From Start to Finish
How to Permanently Improve Government through Health in All Policies

ChangeLab Solutions

Contents

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Introduction

Health is one of our most precious resources. People everywhere want their families and communities to be healthy and to thrive. But what does it really take to make that vision a reality?

We all need healthy food, clean water and air, and safe parks and green spaces for recreation and play. We need to be able to get around safely on foot and bicycle. We need the places where we live, study, work, and play to be tobacco free. We need homes that are safe, well maintained, affordable, and located in neighborhoods that provide access to daily needs. We need communities that are free of violence, where there are good jobs and opportunities to start and grow our own businesses. We need healthy schools where our kids can learn, grow, and succeed. We need to feel connected to our neighbors and our communities.

> "We only spend maybe 30 minutes a year with a doctor. The other 365 days, 24/7, we spend outside the hospital. It's where we live, where we learn, that determines how healthy, or unhealthy, we are."[62]
>
> Leana Wen, *Baltimore City Health Commissioner*

The fact is, health is influenced by the interaction of many factors — not simply by genetics, individual behavior, or even access to health care. It is now widely accepted that the environments in which people are born, live, learn, work, play, and age have the greatest impact on health outcomes across populations. Researchers and public health professionals refer to the conditions in these environments as the "social determinants of health."[1,2]

A growing understanding of the social determinants of health and their significance has led to a call for public policy that shapes the social, physical, and economic environments in ways that are more conducive to health.[3] However, policies that determine whether a person has access to healthy food,[4] clean water[5] and air,[56] safe places for play and physical activity,[6] affordable, quality housing,[7] jobs,[63] and schools[8,9] are typically developed and implemented by agencies other than health departments, including planning, transportation, social services, education, economic development, fire, police, sanitation, and public works departments.[10]

To achieve a vision for healthier communities, we need a new approach, one in which every part of government plays an active role. That's the idea behind Health in All Policies.

What is Health in All Policies?

Health in All Policies is a collaborative approach to improving the health of a community by incorporating health, sustainability, and equity considerations into decision-making across sectors and policy areas.[1]

More information on developing a Health in All Policies effort is available in Health in All Policies: A Guide for State and Local Governments.

This guide outlines why Health in All Policies is necessary to improve health, explains how to apply a Health in All Policies approach, and provides success stories from different communities that are implementing Health in All Policies. It also includes practice tips for building partnerships, applying a health lens analysis, and creating effective messages about Health in All Policies.

Decisions that local governments make about food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development can and should be directed toward improving health outcomes.

To achieve Health in All Policies, local governments must adopt a new approach to decision-making. This approach requires the various agencies and departments whose policies and actions affect the social determinants of health to recognize shared goals, collaborate, and coordinate their efforts. In addition, public agencies must engage with residents, community-based organizations, and experts to gather data and ensure the changes in decision-making are responsive to community needs.

Communities across the country (including California;[11] Denver, CO;[12] King County, WA;[13] Massachusetts;[14] Richmond, CA;[15] Richmond, VA;[16] and Washington, DC[17]) have adopted jurisdiction-wide policies that require public agencies to work together to improve health, promote sustainability, and strengthen local economies.

Effective Health in All Policies initiatives are developed by and for the particular community. The initiative's overarching focus must resonate with everyone involved, including public agencies, local groups, and residents, whether it's framed around health, wellness, equity, sustainability, or something else entirely.

While there is variation in local Health in All Policies initiatives, they usually share the same fundamental principles:[18]

1. Create an ongoing collaborative forum to help government agencies work together to improve public health;
2. Advance specific government projects, programs, laws, and policies that enhance public health while furthering participating agencies' core missions; and
3. Embed health-promoting practices in participating agencies.

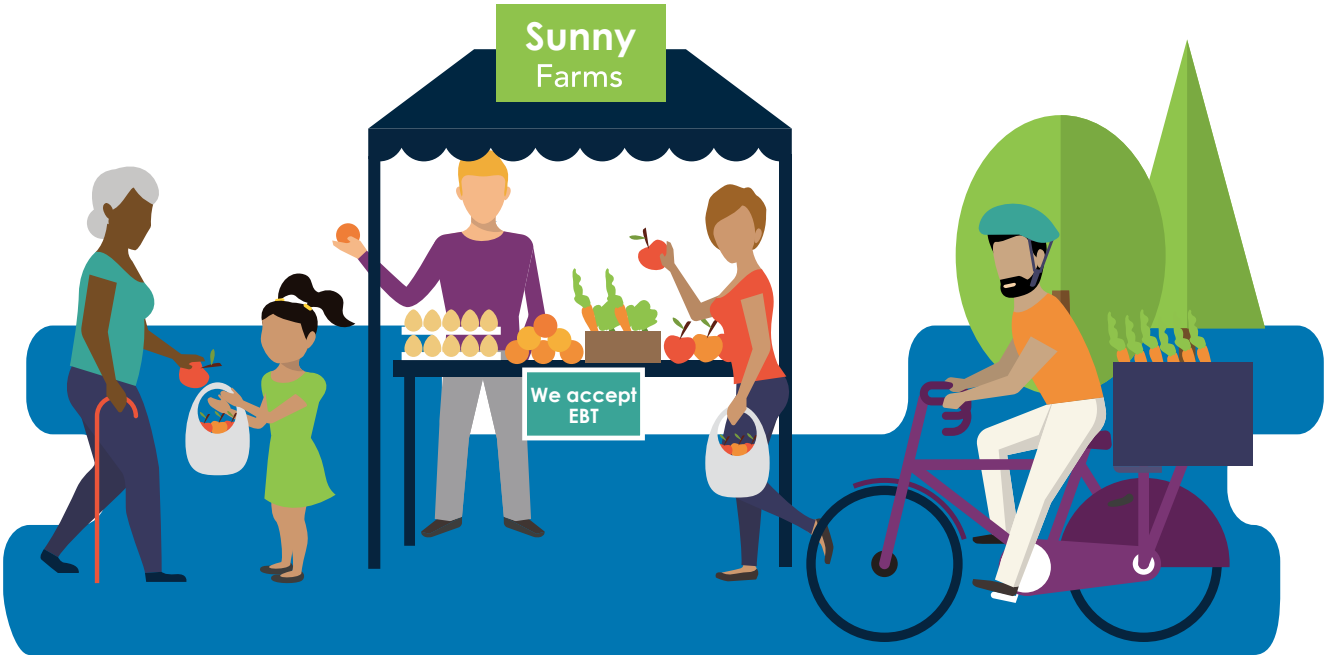
The model policies included in this toolkit focus on transforming how every government agency considers health throughout the decision-making process.

How does Health in All Policies differ from other approaches?

There are many approaches for improving health through policy, systems, and environmental change. For example, communities have made significant inroads in addressing health challenges, such as tobacco use, teen pregnancy, childhood obesity, and injuries, by adopting individual policies that improve health. Models like "collective impact" also provide a framework for mobilizing community members and stakeholders to promote the adoption of healthy policies.

While issue-specific coalitions can be highly effective, their work depends on targeted funding streams and political will for the "issue of the day," which may shift or dwindle over time. More importantly, these approaches don't fundamentally change how governments make ongoing decisions about policies, programs, and practices.

Health in All Policies isn't the only way to make healthy policies, but it is an efficient model for ensuring health is consistently considered in policymaking over the long term. ChangeLab Solutions' model policies achieve this by setting up a permanent structure that enables government agencies to come together to share best practices, learn from one another, and align their objectives. This approach also helps the jurisdiction identify training needs, develop tools, and establish accountability mechanisms to help government staff at all levels apply a health equity lens to their work.



How can this toolkit help you achieve Health in All Policies?

One of the key objectives of Health in All Policies is to create lasting change in government structures and processes:[1]

> "Over time, Health in All Policies work leads to institutionalizing a Health in All Policies approach throughout the whole of government. This involves permanent changes in how agencies relate to each other and how government decisions are made, structures for intersectoral collaboration, and mechanisms to ensure a health lens in decision-making processes."[1]

This toolkit is specifically designed to help communities institutionalize a Health in All Policies approach through policy, ensuring that structural change is sustained over time, even when there are shifts in staffing and leadership:

From Start to Finish: How to Permanently Improve Government Through Health in All Policies *(this document)*

This is an introduction to Health in All Policies. It outlines five key strategies for effectively adopting and implementing a policy to formalize Health in All Policies.

Who should use this toolkit?

This toolkit is for anyone who is interested in building healthier communities through more collaborative and efficient policymaking, including staff from any governmental agency, healthy community advocates, policymakers, elected officials, and city and county attorneys.

5 KEY STRATEGIES FOR IMPLEMENTING A STRONG POLICY FORMALIZING HEALTH IN ALL POLICIES

1. **Convene & Collaborate**

2. **Engage & Envision**

3. **Make a Plan**

4. **Invest in Change**

5. **Track Progess**

Collaborative Health: A Health in All Policies Presentation *(click here)*

Obtaining buy-in from leadership is critical to the success of a Health in All Policies initiative. This presentation is designed to help make the case for Health in All Policies and build support for an initiative among leaders and community members. Slides and a sample script are included; both resources can be tailored to a particular audience or a community's specific needs and interests.

Commitment to Change: Model Policies *(click here)*

The heart of this toolkit is three model policies that institutionalize Health in All Policies. They offer policy options for communities at different stages of readiness, or that face different opportunities to create change. Each model policy includes actions and provisions targeting the five key strategies that should be included in any strong initiative advancing Health in All Policies. All three can be adapted to fit the local context.

Health in All Policies Model Ordinance

This policy is the most comprehensive of the three options. It is designed to help a jurisdiction fully implement Health in All Policies. The model ordinance establishes a health framework that can be applied in decision-making and government operations. It establishes an interagency or interdepartmental Health in All Policies task force, and requires that the task force develop a strategic plan and publish regular status reports.

Health in All Policies Model Resolution

The model resolution is designed to help cities and counties that are ready to take initial steps to implement Health in All Policies. The resolution formalizes the jurisdiction's commitment to using a Health in All Policies approach, and establishes an interagency or interdepartmental Health in All Policies Task Force. It then directs agencies and departments to identify the ways in which their work affects health outcomes, and to submit a report with recommendations for improving health equity through changes to policies, programs, or practices.

Health in All Policies General Plan Language

This model language provides an example of how communities can include a commitment to Health in All Policies within a policy that is focused on the actions of a specific agency or sector (in this case, planning). The model policies in this document are designed to be included in a health element of a community's general plan or in another section of the plan that addresses health. They support the five key strategies of Health in All Policies, but focus specifically on opportunities within the sphere of the general plan, such as land use, transportation, and development.

We encourage you to contact us for ideas about adapting these model policies for your community!

Why do we need a policy for Health in All Policies?

Every government agency affects health.

Doctors, hospitals, and local health departments can only do so much to improve the health of the community. Health in All Policies calls on the participation of every government agency, because every government agency makes policy and program decisions that affect health.

Ignoring or overlooking how policy affects health costs our economy enormously in lost productivity, health care expenditures, and lowered quality of life. For example, diabetes costs the nation more than $670 million a day in direct medical costs and lost productivity.[19] Asthma costs the United States more than $55 billion each year.[20] And, in 2005, there were more than 173,000 traffic collisions involving pedestrians; medical care and lost productivity associated with just that year's collisions cost more than $10 billion across victims' lifetimes.[21] Many individual public agencies and policies can play a role in reducing these health risks, reaffirming the importance of including health considerations in all decision-making.

We need everyone to work together if we are going to tackle some of our biggest challenges.

For more than a century, we've used policy to protect people's health. This has resulted in some big successes. For example, laws that prohibit smoking in public places and raised the price of tobacco products have helped save more than 1.6 million lives since 1964.[22] Seat belt laws have saved more than a quarter of million lives since 1975.[23]

However, we have also made many policies without ever taking health into account. Governments' increased focus on specialization and compartmentalization has allowed agencies to make changes to our environments in isolation, without ensuring those changes are coordinated or consistently applied. For example, the separation of the fields of planning and public health in the early 20th century spurred the development of highly specialized training, tools, and methods.[24] Now, evidence showing how urban design affects public health reminds us that when we don't collaborate, we risk undermining our own best intentions. Disjointed or uncoordinated policies prevent us from effectively tackling major societal challenges, such as violence, poverty, climate change, and chronic disease.

For example, a parks and recreation department might invest in a new park, which contributes to rising property values for nearby homes.[25] The department might do this without working with the local housing agency to ensure that as property values rise, current residents can still afford to live in the neighborhood. When parks and recreation makes changes without coordinating with the housing department, the community misses the opportunity to make a healthy neighborhood for all residents.

In another instance, a transportation department might be focused on reducing congestion by expanding a roadway. The department may have decided to add new lanes without considering how the additional cars will increase air pollution, which could exacerbate nearby residents' asthma. They may also have missed research on how designing streets that encourage people to walk, bike, and take transit could both help residents be healthier and reduce congestion. When the transportation department's policies don't routinely take health into account, the community misses the opportunity to create a safer and more effective transportation network.

Health in All Policies can improve health for all people, especially those at highest risk for poor health outcomes.

The transformative government model underlying Health in All Policies has been used to promote health, equity, sustainability, or simply wellness. Each of these goals represents an overarching, "big-picture" community commitment. This toolkit focuses on one such goal: achieving the highest level of health for all people, also known as "health equity." [26]

Across the U.S., communities face the high social and economic costs of health inequities, or differences in health associated with individual or group-specific attributes (e.g., income, education, or race/ethnicity) that are connected to social disadvantage as well as historical and contemporary injustices, and which can be minimized through changes to policy, programs, and practices.[27,28,29]

For example, African-Americans are far more likely to die as infants, die from heart attacks and stroke, and be murdered than Whites.[30] Hispanics and Latinos are more likely to be hospitalized from a preventable cause than Whites.[30] Low-income populations are more likely to suffer from asthma, be hospitalized for preventable causes, and be diagnosed with diabetes than wealthier people.[30]

Health inequities, such as those listed above, are the result of social, physical, and economic conditions shaped by laws, policies, and ongoing practices. Those conditions determine whether someone can buy fresh fruits and vegetables in their neighborhood,[29] walk safely to and from school and work,[29] graduate from school,[57] find

a job,[58] and live in a home free of pests and mold.[31] While public policies tend to affect whole populations, many health-promoting policies can and should be targeted where the need is greatest.

Health in All Policies can improve health equity by systematically changing how government makes decisions about policies, programs, and activities. For example, King County, WA, has changed how public investments that support health are prioritized.

> "We took a pretty serious look at how parks, trails, and open space are allocated across the county. When our Department of Natural Resources and Parks looked at how to allocate new projects, they really tried to put projects on an earlier timeline that were in areas where there are large communities of color or people of lower incomes and a deficit of these resources. We're trying to create more equity in the distribution of those resources."[39]

"A healthy community is not just a feel-good thing; it impacts economic development and fiscal health."[64]

Mayor Chip Johnson

Health in All Policies can be a vehicle for improving government efficiency.

Coordinating government efforts can create efficiency and improve public agencies' relationships with the community. After adopting a Health in All Policies approach, Riverside County, CA, was able to streamline their services.

> "When we used to approach a city department in our county or an organization in the community, we would often learn that three or four different programs from county government had already visited them. This was driving those groups crazy because we'd send a nutrition person first. Then we'd send an injury prevention person. Then I'd send the planner. So now we go as a group, and they get all of us at the same time."[54]

A Health in All Policies approach can improve the economic well-being of a community.

Healthier workers are more productive, have fewer sick days, and have decreased health care costs.[32] Similarly, healthier students learn better and are more likely to graduate school.[33] And healthy older adults live longer and require substantially less health care.[34]

Policies that make the community healthier have seen significant return on investment by reducing health care costs,[35] creating jobs,[36] and increasing tax revenue.[37] Researchers have suggested that more than 50 percent of economic growth in the U.S. during the 20th century was the result of improvements in population health.[38] In just the area of obesity prevention, for every one dollar invested in obesity prevention, there is a return of an estimated $5.60.[35]

A policy formalizing Health in All Policies can sustain success over the long term.

While there are many ways to achieve Health in All Policies, adopting a community-wide policy can solidify a jurisdiction's commitment to the initiative. A formal policy requires government agencies to collaborate and helps them be full partners in creating healthier communities. A policy can also ensure that support for the initiative is sustained over the long term, and that early victories build toward lasting success. By ensuring participation in the initiative continues even after leaders and staff leave, an official policy can make health an enduring part of every department's agenda.

How do we implement a policy that formalizes Health in All Policies?

Health in All Policies may look different in different communities,[1,18] but after interviewing a dozen communities and reviewing policies used to guide such initiatives, ChangeLab Solutions identified five key strategies that are needed when implementing a strong policy formalizing Health in All Policies.

This toolkit's Model Health in All Policies Resolution, Ordinance, and General Plan Policies all contain language that supports these five key strategies. However, the policies' language does not address every aspect of implementing a Health in All Policies initiative.

For example, the policy language does not specifically address galvanizing support for Health in All Policies, because that cannot be legislated. But the importance of attaining definitive support from senior-level government leaders cannot be overstated.[1] Before a policy is adopted, and even as it is implemented, proponents of Health in All Policies will need to continue to educate leadership to build and maintain buy-in. Proponents will also need to consider how momentum will be maintained after the initial champions' own departures.

The following guidance is culled from communities that are putting this work into practice. These tips and lessons learned are applicable to any community considering or adopting a policy to support Health in All Policies.

THE 5 KEY STRATEGIES INCLUDE:

1. **Convene & Collaborate**
2. **Engage & Envision**
3. **Make a Plan**
4. **Invest in Change**
5. **Track Progess**

1 Convene & Collaborate

Relationship building is central to Health in All Policies. Cultivating partnerships across agencies ensures efforts can be coordinated and helps create buy-in for integrating health equity as a core value of every government agency. For this reason, each of ChangeLab Solutions' model policies establishes, or encourages participation in, a Health in All Policies task force. Both the Model Health in All Policies Resolution and Ordinance require the establishment of a Health in All Policies task force to identify and pursue opportunities to improve health. The model general plan language tasks the planning department with developing and participating in channels that facilitate cross-department collaboration, including interdepartmental task forces as well as formal and ad-hoc working groups.

Who should participate in a Health in All Policies task force?

Because top-level buy-in is critical to the success of a Health in All Policies initiative, most local communities make sure the Health in All Policies task force involves the head executive from each participating agency or department. The agencies or departments that participate in the task force will vary from community to community. Below are examples of departments and agencies that communities may want to consider including in their Health in All Policies task force:

- ✔ Community/Economic Development
- ✔ Finance
- ✔ Parks and Recreation
- ✔ Planning
- ✔ Environment
- ✔ Housing
- ✔ Human Services
- ✔ Public Health
- ✔ Public Works
- ✔ Small Business
- ✔ Public Safety
- ✔ Transportation

All three model policies can be tailored to highlight locally-relevant agencies and departments.

How do you establish a task force?

Even when a policy requires agency leads to work together, those leaders may still need help recognizing how the work of each department can support Health in All Policies. Here are a few implementation strategies communities have used when convening their Health in All Policies task force.

Identify a lead agency or office

Both the Model Health in All Policies Resolution and Ordinance call for the identification of a lead agency to oversee the initiative. Some communities, such as Monterey, CA and Denver, CO, have established a new office specifically to carry out this function. Staff from the new office are tasked with meeting with different agencies, departments, and offices to develop relationships and educate partners about the initiative.

> "Although most agencies' participation in Health in All Policies is unfunded, critical to [their] success has been funded staff (housed in the Department of Public Health) that convenes meetings, facilitates cross-agency interactions, generates written products, and maintains documents, protocols, and institutional memory. Health in All Policies-dedicated staff also ensures process accountability: Health in All Policies is their main job, not an add-on."[18]

Not every community will need a Health in All Policies office. In fact, King County, WA, deliberately chose not to start by establishing an office, because they wanted equity to be integrated into everyone's work.

> "Taking that very integrated approach required us to be very intentional about our equity work in order to maintain focus and accountability."[39]

Be strategic when establishing a lead Health in All Policies agency

When a jurisdiction first identifies a lead agency to convene and support the task force, it should ensure that the lead has the authority to carry out the tasks identified in authorizing legislation (such as, requiring agencies to report on progress toward health equity goals). This often means naming a cabinet-level agency, such as a mayor's or city manager's office, to head the task force.

> "An earlier version of the initiative was not a cabinet-level agency and therefore could not deal with the other agencies as peers. Because the city wanted sustainability to be the basic operating approach of every city agency, rather than a standalone program that's not really related to the day-to-day work of the agencies, the city created a cabinet-level Office of Sustainability that teaches sustainability theory and practice to all of the other agencies."[40]

Determine whether there is an existing interagency group that meets regularly and is able and eager to implement the Health in All Policies initiative; if no group exists, create a new one

Many communities have existing multi-agency task forces that may be tackling any number of community issues, such as teen pregnancy, juvenile justice, aging populations, obesity, and chronic disease prevention. The model policies included in this toolkit are designed to create an interagency task force with a broad scope and representation from all agencies. The Health in All Policies task force should coordinate with any existing multi-agency task forces. Some communities may find they can expand an existing task force to take on Health in All Policies; however, there may be structural or other reasons why creating a new group makes more sense.

> "The ordinance requires that we establish an interagency team that includes every government agency in order to learn from each other, share ideas, help to develop best practices, and then find some common areas of work across the county. When we implemented that team, we realized it was the only team in county government that actually included every agency."[39]

Frame the initiative in a way that resonates with all departments so each will see the initiative as core to their work

Every Health in All Policies initiative needs to be framed around issues that all the agencies involved consider important. The initiative's objectives must reflect their core values. Because there is sometimes a perception that health departments and health care providers are the only groups responsible for health, many communities have chosen to frame their initiative in more inclusive ways, using frameworks like equity, sustainability, or wellness. This approach helps every agency see improving health as their responsibility.

> "Our collaboration is focused on health equity, and has been framed as, 'This is work that city staff is already doing or has a responsibility to accomplish.' This allows us to ask questions such as, 'Where are opportunities for us to collaborate more frequently, how can we achieve greater outcomes for the community, and how can we make our day-to-day work a little easier?' It has not been perceived or pitched as, 'Oh, there's this whole new work.'"[41]

Focus on relationship building

It will take time to build relationships across sectors. Every collaboration requires trust among the departments involved, and people need to see how working together can benefit them. Spending time on relationship building from the outset is important to get people excited about the initiative and to help them stay motivated when challenges arise.[1]

Frames Matter: Equity, Sustainability and Health

When thinking about how to frame an initiative, it's important to consider not only what is politically palatable but also what you hope to achieve. For example, sustainability doesn't always address health. A health-focused initiative does not always address sustainability. And, both of these frames don't always tackle equity. The model policies in this toolkit use a health equity frame, because health equity addresses sustainability, health, and equity. For more information about why sustainability is a health equity issue, see Health in All Policies: A Guide for State and Local Governments.

> The glue that has kept us going is the relationship building exercises we've embedded into every meeting we've had. To this day, we begin every meeting with a relationship building exercise, which sets a tone for very genuine conversations among directors of departments and agencies that I'm not so sure would have been in these meetings a year and a half ago."[42]

Assess each task force member's understanding of how the environment affects health and what Health in All Policies means

Task force members may already instinctively understand how the environment affects health. They may also already have a basic understanding of what Health in All Policies means, especially if the community has organized around health issues prior to adopting a formal policy. Lead staff should assess where Health in All Policies task force members are in their understanding of the framework, and tailor materials and trainings appropriately. This assessment can be done very informally, in a way that starts to foster relationships and a shared understanding of how policies affect health.

> At the first meeting...Task Force members were asked: 'When you hear the term 'healthy community,' and you think about the health of yourself and your family and kids, what comes to mind?' The responses demonstrated that the task force members intuitively understood that health happens in schools, neighborhoods, and workplaces, and that environments shape their own health behaviors."[1]

Educate other sectors about Health in All Policies

Whatever the focus of the Health in All Policies initiative, staff across all agencies may require training on the relevant issues. They are going to need to know, at minimum, the following:

1. What the initiative is;
2. Why it is important to the community;
3. How it affects their work;
4. How their work affects the initiative; and
5. Why making changes will benefit them and the broader community.

> We realized right away that we couldn't engage people just because we wrote it in our strategic plan. We had to do some education around Health in All Policies. We had to educate people on what Health in All Policies means to their particular area of concern and how it could be a benefit to them to work more intentionally together."[42]

Be prepared to address any pushback from departments that don't readily see the initiative as relevant to their work

Even with support from city or county leadership, collaborating can be a challenge. For example, if there is a lead department, other departments may feel that the lead is taking over. Address these concerns by meeting with leadership early and frequently. Case in point: When the Baltimore City Health Department began working on Health in All Policies, another city agency initially thought the health department was duplicating efforts. However, after leadership from both departments met, they were able to come to a shared understanding of why working together was valuable.

> By coordinating our efforts, we are able to connect their program with some of the programs that they didn't know we had. I think that was a light bulb moment, and it helped them realize, 'Okay, they are not taking over our programming in this area. There's really some benefit for us working together. We can reach more people.'"[43]

Look for win-win strategies

When convening a Health in All Policies task force, it is critical to find win-win strategies. Effective Health in All Policies initiatives provide mutual benefits to everyone involved, and collaborations that bring together multiple agencies can solve a community's priority problems. Finding and capitalizing on opportunities to advance a diverse set of priorities and objectives can strengthen relationships between partners.[44]

> A lot of people's concerns involve multiple city departments. We are able to get city staff representatives from different departments to sit together to come up with responses and strategies to deal with multiple opportunities and challenges that come up, from something as simple as, 'My street is messed up,' to maybe, 'How do I approach the school district or the county for something?' or, 'I have a big park project.' It's easier to be responsive when there are people from different departments to look at the same problem."[45]

Be strategic about what's "mandatory"

Every Health in All Policies task force meeting does not necessarily need to involve every agency. Meetings can be flexible based on the meeting's agenda topics and the needs of the participating individuals. To make this work effectively, there must be buy-in from leadership, so that leaders recognize the importance of attending meetings.

> What has been really important about this initiative is that it's something the city manager and the community has indicated is a priority, but it's not something that has been framed as mandatory work. Depending on the subject area the group is working on at any given time, the group ebbs and flows. So, for example, sometimes it'll be really important for someone from finance to participate. Other times it'll be really important to have the library and their staff participate. The biggest thing is to build stronger bridges with the departments that you're already working with."[45]

If something does come up during a meeting that may require the input of an agency that is not in attendance, the task force should reach out to that agency after the meeting.

> "When an agency doesn't attend a meeting and something comes up that is relevant to their agency, I'm coming to them. For example, one of departments doesn't come regularly. However, we've worked with them on numerous strategies around tobacco control."[46]

Use the interagency task force to hold different departments accountable to the initiative

A recurring theme among Health in All Policies initiatives is that team meetings can create healthy competition between agencies. The Health in All Policies task force provides a venue for each agency to showcase what they are doing to achieve the policy's goals.

> "You do need a real accountability mechanism. Part of that is through our interagency team. Just simply having everybody around the table and being required to come to meetings, submit their commitments and talk about the work that they're doing has created a spirit of friendly competition between our agencies. If people aren't stepping up to the plate, they're being held accountable by the other agencies at the table."[39]

Have each department make a commitment to the initiative. The task force can then review those commitments to identify areas where it makes sense to collaborate.

2 Engage & Envision

Everyone — community members, community-based organizations, anchor institutions like hospitals and universities, faith-based organizations, and businesses — has a role to play in building healthier communities. Successful Health in All Policies initiatives engage community members and partner organizations to solicit their input, develop a vision of a healthy community, and identify and prioritize changes to policies and practices. The very process of engaging the community directs the Health in All Policies initiative and helps garner support for next steps.

In recognition of this, all three model policies include language that encourages or requires community engagement in the creation of a vision of a healthier community. For example, the Model Health in All Policies General Plan Language tasks the planning department with proactively and meaningfully engaging community residents in planning and development processes using culturally appropriate and accessible channels.

The Model Health in All Policies Resolution states that the task force will solicit broad input from residents as well as community-based and private sector organizations about how the community's policies, practices, and procedures could be improved to benefit health outcomes and reduce health inequities. The Model Health in All Policies Ordinance goes the furthest, requiring community engagement both for the development of the Health in All Policies plan (see Make a Plan) and when completing annual or biennial reports (see Track Progress).

Community engagement can be planned for in two primary phases: first, to inform the development of a Health in All Policies strategic plan, and second, to inform ongoing work over time. Advice and best practices for each phase are provided below.

Engaging the community to inform the development of the initiative's strategic plan or report

Effective Health in All Policies initiatives engage the community in developing a strategic plan or report. These initiatives work with community members to do the following:

- Create a vision for a healthy, sustainable, and equitable community;
- Identify specific issues that are important to the community and cut across multiple sectors;
- Assess and prioritize data about existing health concerns and health inequities; and
- Collect input on the kinds of action steps that government agencies should take to improve the health of their community.

Below are just a few implementation strategies for engaging the community and working with residents to identify areas of health inequities, as well as priorities for improving health.

Tap into existing public meetings to engage the community

If there are regularly scheduled public meetings that are attended by community members, start there. For example, many departments, agencies, and commissions frequently hold public meetings to solicit feedback from the community about proposed policies or to brainstorm ideas about future city or county actions. These meetings present opportunities to obtain input from key stakeholders about the community's major health concerns and provide a focus for the Health in All Policies initiative.

Communities can also apply a Health in All Policies approach to existing meetings. For example, different agencies' regularly scheduled meetings could be held jointly, or representatives from other agencies could attend scheduled meetings of different agencies. Taking this approach enables staff from multiple agencies to hear community members' concerns, which in turn facilitates cross-collaboration between agencies.

Look for different ways to solicit input from the community

In addition to soliciting input at formal public meetings in government buildings, it is also important to go to the places where people are. Solicit input by holding focus groups, conducting surveys in person or electronically, interviewing key stakeholders, and hosting town hall meetings throughout the community.[47] Consider collecting feedback at schools, faith-based organizations, shopping centers, parks, salons, or at community events like farmers' markets and festivals. St. Paul, MN, even has a "Pop-Up Meeting" truck that visits various events and areas throughout the city to solicit feedback on community priorities.[48]

Health in All Policies task forces may also want to consider strategies like conducting interviews with specific community leaders and stakeholders.[1]

> "Be open to having meetings not just here at city hall, but at other places like school sites and churches. Hold meetings with small groups, meetings with big groups, meetings in different languages. A lot of how we've done community engagement has been by being accessible to people's questions and concerns. People want to be involved from the beginning – not just when there's already a final version of our strategies."[45]

Gather input that represents the full community

A robust community engagement process will strive to reach as many people as possible, including neighborhoods most affected by inequities and people and groups whose voices are traditionally missing from public policy debates. The model general plan language provides specific suggestions for accomplishing this, including providing translation services, providing child care, holding meetings at a variety of venues throughout the community, and using participatory facilitation techniques.

One way to reaching the full community is to ensure that all geographic areas of a community are represented in the process.

> "We actually visited all of our neighborhoods — there are about 27 or 28 — to engage residents in prioritizing and helping to identify or recommend solutions to address their top concerns."[43]

In addition to geographic diversity, special populations or groups may need to be targeted to achieve an equitable engagement process.

> "The process of developing our strategic plan included engagement with the public, and we took an equity lens to this as well. We intentionally sought to engage with lower-income communities, communities who had limited English proficiency, and communities of color."[39]

Use existing data to inform efforts, and consider collecting your own data

Before adopting a Health in All Policies ordinance, resolution, or general plan language, many jurisdictions will need to complete a baseline health assessment of the community. Baseline information will help a jurisdiction identify health inequities and set priorities for improving health. If an assessment already exists, the jurisdiction can refer to that data. For example, local health departments and nonprofit hospitals can provide or help identify baseline assessment data. Most health departments routinely collect a range of health data, and more than two-thirds of local health departments have conducted a Community Health Needs Assessment within the last five years.[49] Nonprofit hospitals are also required to conduct a Community Health Needs Assessment every three years.[50]

Additional data may be available from public data sets, such as County Health Rankings, Community Health Status Indicators, Behavioral Risk Factor Surveillance System, Environmental Public Health Tracking, and American FactFinder.

However, even if a community has already conducted such an assessment, they may need to collect additional data. For example, it may useful to conduct walking assessments,[51] or create maps identifying where resources, like parks and grocery stores, are located.[52] Other relevant local data may be gleaned from general plans, strategic plans, government budgets, or annual reports from individual departments like the police department or code enforcement.

The Health in All Policies task force should encourage community members to participate in the collection of local data. They should also share data collected from national databases or existing needs assessments with community members in an understandable and accessible format. This will ensure that community members have the opportunity to prioritize health concerns identified in data, as well as the action steps needed to address these health concerns. Both data collection and community engagement should lead to the creation of a shared vision for a healthy community.

Encourage the use of innovative techniques to ensure ongoing community feedback

The Model Health in All Policies Ordinance includes language requiring the Health in All Policies task force to involve the community in the development of annual or biennial reports (see Track Progress). However, many communities take an even more robust approach. Continued community engagement can increase transparency and support from the community. This kind of engagement ultimately improves government policies, programs, and services.

> "It's important that we have city staff that interact with the community in an ongoing way, not just on a specific initiative."[45]

Communities may wish to use the following strategies to ensure that multiple perspectives are considered and reflected in an initiative.

Consider establishing a community advisory council

Because going into the community to solicit resident feedback can be a large undertaking that is not feasible for every issue that arises, some communities establish ongoing community advisory councils. These groups usually include representatives from relevant local constituencies, including residents, faith-based organizations, neighborhood groups, business groups, youth organizations, or other community based organizations.

> "We created our own advisory council, which includes folks mainly from the public and NGOs (non-governmental organizations). They meet monthly to advise our program."[40]

Determine whether you need multiple advisory bodies

In large counties with several towns, it can be difficult to convene a single group, and it may be necessary to convene more than one.

> "We discovered with our county that it is very difficult to engage a group of cross-sectoral representatives on topics such as land use when you have regional differences within the county. The land use issues inland, for example, may be very different from the land use issues that the Coastal Region shares. We quickly realized that we needed to regionalize our approach."[42]

Use surveys to evaluate how your initiative is going

Surveys can be used to assess progress both inside and outside of government. Some communities rely on employee surveys to track progress and get a sense of staff members' familiarity with specific issues. Other communities have updated their resident surveys to include health questions.

> "Every two years, the city does a city survey. As a part of our system changes, we now also include questions on self-rated health and how city services impact health."[45]

3 Make a Plan

Both the model resolution and the model ordinance direct the Health in All Policies task force to create a report or a strategic plan. This plan should incorporate feedback collected during the Engage & Envision process, and establish goals and actions for the initiative. For example, the plan may call for revising or adopting new policies, or developing specific tools, such as check lists for analyzing budgets or policies with a health equity lens.

Below are some of the implementation strategies communities have used when developing a Health in All Policies strategic plan or report.

Include a summary of information collected during the envisioning process

During the Engage and Envision process, the Health in All Policies task force asks residents what their vision is for a healthy community, what they want their government to focus on to create a healthy community, and what the collected data reveals about the health of their community. This information should be summarized in the plan, and the action steps outlined in the plan should reflect this information.

Identify policies and actions that, when taken together, can improve health

Government agencies do many things. They collect data; provide services; educate the general population on a range of topics; function as a major local employer; regulate and enforce existing laws; and fund projects and activities.[1] These actions can almost always be better coordinated to improve health.

In deciding what kinds of policies, programs, and actions to include in a strategic plan, it may be important to identify low-hanging fruit, or priorities that agencies can easily agree on and address. For example, if a community does not have a tobacco free policy, it might be fairly easy for each agency to agree to go tobacco free. Similarly, if access to healthy foods is an issue, agencies may readily agree to host farmers' markets or urban agriculture sites on their own properties.

Coordination can also be very practical. For example, Denver has created a single card to allow residents access to libraries, public recreation facilities, and public transportation.[53]

Ultimately, though, a Health in All Policies task force should look for larger strategies that can be coordinated to improve health. Here are several examples of policies that can be coordinated to improve health equity:

- The transportation department, planning department, public health department, law enforcement, and school board can coordinate programs and adopt policies that encourage kids to safely walk, bike, and roll to school (e.g., Safe Routes to School). For policy option ideas, visit Safe Routes to School National Center and ChangeLab Solutions' Safe Routes to School website.

- Code enforcement, social services, public health, housing, and the fire and police departments can work collaboratively to protect residents from substandard housing conditions, such as mold, exposed wires, or cracks in the foundation. For ideas, see ChangeLab Solutions' Up to Code: Code Enforcement Strategies for Healthy Housing and Healthy Housing through Proactive Rental Inspection.

- The social services department and the police department can coordinate with the local health, mental health, and child resource systems to support individuals exposed to violence or other traumatic experiences and who need support. For more information, visit the National Child Traumatic Stress Network for creating trauma-informed systems.

Developing recommendations that will improve health equity can be challenging. The Health in All Policies task force will need to decide what criteria and decision-making approach they will use to prioritize and finalize their list of recommendations.

For example, after collecting input statewide, the California Health in All Policies Task Force received more than 1,200 ideas for how government agencies could work together to improve health. The task force developed initial criteria for narrowing the list of recommendations, and asked health experts review the suggestions. The task force then spent several meetings finalizing a list that everyone on the team felt comfortable with.[1]

Determine how you will track progress

The plan should identify how the team will track progress (for example, in an annual or biennial report) and how it will disseminate information about progress that has been made. (See Track Progress.)

If possible, include goals and objectives that are quantifiable so you can measure success

Developing and including measureable goals and objectives can be a large undertaking. In some instances, Health in All Policies teams have not included goals and objectives in their initial report. They have instead worked with individual

departments and agencies to encourage these groups to take a Health in All Policies approach when developing their annual agency goals. In other instances, Health in All Policies teams have incorporated measurable goals and objectives into later reports.

That said, a powerful way to ensure goals and objectives are pointed toward action is to include quantifiable targets against which progress can be measured. These goals can be both practical and aspirational. In either case, it is important to use goals strategically. For example, even the most effective interventions for reducing cancer rates and cancer-related disparities usually take more than 20 years to see statistically significant drops in cancer morbidity and mortality rates. Additionally, tracking these kinds of statistics is a labor-intensive process.

Instead, communities should consider tracking progress using achievable and measurable goals. To use the example above, one achievable goal might be to make all government-owned property completely tobacco free in three years. Another feasible, and trackable, goal might be to increase the number of parks, recreational areas, sidewalks, bike lanes, and street lighting by 10 percent in low-income areas where there is limited access to green and recreational spaces.

People often talk about an achievement as an overall number (e.g., "It was the same as taking 856 cars off the road" or "That's enough energy to power 32 homes for a year."[40]) However, these statistics are not very meaningful without information about the total number of cars on the road or homes in a community. Therefore, communities like Denver have made sure they select goals that will move the needle on key indicators.

"There was an award-winning residential energy program that often said something like, 'We saved 13 million kilowatt hours this year from our efforts.' That sounds like a really big number. But, when we asked, 'What percentage of the total electricity in Denver is that?' we found that that was less than 0.2 percent of all electricity in Denver. Under our 2020 goal, we have to achieve efficiency gains of 2.4 percent per year. So, that was less than one-tenth of what we needed for our goal. You really need to consider the size of the impact you want achieve."[40]

Work with all members of the Health in All Policies task force to develop guidance that each agency can use when deciding which strategies to implement

A strategic plan should be broad and flexible, but it should also provide meaningful guidance to help each department determine what they need to do to support the overall goals and objectives of the Health in All Policies Initiative.

> "Every year, we have asked every agency to establish a set of commitments that they will make toward equity and social justice. A lot of those are things that really, truly do live within a single agency and relate to a single agency's work. For example, our department of transportation, which includes our metro transit bus service, made it one of their priorities to reflect equity in the development of a new strategic plan for how we allocate transit service across the county. They made a very strong commitment to include equity as one of the factors that would determine the allocation of service. So when the County adopted their strategic plan for transit services, it included three factors through which they would allocate transit service: (1) productivity of the service, (2) geographic equity, and (3) social equity."[39]

Decide how to format the strategic plan or report for your community, given time, financial, and political constraints

Not every community relies on a complex strategic plan. Denver officials have simplified their plan to focus on 12 resources they identified as being critical for sustainability (e.g., air quality, climate, food, health, housing). The city has developed two goals for each resource: a government operations goal and a community goal.

> "We don't have a formal strategic plan, but we do have 2020 goals. Each goal is ambitious, quantifiable, and one sentence long. There is a coordinating agency for each goal that is responsible for developing sets of strategies that collectively show how we get from our current programs, which are not sufficient to meet the goals, to a set of actions that will get us to those goals. We've also sent a message to all of our coordinating agencies explaining that as they develop their new strategies, we expect them to involve outside stakeholders."[40]

Instead of developing a whole new plan from scratch, it may be appropriate to review and update existing Community Health Improvement Plans, which many local health departments and hospitals are completing in order to become accredited or meet Internal Revenue Service requirements. For example, Chicago leveraged their health department's strategic planning document, "Healthy Chicago," adding additional health improvement strategies that weren't in the original plan, and that involved other agencies.[46]

4 Invest in Change

Investing in change means thinking creatively – looking for ways to save, repurpose, combine, and attract new resources. All three Health in All Policies models include language requiring some combination of training for staff, identifying funding for the initiative, and developing tools to apply a health equity lens analysis to policies, practices, and programs. Communities that are adopting our model policies may also wish to consider other strategies (see Taking Health in All Policies to the next level).

Implementing Health in All Policies does require resources, because it involves shifting how government agencies do business. But, as many communities have demonstrated, there are plenty of creative ways to invest in Health in All Policies that are not resource intensive.

Allocate staff time to the Health in All Policies initiative

Even in an era of budget shortfalls, many communities have made significant strides in advancing their Health in All Policies initiatives by using in-kind resources. This could be as simple as having people attend meetings, or giving staff flexibility in their schedules to network with staff from other agencies.

Seek out funding from foundations, investors, as well as state and federal agencies

Communities have used funding from various sources to support their Health in All Policies initiatives, including philanthropic funding, government grants, and funding available through unique opportunities like the Affordable Care Act.

Spend existing funds in a smarter, more efficient way

Money, or lack of it, is always a challenge for communities. However, agencies can work together to leverage the resources they have to effect change. It just requires a little creativity.

> "Nobody has money. We have people and resources, not money. But we can help other agencies doing a health fair. You have to have a big view and realize that while there's no money to do this, there are a lot of groups that are doing similar work. If you all work together, you can actually make it all work."[54]

> "By collaborating and sharing resources with other agencies, such as housing, police, and various other agencies, we are making a full effort to address many of the points in Healthy Baltimore 2015."[43]

This could include redirecting funds for the creation an office of Health in All Policies (see Convene & Collaborate).

> "Funding has been reallocated for a realignment that created the office of health equity. We have the support and encouragement from management to go build relationships with other sectors."[42]

Invest in capacity through training and hiring

Both the model ordinance and general plan language state that communities should identify and implement changes in training and staffing for local government officials and employees.

Train staff and tailor trainings to the local context

These kinds of trainings can be done informally in regular meetings or more formally at professional development training workshops. Many communities have found it effective to put introductory videos online for government employees to access freely. They can also incorporate these trainings into new employee orientations.

> "We began hearing from the staff, 'Whoa! We don't really understand this Health in All Policies work you're doing everywhere out in the community. We're hearing about it from all the partners that we're working with. We want to be well versed.' We realized we needed to create an internal opportunity for our staff to learn about Health in All Policies. Otherwise, we would risk the chance of being in misalignment, and we didn't want that to happen. We were able to secure Human Resources' support in this program, which is huge for us, because they also have staffing that we don't."[42]

If possible, tailor trainings to the local context by providing examples from the community. This can ensure the focus of the initiative isn't an abstract concept, but rather something visible and tangible in the community the staff serves.

> We are doing some training internally to build the capacity of city staff to understand how health equity impacts the community in Richmond and how different government projects can impact health equity. We are including real life examples of how health equity impacts Richmond and Richmond residents in all of our trainings."[45]

Encourage departments to hire staff with different kinds of expertise

Hiring staff with different kinds of expertise can be a powerful way to work across sectors. These individuals can help facilitate communication between agencies. Additionally, through the very process of doing their job, they will share their expertise, which can help educate staff on how different agencies approach building healthy communities.

For these reasons, the model general plan language encourages planning departments to explore funding an interdepartmental staff position that bridges planning and health. However, any community adopting one of the three model policies can encourage this practice.

> We actually have, starting as a temporary employee, but now a full-time employee, an urban regional planner that works full-time in the Health Department, talking about planning and transportation with cities in these communities. He knows the planning people in the cities, and we can leverage that."[54]

Invest in tools and technical assistance

The ordinance and general plan language also require the development of tools to help government staff apply a health equity lens analysis to their work. The model general plan also encourages the development and use of tools that further ensure health is embedded in development, like healthy design guidelines and health impact assessments for large-scale developments.

Use health equity tools to analyze budgets, programs, and policies[55]

Both the model resolution and ordinance require departments to report to the Health in All Policies task force on how their policies, practices, and procedures affect health outcomes. But communities can go even further. Denver encourages a "'triple bottom line analysis" in city policy and program decisions, reviewing new proposals with an eye toward long-term economic, social, and environmental considerations.[12]

One of the most powerful tools local governments can leverage in a Health in All Policies initiative is their own budget. By requiring individual agencies to analyze how their budget will help advance health, equity, or sustainability, communities can ensure that community goals and public investments are aligned. Communities have had success with this approach, even in times of economic uncertainty.

> We have a fairly robust review of the budget. We take very seriously applying an equity lens to our annual budget process, which primarily focuses on changes to the budget. Every agency is applying an equity lens as they prepare their budget. We also do that at a countywide level through our Office of Performance Strategy and Budget. Then the council applies an equity lens in their review and adoption of the budget. This approach definitely influences funding, where there are proposed changes, though we have more work to do in looking at our base budgets."[39]

Integrating health into decision-making doesn't occur overnight. It takes time and practice. Agency staff will require assistance. Sometimes this can be as simple as developing a new resource, like a checklist or review tool. For example, communities have developed budget review tools to assist departments with this process.

> One of the things that we've gotten better at each year is considering equity in our budget process. We have developed tools and equity questions that all departments, divisions, and programs have to answer when they are developing budgets, like 'What are the equity implications of your budget decision?' and 'How are they benefiting or adversely affecting communities of color, low-income populations, and limited English proficient populations?'
>
> So, if you're saying that you're going to cut a program or enhance a program, you need to be able to explain how it affects the social determinants of health, which populations are going to be affected, and how.
>
> Ideally, you need to show that your decisions are pro-equity, and there's going to be some positive outcomes among our populations of most concern. If there's not, and the population is going to be negatively affected, you need to be able to answer, 'What are you doing to mitigate some of the effects of those decisions?'"[59]

Provide individualized technical assistance to departments to help them strengthen their health equity approach[55]

To integrate health into decision-making processes, departments are going to need to change how they operate. They will sometimes require assistance in the form of one-on-one meetings with or reviews from the Health in All Policies task force or specific departments.

> Our central budget staff, who have also become subject matter experts on equity, are really committed to working with each department to determine the areas for deeper review and analysis."[59]

Taking Health in All Policies to the next level

The following strategies have been used by communities to advance their Health in All Policies approach and can be incorporated into a plan or progress reports.

Change your contracting system to reflect the goals of your initiative

Government agencies often contract with businesses for a range of services, such as stocking vending machines and purchasing office supplies; operating cafeterias; constructing new buildings or facilities; cleaning government properties; or providing training to staff. These contracts can be amended to support health. For example, vending machine and cafeteria contracts can stipulate what the nutritional content of food procured should be. Janitorial contracts can specify the kinds of products used to clean properties. New buildings can be required to use sustainable, environmentally sensitive design. In some instances, contracts have even been altered to require that employees be paid a living wage[60] or receive paid sick leave.[61]

> "We also amended our contracting system so that sustainability is at the core of everything we do, from upgrades to our own buildings to purchasing food."[40]

Encourage the broader community to embrace Health in All Policies in their work

Health in All Policies encourages all sectors — such as the business, faith-based, and non-profit sectors — to adopt policies that promote health for their members, students or employees, as well as the broader community. For example, a faith-based organization may implement a healthy events policy that encourages fresh fruits and vegetables to be served at sponsored events. A Boys and Girls Club might open up its property so that community members can use recreational equipment. A business may offer paid sick leave and living wages to its employees. While some of these policies can and have been regulated by government, the adoption of many of these policies are at the discretion of an individual organization and do not first require a federal, state or local law for an organization to adopt them.

Therefore, another way to invest in change is to educate businesses, health care systems, nonprofit organizations, the faith-based community, and the broader community about how individual organizations can adopt health promoting policies and practices. This is an approach that San Diego County's Live Well San Diego is taking through a website that provides tools and resources to help community organizations adopt healthy policies. Live Well San Diego also uses this platform to complement the policy changes they are making by educating community members about actions they can take individually to improve their health and well-being.

Integrate data systems

It isn't easy to integrate data systems across departments, which may have vastly different technological systems. Legal barriers, such as restrictions on releasing health data, add additional obstacles. However, having shared access to data can be important for making decisions about how to allocate resources and improve health.[55] Check out Data for Health: Learning What Works for more ideas.

5 Track Progress

Tracking progress is a necessary step in a Health in All Policies initiative because it can help hold agencies accountable.[55] Evaluating the effectiveness of the initiative is also a powerful way to communicate success and create buy-in for continued work.

One of the most common ways to record progress is to release reports on a regular basis (e.g., annually or biennially). Depending on the achievements of the previous year or two, these reports may provide updates on the status of implementing strategies to achieve health equity targets included in the initiative's plan, where progress has been made, and if there are any new recommended changes to policies and practices.

However, not every community may be immediately ready to produce annual reports. For this reason, only the model ordinance explicitly requires an annual or biennial report. That said, communities are strongly encouraged to consider reporting on their progress. Here are a few practice tips to consider when tracking progress.

Measure success against the benchmarks and targets established in your initial plan

Annual reports present an opportunity to promote the exciting work of a Health in All Policies initiative. These reports outline what the initiative has accomplished and identify areas where improvements have been made. Depending on available resources, annual reports can be simple program updates from the previous year, or they can be in-depth analyses of key indicators identified in a strategic plan. To measure success, the jurisdiction may need to collect data from individual departments or various community partners.

> "In terms of reporting, we are using the same tools we used to quantify the baseline to go back and check to see whether we moved forward or backward on the goals."[40]

However, as noted in Make a Plan, any steps agencies take to improve health equity in the community will probably not show immediate, statistically significant changes in the first year or two. Therefore, the goals used to measure success should be appropriately tailored to focus on what government agencies can realistically achieve within the timeframe.

Include updates from each participating department or agency

To give credit to everyone involved, each participating department executive should report to other members of the Health in All Policies task force (either orally or in writing) their department's progress in meeting the benchmarks listed in the strategic plan. When feasible, the Health in All Policies task force should synthesize this information into a publicly shareable report. The report may also identify where more training may be necessary, what additional tools may be needed, and how to better coordinate activities across departments.

> "The ordinance also requires that we create an annual report on our initiative. Part of the purpose of that report is to report on the work of county agencies. So it serves as an accountability mechanism for our work. Every agency has to report the commitments that they've made and what they've accomplished. It's a very simple way to make sure that there's attention by department and agency leadership on forwarding commitments and actually getting work done because they know they're going have to report on it."[39]

Use annual or biennial reports to build relationships

By showcasing the successes of each department, reports can also be a vehicle for building relationships and trust across departments.

> "Nothing is more important than your relationships with other departments and organizations. You really have to nurture the relationship, and you have to promote the work of the other departments. If you look through our annual reports, you will see a lot of successes for other departments. And yes, we may have been part of that effort, but it's framed as a transportation success or a planning success. It can't be just about us."[46]

Resources

Convene & Collaborate

Collaboration Multiplier
Prevention Institute

Collaborative Leadership
Community Tool Box

Collective Impact
Stanford Social Innovation Review

Engage & Envision

Community Engagement Guide for Sustainable Communities
PolicyLink

Community Engagement & Participation Checklist
PolicyLink

Make a Plan

Denver 2020 Sustainability Goals
Denver Office of Sustainability

City of Richmond Health in All Policies Strategy 2013–2014
City of Richmond

National Prevention Strategy
U.S. Department of Health & Human Services

Invest in Change

ChangeLab Solutions has library of resources to help communities train staff about the impact of policies on health, identify policies like sample contracts, and look for funding opportunities.

Environmental Health in All Policies Toolkit
The National Association of County and City Health Officials

Health in All Policies
Association of State and Territorial Health Officials

Track Progress

King County Equity and Social Justice Annual Report
King County

Live Well San Diego Annual Report
Live Well San Diego

Healthy Chicago
City of Chicago

Healthy Riverside County Initiative
Riverside County

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