Using Health in All Policies to Advance State Strategic Priorities:
A Set of Key Approaches Commonly Used by State Health Agencies to Address Health Inequities

A Health in All Policies (HiAP) strategy can aid governmental entities in using an equity lens in decision-making processes to improve health outcomes, reduce disparities, and achieve optimal health for all. State health agencies (SHAs) are already utilizing HiAP strategies to achieve their equity goals, as this report outlines. ASTHO’s 2022 Environmental Scan findings, which tracks current public health priorities and trends in the U.S. state and island jurisdictions, shows a strong emphasis from SHAs on addressing upstream and systemic sources of health inequities and highlights the HiAP strategies used to advance state health agency initiatives.¹ The scan is based on an analysis of 30 State Health Improvement Plans (SHIPS), 29 State Strategic Plans, and survey feedback from 20 state health officials (SHOs).

For health agencies, there are opportunities to expand HiAP work with effective cross-sector strategies to solve big problems and integrate health in decision-making. ASTHO has developed a suite of resources to aid SHAs in these efforts. Examples of such resources are below.

- Value of HiAP Report
- Making the Connection Between Health in All Policies and State Health Improvement Plans
- HiAP Strategy Works in States, Locally to Meet Equity Challenges in COVID-19 Response
- Incorporating Health in All Policies: Tips for Grantmakers
- Framing Health in All Policies: Terms That Resonate

SHAs can access additional partner resources on HiAP through CDC and NACCHO or by visiting the community of HiAP professionals through SOPHIA.

¹ Note that this report focuses on state health agency findings, but ASTHO also performed an island Environmental Scan that tracks priorities in those jurisdictions as well.
Key Approaches to Address Health Inequities

ASTHO continues to promote the importance of prioritizing health equity by embedding equity into policies and fostering authentic community and cross-sector relationships. ASTHO’s 2022 Environmental Scan reinforced that health equity is a core focus in all spheres of public health policy and practice and identified some key approaches that states used to address health inequities, including:

- Supporting community-based, person-centered systems of care.
- Developing an anti-racist and culturally competent health workforce.
- Addressing systemic and economic drivers of disparate health outcomes.
- Promoting personal and organizational health literacy.
- Emphasizing equity in all policies.

The approaches listed above relate to the seven strategies of HiAP. Health agencies can use the HiAP strategies to increase health and equity considerations in government practices and processes at multiple scales, scopes, and levels of government. In many cases, SHAs identified policy and systems change and anti-racist workforce development as places to start addressing health inequities. The second HiAP strategy, “Incorporate Health into Decision-Making,” speaks to the backbone of policy and systems change. Understanding the key drivers of health inequities, the root causes that create disproportionate population health impacts, and identifying current or historical policies that reinforce inequities is crucial to informing future efforts to achieve health equity.

HiAP and equity are inseparable concepts. Utilizing HiAP strategies without an equity lens risks keeping systems in place that help some populations, but hurt others, or even create new policies that can further exacerbate inequities.
Main Takeaways

**Workforce Development** was a priority area in over 60% of SHA plans included in the scan, and nearly half of SHO survey respondents listed it as one of their top infrastructural priorities in the past year. This focus on workforce development aligns with the third HiAP strategy, “Enhancing Workforce Capacity,” and the **HiAP value areas** of social and racial justice, equity, health and well-being, and resilience and sustainability. Current and emerging priorities within this area include:

- **Workforce Resiliency and Capacity-Building.** SHAs are working to improve employee recruitment, training, retention, and human resource policies to meet evolving workforce demands and support all aspects of workers’ well-being.

- **Developing an Anti-Racist and Culturally Competent Workforce.** SHAs are taking action to develop public health and healthcare workforces that are representative of and culturally sensitive to the populations under their care, require diversity, equity, and inclusion training for all public health and healthcare personnel, offer anti-racism and cultural competency training opportunities, and identify and dismantle the upstream systemic drivers of racism and cultural ignorance.

**HiAP in Action: Alaska**

Alaska created its Rural Human Services (RHS) program to expand rural residents’ access to behavioral health services. RHS is a statewide partnership between the Alaska Mental Health Board, the Alaska Department of Health and Human Services, and the University of Alaska that offers a culturally appropriate training program designed for rural, village-based human service workers.

**HiAP in Action: Nevada**

Through applying concepts from their Boundary Spanning Leadership course, the health agency in Nevada expanded the state’s Strategy to Repair Equity and Transform Community Health (STRETCH) initiative to better reach community partners to forge common ground and lay out important differences with partners who also wanted to reduce health disparities.

Collaboration and Partnership Development was the second highest-rated approach states use to address health inequities, and utilizes the first HiAP strategy, “Develop and Structure Cross-Sector Relationships.” This was identified as a priority in over half of SHA plans included in the scan, and nearly a third of SHO survey respondents listed it as one of their top infrastructural priorities in the past year. By collaborating with communities and building local-level partnerships, SHAs are:
• **Integrating community health workers** and key community stakeholders into public health, healthcare, and social welfare programs;
• **Supporting community-developed pilot programs** that serve the specific needs of communities in ways that are culturally and linguistically appropriate; and
• **Strengthening partnerships with mental health stakeholders** to develop “safety nets” of services that meet the growing demand for mental health care.

HiAP’s success, too, requires this inside-outside approach: internal support, external partnerships, and community perspectives are all needed to identify community needs and advance systems change.

**Social Determinants of Health** were found to be a priority area in almost half of SHA plans included in the Environmental Scan, and nearly one-third of SHO survey respondents listed it as one of their top programmatic priorities in the past year. The approaches taken by SHAs to address the social determinants of health parallel those used in HiAP strategies, especially through incorporating health into decision-making processes and developing cross-sector relationships.

**HiAP in Action: Wisconsin**

**Resilient Wisconsin** is an initiative that connects with community partners across the state, including partnerships between state education and health authorities, to promote workforce resilience.

Current and emerging priorities within this area include:

• **Environmental Determinants of Health**, such as considering the impacts of the built environment, climate change, and the natural environment (e.g., safe water and air).
• **Housing, Food, and Economic Security**, which entails addressing homelessness, increasing housing services and employment opportunities, and developing community-based, family-centered services linking to childcare, economic needs, and other supports.
• **Community Cohesion and Capacity-Building**, which highlights the need for social connectedness, culturally and linguistically appropriate services, coordinated systems of community-based resources and healthcare, and diverse health and social workforces.

**HiAP in Action: Maryland**

In 2022, a new state law **established an Office of Resilience** in the Maryland Department of Emergency Management, requiring the office to coordinate state and local efforts to build resilience to risks identified in the Maryland Hazard Mitigation Plan, and develop a state resilience strategy.
Summary
Based on ASTHO's 2022 Environmental Scan, SHAs are acting alongside other state, local, and community partners to address health inequities and achieve the shared goals of bringing us closer to achieving health equity and optimal health for all. Using HiAP strategies can help SHAs achieve their equity goals and address their programmatic and infrastructure priorities. Specifically, the SHA priority areas of collaboration and partnership development, social determinants of health, and workforce development synergize with the HiAP strategies and the areas where HiAP adds value. As SHAs continue to work through their priorities to reduce health inequities and achieve health equity, they could utilize some HiAP strategies to bolster their efforts and increase impact.

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