Research Protocol for Health in All Policies (HiAP) Bills

Prepared by the Policy Surveillance Program Staff

December 2016
HEALTH IN ALL POLICIES (HIAP) BILLS

I. Date of Protocol: December 2016

II. Scope: Compiled state-level bills that introduced health in all policies (HiAP) legislation. This longitudinal dataset includes coding questions on the type of HiAP approach, who must collaborate in HiAP initiatives, and the required HiAP activities. The dataset also covers the types of health determinants targeted by HiAP bills, and HiAP reporting requirements.

a. Initial Returns and Additional Inclusion or Exclusion Criteria: Included bills that explicitly referred to HiAP or met the necessary steps for consideration as HiAP legislation – bills that promote collaboration across sectors to incorporate health into decision-making. Excluded bills include:

i. Bills that went on to become law following passage by the state legislature.

ii. Resolutions passed by state legislatures without the force of law.

Additionally, HiAP bills that were proposed separately in each chamber of the state legislature were collected and coded as individual records. If there were multiple iterations of a bill, the most recent iteration of the bill was the text that was collected and coded.

III. Project team: Policy Surveillance Program staff - Lindsay Cloud, J.D., Andrew Campbell, J.D., Joshua Waimberg, J.D., Benjamin Hartung, J.D.

IV. Primary Data Collection

a. Project dates: Legal research was conducted between September 1, 2016 and December 31, 2016.

b. Dates covered in the dataset: This dataset is a longitudinal dataset that covers state bills that have been introduced between January 1, 2012 and December 31, 2016. The effective date listed for each record reflects the date that the bill was introduced to the state legislature. The valid-through date listed for each record reflects the date that last action was taken on the bill, or is our
default date of December 31, 2016, the date through which our research is valid

c. Data Collection Methods: The Policy Surveillance Program Team (Team) building this dataset consisted primarily of one Supervisor and two legal Researchers. One additional Researcher and one Legal Intern assisted with collecting, coding, and redundantly coding HiAP bills. The Researchers began by writing a background memorandum to understand the essential policy components of HiAP bills and by reading secondary sources on HiAP legislation.

i. Databases used: Searches were conducted using WestlawNext. Full text versions of the bills were collected and pulled from state legislature websites.

ii. Search terms used: The following searches were used in the [State] Proposed Legislation (Bills) and [State] Historical Proposed Legislation (Bills) libraries of WestlawNext:

1. adv: (across among within inter) and (agency department "working group" "task force" commission committee sector board) and (incorporate integrate include consider contemplate require evaluate report recommend suggest urge influence collaborat!) and health
2. adv: “health in all policies”
3. adv: “health equity”

Key word searches were supplemented by reviewing secondary sources on HiAP bills and related health equity initiatives. Discrepancies were reviewed by a supervising Researcher and resolved by further research.

V. Coding

a. Development of coding questions: The team worked in collaboration with Ruth Lindberg, an officer with the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, and Dr. Keshia Pollack, a consultant with the Health Impact Project, to determine the focus of the research and the key questions to be coded.

A Supervisor conceptualized coding questions and circulated them to the Team. The Team then worked with a group of key informants to polish the final coding questions, including James Hodge, Jr., Professor of Public Health Law and Ethics at the Sandra Day O’Connor College of Law, Arizona State University (ASU), Leila Barraza, JD, MPH (ASU), Kim Weidenaar, JD (ASU), New Mexico State Auditor Timothy Keller, Christy Hoff of the Washington State Board of Health, Nancy Goff of the Society of Practitioners of Health Impact Assessment, Peter Jacobson, Professor of Health Law and Policy at the University of Michigan School of Public Health, and Katrina Korfmacher of the University of Rochester.
When the questions were finalized, a Researcher entered the questions into the MonQcle, a software coding platform.

b. **Coding Methods:** The Team frequently met as a group to narrow the scope of the dataset to meet the requirements of the HiAP definition. As necessary, the coding scheme was altered to accommodate newly identified features of the data, and completed states were recoded accordingly.

The HiAP bills coded in the MonQcle were entered into the platform in the same text format as they were introduced in their respective legislative bodies, including all strikethroughs, layout, and formatting.

Below are specific rules used when coding certain questions and answer choices in the dataset. **Note that questions marked with an asterisk do not display on the map or table but can be found in the excel data file highlighted in gray.**

**Question:** *Has a Health in All Policies (HiAP) bill been introduced in the jurisdiction?*
- States were coded as “Yes” wherever legislation had been proposed after January 1, 2012.
- States were coded as “No” if an HiAP bill had been proposed prior to January 1, 2012, but no further legislation had been proposed.

**Question:** *Does the bill explicitly reference “Health in All Policies”?*
- States were coded as “Yes” wherever legislation explicitly used the phrase “Health in All Policies.”

**Question:** *How many HiAP bills were introduced in the jurisdiction during the year?*
- The numerical coding for this question was based on the number of HiAP bills coded within the jurisdiction at issue during the year in which the bill contained in the particular record was proposed.

**Question:** *How many HiAP bills were introduced in the jurisdiction from 1/1/2012 through 12/31/2016?*
- The numerical coding for this question was based on the number of HiAP bills coded within the jurisdiction at issue throughout the longitudinal dataset.

**Question:** *What is the bill number?*
- The bill numbers were coded in their abbreviated form.

**Question:** *When was the bill introduced?*
- The date of introduction for the original bill was used to code this question. However, the text of the bill in the record comes from the latest iteration of the bill which included HiAP.
The date of introduction for the original bill was used to code this question even if the bill was prefiled at an earlier date.

**Question: When was an action last taken on the bill?**
- The coding for this question was the date that was recorded as the last action taken for the bill.

**Question: What is the current status of the bill?**
- This question captures the status of the bill at the time of coding. The current status of the bill was not based on the explicit wording for the last action taken on the bill, but was based on the wording of the last action taken on the bill that affected the bill’s current status as determined by the Team.
- Only one answer choice was selected for this question. If the last action included multiple status changes, only the latest change was coded. Specific responses were coded, conceptualized and/or consolidated as follows:
  - “Referred to committee(s)” was coded when the bill was sent to any committee or sub-committee of a legislative body for consideration.
  - “Vetoed” was coded when any type of veto (pocket, line-item, etc.) was used.
  - “Withdrawn” was coded when the bill was withdrawn from consideration, was replaced by a new version of the bill, or was abandoned during the legislative process.

**Question: What legislator(s) first introduced the bill?**
- Legislators were coded with their first and last names.
- Only the main author of a bill was coded for this question. If multiple legislators were listed as the primary authors or introducers of the bill, then those multiple legislators were coded.
- If a bill was reintroduced to the legislature by a committee after leaving the committee, the name of that committee was coded as the legislator who first introduced the bill.

**Question: What type of HiAP approach does the bill call for?**
- This question captures the specific HiAP approach required by the bill. If multiple responses were applicable to a bill, all responses were coded. Specific responses were coded, conceptualized and/or consolidated as follows:
  - “Establishes an HiAP committee, task force, or other body” was coded when an HiAP body was created by the bill, but the body was not a state agency.
  - “Requires collaboration with a pre-existing HiAP committee, task force, or other body” was coded when an HiAP body or agency was
already in existence prior to the proposal of the bill, and the bill required collaboration with said body.

- “Creates HiAP-dedicated state agency” was coded if the bill created a new state agency or renamed/restructured an already-existing state agency.

**Question:** What governmental actors must collaborate pursuant to HiAP?

- This question captures which governmental actors were required by the bill to collaborate. An exhaustive list of every actor listed in a bill was not coded, as only the most prevalent actors were coded. If a bill was unclear as to whether a collaborator was meant to be a governmental or non-governmental actor, the collaborator was coded as non-governmental. Responses were coded, conceptualized and/or consolidated as follows:

  - “Governor,” “Senate,” and “House of Representatives” were coded when the bill required members of these bodies to either participate in the HiAP approach or required them to name HiAP body members.
  - “Local governmental officials” means any non-state-level governmental actor. State-level is assumed unless local government is specified in the text.
  - “Department of Health” means any subset of a state-level health department, including any committees, commissioner, or task force.
  - “Transportation” means any subset of a state-level transportation department, including any committees, commissioner, or task force.
  - “Housing” means any subset of a state-level housing department, including any committees, commissioner, or task force. It includes community development governmental actors.
  - “Environment” means any subset of a state-level environmental department, including any committees, commissioner, or task force.
  - “Agriculture” means any subset of a state-level agricultural department, including any committees, commissioner, or task force.
  - “Labor” means any subset of a state-level labor department, including any committees, commissioner, or task force.
  - “Education” means any subset of a state-level education department, including any committees, commissioner, or task force. It includes all aspects of state-level governmental education, including state universities and the department of education.
  - “Corrections” means any subset of a state-level correctional department, including any committees, commissioner, or task force.
  - “Law enforcement” means any subset of a state-level law enforcement department, including any committees, commissioner, or task force. It includes state-level police and attorneys.
“Health disparities” means any pre-existing HiAP, health disparities, or health equity-related body, agency, commission, or task force.

“Health insurance exchange” means any state-level, governmental health insurance exchange representatives or department.

**Question: What non-governmental actors must collaborate pursuant to HiAP?**
- This question captures which non-governmental actors are required by the bill to collaborate. An exhaustive list of every actor listed in a bill was not coded, as only the most prevalent actors were coded. If a bill was unclear as to whether a collaborator is meant to be a governmental or non-governmental actor, the collaborator was coded as non-governmental. Specific responses were coded, conceptualized and/or consolidated as follows:
  - “Social scientists” include stakeholders in social science fields such as economics, history, and sociology.
  - “Public health experts” was coded if specialists in public health were explicitly mentioned.
  - “Health care providers” include physicians, nurses, and mental health practitioners.
  - “Education” includes all explicitly non-governmental education actors, including members of academia.
  - “Community advocates” include any non-associated member of the public who are tasked with advocating on behalf of their community.

**Question: What specific activities are required?**
- This question captures the specific HiAP activities required to be performed by the bill. Responses for this question were coded on the basis of the duties and reporting requirements listed in the bill for an HiAP body.

**Question: What specific health determinants must the required activities target?**
- This question captures which specific health determinants the bill requires the HiAP approach to target. Responses were coded, conceptualized and/or consolidated as follows:
  - “Behavioral risk factors” include: diet; physical activity/inactivity; smoking; alcohol consumption; drug addiction; and leisure and recreational activity.
  - “Employment and livelihood” includes: employment and job security; income and employment benefits; workplace occupational hazards; and workplace rewards and control.
  - “Family and community structure” includes: social support/isolation; family structure and relationships; voluntary group participation; arts and culture; faith, spirituality, and tradition; and crime and violence.
“Housing” includes: housing supply, cost, and accessibility; housing size and level of crowding; housing safety; neighborhood infrastructure and livability; and residential segregation.

“Environmental quality” includes: air quality; soil contamination; noise; disease vectors; natural spaces and habitats; floods, wildfire, and landslide hazards; transportation hazards; food resources and safety; and water resources and safety.

“Public services” include: educational access or quality; health care access or quality; transportation; parks and recreational centers; waste systems; and police/security and emergency response.

“Private services” include: financial institutions; retail food resources; and child care services.

“Political factors” include: inequality; social exclusion; discrimination; political participation; and freedoms of speech and press.

**Question:** What entity must receive the report?
- This question captures the individual or body to whom the required report from the HiAP body must be made. Specific responses were coded, conceptualized and/or consolidated as follows:
  - “Legislature,” was coded if the report was required to be delivered to a legislative committee, individual legislator, or specific legislative body.
  - “Health Department,” was coded if the report was required to be delivered to any subset of a state-level health department, including any committees, commissioner, or task force.

**Question:** What must the report contain?
- This question captures the specific requirements the bill states the report must contain. Specific responses were coded, conceptualized and/or consolidated as follows:
  - “Results of any health assessments conducted” was coded only when HIAs were specified in the bill.
  - “All activities” was coded whenever this requirement was explicitly mentioned or the reporting requirements were vague or without specifics as to what the report was required to include.

**VI. Quality Control**

- **Quality Control – Background Research:** States were redundantly researched for HiAP bills to ensure that all relevant proposed legislation was collected for coding purposes. All redundant research was reviewed by the Supervisor and any missing bills were added to the collection of bills used to complete the coding.
Following the completion of research and coding for all HiAP bills for the valid through date of December 1, 2016, further research and coding was completed to extend the valid through date to December 31, 2016. All quality control methods were followed by the team for this update.

b. **Quality Control – Coding:** 100% of records from jurisdictions that introduced HiAP bills were redundantly coded by the Team throughout the development of the dataset (28 of 28 records with HiAP bills, with 70 “No” records). The Supervisor first assigned 100% redundant coding of the first 10 jurisdictions (Batch 1), and the divergence rate was 16.60%. The Supervisor then assigned 100% redundant coding of the next 10 jurisdictions (Batch 2), and the divergence rate was 24%. The Supervisor then assigned 100% redundant coding of the next 10 jurisdictions (Batch 3), and the divergence rate was 19.11%. The Supervisor then assigned 100% redundant coding of the next 21 jurisdictions (Batches 4 and 5), and the divergence rate was 15.3%.

The Supervisor also performed quality control by downloading all coding data into Microsoft Excel and examined the data for any missing answers, incorrect citations, and caution notes. The divergences and caution notes were discussed and resolved by the Supervisor and Researchers in a coding review meeting. Divergences were then recoded to the agreed upon response.