HEALTH IN ALL POLICIES

A FRAMEWORK FOR STATE HEALTH LEADERSHIP

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HEALTH IN ALL POLICIES
A Framework for State Health Leadership

Health in All Policies (HiAP) is a collaborative approach for integrating and articulating health considerations into policymaking and programming across sectors and levels of government with the goal of improving the health of all communities and people. This document provides a foundation and a framework for how these sectors and levels of government can implement HiAP, and includes examples of successful outcomes from using a HiAP approach.

I. An Introduction to Health in All Policies

HiAP is not a new concept. For decades, policy development in areas such as transportation safety, water and air quality, disaster recovery, preparedness and climate change, and worker safety have featured cross-sectorial, collaborative approaches that were cognizant of health issues. In addition, other sectors, such as land use planning, community design, environment, and housing, routinely consider well-being, and by extension, health, in making programmatic decisions and priorities.[1,2] HiAP adds a framework for providing evidence-based health and equity information to policy and program development in these and other sectors.

II. Why is HiAP Important?

Good health is a universally shared value, so addressing the determinants of health is a shared responsibility. HiAP serves to strengthen accountability of policymakers in all sectors and at all levels.[3] Examples of HiAP successes from around the world show that government commitment to health as a basic human right is crucial in sustaining momentum for HiAP.[1,4]

Understanding of the social and environmental determinants of health is growing (see Box 1).[5] The World Health Organization's (WHO) 2008 Commission on Social Determinants of Health was a worldwide call to action. The report made a compelling case that growing health inequities exist within and between countries, and are largely determined by policies outside the public health and healthcare sectors. To improve health, we must "improve daily living conditions, and tackle the inequitable distribution of power, money, and resources."[6] Thus, population health cannot be improved without working collaboratively with the sectors that create social and environmental policies.

Further, collaborative approaches like HiAP applied broadly without an explicit focus on health equity will not attain the goal of health for all. In fact, health equity can be used as a good indicator of well-being. For these reasons, an important step for HiAP practitioners after relationship building is to improve public health literacy. Because HiAP is an enterprise-wide approach, everyone has a role to play, but public health has a unique role to play as subject-matter experts on how to better understand the social and environmental conditions of health.

BOX 1. The Social and Environmental Determinants of Health:
The conditions in which people are born, live, learn, play, work, and age.[5]

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods.
- Social norms and attitudes, such as discrimination.
- Exposure to crime, violence, and social disorder, such as the presence of trash.
- Social support and social interactions.
- Exposure to mass media and emerging technologies, such as the Internet or cell phones.
- Socioeconomic conditions, such as concentrated poverty.
- Quality schools.
- Transportation options.
- Public safety.
- Residential segregation.
- Natural environment, such as plants, weather, or climate change.
- Built environment, such as buildings or transportation.
- Worksites, schools, and recreational settings.
- Housing, homes, and neighborhoods.
- Exposure to toxic substances and other physical hazards.
- Physical barriers, especially for people with disabilities.
- Aesthetic elements, such as good lighting, trees, or benches.

Finally, HiAP makes economic sense. Healthy populations are an economic resource, promoting more productive lives and societal economic growth.[6] HiAP also encourages governments to reduce duplication and coordinate efforts, thereby improving government efficiency and accountability.

III. The History of HiAP Around the World

HiAP's roots date back to nineteenth-century public health pioneers who demonstrated how living conditions, such as sanitation, food safety, and housing, impact disease.[4] The growing recognition that health problems could not be solved by the health sector alone was reflected in WHO's 1978 Alma-Ata Declaration. This declaration reaffirmed health as a human right, recognized growing health inequities worldwide, and recommended collaboration with different sectors as a strategy for achieving health for all.[7] Following on this theme, the 1986 Ottawa Charter for Health Promotion shifted the dialogue in public health from disease prevention to health promotion.[4] It also stated: "Health promotion goes beyond healthcare. It puts health on the agenda of policymakers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health."[8]

Finland's Ministry of Social Affairs and Health made HiAP the focus of its European Union (EU) presidency in 2006.[1,9] Expanding on local successes of taking coordinated and multi-sectoral action to address health (mental health, tobacco, alcohol, injury, etc.), Finland's Ministry of Social Affairs and Health described the foundations and practices of HiAP in a series of reports. This helped motivate action in other EU countries and worldwide.[1,4,9]

Around the same time, the government of South Australia implemented a "whole of government" approach to HiAP. They did this through integrating a health lens analysis (HLA), a series of five steps used to evaluate and refine public policies to ensure they are health-promoting (Box 2), into their strategic planning process across sectors.

BOX 2. Health Lens Analysis Steps[7]

1. Engage other sectors.
2. Gather evidence.
3. Generate policy recommendations.
4. Navigate the decisionmaking process.
5. Evaluate effectiveness.

A key feature of a HLA is that it is bidirectional: health and other agencies work together to create mutually beneficial goals. The success of this approach was attributed to incorporating health into policies upfront, leadership and expertise from the Thinker in Residence program,[i] formal written agreements between agencies, high-level political support, widespread understanding and support for addressing health equity, and using practical tools for implementation.[4,6,10] Other elements that contributed to this successful implementation in South Australia include a cross-government mandate, central leadership for HiAP, and a dedicated HiAP team.[6]

WHO's 2010 Adelaide Statement on Health in All Policies called for "institutionalized processes which value cross-sector problem solving and address power imbalances," and an explicit focus on equity in HiAP.[11] Summarizing the successes of the South Australian initiative, the statement outlines the conditions, tools, instruments, and processes necessary for a government-wide HiAP initiative. WHO's subsequent Helsinki Statement on Health in All Policies (2013) reaffirmed health and equity as the core responsibilities of governments, and emphasized the importance of political will and evidence-based policies in HiAP.[3]

IV. The Emergence of HiAP in the United States

Although many U.S. agencies and organizations frequently collaborate on specific activities across sectors in support of health, a comprehensive, prospective approach to routinely integrate health into the work of multiple agencies is still rare. Since 1999, health impact assessments (HIAs) have paved the way for HiAP, building state and local capacity for integrating health considerations into decisionmaking through a semi-structured process.

This section provides examples of "whole of government" approaches to HiAP in which multiple sectors engage to promote routine integration of health into policies, and create the structures and processes necessary to support institutionalization. Individual project, policy, program, or response efforts in which health is improved through cross-sectoral collaboration are highlighted in the relevant sections of the following framework.

[i] The Thinkers in Residence is a program that brought leaders in their fields to work with the South Australian community and government to develop new ideas and approaches to problem solving.

The National Prevention Strategy. In 2011, the National Prevention Council, a group convened through the passage of the Affordable Care Act, produced the National Prevention Strategy (NPS), a report with suggestions on the most effective and achievable means for improving health and well-being. The council is comprised of representatives from more than 20 federal agencies from diverse sectors that worked together to define the report's strategic directions and priorities. Two strategic directions in particular—healthy and safe community environments and the elimination of health disparities—highlight social and environmental circumstances' effects on health, and emphasize the importance of cross-sectoral, collaborative solutions. Although NPS itself was a federal-level HiAP approach, it also encouraged state and local governments and partner organizations to implement the recommendations by collaborating with other sectors.[12]

California. The California Department of Public Health proposed HiAP as a process for improving health statewide and increasing government efficiency. In 2010, Gov. Arnold Schwarzenegger issued Executive Order S-04-10 to create the California Health in All Policies Task Force to promote health and equity and to complement key statewide efforts to address climate change, like the Global Warming Solutions Act (2006) and SB 732 (2009), which established the Strategic Growth Council (SGC).[13]

The task force is responsible for advancing solutions that promote health while simultaneously advancing SGC's goals. SGC is another legislatively-mandated effort led by the secretaries of several state agencies tasked with "improving air and water quality, protecting natural resources and agricultural lands, increasing the availability of affordable housing, improving infrastructure systems, promoting public health, planning sustainable communities, and meeting the state's climate change goals."[2] Funding from CDC's Communities Putting Prevention to Work grant helped provide the necessary staff time to jumpstart the initiative.

The task force convenes representatives from 22 state agencies to create a common vision of a healthy community, define common goals, explore the root causes of health, develop policy briefs linking health to other sectors, and engage stakeholders.[2] The task force also collected more than 1,200 ideas about how to improve health, and systematically prioritized the ideas to create a list of recommendations, which was included in their 2010 report to the SGC.[13] This report contained 34 recommendations, 11 of which were eventually selected for implementation. The final list focused on the following topics: active transportation, housing and indoor spaces, parks, urban greening and places to be active, community safety, healthy food, and healthy public policy.

Task force staff are currently implementing these topics through policies in partnership with other agencies and stakeholders. An evaluation showed that most of the partner agencies agreed that the task force helped to identify mutually beneficial goals, build relationships and trust, and facilitate sustained interagency collaboration. Early successes for the initiative include the integration of health into several statewide policies and programs, and increased leadership and legislative support for continuing the initiative.[2]

Massachusetts. In June 2009, Gov. Deval Patrick signed a transportation reform law that consolidated transportation efforts and established the Healthy Transportation Compact (HTC), an interagency initiative that promoted collaboration between the state's Executive Office of Health and Human Services, Department of Public Health, Department of Transportation (MassDOT), and Executive Office of Energy and Environmental Affairs.[14] The law also required HTC to develop methods to implement HIAs on transportation projects, and implement the use of HIAs by planners, transportation administrators, public health administrators, and developers.

To begin carrying out this new process, public health leaders and MassDOT staff who supported HTC initiated discussions to understand the transportation planning process, inventoried current interagency work, and developed a framework for using HIA. They also selected a large roadway improvement project underway to pilot test an interagency HIA and build staff capacity, and developed a process for determining when to apply HIA and other health-promoting tools to transportation projects and policies.

By implementing the transportation reform law, the health agency significantly increased its understanding of transportation planning processes, built health agency staff capacity to utilize transportation data, and was successful in engaging community stakeholders. While improving health outcomes was a major priority, the resulting efforts also promoted improved air quality, reduced congestion, and decreased greenhouse gas emissions.[15]

Minnesota. The Healthy Minnesota Partnership (HMP) is a statewide group of about 30 community leaders charged with "developing innovative public health priorities, goals, objectives, and strategies to improve the health of all Minnesotans."[16] Two of HMP's major focus areas are health equity and the elimination of health disparities through the work of the diverse partners. HMP was charged with developing a statewide health improvement plan around strategic initiatives that ensure opportunities for healthy living for all state residents; HMP engages multiple sectors and communities across the state for implementation.[16] The 2012 State Health Assessment provided the basis for the Healthy Minnesota 2020 plan, the framework for health improvement that features themes and strategies that reflect the importance of social and economic determinants of health and identifies core indicators to monitor related to those themes. Recognizing the significant contribution of social and environmental circumstances to overall health, HMP capitalized on the opportunity to focus the plan on the factors outlined in the state health assessment (e.g., education, employment, poverty, access to care, etc.) and, in the process, engaged partners from a multitude of other sectors, such as transportation, aging, energy, housing, and others.

A. Health Impact Assessments

HIAs are a promising tool for providing health-based recommendations to decisionmakers in other sectors. Through a semi-structured process, practitioners carefully select issues to assess, define the parameters of the assessment with stakeholders, explore the health impacts of a future proposal, and provide information to decisionmakers (See Box 3). The official steps include screening (identifying which projects and policies would benefit from an HIA), scoping (looking at which health impacts to consider), assessment (exploring risks and benefits of the project or policy), recommendations (providing suggestions to maximize the health benefits and minimize health risks of the project or policy), reporting (presenting the results to the decisionmakers), and monitoring and evaluation (analyzing the HIA's impact on the project plan or policy).[17] Ideally, HIAs are conducted after a policy is proposed and before it is implemented, making timing a crucial factor in the impact of an HIA.

BOX 3. Health Impact Assessment Steps[18,17]

1. Screening
2. Scoping
3. Assessment
4. Recommendations
5. Reporting
6. Monitoring and evaluation

HIAs have been used around the world for several decades, but only recently started gaining popularity in the United States. According to the Health Impact Project, as of October 2015, about 368 HIAs have been completed or are currently in progress.[18] Many HIA practitioners report that the best outcomes of their projects were the relationships built with other sectors. Often these relationships facilitate collaboration on future projects even in the absence of a subsequent HIA. For this reason, HIA is an excellent tool for a single project or a policy-based approach to HiAP.

Although the goals of HIA and HiAP overlap, HIA is often described as one of the tools that can be used to achieve the larger goal of HiAP. HIAs are used for single decisions and/or discrete projects or policies, whereas HiAP is a longer, ongoing approach to embed health and equity into decisionmaking. Strengths attributed to HIAs are their inclusion of stakeholders throughout the process, resulting in increased transparency, a report fully describing their methods and findings, and the explicit reliance on data and evidence to inform decisions to improve health.[2] However, HIA is not always the best fit due to timing, resources, and the need for a well-defined decision point. For example, there may not be sufficient time to conduct an HIA to inform the decisionmaking process, the project timeline may be too far along and decisionmakers may not be open to the HIA's results, or there may be a lack of resources to conduct the formal HIA. Other tools and strategies to pursue a HiAP approach include, but are not limited to:

- Conducting a Health Lens Analysis (See Box 2 on pg. 3).
- Creating health-based checklists.
- Providing health consultation to a project originating outside of public health.
- Sitting on multi-sector and -agency councils.
- Initiating data sharing between organizations.

Other resources such as the Healthy Community Design Checklist and Toolkit, which are intended to help planners and residents better understand the impacts of land use on health, may also be beneficial.[19] In addition, Protocol for Assessing Community Excellence in Environmental Health (PACE EH), developed by

CDC's National Center for Environmental Health and the National Association of County and City Health Officials, is a methodology that guides communities and local health officials in conducting community-based environmental health assessments.[20] PACE EH utilizes community collaboration and environmental justice principles to involve the public and other stakeholders in identifying local environmental health issues, setting priorities for action, targeting at-risk populations, and addressing identified issues. PACE EH can improve the decisionmaking process by strengthening community involvement, thereby allowing for the consideration of public values and priorities.[20]

With an additional, targeted focus on health equity, King County, Washington, has used its Equity Impact Review Tool as part of the Equity and Social Justice Ordinance. This tool offers a systematic approach to identify ways a proposed policy, intervention, or project will impact health equity.[21] It is a three stage process through which you can screen for impacts on determinants of health and equity, determine who is impacted, identify and prioritize enhancing or mitigating actions, and make recommendations for next steps. Like an HIA, this is generally done prospectively so the recommendations can be most impactful. While HIAs look at equity through a systematic process, this tool and equity-focused HIAs explicitly look at potential differential and distributional impacts of a policy or practice on the health of the population, as well as on specific groups within that population, and assesses whether the differential impacts are inequitable.[22]

V. A Framework for Implementing HiAP in State Health Agencies

ASTHO began working on HiAP in 2011 through a grant from CDC's National Center for Environmental Health. The project's goal is to educate and empower state and territorial health leadership to promote HiAP. ASTHO conducts several activities in pursuit of this goal, including convening a national steering committee comprised of health agency staff from each U.S. region with technical and administrative expertise, as well as an advisory group of other national partners from various disciplines..

In April 2012, the steering committee convened at ASTHO's office to define HiAP, share state and local success stories, and gather HiAP implementation strategies to disseminate with peers. The strategies were collected and organized into a framework, which was shared with external partners and CDC for review. The committee conducted an extensive literature review of HiAP practices worldwide to inform and refine the framework. The results, presented in this document, provide a starting point for HiAP implementation in state health agencies. Although several other recent publications present similar guidance,[2,23] the strategies and tactics presented in this guide are particularly relevant for state and territorial health leadership. Key principles guiding HiAP practice are presented first. Next, the framework is presented in three parts: (1) the foundation necessary to create a HiAP initiative (*Inputs*), (2) promising HiAP strategies (*Activities*), and (3) potential goals of a HiAP initiative over the short, intermediate, and long term (*Outcomes*).

HiAP initiatives can take two forms: (1) collaboration on a project, policy, program, or response, and (2) comprehensive approaches that aim to change government structures and processes so health is considered routinely. This framework can be used for either approach because the activities can be executed individually or taken as a whole to implement a larger initiative. Both approaches will benefit health, but it is important to note that creating mechanisms to routinely integrate health considerations into policies and programs is HiAP's ultimate goal and is more likely to be sustained over time.

VI. Key Elements of HiAP Practice

Around the world, successful HiAP initiatives have several key elements in common. Similar to what is outlined in *Health in All Policies: A Guide for State and Local Governments*, a list of these key elements can be found in Box 4.[24]

Defining Mutually Beneficial Goals

First and foremost, HiAP is built on defining mutual goals, or "win-wins."[2] The process is not one directional, where the health sector demands action to improve health and well-being. HiAP requires the health sector to listen to how health policies might impact its partner agency's goal or bottom line.[6] Health agencies are responsible for providing information to partners about the benefits and risks of participation in a HiAP initiative, which also enhances relationship building between the groups.[6] Although conflict between agency goals and evaluation parameters may occur, it is a routine part of the collaboration process.[4,15] Sustainable change requires continually cultivating and maintaining respect and understanding in the cross-sectoral relationships.[6] To better understand some of the benefits and challenges to HiAP implementation, see Table 1.

BOX 4. Key Elements of HIAP Practice

- Defining mutually beneficial goals.
- Cross-sector collaboration.
- Engaging stakeholders.
- Opportunity for policy change.
- Promote health and equity.

Partners must build trust so they can define these mutually beneficial goals. This process takes time, patience, and may require navigating potential turf issues and power dynamics.[6] Identifying roles, responsibilities, and expectations early on and documenting them in a formal written agreement can be helpful. Building upon existing partnerships or relationships can also be a good way to start a HiAP initiative. Evaluation parameters may be difficult to agree on given differing organizational cultures and expectations, but that is an inherent challenge to cross-sector collaboration. The Collaboration Multiplier is a useful tool that helps partners determine what other partners should be at the table.[26]

Stakeholder Engagement

Stakeholder engagement is another crucial component of HiAP. Stakeholders can provide background information about issues, bring new solutions to light, and "ground-truth" the results of formal assessments. Stakeholders are people who are impacted by HiAP work, and could include state, local, or federal agencies, community members, nonprofit leaders, faith-based organizations, academic institutions, or businesses. The Policy Consensus Initiative defines four levels of interaction with stakeholders: inform, consult, engage, and collaborate.[27] Informational approaches simply share information with other partners, while truly collaborative approaches jointly identify problems, propose solutions, and take responsibility for implementation. Whether working with partner agencies or community partners, collaboration is ultimately the most effective method for achieving HiAP goals, as it serves to empower stakeholders to take ownership of issues and solutions. The framework in Section VIII classifies HiAP activities according to this model, from least to most collaborative.

Opportunity for Policy Change

Policymaking is a complex bureaucratic and political process. Policy and process changes may be required in several sectors and departments to achieve shared objectives.[25] In an article about moving the field "from rhetoric to action", Eeva Ollila, ministerial advisor and public health specialist from the Ministry of Health in Finland,[28] applies the popular political scientist John W. Kingdon's policy change model to HiAP.[29] In this model, three critical components must be aligned for policy change to occur: problems, policies, and politics. Problems refer to the current issues in the field and must be clearly defined, widely understood, and evidence-based. Policy options must also be available. Federal agencies, national policy organizations, and local groups can provide information about promising policy strategies to practitioners and policymakers. Finally, the current political context needs to welcome HiAP approaches. Practitioners should remain aware of opportunities to align with current political interests, such as climate change or obesity. This model reminds practitioners that it is not sufficient to simply state that health needs to be considered because the evidence supports it, but that political windows of opportunity must be sought and evidence-based solutions or community-defined practices should be the goal. In addition, a HiAP intervention may work well in one situation, but not another due to unique contextual factors.

Promote Health and Equity

Finally, HiAP addresses the social determinants of health that are the key drivers of health outcomes and health inequities.[24] As discussed earlier, HiAP can be applied to a one-time collaboration, or a comprehensive approach that aims to change government structures and processes so health is considered routinely. However, the latter is often more effective for policy and procedural change. Ultimately, HiAP strives to embed and institutionalize considerations of health, equity, and sustainability as a standard part of decisionmaking processes across multiple sectors.[24]

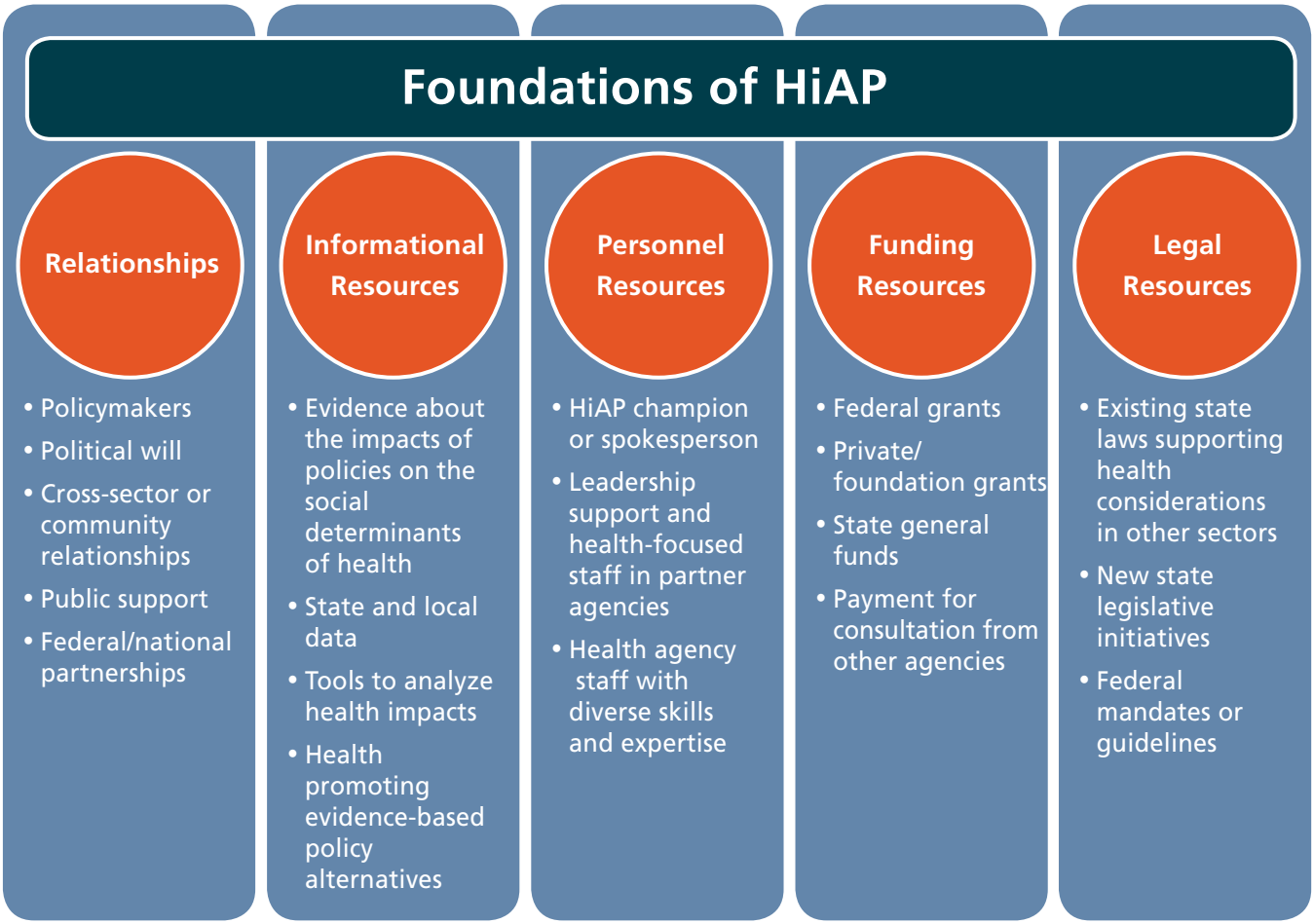
Table 1. Benefits and Challenges to HiAP Implementation

BENEFITS	CHALLENGES
New and lasting partnerships are formed that can reap benefits long into the future.	Policymaking is a complex bureaucratic and political process.
Health is considered in policies that may have historically overlooked certain outcomes.	Specific HiAP interventions may be effective in one context, but not in another.
Additional stakeholders are involved in the decision-making process about public policies and programs.	HiAP operates in complex and dynamic systems that involve a range of sectors and disciplines, drawing on multiple, specialized knowledge bases.
Equity issues are brought to the forefront.	Evaluation parameters may be difficult to agree on given differing organizational cultures and expectations.
Increased understanding of the social and environmental determinants of health.	Policy and process changes may be required in several sectors and departments to achieve shared objectives.

VII. Building the Foundation for HiAP

When building a foundation for HiAP initiatives, it is helpful to have several key resources in place, such as relationships, information, funding, staff, and legal resources. Relationships are crucial to getting started, while funding and personnel can help sustain an initiative. Local and state health agencies may already have these within their purview and just need to redirect existing resources to tackle this approach; it doesn't have to be about getting new resources. Similarly, information supports HiAP efforts, while legal resources, or even relationships, provide the mandate. For example, there may be a coalition of stakeholders requesting a HiAP approach, the political will of one or a few state leaders requiring the approach, and a senate concurrent resolution endorsing the use of the approach. All of these components are essential to sustaining the HiAP initiative. An internal agency assessment of these resources can be a good starting point for new initiatives.[3] The information in this section corresponds to the *Foundations of HiAP* graphic of the framework, with inputs coinciding with the orange circles (See Box 5).

BOX 5. Foundations of HiAP



Relationships

Relationships are the building block to any collaborative effort, and HiAP is, by definition, a process of building relationships with other sectors. However, there are several other relationships that are important to HiAP. Practitioners repeatedly cite political will as the most important component of initiating and sustaining HiAP.[1,4,6] Political will is ultimately inspired by values, but can be influenced by other factors, such as social movements, strong evidence, legislative mandates, or funding.[4] As with staff changes, a changing political climate can make it difficult to secure commitments and sustain efforts.[28] Consequently, community and stakeholder relationships have several important benefits. For example, the healthcare community is one stakeholder group that has had little involvement in HiAP,[4] so including education on HiAP with public health and healthcare integration efforts may help build the medical community's support for these initiatives.

Some of the most important relationships to build are within the health agency itself. As the scope of a HiAP initiative becomes broader, there will be more overlap with the work of other departments. Collaborating can help pool resources, share expertise, reduce redundancies, and gain access to new networks of partners.[2] Local government agencies are particularly important partners because they also bring knowledge of local issues and potential solutions.[2]

Finally, when enlisting stakeholders and partners, it is important to include people who can make decisions that will help advance the initiative.[2] This may include governmental and community leaders who can help encourage and negotiate consensus and build support among higher-level decisionmakers.

Informational Resources

The availability of evidence to support existing health issues, the links between health and other sectors, promising policies, and best practices are all essential for HiAP.[4] Strong evidence can inspire political will. The dearth of local level data can be a barrier, but qualitative data gathered from communities (e.g., focus groups and surveys) can also inform policy development. HiAP can also provide a forum for government agencies to identify data gaps.

As previously mentioned, HIAs and HLAs can provide processes for analyzing data, making recommendations, and engaging decisionmakers. Several other quantitative assessment tools (e.g., HEAT[30]) and cross-sectoral relationship building tools (e.g., Collective Impact[2]) are becoming available as methods for utilizing data for HiAP. Many of these tools require an initial investment in building staff capacity.

Personnel Resources

Champions, public health leadership, and frontline staff are all essential to HiAP.[2] Champions help create the political will to move initiatives forward, leadership provides the vision and shepherds the implementation process, and staff facilitate meetings, write reports, and collect data. Although it is ideal to have staff dedicated to HiAP, approaches that rely on training several types of staff in HiAP (e.g., health educators, epidemiologists, program managers, policy analysts, etc.) can also be successful. However, routine challenges to recruiting and retaining staff include changes in personnel working on the initiative, administration and leadership changes, budget cuts, personal circumstances, legislation, and job dissatisfaction.[2,4] Loss of key personnel can derail the HiAP process, which is built on established relationships. Therefore, planning ahead for staff changes is important to sustainability.

Funding Resources

Obtaining resources specifically dedicated to HiAP has been difficult, but more opportunities are now presenting themselves to do funded HiAP work. Some local and state health agencies in the U.S. have obtained grants from federal agencies and foundations to fund HiAP initiatives. Staffing the California HiAP Task Force required 4 1/2 full-time equivalent staffers, and was initially supported through CDC grants.[2] In South Australia, the government supported its Thinker in Residence program.[6] Other creative funding models are emerging, especially in cases where a prior pilot project has helped build relationships with partner agencies. Some health agencies are now receiving payment for health-based consultation to another sector, or being written into grants. State general funds can provide support when HiAP activities are aligned with current staff responsibilities. Regardless of the initial funding source, many HiAP initiatives report that staff in partner agencies were willing to provide in-kind support or financial assistance after the initial investment in building relationships. Funding needs may also change after the initial project or relationship building. For example, due to successful relationship building, stakeholder groups may expand and more technical assistance requests may surface once the partners are more comfortable with one another and the line of communication has been opened.[2,6]

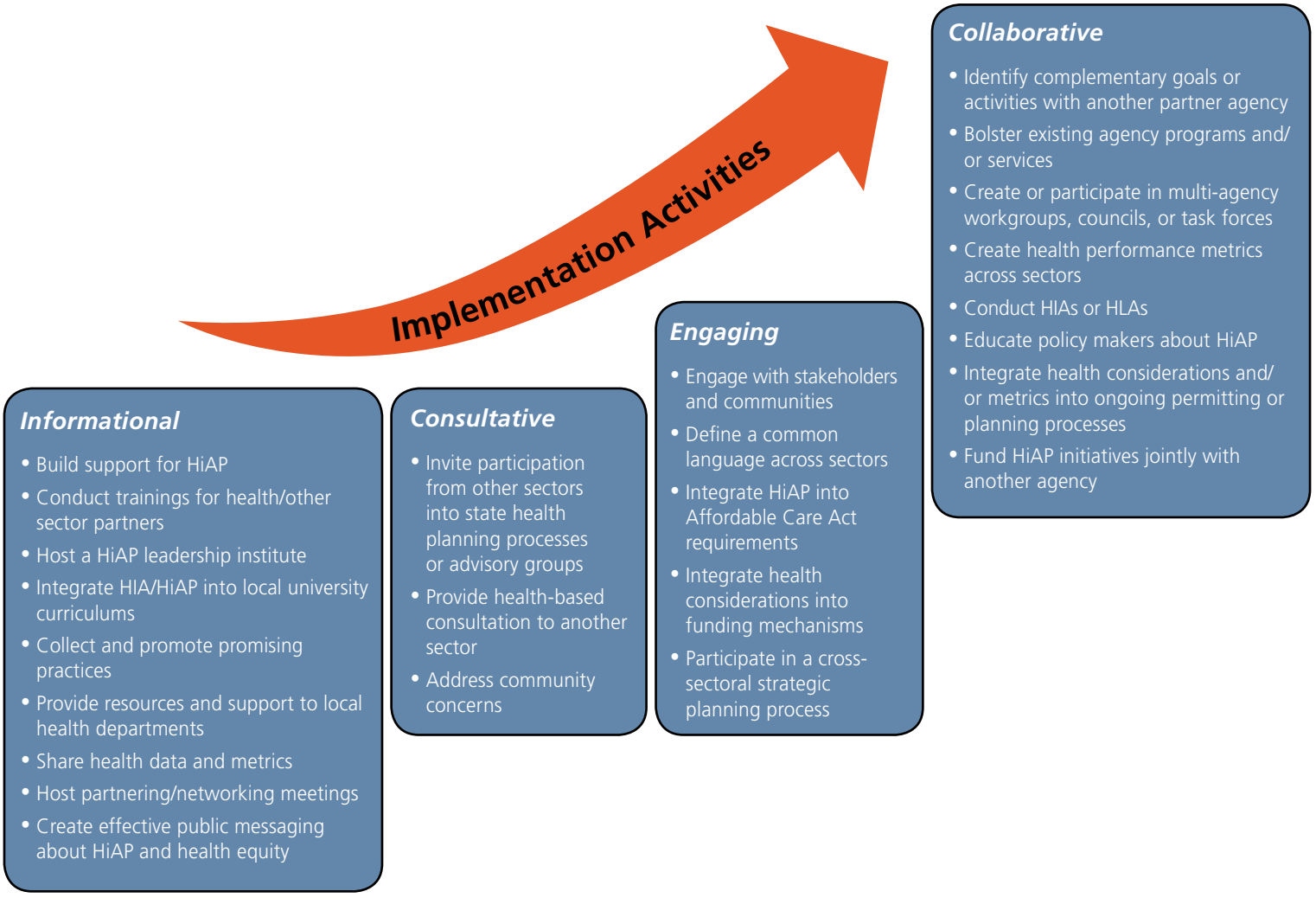
Legal Resources

Very few states and localities have legislative mandates that explicitly require HiAP, but laws may already exist that support the approach. A 2012 review of 36 U.S. jurisdictions showed that 61 percent of locations currently have laws that facilitate or require the incorporation of health in environmental or energy sector work, 19 percent have similar laws for transportation and/or agriculture agencies, and 31 percent have similar laws for waste disposal and recycling agencies.[31] Some states have also worked with partners before or during a legislative session to incorporate health language into draft bills. Other jurisdictions have used complementary legislatively mandated processes (such as the SGC Council mandate in California or the South Australia Strategic Planning process) as an opportunity to include health. Legal mandates can motivate partners to participate, inspire political will, and provide a foundation for building relationships.

VIII. Promising HiAP Strategies

This section provides a menu of activities to assist state and territorial health agency in pursuing HiAP (See Box 6). The model organizes activities into informational, consultative, engaging, and collaborative strategies using the aforementioned Policy Consensus Initiative model,[27] with the activities flowing from least to most collaborative. As the model demonstrates, there are four main points on the spectrum of collaborative governance processes that provide opportunities for impact and change.

BOX 6. Implementation Activities for HiAP



Informational

New HiAP initiatives can begin with activities that result in basic information exchange between partners to initiate the engagement, build relationships, and increase awareness of public health linkages. These activities can be used to accomplish early successes with limited resources. Agencies that are current partners or work on topics with clear links to health are also likely allies.

Meetings and trainings are an excellent way to raise awareness of HiAP opportunities with public health and other governmental agency staff, leadership, and decisionmakers. When discussing HiAP, frame health as a shared value, avoid public health jargon, evoke the environmental frame in a nontechnical way (i.e., give specific examples), and propose a solution.[2] In addition, just listening-in on a meeting about another sector's priorities can be important to relationship building. This helps the messenger better understand his or her audience and start identifying mutual goals.

Choosing the right messenger for the message is also important. For example, transportation decisionmakers may be more receptive to suggestions from a high-level public health executive. Finally, since cost savings is a shared value, messages about the efficiency aspects of HiAP may resonate with partner agencies.

Consultative

Consultative approaches solicit feedback, advice, or input from partners, but one agency is still primarily driving the initiative.[27] There are numerous opportunities for consultation to and from health agencies. For example, many states undergo a multi-sectoral state planning process on a periodic basis, advisory groups are common for most federally-funded programs, and many agencies routinely provide feedback to one another on large scale projects. Health agencies often receive questions and requests from community members, so working with partner agencies to gather information and respond to requests also falls in this category.

The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, Enterprise Green Communities, and the U.S. Green Building Council, have brought partners together to streamline the consideration of health in the Enterprise Green Communities Criteria and the Leadership in Energy and Environmental Design (LEED) certification programs.[32] The Enterprise Green Communities Criteria provide a national framework and certification program for developing green affordable housing; LEED is a green building certification program that applies to schools, healthcare centers, office buildings, and residential housing. Although health measures have always been included in both, the collaboration strengthens and expands the consideration of health, including HIA principles.[33]

In June 2008, Iowa experienced some of the most severe flooding in the state's history. The Iowa Department of Public Health worked in partnership with a multitude of agencies and organizations to assist with the disaster response, embodying a model HiAP approach. The Iowa Department of Public Health provided leadership in addressing important public health concerns, including water and food contamination, the safety of private wells, and abandoned livestock. Public health staff also provided expertise to partners on conducting community needs assessments.[34]

Engaging

In an engaging approach, the lead agency solicits suggestions for policy solutions from a partner. This is an invitation to work more closely and potentially participate in policy implementation. Genuine stakeholder and community engagement invites participants to generate solutions based on their extensive knowledge of issues. Although the lead agency may still retain control over the ultimate outcome, feedback can be considered and incorporated into the process. Examples of engaging activities include defining a common language across sectors and partners or integrating health considerations into funding mechanisms. Several other existing government mechanisms offer opportunities for engagement, including integrating health into federal policy implementation (e.g., Transportation Bill, Affordable Care Act requirements) or federal grant opportunities. Finally, as shown in several examples earlier, participation in a multi-sectoral statewide or agency strategic planning process can provide opportunities for insertion of health into goals and strategies.

This approach was exemplified when the Oregon Health Authority initiated an HIA in response to a community concern about the health impacts of wind turbines in rural areas. State epidemiologists reviewed the available literature and data and assessed the impacts, and state environmental health program staff led a comprehensive community engagement initiative to gather community concerns and answer questions. As a result, the state health and energy agencies developed a formal partnership whereby health consultation can be requested on energy development projects in the future.[35]

Collaborative

Comprehensive HiAP processes that integrate ongoing consideration of health into structures and processes are called collaborative approaches. Partners across sectors share responsibility in decisionmaking and implementation. In the California HiAP Task Force example, a comprehensive process helped agencies create goals, solutions, and policy implementation plans.[13] In South Australia, the HLA allowed agencies to evaluate the health impacts of the government's strategic plan, and modify the elements to make them more health-promoting before the plan was implemented (See Box 5 on pg. 10).[6] Another emerging tool to bring agencies together around complex social problems is Collective Impact, which is a series of steps that helps traditional and nontraditional partners define a common agenda, share measurement systems, conduct activities that benefit all partners, maintain continuous communication, and have core supporting organizations.[2]

Creating data systems or metrics for health also requires collaboration. In both Finland and Minnesota, the governments created their jurisdictional health assessments as a starting point for building relationships with other sectors. The health agencies requested that partner agencies help choose social and environmental indicators to measure long-term health status. This helped reframe the dialogue to upstream health determinants, build trust, and create accountability for all participating sectors.[1,16]

CDC's National Environmental Health Tracking Program (EPHT) brings together partners within states to create data systems that track environmental and health indicators in one portal.[36] Several state and local initiatives have also started to create or integrate health-based indicators into the policies, plans, and measurement systems of other sectors, such as transportation and planning.

After legislation required metropolitan planning organizations (MPOs) in California to prepare a sustainability strategy, Human Impact Partners worked with MPOs to integrate performance measures for health and equity into their plans. They chose to measure progress in safety, access to goods, jobs and services, transportation, growth, economy, environmental pollution, and equity.[37]

In 2014, the Ingham County Health Department's Board of Health in Michigan passed a resolution to encourage the Board of Commissioners to adopt HiAP in their decisionmaking approach. This grew out of partnership with a coalition representing two other counties, the local aging and agriculture agencies, the local economic opportunity commission, and community representatives.[38] This resolution builds on the work of the Mid-Michigan Health in All Project, a partnership of three counties, and Michigan State University, with support from the Health Impact Project. The project has been conducting HIAs and developing both HIA and HiAP tools and resources for the state.[39]

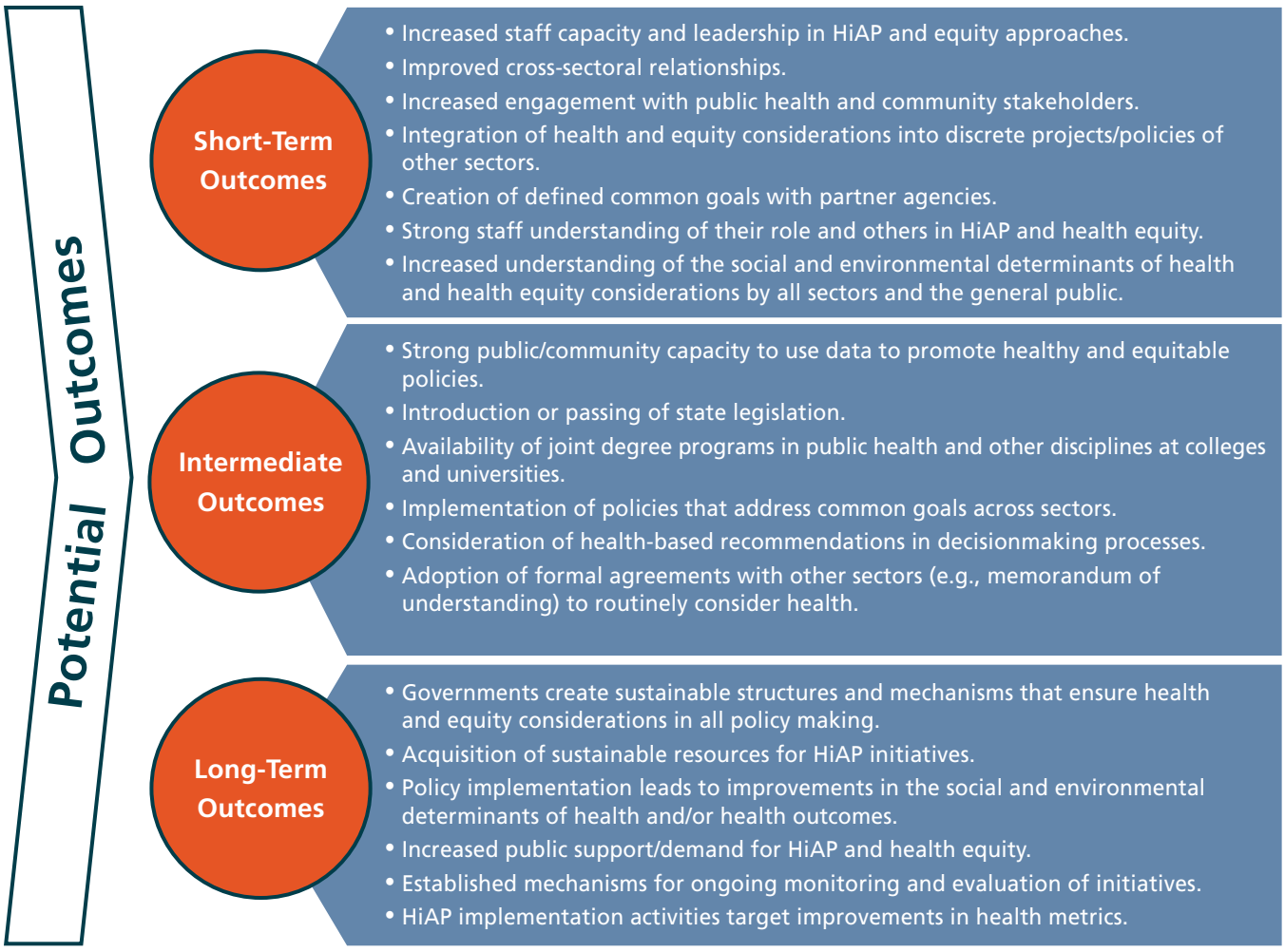
King County, Washington's Equity and Social Justice Ordinance, signed in 2010, helped create an integrated effort that applies the countywide strategic plan's principle of "fair and just" intentionally throughout the county in order to achieve equitable opportunities for all people and communities.[40] This ordinance has taken a HiAP approach, and includes language on partnerships and collaboration, amplifying positive impacts and mitigating negative impacts, which align with other HiAP approaches.[40] Similarly, another group called Michigan Power to Thrive, which is a collaboration of community organizers and health department staff from several communities, is working to increase its understanding of HiAP, advance HiAP in other Michigan communities, and explore state-level policy.[41] Several other promising strategies are presented in Box 6, including bolstering existing state agency service programs to better include health considerations and jointly pursuing funding opportunities.

IX. Goals for HiAP Practice: Potential Short-, Intermediate-, and Long-Term Outcomes

The final component of this framework is the expected potential outcomes from HiAP initiatives (See Box 7). By clearly defining measurable outcomes, partners have a clear understanding of success and a means to evaluate the initiative's progress. These outcomes are goals to strive for while implementing HiAP initiatives. Because HiAP is a new field, definitions of what constitutes HiAP are still emerging. ASTHO defines HiAP as a "collaborative approach that integrates and articulates health considerations into policymaking and programming across sectors, and at all levels, to improve the health of all communities and people."[42]

There is some concern that collaboration would not necessarily have a measurable impact on health, or that health outcomes are too difficult to measure in the long-term. For this reason, it is important to define what success looks like early on, and evaluate the initiative's progress. The activities presented in the framework will all produce different impacts depending on a range of factors. The outcomes listed below are examples of the types of goals a HiAP initiative might strive to achieve, though each initiative is unique and will have distinctive goals.

BOX 7. Potential Outcomes of HiAP Activities



Short-term

After pursuing HiAP over the short-term, we can hope to build some cross-sectoral relationships and perhaps define common goals, build staff and leadership capacity for HiAP approaches, increase understanding of the social and environmental determinants of health, and increase engagement with stakeholders and community members.

Intermediate

Hallmarks of success in the intermediate-term include building stakeholder capacity to promote healthy policy. An example is working with partners or encouraging academic institutions to offer joint degree programs so the next generation of public health leaders is versed in other sectors' work. The first step toward institutionalizing HiAP is making health-based recommendations part of the decisionmaking process, and relationships built through the process will support those efforts in the long-term. This can also lead to formal agreements with other agencies to consider health routinely.

Long-term

The long-term goal of HiAP is to create sustainable structures and mechanisms among partners that allow for ongoing consideration of health in all policymaking and implementation. To achieve this, sustainable resources (funding, staff, legal, or relationships) must be secured. Increased awareness of these initiatives will increase public support and demand, and ultimately result in improvements in the social and environmental determinants that advance positive health outcomes. Finally, mechanisms for monitoring the impact of initiatives should be developed so agencies can ensure their efforts are contributing to a healthier population.

X. Conclusion

This framework is a resource for state and territorial health agency leadership interested in pursuing HiAP. The foundations, activities, and outcomes presented here can be tailored to the individual needs of the practitioner groups.

An explicit focus on health and equity in all policymaking is a strategic approach for addressing complex, multifaceted problems. Public health agencies are well positioned to initiate and lead changes across sectors that will benefit all partners and improve population health in the long-term.

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