

Health in All Policies: Vermont’s Push for Cross-Sector Collaboration Among State Agencies

With humble beginnings in healthy community design, Vermont’s state-mandated Health in All Policies Task Force is an innovative example of partnership building, technical expertise, and dedicated staff members coming together to form something greater than the sum of their individual parts.

The Vermont Department of Health (VDOH) began its Health in All Policies (HiAP) work as an investment in active living and healthy eating efforts designed to combat the growing obesity epidemic and facilitate physical activity, using social and environmental levers to affect positive change. To do this, the state brought together the 12 regional offices of VDOH and encouraged them to work with local partners, including health advocates, municipal planners, and transportation experts to identify opportunities for synergistic work around healthy community design.

Eventually, the state regional office staff were trained in the concept of health impact assessments (HIAs). HIAs allowed the state to evaluate state and local projects and programs, such as transportation planning and community development, for potential health impacts. Through strategic partnerships and buy-in from multiple state agencies, the former governor of Vermont signed an executive order establishing the Vermont HiAP Task Force, with the core values of access, affordability, and equity.¹

- ASTHO defines Health in All Policies as a collaborative approach that integrates and articulates health considerations into policy making and programming across sectors, and at all levels, to improve the health of all communities and people.
- Vermont has multiple cross-sector efforts already in progress, including a Healthy Food Procurement Tool Kit, Health and Land Use Planning resources, and Health and Transportation resources. Find out more [here](#).

Steps Taken

- Vermont’s HiAP Task Force was originally born out of the state’s healthy communities and HIA work. Since Vermont has a centralized state health department with 12 regional offices, the state was able to bring together regional offices to train and inform them on healthy community design and HIAs. These initial conversations and trainings laid the groundwork for statewide support around HiAP.
- VDOH also partnered with the Vermont Public Health Association and other state agencies, such as the agency of transportation, the agency of commerce and community development, and the agency of agriculture, to gain further buy-in for a state-level HiAP initiative.
- Vermont’s Public Health Association invited HIA experts from the Pew Health Impact Project to one of their annual meetings to discuss the benefits of HIA and HiAP initiatives at the state level. Harry Chen (alumnus-VT) used this opportunity to host a special meeting with other cabinet-level commissioners on the benefits of cross-sector collaboration to create healthy communities as a core principle. The presentations were well-received and increased engagement with the statewide HiAP initiative.
- In October 2015, Gov. Peter Shumlin signed Executive Order No. 7-15, which established the HiAP Task Force, a group that “identifies programs, policies, and strategies to improve the

health of Vermonters, especially vulnerable populations, while advancing our shared goals.”^{2,3} VDOH serves as the main coordinating agency for these cross-sectoral efforts.⁴

Results

- The HiAP Task Force brought together 13 state agencies and organizations of varying backgrounds and interests to the table to make sure health is considered in policies and initiatives—a great win for the people of Vermont.⁵
- The task force developed a [Health and Equity Framework](#) to guide its work, which included priority areas such as “affordable, healthy, local food; health and prevention services; safe and efficient transportation; and clean and sustainable natural environments.”⁶ The core values of the task force were determined to be equity, affordability, and access.⁷ This vision now also serves as the basis for a statewide scorecard to track progress for creating health and equity through cross-sectoral action and accountability.⁸
- The HiAP Task Force also began reviewing guidance on evidence-based best practices, emerging innovations, and other state and locality initiatives focusing on cross-sectoral collaboration to develop factsheets on “best and innovative practices by sector.”⁹ These factsheets inform the mandated activity of creating “an inventory of existing efforts and opportunities to include health in departmental programmatic decisions.”¹⁰ These are innovative inventories that do not yet exist anywhere else. The HiAP Task Force members have reviewed and updated the inventories to reflect current actions and future plans.
- The HiAP Task Force decided to use strategies from the state’s resources for workplace wellness, including agreeing to use a [Healthy Food Procurement Tool Kit](#), to inform the purchasing of healthy foods for state run facilities and meetings.¹¹ Because the government of Vermont is the largest employer in the state, adoption of these practices will have a significant impact on the type of food purchased and consumed.

Lessons Learned

- Throughout the process of bringing the HiAP Task Force to fruition, as well as coordinating with multiple agencies with differing priorities and responsibilities to achieve the goals of the task force, it has been critically important to have dedicated staff at VDOH for these efforts. Establishing lines of communication and relationships with staff and leadership in other agencies in order to coordinate and align priorities around health is hard work, requiring dedicated staff who have cultivated relationships with other agencies.
- VDOH also recognizes the importance of highlighting the leadership of other agencies and sectors. The initial work with other agencies consisted of identifying and promoting the existing programs and policies that have fostered cross-sector benefits. Additionally, the health department supports other agencies that participate in the HiAP Task Force to “own” the resources they develop to further promote health in their policies and programs, providing them with a sense of ownership and accomplishment in these cross-sectoral efforts. VDOH will assist in these efforts to elevate health considerations in other agencies, but at the end of the day, the other agencies’ logos and commissioners’ names will be on the final product. Promoting health in other agencies’ policies and programs is a win-win for those agencies and VDOH.
- Finally, when initiating a statewide HiAP initiative or mandate, it is important to have champions at the leadership level who are knowledgeable about HiAP concepts and believe in the value of their execution. In Vermont, Harry Chen (alumnus-VT) saw the value and benefits in HiAP. By drawing on the trust and confidence his peers had in him, he was able to successfully champion a state mandate for HiAP.

More information on Vermont’s Health in All Policies Task Force can be found [here](#).

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For more information:

Heidi Klein
Director of Planning
Vermont Department of Health
Heidi.Klein@vermont.gov

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¹ Vermont Department of Health. “Report to the Governor: Health in All Policies 2017.” Available at http://www.healthvermont.gov/sites/default/files/documents/2017/01/HiAP_annual-report-2017.pdf. Accessed 9-24-17.

² *ibid*

³ Vermont Department of Health. “Health In All Policies.” Available at <http://www.healthvermont.gov/about/vision/health-all-policies>. Accessed 9-24-17.

⁴ Vermont Department of Health. “Report to the Governor: Health in All Policies 2017.” Available at http://www.healthvermont.gov/sites/default/files/documents/2017/01/HiAP_annual-report-2017.pdf. Accessed 9-24-17.

⁵ *ibid*

⁶ *ibid*

⁷ *ibid*

⁸ Vermont Department of Health. “Health In All Policies Scorecard.” Available at <http://www.healthvermont.gov/about/performance/health-all-policies-scorecard>. Accessed 8-27-18.

⁹ Vermont Department of Health. “Report to the Governor: Health in All Policies 2017.” Available at http://www.healthvermont.gov/sites/default/files/documents/2017/01/HiAP_annual-report-2017.pdf. Accessed 9-24-17.

¹⁰ *ibid*

¹¹ *ibid*