



A Quick-Start Guide to Using Health in All Policies

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PURPOSE OF THIS GUIDE

It is well documented that health is determined by much more than what occurs in traditional healthcare spaces; environments where people live, work, play, and age have a great impact on health outcomes and have come to be known as the social determinants of health (SDOH). Public policies and decisions that shape these sectors within various government levels also impact health outcomes.

Due to the inherent interdisciplinary nature of public health, health departments, government agencies, organizations, and partners often collaborate on programmatic and policy decisions. However, it is uncommon to have a standard practice of integrating health into the decision-making process of non-health agencies or communicating about the health impacts, unintended or not, of a particular policy. Health in All Policies (HiAP) is a framework to help public health practitioners and decisionmakers work to ensure policies and programs benefit health outcomes, or at a minimum have a neutral impact.

This guide is designed to support public health practitioners and their partners as they utilize HiAP to address the various determinants of health at all stages of the decision-making process. It is a resource to encourage a rapid understanding and uptake of HiAP strategies. Some of the activities mentioned may be already occurring in health departments, and HiAP is well-positioned to ensure the continuation, and the formalization of, these activities. Those engaging with HiAP can use the content below and accompanying resources as they apply to specific jurisdictions.

Background and content around HiAP will be presented throughout, and [NACCHO's HiAP website](#) has additional factsheets and resources to inform HiAP in various scenarios (e.g., [Local Health Department Strategies for Implementing Health in All Policies](#), [Mapping Lead Poisoning Prevention Services By Local Health Departments](#), and a [Health in All Policies Evaluation Guidance for Local Health Departments](#)).



IMPLEMENTING HEALTH IN ALL POLICIES

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HEALTH IN ALL POLICIES

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

Because of the interlocking nature of policies and practices in sectors such as environmental health, transportation, land use, and housing, collaboration is key to addressing the health impacts of complex public health challenges and improving the health of all people, particularly those that are most impacted by health inequities and environmental injustices. The COVID-19 pandemic highlighted the very intersectoral nature of these complex public health challenges in which many sectors were involved in addressing the pandemic.

HiAP is a framework for stakeholders, decisionmakers, and those most impacted by a decision to collaborate and integrate these various factors and sectors during the development, implementation, and evaluation of policies, practices, and programs that promote the public's health.

GETTING STARTED WITH HIAP

There are many models and approaches to advancing Health in All Policies and each jurisdiction will need to approach HiAP in the way that works best for them, their context, and their community. There is no right or wrong way to take a HiAP approach, nor is HiAP a linear process. The contents below offer suggestions that will support HiAP adoption.



Step 1. Engage Champions

As a starting place, identify a project champion(s) who will organize the foundational aspects of HiAP. Champion(s) will identify initial invested parties who will have a role in the HiAP

process and ensure their perspectives are met. NACCHO recommends that this individual be within the local health department (LHD) because LHDs have the legal authority, responsibility, and expertise to protect and promote the public's health. The LHD can act as a convener of various partners and vested parties to address structural factors impacting the public's health.





Step 2. Form a HiAP Collaborative or Task Force

At its core, HiAP is about cross-sector collaboration to address health inequities. Cross-sector collaboration allows for all perspectives and experiences to be involved in the decision-making process. Form a HiAP collaborative or task force to ensure that health is considered throughout development and implementation of each new policy or program. This group of individuals can include all sectors, including those from all levels of engagement with previous cross-sector collaboration, and most importantly community members, decision-makers, those already engaged in the specific work, and those who will be most impacted by the policy or program.

This is an opportunity to be creative in developing partnerships. HiAP involves all sectors and levels of government including the Chamber of Commerce, the Department of Public Works, the Assessor's Office, among others, in addition to the Department of Transportation, and Health Department. Identify leaders who can champion HiAP in their departments. Some additional considerations to keep in mind while developing a task force include determining what skills people can contribute and what additional roles they can play.



The development of cross sector relationships allows for multiple agencies to be working to solve one large problem... and each bringing in their own area of expertise, funding and interventions. This collaboration between types of organizations ensures that more of the person's whole health is addressed, as opposed to working in silos and perhaps creating cross-purposed interventions or duplicative programs. With the partnership and relationships being built with other organizations to address pieces of public health, more is able to be done in the community and our partners begin to think about how their work impacts public health as well as begin to bring us into more conversations where historically we would have been left out.

- Evaluating HiAP Mini-Grant Program Participant

Partner Engagement Resources

Resource	Description
NACCHO's MAPP (Mobilizing for Action through Planning and Partnerships)	Phase 1 includes information on stakeholder identification and engagement
Racial Equity Tools	A collated list of resources including tools and publications to support community engagement
Community Wealth Partners' Engaging Stakeholders in Developing Strategies	Strategies rooted in trust and transparency to engage people
The Spectrum of Community Engagement to Ownership	Guidance and facilitation techniques on how to equitably approach community engagement to advance HiAP work
Agency for Toxic Substances and Disease Registry's Community Engagement Playbook	Guides individuals from state, territorial, local, and tribal jurisdictions through phases and activities of community engagement
Human Impact Partners' Resources for Collaboration and Power Sharing	Resources for collaboration and power-sharing between government agencies and community organizations



Step 3. Establish Common Understanding of Health and Health Equity Among Partners

Ensure that the collaborative has a clear understanding of the relationship between health, health equity, and the different sectors involved. This process will get the team grounded in the why guiding HiAP. Present data specific to the jurisdiction and identify key patterns linking non-health factors to health outcomes, particularly any disproportionate outcomes that are due to systemic issues. Community health equity assessments and **County Health Rankings** are two good places to find this information. **Healthy People 2030** is also a resource to compare specific data to national objectives to improve health and well-being.

Additionally, community residents and grassroots organizations also are experts in their own communities and can best identify the issues at play through community-based participatory research. This step is also a good place to identify the main domain in which the collaborative would like to take a HiAP approach. For instance, perhaps there are activities within the housing and community development space that would benefit from addressing with HiAP.

Evidence-Building Resources

Resource	Description
U.S. Health and Human Services' Healthy People 2030	10-year plan for the Federal Department of Health and Human Services to address public health priorities and challenges. Includes evidence-based resources that jurisdictions can use to support and inform their work
Robert Wood Johnson Foundation's County Health Rankings	A model that details how factors such as affordable housing and quality education connect to health outcomes
Agency for Toxic Substances and Disease Registry's Environmental Justice Index	Tool to measure the cumulative impacts of environmental burden through the lens of environmental justice and health equity
Centers for Disease Control and Prevention's Environmental Public Health Tracking	A variety of data to track characteristics of communities to incorporate into preparedness, program planning, and epidemiological studies
Community-Based Participatory Research Toolkit	A toolkit to support researchers and public health professionals as they take a community-based participatory research approach
Photovoice	Community-based participatory research method in which participants use cameras and videos to capture their experiences. • Duke's Global Health Institute provides helpful framing around why Photovoice can be helpful in communities • An example of Photovoice being used by mother's impacted by Flint water Contamination Event



Step 4. Establish Shared Goals

It is also important to develop specific and achievable goals for the HiAP collaborative to not only focus the scope of work, but also align the various members and agencies under a common purpose. This process identifies the collective action needed to tackle such complex problems.

HiAP takes time; and having goals can support momentum and promote a sense of purpose. Look for mutually beneficial and shared objectives in developing these goals. How can all partners feel as though they are gaining something? This is about creating a win-win dynamic where no one individual or entity is giving up time, capacity, or resources, but rather the group is collaborating to ensure everyone benefits.

Envisioning and Goal-Setting Resources

Resource	Description
NACCHO's MAPP Phase 2 (Mobilizing for Action through Planning and Partnerships)	Guides the group through a collaborative, creative process to develop a shared community vision and common values
ASTHO's Value of Health in All Policies	Report that will spark ideas for shared goals and collective impact
NACCHO's Evaluation Guidance for Local Health Departments	Identifies goals for each HiAP strategy that can be used as examples to guide the collaborative's goal setting



Step 5. Work to Understand Current HiAP Capacity and Opportunities to Strengthen your Collective Skills

Perform a self-assessment on current HiAP capacity and understanding among the collaborative is a vital next step. It is important to know where HiAP is already taking place and where more structure could be helpful. The self-assessment (see table) is one tool to evaluate a collaborative's capacity for implementing HiAP. There is no correct answer to the assessment, rather it will help inform what the starting place is. Perhaps, there is momentum in a particular place and room to expand the work. Maybe there is a strategy that is a priority for the team or lends itself best to the programmatic activities. Additionally, this tool can be used to monitor progress throughout a period. Complete it again at different points to identify what has changed and where to go next.



Capacity for Implementing a HiAP Approach: Self-Assessment

* Rate the existing capacity to implement a HiAP approach

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Sure
We have strong and effective cross-sector relationships in place.	☐	☐	☐	☐	☐	☐
We have processes in place to actively engage and hear from those we primarily serve and are impacted by decision-making.	☐	☐	☐	☐	☐	☐
Health is routinely incorporated into decision making in our community.	☐	☐	☐	☐	☐	☐
We have an adequate and well-trained workforce in place and seek opportunities for staff to interact across sectors.	☐	☐	☐	☐	☐	☐
We know how to create and coordinate investment and funding to address health needs in our community.	☐	☐	☐	☐	☐	☐
We routinely integrate health indicators and health data into data sets, performance measures, and evaluation efforts across sectors.	☐	☐	☐	☐	☐	☐
We have good processes in place to jointly communicate across sectors and with the public.	☐	☐	☐	☐	☐	☐
We have robust systems in place to ensure accountability among cross sector partners.	☐	☐	☐	☐	☐	☐
We have an evaluation plan in place.	☐	☐	☐	☐	☐	☐
We have health equity and environmental justice consideration incorporated into our programs and initiatives.	☐	☐	☐	☐	☐	☐



Step 6. Make a Plan

Define and prioritize next steps based off the results from the assessment, the overall goals, as well as what community members identify as concerns. Potential examples include the following:

- Train staff at different agencies on health issues and how public health is related to their discipline
- Determine which areas of health to focus on (for example, children's environmental health, land use, criminal justice, etc.)
- Consider if agencies can develop joint budgets or joint funding opportunities
- Share tools, resources, and data that can be used by local leaders and consider strategic data sharing agreements or joint databases
- Develop an evaluation plan and measurements of success

Resources to Prioritize Next Steps

Resource	Description
NACCHO's MAPP Phase 4 (Mobilizing for Action through Planning and Partnership)	Tools and resources to identify and prioritize strategic issues
NACCHO's Guide to Prioritization Techniques	Report that will spark ideas for shared goals and collective impact
NACCHO's Health in All Policies Evaluation Guidance for Local Health Departments	Identifies goals for each HiAP strategy that can be used as examples to guide the collaborative's goal setting



MAKING THE CASE FOR HiAP

An important aspect of HiAP is how to communicate effectively to not only engage partners, but also sustain the work. The interconnected nature of public health has been in the spotlight over the past several years largely due to the COVID-19 pandemic; however, as public and organizational attention wanes, it is important that practitioners continue to advocate for a HiAP approach.

Resource	Description
NACCHO's HiAP Meetings-in-a-Box	Resources for educating leadership, community members, or local health department (LHD) staff on Health in All Policies, including a customizable PowerPoint slide deck and notes
Berkely Media Studies Group	Several resources on communicating about public health issues, why it matters, and what can be done about it
Public Health Institute's Health in All Policies - A Guide for State and Local Governments	Section 7 includes a discussion on how to develop messaging around HiAP
ASTHO's The Value of Health in All Policies	Provides information on why HiAP is a useful approach

NEXT STEPS

Eventually, the collaborative will be ready to implement HiAP. According to [Gase et al.](#), there are seven strategies that communities in the United States can use to implement HiAP: develop and structure cross-sector relationships; enhance workforce capacity; incorporate health into decision-making; integrate data, research, and evaluation systems; coordinate investments and funding streams; implement accountability structures; and synchronize communications and messaging. NACCHO supports [these seven strategies](#) in order to embed health considerations into policies and practices within government departments. Which strategies to implement depends on several factors including capacity, resources, and agency support. Answers to the self-assessment may inform where to prioritize. [NACCHO's HiAP webpage](#) has many resources

to support implementation ranging from toolkits and case studies to evaluation metrics to measure HiAP initiatives. Examples of activities and process metrics of each strategy can be found on NACCHO's Evaluation Guidance document, and below are some highlighted ones. However, keep in mind that activities will depend greatly on the jurisdiction implementing HiAP, availability of resources, and timing of HiAP work. No one group should expect to do all of these activities at the same time; rather focus on a combination of them depending on the specific circumstances.

EXAMPLES OF ACTIVITIES AND PROCESS METRICS

1. Develop and structure cross-sector relationships

- a. Provide HiAP presentations to community partners
- b. Develop HiAP Working Groups/Task Forces associated with specific programs, projects, or plans

2. Enhance Workforce Capacity

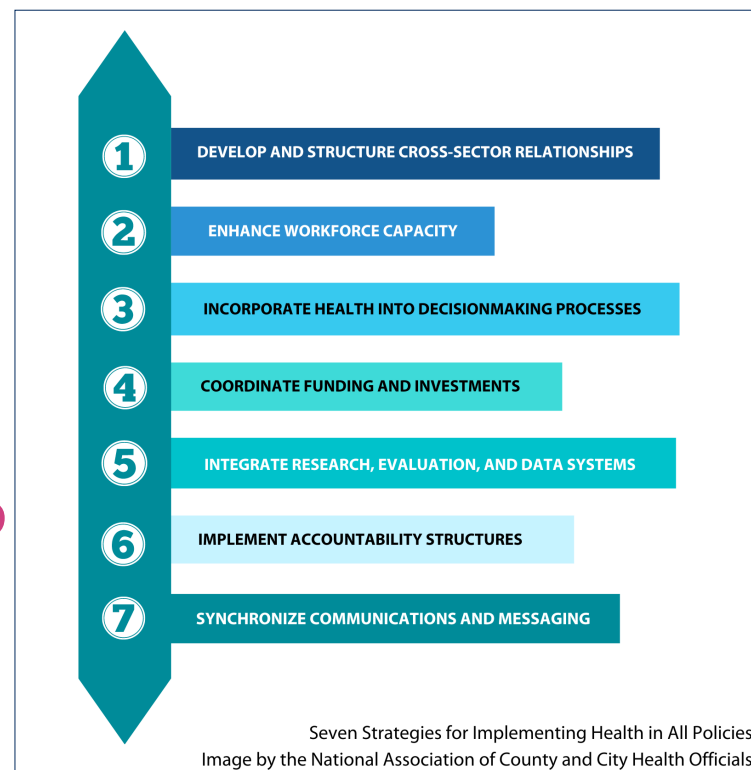
- a. Conduct internal HiAP workforce assessment local health department's capacity to facilitate HiAP at the local level
- b. Develop cross-sectoral training opportunities to help multi-sectoral partners define and understand a common language

3. Incorporate Health into Decision-Making Processes

- a. Conduct health impact assessment (HIA) on a policy, project, program, or plan
- b. Conduct equity or social impact analysis on program, policy, or project

4. Integrate Research, Evaluation, and Data Systems

- a. Engage partner institutions through a memorandum of understanding for sharing internal data sources
- b. Partner with communities to collect, analyze, share, and disseminate data relevant to their needs



5. Coordinate Investments and Funding Streams

- a. Work with community partners to develop funding announcements
- b. Include health and equity criteria when internally contracting with consultants/ vendors
- c. Incorporate health and equity criteria into community partners' contracts with consultants/vendors

6. Implement Accountability Structures

- a. Analyze the health and equity impacts of pending state legislation
- b. Work with city/county administrators to tie key city/county performance indicators to health-related outcomes

7. Synchronize Communications

- a. Incorporate HiAP information into the local health department's website
- b. Incorporate HiAP information into external partners' websites

ADDITIONAL RESOURCES

Though there are many models and approaches to achieving Health in All Policies, each locality and region will need to chart a course that works best for them. Keep in mind that HiAP is a process that is time-intensive and requires continuous effort. It is important to revisit many of the above steps and activities to monitor progress and ensure that they are still applicable to the work. Additional Resources include the following:

- [Five Promising Strategies for Local Health Department Health in All Policies Initiatives](#)
- [Key Assets for Implementing Local Health Department Health in All Policies Initiatives](#)
- [SOPHIA HIAP Workgroup, Health in All Policy Approaches Guide: Finding the Mix of Strategies That Fits Your Needs, October 2017](#)

REFERENCES

Gase, L. N., Pennotti, R., & Smith, KD. (2013). "Health in all policies": Taking stock of emerging practices to incorporate health in decision making in the United States. *Journal of Public Health Management and Practice*, 19(6): 529-540.

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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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