | 18                 | 3                   | 7   | 12                                  | 11                          | 11                              | 5                              | 9  |
| # of policies retrieved                      | 1483           | 377                            | 126                 |                    | 91                 | 58                  | 162                                       | 73                                  | 171                         | 69                              | 160                            | 196  |
| # excluded based on title                    | 1119           | 346                            | 47                  |                    | 66                 | 9                   | 126                                       | 49                                  | 117                         | 60                              | 156                            | 143  |

Figure 5: Connecticut Chronic Disease Policy Scan- Analysis Sheet

### ***10. Refine, review, share and identify a system for updating.***

Once the scan has been completed, a final review of included policies should be done. This is also the time to invite others to review, particularly those working in the topic area(s) of focus. They can help identify policies within the area of focus that the scan may have missed. Also, they will be able to provide insight on the included policies so far as intent, appropriate and accurate summarization, and status of implementation. Having reviewers will help to identify errors that can be missed when the same person has been reviewing the scan for an extended period of time. Additionally, reviewers can provide important feedback on the scan's utility and lucidity, and optimal formats for sharing as well.

To anticipate policy changes in the topic area of focus, a plan for regular updates should be established. Also important is a plan for communication and sharing. This should be a general idea of how the findings will be shared and how to keep partners abreast of policy changes. For example, an online searchable database that can be accessed by staff and external partners would serve as a source for updates and sharing. Key staff would need to be identified for regular updates and maintenance.

## **Adding to an Existing Policy Scan Database**

Continual maintenance and updates are necessary for a useful policy scan. This does not require repeating all 10 steps. Steps 1 through 6, which cover preparation, lay the ground work for a valid and reliable scan and a sound database. The steps that should be considered when adding to an existing policy scan are steps 7 through 10.

- 7. Maintain consistency between searches (i.e. same search protocol for each search term) and between data sources (i.e. same inclusion/exclusion parameters for policies found in different data sources). Keep careful and methodical documentation.***

Adding to a scan should include a search for any new or updated policies. This search should follow the same process used when initially conducting the policy scan. The same care should be taken to ensure consistency and documentation. Particularly if adding new search terms or variables. Any updates or amendments to included policies should be reflected under the proper header where the particular information that has been changed is found in the data tool.

- 8. Review policies for appropriateness and accuracy. Include different reviewers and subject matter experts.***

This step should be followed when adding as well. New policies for inclusion should undergo the same review and scrutiny as the initial scan. This is important to maintain the integrity of the purpose and scope. As always, having more than one reviewer would be beneficial to avoid human error.

- 9. Perform analysis based on the type of information desired.***

Analysis should be updated when updating policies. This requires recalculating tallies, percentages or averages to include new data added to the scan. This may also provide information on different policy trends and changes since first conducting the policy scan.

### ***10. Refine, review, share and identify a system for updating.***

Step 10 is important when making any changes to the policy scan. There should always be a final review to ensure accuracy and remove any errors. Updates should be shared with partners, and the system or protocol for updating the scan should be reviewed and updated if necessary- including responsible persons.

## **Conclusion**

A policy scan is useful for identifying existing policies in a particular area of interest. It can be used as tool for program planning and future policy initiatives. The Connecticut Department of Public Health continues to utilize the chronic disease policy scan as a valuable component to chronic disease prevention and health promotion efforts. This document is a step-by-step guide to replicating the process used by DPH in other agencies and organizations. Policy work is an important part of public health in order to create effective and sustainable interventions. Identifying tools that will aid in policy efforts is critical. This serves as one example of analyzing state policies in a particular topic area that can be adapted by other agencies pursuing policy initiatives.

# Tables & Figures

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|   |           |
|---|-----------|
| <i>Figure 1: Connecticut Chronic Disease Policy Scan- Data Tool</i>           | <u>6</u>  |
| <i>Figure 2: Connecticut Chronic Disease Policy Scan- Search Flow Diagram</i> | <u>9</u>  |
| <i>Figure 3: Connecticut Chronic Disease Policy Scan- Data Tool</i>           | <u>11</u> |
| <i>Figure 4: Connecticut Chronic Disease Policy Scan- Search Sheet</i>        | <u>12</u> |
| <i>Figure 5: Connecticut Chronic Disease Policy Scan- Analysis Sheet</i>      | <u>13</u> |
|   |           |
| <i>Table 1: Connecticut Chronic Disease Policy Scan- Scope and Objectives</i> | <u>4</u>  |
| <i>Table 2: Connecticut Chronic Disease Policy Scan- Types of Analyses</i>    | <u>5</u>  |
| <i>Table 3: Connecticut Chronic Disease Policy Scan- Data Sources</i>         | <u>5</u>  |
| <i>Table 4: Connecticut Chronic Disease Policy Scan- Data Tool Headers</i>    | <u>7</u>  |
| <i>Table 5: Connecticut Chronic Disease Policy Scan- SDH Reference List</i>   | <u>8</u>  |
| <i>Table 6: Connecticut Chronic Disease Policy Scan- VP Reference List</i>    | <u>8</u>  |
| <i>Table 7: Connecticut Chronic Disease Policy Scan- Search Term Key</i>      | <u>10</u> |