HEALTH in ALL Policies

Experiences *from* Local Health Departments

NACCHO
National Association of County & City Health Officials

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Executive Summary

What is Health in All Policies?

Local health departments (LHDs) have been working to affect the conditions in which people live, learn, work, and play that have positive impacts on community health. Health outcomes, such as differences in life expectancy by race or ethnicity, are the result of a confluence of social, environmental, and behavioral factors simultaneously operating at different scales. These complex issues rarely have a singular solution that can be implemented by one sector or government agency. Health in All Policies (HiAP) is a framework for considering health in processes and decisions throughout government, and developing mechanisms that institutionalize these conditions. The National Association of County and City Health Officials (NACCHO) defines 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 neutral or beneficial impacts on health determinants."[1] Across the country, health departments have implemented HiAP to achieve health goals by working with cross-sector partners and engaging community members.

As a new and emerging field within the United States, HiAP poses both a challenge and an opportunity for local governments eager to tackle complicated health problems. HiAP is driven heavily by local context, and successful initiatives in one place may not work in another. The absence of a step by step for implementing HiAP creates ambiguity for implementation and difficulty in communicating its outcomes or justifying the allocation of resources towards these initiatives. However, HiAP also presents an opportunity since community stakeholders and local governments have influence in defining locally based and relevant solutions to priority concerns.

Information identifying how, where, and with what success local governments have implemented HiAP is needed so that successes and best practices can be shared. In order to document current HiAP practice, NACCHO conducted listening sessions and key informant discussions with local health officials leading or implementing such initiatives and partner organizations to capture the state of HiAP practice at LHDs in the United States. This report provides the results of the qualitative assessment, along with best practices and recommendations for future research and practice.

Five themes identified through the qualitative assessment:

Theme 1

Partnerships and collaborations are the cornerstone of HiAP. Partnerships across government agencies and departments promote the routine integration of health into policies and the creation of structures and processes across sectors necessary to support institutionalization. Community engagement is critical for gaining the perspectives of populations that are most impacted by changes in policies and planning projects.

Theme 2

Windows of opportunity present possibilities for intersectoral collaboration for health. This opportunistic approach focuses on identifying issues, policies, plans, or projects that can provide venues for cross-sector partners to work together towards shared goals.

Theme 3

Building capacity is essential for HiAP practice at local health departments. Cross-sector collaboration requires understanding how to work with partners across sectors and explicitly incorporate health in sectors and policy arenas that did not previously.

Theme 4

Embedding and sustaining a framework for change requires integrating new ways of thinking and culture shifts in how public agencies operate and work together. Participants have expressed different levels of comfort and familiarity with how to do this depending on their experience with HiAP and other cross-sector collaborations.

Theme 5

Many **challenges** inhibit health officials' attempts to implement HiAP. Challenges stem from the difficulties associated with the nebulous and undefined nature of HiAP practice and the variety of ways localities have implemented HiAP initiatives.

Executive Summary *continued*

Key findings from qualitative assessment

- **New framework for public health.** A new framework for public health practice, encapsulated by HiAP, represents a culture shift away from pursuing independent, topic-based, siloed interests to working collaboratively across government to achieve common goals.
- **Multiple models for HiAP implementation.** HiAP requires an understanding of the dynamic political landscape operating within localities and a willingness to be flexible and responsive to local context and community needs. Wide variations in HiAP initiatives exist, spanning different levels of formality and scale.
- **HiAP is a new and emerging field.** Many local HiAP initiatives are still very new, and participants express their struggle with how to intervene in complex and dynamic political systems. Education and training on community health and how to work together to impact it are crucial for HiAP and can help to articulate the need for and rationale behind HiAP.
- **Windows of opportunity are openings for collaborations.** Participants describe the need to be ready to take advantage of "window of opportunity" to engage in intersectoral collaboration for health. They also discuss uncertainty with how to progress with working across sectors.
- **Cross-sector partnerships and community engagement are essential for HiAP.** Community engagement and cross-sector collaborations are essential to HiAP initiatives. Many participants are exploring how to improve and build relationships with community groups or other public agencies and departments. Leading with co-benefits can increase investment in joint work and ensure the success of HiAP initiatives.
- **Cultivating leadership to champion HiAP.** The support of administrative and political leadership can assist with securing needed resources and articulating a vision of success. Changes in leadership can also hinder HiAP initiatives by disrupting momentum or changing the direction of the work.
- **Data and measuring success.** Participants consistently articulated the need to demonstrate the value of HiAP and how best to measure success. They also identified several challenges to understanding if initiatives are accomplishing goals and whether health is improving or worsening. Notable challenges include difficulty in measuring changes in policies and government processes, lags in data collection, and barriers to creating a data-driven culture.
- **Challenges.** As a new and growing field, many challenges were identified in the implementation of HiAP, including limited resources, staff capacity, and needed funding and other resources to support efforts. Participants struggle with how to evaluate and communicate the importance of building partnerships, which is central to HiAP work, and other outcomes that are difficult to measure.

Promising HiAP strategies

There is wide variation in the process, structure, and scope of local HiAP initiatives across the country. While HiAP in the United States is still in its formative stage and there is not a formal set of best practices to-date, local health officials are already pointing to the importance of developing strong foundation for practice. Listening session and key informant participants identified the following promising strategies:

- **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, it is important to establish a solid framework for scaling up future work across institutions and diverse communities. One of the biggest hurdles faced by participants is acknowledging that there is no "one-size-fits-all" approach and that HiAP efforts must be adaptive and responsive to local context and community needs.
- **Find champions at partner agencies or 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 consistently noted that building these relationships with cross-sector champions strengthened the work.
- **Develop measurements for success.** The ability to evaluate changes in health determinants and outcomes can serve as a powerful tool to guide priorities.

Executive Summary *continued*

Understanding how to measure systems change and changes in outcomes are important for knowing whether progress is being made toward shared goals. The primary questions for most participants are what to measure and how. 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 indicators of progress can strategically inform approaches and increase access to funding, support, and other resources.

- **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.
- **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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Recommendations for supporting HiAP in local jurisdictions

Listening session and key informant participants identified the following priorities to continue improving HiAP at the local level:

- **Research.** 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 the ability to improve health in the short and long term.
- **Developing the field.** Capacity building is a great need of the field. Trainings should focus on why HiAP is needed and include more specific topics, such as how to engage with cross-sector partners and determining 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.
- **Health equity.** The achievement of health equity is a central tenet for HiAP practice. HiAP initiatives should continue to elevate differential neighborhood conditions and unjust inequities in the distribution of health determinants and health outcomes.
- **Expanding outside of 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 system, economic development, and housing.
- **Creating opportunities to share success 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.

References

1. NACCHO. (2015). Statement of Policy: Health in All Policies. Retrieved from **http://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/12-01-health-in-all-policies.pdf**

Introduction

Growing evidence on the social determinants of health has found the conditions in which people live, learn, work, and play contribute to their overall health and well-being.

The World Health Organization (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."[1] In the United States, while an estimated 96% of health expenditures are directed toward health care, access to health care only accounts for 10% of a person's health. Conversely, the environment and personal behavior, which is directly influenced by environmental conditions, account for nearly 70% of what determines a person's health.[2,3] Unfortunately, many Americans do not live and work in communities that were designed with health in mind. This explains some of why certain Americans are healthier than others and why Americans generally are not as healthy as they could be. For example, Healthy People 2020 states that "a lack of options for healthy, affordable food or safe places to play in some neighborhoods makes it nearly impossible for residents to make healthy choices. In contrast, people living in neighborhoods with safe parks, good schools, and high employment rates are provided with some of the key requirements to better health."[4]

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are "the structural determinants and conditions in which people are born, grow, live, work and age."[5]

HiAP

NACCHO defines HiAP as a change in the system that determines 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.[6]

To address the social determinants of health, some communities have adopted a HiAP approach to decision making. HiAP provides a systematic way to address important factors that determine health: environment and behavior. By considering health in governmental operations and policy decisions, communities have the opportunity to improve health outcomes. HiAP explicitly recognizes that health and wellbeing are largely influenced by measures that are often managed by non-health department government agencies. In this vein, a HiAP approach focuses on changing systems of decision-making, rather than changing a single decision.

Background

The Rise of HiAP Practice

1999
HiAP alluded to in an European Union (EU) council resolution "to ensure health protection in all policies and activities of the EU."[9]

2006
HiAP launched more specifically in the EU.

2010
South Australia hosts the Adelaide 2010 International Meeting on Health in All Policies. Adelaide Statement on Health in All Policies is published.

California establishes nation's first statewide Health in All Policies Task Force through an executive order.

Creation of the National Prevention, Health Promotion, and Public Health Council (National Prevention Council).

2011
10 health ministers in southeast Europe endorse HiAP in The Banja Luka Pledge.

CDC funding opportunity announcement on HiAP for five-year cooperative agreement.

HiAP is endorsed in the Rio Political Declaration on Social Determinants of Health.

HiAP policies adopted in several major U.S. cities and local health departments.

2012
NACCHO adopts HiAP policy statement.

2013
The Association of State and Territorial Health Officials adopts policy statements on HiAP.

Gase et al. publish foundational review of emerging practices used to implement HiAP in the United States.[8]

2015
American Public Health Association dedicates its annual meeting to HiAP.

Vermont Executive Order No. 7–15 establishes HiAP Interagency Task Force

Public health literature has identified seven interrelated strategies for incorporating HiAP into decisions and systems: (1) developing and structuring cross-sector relationships; (2) incorporating health into decision-making processes; (3) enhancing workforce capacity; (4) coordinating funding and investments; (5) integrating research, evaluation, and data systems; (6) synchronizing communications and messaging; and (7) implementing accountability structures.[7, 8]

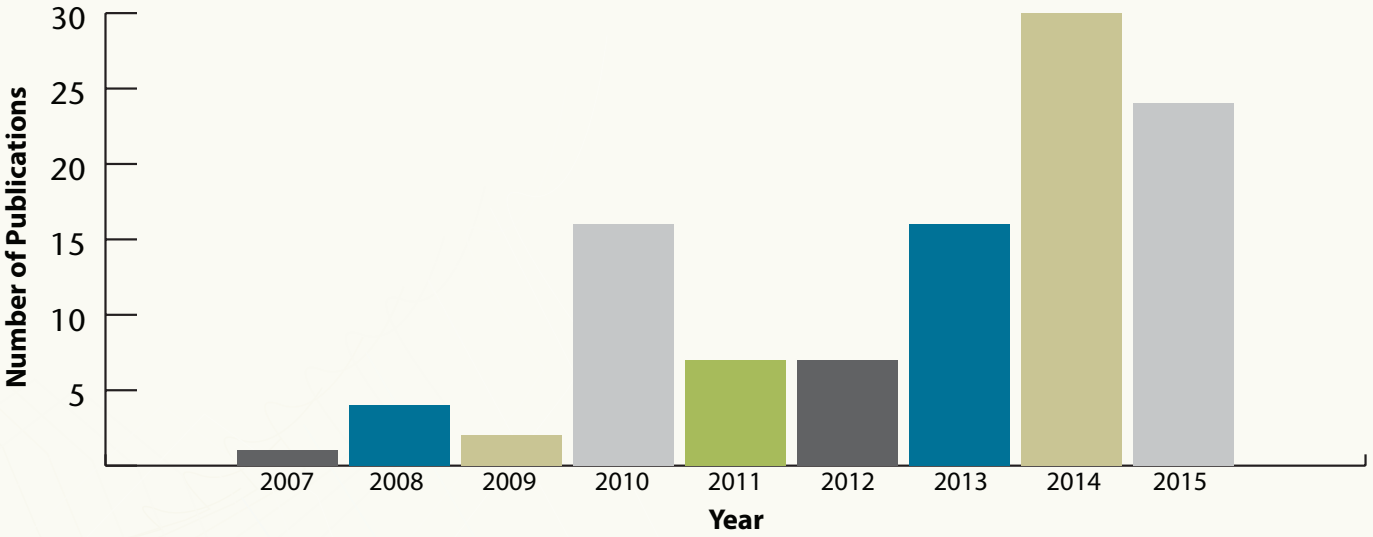
These seven strategies ensure that policies and services from all sectors have beneficial or neutral impacts on the determinants of health. Ensuring that health is considered in the policy formulation process creates opportunities for policy decisions to achieve the non-health agency mission and minimize or improve the policy's impact on health.[7]

Across the United States, local health departments have begun implementing the seven HiAP strategies to achieve their public health goals. However, data identifying how, where, and with what success health departments are implementing HiAP is needed to document successes and best practices. To document current HiAP initiatives, NACCHO conducted listening sessions and key informant discussions with local health officials leading or implementing such initiatives and partner organizations to capture the state of HiAP practice at LHDs in the United States. This report provides the results of that qualitative assessment, along with best practices and recommendations for future research and practice. Because HiAP is still an emerging practice at health departments, more work is needed to track current HiAP initiatives, and evaluate the impact of HiAP on decision-making and, ultimately, community health outcomes.

Background continued

Over the last decade, HiAP has flourished by providing strategic approaches for embedding health in decision-making across non-health sectors. The increasing trend over time can be seen using search results from the PubMed database for the term "health in all policies," as illustrated in Figure 1.

FIGURE 1. Number of search results by year for "Health in All Policies" in PubMed, through August 31, 2015



As the number of public health professionals who recognize HiAP grows, the field is moving from describing the "what" of HiAP to describing the "how".[11,12] To support these promising efforts, several capacity-building resources and "how-to" guides have been published in recent years, including ChangeLab Solutions, *From Start to Finish: How to Permanently Improve Government through Health in All Policies, Health in All Policies: A Guide for State and Local Governments,* a joint publication of The California Endowment, American Public Health Association, the California Department of Public Health, and the Public Health Institute, and the World Health Organization's comprehensive *Health in All Policies Training Manual.* [13-15]

Much of the literature summarizes case studies to provide examples of HiAP implementation. U.S. case study examples include Seattle/King County, WA, Richmond, CA, and the state of California.[16-18] These training guides and case examples often highlight the role of the health sector, especially local health officials as the convener and facilitator for HiAP efforts. However, with a local approach also comes the recognition that the type of upstream intervention promoted by HiAP "cannot be easily replicated from one context to the rest."[19]

As HiAP moves from the "what" to the "how", there is an increasing need for more rigorous evidence to support implementation strategies.[20-23] Recognizing that many HiAP initiatives are still in their infancy while interest in and implementation of HiAP approaches are growing tremendously, HiAP remains in a developmental stage. Since HiAP is relatively new to the United States compared to Europe and Australia, much of the literature is not specific to the U.S. context. As more initiatives are established and existing initiatives evolve, additional case studies will be available to provide the evidence needed for implementation and evaluation.

PURPOSE AND AUDIENCE

The purpose of this report is to depict the state of HiAP practice, including challenges and best practices, at LHDs across the United States. The findings in this report are based on a thorough review of current HiAP literature, and subsequent qualitative data collected through listening sessions and key informant discussions. The target audience for this report is local health officials interested in using a HiAP approach in their community.

U.S. HiAP Context

HiAP approaches are maturing in the United States, creating some encouraging policy successes led by innovative public officials at local, state, and federal levels (see Table 1 for a sample of initiatives from across the country). To understand HiAP within the context of local communities across the United States, summaries of HiAP initiatives supported by NACCHO through funding, technical assistance, and/or training are provided below.

TABLE 1. Examples of HiAP initiatives across the United States

TYPE OF INSTITUTION	HiAP INITIATIVE	TYPE OF INITIATIVE
FEDERAL		
Multiple federal agencies	National Prevention, Health Promotion, and Public Health Council (2010)	Interagency Taskforce
STATE		
Vermont	Vermont Health in All Policies Task Force (2015)	Executive Order/Legislation
California	California Health in All Policies Task Force (2012)	Executive Order/Legislation
Washington, DC	Office of Equity (2015); Sustainable DC Transformation Order	Government Office; Executive Order
Massachusetts	Adoption of Health Impact Assessment Requirements for major transportation projects (2009)	Legislation
Washington	Governor's Interagency Council on Health Disparities (2006); Board of Health - Health Impact Reviews (2014)	Legislation
COUNTY		
Multnomah County, OR	Health Equity Initiative (2007)	Policy/Agenda
Prince George's County, MD	Passed an ordinance requiring all new planning projects to have a Health Impact Assessment (2011)	Policy/Legislation
King County, WA	King County Equity and Social Justice Initiative (2008); Inter-Branch Team/Ordinance 16948 (2010)	Policy/Legislation
CITY		
Denver, CO	Community Health Improvement Plan's objective includes health considerations and analysis in city policy, processes, and planning	Strategy
Baltimore, MD	Healthy Baltimore (2015)	Policy Agenda
Richmond, CA	HiAP strategy and ordinance adoption	Legislation
Fairfax, VA	Partnership for a Healthier Fairfax (2010)	Strategy/Interagency Community Taskforce
Louisville, KY	Mayor Healthy Hometown Movement Leadership Team (2012)	Interagency Taskforce
New Orleans, LA	White Paper on Health in All Policies (2013)	Framework Publication

U.S. HiAP Context *continued*

PRINCE GEORGE'S COUNTY, MD

In 2011, the county council in Prince George's County, MD, passed an ordinance requiring the planning board to refer site, design, and master plan proposals to the Prince George's County Health Department for a health impact assessment (HIA) of the proposed development on the community and the distribution of potential effects within the population. The planning board was also required to provide recommendations for design components that increase positive health outcomes and minimize adverse health outcomes on the community.[24]

LOUISVILLE, KY

In March 2012, the Louisville Mayor convened a newly created Healthy Hometown Movement Leadership Team, modeled after the National Prevention Council. Chaired by the Director of the Louisville Metro Department of Public Health and Wellness, the Leadership Team brings together key leaders throughout the metropolitan government who oversee departments that impact residents' ability to make healthy choices in their homes, childcare facilities, educational and recreational facilities, workplaces, and neighborhoods. The Leadership Team includes the Directors of Planning & Development, Public Works, Transit Authority, and Air Pollutions Control District. The purpose of this team is to dramatically improve the health of Louisville Metro residents through the development and implementation of policies, programs, and practices that address the social and environmental determinants of health. As part of this initiative, Louisville has launched a "Healthy Louisville Community Dashboard," which allows them to track progress towards achieving health goals, and will include opportunities for community partners to communicate their ideas and efforts with the health department and each other.[24, 25]

WASHINGTON, DC

After attendance at NACCHO's HiAP Leadership Academy in May 2013, senior managers from the District of Columbia's Department of Health (DOH) and the District Department of the Environment (DDOE), representing the District Government, realized that the basic principles governing HiAP fit seamlessly with the Mayor's Sustainable DC Plan. A shared vision of HiAP and sustainability provide a path to fulfill this vision and enhance the quality of life for District residents. In November 2013, Mayor Vincent Gray positioned the District to advance the vision of health equity by issuing Executive Order 2013-209, the Sustainable DC Mayor's Order. Section 10 of the order established a HiAP taskforce of 12 District agency directors, co-chaired by the directors of DOH and DDOE and includes key external stakeholders and HiAP experts.[24, 25]

NEW ORLEANS, LA

Together with community partners, the New Orleans Health Department (NOHD) engaged in a community health improvement planning process that began in fall 2011 and culminated in 2013 with the publication of the first city-wide community health assessment and community health improvement plan (CHIP) in over a decade. A key theme that emerged from the community health improvement planning process was the importance of addressing the social determinants of health. While a multi-sectoral approach addressing health determinants was already underway for many of the priority areas that the CHIP identified, this process helped set the stage for a more strategic and systematic approach to HiAP in New Orleans.[25]

U.S. HiAP Context *continued*

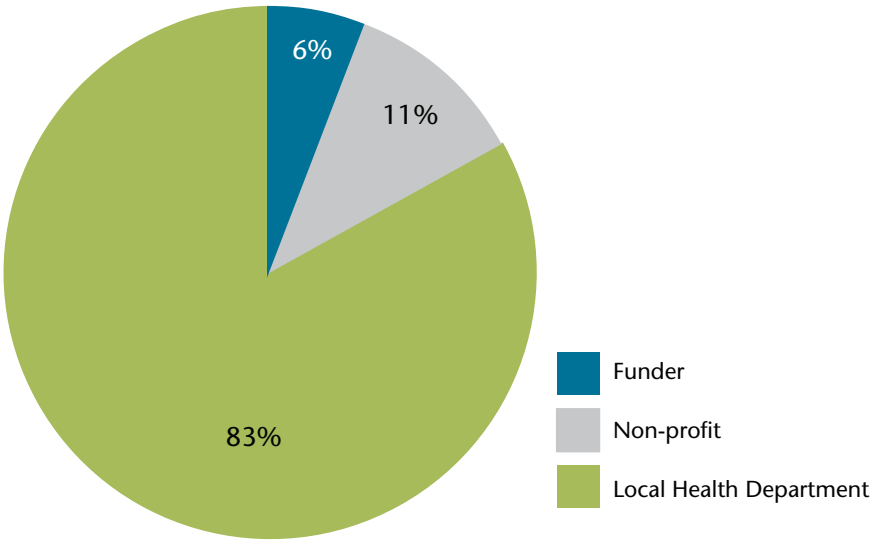
FAIRFAX, VA

In February 2010, the Fairfax County Health Department convened the Partnership for a Healthier Fairfax (PFHF), a diverse community coalition of individuals and public, community, and business organizations that joined forces to promote change and improve community health. The PFHF uses a community-wide strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP), developed by NACCHO. The MAPP process brought together 89 stakeholders from 37 organizations across the local public health system, including government, non-profit, academic, faith, and business sectors. Over time, this coalition has grown to consist of over 300 members representing more than 80 different organizations, increasing opportunities for partnerships to promote healthier communities. In 2011, Fairfax County's Department of Neighborhood and Community Services, working closely with the health department, received a Community Transformation Grant from the Centers for Disease Control and Prevention. This grant significantly supported the coalition's efforts and accelerated the process of promoting and implementing change. Through grant funds, the coalition established the "Live Healthy Fairfax" initiative and completed a CHIP in September 2013. The five-year plan focuses on seven priorities: (1) healthy and safe physical environment; (2) active living; (3) healthy eating; (4) tobacco-free living; (5) health workforce; (6) access to health services; and (7) data.[24, 25]

Methods

This report used a qualitative methods approach, which included four listening sessions and four key informant discussions. The focus of the information collected was on local community-based HiAP initiatives, and represented the experiences of 21 individuals from Illinois, Ohio, Florida, Kentucky, Minnesota, Massachusetts, and California. The majority of participants were local health officials. Notes were taken of all the listening sessions and key informant discussions. Listening sessions and key informant discussions were conducted from November 2015 through July 2016. All identifying information, such as names of people, organizations, or places, have been removed from the data and the findings. This report presents findings from this process, which focuses on gathering insight into the successes, challenges, and best practices for advancing HiAP in local jurisdictions.

FIGURE 2. Professional affiliation of listening session and key informant discussion participants



Summary of Findings

Five themes were identified during the qualitative assessment: (1) partnerships and collaborations; (2) windows of opportunity and openings for intersectoral collaboration; (3) building capacity for HiAP; (4) embedding and sustaining a framework for change; and (5) challenges to implementation. These themes were developed through an analysis of the listening session and key informant discussions.

- **Partnerships and collaborations** are the cornerstone of HiAP. Partnerships across government agencies and departments promote the routine integration of health into policies and the creation of structures and processes across sectors necessary to support institutionalization. Community engagement is critical for gaining the perspectives of the populations that are most impacted by changes in policies and planning projects.

- **Windows of opportunity** present possibilities for intersectoral collaboration for health. This opportunistic approach focuses on identifying issues, policies, plans, or projects that can provide venues for cross-sector partners to work together towards shared goals.

- **Building capacity** is essential for HiAP practice at local health departments. Cross-sector collaboration requires understanding how to work with partners across sectors and explicitly incorporate health in sectors and policy arenas that did not previously.

- **Embedding and sustaining a framework for change** requires integrating new ways of thinking and culture shifts in how public agencies operate and work together. Local health officials have expressed different levels of comfort and familiarity with how to do this depending on their experience with HiAP and other cross-sector collaborations.

- **Challenges** exist for the implementation and evaluation of HiAP. Many of these stem from the difficulties associated with the amorphous and undefined nature of HiAP practice and the variety of ways local jurisdictions have implemented HiAP initiatives.

The following sections each introduce a different overarching theme, explain subthemes using quotes taken directly from the listening sessions and key informant discussions, and discuss HiAP practice as it pertains to that particular theme.

Theme 1
Partnerships and Collaborations

Partnerships and collaborations are the cornerstone of HiAP. Partnerships between public health and non-public health sectors across government agencies are needed to integrate health considerations into routine government processes and structures.[26] Community engagement is critical for gaining the perspectives of populations that will be most impacted by changes in policies and planning projects. For the purposes of the following discussion, community engagement is distinguished from working collaboratively across sectors within local governments.

COMMUNITY ENGAGEMENT

Community engagement is the process of including community members or community-based organizations in policy and planning decision-making processes. Engagement can take various forms, moving from informing and consulting with communities to empowering communities to make decisions.[27]

Whether formally or informally defined, partnerships and collaborations allow for an expanded understanding of problems and possible solutions. This theme discusses local health officials' efforts to engage with community members and partners across government sectors to implement HiAP.

Community engagement is important for HiAP.

Local health officials discussed how engaging with community members and organizations improves local government's understanding of community concerns and possible solutions. As one listening session participant noted, "It is a huge mistake for us to think we know all the issues and solutions that a community needs. We tend to think from our own perspective that we have all the answers." The participant went on to state that community engagement by government agencies is essential for increasing civic engagement through community members' participation in government decisions. Effective

> "We need more of an ability to get into the community with civic engagement. Help the community understand how they can have more of an impact on their environment… We need more education, engagement, and funding to get down into community, especially low-income communities to address barriers."

community engagement requires that when planning projects or policies, information needs to be clearly stated and relevant to multiple audiences, as another listening session participant observed.

> "That's 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."

Other listening session participants noted that community engagement is difficult. Community engagment is time intensive for public agency staff and requires dedication, resources, and a commitment to the process. Community members often juggle multiple priorities in their daily lives and may not be able to participate in community meetings or other outreach events. More importantly, government processes, such as policy development and planning projects, are opaque and difficult for lay audiences to navigate. Communities may require education, training, and additional support to understand what is being proposed or planned to fully participate in public decision-making processes. It is also an enormous step for community members, especially those who have not traditionally taken part in these decisions, to feel comfortable and empowered enough to participate. As one listening session participant noted, "it is a shift in the way of thinking."

Partnerships across government agencies and departments is fundamental for HiAP.

Local health officials discussed the value of working collaboratively across government sectors and why intersectoral collaboration, collaboration among multiple sectors of government such as transportation, planning, education, etc. is critical for HiAP. Some participants discussed their efforts to partner across agencies, while others are struggling with how to do this. A listening session participant observed that strategies for partnership might change over time depending on the political landscape, the issues involved, and the level of comfort of those engaging in cross-sector efforts. Cross-sector partnerships also require a culture shift away from working independently in silos to working collaboratively with other departments and agencies, which may be challenging. One listening session participant noted that their health department is taking "baby steps forward."

Key informant and listening session participants discussed some of the challenges with working collaboratively across local government. Many echoed the need to not overly burden government partners and to ensure that the incorporation of health considerations into non-health sector work is adding value and not detracting from it. Additionally, a participant acknowledged the difficulty of relying on the "good will" of partners if there is no formal process in place that supports or directs intersectoral collaboration. Local health officials also expressed that each sector, whether transportation planning or public health, have their own culture and language or jargon that can create barriers to cross-sector collaboration. Partnerships necessitate a shared language and the ability to transcend differences in culture and ways of talking about similar issues. Table 2 discusses additional reflections regarding cross-sector partnerships.

TABLE 2. Reflections on cross-sector partnerships

SUMMARY	REFLECTIONS
LHDs sought out cross-sector partnerships and are determining how best to engage their partners.	"I've been here for a year, and it's just baby steps forward. Some of it is that there are a lot of partnership opportunities but figuring out how and when to engage." – Local health official "Knowing which non-public health players have health on their radar. If you know someone already doing a project around health; identifying those key partners." – Local health official
Working together in partnership should add value.	"How we engage with people in a way that is not burdensome to them…and that is a value added to their work? I definitely think that's something we always need to keep in mind. Why are our partners at the table? Are we helping them? Are we just asking things of them? There is always that risk - that you become a burden. You are not trying to do that." – Local health official "Be humble. Particularly if you don't have a policy, you have to rely on good will, learn about other areas of expertise...know how the department functions. Find ways to plug into other departments work." –Local health official
Partnerships require a shift in thinking.	"When you get into policy and decisions around community design, a lot of people have to be at the table. Some people don't think of it as their job and you have to understand the ins and outs of political dealings with government...A lot of these things remain a huge challenge when you bring others to the table…This is a huge step and shift in the way of thinking." – Listening session participant
Partnerships can help to align funding.	"We are trying to fund collaborative projects. There are usually multiple organizations working together on a project to deal with capacity issues. We're trying to creatively use funding to get people to work across professional boundaries." – Listening session participant
Partnerships require a shared language.	"Learning each other's language was also another barrier to overcome." – Local health official

"One challenge in any planning process is that residents are busy. How do we get them to the table and keep them engaged? In some places its super easy. In others you cannot convince people to come to a meeting on a weeknight."

Co-benefits help to ensure investment in the success of HiAP across local government.

Local health officials identified co-benefits as an important way to engage cross-sector partners. Co-benefits can assist in shaping non-health sectors' understanding of how their work impacts health and also help to accomplish their goals. Such positive impacts can include lowering energy costs from planting shade trees next to homes or buildings, opportunities for economic development from a transit-oriented development that focuses on increasing opportunities for walking and bicycling, or cost savings as a result of increased efficiencies from working collaboratively. A listening session participant noted that working together is an efficient way to accomplish common goals by sharing staff time and resources across agencies.

Listening session and key informant participants also highlighted how co-benefits can help to increase the perceived importance of and investment in cross-sector collaborations, especially when resources or timelines are stretched. As a local health official described, "We were able to leverage existing relationships. This was very important. The project ended up being a longer process, and we had to extend the timeline. We incurred additional costs, but we were willing to take the hit. We saw the win-win."

CO-BENEFITS

Co-benefits are positive impacts other than improvements in health that occur as a result of HiAP efforts.

Formalness of cross-sector collaborations varies widely and may evolve over time.

Local health officials discussed variations in the formalness of their cross-sector partnerships. Collaborations may range, in this regard, from a very formal partnership structure, such as a taskforce or an interagency council, to less formal relationships between individuals or ad hoc committees or groups that meet for short periods of time on a particular topic. Levels of formalness may also be fluid and evolve over time as initiatives themselves develop and change. Some key informant and listening session participants observed that remaining open to opportunities for HiAP allows for new allies and partnerships to form and build informally and organically over time. This is especially true for new initiatives in which cross-sector partners may be exploring and forming relationships with each other. One disadvantage to an informal approach, as one listening session participant noted, is the reliance on individual relationships that can be difficult to sustain long term.

"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."

"At first… non-traditional agency partners didn't seem interested, but when they noticed co-benefits, they participated."

DISCUSSION

Findings from key informant discussions and listening sessions confirm that cross-sector collaboration and community engagement are foundational elements of HiAP. HiAP requires a willingness to work internally across government sectors and externally with communities toward collective goals. Alliances across sectors and with community groups and residents can also promote health and equity, increase efficiencies in the use of resources, and assist in identifying resources.

Community engagement can help to shape local governments' understanding of priority community concerns, disproportionate impacts and differential neighborhood conditions, and potential solutions to address these issues. Community organizations and groups outside of government can help to ensure that such initiatives are responsive and accountable to community needs. Community participation can also increase civic engagement of residents that would be most impacted by policy and planning decisions. Table 3 depicts potential stakeholders for HiAP.

> "I feel the inter-agency council is a really great place. It's not super formal, but people participate. They show up. They engage. They share ideas. And then those ideas become something. That's really exciting!"

TABLE 3. Potential stakeholders to engage in HiAP

TYPES	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

"The Health Department has a history of working across sectors, for instance the Interdepartmental Taskforce on Childhood Obesity. This task force involved working with schools and day care centers. The first big win as a result of this task force was a change to daycare licensing standards. This change at the city level led to change at the state level creating improved nutritional guidelines, physical activity and screen time for all daycare licensed owners throughout the state."

Local health officials acknowledge the need to understand the goals and functions of cross-sector agencies to identify opportunities to incorporate health considerations into their work. Additionally, health concerns need to be owned collectively by all sectors of local government and the community at large, and the responsibility to address health problems and concerns should be shared by multiple sectors.

"Downside of that [informal organic approach] is that it relies on particular relationships. Relies on people who know other people and…we kind of get things done by saying 'Hey! How can we help?'… but we don't necessarily have a system for dealing with it."

HiAP initiatives should benefit more than one partner. Intersectoral collaboration works best when partners from all sectors identify shared gains, and co-benefits are essential for building a mutual vision and common goals. Using co-benefits as a strategy for engaging partners encourages support, establishes buy-in, and maximizes efficiencies by pursing multiple goals through the shared use of limited resources. Aligning goals across agencies and policy areas represents a shift from pursuing independent, siloed interests to collaboration in pursuit of a common purpose.

"Bringing a HiAP lens helps give city planning departments and city governments in general the permission and rationale that city planning needs to address other social determinants in their work."

Theme 2

Windows of Opportunity and Openings for Intersectoral Collaboration

Openings in the planning, policymaking, or initiative development processes, also called "windows of opportunity,"[28] present a spectrum of opportunities to highlight health and equity considerations in government decisions across an array of policy domains and sectors. The spectrum of opportunities for HiAP range widely and can vary in scale and complexity. For example, an LHD may be asked to review a proposed housing development for recommendations on how to increase options for walking and bicycling. Another opportunity might be to serve on an interagency council to respond to safety concerns in a low-income neighborhood of the city. Other opportunities may present themselves when the city or county updates their general or comprehensive plan. Taking advantage of these windows when they occur can present opportunities to engage in intersectoral collaboration for health. This approach focuses on identifying issues, policies, plans, or projects that can provide avenues for cross-sector partners to work together.

COMPREHENSIVE PLAN

A comprehensive plan, "also known as a master or general plan, is a collection of information and materials designed to guide the future development of a city or county. Such a plan can provide a community with a firm foundation for policy and action that will allow it to function more efficiently and effectively."[29]

A more specific example of a window of opportunity that occurs across the nation is an update of a city's zoning code, which generally only occurs every few years. Opportunities can arise throughout the goal-setting, planning, and public engagement stages of the zoning code update to discuss how land use and the built environment impact community health. The zoning code can also be modernized to support positive health outcomes through tactics such as limiting the concentration of alcohol outlets and fast food restaurants near schools or promoting walkability through improved land use designations. Ultimately, windows of opportunity present openings in government processes to align efforts across sectors towards shared goals. Theme 2 highlights local health official's efforts to identify and act on windows of opportunity to work across sectors and implement HiAP.

Local health departments are working to align efforts across government to accomplish shared goals.

Local health officials described opportunities to work with other sectors and government agencies to improve community health. Plans or initiatives such as an update to general plans, housing and economic development plans, or Complete Streets policies were identified as windows of opportunity to incorporate health and equity into a planning process. Community plans, such as the CHIP,[30] or public health accreditation identify health goals that usually require coordination and cooperation across multiple sectors to accomplish. Listening session participants also expressed the need to draw connections between the social determinants of health and downstream health outcomes to highlight opportunities for policy and planning interventions.

In several other cases, key informant and listening session participants identified HIA as a springboard for HiAP. HIA brings together data, expert knowledge, and public input to identify and examine the health effects of proposed decisions in a step-wise fashion.[32] HIA advances a health promotion and protection approach toward planning and policy decisions and is seen as one component of a broader HiAP strategy.[33, 34] Local health officials also noted that HIA trainings provide a means to build capacity towards HiAP. Additionally, because HIA has a structured process for engaging in policy development and planning projects, participants noted that it can be an easier entry point into HiAP for local health officials working to build partnerships with other sectors.

COMPLETE STREETS POLICIES

Complete Streets policies are "laws, resolutions, agency policies, and planning and design documents establish a process for selecting, funding, planning, designing, and building transportation projects that allow safe access for everyone, regardless of age, ability, income, or ethnicity, and no matter how they travel."[31]

HIA

HIA is "a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations for managing and monitoring those effects."[32]

Theme 2 Windows of Opportunity and Openings for Intersectoral Collaboration *continued*

Local health officials described the need to be ready to take advantage of windows of opportunity when they present themselves. This strategy has led to greater involvement in working with cross-sector partners and has opened up opportunities to discuss and incorporate health.

HiAP APPROACH:

"A HiAP approach is expected to be the standard. I think that's the best way to maintain and to always be seeking opportunities. As an opportunity arises, how do we jump on it?"

"I think it's important to keep your mind open about what Health in All Policies is, you know? So that you find your ally."

OPPORTUNITIES FOR HiAP WITH CROSS-SECTOR PARTNERS:

"We began to insert ourselves in the plans of other county departments. The more we did this, the better job we were able to do in incorporating healthy places for people. We were able to engage with developers in the planning stages of park design, school building, and lighting choices… Later we started working at the policy level. The county and one of the cities are currently working together on a policy. We continue to work on inserting the health department more into reviewing environmental plans."

"Where it's not coming from top-down, put it on the table so it helps the administration see that HiAP can help meet their strategic goals and can put resources to it. If you talk about it, it's likely to happen."

HIA AS A STARTING POINT FOR HiAP:

"HiAP for us is an overarching goal. We use HIA as one way to do it since we're trying to inform policy."

"Often when presenting on HIA, HiAP becomes part of the conversation. We can talk about how they work together. That can help make the connection."

DISCUSSION

Participants in listening sessions and key informant discussions discussed a variety of ways that they have been or are beginning to align efforts across their local governments and finding "windows of opportunity" to retool government processes to enhance health and wellness. Many also saw the value in seeking opportunities for new partnerships and cross-sector collaborations. For several of the health departments included in the analysis, this meant learning how to work with other government agencies and departments, which is new and uncharted territory for many. It also means staying open to opportunities and having a broad vision for health. While there were challenges along the way, local health officials described their ability to continue making progress and gain traction.

Theme 3
Building Capacity for HiAP

As HiAP is a new and developing field in the United States, local health officials noted the importance of and need for capacity building to engage in HiAP. HiAP initiatives can be implemented in a variety of ways, depending on the needs and political landscape of the community. As a result, participants struggled when communicating the utility of HiAP to their partners and to their leadership, distinguishing HiAP from other health initiatives or assessments, and determining a future course of action for intersectoral collaboration. Capacity building offers partners an opportunity to help build and strengthen their partnerships. Theme 3 examines how local health officials are working to build capacity around HiAP within their local jurisdictions and redefine possible ways local governments can impact community health.

HiAP provides multiple opportunities to redefine possible ways to impact health.

Local health officials noted that the traditional work of health departments is changing and new opportunities are emerging for how to work in collaboration to influence the multiple determinants of health. Listening session participants noted that HiAP requires a focus on building new skills and an understanding about how to work with other government partners and community members to explicitly integrate health into sectors and policy arenas that did not previously. Cross-training opportunities about the spectrum of HiAP activities and co-benefits can also work to build support across government and a foundation for partners to work together.

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

"There's a lot of education that needs to be done. In some circles, there may even be denial. It involves deconstructing the built environment—putting the toothpaste back into the tube."

Local health departments are working to increase understanding of how to implement HiAP within local government.

Local health officials acknowledged the changing dynamics within public health away from single-issue health topics towards working collaboratively across governments. Many local jurisdictions are embracing this change, but want more information about how to implement intersectoral collaboration for health. Participants, especially those still in the initial phases of their HiAP efforts, expressed uncertainty about the best course of action. As HiAP does not have a singular defined approach, listening session and key informant participants expressed challenges with this flexible structure, but also expressed hope in being able to shape local initiatives towards improving community health. Health officials are exploring options as the process moves along. As one participant described, "it's like building a plane as I'm flying it." Training and education have been used to clarify and increase understandings of how HiAP has been applied elsewhere and how similar strategies could be tailored to other local jurisdictions. Education is an important tool in defining a common path towards achieving shared health outcomes.

"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."

DISCUSSION

HiAP is based on innovative approaches to improving community health. Listening session participants and key informants expressed a need to build a base of understanding with cross-sector partners on what HiAP is and how it can be applied. HiAP requires reshaping existing understandings of how to improve health and the role of non-health sectors. It also demands a shift in how local government agencies and departments operate and work together. Education, training, and capacity building can serve dual purposes: enhance understanding of how routine government processes and decisions affect health, and assist in determining a course of action for cross-sector collaboration by building support for HiAP among local government partners.

"Not many staff within the local health department know or understand HiAP."

"One of the challenges is educating partners around policy change. A lot of organizations…don't do policy change."

Theme 4
Embedding and Sustaining a Framework for Change

Listening session and key informant participants noted that HiAP requires new ways of thinking and culture shifts in how public agencies operate and work together. Part of this involves defining a locally based HiAP framework for change, and participants have expressed different levels of comfort and familiarity with how to do this depending on their experience with HiAP and other cross-sector collaborations. One of the identified difficulties implementing HiAP, is that HiAP is not linear or "one-size-fits-all." The success of HiAP initiatives varies according to local context and opportunities for change within communities. As such, it is important to consider the different experiences community members and local government staff bring to the table and the limitations they may face in terms of stakeholder participation, internal and external funding, resources, and political dynamics. This theme examines how local jurisdictions have been able to move forward collectively, cultivate administrative and political leaders, support health equity, use local ordinances or resolutions to institutionalize HiAP, and measure success.

HIAP RESOURCES

Organizations such as NACCHO and the Association for State and Territorial Health Officials (ASTHO) have developed various resources for state and local health departments to utilize when implementing HiAP. NACCHO developed a HiAP factsheet outlining seven strategies for HiAP implementation at the local level, and ASTHO recently developed a HiAP framework to serve as a foundation for all levels of government to implement HiAP. [6, 26]

Defining how cross-sector collaborations will move forward together is an essential step for HiAP.

Efforts by local health officials to build bridges and share knowledge with other sectors can help build trust and highlight opportunities for long-term partnerships. Although acknowledging the importance of doing so, participants also described their struggles with building a foundation for working collaboratively. Several LHDs are implementing HiAP initiatives through trial and error.

Listening session and key informant participants articulated wide variation in their efforts to implement and operationalize HiAP efforts at the local level. Examples of HiAP initiatives include conducting HIA, conducting or attending trainings on HIA or HiAP, establishing

an interagency council, and adopting local ordinances. These examples demonstrate the many ways that HiAP can be operationalized that vary in scope, scale, and complexity. As shown in Table 4, key informant and listening session participants described multiple HiAP initiatives working with communities in their local jurisdictions.

TABLE 4. HiAP initiatives at local jurisdictions

Local Jurisdiction	HiAP Activity	Type of Initiative
Chicago, IL	Received HIA training and attended HIA conference	Training and education
	Established Healthy Chicago 2010 Interagency Taskforce	Formal cross-sector partnership
	Established Interdepartmental Taskforce on Childhood Obesity	Formal cross-sector partnership
	Working towards adopting a HiAP Resolution	Legislation
Monterey County, CA	Provided education on social determinants of health using local data and information	Training and education
	Engaged with developers in the planning stages of park design, school building, and lighting choices	Integration of health in planning projects
	Health department reviewed environmental plans	Integration of health in planning projects
	Conducted an HIA training	Training and education
Salinas, CA	Provided skill-building trainings on data literacy, laws, and advocacy	Training and education
	Integrated explicit language on culturally and linguistically inclusive community engagement in Request for Proposals	Funding requirements
Santa Clara County, CA	Completed a health element as part of the County's General Plan	Integration of health in planning projects
Pinellas County, FL	Conducted outreach as part of the CHIP	Outreach
	Included health in plans written by the Metropolitan Planning Organization	Integration of health in planning projects
Hillsborough County, FL	Conducted an HIA with the Metropolitan Planning Organization	Health assessments
Lee County, FL	Established the Healthiest Weight Florida initiative to inform policies to improve the determinants of obesity	Informing policy development
	Conducted Protocol for Assessing Community Excellence in Environmental Health (PACE-EH)	Health assessments
	Conduct HIA on Tice Community Connectivity and Redevelopment Plan	Health assessments

> "Top-down, bottom-up, middle-out—they all work. All roads can lead to HiAP. [It] doesn't matter where you start as long as it's the appropriate approach for your community's context."

Supportive administrative and political leaders are important for securing resources and helping to define a vision for HiAP.

Listening session and key informant participants observed that supportive administrative and political leaders can provide a powerful pivot in clarifying direction and defining a vision for HiAP, securing resources for initiatives, and scaling up change. Leaders are also important for championing HiAP and communicating that vision to various audiences. Participants also strongly identified with a need to cultivate supportive leaders that understand the importance and value of intersectoral collaboration for health.

Challenges can arise for HiAP initiatives that do not have leadership support. Local health officials discussed how they are approaching these obstacles, such as finding ways to work with administrative leaders who are less receptive to HiAP efforts. Additionally, changes in political or administrative leadership can hinder the work of existing partnerships by disrupting the momentum of initiatives and even altering the direction of the work. As some participants have noted, enhancing staff capacity can help to withstand changes in leadership as well as ensure the longevity and sustainability of HiAP initiatives.

> "The leadership is engaged and supportive. It is important to have this leadership support so that one, the work can get done; and two, the leadership can be an outward facing spokesperson for this work."

HiAP initiatives can be a way to uncover and discuss health inequities.

Some listening session and key informant participants emphasized HiAP as a way to highlight health inequities and discuss differential conditions in neighborhoods, although this sentiment was not expressed by many as central to their efforts. One local health official observed that HiAP can present a way for local governments to discuss inequities related to health status without alienating people.

> "It's place by place. In some smaller communities it's easier to engage elected officials and businesses because everyone knows each other... for city planning and for cities in general—they've often been so focused on only the physical—streets, zoning map, what you can build where, infrastructure. But those decisions have social and health implications that are far-reaching beyond the streets and the buildings, and do have impacts on education, criminal justice, safety."

Local jurisdictions are interested or are working towards adopting local ordinances or resolutions to institutionalize HiAP.

Several local health officials described considering or working towards adopting a local ordinance or resolution as a way to formally institutionalize HiAP. These participants expressed their local jurisdictions' desire to move beyond more informal efforts towards integrating health into government processes through legislation. Local ordinances or resolutions create a top-down policy-directed HiAP agenda that guides HiAP initiatives.

Since participating in this analysis, the Chicago Department of Public Health has assisted the City of Chicago in passing a HiAP resolution in May 2016. The resolution recognizes that major policy issues have health implications and establishes a HiAP approach towards program and project development throughout all government agencies and departments.[35] The resolution creates a HiAP Task Force made up of all City departments to identify new opportunities to improve the health of residents and ensure that government agencies and departments collaboratively work together.

"My direct supervisor is very supportive … but the division manager is a little more old-school and hasn't really embraced these new approaches to public health."

Local jurisdictions need to determine whether HiAP initiatives are effective at improving community health.

Local health officials consistently articulated a need to measure the success of HiAP in order to understand whether initiatives have been effective at improving community health. Several participants also discussed an interest in sharing data and data analysis across government agencies and departments. Additionally, participants agreed that evaluating HiAP initiatives is challenging

"Leadership is important, but you also need representation from the people doing the work. You need integrated capacity, and multilevel representation at meetings because the people doing the work tend to stick around longer than the departmental leadership."

because many HiAP objectives, such as changes in systems and policies and building cross-collaborations, are difficult to measure. Challenges to evaluating HiAP initiatives will be elaborated upon in Theme 5.

> "The goal is to have a HiAP policy in place, but for right now we are working on a HiAP resolution. The resolution is the first step toward institutionalizing this work."

DISCUSSION

HiAP requires an integrated effort across sectors and with community members to determine shared values and work together to accomplish common goals. Listening session and key informant participants noted a great deal of uncertainty in how and with whom to get started. One useful tactic is to identify "low-hanging fruit," or small easily achievable steps to get started that create progress toward a longer-term goal. Early wins or successes can build morale, help to develop relationships with cross-sector partners and communities, and create a momentum towards larger goals.[12]

Relationships with cross-sector partners and community stakeholders, informational resources such as health data, personnel resources such as staff time and supportive leadership, funding resources, and legal resources such as local ordinances or resolutions can help establish and sustain HiAP initiatives over the long term.[24] Partnerships and collaborations, as discussed in Theme 1, are necessary to build the foundation for HiAP, while dedicated staff resources and funding are important to sustain joint efforts. 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 changes in policies or planning projects on health determinants and health outcomes. Table 5 outlines questions for identifying key assets for implementing HiAP across government sector partners.

TABLE 5. Questions for identifying key assets to implement HiAP among cross-sector partners

CATEGORY	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?

An evaluation of short- and long-term changes in cross-sector collaborations and changes in health determinants and outcomes are important for understanding whether progress is being made toward shared goals. Table 6 highlights evaluative strategies and tools for measuring outcomes of HiAP efforts. These include creating local rating systems and healthy community checklists, conducting a community health assessment, and evaluating the impact of HiAP initiatives.

TABLE 6. Methods for measuring success of HiAP initiatives

MEASUREMENT STRATEGIES AND TOOLS	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.

"It's 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."

"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."

"We need to do more work around institutionalization. [We] need a policy change through ordinance."

The listening session and key informant participants described how supportive leaders strengthened local HiAP efforts. Supportive leaders can help to define a vision for HiAP and mobilize resources toward collective efforts. Additionally, leaders receptive to HiAP can help to develop an explicit focus on equity within HiAP initiatives, as HiAP can be a way to explore equity concerns, identify policy solutions, and adopt changes within local government that can support improved health outcomes for communities and populations experiencing disproportionate impacts.

Among local government departments and agencies, health departments can provide a leadership role in the implementation of HiAP. As LHDs possess the legal authority and responsibility to protect and promote the public's health, they are natural leaders for defining and directing these efforts.[23] Local health officials have an understanding of priority health issues in the communities they serve and are more likely to have a better grasp of the multiple upstream determinants of health that are impacting identified health concerns. This knowledge, combined with expertise in epidemiology and health data, can assist health departments in leading local HiAP efforts.

> "... [W]e have been working with the Department of Building on data sharing and lead exposure. It wasn't always clear to the Department of Building why the Health Department was requesting data sharing. However, explaining HiAP in terms of the social determinants of health and focusing on the root causes has helped to validate the data sharing requests specifically with the Department of Building."

Theme 5
Challenges to Implementation

Listening session and key informant participants noted significant challenges to HiAP implementation, such as limited resources and funding, communicating tangible outcomes to decision-makers, and difficulty evaluating HiAP initiatives. Many of the challenges stemmed from the undefined nature of HiAP practice and the variety of ways localities have implemented HiAP initiatives. Participants also described other barriers, such as educating administrative leaders and policy decision-makers on the value of HiAP beyond measureable outcomes, struggles with gaining the support of partners and defining a coherent path, difficulty with instituting systems change, and restrictions on LHDs and other public agencies to engage in advocacy and lobbying. This theme identifies and discusses many of the notable challenges to implementing HiAP raised by listening session and key informant participants.

Local HiAP initiatives are challenged by limited resources and funding.

HiAP efforts are challenged by limited resources and funding, as many key informant and listening session participants have noted. From staff turnover, competing priorities, and the limited of funding, HiAP can be difficult to implement and sustain over time. Health department staff capacity to take on additional responsibilities or duties is not always possible when health departments are in "survival mode," as one local health official described, and especially when HiAP-related tasks are added to LHDs' already full workload. Moreover, some participants described HiAP projects that were highly dependent on the work and commitment of a very few dedicated staff members, which can result in activities ending when there is staff turnover or burnout. A local health official described her experience working on HiAP after losing key staff as, "something like a hobby."

Funding is also an enormous limitation for HiAP initiatives. Local health officials reported having to do more work with fewer resources (e.g. dedicated staff time) and funding over time. Local health officials, also described having to search for funding to start or continue collaborative efforts. Several times, participants reported that intersectoral collaborations require creativity and a willingness to leverage resources across agencies and departments. One local health official noted that it was a challenge to communicate a sense of shared responsibility for funding joint work across all agencies.

Additionally, as HiAP is by nature intersectoral and crosses siloes, it doesn't have a specific institutional home. Stretching HiAP across sectors and silos can add challenges for identifying resources and staff to put towards these efforts. Challenges also arise if the overall initiative is not owned by a specific agency or department that can champion change and direct resources towards accomplishing goals. Table 7 summarizes reflections regarding limited resources and funding to implement HiAP.

TABLE 7. Reflections on challenges with limited resources and funding to implement HiAP

SUMMARY	REFLECTIONS
LHDs have limited staff capacity to implement HiAP.	"Time is a challenge. HiAP gets added to people's plates." "Not fully implemented because it's not been prioritized in the administration. It's hinging on the work that [one individual] does." "Other challenges [include] staffing in smaller communities that are in survival mode. Getting residents involved is pretty difficult. Getting staff and elected officials to shift their to-do list when they're in survival mode can be a challenge, [as is]…getting other departments to support the work." "We can develop goals and health indicators but tomorrow something else comes up that is urgent."
LHDs are challenged with prioritizing limited resources.	"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." "We'd rather prioritize doing a good job in the communities we are in than a mediocre job in more communities…We're a little under the gun, but we're losing people and constantly having to do more with less. We're keeping up, but can't expand."
It is challenging to request that partners invest financial resources.	"Having the working group together made future grant opportunities easier but when you are asking other departments for resources, it's more difficult—how is health going to fund this? Health shouldn't have to fund all of this. A challenge has been having partners invest financial resources."
Searching for funding to support HiAP initiatives is a continuous effort.	"Identifying grant opportunities. Constantly looking for grants. We have unique challenges in grant funding, but the good thing is we do have great collaborations. It's a synergistic effect. A lot of people really do want to help."

Local health departments need more evidence of tangible outcomes and assistance in communicating about HiAP.

Local health officials noted that HiAP is challenged by the difficulty communicating tangible short-term benefits and outcomes, especially when compared to other similar health initiatives like HIA. HIAs are structured step-wise assessments of health impacts and typically aim to impact near-future decisions of a policy, plan, program, or project. Local health officials described their struggles communicating with administrative and political leaders about the value of HiAP objectives, such as building partnerships, engaging with communities, and other outcomes that are difficult to quantify and describe. Participants also noted that challenges communicating about the outcomes and benefits of HiAP created difficulties getting buy-in from administrative leadership.

> "[I am]... in favor of HIA because it's more tangible, but HiAP is so far a lot of education and relationship-building, and there's no tangible outcomes."

> **"[The] process takes even longer than policy change usually does in public health. Even getting a sense of the framework takes time. It's a big cloudy thing for Health in All Policies. It's a very lengthy process. I was concerned after a year that I had no concrete deliverables to show—and I think that's why it's hard to get leadership buy-in."**

Local health departments describe challenges with evaluating HiAP initiatives.

Local health officials described the importance of measuring the success of HiAP efforts. However, several participants also reported challenges with data collection and evaluation of HiAP initiatives. As noted by several key informant and listening session participants, measuring policy change is difficult. It is also equally difficult to attribute any changes in health outcomes to a policy or planning intervention, since as one listening session participant noted, "Health affects everything and everything affects health." A participant also observed that data is often not timely and significant lags in data can hinder a real time accounting of changes in health determinants and outcomes. Table 8 describes challenges with data collection and evaluation of HiAP initiatives.

> **"Right now, the outcomes include partnerships. So for example, we had never worked with the MPO (Metropolitan Planning Organization) and now we're doing an HIA. So partnership has been a great outcome, but it's not something you can necessarily put on the table. But, some of our senior leadership is recognizing that the partnership is a success."**

TABLE 8. Reflections on challenges with data and evaluation of HiAP initiatives

SUMMARY	REFLECTIONS
It is difficult to measure changes in policies and systems changes.	"Some of the things we do are very difficult to measure. You just have confidence to know you're doing the right thing, but we struggle to find ways to measure it." "Measuring the effect of policy is very difficult [and] challenging, because we can see the changes, but are not necessarily measuring it or can't get the data." "It is difficult because health affects everything and everything affects health. It is hard to measure cause and effect."
Data is not timely.	"People are really up against some significant barriers here…when the data is that far behind…we are constantly growing at one of the highest rates of the country…it's not that helpful."
It is challenging to shift thinking about how data can be used to improve community health.	"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."

DISCUSSION

There are many challenges with implementing HiAP initiatives, which often stem from HiAP being a new and emergent field in the United States. HiAP necessitates cross-sector partners to intervene in complex and dynamic political systems that involve a range of local government and community stakeholders and rely on specialized knowledge and language. HiAP is also an approach that may be difficult to communicate to various audiences and even more difficult to evaluate.

Theme 5 Challenges to Implementation *continued*

Specific HiAP activities are defined by local context and priorities. HiAP initiatives in one jurisdiction may not be as effective in another location. This can be very difficult for local governments as there is no one recipe or model for success, which can be seen as either a challenge or an opportunity. Local governments can be hesitant to engage in HiAP without knowing the potential outcomes or definitive strategies to accomplish goals. The flexible nature of HiAP initiatives is challenging because there is no one 'right' way to implement it.

However, the flexibility is also an opportunity because community stakeholders and local governments have a great deal of influence in outlining locally based strategies to address priority concerns.

Additionally, there are several best practices outlined in the next section that can be used by any community interested in HiAP. While there is no one recipe for success, learning more about how other jurisdictions have implemented HiAP initiatives will give local health officials examples to draw from when implementing their own initiatives.

Moving Forward: **Summary of Key Findings**

Improving health through cross-sector collaboration brings with it many opportunities to build new bridges and reinforce innovations in expanding the public health system. This shift in practice impacts how public health professionals coordinate efforts in communities, and in many cases, transforms organizational strategies for local governments. The key findings from the qualitative assessment are listed below.

KEY FINDINGS FROM THE QUALITATIVE ASSESSMENT

- **A new framework for public health.** A new framework for public health practice, encapsulated by HiAP, represents a culture shift away from pursuing independent, siloed interests to working collaboratively across government to achieve common goals.
- **Multiple models for HiAP implementation.** There is no singular local HiAP framework because of dynamic political landscapes operating within localities and a need to be flexible and responsive to local context and community needs. Key informant and listening session participants described variations in their local HiAP initiatives that span different levels of formalness and scale.
- **HiAP is a new and emerging field.** Many local HiAP initiatives are still very new, and participants have struggled with how to intervene in complex and dynamic political systems. Education and training on community health and how to work together to make an impact are crucial for HiAP and can help to articulate the need for and rationale behind HiAP.
- **Challenges.** As a new and growing field, local health officials implementing HiAP initiatives face many challenges including: limited resources, funding, and staff capacity to support efforts. Listening session and key informant participants reported struggling with how to evaluate and communicate the importance of building partnerships, which is central to HiAP work, and other outcomes that are difficult to measure.
- **Cross-sector partnerships and community engagement are essential for HiAP.** Local health officials described how they are exploring ways to improve and build relationships with community groups and other public agencies and departments. Leading with a clear definition of co-benefits can increase buy-in and joint investment in cross-sector work.
- **Cultivating leadership to champion HiAP.** Administrative and political leadership can support articulating a vision of success for HiAP and securing needed resources. Changes in leadership can also hinder HiAP efforts by disrupting the momentum of initiatives or change the direction of the work.
- **Evaluation and measurement of success.** Listening session and key informant participants consistently articulated the need to demonstrate the value of HiAP and how best to measure success. They also identified several challenges to understanding if HiAP initiatives are accomplishing the goals set out and whether health is improving as a result. Notable challenges included difficulty in measuring less quantifiable changes in policies and government processes and development of partnerships across agencies.
- **Windows of opportunity are openings for collaborations.** Participants describe the need to be ready to take advantage of "windows of opportunity" to engage in intersectoral collaboration for health. Opportunities for engagement present openings in government processes to align efforts across sectors towards shared goals.

The success of HiAP rests on effectively integrating a wide spectrum of practices, programs, and policies with the aim of improving community health. There is no one model or approach to HiAP, as community context, funding, partners, leadership, and other factors powerfully shape learning and how initiatives unfold. In working across sectors, one of the biggest hurdles identified by participants was, "learning each other's language." There is a steep learning curve in the implementation of HiAP; from working with partners to sharing resources to building cross-sector initiatives. These are new relationships that need to be defined and supported. Several participants acknowledged their HiAP efforts were still very young, and it was still an ongoing process.

Moving Forward *continued*

PROMISING HiAP STRATEGIES

There is wide variation in the process, structure, and scope of local HiAP initiatives across the country. While HiAP in the United States is still in its formative stage and there are no formal HiAP best practices to-date, key informant and listening session participants noted several promising strategies that can help to develop a strong foundation for practice.

Start small. HiAP is a process and an investment in long-term strategies. Setting achievable, scalable goals provides partners with the flexibility to test ideas and evaluate outcomes along the way. It is also important for local health officials to start somewhere, no matter how small. For HiAP efforts to be successful, the work needs to take place across multiple fronts. While progress is neither linear nor uniform, it is important to establish a solid framework for scaling up future work across institutions and diverse communities. One of the biggest hurdles identified by participants was acknowledging there is no "one-size-fits-all" approach and that HiAP efforts must be adaptive and responsive to local context and community needs.

Find champions at partner agencies or departments. Finding strong champions at partner agencies and making a commitment collectively to build trust can fortify organizational capacity and long-term sustainability of HiAP initiatives. The process of building HiAP is fundamentally based on these cross-sector partnerships; listening session and key informant participants noted that building these relationships with cross-sector champions consistently strengthened the work.

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 understanding whether progress is being made toward shared goals. The primary questions for many local health officials are what to measure and how. There are already many creative approaches to collecting data. Considering meaningful indicators of progress can strategically inform approaches and increase access to funding, support, and other resources.

Prepare for the unexpected. Investing time to prepare for unknown future circumstances is important for the success of HiAP. Local health officials identified challenges with staff and leadership turnover and working in environments with limited capacity and resources, which are prevalent challenges across local government. While planning for all contingencies is impossible, it is important to consider ways to alleviate setbacks.

Organizational integration and institutionalization. Strategies for integrating HiAP include integrating functions into job descriptions and developing an institutional home for cross-sector collaborations, such as interagency councils or taskforces. Dedicating staff to HiAP initiatives strengthens collaborative efforts by providing administrative, 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.

These building blocks provide a platform for partners to learn and educate one another on the principles of HiAP. In addressing issues of equity, accountability, and advocacy, it is necessary for partners to be flexible and to grow comfortable with rapidly changing conditions.

HiAP is an innovative and emerging practice that brings many opportunities to improve health through multi-sector collaboration. Wide variation in the formality and scale of HiAP initiatives showcases the diversity of strategies across the country. Many strategies exist to support joint government work; however, participants in our analysis also expressed a great deal of barriers and challenges to implementing HiAP. Priorities for future efforts to support HiAP at the local level ought to focus on articulating the benefit of a whole government approach to improving health, building capacity for cross-sector collaboration to engage in HiAP, and sustaining initiatives over time.

Moving Forward *continued*

RECOMMENDATIONS FOR SUPPORTING HiAP IN LOCAL JURISDICTIONS

There are many opportunities to continue to support the field of HiAP at the local level based on the reflections of listening session and key inform-ant participants. Participants prioritized the following recommendations.

- **Evaluation.** More evaluation is needed to understand 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 the ability of these initiatives to improve health in the short and long term.
- **Developing the field.** Capacity building is a great need of the field. Trainings should focus on why HiAP is important and include more specific information, such as how to engage with cross-sector partners or how to determine potential strategies for implementation. Case studies can be used to share information on how HiAP initiatives have been successfully implemented and how a strategy might be tailored to different jurisdictions.
- **Health equity.** The achievement of health equity is a central tenet for HiAP practice. HiAP initiatives should continue to elevate health inequities and differences in neighborhood conditions and work toward improving the health of communities facing disproportionate impacts.
- **Expanding outside of built environment.** Many early locally based HiAP initiatives were focused on improving community design and built environments. Additional opportunities exist across multiple policy domains to improve health. Examples of other policy domains include criminal justice system, economic development, and housing.
- **Create opportunities to share success and challenges.** Around the country, interest in HiAP is growing. It is important to share findings, successes, challenges, stories, and lessons learned to continue to grow the field. Local health officials can share their experiences implementing HiAP through conferences, webinars, and group calls.

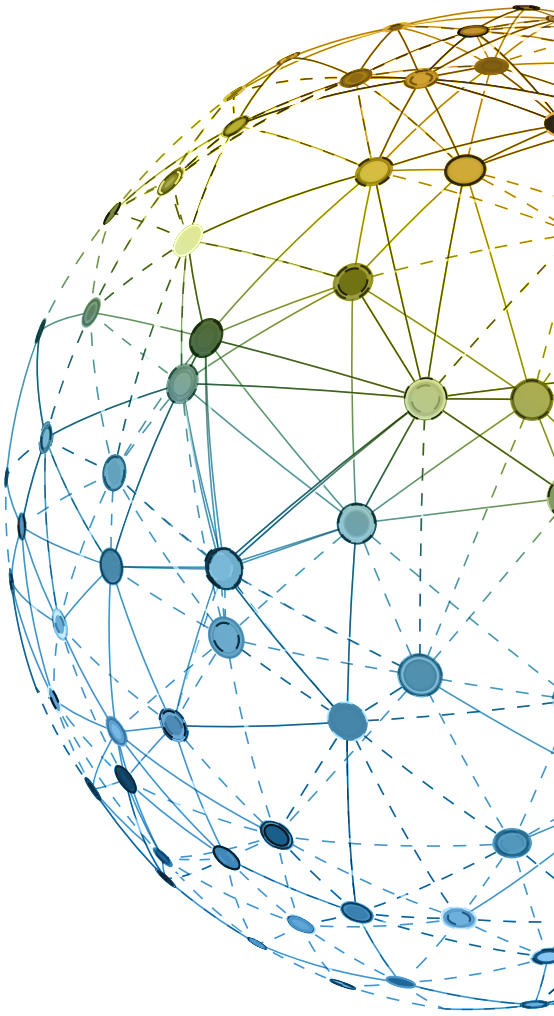
REPORT LIMITATIONS

This report has limitations that should be considered when reviewing and interpreting the recommendations. The following considerations may limit the ability to make definitive statements or conclusions about HiAP efforts across the country.

- The geographic locations of participants were not a representative sample of HiAP efforts across the United States.
- A limited number of listening sessions and key informant discussions were conducted, with a small number of total participants.

Despite these limitations, the assessment and findings establish an important understanding of the emerging field and progress towards HiAP at the local level. It is intended to identify initial accomplishments, developing themes, and promising areas for further growth of the field and research. The findings and recommendations presented can also inform future efforts, facilitating continued progress of HiAP in local jurisdictions.

While many public health professionals identify HiAP as innovative, it is important to recognize that public agencies and departments across government outside of health departments may already be working to improve neighborhood conditions and quality of life, but haven't had a framework for articulating how their work supports health. By staying open and flexible to how health and its impacts are defined, partners can find ways to secure resources and take advantage of opportunities to align efforts in ways that generate meaningful change to improve health and wellbeing.



References

1. World Health Organization. (2010). Frequently asked questions. Available from: http://www.who.int/suggestions/faq/en/.
2. Centers for Disease Control and Prevention. (2010). Blue Sky Initiative, University of California at San Francisco, Institute of the Future.
3. Prevention Institute (2011). Teaching prevention: strategies for bringing prevention to the classroom. Retrieved October 20, 2016, from https://www.preventioninstitute.org/sites/default/files/editor_uploads/images/stories/Documents/Teaching_Prevention_Webinar_FINAL.pdf.
4. Healthy People 2020. Social Determinants of Health. Retrieved October 20, 2016, from http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39.
5. Marmot, M., Friel, S., Bell, R. Houweling, T., Taylor, S., and Commission on Social Determinants of Health. (2008). "Closing the gap in a generation: health equity through action on the social determinants of health," The Lancet 372, no. 9650:1661–1669.
6. NACCHO Factsheet. (2014). Local health department strategies for implementing health in all policies.
7. NACCHO Policy Statement. (2015). Implementing health in all policies through local health department leadership
8. Gase, L. N., Pennotti, R., and Smith, K. D. (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* 00:1–12
9. Council of the European Union. (1999). Council resolution of 18 november on ensuring health protection in all community policies and activities.
10. Health in All Policies Task Force. (2010). Health in all policies task force report to the strategic growth council executive summary, Sacramento, CA
11. Hendriks, A. M., Habraken, J., Jansen, M. W., Gubbels, J. S., De Vries, N. K., van Oers, H., ... & Kremers, S. P. (2014). 'Are we there yet?'–Operationalizing the concept of integrated public health policies. *Health policy,* 114(2), 174-182.
12. Puska, P. (2014). Health in all policies—from what to how. *The European Journal of Public Health,* 24(1), 1-1.
13. ChangeLab Solutions. (2015). *From Start to Finish. How to Permanently Improve Government through Health in All Policies.* Available from http://www.changelabsolutions.org/publications/HiAP_Start-to-Finish.
14. Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in All Policies: A guide for state and local governments.* American Public Health Association.
15. World Health Organization. (2014). World Health Organization's comprehensive "Health in All Policies Training Manual"
16. Wernham, A., & Teutsch, S. M. (2015). Health in all policies for big cities. *Journal of Public Health Management and Practice*, 21, S56-S65.
17. Corburn, J., Curl, S., Arredondo, G., & Malagon, J. (2014). Health in all urban policy: city services through the prism of health. Journal of Urban Health,91(4), 623-636.
18. Polsky, C., Stagg, K., Gakh, M., & Bozlak, C. T. (2015). The Health in All Policies (HiAP) approach and the law: preliminary lessons from California and Chicago. *The Journal of Law, Medicine & Ethics,* 43(s1), 52-55.
19. World Health Organization. (2015). Health in all policies: training manual.
20. Carey, G., Crammond, B., & Keast, R. (2014). Creating change in government to address the social determinants of health: how can efforts be improved?. *BMC Public Health,* 14(1), 1.
21. Shankardass, K., Renahy, E., Muntaner, C., & O'Campo, P. (2014). Strengthening the implementation of Health in All Policies: a methodology for realist explanatory case studies. *Health Policy and Planning,* czu021.
22. Bert, F., Scaioli, G., Gualano, M. R., & Siliquini, R. (2015). How can we bring public health in all policies? Strategies for healthy societies. *Journal of public health research,* 4(1).
23. Ollila, E. (2011). Health in all policies: from rhetoric to action. *Scandinavian Journal of Public Health,* 39(6 suppl), 11-18.

References *continued*

24. NACCHO Request for Proposals. (2014). Health in All Policies at Local health Departments.

25. Yuen, T. (2014). Health in All Policies: Local Health Departments Driving Systems Change to Improve Communities. *NACCHO Exchange.* 13 (2): 18-19.

26. Association of State and Territorial Health Officials. (2016). Health in All Policies: A Framework for State Health Leadership. Retrieved on October 20, 2016 from http://www.astho.org/HiAP/Framework/.

27. International Association for Public Participation. IAP2's Public Participation Spectrum. Retrieved on October 20, 2016 from http://www.iap2.org/?page=A5.

28. Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.

29. Iowa State University, University Extension. (2001). Land Use Series: The Comprehensive Plan. Retrieved on October 20, 2016 from http://www.rdgusa.com/crp/ellis/ISU_Comprehensive%20Plan.pdf.

30. Community health improvement plans (CHIP) identify priority issues from the community health assessment, develop and implement strategies for action, and establish accountability to ensure measureable health improvement. NACCHO. Community Health Assessment and Improvement Planning. Retrieved from http://www.naccho.org/programs/public-health-infrastructure/community-health-assessment.

31. Smart Growth America. (2016). The best complete streets policies of 2015. Retrieved October 20, 2016 from https://smartgrowthamerica.org/resources/best-complete-streets-policies-of-2015/.

32. National Research Council of the National Academies. (2011). Improving Health in the United States: The Role of Health Impact Assessment. Retrieved October 20, 2016 from https://www.nap.edu/catalog/13229/improving-health-in-the-united-states-the-role-of-health.

33. L. M. Gottlieb, J. E. Fielding, and P. A. Braveman. (2012). Health Impact Assessment: Necessary but Not Sufficient for Healthy Public Policy. Public Health Reports. 127(March-April): 156-162.

34. J. Collins and J. P. Koplan. (2009).Health Impact Assessment: a step toward health in all policies. *JAMA: The Journal of the American Medical Association.* 302(3): 315-317.

35. City of Chicago. (2016). Mayor Emanuel's 'Health in All" Resolution To Ensure that Health of Communities is At the Core of All Cities Policies. Retrieved from https://www.cityofchicago.org/city/en/depts/cdph/provdrs/healthychicago/news/2016/may/mayor-emanuel-s--health-in-all--resolution-to-ensure-that-health.html.

Appendix 1 |
Listening Session/Key Informant Questions

Opening Questions

1. Based on your experience, how did HiAP begin at your LHD or if you are not with an LHD, please talk about your experience with HiAP in communities? (Only ask if you are speaking with LHD)
2. Did you have training on HIA or HiAP training before you began the project? Please discuss the training to preparation activities that took place before you began the project.
3. How was your HiAP funded (grant funded, LHD funded, etc...)?
4. How did leadership in your LHD or within the HiAP project that you contributed to engage in the implementation?

Changes in Public Health Practice

1. What tools and resources have you identified as your needs for working on an effective HiAP project before the project?
2. How did your LHDs capacity change over time while working on HiAP?

Challenges

1. What are/were the biggest challenges during the HiAP project and how are/were they overcome?

Partnerships

1. What new partners were formed (e.g., academic-practice partnership?) How involved were these partners during the HiAP implementation?
2. How has the project affected relationships with your partners outside of the HiAP work?

Outcomes

1. What were the outcomes of the HiAP process? (Policy change, partnerships, new initiatives, etc.)
2. How did you measure outcomes?
3. Would you consider the HiAP process successfully implemented at your LHD or in your community? Why or why not?

Sustainability

1. How has momentum been sustained throughout your HiAP work?
2. What advice would you give to other local health departments of similar size who are interested in getting started with a HiAP project for the first time?

Appendix 2 |
List of HiAP Tools and Resources

List of HiAP tools and resources for local health officials:

TITLE	AUTHOR	TYPE	DESCRIPTION
Health in All Policies (HiAP): Frequently Asked Questions (N/D)	NACCHO	Guide or Primer	This document informs local health departments and other agencies and stakeholders about HiAP. The FAQs defines what HiAP is, how it is different from other health policies, gives a brief history of HiAP, how health equity and environmental health play in HiAP, and defines terms related to HiAP.
Implementing Equity in Health in All Policies & Health Impact Assessments: From Concept to Action (2013)	NACCHO, PolicyLInk	Webinar	The webinar, hosted by NACCHO and PolicyLink, focuses specifically on why equity is critical to HiAP and Health Impact Assessments (HIAs), and specific strategies to implement and ensure equity. The speakers discuss principles and frameworks for the inclusion of equity, as well as present examples of the principles in practice.
Environmental Health in All Policies Meeting-in-A-Box (2013)	NACCHO	Tool	This Environmental Health in All Policies Meeting-in-A-Box presentation is a modifiable PowerPoint presentation that can be used to educate leadership, community members, or local health department staff on HIAP. 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.
King County Ordinance 16948 (2010)	King County, WA	Model ordinance or EO	King County adopted the King County Strategic Plan 2010 - 2014 and included a fair and just principle that serves all residents of King County by promoting fairness and opportunity and eliminating inequities. County leaders passed this ordinance in order to define and systematize the implementation of the fair and just principle.
Getting started with "Health in All Policies": A resource pack (2011)	Li Ka Shing Knowledge Institute	Guide or Primer	This document is a review of identified literature describing international examples of health equity-focused HiAP. A total of 4,833 scholarly articles and 501 sources of grey literature were gathered and screened. This report is a conceptual framework describing the initiation and implementation stages of HiAP approaches, a discussion of comparisons and trends found in the case studies uncovered through the literature search.

Appendix 2 | List of HiAP Tools and Resources *continued*

TITLE	AUTHOR	TYPE	DESCRIPTION
Discussion Paper Intersectoral Action on Health: A Path for Policy-Makers to Implement Effective and Sustainable Intersectoral Action on Health (2011)	WHO	Guide or Primer	The "Discussion Paper on Intersectoral Action on Health: A Pathway for Policy-Makers to Implement Effective and Sustainable Intersectoral Action on Health" was developed by the World Health Organization. It provides a brief primer on intersectoral action for improving health and then provides an overview of 10 steps necessary to implement intersectoral action. It closes with a few case examples from around the globe. This discussion paper is especially useful for local jurisdictions looking for a brief, concise description of one approach toward advancing HiAP in a community.
Moving Forward to Equity in Health: What Kind of Intersectoral Action is Needed? An approach to an intersectoral typology (2009)	7th Global Conference		"Moving Forward to Equity in Health" is a document that was prepared for discussion at the 7th Global Conference on Health Promotion, "Promoting Health and Development: Closing the Implementation Gap" and discusses how working across sectors can help form cohesive policies that addresses health as whole, which is a key objective of HiAP. This document can serve as to resource to educate those who are unfamiliar with the HiAP concept and spur discussion on how to implement HiAP through cross-sectoral collaboration in their communities.
Intersectoral Action on Health: A Path for Policy-makers to implement effective and sustainable action on health (2011)	WHO	Guide or Primer	This document is a guide that policymakers can use to promote intersectoral health initiatives in their jurisdictions. The guide discusses about two overall strategies for intersectoral health, including HiAP, and provides real-examples of multi-sector health initiatives.
Adelaide Statement on Health in All Policies: Moving Towards a Shared Governance for Health and Wellbeing (2010)	Government of South Australia and WHO	Guide or Primer	The Adelaide Statement on HiAP is to engage leaders and policymakers at all levels of government - local, regional, national, and international. It emphasizes that government objectives are best achieved when all sectors include health and wellbeing as key components of policy development.
NACCHO Exchange Spring 2014 Issue focused on HiAP (2014)	NACCHO	Guide or Primer	The Spring 2014 issue of NACCHO Exchange, NACCHO's quarterly magazine, highlights HiAP efforts across the county. This issue contains the following feature stories: How Community Health Improvement Process Helped to Build Momentum for HiAP Approaches in New Orleans; Greening Mid-Michigan: A Health in All Policies Approach for Mid-Size Local Governments; King County: Building Health, Equity, Fairness, and Opportunity with a Health in All Policies Approach; Integrating Health in All Policies: Two Case Studies from San Francisco; and Health Policy beyond the Health Department.
Local Health Department Strategies for Implementing Health in All Policies (2014)	NACCHO	Guide or Primer	The factsheet provides an overview of seven strategies that can help jurisdictions implement HiAP, with a focus local health departments. The seven strategies are grounded in a comprehensive literature review of academic and grey literature and a review of case studies.

Appendix 2 | List of HiAP Tools and Resources *continued*

TITLE	AUTHOR	TYPE	DESCRIPTION
Implementing Health in All Policies at the Local Level: Experiences from Local Health Departments (2014)	NACCHO	Webinar	The webinar showcased the implementation of HiAP in three U.S. cities – Houston, Baltimore City, and San Diego - with the aim of discussing how local health departments and their partners are implementing HiAP approaches in their communities, successful strategies and tactics to implement HiAP, and lessons learned from their experiences engaging in this work to improve the health of communities using a multiple determinants of health framework
Health in All Policies: Improving Health Through Intersectoral Collaboration (2013)	Institutes of Medicine Roundtable on Population Health Improvement	Guide or Primer	In this discussion paper, the authors define the HiAP concept, explain the need for HiAP approaches to confront complex and current health challenges in the population, and provide an overview of California's pioneering experience with cross-sector collaboration to address the social determinants of health. The paper includes an analysis of key challenges and opportunities likely to arise when communities undertake health in all policies efforts.
Introduction to HiAP (N/D)	ASTHO	Guide or Primer	This factsheet provides a general overview of HiAP by providing information on the National Prevention Strategy, the role of state and territorial health agencies, and HiAP key messages.
Health in All Policies: Strategies to Promote Innovative Leadership (2013)	ASTHO	Guide or Primer	This resource aims to educate and empower public health leaders to promote a HiAP approach to policy-making and program development. A description of the National Prevention Strategy is enclosed along with key talking points to explain a HiAP approach to other leaders in your state or locality's government, characteristics of successful cross-sector collaboration, and a collection of state stories. The stories are organized based on the following characteristics of successful cross-sector collaboration: creating shared goals, engaging partners early/ developing partner relationships, defining a common language, activating the community, and leveraging funding/ investments.
Health in All Policies: Collaboration (N/D)	ASTHO	Guide or Primer	This document provides an overview of the dependency of HiAP approaches on collaboration. Because collaboration is essential for integrating HiAP, strategies for successful collaboration, as well as sample agenda for a partnering meeting, are included in this guide.
Health in All Policies: Implementation Strategies (N/D)	ASTHO	Guide or Primer	This document provides an overview of implementation strategies that include elements of collaboration, education, assessment, consultation, program development, and policy.
Health in All Policies: A Guide for State and Local Governments (2013)	PHI, APHA, CDC, and CDPH	Guide or Primer	This guide was written by the backbone staff of the California HiAP Task Force and is geared toward state and local government leaders who want to use intersectoral collaboration to promote healthy environments. This guide provides a broad range of perspectives and examples. The authors reviewed the published peer-reviewed and grey literature and interviewed people working in formal and informal intersectoral collaborative government processes to promote health at local, state, and national levels.

Appendix 2 | List of HiAP Tools and Resources *continued*

TITLE	AUTHOR	TYPE	DESCRIPTION
Sustainable DC Transformation Order (2013)	District of Columbia	Model ordinance or EO	Washington DC created the Sustainable DC Plan and includes principles that establish sustainability as a priority in the operations of District government agencies, which includes coordination across agencies to embed practices to improve public health. The order creates a HiAP Task Force, which is tasked with developing recommendations to advance health equity among District residents and strengthen the vitality of all communities.
Applying a Health Lens to Decision Making in Non-Health Sectors (2014)	Institute of Medicine	Guide or Primer	This document is the summary of a workshop convened in September 2013 on Population Health Improvement to foster cross-sectoral dialogue and consider the opportunities for and barriers to improving the conditions for health in the course of achieving other societal objectives. The workshop engaged members on three core issues: supporting fruitful interaction between primary care and public health; strengthening governmental public health; and exploring community action in transforming the conditions that influence the public's health. This report is a discussion of health in all policies approaches to promote consideration for potential health effects in policy making in many relevant domains, such as education, transportation, and housing.
Health in all policies training manual (2015)	WHO	Guide or Primer	This document is a training resource to increase understanding of the importance of HiAP among health and other professionals. The material will form the basis of 2- and 3-day workshops.
Health in All Policies Position Statement (2013)	ASTHO	Position statement	ASTHO's position statement supporting HiAP recommends working across sectors to improve public health and recommends HiAP as a strategy for moving state and territorial health agencies and their partners closer to the goals of health equity and addressing the social and environmental determinants of health.
Statement of Policy: Health in All Policies (2012)	NACCHO	Position statement	NACCHO support HiAP, and this policy statement advocates that local health departments are best positioned to implement HiAP in their local jurisdictions. LHDs can choose from a variety of strategies that advance HiAP.
Health in All Policies: A Framework for State Health Leadership (N/D)	ASTHO	Guide or Primer	The document provides a foundation and a framework for how different sectors and levels of government can implement HiAP, and includes examples of successful outcomes from using a HiAP approach.
Health in All Policies Model Policies (2015)	ChangeLab Solutions	Model ordinance or EO	The model policies are specifically designed to help communities institutionalize a HiAP approach, ensuring that structural change is sustained over time, even when there are shifts in staffing and leadership. The three models offer options for communities at different stages of readiness, or that face different opportunities to create change: model ordinance, model resolution, and HiAP in General Plans.
A Health in All Policies Presentation (2015)	ChangeLab Solutions	Tool	The presentation illustrates the connection between our health, public policy, and the environment. The presentation calls for a collaborative approach to policymaking to improve the health of a community. The presentation can be tailored to include local community examples.

Appendix 2 | List of HiAP Tools and Resources *continued*

TITLE	AUTHOR	TYPE	DESCRIPTION
From Start to Finish: How to Permanently Improve Government Through Health in All Policies (2015)	ChangeLab Solutions	Guide or Primer	This comprehensive toolkit provides a guide with tools and resources and best practices for implementing HiAP. The toolkit includes a guide, which is an introduction to HiAP and outlines 5 key strategies for effectively adopting a more formalized HiAP initiative.
Environmental Health in All Policies Toolkit (2016)	NACCHO	Tool	This toolkit includes tools and resources that have been developed and used to help local decision makers educate and raise awareness about HiAP and environmental health policy.
Health in All Policies and the Law (2015)	APHA	Webinar	The webinar examines HiAP initiatives and how they have been developed and implemented.
City of Richmond Health in All Policies Ordinance (2014)	Richmond, CA	Model ordinance or EO	The City of Richmond passed the HiAP resolution in 2014. The strategy sets a framework of collaboration within city departments as well as with community-based organizations and other government agencies to address community health, equity, and sustainability in Richmond.
Health in All Policies: Seizing opportunities, implementing policies (2013)	Ministry of Social Affairs and Health, Finland,	Guide or Primer	The publication addresses the ways in which health perspectives can be incorporated into public policies in practice. The main emphasis is on national policymaking and on issues related to health promotion and social determinants of health, although HiAP is a broader concept that encompasses all levels of policymaking and health systems functioning.
Health in All Policies (HiAP) Framework for Country Action (2014)	WHO	Guide or Primer	The Framework sets out six key components that should be addressed in order to put the HiAP approach into action: establish the need and priorities for HiAP, frame planned action, identify supportive structures and processes, facilitate assessment and engagement, ensure monitoring and evaluation, and build capacity. These components are not fixed in order or priority. Rather, individual governments can adopt and adjust the components in ways that are most relevant for their specific governance, economic, and social contexts.

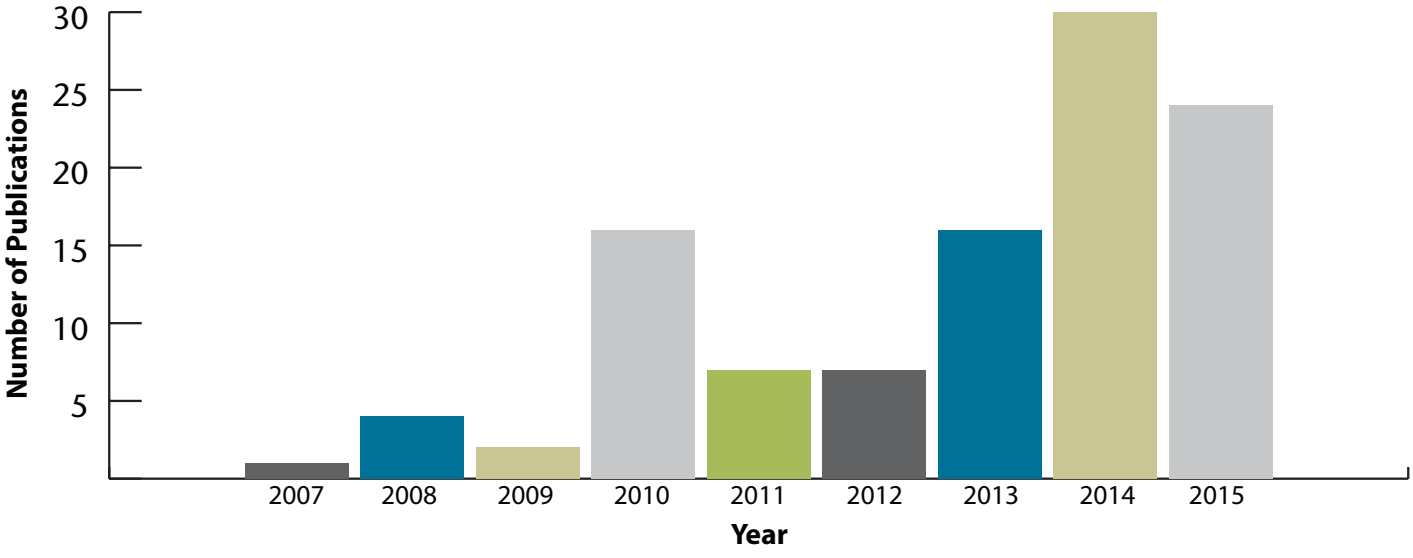
Appendix 3 |
Literature Review

The purpose of this literature review is to provide an overview on trends in both peer-reviewed and gray literature relating to Health in All Policies (HiAP) in the United States, with a focus on local government. This review is partially built on the work of Gase et al published in the Journal of Public Health Management and Practice in 2013, which thoroughly reviewed literature published on HiAP implementation.1 Gase et al defined HiAP as, "incorporating health into decision making by (or working with) non-health sectors."[1] To review literature based on this broad definition, Gase et al included the following search terms in the review: "health in all policies", "healthy public policy", "inter-sectoral action on health", "social determinants of health", and "cross-agency/cross sector efforts". In an effort to build on and update this review NACCHO used the same.

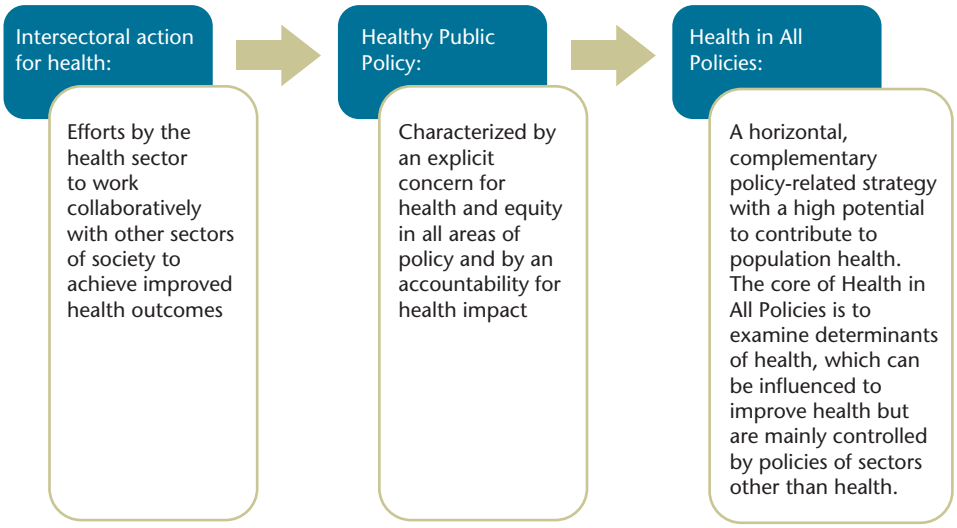
Similarly, NACCHO defines HiAP generally as, "a change in the systems that determine how decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impacts on health determinants."[2]

Incredibly, over the last decade, HiAP has flourished by providing strategic approaches for embedding health in decision making across non-health sectors and developed into a public health subfield. The increasing trend over time of the search results using the PubMed database for the term "health in all policies" is illustrated in the graph below:

FIGURE 1. Number of search results by year for "Health in All Policies" in PubMed, through August 31, 2015



Appendix 3 | Literature Review *continued*



Patterns in the literature[4]

The trend depicted above also exists for the search term, "social determinants of health" (SDOH) where interest increased after the World Health Organization (WHO) Commission on Social Determinants of Health published their final report titled, "Closing the Gap in a Generation" in 2008.[3]
As a result, the scope of this review is limited to using a typology of integrated public health policy (IPHP) approaches, as described by Kickbusch in 2010.[4] This typology differentiates between three waves of IPHP approaches, from the less integrated "inter-sectoral action", to "healthy public policy", to the most integrated approach, "health in all policies". Kickbusch cautions that these terms are often used interchangeably.[4] However, using this continuum allows different interpretations to coexist.[5] Therefore, all three terms were used in the PubMed search for peer-reviewed literature and in Google for gray literature. Because the intent of this review is to focus on HiAP in the United States with a focus on local government implementation, the results were limited by removing case studies focused primarily outside the United States, unless they specifically address an aspect of HiAP at the local level.

As noted above, defining HiAP remains inconsistent in the literature. "Health in All Policies" is one of a number of integrated policy approaches, but is often used either as an umbrella term for all integrated policy efforts, or interchangeably with other terms. Authors such as Hendriks et al have attempted to address these inconsistencies by using "defining characteristics" and "operational criteria" as a means of sorting through the myriad of definitions offered in order to operationalize HiAP.[6] There is a lack of differentiation between HiAP and other inter-sectoral strategies, but less integrated approaches can make attempts at providing guidance for evaluating implementation less rigorous; Shankardass et al note that, "existing literature rarely describes ISA [inter-sectoral action] initiatives that address midstream or structural determinants typically addressed by HiAP."[7]

Definitional issues aside, as the number of public health professionals that recognize HiAP grows, the field is moving from describing the "what" of HiAP, to describing the "how".[6,8] Jurisdictions within the United States have been slower to adopt HiAP than in other countries. Finland, Australia, and New Zealand were all early adopters of HiAP at the national level, yet to date, there has been no nationwide movement in the United States. Although, federal interagency efforts to integrate policies do exist that were spurred in part by the Affordable Care Act's (ACA) National Prevention Strategy.[9] The U.S. Department of Housing and Urban Development, for example, embraced the call to collaborate across agencies, examples of such efforts include the Neighborhood Revitalization Initiative and the Sustainable Communities Partnership.[10] However, federal efforts are complicated by political barriers, including repeated efforts to repeal the ACA and attempts to significantly decrease the Prevention and Public Health Fund.[11] Despite political difficulties, however, recognition of HiAP continues to expand.

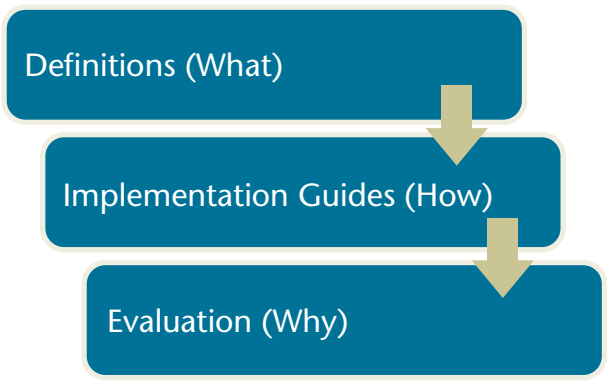
To support these promising efforts, several capacity-building resources and "how-to" guides have been published in recent years, including ChangeLab Solutions, "From Start to Finish: How to Permanently Improve Government through Health in All Policies", "Health in All Policies: A Guide for State and Local Governments", a joint publication of The California Endowment, the American Public Health Association, the California Department of Public Health, and the Public Health Institute, and the World Health Organization's comprehensive "Health in All Policies Training Manual".[12, 13, 14]

Much of the literature summarizes case studies to provide examples of HiAP implementation. U.S. case study examples include Seattle/King County, Richmond, California and the state

Appendix 3 | Literature Review *continued*

of California.[15,16,17] These training guides and case examples often highlight the role of the health sector, especially local health departments as the convener and facilitator for HiAP efforts.[12] Internationally, "Healthy Cities" initiatives are a common approach at the local level, with health sectors taking a leadership role.[12,18] As Rantala et al state, local governments are able to directly influence urban determinants of health as well as elicit citizen participation, making them unique arenas for inter-sectoral approaches.[19] Though, with a local approach, also comes the recognition that the type of upstream intervention promoted by HiAP "cannot be easily replicated from one context to the rest".[20]

As HiAP move from the "what" to the "how", there is an increasing need for more rigorous evidence to support implementation strategies.[21,22,23,24] Several challenges have limited evaluation efforts. Bauman et al identified the following concerns; the need to move beyond process/implementation evaluation toward outcomes evaluation; evaluation results from initiatives, such as South Australia; often focus on process; and one review of public policy literature on "joined-up government" approaches found no empirical evaluations for HiAP.[19,25] Researchers are beginning to propose evaluation tools and frameworks for both process and outcome measures.[25,26,27] Recognizing that many HiAP initiatives are still in their infancy, Storm et al developed a maturity model enumerating six stages of HiAP in communities, depending on how many of 14 characteristics they exhibit.[28] Efforts to evaluate outcomes, as opposed to process, can be hindered by the long-term nature of HiAP approaches; potential improvements to health outcomes may take years to come to fruition.[19] Greaves and Bialystok also note that evidence about HiAP "is generally correlative and descriptive", rather than causal, further reiterating the challenges of empirical evaluation; when applying an inter-sectoral approach to obesity, Hendriks et al identified a lack of scientific evidence about effective solutions as a barrier to collaboration.[29, 30]



CONCLUSION

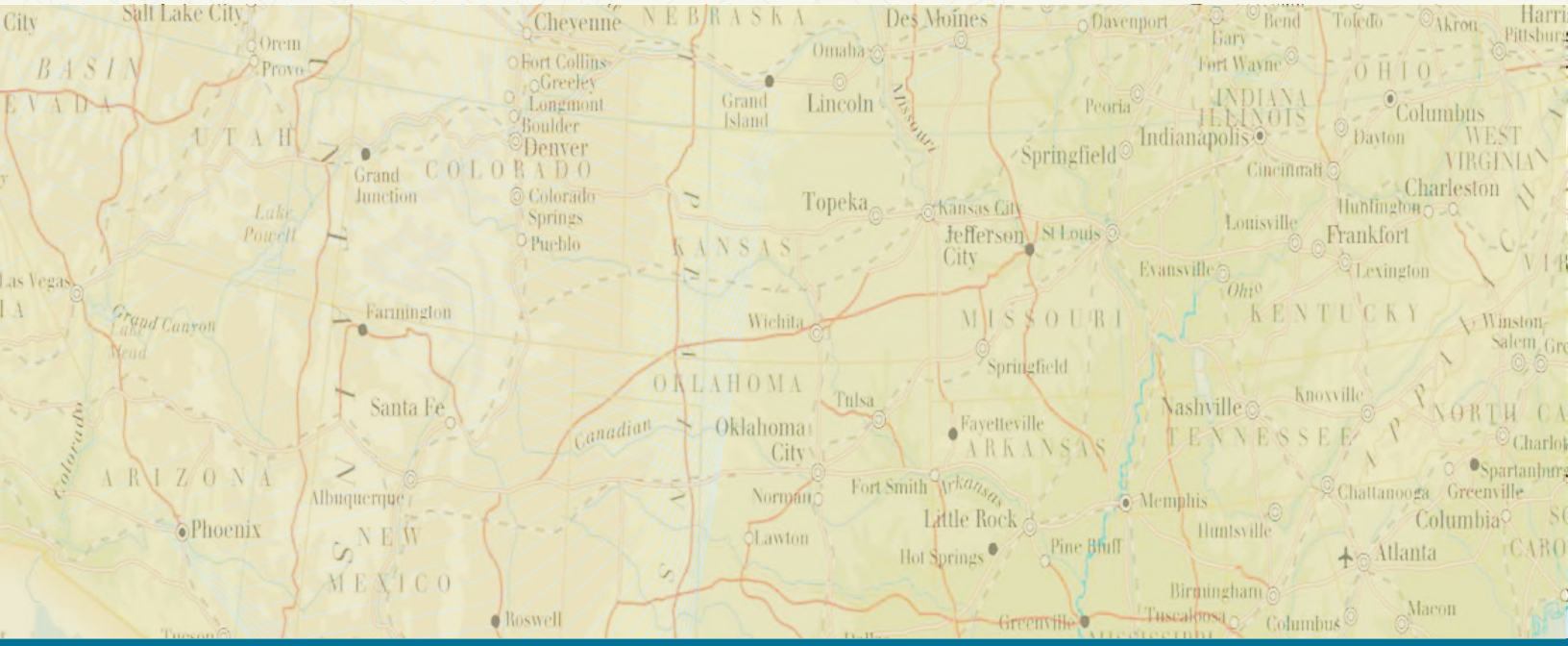
This review demonstrates that while interest in and implementation of HiAP approaches are growing tremendously, HiAP remains in a developmental stage. As noted above, terms used to describe various inter-sectoral approaches are often used interchangeably, thus making it challenging to differentiate what distinguishes HiAP from other strategies – a limitation of this review itself. In addition, since HiAP is relatively new to the United States compared to Europe and Australia, much of the literature is not specific to the United States context. As more initiatives are established and existing initiatives evolve, more case studies will be available to provide more evidence for implementation and evaluation. The next section will explain the methods used to identify participants and collect qualitative data about local level HiAP initiatives across the United States.

REFERENCES

1. Gase, L. N., Pennotti, R., & Smith, K. D. (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.
2. NACCHO Fact Sheet. (December 2014). *All Policies* [Fact sheet}. Retrieved from http://archived.naccho.org/topics/environmental/HiAP/upload/factsheet_hiap_dec2014-1.pdf
3. "Closing the Gap in a Generation" in 2008. Marmot, M., Friel, S., Bell, R., Houweling T. A., Taylor, S., & Commission on Social Determinants of Health. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet,* 372(9650), 1661-1669.
4. Kickbusch, I. (2010). Health in all policies: where to from here? *Health promotion International,* 25(3), 261-264.
5. Peters, D., Harting, J., van Oers, H., Schuit, J., de Vries, N., & Stronks, K. (2016). Manifestations of integrated public health policy in Dutch municipalities. *Health promotion international,* 31(2), 290-302.
6. Hendriks, A. M., Habraken, J., Jansen, M. W., Gubbels, J. S., De Vries, N. K., van Oers, H., ... & Kremers, S. P. (2014). 'Are we there yet?'–Operationalizing the concept of Integrated Public Health Policies. *Health policy,* 114(2), 174-182.
7. Shankardass, K., Solar, O., Murphy, K., Greaves, L., & O'Campo, P. (2012). A scoping review of intersectoral action for health equity involving governments. *International Journal of Public Health,* 57(1), 25-33.

Appendix 3 | Literature Review *continued*

8. Puska, P. (2014). Health in all policies—from what to how. *The European Journal of Public Health,* 24(1), 1-1.
9. Institute of Medicine Annual Report 2014. (2014). Retrieved August 19, 2016, from http://www.surgeongeneral.gov/priorities/prevention/advisorygrp/index.html.
10. Bostic, R. W., Thornton, R. L., Rudd, E. C., & Sternthal, M. J. (2012). Health in all policies: the role of the US Department of Housing and Urban Development and present and future challenges. *Health Affairs,* 31(9), 2130-2137.
11. Eyler, A. A., Chriqui, J. F., Moreland-Russell, S., & Brownson, R. C. (n.d.). Prevention, policy, and public health.
12. ChangeLab Solutions. *From Start to Finish. How to Permanently Improve Government Through Health in All Policies.* 2015. Available from http://www.changelabsolutions.org/publications/HiAP_Start-to-Finish.
13. Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in All Policies: A guide for state and local governments.* American Public Health Association.
14. World Health Organization's comprehensive "Health in All Policies Training Manual" (2014). *World Health Organization.* (2015). Health in all policies: training manual.
15. Wernham, A., & Teutsch, S. M. (2015). Health in all policies for big cities. *Journal of Public Health Management and Practice,* 21, S56-S65.
16. Corburn, J., Curl, S., Arredondo, G., & Malagon, J. (2014). Health in all urban policy: city services through the prism of health. *Journal of Urban Health,* 91(4), 623-636.
17. Polsky, C., Stagg, K., Gakh, M., & Bozlak, C. T. (2015). The Health in All Policies (HiAP) approach and the law: preliminary lessons from California and Chicago. *The Journal of Law, Medicine & Ethics,* 43(s1), 52-55.
18. World Health Organization. (2014). Health in all policies: Helsinki statement. Framework for country action. *Geneva: WHO.*
19. Rantala, R., Bortz, M., & Armada, F. (2014). Intersectoral action: local governments promoting health. *Health promotion international,29* (suppl 1), i92-i102.
20. World Health Organization. (2015). Health in all policies: training manual.
21. Carey, G., Crammond, B., & Keast, R. (2014). Creating change in government to address the social determinants of health: how can efforts be improved?. *BMC Public Health,* 14(1), 1.
22. Shankardass, K., Renahy, E., Muntaner, C., & O'Campo, P. (2014). Strengthening the implementation of Health in All Policies: a methodology for realist explanatory case studies. *Health Policy and Planning,* czu021.
23. Bert, F., Scaioli, G., Gualano, M. R., & Siliquini, R. (2015). How can we bring public health in all policies? Strategies for healthy societies. *Journal of public health research,* 4(1).
24. Ollila, E. (2011). Health in all policies: from rhetoric to action. *Scandinavian Journal of Public Health,* 39(6 suppl), 11-18.
25. Bauman, A. E., King, L., & Nutbeam, D. (2014). Rethinking the evaluation and measurement of health in all policies. *Health promotion international,29*(suppl 1), i143-i151.
26. Baum, F., Lawless, A., Delany, T., Macdougall, C., Williams, C., Broderick, D., ... & Popay, J. (2014). Evaluation of Health in All Policies: concept, theory and application. *Health promotion international, 29*(suppl 1), i130-i142.
27. Shankardass, K., Renahy, E., Muntaner, C., & O'Campo, P. (2014). Strengthening the implementation of Health in All Policies: a methodology for realist explanatory case studies. *Health Policy and Planning,* czu021.
28. Storm, I., Harting, J., Stronks, K., & Schuit, A. J. (2014). Measuring stages of health in all policies on a local level: the applicability of a maturity model. *Health Policy,* 114(2), 183-191.
29. Greaves, L. J., & Bialystok, L. R. (2011). Health in all policies–all talk and little action?. *Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique,* 407-409.
30. Hendriks, A. M., Kremers, S. P., Gubbels, J. S., Raat, H., de Vries, N. K., & Jansen, M. W. (2013). Towards health in All policies for childhood obesity prevention. *Journal of obesity, 2013.*



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