Health in All Policies Evaluation Tool for State and Local Health Departments

NACCHO
National Association of County & City Health Officials

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Introduction

State and local health departments are investing in Health in All Policies (HiAP) as a strategy to incorporate health and equity considerations into local decision-making processes. Many health departments have begun incorporating HiAP in their communities and are seeking to evaluate the benefits of investing in this public health practice. To support the development of robust evaluations, the National Association of County and City Health Officials (NACCHO), in partnership with the Association of State and Territorial Health Officials (ASTHO) and with funding provided by CDC/ATSDR, developed this HiAP Evaluation Guidance Tool for local and state health departments. This tool uses the seven HiAP implementation strategies and ASTHO's four implementation phases of HiAP as a framework.

Health in All Policies (HiAP) is defined as a change in systems that determine how policy decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impact on health determinants.

Using a HiAP approach can promote health equity within communities when efforts have an explicit emphasis on addressing indicators linked with health disparities. Working across governmental silos and collaborating with community partners to elevate racial equity can model equity-centered decision-making at state and local health departments. HiAP encourages engaging partners from diverse backgrounds—building power with people from historically marginalized groups supports transformative policies to prioritize racial equity across sectors. By integrating health considerations into policies related to transportation, housing, education, environment, and other sectors, HiAP has the potential to address the root causes of health disparities that are deeply intertwined with social, economic, and environmental factors.

NACCHO's 2017 report, Health in All Policies: Experiences from Local Health Departments, identified five recommendations for future HiAP work, one of which was evaluation. HiAP evaluation practice in the United States has shown that most capacity building efforts are directed toward the development and implementation of HiAP and not necessarily used for evaluation. Building on that need, NACCHO and ASTHO developed this tool in collaboration with local and state health departments to provide structure and guidance for evaluating HiAP initiatives moving forward.

Implementation Strategies

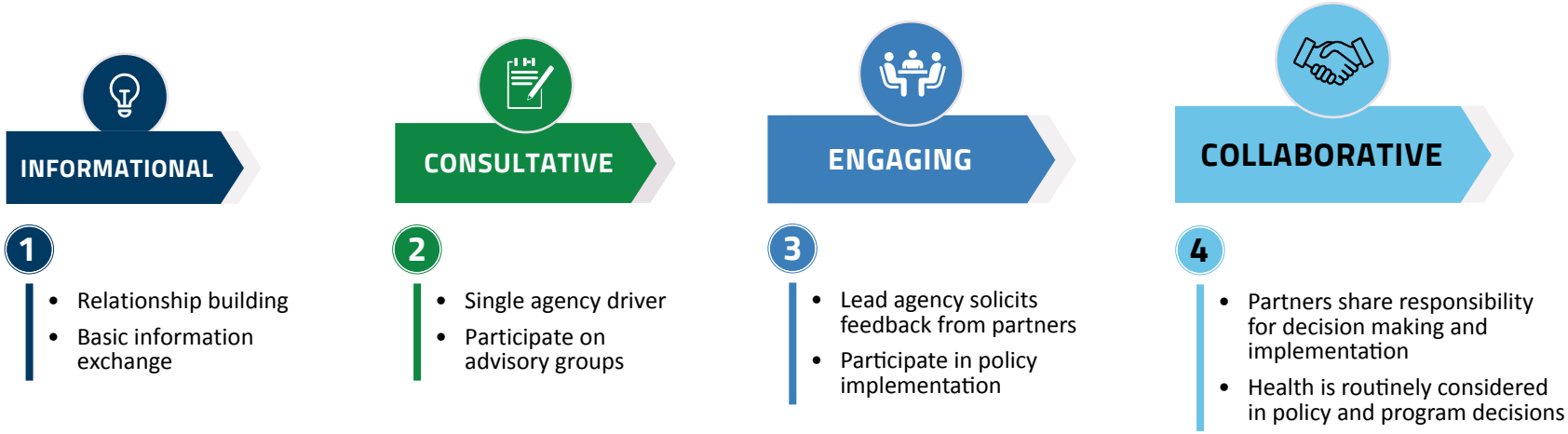
In 2013, Gase *et al.* published a review of HiAP practice, identifying seven strategies that communities in the United States are using to implement HiAP. These strategies are to (1) develop and structure cross-sector relationships; (2) enhance workforce capacity; (3) incorporate health into decision-making; (4) integrate data, research, and evaluation systems; (5) coordinate investments and funding streams; (6) implement accountability structures; and (7) synchronize communications and messaging. These seven strategies are the foundation for this evaluation tool, structuring the example activities, process measures, and outcome measures proposed. For more information, view NACCHO's 2014 Factsheet, Local Health Department Strategies for Implementing HiAP.

Seven Strategies for Implementing Health in All Policies
Image by the National Association of County and City Health Officials.

Implementation Phases

In 2018, ASTHO developed a Health in All Policies Framework report with four HiAP implementation phases: Informational, Consultative, Engaging, and Collaborative. The phases reflect that HiAP practice can exist across a spectrum of collaboration. The implementation phases are not mutually exclusive and may overlap with one another depending on the types of activities and level of engagement with partners.

Using the four phases of implementation, communities can identify where they fall within a spectrum of collaboration with respect to their HiAP activities. In this tool, example activities were developed for each phase based on the information and feedback that ASTHO and NACCHO gathered from interviews and insights from state and local health departments.



This image is based on the ASTHO HiAP Implementation Phases.

About the Tool

The goal of this evaluation tool is to provide health departments and community-based organizations with example evaluation metrics to help build an evidence base for HiAP practice. By supporting HiAP evaluation efforts, NACCHO and ASTHO hope to grow the practice and illustrate the value of investing in HiAP at the local and state levels.

The tool is structured using the seven strategies, and within each strategy, an overarching goal, activities, process measures, and outcome evaluation metrics are provided.

- ***Goals*** – guide for conceptualizing the desired aim or impact.
- ***Activities*** – proposed options for how state and local health departments can implement a specific strategy.
- ***Process Measures*** – measure the process of implementing a given intervention or program. Process evaluations can be conducted at the start of an intervention or program or during operations. Process evaluations examine the operation, implementation, and acceptability of an intervention or program on its population or area of focus.
- ***Outcome Metrics*** – measure the effectiveness of a given intervention or program's objectives on the population or area of focus. Outcome evaluations use research methods to establish a baseline and measure improvements for the individuals, groups, or area of focus after an intervention or program has been implemented. Outcome evaluations help determine if an intervention or program contributed to changes in desired outcomes or mitigated differences between pre-determined groups.

The following notation denotes the different elements of the evaluation tool:

A	P	O
Activities that can be undertaken to promote HiAP.	Potential process measure of the activity.	Potential outcome measure of the activity.

The evaluation elements of each strategy are supplemented with a practice-based example, additional examples of HiAP activities, potential impact on health equity, and suggested methods for the evaluation of the proposed activities.

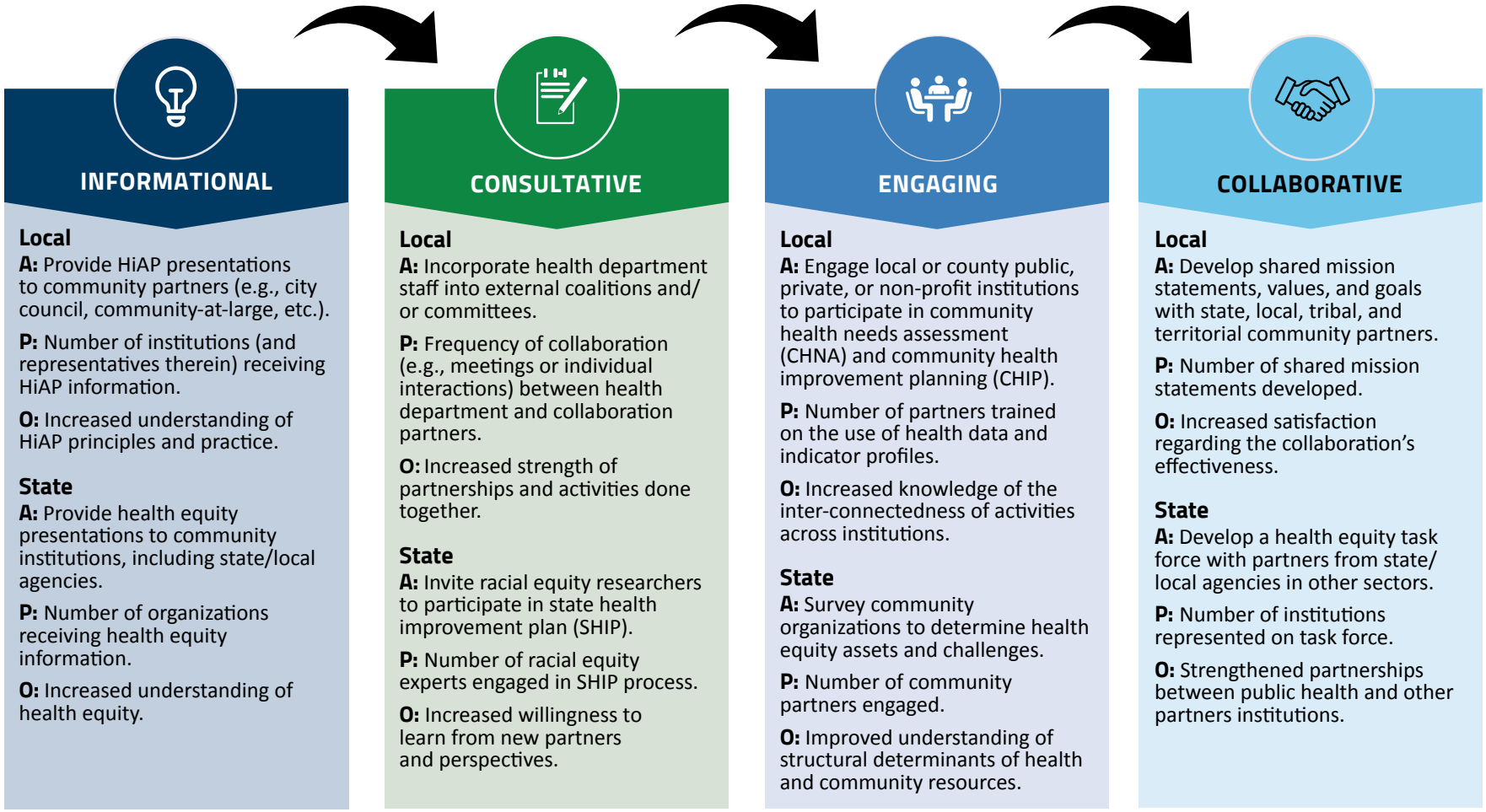
In using this guide, it is important to note that practitioners will need to collect data in a way that allows process and outcome metrics to be broken down across jurisdiction and demographic characteristics. This includes comparisons across zip codes, census tracts, race, ethnicity, income, education, gender, sexual orientation, primary language, and the intersections of these (and other) characteristics. While not every jurisdiction will have representative groups within or across each of these characteristics, it is critical to examine the outcomes and barriers faced by the people in communities that are historically and presently most impacted by inequities.

Measuring the impact of HiAP requires multiple metrics—no single metric will adequately measure the holistic impact of using a HiAP approach. Measurement needs to be approached using a systems-thinking framework to demonstrate the interconnectedness of the systems and sectors influencing health outcomes. The lists of metrics provided in the tool are not exhaustive and merely seek to provide practitioners with a foundation to build upon for their own nuanced work. Similarly, activities that are categorized as either "state" or "local" are not necessarily limited to implementation in those jurisdictions. The activities and metrics outlined in this tool are meant to serve as examples and may be adapted to better suit the context of a particular jurisdiction.

Throughout the development of the tool, NACCHO and ASTHO sought feedback from state and local health departments, as well as NGO partners, for ways to improve upon the original NACCHO Evaluation tool.

HiAP STRATEGY #1: DEVELOP AND STRUCTURE CROSS-SECTOR RELATIONSHIPS

Goal: State, local, tribal, and territorial governmental agencies communicate and collaborate to ensure their policies, programs, projects, and plans are aligned.



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Develop and Structure Cross-Sector Relationships

Successful implementation of HiAP relies on meaningful collaboration, either formal or informal. Formalizing collaboration through councils and committees can ensure accountability but may also limit flexibility. Informal structures, like temporary workgroups and voluntary teams, can establish initial working relationships that may evolve into more formal arrangements.

Local Implementation Example

St. Mary's County in Maryland established a local Equity Task Force through a joint resolution between the Sheriff's office, public school system, and the health department. These partners resolved to advance equity in regard to public safety, education, and health. One product of the Equity Task Force was BreatheWell St. Mary's, a comprehensive air quality monitoring and health education initiative in which real-time air quality data was monitored by outdoor air sensors and shared along with recommended protective health actions for community members.

State Implementation Example

The Colorado Department of Public Health and Environment has used its relationship with housing service providers to address a number of public health issues, including individuals experiencing homelessness. The department started presenting jointly with partners in the Division of Housing and Colorado Coalition for the Homeless to tackle pressing issues, and talking to housing providers at conferences about how housing programs impact public health. In early 2020, Colorado formed a homelessness task force, composed of state and local partners, with a goal of determining the needs and gaps within the state, and filling those holes with local, state, or federal resources. These relationships became pivotal during the COVID-19 pandemic, when housing and concerns for those experiencing homelessness were front-and-center equity challenges.

Additional Examples of Activities

- Incorporate HiAP objectives into Community Health Improvement Plan (CHIP).
- Recruit state institutions to participate in state health needs assessment (SHA) and state health improvement plan (SHIP).
- Recruit tribal (and/or territory, island) institutions to participate in CHIP, SHIP, etc.
- Incorporate HiAP objectives into state health improvement plan (SHIP).
- Work with a local public, state public, private, and/ or non-profit institution on a community project.
- Develop a strategic plan with local and state partners for engaging communities affected over the long-term.
- Develop a HiAP Steering Committee (Advisory Council).
- Develop a HiAP Action Team.
- Develop HiAP Working Groups/Task Forces associated with specific programs, projects, or plans.

Potential Methods for Data Collection

- Social network analysis.
- Partner mapping.
- Power mapping.

Impact on Health Equity

- Enhanced ability to identify opportunities for integrating health equity.
- Enhanced focus of SHIP on racism as a structural determinant of health.
- Enhanced ability to discuss health equity and racial inequities directly and clearly.
- Increased commitment of resources to address health disparities.
- Amplified ability to advocate for and carry out health equity-related policies or programs.

HiAP STRATEGY #2: ENHANCE WORKFORCE CAPACITY

Goal: HiAP initiatives are led by individuals and organizations with a trained workforce needed to implement HiAP.

INFORMATIONAL

Local

A: Conduct internal HiAP workforce assessment of capacity to facilitate HiAP at the local and state levels.

P: Number of staff participating in the workforce assessment.

O: Increased knowledge of staff's capacity and competencies concerning HiAP operationalization and sustainability.

State

A: Conduct assessment of health agency's health equity workforce capacity.

P: Number of presentations/ meetings to share findings from workforce assessment.

O: Improved understanding of health equity workforce gaps and needs.

CONSULTATIVE

Local

A: Conduct HiAP Readiness Assessment on potential partnering jurisdictions.

P: Number of jurisdictional strengths and opportunities for improvement identified for successful HiAP operationalization and sustainability.

O: Jurisdictional leadership has increased understanding of their jurisdiction's (and associated staffs') competencies concerning HiAP operationalization and sustainability.

State

A: Develop health equity trainings for cross-sectoral partners.

P: Number of participants that attend trainings.

O: Enhanced understanding of health equity's role in partners' work.

ENGAGING

Local

A: Adapt and adopt existing health and equity language into internal and external community partners' job descriptions and duty statements.

P: Number of partners adopting language in job descriptions.

O: Increased understanding of HiAP's relevance to work duties and skills needed for HiAP work.

State

A: Conduct "train-the-trainer" sessions for partners interested in becoming health equity ambassadors for their respective institutions.

P: Number of partners trained to facilitate health equity training sessions.

O: Increased institutional knowledge and skills to advance health equity.

COLLABORATIVE

Local

A: Hire a planner in the health department to lead built environment activities with an equity lens and systems approach.

P: Number of planners hired and embedded across jurisdictions.

O: New structures or projects consider their impact on health equity and long-term community improvement.

State

A: Hire health agency staff with expertise in built environment and environmental justice or community engagement.

P: Number of new positions created that incorporate environment justice skills.

O: Revised qualifications for staff engaging in collaborative work across sectors.

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Enhance Workforce Capacity

The workforce plays a crucial role in the implementation and sustainability of HiAP efforts. Enhancing workforce capacity involves training for health department staff and partners, as well as promoting investment in human resources and peer-to-peer support for HiAP practitioners.

Local Implementation Example

Tacoma-Pierce (WA) County Health Department hired a planner to lead its built environment program. The planner, with a background in urban and regional planning, helps the local health department achieve the aims of the program to promote healthy livable communities by supporting the considerations of human health in planning processes.

State Implementation Example

In New Jersey, the Department of Health supports efforts to strengthen workforce capacity for implementing a cross-sector approach to lead poisoning prevention. The Department of Health partners with regional perinatal care coalitions that are led by different stakeholders in their respective regions, allowing for decentralized leadership and ownership of healthy homes activities. The Department of Health also collaborates with partners to deliver trainings to the public health workforce and provide technical assistance to public health staff and community partners. The New Jersey Lead Training Institute was established to offer trainings and certification to public health staff and home health workers. These capacity-building efforts are aimed at enhancing the knowledge and skills of the workforce across different sectors to support healthy homes activities in the state.

Additional Examples of Activities

- Engage community members through a HiAP “champion” pledge.
- Train public, private, and/or non-profit institutions to understand and use health data and indicator profiles.
- Create a HiAP certification program for existing local and state institutions (e.g., businesses, campuses, congregations, early childhood programs, restaurants).
- Create opportunities and learning space to learn from other jurisdictions’ HiAP programs.
- Conduct “train-the-trainer” sessions for partners and collaborators interested in becoming a HiAP representative for their institution or jurisdiction.
- Develop cross-sector training opportunities to help multi-sector partners define and understand a common language.
- Integrate HiAP strategies and assessment tools (e.g. health impact assessment, health lens analysis, into university courses and curriculums.
- Identify sustainable funding for staff and HIAP initiatives.
- Hire or train positions within the organization to foster internal organizational change focused on improved work environments (e.g., flexible schedules, hybrid work, work-life balance).
- Partner with nonprofits that are consultants or technical partners to build capacity within the department.

Potential Methods for Data Collection

- Landscape/environmental analysis.
- Workforce assessments.

Impact on Health Equity

- Better equipped communications to advocate for expanded workforce resources.
- Increased focus and prioritization of health equity in partners’ activities and/or policy agendas.
- Integrated consideration of health equity into institutional decision-making processes.
- Expanded capacity to carry-out successful cross-sector environmental justice programs.

HiAP STRATEGY #3: INCORPORATE HEALTH INTO DECISION-MAKING

Goal: HiAP initiatives are actively changing the way decisions are made because everything affects the health of the community.

INFORMATIONAL

Local

A: Incorporate measurements of social and structural determinants of health and root causes into community assessments.

P: Number of assessments adopting measurements of determinants of health or root causes.

O: Increased awareness of the areas or populations experiencing co-occurring barriers, challenges, or negative health outcomes.

State

A: Develop toolkit for integrating health equity into decision-making processes across sectors.

P: Number of cross-sector partners or institutions that utilize the toolkit.

O: Increased understanding of tools for incorporating health equity across sectors.

CONSULTATIVE

Local

A: Train public, private, and non-profit institutions on how to understand and use best or promising practice resource toolkits for integrating health into decision-making processes.

P: Number of partners and representatives therein trained on the use of best or promising practice resource toolkits.

O: Increased percentage of institutions reporting use of resource toolkits when developing internal policies, plans, projects, or programs.

State

A: Provide technical assistance to partner institutions seeking to integrate health equity into their strategic planning process.

P: Number of consultations with partner institutions.

O: Improved ability to carry out equity-driven strategic planning.

ENGAGING

Local

A: Conduct an assessment that prioritizes health (i.e., health impact assessment, health lens analysis, equity or social impact analysis).

P: Number of assessments completed.

O: Increased percentage of health and equity assessment recommendations incorporated into final policies, projects, programs, or plans.

State

A: Conduct a gap analysis survey to identify opportunities and assess needs for partner organizations interested in incorporating health equity into internal policies.

P: Number of community partners engaged during organizational research effort.

O: Improved understanding of structural barriers and opportunities for equity-driven policy.

COLLABORATIVE

Local

A: Conduct site assessment (e.g. walking audit) or observational assessment.

(e.g. crime prevention through environmental design audit) with decisionmakers and community members.

P: Number of partners engaged in site assessments.

O: Increased awareness of community needs and possible HiAP projects.

State

A: Incorporate health notes to assess potential equity impacts of a plan, policy, program, or project.

P: Number of health notes initiated.

O: Increased number of plans, policies, programs, and projects that incorporate health equity considerations.

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Incorporate Health into Decision-Making

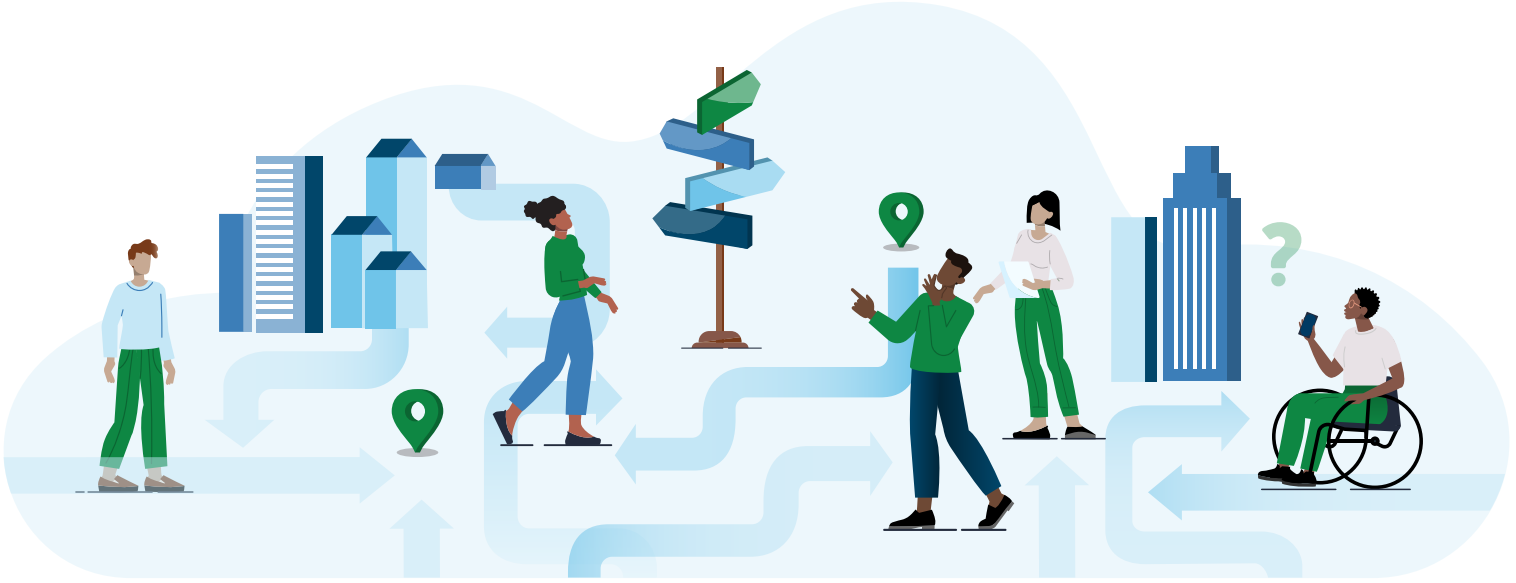
Health departments have several tools and strategies to incorporate health considerations into decision-making processes. These include cross-sector needs assessments, strategic planning, and utilizing guides and best practices, such as health impact assessments and community health assessments, to inform decisions and mitigate adverse health impacts due to land use and transportation policies.

Local Implementation Example

Boston Public Health Commission (BPHC) has set broad goals related to climate change, one of which is "to integrate considerations of public health, environmental justice, and particularly vulnerable populations into all aspects of city policy related to climate change mitigation and adaptation." To accomplish this, BPHC "set a Health in All Policies objective to integrate consideration of public health into the broader scope of all city policies beyond BPHC's internal processes." They achieved a number of successes including integrating promotion of physical activity and injury prevention into citywide planning policies, and active participation of BPHC's Office of Public Health Preparedness and Environmental and Occupational Health Division in the citywide multi-agency climate change adaptation planning.

State Implementation Example

In New York state, the Health Across All Policies initiative aims to improve community health and wellness. It recognizes that a community's greatest health challenges are complex and often connected to social issues that extend beyond healthcare and traditional public health activities. The agency's goal is to become the healthiest state in the country for people of all ages. The initiative specifically targets the aging population, and acknowledges the social and economic benefits associated with a large older population. It also prioritizes health and civic participation, which can catalyze social and institutional change.



Additional Examples of Activities

- Through process mapping, identify and catalogue opportunities to insert health and equity considerations/assessments into institutional decision-making processes for the development of programs, policies, plans, and projects (either recurring or distinct).
- Incorporate health notes into the formation of a plan, policy, program, or project.
- Devise a health planning matrix/checklist for insertion into a developing program, plan, project, or policy.
- Respond to public comment or open comment on proposed developments, policies, or budget allocations that impact public health.
- Provide health consultation to institutions seeking input about the role of heath and equity in their programs, projects, plans, or policies.
- Create health data and indicator profiles for different sectors (e.g., transportation, economic development).
- Create/distribute a promising practice resource toolkit for integrating health into decision-making processes.

Potential Methods for Data Collection

- Budget analysis, geospatial mapping and analysis, secondary data analysis, market profiles, health equity policy analysis.

Impact on Health Equity

- Enhanced ability to identify opportunities for integrating health equity.
- Strengthened focus on health equity in partners' decision-making processes and policy priorities.
- Elevated commitment to promote health and racial equity.
- Standardization of decision-making tools to elevate health equity.

HiAP STRATEGY #4: COORDINATE FUNDING AND INVESTMENTS

Goal: Resources are coordinated for the maximal benefit of the community.

INFORMATIONAL

Local

A: Create cost-benefit analysis for community health interventions.

P: Number of cost-benefit analyses conducted for different community health issues.

O: Increased understanding of the long-term economic impacts of promoting or neglecting health within the community.

State

A: Develop messaging to communicate the economic value of an equity-centered HiAP approach.

P: Number of presentations to partner organizations.

O: Increased understanding of the long-term financial benefits of promoting health equity.

CONSULTATIVE

Local

A: Cultivate partnerships for, and interest in applying for, health-related grants.

P: Number of submitted applications from community partners.

O: Increase in the diversity of funded entities defined as woman- owned, minority-owned, tribal-owned, small business, or community-based.

State

A: Assist partners with including health equity considerations when contracting with external vendors or consultants.

P: Number contract bids reviewed for health equity criteria.

O: Increased percentage of external contracts incorporating health equity considerations.

ENGAGING

Local

A: Work with community partners to develop funding announcements.

P: Number of funding announcements created.

O: Increase in the diversity of funded entities defined as woman-owned, minority-owned, tribal-owned, small business, or community-based.

State

A: Coordinate cross-sectoral technical assistance for health equity funding announcements.

P: Number of requests for technical assistance received.

O: Increased access to health equity resources, training, and support.

COLLABORATIVE

Local

A: Submit joint applications for funding that supports HiAP coalition work.

P: Number of applications submitted/awarded.

O: Improved efficiencies submitting applications, increased trust and collaboration among coalition members.

State

A: Develop joint health equity funding announcement alongside cross-sector partners.

P: Number of applications received for funding announcement.

O: Increased number of funded projects focusing on health equity.

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Coordinate Funding and Investments

Health departments can promote health-centric funding and investments by collaborating with partners to create funding opportunities and cooperative agreements that prioritize health and well-being. They can also incorporate health-related evaluation criteria for grant recipients to promote public health in grant-funded work.

Local Implementation Example

Harris County Public Health (HCPH), TX, in partnership with the Houston Advanced Research Center—a local nonprofit research hub that provides independent analysis on energy, air, and water—applied and was awarded a health-related grant. Using this funding they created a heat and health impact function for Harris County, zip code-level disease burden estimates for the entire county, and a machine learning model. Building internal capacity was a high priority throughout this project and four full-time HCPH data analysts were trained during the process and a manual was created for future analysts. The HCPH Climate Program plans to use the results from this project to plan and prioritize mitigation and adaptation initiatives in Harris County.

State Implementation Example

Through its HiAP work, the Office of Policy and Practice Alignment at the Wisconsin Department of Health encourages the use of evidence-based practices to promote health equity. They not only build partnerships, but provide leadership and support through the development and recommendations of the state's Health Improvement Plan. Through its regional offices, the state assures consistent and accountable public health services in local government; promotes continuous quality improvement for the state and local public health agencies; builds coalitions and new partnerships; and leads systematic state and community level planning to improve the health of all jurisdictions. By working with a HiAP lens, Wisconsin is helping to ensure that its offices and services are working together to implement evidence-based strategies and maintain efficiency of funds. The state health agency also works with other state partners that have more flexibility in their funds and participates in public-private partnerships to help advance health and equity in the state.

Additional Examples of Activities

- Create health equity prioritization matrix and incorporate into budget process (e.g., capital improvements).
- Develop a participatory budget to share power and decision-making.
- Develop partnerships with non-profits, local fiscal agents or intermediaries, and community-based organizations that serve the community.
- Incorporate health and equity criteria into community partners' contracts with consultants and vendors.
- Incorporate health and equity considerations into interested partners' internal funding and investment opportunities.
- Include health and equity criteria into community partners' requests for proposals.
- Identify or create ways to braid or blend funding opportunities.

Potential Methods for Data Collection

- Partnership mapping, power mapping, asset mapping.

Impact on Health Equity

- Enhanced ability to identify opportunities for investing in health equity.
- Standardization of equity considerations for contracting and procurement requirements.
- Improved efficiency of funds to promote health equity capacity-building.
- Enhanced capacity to carry-out health equity plans, policies, programs, and projects.

HiAP STRATEGY #5: INTEGRATE REASEARCH, DATA, AND EVALUATION SYSTEMS

Goal: Scientific knowledge and constant learning and improvement are valued and used to increase transparency and availability of community data/outcomes.

INFORMATIONAL

Local

A: Conduct literature reviews and compile publications on the social determinants of health (SDoH) and their related sub-categories (e.g., housing, homelessness, affordable housing).

P: Number of articles reviewed across SDoH topics.

O: Increased awareness or knowledge of successful HiAP strategies or gaps in the SDoH literature related to HiAP.

State

A: Develop health equity indicators to help partners track progress toward reducing health disparities.

P: Number of health equity indicators developed.

O: Increased understanding of evaluation measures for health equity across sectors.

CONSULTATIVE

Local

A: Engage partner institutions through a memorandum of understanding (MOU) for sharing internal data sources.

P: Number of MOUs fully executed.

O: Improved access to data sources and use of data across partners.

State

A: Provide training and technical assistance to partners seeking to integrate health equity into evaluation systems.

P: Number of trainings and technical assistance requests completed.

O: Improved measurement skills and capacity to conduct evaluations of health equity.

ENGAGING

Local

A: Partner with communities to collect, analyze, share, and disseminate data relevant to their needs.

P: Number of community partners involved in data processes (e.g., community health workers, community-based organizations, neighborhood associations).

O: Improved quality of community data (e.g., representativeness, comprehensiveness, ability to disaggregate).

State

A: Engage regional, county, and city health departments to support data collection related to environmental justice.

P: Number of partner organizations engaged.

O: Increased data on local environmental exposures and adverse health outcomes.

COLLABORATIVE

Local

A: Develop participatory research methods to gather primary data in the community related to public health priorities barriers.

P: Number of data collection, analysis, sharing, and dissemination projects involving community members.

O: Increased participation from community members most impacted by inequity in data collection strategy and implementation.

State

A: Conduct community-driven evaluation to measure progress toward health equity.

P: Duration of engagement with community members throughout evaluation process.

O: Mutual understanding of community assets and challenges.

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Integrate Research, Data, and Evaluation Systems

Health departments can leverage research and evaluation data to assess how policies impact public health and identify opportunities to support positive health outcomes. This could involve integrating data related to social determinants of health with public health datasets, as well as incorporating health metrics into program evaluations.

Local Implementation Example

The San Francisco Department of Public Health, with the support of community advocates and health evidence demonstrating the need to prevent roadway-related air quality conflicts, worked with the board of supervisors to pass Article 38 of the San Francisco Health Code. Article 38 requires assessment of the roadway effects on air quality near new residential construction and installation of air filtration if locations are in a high-pollution zone. Article 38 has institutionalized a working relationship among the local health department, Bay Area Air Quality Management District, San Francisco Planning, and Department of Building Inspection.

State Implementation Example

The Tennessee Livability Collaborative (TLC) is a working group of 21 Tennessee state agencies, departments, and commissions that have a shared mission of improving the prosperity, quality of life, and health of Tennesseans through state department collaboration around policy, funding, and programming. The TLC was launched in 2015 as a voluntary effort where member agencies could learn about one another's work, identify opportunities for collaboration, and develop new policies and initiatives to support the development of livable communities across the state. In an effort to hold itself accountable for it's mission, the TLC launched an evaluation in 2018-2019, roughly three years after its first convening, to determine whether the group was achieving its goals, to better understand its value to its members, and to inform the future direction of the group.

Additional Examples of Activities

- Convene and fully fund a HiAP Evaluation Team.
- Convene and fully fund a HiAP Data Team.
- Develop community-facing data sharing tool (e.g., community dashboard).
- Develop partnerships with local and state research and evaluation institutions (e.g., academic research institutions, state health departments) to understand and translate from data.
- Create and distribute community health intervention logic models to different macro- (e.g., private, public, and non-profit) and micro- (e.g., code enforcement, parks and recreation) sector institutions/departments.

Potential Methods for Data Collection

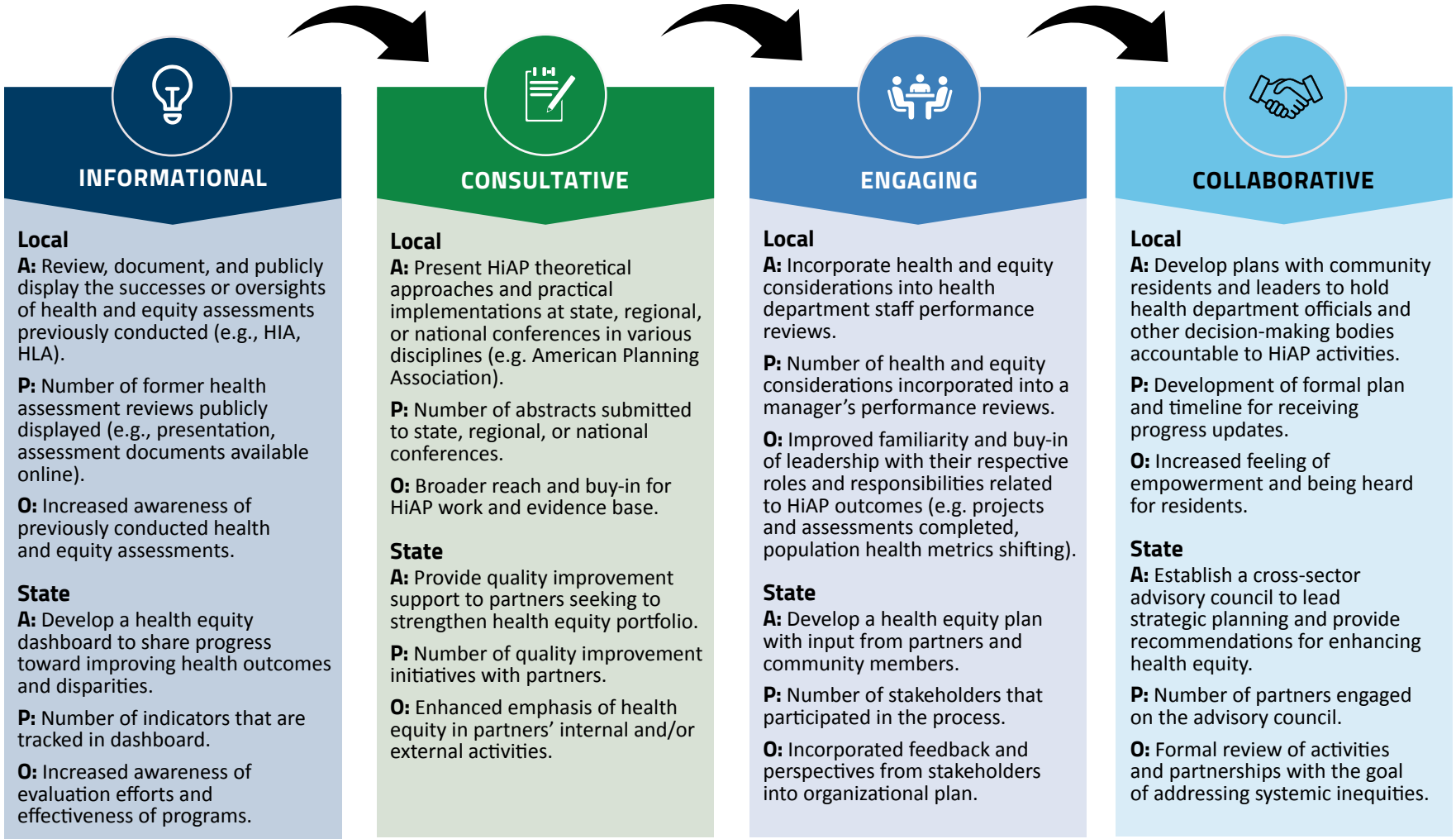
- Community surveys, focus groups, town halls, other facilitated dialogue sessions.

Impact on Health Equity

- Enhanced ability to evaluate outcomes and communicate impacts on health equity.
- Embedding health equity into partners' research and evaluation activities.
- Improved access to data and analyses to quantify environmental justice concerns.
- Ensuring community voice and local knowledge inform efforts to reduce disparities.

HiAP STRATEGY #6: IMPLEMENT ACCOUNTABILITY STRUCTURES

Goal: Individuals and organizations involved in the HiAP inititiatives are held accountable for the commitments made and collective direction of the HiAP initiatives



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Implement Accountability Structures

Accountability structures—such as budget oversight, public reporting, performance measures with health considerations, and enforcement of relevant laws—play a crucial role in sustaining long-term efforts for HiAP. These structures promote responsibility and transparency for health departments and their partners, and they uphold health-related objectives and legal standards that impact public health.

Local Implementation Example

Prince George's County, MD, passed an ordinance that requires the planning board to refer site, design, and master plan proposals to the Prince George's County Health Department for a health impact assessment of the proposed development on the community and the distribution of potential effects within the population and to recommend design components that increase positive health outcomes and minimize adverse health outcomes for the community.

State Implementation Example

In 2018, in response to the HiAP Task Force's commitment to advancing equity in government practices, the Public Health Institute's State of Equity teamed up with the Government Alliance on Race and Equity and the California Strategic Growth Council (SGC) to launch the Capitol Collaborative on Race and Equity (CCORE). Rooted in the HiAP approach, CCORE utilizes cross-agency exchange and practice-based training to guide state government employees in identifying priority policies and developing action plans to advance racial equity. CCORE also partners with the HiAP Task Force and its new Racial Equity Roundtable, as well as the SGC's deputy-cabinet-level Racial Equity Working Group.

Additional Examples of Activities

- Embed HiAP objectives into long-term city or county plans (e.g., community health improvement plans, general plans).
- Empower community organizations as accountability bodies by increasing their inclusion in decision-making and co-ownership.
- Work with city/county administrators to tie key city/county performance indicators to health equity-related outcomes.
- Submit manuscripts about HiAP theoretical approaches and practical implementations to peer-reviewed research journals.
- Submit HiAP theoretical approaches and practical implementations to local newspapers or media outlets.
- Analyze the health and equity impacts of pending state legislation.

Potential Methods for Data Collection

- Dashboard and regular reporting mechanisms.

Impact on Health Equity

- Improved transparency of organizational efforts and their impacts on health equity outcomes.
- Strengthened long-term organizational commitment to health equity.
- Identify systemic inequities and potential interventions to address disparities.
- Enhanced clarity and transparency in organizational accountability structures.

HiAP STRATEGY #7: SYNCHRONIZE COMMUNICATIONS AND MESSAGING

Goal: HiAP Coalitions speak with one voice to reassure members and collaborators of the collective path forward, lessen confusion, and increase recognition among individuals and/or organizations not directly involved in HiAP work.

INFORMATIONAL

Local

A: Coordinate with internal public information officers to distribute HiAP updates through social media.

P: Number of program-related social media posts and associated "views" or "engagements."

O: Increased familiarity with HiAP news and accomplishments.

State

A: Develop communications templates with sample language for use by agencies when conducting outreach to partners.

P: Number of templates developed with health equity language.

O: Improved consistency of health equity messaging across different audiences in jurisdictions.

CONSULTATIVE

Local

A: Coordinate with external partners or media outlets to advertise HiAP information or events.

P: Number of HiAP advertisements or events produced with external partner or media outlet.

O: Increased percentage of partnering institution staff who can articulate key points of HiAP principles and purposes.

State

A: Provide a review of partners' communications strategy to ensure it is responsive to community needs.

P: Number of partners engaged in health equity communications reviews.

O: Identification of strengths, weaknesses, opportunities, and threats associated with communications strategy.

ENGAGING

Local

A: Distribute a recurring HiAP newsletter to institutional representatives with opportunities for engagement.

P: Number of subscribers to the monthly program newsletter and percentage of successful newsletter views.

O: Increased percentage of leadership and community organizations that can articulate key points of HiAP principles and purposes and current initiatives, goals and outcomes.

State

A: Develop a centralized system for tracking and sharing health equity communications amongst partners.

P: Number of guidance documents added to communications database.

O: Reduced duplication and improved coordination of messaging between partners.

COLLABORATIVE

Local

A: Create operating procedures and timelines coordinating messaging with community partners (e.g., OneDrive).

P: Protocols and systems in place.

O: Improved efficiency and amplification of messaging.

State

A: Establish a communications task force to coordinate messaging on health equity during cross-sector response events.

P: Number of members engaged on the task force.

O: Enhanced coordination of communications across sectors during emergency events.

The following notation denotes the different elements of the evaluation tool:

A: *activities that can be undertaken to promote HiAP.*
P: *potential process measure of the activity.*
O: *potential outcome measure of the activity.*

Synchronize Communications and Messaging

Effective communication is vital for establishing a shared vision among health departments and their partners. This involves framing activities in the context of various sectors, creating unified messages, setting up a collaborative communication platform, and crafting joint policy statements.

Local Implementation Example

The town of Davidson, NC, through their Davidson Design for Life initiative, coordinates messages, funding requests, and activities in support of enhancing the health of residents across sectors. By framing health in terms of physical, mental, and emotional well-being, the initiative brought together a range of partners including health professionals, planners, educators, environmental and public health advocates, community leaders, and media specialists.

State Implementation Example

The New Jersey Department of Health (NJDOH) has targeted efforts to engage pediatricians and increase lead poisoning prevention measures. The agency has created provider report cards focused on blood testing rates and developed and implemented a tiered recognition system for the top screening pediatricians in the state to identify the three highest rated pediatricians in each county. NJDOH provides certificates of recognition for the pediatricians based on the tier criteria, and the commissioner of health acknowledges tier winners on Twitter and Facebook. This work aims to keep communication open with healthcare providers and has helped to incentivize pediatric offices to increase their screening rates. To better engage with healthcare providers, NJDOH provides public health detailing to provider offices, works with providers to offer parental education at primary care child visits and OB/GYN visits, and participates as an exhibitor at primary care conferences. Additionally, NJDOH hosts quarterly trainings about healthy homes for community health workers, as well as monthly LeadTrax classes. As part of their #kNOwLEAD campaign, the NJDOH has distributed laminated posters (or “lead lammies”) to providers to hand out to patients, which are available in both English and Spanish. They also hold school nurse webinars and do outreach to community doulas. All of these activities led by NJDOH provide a forum for two-way communication and build on the strengths and unique positions of each partner to advance lead poisoning prevention work in their communities.

Additional Examples of Activities

- Develop a HiAP initiative brand/logo for all communications so they are easily recognized.
- Create HiAP-specific brochures and infographics for distribution to internal and external partners.
- Incorporate HiAP information into partners' websites.
- Incorporate HiAP information into the local and state health departments' website.
- Partner with storytellers and other effective communicators within the community.
- Partner with offices or agencies of health equity within local or state government.
- Examine and break down dominant narratives that impede HiAP efforts and create new narratives that support HiAP efforts.

Potential Methods for Data Collection

- Environmental scan of keywords in media reports.

Impact on Health Equity

- Unified messaging and awareness of health equity amongst stakeholders.
- Institutionalized equity and responsiveness in health communications systems.
- Improved systematic access to resources supporting synchronization of messaging.
- Prioritization of equitable language in communications strategy across sectors.
- Broader reach and increased access to messages from translated materials and wider distribution across media platforms.

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