



National Association of County & City Health Officials

*The National Connection for Local Public Health*

## Environmental Health in All Policies

### Meeting-in-a-Box Notes

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#### Notes about use of images:

Please note that the Meeting-in-a-Box presentation slides do not contain any non-licensed images or photographs. We encourage you to insert photos and other relevant and useful images into your presentation to further illustrate the discussion points outlined in the presentation. We also encourage you to use photographs of your specific locality to help make the connection between the concepts discussed in the presentation and how they can be concretely applied within your own communities. If you do not have images and photographs available for your own use, please consider visiting these websites to obtain stock photos:

- Stock.xchng (<http://www.sxc.hu/>)
- CDC's Public Health Image Library (<http://phil.cdc.gov/phil/home.asp>)
- CDC's Newsroom Image Library <http://www.cdc.gov/media/subtopic/images.htm>
- FEMA ([www.photolibrary.fema.gov](http://www.photolibrary.fema.gov))

You may be able to find free photos from these sites, but specific instructions on purchasing, licensing agreements, and citation of images may apply differently to individual images.

## Slide 1 Notes

### Guidance for speaker:

- This presentation can be used to educate leadership, community members, or local health department (LHD) staff on Health in All Policies. The presentation is broad so it can be adapted for a wide audience. Although it is meant to serve as a guide, it should be tailored to reflect the local context and what is feasible, given the community's needs.
1. Introduce the topic by acknowledging that some of your audience may have heard about Health in All Policies (HiAP), but for others, this may be the first time they are hearing this term.
  2. Note that HiAP is still an emerging practice in the United States and that the local community has an opportunity to take a lead in shaping HiAP in the United States. The community may have to blaze a new trail to fit with what actually works in the jurisdiction, which could become a new model offered to similar communities.
  3. Talk briefly about where HiAP has been adopted before:
    - On an international level, in the European Union and in South Australia;
    - On a national level, with the National Prevention Strategy;
    - On a state level, in California; and
    - On a local level, by numerous local communities, such as Boston and Baltimore.
  4. Depending on your audience, you may want to also mention that NACCHO has a policy statement on HiAP for local jurisdictions to reference (available at: <http://www.naccho.org/advocacy/positions/upload/12-01-health-in-all-policies.pdf>). The policy statement recommends that LHDs, working in concert with local partners, should take the lead at implementing HiAP by starting locally and building capacity for state and regional leadership.
  5. You may also want to reference the Adelaide statement on HiAP (available at: [http://www.who.int/social\\_determinants/hiap\\_statement\\_who\\_sa\\_final.pdf](http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf)).
  6. Explain that HiAP is a systematic approach to improving health on the community-level by considering health in decisions that shape the environments where people live, learn, work, play, and travel. Environments are shaped by many different sectors.
  7. Explain that some people may be confused about the difference between health impact assessments (HIA) and health in all policies (HiAP). HIA is a tool to assess the health impacts of a single decision before implementation. HiAP is often a broader and more upstream approach to address the social and physical determinants of health; HIA is one of several approaches that can be used to implement HiAP. HiAP is a systematic approach to consider health during decision-making and implementation processes. You may want to check out APHA's reference on using HIA to benefit HiAP: <http://www.apha.org/NR/rdonlyres/171AF5CD-070B-4F7C-A0CD-OCA3A3FB93DC/0/HIABenefitHlth.pdf>.
  8. Emphasize that agencies or organizations with non-health missions whose activities affect health (e.g., policing, building codes, planning, taxation, etc.) are important stakeholders. HiAP does not

demand that other sectors prioritize health, but rather that they consider health. HiAP is a form of “joined-up governance,” where different agencies work collaboratively – rather than in silos – to address problems that are far too complex for one agency or sector to address. The social and physical determinants of health are one such complex problem that requires a collaborative approach. However, there may be other non-health problems (e.g. homelessness or unemployment) that could also use a joined-up approach like HiAP.

## Slide 2 Notes

### Guidance for speaker:

- Please note that if you adapt this presentation to different audiences, you may not need to include all of the slides. For example, if you are presenting to LHD staff, you may not need to define health. We advise that you adjust this outline according to your audience.
- We suggest you provide an outline of your presentation and how the presentation will highlight what HiAP is, what your community needs are, and how you can move towards addressing them with a HiAP approach.

## Slide 3 Notes

### Guidance for speaker:

- Please note that we use the World Health Organization (WHO)'s definition of health. WHO defines health as: "The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. This means that health is more than being free of disease or not feeling sick; it is also a *state* of physical, mental, and social well-being. This state can bring about such feelings as happiness, contentment, and security."
- In addition to the WHO definition, you may choose to incorporate your community's definition of health if it is included in your city or county's strategic plan.

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### Sources:

1. World Health Organization. (2010). Frequently asked questions. Available from: <http://www.who.int/suggestions/faq/en/>.
2. This slide was adapted from CDC's Healthy Places PowerPoint presentation, which is available here: <http://www.cdc.gov/healthyplaces/media.htm>

## Slide 4 Notes

### Guidance for speaker:

- We recommend that you include a slide here about health in your community. For example, you may want to highlight leading causes of death and/or major risk factors. Or if there is a major health initiative in your community, you may want to include it.
- If you do not have this information already compiled from a community health assessment or another data collection process, you may be able to find county level data on County Health Rankings (<http://www.countyhealthrankings.org/>) and the National Environmental Public Health Tracking Network (<http://ephtracking.cdc.gov/showHome.action>). Healthy People 2020 (<http://www.healthypeople.gov/2020/default.aspx>) also provides targets that you may be able to use to contrast against your data.
- We suggest you also mention some other examples to illustrate the importance of HiAP, such as data on health determinants like air quality or vacant housing.

## Slide 5 Notes

### Guidance for speaker:

- Discuss major factors that determine our health.

### Speaker notes:

(Language verbatim from Healthy People 2020)

- Health starts in our homes, schools, workplaces, neighborhoods, and communities.
- We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health.
- We also know that our family histories can play a role in our health.
- Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.
- The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

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### Sources:

1. Healthy People 2020. (2013). Social Determinants of Health. Available from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>.
2. Centers for Disease Control and Prevention. (2010). Public health genomics: Family health history. Available from: [www.cdc.gov/genomics/famhistory/index.htm](http://www.cdc.gov/genomics/famhistory/index.htm).
3. World Health Organization. (2013). Social determinants of health. Available from: [www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/).
4. This slide was adapted from CDC's Healthy Places PowerPoint presentation, which is available here: <http://www.cdc.gov/healthyplaces/media.htm>.

## Slide 6 Notes

### Speaker notes:

- While an estimated 96% of our health expenditures are directed toward health care, access to health care only accounts for 10% of the factors that determine a person's health. Conversely, the environment and our behavior (which is directly influenced by our environment) account for nearly 70% of what determines our health.
- Health in All Policies provides a systematic way to address the largest factors that determine our health: environment and behavior. Before we discuss how health in all policies can change our environment, let's first look at how the environment impacts health.

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### Sources:

1. Centers for Disease Control and Prevention. (2010). Blue Sky Initiative, University of California at San Francisco, Institute of the Future.
2. This slide was adapted from the Prevention Institute's "Promoting Community Based Prevention through Health Reform," presented by Janani Srikantharajah on January 27, 2011, which is available here:  
[http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CC8QFjAA&url=http%3A%2F%2Fwww.familiesusa.org%2Fconference%2Fhealth-action-2011%2Fspeaker-materials%2FFamilies-USA\\_JS\\_1-27-11-srikantharajah.ppt&ei=IsXaUaagJNOs4AOxwICAAQ&usq=AFQjCNEGbr1Ox5iHiLXd-IIXRymPdhukWQ&sig2=EuEbyEvGrTKHnK8UaWnuug&bvm=bv.48705608,d.dmg](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CC8QFjAA&url=http%3A%2F%2Fwww.familiesusa.org%2Fconference%2Fhealth-action-2011%2Fspeaker-materials%2FFamilies-USA_JS_1-27-11-srikantharajah.ppt&ei=IsXaUaagJNOs4AOxwICAAQ&usq=AFQjCNEGbr1Ox5iHiLXd-IIXRymPdhukWQ&sig2=EuEbyEvGrTKHnK8UaWnuug&bvm=bv.48705608,d.dmg).



## Slide 7 Notes

### Speaker notes:

- The environment is both natural and synthetic. We are able to control the synthetic constructed items that form the physical characteristics of a community (a.k.a., the built environment) and the social environment that we create.
- The built environment includes schools, workplaces, parks and recreation areas, greenways, business areas, and transportation systems. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites, water systems, subway trains, and across the country in the form of highways.
- The social environment includes the availability of resources to meet daily needs (e.g., housing and food), access to educational and economic opportunities, public safety, safety from crime and violence, and social support.

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### Sources:

1. Healthy People 2020. (2013). Social Determinants of Health. Available from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>.
2. Centers for Disease Control and Prevention. (2010). Healthy places terminology. Available from: [www.cdc.gov/healthyplaces/terminology.htm](http://www.cdc.gov/healthyplaces/terminology.htm) .
3. National Institutes of Health. (2004). Obesity and the built environment. Available from: <http://grants.nih.gov/grants/guide/rfa-files/rfa-es-04-003.html> .
4. This slide was adapted from CDC's Healthy Places PowerPoint presentation, which is available here: <http://www.cdc.gov/healthyplaces/media.htm>

## Slide 8 Notes

### Guidance for speaker:

- For more detailed language on how to describe the connections between the built environment and health, CDC has compiled a slide deck to aid you:  
<http://www.cdc.gov/healthyplaces/media.htm>.

### Speaker notes:

- The way we arrange all elements of the built environment make up a community's physical design. Community design is informed by planning processes and policies. The design affects our water and air quality, access to healthy foods and physical activity, and how we interact with each other. Provided here are some of the ways that the environment impacts our health.
- Now let's discuss some of the ways how our environment may be affecting our health.

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### Sources:

1. This slide was adopted from CDC's Healthy Places PowerPoint presentation, which is available here:  
<http://www.cdc.gov/healthyplaces/media.htm>.

## Slide 9 Notes

### Guidance for speaker:

- We recommend that you choose a photo of your own community that highlights a relevant public health issue, such as people commuting to work or playing outdoors. Using more than one picture may better illustrate the connections.
- You may consider including an assessment of the number of decision points that impact the issue/program that you are highlighting and, if possible, when health was considered in this process. To see how one local non-profit approached this, check out Equity Matters' presentation of their data in the NACCHO toolkit, "Civic Engagement Using Social Determinant Data: Creating Opportunities for Health in Baltimore": <http://www.naccho.org/toolbox/tool.cfm?id=3238>.
- Have participants identify what they see in this photo. Discuss what they see.
- Then ask participants to consider how these behaviors and the physical environment affect the health of your community:
  - Keeping people physically active (reducing obesity)
  - Improved air quality (fewer people on the road means fewer particulate matter emissions and related heart attacks and fewer asthma attacks)
  - Improved water quality (less run-off from cars and vehicles)
  - Fewer traffic-related injuries (bicyclists and pedestrians are separated from automobiles)
  - Climate change results in stronger and longer heat waves, more frequent weather precipitation events, more frequent and severe droughts, and more extreme weather events such as flooding and tropical cyclones. Biking and walking is one strategy for reducing carbon emissions.
  - The fabric of a community and the community pool of human resources are often called "social capital." This term refers to the individual and communal time and energy available for community improvement, social networking, civic engagement, personal recreation, and other activities that create social bonds between individuals and groups. Such activities and bonds affect mental and physical health. Suburbanization and sprawl have been linked, in part, to decreases in social capital due to a greater dependency on personal vehicles for basic transportation, longer commute times, and less time for social activities, which may all facilitate increased social isolation. Healthy community design aims to increase social capital by creating communities that are mixed-use (a mix of housing, civic uses, and commercial uses, including retail, restaurants, and offices). Mixed-use communities allow a resident to meet their needs – such as work, play, shop, and attend school – close to where they live, thus creating spaces for greater social interaction, reducing their amount of commuting time, and increasing their time for leisure and social activities.
- While we make choices every day that influence our health, our environments also impact our health.

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**Sources:**

1. Besser B, Marcus M, and Frumkin H.(2008). Commute Time and Social Capital in the U.S. American Journal of Preventive Medicine. 34(3):207-211.
2. Calthorpe P. The Next American Metropolis: Ecology, Community, and the American Dream. Princeton: Princeton Architectural Press, 1993.
3. Centers for Disease Control and Prevention. (2011). Climate change and public health. 2010 April 23. Available from: [www.cdc.gov/climatechange/](http://www.cdc.gov/climatechange/).
4. Centers for Disease Control and Prevention. (2007). Climate change: science, health and the environment. 2007 April 10. Available from: [www2c.cdc.gov/podcasts/player.asp?f=5251#transcript](http://www2c.cdc.gov/podcasts/player.asp?f=5251#transcript).
5. Centers for Disease Control and Prevention. (2009). Healthy places: social capital. 2009 Nov 16. Available from: <http://www.cdc.gov/healthyplaces/healthtopics/social.htm>.
6. Christian TJ. (2012). Automobile commuting duration and the quantity of time spent with spouse, children, and friends. Preventive Medicine. 55(3):215-218.
7. Etzioni A. The spirit of community: the reinvention of American society. New York: Crown Publishers; 1993.
8. Farber S and Paez A. (2011). Running to Stay in Place: the Time-Use Implications of Automobile Oriented Land-Use and Travel. Journal of Transport Geography. 19(4):782-793.
9. The Intergovernmental Panel on Climate Change. (2007). Working group II: impacts, adaptation and vulnerability. Available from: <http://www.ipcc-wg2.org/index.html>.
10. Jackson R, Dannenburg AL, Frumkin H. (2013). Health and the Built Environment: 10 Years After. AJPH. 103(9): 1542-1544.
11. Leadership for Healthy Communities. (2009). Action Strategies Toolkit: A Guide for Local and State Leaders Working to Create Healthy Communities. Available from: <http://www.nlc.org/documents/Find%20City%20Solutions/IYEF/Community%20Wellness/lhc-action-strategies-toolkit-local-state-leaders-2009.pdf>.
12. Mo R and Wilkie C. Changing places: rebuilding community in the age of sprawl. New York: Henry Holt and Co.; 1997.
13. Putnam R. Bowling alone: the collapse and revival of American community. New York: Simon & Schuster; 2000.
14. Rails-to-Trails Conservancy. (2007). The Quality-of-Life Connection: Trails, Community and Family. Available from: [http://www.railstotrails.org/resources/documents/whatwedo/TrailLink%2007%20Program\\_Climate.pdf](http://www.railstotrails.org/resources/documents/whatwedo/TrailLink%2007%20Program_Climate.pdf).
15. U.S. Environmental Protection Agency. (2010). Heat island effect. Available from: <http://www.epa.gov/heatisland/index.htm>.
16. Younger M, Morrow-Almeida HR, Vindigni SM, Dannenberg A. (2008). The built environment, climate change, and health: opportunities for co-benefits. Am J Prev Med. 35(5):517-526.

## Slide 10 Notes

### Speaker notes:

- Policies and programs (i.e., a policy would be a *Complete Streets*<sup>2</sup> policy and a program would be *Walking School Buses*) have the power to encourage healthy choices such as:
  - Safe routes to school that help support children walking, biking and rolling to school;
  - Farmers markets in areas that have limited access to fruits and vegetables; and
  - Mixed-use neighborhoods where homes, shops, community services, public transit stops, and schools are within walking or biking distance.
  - Policies and programs also have the power to impact social equity, inclusivity, and parity in access to community resources and amenities that promote improved health for all community members by encouraging residential diversity and mitigating the displacement of existing residents and businesses. Inclusionary zoning, local zoning ordinances, and rent control are examples of policy tools that can help foster income diversity and help prevent displacement.
- Governing authorities, local government agencies, the private sector, and community partners all impact the health of a community. For example, city councils, zoning boards, or planning commissions often regulate zoning codes and hear appeals on zoning and land-use matters. Stakeholders who have the potential to contribute to health through policy, planning, and programs in your community may include:
  - Local planning department,
  - Local department of parks and recreation,
  - Local non-profit land trusts,
  - Local department of water, and
  - Local department of health.

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### Sources:

1. This slide was adapted from CDC's Healthy Places PowerPoint presentation, which is available here: <http://www.cdc.gov/healthyplaces/media.htm>.
2. "Complete street" is a term used to describe a transportation policy and design approach that enables safe access for all users of a road, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities. (Smart Growth America. National Complete Streets Coalition. Available from: <http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/complete-streets-faq>).
3. "Inclusionary zoning requires developers to make a percentage of housing units in new residential developments available to low- and moderate-income households. In return, developers receive non-monetary compensation in the form of density bonuses, zoning variances, and/or expedited permits that reduce construction costs. By linking the production of affordable housing to private market development, inclusionary zoning expands the supply of affordable housing while dispensing affordable units throughout the city or county to broaden opportunity and foster mixed-income communities." Policy Link. (2003). What is it? Inclusionary Zoning. Available from: <http://www.policylink.org/site/c.lkXLBmNjRE/b.5137027/>.
4. San Francisco Planning Department. (2009). Looking Back on Twenty Years of Neighborhood Commercial Zoning. Available from: <http://www.sf-planning.org/Modules/ShowDocument.aspx?documentid=5300>.



## Slide 11 Notes

### Speaker notes:

- Returning to the picture from slide 9, we have already identified some of the beneficial health outcomes associated with this photo. Now let's discuss generally what decisions may affect activities in this photo and improve health outcomes for our community. For example:
  - Elected officials request pedestrian and/or bicycle master plans to include necessary infrastructure improvements that will support increased number of people walking or biking to schools or work.
  - Health departments conduct health impact assessments to assess the health benefits of proposed transportation decisions.
  - Transportation and planning departments develop and execute plans to build separate lanes for bicyclists and sidewalks for pedestrians.
  - Police enforce traffic violation policies to promote moderate traffic speeds and monitor for suspicious activities to reduce the incidence of crime along routes.
  - Non-profit organizations host events and provide education on the benefits of biking and walking to school and work.
  - Please include other relevant examples of how policies improve, change, or impact our environment and our health.

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### Sources:

1. Leadership for Healthy Communities. (2009). Action Strategies Toolkit: A Guide for Local and State Leaders Working to Create Healthy Communities. Available from:  
<http://www.nlc.org/documents/Find%20City%20Solutions/IYEF/Community%20Wellness/lhc-action-strategies-toolkit-local-state-leaders-2009.pdf>.

## Slide 12 Notes

### Speaker notes:

- To summarize, decisions made at all levels of government – from federal to state and to local – and by different agencies impact health. Collectively, these decisions affect where and how people grow, live, work, worship, and age.
- Health in All Policies is an approach to a comprehensive strategy to protect and improve the health of our community. It has the power to directly impact our built environment by facilitating cross-sector collaboration and considering health in decision making.
- It is important to note that there is no single model for Health in All Policies; we will be talking about different approaches that achieve Health in All Policies.

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### Source:

1. NACCHO (2012). NACCHO Statement of Policy: Implementing Health in All Policies through LHD Leadership. Available from: <http://www.naccho.org/advocacy/positions/upload/12-01-health-in-all-policies.pdf>.



## Slide 13 Notes

### Speaker notes:

- What is Health in All Policies (HiAP)?
- The World Health Organization says HiAP assists leaders and decision-makers to integrate and consider health, well-being, and equity during the development, implementation, and evaluation of policies and services.
- The Association of State and Territorial Health Officials (ASTHO) state that HiAP is a collaborative approach that integrates and articulates health considerations into policy-making across sectors, and at all levels, to improve the health of all communities and people.
- The National Association of County and City Health Officials defines HiAP as a change in the systems that determine how policy decisions are made and implemented by local, state, and federal government to ensure that policy decisions have beneficial or neutral impacts on the determinants of health.
- In summary, HiAP is a systems-wide approach that communities can take to improve health by changing the context in which policies that influence health are formed. This ensures that health is either improved or that negative effects of health are minimized.

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### Sources:

1. NACCHO (2012). NACCHO Statement of Policy: Implementing Health in All Policies through LHD Leadership. Available from: <http://www.naccho.org/advocacy/positions/upload/12-01-health-in-all-policies.pdf>.
2. ASTHO. Health in All Policies. Available from: <http://www.astho.org/Programs/HiAP/>.
3. World Health Organization. (2010). Adelaide Statement on Health in All Policies: Moving Towards a Shared Governance for Health and Well-being. Available from: [http://www.who.int/social\\_determinants/hiap\\_statement\\_who\\_sa\\_final.pdf](http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf).

## Slide 14 Notes

### Speaker notes:

- The objectives of HiAP are:
  - A safer environment with fewer risk factors
  - Improved health equity
  - Increased health and well-being
  - Involvement of multiple, non-health sectors that shape our social and physical environments such as transportation, planning, and public works departments
  - Understanding of the decision-making process so that health is considered during development, implementation, and evaluation.

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### Sources:

1. NACCHO (2012). NACCHO Statement of Policy: Implementing Health in All Policies through LHD Leadership. Available from: <http://www.naccho.org/advocacy/positions/upload/12-01-health-in-all-policies.pdf>.

## Slide 15 Notes

### Speaker notes:

- To ensure that health is being considered throughout the decision-making process, we need to find ways to continually ask the question: How does a prospective decision potentially impact health and health equity?
- Ultimately, HiAP is upstream. In other words, we are trying to change how we implement policies, programs, and services so that we consider the health impacts earlier in the decision making process, promote positive health impacts, and minimizing potentially negative ones.
- HiAP is also comprehensive. It involves all sectors from the Chamber of Commerce to the health department. It involves the entire decision-making process from development to evaluation. And, it involves all levels of government from local to federal.

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### Sources:

1. NACCHO (2012). NACCHO Statement of Policy: Implementing Health in All Policies through LHD Leadership. Available from: <http://www.naccho.org/advocacy/positions/upload/12-01-health-in-all-policies.pdf>.

## Slide 16 Notes

### Speaker notes:

- These are three tactics that may help you implement HiAP:
  - Formation of standing cross-sector collaborative or task force – This collaborative ensures that all sectors (including those outside of health) are convened to consider health throughout the policy making process. Why? Because, as outlined, so many decisions shaping our environment are made by sectors outside the health department.
  - Creation of a mechanism to consider health in the decision making process – This can be realized in several ways. For example, this could include increased local governments use of health impact assessments; incorporating health elements in master, general, comprehensive, transportation, and sustainability plans; implementing healthy public policies; or educating decision makers about how the relationship between their work and health.
  - Development of a mechanism for responsibility and accountability – This may be formal or informal. Formal mechanisms could include executive-level actions, such as the Mayor of Baltimore’s requirement that all city agencies identify a lead to encourage the incorporation of health in the agency’s decision processes and sit on an inter-agency HiAP task force. Informal mechanisms could include training non-health agency decision-makers on how their decisions impact health and offer approaches that meet the agency’s mandate while maintaining or improving health and health equity.
- Again, 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.

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### Sources:

1. Gase, L et al. 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. Pending publication.

## Slide 17 Notes

### Speaker notes:

- Some local jurisdictions have explicitly included HiAP in agency strategic plans, community health improvement plans, comprehensive plans, or county strategic plans.
- For example, in Richmond, CA, city leadership adopted HiAP as a framework for considering health and wellness impacts in all city policies. The city will also incorporate HiAP into its five-year strategic business plan and its annual fiscal budgets.

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### Sources:

1. Richmond California. (2012). Health in All Policies. Available from: <http://www.ci.richmond.ca.us/index.aspx?NID=2575>.

## Slide 18 Notes

### Speaker notes:

- Other communities implement HiAP without explicitly adopting HiAP. These communities utilize the three tactics discussed (i.e., a standing HiAP committee, a method of conducting assessments, and accountability structures).
- For example, King County, WA, adopted a health equity ordinance and incorporated health equity into its strategic plan. More specifically, King County formed an inter-branch team with representation from all branches, departments, agencies, and offices of county government. This inter-branch team, which is an example of a HiAP task force, facilitates accountability and collaboration in order to advance the "fair and just" principle within the county.
- At its core, this is consistent with a HiAP approach although these tactics may not explicitly be discussed or referred to as HiAP.

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### Sources:

1. King County Office of Executive Constantine. (2012). King County Equity and Social Justice. Available from: <http://www.kingcounty.gov/exec/equity.aspx>

## Slide 19 Notes

### Speaker notes:

- In summary, Health in All Policies will allow our community to systematically work across sectors to consider our health in decision-making processes.
- As a result, we can improve our environment to improve health outcomes.
- By improving the health of our community, we can make it a more desirable place for people to live, work, and play.
- How do we make this a reality for our community? Let's discuss.

## Slide 20 Notes

### Guidance for speaker:

- You will need to identify what next steps you and your audience can take to move toward implementing HiAP. Some options may include:
  - Conducting an assessment to determine what your capacity is to implement HiAP
  - Incorporating specific goals that reflect cross-sector engagement around health into your community health improvement plan (especially if you are presenting to your community health assessment committee)
  - Forming a collaboration with non-traditional sectors
  - Training staff at different agencies on health issues and how public health is related to their discipline
  - Determining which areas of health you should focus on (e.g., children's environmental health or land use?)
  - Considering if agencies should develop joint budgets or joint funding opportunities
  - Providing educational opportunities for community members and leaders to learn about opportunities to improve health
  - Educating local leaders on the relationship of their work to public health.
  - Sharing tools, resources and data that can be used by local leaders
  - Identifying local leaders who can play the role of champion for HiAP in their communities.
- For further guidance on some possible next steps, NACCHO Environmental HiAP Toolkit has some tools and resources to guide you. It is available at:  
[http://www.naccho.org/toolbox/program.cfm?id=32&display\\_name=Environmental%20Health%20in%20All%20Policies%20%28HiAP%29](http://www.naccho.org/toolbox/program.cfm?id=32&display_name=Environmental%20Health%20in%20All%20Policies%20%28HiAP%29).
  - For example, the "Discussion Paper on Intersectoral Action on Health: A Pathway for Policy-Makers to Implement Effective and Sustainable Intersectoral Action on Health" gives some steps that communities can take to advance HiAP.
- As you prepare, you may also want to check out NACCHO's HiAP Frequently Asked Questions handout (<http://www.naccho.org/topics/environmental/HiAP/upload/HiAP-FAQs-Finals-12.pdf>), which may be able to anticipate some of the questions to expect from participants.
- For more information about the NACCHO Health in All Policies project, please visit our HiAP website: <http://www.naccho.org/topics/environmental/HiAP/index.cfm>.



## Slide 21

### Guidance for speaker:

- Include your name, phone number, and e-mail address for your audience members to be able to contact you.
- You may also want to include the logo of your LHD or organization.