

# A Roadmap for Health in All Policies

## Collaborating to Win the Policy Marathon



ChangeLab Solutions



## Acknowledgments

Written by Rebecca Johnson (program director), Tina Yuen (senior planner) and Heather Wooten (vice president of program strategy). Additional support from Erik Calloway (senior planner), Saneta deVuono-powell (program director, senior staff attorney, and planner), Aysha Pamukcu (senior staff attorney) and Katie Michel (legal fellow). All are affiliated with ChangeLab Solutions.

Reviewed by Karen Ben-Moshe (Public Health Institute/California Department of Public Health) and informed by the work of the California Health in All Policies Task Force.<sup>41</sup>

Informed by interviews and reviews by Shannon Mace Heller (Baltimore City Health Department Office), Valerie Rogers (formerly of Baltimore City Health Department, MD), Erica Salem (Chicago Department of Public Health, IL), Nanette Yandell (formerly of Del Norte County and Adjacent Tribal Lands Building Health Communities, CA), Tina Zenzola, Shelley Saitowitz, and Lindsey McDermid (Health and Human Services Agency, County of San Diego, CA), Jerome Tinianow (Denver Office of Sustainability, CO), Max Gibson (formerly of Jefferson County Public Health, CO), Molly Hansen (Jefferson County Public Health, CO),

Erica Padilla-Chavez (Monterey County Health Department, CA), Carrie S. Cihak (Office of King County Executive, WA), Matias Valenzuela (Office of Equity and Social Justice, King County, WA), Gabino Arredondo and Shasa Curl (City Manager's Office, Richmond, CA), Michael Osur and Salomeh Wagaw (Riverside County Department of Public Health, CA), Sally Lacy (Richmond City Health District, VA), Stephanie Nathan, (Merced County Department of Public Health), Colleen Bridger (Orange County Health Department, NC), Matt Guy and (Pueblo Triple Aim, CO), and Jordan Bingham (Public Health Madison & Dane County, WI)

Informed by additional review of policies and practices from California HiAP Task Force;<sup>33</sup> Chicago, IL;<sup>25</sup> Denver, CO;<sup>24</sup> King County, WA;<sup>42</sup> Massachusetts;<sup>43</sup> Merced County, CO; New Orleans, La;<sup>39</sup> Rancho Cucamonga, CA;<sup>31</sup> Richmond, CA;<sup>22</sup> Richmond, VA;<sup>44</sup> Vermont;<sup>45</sup> and Washington, DC<sup>46</sup>.

This roadmap was developed by ChangeLab Solutions with funds received from the California Endowment.

© 2018 ChangeLab Solutions

Design by Wick Design Studio  
Illustrations by Ethos3

# Contents

- 2 Introduction
- 5 Using the HiAP Roadmap
- 6 Warming Up: Using Policy to Build the Foundation for Successful Collaboration
- 12 Ready, Set, Go: Starting the Conversation
- 18 Hitting Your Stride: Selecting a Strong HiAP Policy for Your Community
- 23 Crossing the Finish Line: Moving Toward Whole of Government
- 24 References

# Introduction



What happens when all the government agencies in a town, county, or state work together to build healthier communities?

They make sure families can find and afford healthy food. They build parks so that there are places for kids to play. They design streets and trails so people can get around comfortably on foot and by bicycle. They plan and develop neighborhoods with homes that are safe, well maintained, and affordable for all residents. They protect people from being exposed to polluted air and water. They find innovative solutions to improve schools and create jobs. And ultimately, they build communities where all people feel empowered and connected to their neighbors, local institutions, and the place they call home.

It's impossible to make this vision a reality unless everyone works together. Behind the scenes, government agencies must collaborate. That means identifying shared goals and maximizing resources. It means coordinating tasks and investing in big solutions. It means harmonizing policies, plans, and systems.

That's what it takes to build a healthy community. This type of community is an *all-in* community.

## How do government agencies collaborate to build healthier communities?

Government agencies collaborate by embracing Health in All Policies (HiAP). Health in All Policies is a transformative, collaborative approach to improving a community by incorporating **health, sustainability, and equity** considerations into

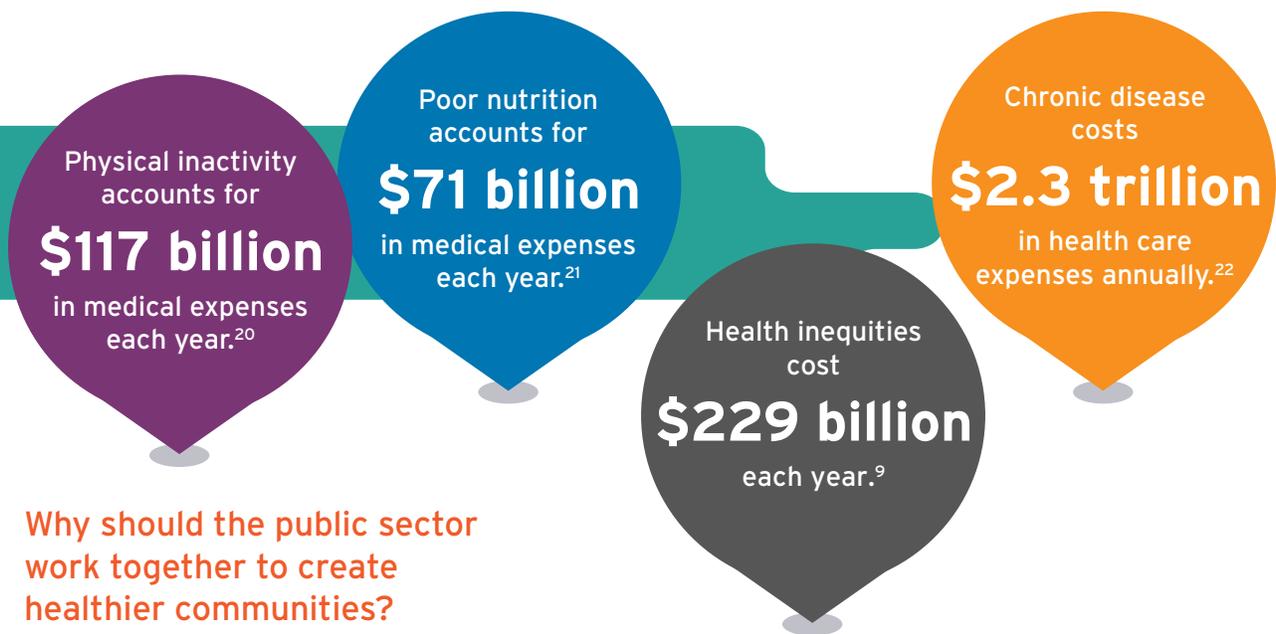
decisionmaking across government agencies and policy areas. We use HiAP to describe this approach to focus on strategies and actions that will improve health equity.

But here's a little secret: At its core, Health in All Policies is about practicing a "whole of government" approach to solving our biggest social and environmental challenges – those problems that are so big and knotty that no one group can fix them on their own. Fundamentally, HiAP is about good governance.

Yet many communities struggle with this approach, and for good reason. It's hard. We live and work with bureaucratic structures, history, practices that keep us isolated, operating in our separate silos. Libraries over here, sheriff's office over here, and public health department over there. We speak different technical jargon. We're accountable to different outcomes – even when we share the same boss!

Collaborating for health is like running a relay marathon. You can't do it without practice, and you can't do it alone. Government agencies need to strengthen their collaboration muscles so they can work together effectively.

This roadmap offers guidance to anyone who is inspired by a vision of a healthier, more equitable community for all. It focuses on using policy to build and institutionalize the public sector's ability to collaborate across departments, agencies, and offices.



### Why should the public sector work together to create healthier communities?

When people are healthy, society benefits. Healthier workers are more productive, have fewer sick days, and have decreased health care costs.<sup>1</sup> Similarly, healthier students learn better and are more likely to graduate from school.<sup>2</sup> And healthy older adults live longer and require substantially less health care.<sup>3</sup>

Prevention pays. Policies that make communities healthier have shown a significant return on investment by reducing health care costs,<sup>4</sup> creating jobs,<sup>5</sup> and increasing tax revenue.<sup>6</sup> Researchers have even suggested that more than 50% of the economic growth in the United States during the 20th century was the result of improvements in population health.<sup>7</sup>

Despite these advances, in 2015, life expectancy declined for the first time in 40 years. And from 2010 to 2015, life expectancy was stagnant.<sup>8</sup> One reason for this plateau is the rise in chronic disease and chronic disease risk factors.

- In the US, 4 in 5 adults are not getting the recommended amount of physical activity.<sup>11,12</sup>
- Nearly 9 in 10 adults are not eating enough fruits or vegetables.<sup>13</sup>
- More than half of all people in the United States have at least one chronic disease, such as diabetes, heart disease, or cancer.<sup>14</sup>

Another contributing factor is the significant health inequities in our country<sup>9</sup>:

- African Americans are far more likely to die as infants and to die from heart attacks and stroke.<sup>10</sup>
- Hispanics are more likely to be hospitalized for a preventable cause.<sup>10</sup>
- Low-income populations are more likely to suffer from asthma, to be hospitalized for preventable causes, and to be diagnosed with diabetes.<sup>10</sup>

We all want to do what is best for our health and the health of our families. But our environments – including our social and economic environments – and the policies that shape those environments make it difficult to meet basic health recommendations. For example, when people can walk, bike, or take public transportation to work or school,<sup>15-18</sup> they can be physically active every day. But many people live and work in places that do not have the basic infrastructure to make walking and biking convenient or safe.<sup>19</sup> Too often, our environments don't help us be healthy.

This doesn't just affect our physical and mental health – it affects our bottom line. It drains the strength of our entire community.



## Why focus on government?

Government is uniquely positioned to change these trends. Government does what private businesses, organizations, and community residents cannot do alone: It makes decisions that apply to the entire community, decisions that affect everyone's health.

Government agencies can expand public transit systems, build and maintain parks, and support small businesses. They make decisions about where grocery stores are located, where affordable housing is built, and where businesses can operate. They decide how our streets are designed and what transportation options are available in different neighborhoods. Ultimately, these decisions contribute to our common good.

Even government departments and agencies that, on the surface, do not seem to affect health – like the personnel department or the budget office – have a role to play. For example, a city personnel department can create a system to train all government employees on how their work affects residents' overall health and well-being and how to incorporate health, equity, and sustainability into their agency's activities and policies. Similarly, a county budget office can ensure all county agencies consider health by requiring them to explain in their budgets how their planned activities will affect health, equity, and sustainability.

But many government agencies work in isolation and do not regularly consider how their programs and policies could support, or undermine, health. These bureaucratic habits limit government's ability to share resources, maximize efficiency, and reach communities with the highest burden of disease. By changing their approach, these agencies can create better, stronger, and more equitable communities.

This roadmap provides concrete guidance and inspiration from people who have done this hard and important work. It can help you win the Health in All Policies marathon and put your community on the path to a healthier future.

No matter what your community needs, this roadmap can help. It provides strategies that you can work on today, and it identifies future tasks to help you plan next steps. Use this resource at every stage as you move toward adopting a strong Health in All Policies policy (eg, a HiAP ordinance, resolution, or executive order) in your jurisdiction.

# Using the HiAP Roadmap

ChangeLab Solutions has developed the following suite of resources to help you institutionalize a Health in All Policies approach. These resources are designed to support you as you move along the HiAP path, from simply learning about the idea to diving into implementation.



## Spark interest

### Collaborative Health: A Video on Health in All Policies

This video provides a quick introduction to Health in All Policies and explains the importance of considering health, sustainability, and equity in policy decisions.

YOU ARE HERE

## Take the first steps

### A Roadmap for Health in All Policies: Your Guide to Win the Policy Marathon

No matter where a community is starting, this roadmap provides strategies that you can work on today. Over the long term, this roadmap can help you identify next steps on the road toward adopting a Health in All Policies ordinance or resolution that creates and implements a vision of a healthy community!



## Make the case to go further

### Collaborative Health: A Health in All Policies Presentation

When you are ready to advocate for a formal policy establishing a Health in All Policies initiative, you can use this presentation to help make the case for and support Health in All Policies.

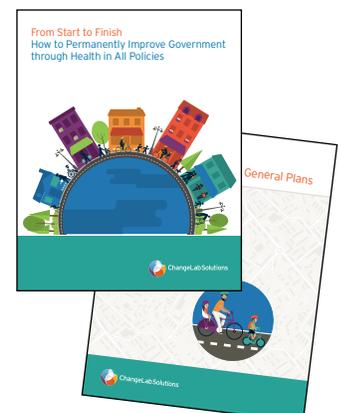
## Adopt and implement a strong policy

### From Start to Finish: How to Permanently Improve Government Through Health in All Policies

Use the 5 key strategies in this comprehensive resource to implement a strong HiAP policy.

### Commitment to Change: Health in All Policies Model Policies

Use our 3 model policies – an ordinance, a resolution, and general plan language – to institutionalize Health in All Policies.



# Warming Up: Using Policy to Build the Foundation for Successful Collaboration



Government agencies have the power to work together to tackle our biggest challenges – like poverty, climate change, and chronic disease. By taking a Health in All Policies approach, governments can facilitate the exchange of ideas, resources, and programs that promote health, equity, and sustainability for the entire community.

In taking this kind of approach, communities may be tempted to sprint to the finish line. But systematically incorporating health into government decisionmaking does not happen overnight. Government leadership and staff need to practice collaborating to build the foundation for a strong Health in All Policies initiative. If there is no history of government agency collaboration, you should start with policies that get agencies working together toward common goals.

## Where should you start?

This roadmap provides a list of collaborative policy ideas (see next section “What policies do you need before adopting a Health in All Policies ordinance or resolution?”) to help government staff across agencies and departments gain experience collaborating for health. The experiences of implementing these policies lay the foundation necessary to implement a strong HiAP initiative.

Your community may already have some of these collaborative policies in place. So, how do you know if you are ready to start moving toward a Health in All Policies ordinance or resolution? Below are some tips to get you started.

## Assess the policy landscape

Before launching a Health in All Policies initiative, you should learn about your community’s history of multi-agency collaboration and health-promoting work. As part of this assessment, you may complete a policy scan that answers the following questions:

- 1 Where has health, equity, or sustainability been incorporated into policies and practices that are outside the traditional health sector?
- 2 Are there any existing policies (such as those listed later in this section) that require cross-sector collaboration to promote health, sustainability, or equity?
- 3 What is your jurisdiction’s history of policy and investment? And how has this history benefited or adversely affected the people who live within the jurisdiction, including communities of color, low-income populations, women, people with disabilities, or the LGBTQ community?

## What Is Policy?

When communities launch policy initiatives, someone usually asks this important question: What do you mean by “policy”? ChangeLab Solutions created [a fact sheet to define policy](#), to explain why policy is a strong tool for change, and to give examples of how communities have used policy to improve health. It’s a helpful resource for introducing government staff, community leaders, and other stakeholders to the concept of policy change.

## The Road to Success: California

California's HiAP Task Force was established by executive order in 2010 and affirmed by the state legislature through a resolution in 2012. Comprised of members from a variety of state departments and agencies, the Task Force was charged with identifying priority programs, policies, and strategies to improve health and promote equity. The California Department of Public Health, the Public Health Institute, and the Strategic Growth Council provide the backbone support for this initiative. Since its creation, the HiAP Task Force has had many achievements, such as the incorporation of health and equity goals and criteria into large grant-making programs related to urban greening, housing, land use, and transportation. It also developed nutritional guidelines for state bid specifications for food purchasing to make it easier for correctional facilities to meet their heart-healthy nutrition guidelines. The Task Force also developed the state's Office of Farm to Fork.<sup>24</sup>

In several communities, HiAP practitioners have successfully passed HiAP policies by documenting what healthy policies have already been adopted by local government and how the history of local government policies affects health outcomes.

“Before [our Health in All Policies resolution] was passed, I kept getting taken off the agenda. So I ended up just calling the city manager and said ‘Can you just tell me what’s going on?’ I found out that there were some concerns that a Health in All Policies resolution might mean a loss of resources. I met these concerns head-on. I completed a policy and program scan to see where the city already had [healthy policies]. I had this huge list. The city had passed all of these healthy resolutions. I said ‘You guys are already doing Health in all Policies. Let me help you move it a little further.’ ”<sup>23</sup>



### Seize opportunities

As part of your assessment about where to start, you should make the most of policy opportunities as they arise, which may include the following:

- Local government agencies' strategic planning processes
- Long-range planning processes, such as comprehensive plans or regional transportation plans
- Proposed development projects
- Funding proposals
- Local zoning code updates

Jefferson County Public Health in Colorado has taken advantage of opportunities to build relationships and pursue common goals:

“Our approach is pretty opportunistic in how we interface with the partner agencies. If a community is updating their transportation plan, we’re going to talk to them about including active transportation principles that address things like bike and pedestrian safety. If it’s a comprehensive plan, then we are working on educating our planning partners about density and mixed use.”<sup>26</sup>



### Decision tree: Are you ready for a Health in All Policies ordinance or resolution?



## What policies do you need before adopting a Health in All Policies ordinance or resolution?

Many government agencies don't have experience working together to implement policies that promote health. Below is a list of common policies that communities adopt to improve health, equity, and sustainability outcomes. This is not an exhaustive list. It is meant to generate ideas. Regardless of which policy you select, the experience of implementing these kinds of policies can strengthen government leadership and staff's ability to collaborate across agencies.

### Organizational or agency-specific HiAP policies

One easy way to start working on Health in All Policies is to implement internal, organizational, or agency-specific policies. These policies could be new personnel policies that require staff to participate in cross-agency workgroups or updated hiring policies that make it easier to hire staff with expertise in a variety of fields.

“We have a planner embedded in the health department, talking about planning and transportation with cities in our county. He knows the planning staff in our cities, and we can leverage that knowledge and expertise to incorporate health in every conversation.”<sup>27</sup>

Another kind of organizational policy is one that creates a new Health in All Policies office within an agency. For example, the Monterey County Health Department created an office dedicated to promoting Health in All Policies. Staff from the HiAP office meet with different agencies, departments, and offices to develop relationships and educate partners about the initiative.

## The Road to Success: Monterey County, CA

“The City of Salinas City Council directed the city manager to create an economic development element for their general plan. After having a series of conversations with stakeholders and defining a healthy community, the economic development director for the city, who was at our meetings, ended up using that definition and embedding it into the economic element of the City of Salinas' General Plan.”

—Erica Padilla-Chavez, Monterey County Health Department, CA

### Policies that foster collaboration

Before diving into a Health in All Policies ordinance or resolution, HiAP practitioners often start by implementing policies that require agencies to work together to improve health. Here are some examples.

- **Workplace wellness policies** may require the formation of a workplace wellness council or team. These teams comprise representatives from multiple government agencies, such as health departments, transportation departments, departments of education, and offices of personnel. The team is responsible for developing, promoting, implementing, and evaluating workplace wellness policies and programs. This might mean overseeing and assessing employee health screenings, environmental changes, and incentives to participate in wellness interventions, such as exercise classes, tobacco cessation, and diabetes prevention programs.

- **Complete streets policies** aim to ensure all people – whether they bike, walk, drive, or roll – have safe and easy access to roads. Implementation of complete streets policies often involves coordination between many government departments, including public works, planning, transportation, public health, fire, and police.
- **Policies to create healthy homes for all** Creating stable, quality, and affordable housing for all requires the involvement of many partners, such as the housing, public health, code enforcement, building and permitting, fire, and planning departments.
- **Climate adaptation and resilience plans** present an opportunity for local and state governments to build community resilience. Agencies can work together to design and implement climate preparedness plans that offer residents a healthy future. Opportunities exist to incorporate health and equity considerations into the development and implementation of climate adaptation strategies.

With policies like these, government agencies in your jurisdiction can begin to cultivate relationships. They gain experience working together to promote health, preparing them to tackle complex community health issues more systematically. When agencies work together to pass and implement healthy policies, they build support and momentum for a formal Health in All Policies initiative.

## Comprehensive plans

Comprehensive plans (also called general plans or master plans in some states) provide a broad policy framework that establishes a community's vision, goals, and strategies for future development and growth. Comprehensive plans address a range of important community issues, such as land use, noise, safety, housing, health, economic development, growth management, parks and recreation, sustainability, natural resources and conservation, transportation, and public facilities.

Comprehensive plans affect many of the social, environmental, and economic determinants of health, including the following:

- Clean air and water
- Access to parks and open space
- Access to healthy food
- Preservation of agricultural lands
- Access to good jobs and economic opportunity
- Healthy and affordable housing
- Safe, convenient, and accessible transportation systems (including pedestrian and bicycle facilities and public transit)
- Sustainable development and climate change
- Social connection and community engagement

Recognizing the important role comprehensive plans play in establishing goals and policies that support health, a growing number of communities are incorporating a health element into their comprehensive plan. Health elements explicitly make the connection between community development and community well-being, directly tying a community's plans for future growth to opportunities for improving residents' health.

## The Road to Success: Richmond, CA

“Our health in all policy strategy and ordinance were adopted by the city council [in April 2014] as a way to operationalize our vision of a healthy community that is laid out in our general plan. We had an interdepartmental team that worked on that. That group is continuing to tackle health needs like what to do about the closure of an emergency [health care] facility in San Pablo, how to collaborate to fund the renovation of 2 local parks, and getting the uninsured enrolled in the ACA exchanges.”  
—Gabino Arredondo, City Manager’s Office, City of Richmond

Health in All Policies can also be included in other relevant elements of a comprehensive plan. For example, Orange County, North Carolina, added Health in All Policies to the update of its Parks & Recreation Master Plan.

“While designing parks and recreation facilities with public health in mind has been accomplished on a basic level in Orange County, it has not been fully integrated into the design process for parks in a formulaic or fundamental design tenet. There has been a national movement towards ‘health in all policies.’ Health in all policies means that health consideration is defined and addressed in all policymaking and programming across sectors, and at all levels, to improve the health of all communities and people.

With the clear connections between public health and parks and recreation, it will be important that Orange County includes key public health considerations in the design of parks and recreation programs, policies, or projects.

The goal of such an active, healthy community and its benefits cannot be attained without collaboration from a diverse set of community, government, and business partners. Only when these partners all recognize and strive towards active living as an integrated way of life, and not simply an individual choice to be made each day, will we achieve the health, economic, and other benefits we desire.”<sup>28</sup>

**ChangeLab Solutions** holds one of the largest libraries of model policies that promote health and foster collaboration. Government agencies, school districts, and even businesses and nonprofit organizations can adopt these policies.



# Ready, Set, Go: Starting the Conversation



If you've already built some collaborative muscle by working on any of the policies in the previous section, congratulations! Those experiences have taught you invaluable lessons about how to engage in mutually supportive partnerships and work toward shared goals. In fact, you may have produced concrete results that have improved residents' lives. It may even feel like these successes are good enough. Why start talking about Health in All Policies?

When a community successfully implements a Health in All Policies ordinance or resolution, staff and leadership from multiple government agencies *regularly* convene to coordinate those agencies' policies, budgets, and services to better serve the community as a whole. In other words, this kind of systemic change requires people to talk to one another often. To launch a HiAP initiative, you need to start conversations with people you may never have worked with!

Below are specific strategies to consider when building the case to move beyond individual healthy policies to a comprehensive HiAP policy. It is not an exhaustive list, but it provides strategies HiAP practitioners took before they were able to convince their leadership to adopt a Health in All Policies ordinance or resolution.

## Lead by example and incorporate Health in All Policies principles into your professional practice

If you haven't already, a simple first step can be making Health in All Policies part of your everyday work. For example, depending on your role, you might consider the following activities:

- **Build partnerships with staff at other agencies, offices, and departments.** These relationships can help you build some collaborative muscle and identify other HiAP champions.
- **Cultivate new partnerships and strengthen existing relationships with organizations and residents in underserved areas.** Let these partners' goals inform your programs, policies, and services so that your work reflects the needs and interests of the whole community and equitably benefits everyone. Underserved areas may include neighborhoods with high rates of chronic disease; communities of color; low-income areas; areas around schools where more than half of the students receive free or reduced-price school meals; and areas with fewer amenities like parks and open, safe spaces for physical activity and recreation.
- **Encourage people in your department to routinely consider health, sustainability, and equity in decisionmaking, and urge them to engage more profoundly and more meaningfully with the community.** For information on how to conduct deep community engagement, check out these resources: [Community Engagement Guide for Sustainable Communities](#), [Community Engagement & Participation Checklist](#), and [Guide to Equitable, Community-Driven Climate Preparedness Planning](#).

- **Promote other agencies' activities by connecting and combining resources, programs, and policies.** For example, Denver, Colorado, established a "Key to the City" card that allows students to use one card to access their local libraries, pools, and other recreational and cultural facilities. Creating the infrastructure to support this program required multiple agencies to work together, including the office of children's affairs, the department of parks and recreation, the Denver public library system, and several museums. By consolidating access to multiple institutions into one card, children and their families can more easily use these community resources. The Key to the City also boosts the number of people participating in local events, which benefits both the community and the agencies involved.<sup>29</sup>



## Tap into existing coalitions or cross-agency task forces

Most communities have interagency task forces and community coalitions that meet regularly. The purposes of these groups vary; they may be tackling anything from the obesity epidemic to opioid overdose prevention to child welfare. Regardless of their goals, these groups are practicing active collaboration and are obvious places to find champions for a HiAP initiative. HiAP practitioners who participate in these groups should apply Health in All Policies principles by doing the following:

- Assessing who is participating in the group and who might be missing. It's important to use this information to identify and invite new partners.
- Determining how to connect multiple groups' initiatives so they are coordinating their efforts and maximizing resources.

For example, Del Norte County in California, which has fewer than 30,000 people, applied a Health in All Policies framework to an existing teen pregnancy coalition.

“Being a very rural community with finite resources, there's a lot of competition. I'm utilizing a Health in all Policies framework in all the different categories that I work in, including the Teen Pregnancy Prevention Coalition I coordinate.”<sup>23</sup>

## Speak to shared values

Regardless of where your community is in the HiAP process, it's important to consider framing. How will you frame this initiative so that the importance of health and working together will resonate with leadership, staff, and residents?

For example, the Health in All Policies initiative in King County, Washington is focused on equity and social justice. The initiative came out of a two-day, 200-person training on institutionalized racism that managers and leaders in the public health department attended. After the training, the health department recognized that other agencies and departments wouldn't necessarily see themselves or their work reflected in a "health" initiative. The department strategically chose "equity in all policies" as the focus of their initiative.<sup>25</sup>

“Early on we heard that when staff at other agencies saw that this initiative was led by the health department, they didn't see themselves reflected in it. Whether they were in our permitting office, land use office, transportation, or natural resources and parks, if you talked about Health in All Policies in terms of health, they didn't see it in the work that they did. Once we were able to make the shift to talking about equity and social justice and the determinants of equity, that gave us a broader and more inclusive umbrella for everybody's work.”<sup>25</sup>

Additionally, storytelling is a powerful way to communicate about the social and economic realities that many residents may face. Similarly, these narratives about community life and health can help make the case for why government agencies should work together to tackle health inequities.

For example, the Health in All Policies initiative in Richmond, Virginia, came out of the mayor's desire to end poverty.<sup>30</sup> The city's Health in All Policies initiative uses “Myra's Story” to show how the history of policies and the lack of investment in Myra's community have adversely affected her, her family, her environment, and the community overall. This graphic narrative succinctly conveys a lot of complex information in a small amount of space. It also humanizes an abstract topic by showing how policy decisions affect the lives of individual people.<sup>31</sup>

### The Road to Success: King County, WA

“We took a pretty serious look at how parklands are allocated across the county. When our Department of Natural Resources and Parks looked at how to allocate new projects, they prioritized projects that were in areas where there are large communities of color or people of lower income and a deficit of parks. We're trying to create more equity in the distribution of those resources.

We've used the same kind of analysis when looking at our transit routes and the accessibility of transit services. We implemented a low fare option for people of lower income. We have departments like the courts, human services, and public health clinics engaged to sign people up for the low fare option.”

—Carrie S. Cihak, Office of King County Executive, King County, Washington

## Form a team

To fully implement a Health in All Policies resolution or ordinance, you need to create a team of HiAP practitioners to lead the adoption and implementation of these policies. The process of building a team may take months and even years. Don't get discouraged if you encounter resistance and skepticism at first.

“I spent the first 6 months building relationships. It's all about building relationships. And building trust. Almost every single meeting that I had, I would find out something that they wanted in their community. Sometimes they might need something from an agency or organization that is only a couple blocks away, but they wouldn't go over there. If it were something I could connect them to, I would say, 'Well let me follow up for you.' I wanted to be able to have something to offer so that I could follow up with them.”<sup>23</sup>

Keep in mind: Your partners from your prior healthy policy successes (see [Warming Up](#)) can be very valuable allies in both identifying and reaching out to people not yet joined the HiAP team. For example, if you have a great partnership with the planning department and they regularly meet with the fire department, consider asking planning department leadership to reach out to the fire department.

## Create an action plan

Adopting a Health in All Policies ordinance or resolution won't happen overnight, you should work with your team to prioritize the following:

- What kind of strong HiAP policy (see [Select and adopt a strong HiAP policy](#)) makes the most sense for our community right now?

## The Road to Success: Rancho Cucamonga

The City of Rancho Cucamonga (RC) in California formed a partnership called Healthy RC in 2008 to address health inequities in their community. The group comprised staff from every city department and division, allowing everyone to discuss the role of health in their work. Over time, this collaboration resulted in policy change and a culture shift around health, both within city government and among community residents and organizations. Additionally, this teamwork led to critical thinking about how systems interact to produce health outcomes. To capture these new ideas and goals, the Healthy Rancho Cucamonga Steering Committee and partners began developing the Healthy RC strategic plan in 2013. Thinking strategically allowed the partnership to operationalize their vision for a healthier Rancho Cucamonga.<sup>33,34</sup>

- Does the policy address the needs and will of your community, including residents most affected by health inequities?
- How will the team communicate about Health in All Policies? What kind of framing will work best? For example, will decisionmakers and community residents be more likely to support an initiative that focuses on health, equity, sustainability, wellness, or another holistic approach?
- What data and local examples support the need for a Health in All Policies initiative (see “Conduct a community assessment”)? For example, what are the obesity or diabetes rates in the community? In the past, has a lack of collaboration or coordination resulted in an unanticipated negative health outcome?
- What steps must the team take to get the policy adopted? Who needs to be involved in that process and to what degree? Who is taking the lead on different parts of the plan?
- What is the team's timeline?

## Mobilize partners to adopt a policy

Enacting strong HiAP policies, like an ordinance or resolution, requires a strategic community organizing effort to educate decisionmakers and the public about the health and economic benefits associated with these policies. When you are ready, you should work with your partners to teach residents and leadership alike about the initiative. This is the time to tell people about successful healthy policies you've already adopted. For example, Health in All Policies efforts in Richmond, California, began with an update to the city's general plan that involved many different residents.

“If we didn't have an updated general plan with broad community input, I don't know what our health in all policy strategy would be. The general plan helps codify what we're supposed to be doing.”<sup>35</sup>

## The Road to Success: Riverside County, CA

“We have created a toolkit. We call it the Healthy City Resolution Toolkit Template. So it's a template that any city can use to do these 1- or 2-page resolutions that then can drive their general plan updates or drive activities in the city. So after 2 years of work, cities have the tools they need to take certain positions on health. Many cities now have. There's now a *Healthy Paris* and a *Live Well Jurupa Valley*. Our goal over the next few years of work with 15 of the 28 cities [in Riverside County] is to adopt resolutions.”

—Michael Osur, County of Riverside Department of Public Health, California

To learn more and to access their full toolkit, visit [www.healthyriversidecounty.org](http://www.healthyriversidecounty.org).





## Resources

### **Health in All Policies: A Guide for State and Local Government**

Developed by the American Public Health Association and the Public Health Institute, this guide is geared toward state and local government leaders who want to use collaboration between government agencies and departments to promote healthy communities. The guide showcases many perspectives and examples of Health in All Policies implementation, including resources for working across sectors.

### **Health in All Policies: Training Manual**

This manual was produced by the World Health Organization and provides a curriculum to improve people's understanding of the importance of Health in All Policies. The materials serve as the basis for a multiday workshop that aims to build capacity around Health in All Policies, encourage cross-government collaboration, and facilitate discussion.

### **Collaboration Multiplier**

Developed by the Prevention Institute, the Collaboration Multiplier provides a systematic approach to laying the groundwork for collaboration. The tool guides organizations through a collaborative discussion to identify activities that accomplish a common goal, delineate each partner's perspective and potential contributions, and leverage expertise and resources.

### **Strategies for Community Change and Improvement**

This resource, offered by the Community Toolbox, provides information about community organizing, social action, and community development to help people collaborate to improve their communities.

### **Building and Sustaining Relationships**

The Community Toolbox's Section on Building and Sustaining Relationships is an online learning platform geared toward building and maintaining relationships, which is the foundation of Health in All Policies. The website provides a primer on the importance of developing and managing relationships, as well as a step-by-step guide and set of tips for getting relationships off the ground.

### **Community Engagement Guide for Sustainable Communities**

Developed by PolicyLink, this guide discusses the benefits of community engagement. It gives 9 general guidelines to consider in engagement and specific strategies that will be helpful to implement these guidelines. It provides answers to frequently asked questions around challenges in meaningfully engaging residents.

### **Community Engagement & Participation Checklist**

Developed by PolicyLink, this checklist outlines components of an authentic and participatory community engagement process and provides a template for assessing these components.

# Hitting Your Stride: Selecting a Strong HiAP Policy for Your Community



How do you know when you're hitting your stride? You have some solid experience working on one or more healthy policies. You have a few key partners in other agencies, and as a team, you continue to reach out to other people. You have both the relationships and the experience necessary to engage community members and ask for their input.

At this stage, you're likely ready to collect data and survey residents in order to inform the goals and strategies for developing a strong HiAP policy, like a Health in All Policies ordinance or resolution. Why? Well-crafted policies reflect local data and community input. Decisionmakers often use the information collected during this phase to refine policies. And community members can help drive the work and track progress by holding decisionmakers accountable during policy adoption and implementation.

Below are strategies to consider when identifying community needs and readiness for Health in All Policies.

## Conduct a community assessment

Community assessments are a way to systematically and comprehensively determine what resident concerns are, what are the community's major strengths, and what are the most significant barriers to health. It's a good idea to conduct a community assessment (or tap into an existing one, as described in the next section) to build support for a Health in All Policies initiative. Community assessments can raise awareness about the need for Health in All Policies, identify and recruit potential champions, and develop a baseline that can inform a HiAP policy.

When conducting a community assessment, your HiAP team will work with community residents to answer the following kinds of questions:

- What are the biggest issues facing the community regarding health, equity, and sustainability?
- How do these issues affect residents and the economy?
- Are government leaders, community members, policymakers, and other relevant stakeholders interested in Health in All Policies?

Community assessments will vary in scope and approach depending on the community context. Some data may be available in public data sets, such as the [Behavioral Risk Factor Surveillance System](#), [US Census](#), and [Community Commons](#). But the most meaningful community assessments include information collected through key informant interviews, surveys (in-person, telephone, or mailed), informal meetings with key stakeholders, and seminars or workshops with residents and decisionmakers. The following people and organizations are often involved in community assessments:

- Community members
- Decisionmakers
- Chambers of commerce and local businesses
- Local government agencies
- Local health, equity, or sustainability coalitions
- Local community nonprofits that work on health, equity, or sustainability

Additionally, as part of your community assessment, you should update your policy scan to reflect any additional policies that were adopted since your initial scan (see [Warming Up](#)).

### Or, tap into existing community assessments

Community institutions may routinely conduct community assessments. As appropriate, consider leveraging these assessments to advance your Health in All Policies goals. The table below highlights common community assessments that may be starting or ongoing in a community.



Assessment	Description	Lead Organization Agency
<b>Community Health Needs Assessment (CHNA)</b>	Under the Affordable Care Act, every nonprofit hospital is required to conduct a CHNA every 3 years <sup>36</sup> to acquire the information necessary to provide a benefit to the community they serve and coordinate their services accordingly. <sup>37</sup>	Nonprofit hospital or health care system
<b>Community Health Assessment (CHA)</b>	Health departments conduct CHAs to assess health and well-being in their community and determine residents' needs. In combination with a community health improvement plan (CHIP) and/or an agency's strategic plan, health departments use CHAs to plan next steps to improve community health. <sup>38</sup> Between 2011 and 2016, 78% of local health departments had participated in a CHA, and 67% had participated in a CHIP. More than half of local health departments have developed a strategic plan within the last 5 years. <sup>38,39</sup>	Health departments
<b>Baseline assessments for planning processes</b>	Analyzing baseline conditions – also called existing condition assessments – is one of the first steps in a typical planning process, such as updates to comprehensive plans or transportation plans. These analyses provide a snapshot of the existing social, economic, and physical conditions and trends in a community.	Local or regional planning agency

Often during these assessments, community members identify issues like unemployment, violence, or housing costs as major factors affecting their health. Policies that increase employment opportunities, reduce violence, or make housing affordable inherently require participation and collaboration between multiple government agencies, including health departments, housing departments, transportation departments, and public works. When residents raise these issues, it provides an opportunity to build the case for Health in All Policies.

“[When we conducted our CHA], it was the first time that we went out to the community to define health more broadly as the environment in which people live, work, and play. The community provided us with information about their health concerns, which included areas the health department hasn’t traditionally worked on – like poverty, transportation, jobs, and education.

This left us a little bit perplexed. We weren’t sure how to make sense of what we heard from the community. How do we frame this from a public health perspective and capture the multitude of areas that the community suggested that we should be addressing?

We were trying to identify which partners we needed to engage to address the issues that we heard from the community. When we came across Health in All Policies, we realized, ‘Oh my gosh! This is exactly what the community is saying!’ We need to adopt a HiAP framework.”<sup>40</sup>

## The Road to Success: New Orleans, LA

The New Orleans Health Department (NOHD) jump-started their strategic and systematic approach to HiAP by developing a community health improvement plan (CHIP). This planning process brought together health system partners, community leaders, and local government agencies and departments to examine the assets and resources available in the community and to address health issues using a social determinants of health frame. Based on the findings from the CHA, the CHIP serves as the strategic plan for health in New Orleans. It includes a vision for community health and prioritizes strategies to achieve health goals.<sup>41</sup>



## Select and adopt a strong HiAP policy

A strong HiAP policy can be an ordinance, a resolution, or an executive order issued by a mayor.<sup>42-45</sup> Regardless of the form it takes, a strong HiAP policy requires government agencies to work together to accomplish the following tasks:



**Convene & collaborate** by establishing a Health in All Policies team to work across government agencies and departments to identify and pursue opportunities to improve health.



**Engage & envision** by encouraging community engagement in the creation of a vision for a healthier community.



**Make a plan** that incorporates feedback collected during the Engage & Envision process and establishes goals and actions for the initiative.



**Invest in change** by requiring training for staff; identifying funding for the initiative; and developing tools to apply a health equity lens to policies, practices, and programs.



**Track progress** by preparing an annual or biennial report that analyzes health outcomes or health equity goals; tracks progress in implementing the plan; and includes recommendations for new policies or procedures to ensure departments consider health, sustainability, and equity in decisionmaking.

## The Road to Success: Denver, CO

"We are in the top 10 metro areas in the US in terms of the number of Energy Star buildings. We are in the top 10 in the United States in terms of deployment of solar generating capacity. We are 4th in fitness in a ranking of 50 cities. We were also recently named, in Greenbiz.com, as being the best place in the country to have a green meeting or conference."

*—Jerome Tinianow, the Denver Office of Sustainability, Denver, Colorado*

The model policies below, which are available in our website at [Commitment to Change: Health in All Policies Model Policies](#). These model policies are specifically designed to help communities institutionalize a Health in All Policies approach. An official policy ensures structural change is sustained over time, even when there are shifts in staffing and leadership. The 3 models offer options for communities that are at different stages in the process or that face different opportunities to create change. Each one can be adapted to meet your community's needs.

- **Model Health in All Policies Ordinance**  
This policy is the most comprehensive of the options. It is designed to help a jurisdiction fully implement Health in All Policies.
- **Model Health in All Policies Resolution**  
The model resolution is designed to help cities, towns, and counties that are ready to take initial steps toward implementing Health in All Policies.
- **Health in All Policies in General Plans**  
This model language allows communities to begin to commit to Health in All Policies through an existing policy that is focused on the actions of the planning department.

## Resources

### Leveraging Nonprofit Hospital Community Benefits

Our fact sheet explains what hospital community benefits are and how healthy eating and active living advocates can partner with nonprofit hospitals to create healthier communities.

### Power Mapping

Democracy for America's Training Academy resource on power mapping gives users a framework and set of tools for influencing decisionmakers. This is particularly helpful in coalition-building and legislative advocacy.

### Community Commons

This is an online clearinghouse of publicly accessible databases that can be used to assess community health across multiple dimensions, including equity, economics, education, environmental quality and sustainability, food, and health outcomes. The website also includes a mapping tool.

### Organizing for Legislative Advocacy

The Community Tool Box's section on General Rules for Organizing for Legislative Advocacy provides sources and strategies for how to work collectively to achieve legislative success. It provides the nuts and bolts of how to organize and approach policymakers and why those activities are important.

### Resource Center for Community Health Assessment and Community Health Improvement Plans

The National Association of County and City Health Officials (NACCHO) resource center provides resources and case studies to support local health departments and their partners in completing community health improvement processes, including conducting CHAs and developing CHIPs.



# Crossing the Finish Line: Moving Toward Whole of Government



Transforming government so that it consistently uses a whole-of-government approach takes time. It requires patience, tenacity, and strategy. However, when you commit to a vision of what you want to collectively achieve, you can improve the health of everyone.

Some communities may be just starting out by implementing a new internal policy to make it easier to hire staff with expertise in a variety of fields. Others may be implementing a policy that fosters collaboration (like a Complete Streets policy). Or, others may have just adopted a HiAP ordinance. Regardless of where a community is, it's imperative that local agencies continue to identify opportunities to move government staff and leadership to the next level.

Because this process can take several years, it is important to take stock of the big wins – like the adoption of a new HiAP policy – as well as the little wins – like two departments successfully collaborating for the first time.

“Our health coalition realized that the county had never taken a position on the overall health of communities. [By adopting a county health resolution], the county took a position on healthy communities. This has encouraged all departments to work together and encouraged cross-sectoral collaboration.”<sup>27</sup>

When you have successfully adopted a strong Health in All Policies policy, like a HiAP resolution or ordinance, consult our toolkit, [From Start to Finish: How to Permanently Improve Government through Health in All Policies](#). It has the information you need to fully implement a whole-of-government approach and create equitable, healthy, and sustainable communities for all.

## The Road to Success: Chicago, IL

The Chicago City Council passed a resolution in 2016 to formalize their Health in All Policies approach. Drawing on the model policies in ChangeLab Solutions' Health in All Policies toolkit, the Chicago Department of Public Health developed the city's "Health in All" Resolution. The resolution focuses on the systemic barriers keeping Chicago families from being healthy, such as lack of access to safe, affordable housing and grocery stores. And it emphasizes the profound health inequities at play in the city, highlighting how African American and Latino Chicagoans have fewer opportunities to be healthy and often worse health outcomes than their white counterparts.

Mayor Rahm Emanuel explained: "While we have made tremendous progress over the past 5 years with our comprehensive citywide public health plan, this new resolution takes an extra step to ensure that as we create new policies, we are guaranteeing the health of our residents and communities. Every agency in city government has a role to play."<sup>46</sup>

Since its creation, the task force has helped the city consider the consequences of existing policies, identify opportunities to effect meaningful change, and envision a healthier, more equitable future for all Chicago residents.

# References

1. The Centers for Disease Control and Prevention. Workplace Health Promotion. Available at: [www.cdc.gov/workplacehealthpromotion/businesscase/benefits/productivity.html](http://www.cdc.gov/workplacehealthpromotion/businesscase/benefits/productivity.html). Accessed May 28, 2015.
2. Centers for Disease Control and Prevention. Adolescent and School Health. 2015. Available at: [www.cdc.gov/HealthyYouth/health\\_and\\_academics/](http://www.cdc.gov/HealthyYouth/health_and_academics/). Accessed May 28, 2015.
3. Centers for Disease Control and Prevention. *The State of Aging and Health in America 2013*; 2013. Available at: [www.cdc.gov/features/agingandhealth/state\\_of\\_aging\\_and\\_health\\_in\\_america\\_2013.pdf](http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf).
4. State of Obesity. Cost Containment and Obesity Prevention. 2015. Available at: <http://stateofobesity.org/cost-containment/>. Accessed May 29, 2015.
5. Garrett-Peltier H. *Pedestrian and Bicycle Infrastructure: A National Study Of Employment Impacts*. Amherst, MA: University of Massachusetts, Political Economy Research Institute; 2011. Available at: [www.peri.umass.edu/fileadmin/pdf/published\\_study/PERI\\_ABikes\\_June2011.pdf](http://www.peri.umass.edu/fileadmin/pdf/published_study/PERI_ABikes_June2011.pdf).
6. Institute of Medicine. *Business Engagement in Building Healthy Communities: Workshop Summary*; 2014. Available at: [www.iom.edu/Reports/2014/Business-Engagement-Building-Healthy-Communities.aspx](http://www.iom.edu/Reports/2014/Business-Engagement-Building-Healthy-Communities.aspx).
7. Nordhaus WD. *The Health of Nations: The Contribution of Improved Health to Living Standards*; 2002. Available at: [www.nber.org/papers/w8818.pdf](http://www.nber.org/papers/w8818.pdf).
8. U.S. Department of Health & Human Services; Centers for Disease Control & Prevention; National Center for Health Statistics. *Health, United States, 2016: With chartbook on long-term trends in health*. Hyattsville, MD; 2017. Available at: [www.cdc.gov/nchs/data/abus/abus16.pdf#019](http://www.cdc.gov/nchs/data/abus/abus16.pdf#019).
9. LaViest T, Gaskin D, Richard P. *The economic burden of health inequities in the United States*; 2009. Available at: [http://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1224&context=sphhs\\_policy\\_facpubs](http://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1224&context=sphhs_policy_facpubs).
10. US Department of Health and Human Services. *CDC Health Disparities and Inequalities Report – United States, 2013*. Atlanta, GA; 2013. Available at: [www.cdc.gov/mmwr/pdf/other/su6004.pdf](http://www.cdc.gov/mmwr/pdf/other/su6004.pdf).
11. Physical Activity & Health. Centers for Disease Control and Prevention website. Available at: [www.cdc.gov/physicalactivity/basics/pa-health](http://www.cdc.gov/physicalactivity/basics/pa-health). Accessed September 29, 2017.
12. How much physical activity do adults need? Centers for Disease Control and Prevention website. Available at: [www.cdc.gov/physicalactivity/basics/adults/index.htm](http://www.cdc.gov/physicalactivity/basics/adults/index.htm). Accessed September 29, 2017.
13. Moore L V, Thompson FE. Adults meeting fruit and vegetable intake recommendations-United States, 2013. *Centers Dis Control Prev Morb Mortal Wkly Rep*. 2015;64(26):709-713. doi:mm6426a3 [pii].
14. Chronic Disease Overview. Centers for Disease Control and Prevention website. Available at: [www.cdc.gov/chronicdisease/overview/index.htm](http://www.cdc.gov/chronicdisease/overview/index.htm). Accessed September 29, 2017.
15. Besser LM, Dannenberg AL. Walking to public transit: steps to help meet physical activity recommendations. *Am J Prev Med*. 2005;29(4):273-80. doi:10.1016/j.amepre.2005.06.010.
16. Frumkin H, Frank L, Jackson R. Urban sprawl and public health: designing, planning, and building for healthy communities. *Environ Health Perspect*. 2005;113(3). Available at: [www.ncbi.nlm.nih.gov/pmc/articles/PMC1253792/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1253792/).
17. Gordon-Larsen P, Boone-Heinonen J, Sidney S, Sternfeld B, Jacobs DR, Lewis CE. Active commuting and cardiovascular disease risk: the CARDIA study. *Arch Intern Med*. 2009;169(13):1216-23. doi:10.1001/archinternmed.2009.163.
18. Rojas-Rueda D, de Nazelle A, Tainio M, Nieuwenhuijsen MJ. The health risks and benefits of cycling in urban environments compared with car use: health impact assessment study. *BMJ*. 2011;343. doi:10.1136/bmj.d4521.
19. Pucher J, Dijkstra L. Promoting Safe Walking and Cycling to Improve Public Health: Lessons From The Netherlands and Germany. *Am J Public Health*. 2003;93(9):1509-1516. doi:10.2105/AJPH.93.9.1509.
20. Keeping Americans Healthy at Every Stage of Life. Centers for Disease Control and Prevention website. Available at: [www.cdc.gov/chronicdisease/resources/publications/aag/dnpao.htm](http://www.cdc.gov/chronicdisease/resources/publications/aag/dnpao.htm). Accessed October 2, 2017.
21. Frazão E. High costs of poor eating patterns in the United States. In: *America's Eating Habits: Changes and Consequences*. U.S. Department of Agriculture, Economic Research Service, Food and Rural Economics Division. Agriculture Information Bulletin No. 750.; 1999:5-32. Available at: [www.cd57.com/webbn/poordiet.pdf](http://www.cd57.com/webbn/poordiet.pdf).

- 
22. Chronic Disease Overview. Centers for Disease Control and Prevention website. Available at: [www.cdc.gov/chronicdisease/overview/index.htm](http://www.cdc.gov/chronicdisease/overview/index.htm). Accessed October 2, 2017.
  23. Nanette Yandell, formerly of Del Norte County and Adjacent Tribal Lands Building Health Communities, CA. Personal Interview. April 2014.
  24. The California Health in All Policies Task Force. California Strategic Growth Council website. Available at: <http://sgc.ca.gov/Initiatives/Health-In-All-Policies.html>. Accessed October 2, 2017.
  25. Matias Valenzuela, Office of Equity and Social Justice, King County, WA. Personal Interview. April 2014.
  26. Molly Hansen, Jefferson County Public Health, CO. Personal Interview. April 2014.
  27. Michael Osur, Riverside County Department of Public Health, CA. April 2014.
  28. *2030 Parks & Recreation Master Plan Orange County North Carolina*; 2014. Available at: [www.co.orange.nc.us/deapr/documents/parks\\_and\\_rec\\_master\\_plan/Parks Master Plan Adopted.pdf](http://www.co.orange.nc.us/deapr/documents/parks_and_rec_master_plan/Parks_Master_Plan_Adopted.pdf).
  29. Office of Children's Affairs. MY Denver Card. Available at: [www.denvergov.org/content/denvergov/en/office-of-childrens-affairs/my-denver-card.html](http://www.denvergov.org/content/denvergov/en/office-of-childrens-affairs/my-denver-card.html).
  30. Saly Lacy, Richmond City Health District, VA. Personal Interview. April 2014.
  31. Health in All Policies. Richmond, Virginia website. Available at: [www.richmondgov.com/CampaignHealthyRichmond/HiAP.aspx](http://www.richmondgov.com/CampaignHealthyRichmond/HiAP.aspx). Accessed October 2, 2017.
  32. Stephanie Nathan, Merced County Department of Public Health, CA. Personal Interview. April 2014.
  33. Rancho Cucamonga, CA. Active Living By Design website. Available at: <http://activelivingbydesign.org/about/community-action-model/communities-in-action/rancho-cucamonga-ca/>. Accessed October 2, 2017.
  34. Healthy RC. City of Rancho Cucamonga, California website. Available at: [www.cityofrc.us/websites/healthycrc/default.asp](http://www.cityofrc.us/websites/healthycrc/default.asp). Accessed October 2, 2017.
  35. Gabino Arredondo, City Manager's Office, Richmond, CA. Personal Interview. May 2014.
  36. 26 U.S.C. § 501 (r).
  37. Community Health Needs Assessments. Association of State and Territorial Health Officials. Available at: [www.astho.org/default.aspx](http://www.astho.org/default.aspx). Accessed October 2, 2017.
  38. Community Health Assessment and Improvement Planning. National Association of County & City Health Officials website. Available at: [www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment](http://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment). Accessed October 2, 2017.
  39. National Association of County and City Health Officials (NACCHO). *2013 National Profile of Local Health Departments*; 2014. Available at: [http://nacchoprofilestudy.org/wp-content/uploads/2014/02/2013\\_National\\_Profile021014.pdf](http://nacchoprofilestudy.org/wp-content/uploads/2014/02/2013_National_Profile021014.pdf).
  40. Erica Padilla-Chavez, Monterey County Health Department, CA. Personal Interview. April 2014.
  41. Matt Guy, Pueblo Triple Aim. Personal Interview. August 5, 2015.
  42. National Association of County and City Health Officials (NACCHO). *Local Health Department Strategies for Implementing Health in All Policies*; 2014. Available at: [http://eweb.naccho.org/eweb/DynamicPage.aspx?WebCode=proddetailadd&ivd\\_qty=1&ivd\\_prc\\_prd\\_key=0f310e41-1777-40f5-be9f-c060d08b2eb0&Action=Add&site=naccho&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&DoNotSave=yes&ParentObject=CentralizedOrderEntry&Pa](http://eweb.naccho.org/eweb/DynamicPage.aspx?WebCode=proddetailadd&ivd_qty=1&ivd_prc_prd_key=0f310e41-1777-40f5-be9f-c060d08b2eb0&Action=Add&site=naccho&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&DoNotSave=yes&ParentObject=CentralizedOrderEntry&Pa).
  43. Richmond, Cal., Ordinance No. 07-14 N.S. (April 15, 2014). (7):1-8.
  44. Richmond, VA, Resolution No. 2014-R262-2015-7 (Jan 12, 2015).
  45. Denver, Col., Exec. Order No. 123 (March 11, 2013).
  46. Mayor Emanuel's "Health in All" resolution to ensure that health of communities is at the core of all city policies [press release]. Chicago, IL: Mayor's Press Office; May 18, 2016. Available at: [www.amamanualofstyle.com/view/10.1093/jama/9780195176339.001.0001/med-9780195176339-div2-91](http://www.amamanualofstyle.com/view/10.1093/jama/9780195176339.001.0001/med-9780195176339-div2-91). Accessed October 2, 2017.