

Five Promising Strategies for Local Health Department Health in All Policies Initiatives



Overview

In February 2017, NACCHO released [Health in All Policies: Experiences from Local Health Departments](#),¹ developed from key informant interviews and focused discussions engaging with local health department (LHD) staff, community partners, and funders to learn more about challenges, opportunities, and the sustainability related to implementing Health in All Policies (HiAP) initiatives. The report explores five themes, promising strategies for health department practice, and recommendations for improving the field of HiAP at the local level. This fact sheet builds on NACCHO's 2014 fact sheet, [Local Health Department Strategies for Implementing Health in All Policies](#),² and provides an overview of the report recommendations and quotes from local health officials that capture why these promising strategies/recommendations are useful based on HiAP practitioner experiences.

***Health in All Policies:** A change in systems that determine how decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impacts on health determinants.³*

Promising Strategies

The following strategies were developed based on interview and focused discussions with a diverse group of stakeholders engaged in HiAP planning and implementation. Each strategy is intended to inform health department staff interested in pursuing a HiAP approach in their jurisdiction.

1 Start small.

HiAP is a process and an investment in long-term outcomes. Setting achievable, scalable goals provides partners with the flexibility to test ideas and evaluate outcomes. It is important for local health officials to start somewhere, no matter how small. The work needs to take place across multiple fronts for HiAP efforts to be successful. While progress is neither

linear nor uniform, establishing a solid framework is important for scaling up future work across institutions and diverse communities.

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“In my department... we have to be very smart about how we dedicate the limited resources we have. When we get into a neighborhood, we do good stuff, but we can't be everywhere.” – Listening session participant

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2 Find champions at partner agencies or health departments.

Finding strong champions at partner organizations and making a commitment to building trust can fortify the organizational capacity and long-term sustainability of initiatives. The process of building HiAP is fundamentally based on cross-sector partnership; local health officials identified cross-sector relationships with champions as advancing their work.

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“You never know who your best partners are going to be. It's good to take a very cross-sector approach. Don't underestimate who could be a stakeholder.”

– Listening session participant

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3 Develop measurements for success.

The ability to evaluate changes in health determinants and outcomes can serve as a powerful tool to guide priorities. Understanding how to measure systems change and changes in outcomes are important for knowing whether progress is being made toward shared goals. Local health officials have used creative approaches to collecting data such as tracking the level of collaboration among cross sector partners over a specified time period, or tracking requests for the technical assistance from cross sector agencies. Considering meaningful

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indicators of progress can strategically inform approaches and increase access to funding, support and other resources.

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“We drill down to specific projects, like number of partners engaged, number of participants in a project—things helping us understand if we’re increasing impact or trending towards a more positive impact.” – Listening session participant

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4 Prepare for the unexpected.

Investing the time to prepare for unknown future circumstances is important for success in HiAP. Participants identified challenges with staff and leadership turnover and working with limited capacity and resources, which was prevalent in local government. While planning for all contingencies is impossible, it is important to consider ways to alleviate potential losses. HiAP can be an approach to mitigate potential risks of limited capacity and resources by facilitating the shared use of limited resources across agencies.

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“We can develop goals and health indicators but tomorrow something else comes up that is urgent.” – Listening session participant

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5 Organizational integration and institutionalization.

One strategy for embedding HiAP into current processes is to include integrating HiAP functions in job descriptions and develop an institutional home for cross-sector collaborations,

such as interagency councils or taskforces. Dedicating staff to HiAP initiatives ensures support for collaborative efforts through administration, reporting, and communication support. Additional efforts can be implemented to formalize or institutionalize the work, such as the adoption of local ordinances, executive orders, and resolutions.

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1. NACCHO. (2017). *Health in All Policies: Experiences from Local Health Departments* [report]. Available at <http://bit.ly/NACCHOHiAPReport2017>
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Acknowledgments

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For more information and to read NACCHO's *Health in All Policies: Experiences from Local Health Departments* report, visit <http://bit.ly/2iwaUAV>

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Recommendations and Opportunities for Action: Local Health Department Health in All Policies



Overview

In February 2017, NACCHO released [Health in All Policies: Experiences from Local Health Departments](#),¹ developed from key informant interviews and focused discussions engaging with local health department (LHD) staff, community partners, and funders to learn more about challenges, opportunities, and the sustainability related to implementing Health in All Policies (HiAP) initiatives. The report explores five themes, promising strategies for health department practice, and recommendations for improving the field of HiAP at the local level. This fact sheet builds on NACCHO's 2014 fact sheet, [Local Health Department Strategies for Implementing Health in All Policies](#),² and provides an overview of the report recommendations and quotes from local health officials that capture why these promising strategies/recommendations are useful based on HiAP practitioner experiences.

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Opportunities for Action

NACCHO developed the following five recommendations for LHDs interested in pursuing a HiAP approach at their health department.

1 Research and evaluation.

More research is needed to evaluate changes in health determinants and outcomes from HiAP initiatives using both qualitative and quantitative data. Evaluation can help to demonstrate the impact of HiAP and its ability to improve health in the short and long term.

“

“You have to become a data-driven community where people are willing to share and are okay talking about real data outcomes... Being data driven has to become part of the community culture... It's a political issue, and it needs to stop being seen that way. Other communities are doing this better, and it has a huge impact. When they see data that doesn't say good things, they can use that to improve. We don't do that here.” – Local Health Official

”

2 Developing the field.

Capacity building is a great need of the field. Trainings focus on why HiAP is needed and include more specific topics, such as how to engage with cross-sector partners and determine potential strategies for implementation. Case studies can be used to share information on how HiAP initiatives have been successfully implemented and how such initiatives might be tailored to different jurisdictions.

“

“We have enough partner support that we're just getting it going and seeing how it goes. I think they'd be on board, but there's not enough information out there, so people don't get it. We have really committed partners, but it's a matter of educating them on what HiAP means.” – Local health official

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3 Health equity.

The achievement of health equity is a central tenet for HiAP practice. HiAP initiatives should elevate differential neighborhood conditions and unjust inequities in the distribution of health determinants and health outcomes.

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“[HiAP has] been a safe way for cities and counties to start talking about race and racial inequities. The health outcomes and disparities that you see are really a manifestation of racial inequities in our policies that are historic and ingrained, but alive and well. It’s a good way to talk about differential conditions and start the conversation without scaring people about race.”

— Key informant participant

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4 Expanding beyond the built environment.

Many early HiAP initiatives were focused on improving community design and built environments. Opportunities also exist across multiple policy domains to improve health. Examples of other policy domains include criminal justice, economic development, and housing.

5 Creating opportunities to share successes and challenges.

Around the country, interest in HiAP is growing. Despite the wide variety of HiAP efforts at the local level across the country, local health officials must share findings, successes, challenges, stories, and lessons learned to continue to grow the field. Experiences implementing HiAP can be shared through conferences, webinars, and group calls.

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“Traditional health department work is changing. The new generation of public health is focused on theories that work with outside organizations.” —

— Local health official

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Key Assets for Implementing Local Health Department Health in All Policies Initiatives



Overview

This fact sheet provides tips for local health departments (LHDs) to identify key assets to implement Health in All Policies (HiAP), strategically identify and develop partnerships, and measure the impact of their HiAP initiatives.

Background

In February 2017, the National Association of County and City Health Officials (NACCHO) released the report [Health in All Policies: Experiences from Local Health Departments](#).¹

This report contains insights from health department staff, community partners, and funders regarding challenges and opportunities in implementing HiAP initiatives. The importance of building partnerships emerged as a key strategy to begin implementing a HiAP approach.

Health in All Policies:

*A change in the systems that determine how decisions are made and implemented by local, state, and federal government to ensure that policy decisions have neutral or beneficial impacts on the determinants of health. HiAP emphasizes the need to collaborate across sectors to achieve common health goals, and is an innovative approach to the processes through which policies are created and implemented.*²

Partnerships empower health departments to promote routine integration of health into policies and institutionalization of practices that benefit public health.

Implementation

1 Identify key assets.

Health departments benefit from investing in partnerships in multiple sectors, including stewards of health data sources, community stakeholders, funders, and legislators with control over local ordinances and resolutions. Local ordinances and resolutions can provide political support and direction for HiAP, and informational resources, such as data and measurement tools, can aid in evaluating the impacts of policy changes on health determinants and outcomes. Partnerships and collaboration build the foundation for HiAP, while dedicated staff, resources, and funding sustain joint efforts in the long term.



Table 1. Considerations for Identifying Key Assets in HiAP Implementation

Asset	Question
People	What skills can people contribute (i.e., professional, technical, advocacy)? Are staff available to support cross-sector efforts?
Resources and data	What types of technologies or data are available and can they be shared? What other types of resources can be leveraged?
Cross-sector partnership and community engagement	What are potential opportunities to work across sectors? What are potential co-benefits of cross-sector collaborations? What types of opportunities can be used to inform, educate, and exchange knowledge with community stakeholders (i.e., workshops, curriculum development, and technical assistance)?
Funding	Are there grants or other funding opportunities to support multi-sector collaboration?
Legislative and/or Executive Branch options	Are there opportunities to adopt local policies, resolutions, or ordinances that are supportive of HiAP? Are there opportunities to issue an executive order?

2 Develop partnerships.

Partnerships inform health departments of how the community prioritizes its concerns and how governmental actions impact the community's health:

- Community organizations and residents can ensure that policy or program initiatives are responsive and accountable to community needs. Community relationships can also increase civic engagement of residents who would face the greatest impact from policy and planning decisions.
- Health facilities staff have the diverse clinical and administrative perspectives that may inform unique insights into opportunities for policy intervention in individual localities.
- Local and regional governmental agencies, even ones that are not traditionally health-oriented, are key partners for LHDs looking to influence policy change. Each agency focuses on individual aspects of community well-being and exerts political influence in its own way to further the contribution to the public good.
- Academic researchers can provide critical technical and high-level support to LHDs. They can also lend credibility to HiAP efforts through data analysis and systematic reviews of emerging fields of study.
- Funders can help to grow and sustain HiAP efforts by allocating resources to support HiAP consultants and full-time staff.

Table 2. Potential Partners for LHDs to Engage through their HiAP Initiative

Partner Type	Examples
Community organizations and residents	Neighborhood associations, schools, faith- and community-based organizations and other community groups, local businesses
Health facilities	Community clinics, hospitals and health systems
Local government agencies and departments	Housing, public safety, public health, economic and community development, urban and regional planning, criminal justice system, school districts, transportation, parks and recreation, social services
Regional government agencies	Regional transportation and planning organizations
Academic researchers	University researchers, undergraduate and graduate students, community colleges
Funders	Foundations, federal and state agencies, non-profit organizations, national associations

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“[Community Engagement] is an enormous step—to have people that don’t normally engage in community design policy come forward and read the policies, give recommendations, and support things that really are a shift in the way of thinking.”

— Local health official

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3 Measure the impact.

Developing an evaluation plan before implementing a HiAP initiative can help ensure robust data collection and a comprehensive evaluation. Without an evaluation plan, data or time constraints can limit measurement, resulting in an incomplete evaluation that is less likely to convince funders and stakeholders of the impact.³

In evaluating the progress, looking at how partnerships affect health outcomes is essential. Practitioners have used local rating systems, healthy community checklists, community health assessments, and other tools listed below to enhance their evaluations.

Table 3. Evaluation Strategies and Tools for Measuring Outcomes of HiAP Efforts

Measurement Strategy	Description
Rating systems and indicators	Developing healthy community design indicators; developing health indicators of short-, intermediate-, and longer-term measures.
Community health assessment	Developing a snapshot of baseline existing health conditions of the community, including health outcomes and neighborhood conditions by geography and race/ethnicity and socioeconomic factors.
Process evaluation	Tracking and measuring processes, including identifying number of partners engaged and number of participants in a project.
Outcome evaluation	Monitoring changes in health determinants and health outcomes; examples include changes in healthy community infrastructure investments and changes in chronic disease rates due to increases in physical activity. ⁴⁻⁶

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“You have to become a data-driven community where people are willing to share and are okay talking about real data outcomes. We sometimes stray away from measuring things because if we don’t succeed and the data shows that, people freak out. Being data-driven has to become part of the community culture or else it becomes a punishment tool. It’s a political issue, and it needs to stop being seen that way. Other communities are doing this better, and it has a huge impact. When they see data that doesn’t say good things, they can use that to improve. We don’t do that here.”

– Listening session participant

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March 2018



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Resources

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