



Health in All Policies Evaluation Guidance for Local Health Departments



Introduction

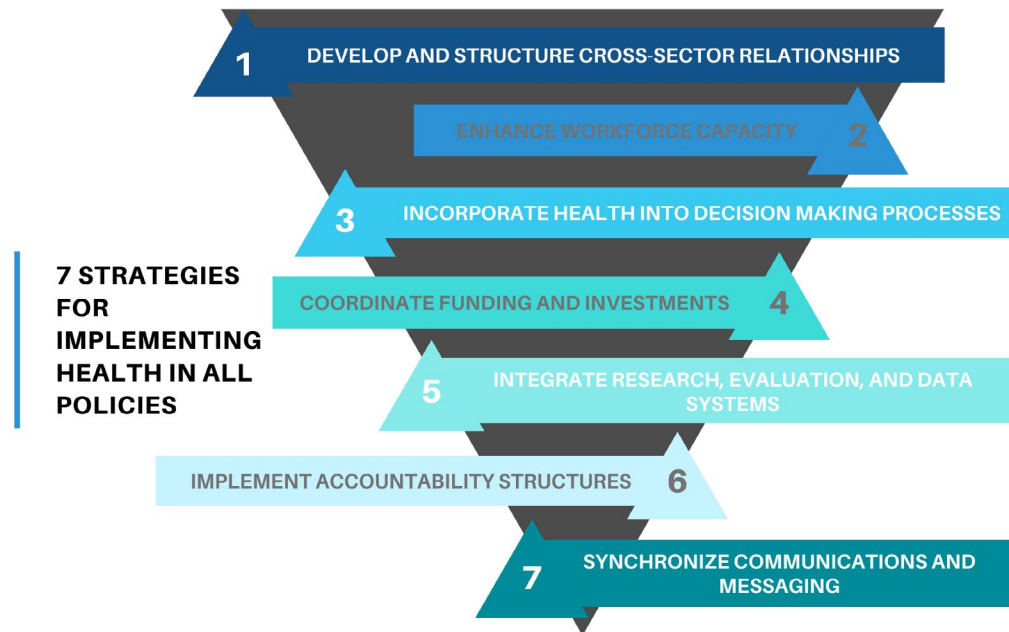
Health in All Policies (HiAP) is defined as a change in systems that determine how policy decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impact on health determinants.¹ Local health departments (LHDs) are investing in HiAP to ensure health and equity considerations are incorporated into local decision making processes. While many LHDs have begun working toward HiAP in their communities, few have conducted robust evaluations to understand the impacts of investing in this public health practice. One reason for this may be the limited HiAP evaluation guidance that LHDs can reliably depend on to conduct assessments. To support the development of evaluations, the National Association of County and City Health Officials (NACCHO), in partnership with the Florida Department of Health at Pinellas County, and the Multnomah County Health Department, OR, developed this *HiAP Evaluation Guidance Tool for LHDs* using the [seven implementation strategies](#) and the Association of State and Territorial Health Officials' (ASTHO's) implementation phases as a framework. The goal of this evaluation tool is to provide LHDs, local government staff, and other community-based organizations with example metrics to help build an evidence base for HiAP practice.

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Implementation Strategies

In 2013, Gase et al. published a review of HiAP practice identifying seven strategies that communities in the U.S. are using to implement HiAP: develop and structure cross-sector relationships; enhance workforce capacity; incorporate health into decision-making; integrate data, research, and evaluation systems; coordinate investments and funding streams; implement accountability structures; and synchronize communications and messaging.² These seven strategies are used as the foundation for this evaluation tool, and to structure the example activities, process measures, and outcome measures proposed. For more information on the seven strategies, view NACCHO's 2014 Factsheet, [Local Health Department Strategies for Implementing HiAP](#).



Implementation Phases

From Implementation to Evaluation

About the Tool

In 2018, ASTHO developed a [State of HiAP Practice](#) report with four HiAP implementation phases: Informational, Consultative, Engaging, and Collaborative.³ The phases overlap and are not meant to be mutually exclusive, but rather reflect the way state health departments have evolved their HiAP practice over time. For more information on these phases please view the [State of HiAP Practice](#) report. As you view the tool, some activities found in one phase may also work in another phase, but the value in delineating the four phases is to help communities identify where they fall within a spectrum of HiAP activities, and to understand or brainstorm next steps. The activities in each phase were developed based on the information ASTHO gathered from the interviews conducted as part of their report development. In this tool, the implementation phases are used to distinguish activities within each of the seven strategies.

NACCHO's 2017 report, [Health in All Policies: Experiences from Local Health Departments](#), identified five recommendations for future HiAP work, one of which was evaluation. HiAP evaluation practice in the U.S. has shown that most capacity building efforts are directed toward the development and implementation of HiAP and not necessarily used for evaluation.¹ Building on the recommendation, NACCHO sought to develop this tool in collaboration with LHDs to provide some structure and support for how HiAP initiatives could be evaluated moving forward.

The goal of this evaluation tool is to provide LHDs, local government staff, and other community based organizations with example metrics to help build an evidence base for HiAP practice. By supporting HiAP evaluation efforts, NACCHO hopes to grow the practice, and illustrate the value of investing in HiAP at the local level. The tool is structured using the seven strategies, and within each strategy, an overarching goal, activities, process measures, and outcome evaluation metrics are provided.

- **Goals** were developed as a guide for how the authors thought about the end goal of each strategy.
- **Activities** were developed as proposed options for how LHDs can implement that specific strategy.
- **Process Measures** were developed to measure the process of implementing a given intervention or program's implementation. Process evaluations can be conducted as soon as an intervention or program's implementation has begun or during operations. Process evaluations examine the functionality, implementation, and acceptability of an intervention or program on its target population.
- **Outcome Metrics** were developed to measure the effectiveness of a given intervention or program's objectives on the target population. Outcome evaluations can be conducted as soon as the intervention or program has contacted one individual or group within the target population. Outcome evaluations can help determine if an intervention or program accomplished its desired outcomes.

Early Feedback on the Tool

Legend: The tool is structured so that activities and metrics are categorized by ASTHO's four HiAP implementation phases; Informational, Consultative, Engaging, and Collaborative.

The authors of the tool sought feedback from LHDs early and often throughout the development of the tool. Early feedback received highlighted several ways the tool can and should be improved including that:

- The activities described for each strategy are not comprehensive and focus in on one or more sectors (i.e. community development, planning, etc.). The activities provided are not exhausted but instead meant to serve as example activities; and
- The outcome metrics are short-term metrics instead of long-term metrics. We agreed that the sample outcome metrics are short-term metrics, and advocate that when communities are developing evaluations for their HiAP initiatives they should try to link the initiative to established long-term goals within their jurisdiction to establish the long term outcomes they would like their HiAP initiatives to help them achieve.



Guidance Tool

Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
<p>Develop and Structure Cross-Sector Relationships</p> <p>Goal: Local governmental agencies communicate and collaborate to ensure their policies, programs, projects, and plans are aligned.</p>	<p>A. Incorporate health department staff into external coalitions and/or committees to provide a health lens and a cross-sector community presence</p> <p>B. Provide HiAP presentations to community stakeholders (e.g. city council, community-at-large, municipality departments)</p>	<p>A. Relationship quality and collaboration frequency with local public, private, and/or non-profit institutions</p> <p>A. Expertise, strengths, and weaknesses of the coalition</p> <p>A. Number of sectors engaged in partnership</p> <p>B. Number of institutions (and representatives therein) receiving HiAP information</p>	<p>Increased number of health department staff associated with an external coalition or committee and number of meetings attended</p> <p>Increased number of institutions that understand HiAP principles and practices, as well as its essentialness to community development</p>
	<p>A. Recruit local or county public, private, and/or non-profit institutions to participate in community health needs assessment (CHNA)</p> <p>B. Recruit local or county public, private, and/or non-profit institutions to participate in local/county's community health improvement plan (CHIP)</p> <p>C. Incorporate HiAP objectives into Community Health Improvement Plan (CHIP)</p>	<p>A. Number of public, private, and/or non-profit institutions (and representatives therein) trained on the utilization of health data and indicator profiles</p> <p>B. Number of public, private, and/or non-profit institutions (and representatives therein) trained on the utilization of best practice resource toolkits</p> <p>C. Number of CHIP objectives related to HiAP</p>	<p>Increased number of participants demonstrate satisfaction regarding the collaboration's effectiveness</p> <p>Increased number of participants report strengthened partnerships</p> <p>Participants increase knowledge of the interconnectedness of activities across institutions</p> <p>Participants indicate improved organizational and community coordination and collaboration across institutions</p> <p>Increased number of completed HiAP-related CHIP objectives</p>
	<p>A. Work with a local public, private, and/or non-profit institution on a community project</p> <p>B. Develop shared mission statements with local community partners</p>	<p>A. Number of community projects incorporating local health department staff (e.g. school board, regional planning council, etc.)</p> <p>B. Number of shared mission statements developed</p>	<p>Increased number of community partners demonstrate satisfaction regarding the collaboration's effectiveness</p>

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Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
<p>Develop and Structure Cross-Sector Relationships</p> <p>Goal: Local governmental agencies communicate and collaborate to ensure their policies, programs, projects, and plans are aligned.</p>	<p>C. Develop a strategic plan with local partners for engaging communities affected over the long term</p>	<p>C. Number of community engagement plans developed</p>	<p>Community partners increase understanding of the vision, core values, goals, and objectives of the HiAP initiative</p> <p>Community partners increase understanding of their role in successfully operationalizing HiAP</p>
	<p>A. Develop a HiAP Steering Committee (Advisory Council)</p> <p>B. Develop a HiAP Action Team</p> <p>C. Develop HiAP Working Groups/Task Forces associated with specific programs, projects, or plans</p>	<p>A. Number of institutions (or representatives therein) on the HiAP Steering Committee</p> <p>B. Number of public, private, and/or non-profit institutions (or representative therein) associated with the HiAP Action Team</p> <p>C. Number of public, private, and/or non-profit institutions (and representatives therein) associated with the HiAP working groups/task forces</p>	<p>Increased number of partners demonstrate agreement on structure of collaborative (e.g. Collective Impact Model)</p> <p>Community based organizations report an enhanced ability to advocate on behalf of HiAP</p> <p>Increased number of partners express satisfaction, connection, and clarity of their roles within the HiAP collaborative</p>

Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
<p>Enhance Workforce Capacity</p> <p>Goal: HiAP initiatives are led by individuals and organizations with a trained workforce [community of people] needed to implement Health in All Policies</p>	<p>A. Conduct internal HiAP workforce assessment on local health department's capacity to facilitate HiAP at the local level</p> <p>A. Findings from the assessment presented to health department staff</p> <p>B. Engage community members through a HiAP "champion" pledge</p>	<p>A. Number of staff participating in the workforce assessment</p> <p>A. Internal strengths and opportunities to address institutional shortcomings concerning HiAP operationalization and sustainability identified</p> <p>A. Number of presentations/communications to health department staff reporting the workforce assessment findings</p> <p>B. Number of HiAP "champion" pledges acknowledged</p>	<p>Increased number of local health department staff understand their institution's (and associated staffs') competencies concerning HiAP operationalization and sustainability</p> <p>Increased number of community members who engage in HiAP advocacy</p>

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Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
<p>Enhance Workforce Capacity</p> <p>Goal: HiAP initiatives are led by individuals and organizations with a trained workforce [community of people] needed to implement Health in All Policies</p>	<p>A. Develop cross-sectoral training opportunities to help multi-sectoral partners define and understand a common language</p> <p>B. Integrate HiAP strategies and assessment tools (e.g. Health Impact Assessment (HIA), Health Lens Analysis (HLA), etc.) into university courses and curriculums</p> <p>C. Conduct HiAP Readiness Assessment on potential partnering jurisdictions</p>	<p>A. Number of cross-sectoral trainings conducted (e.g. "Introduction to Public Health" for planners, "Introduction to Community Planning" for public health professionals, etc.)</p> <p>A. Number of people who attended training</p> <p>B. Number of university courses and curriculums integrating HiAP strategies and assessment tools</p> <p>C. Number of HiAP Readiness Assessments conducted</p> <p>C. Jurisdictional strengths and opportunities for improvement identified for successful HiAP operationalization and sustainability</p>	<p>Increased number of community partners who understand the intersection of public health with their profession</p> <p>Increased percentage of university students who understand HiAP principles and practices</p> <p>Jurisdictional leadership has increased understanding of their jurisdiction's (and associated staffs') competencies concerning HiAP operationalization and sustainability</p>
	<p>A. Develop health and equity language for incorporation into internal and external community partners' job descriptions and duty statements</p> <p>B. Conduct "train-the-trainer" sessions for stakeholders interested in becoming a HiAP representative for their institution or jurisdiction</p>	<p>A. Number of job descriptions altered to incorporate health and equity language into duty statements</p> <p>B. Number of stakeholders trained to facilitate internal or external HiAP training sessions</p>	<p>Increased number of organizations demonstrating understanding of HiAP, HiAP's relevance to their work, and their willingness to apply HiAP principles and methods</p> <p>Increased number of trained institutional or jurisdictional representatives demonstrating an ability to convey HiAP principles and train community members of HiAP application techniques</p>
	<p>A. Hire a planner in the health department to lead built environment related activities</p> <p>B. Hire a planner with a health and equity lens within the municipality</p> <p>C. Incorporate systems thinking into job descriptions</p>	<p>A. Number of health planners hired within the health department with a planning background</p> <p>B. Number of health planners hired within the municipality with a health and health equity background</p> <p>C. Number of health planners hired with training in systems thinking and social justice</p>	<p>Increased number of hired institutional staff demonstrating a diverse skill set including systems thinking, policy, planning, equity and social justice and partnership building</p>

Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
<p>Incorporate Health into Decision-Making Processes</p> <p>Goal: HiAP initiatives are actively changing the way decisions are made because everything affects the health of the community</p>	<p>A. Create health data and indicator profiles for different sectors (e.g. transportation, economic development)</p> <p>B. Create/distribute a best practice resource toolkit for integrating health into decision-making processes</p>	<p>A. Number of health data and indicator profiles created</p> <p>A. Number of interactions (e.g. meetings, presentations) with public, private, and/or non-profit institutions (or representatives therein) utilizing health data and indicator profiles</p> <p>B. Number of best practice resource toolkits created (e.g. active living design guidelines to capital improvements department, providing ChangeLab Solutions manuals on healthy retail to economic development staff)</p> <p>B. Number of interactions (e.g. meetings, presentations) with public, private, and/or non-profit institutions (or representatives therein) utilizing best practice resource toolkits</p>	<p>Community stakeholders and institutional representatives have an increased understanding of current quantitative health data relevant to different sectors</p> <p>Community stakeholders and institutional representatives have an increased understanding of successful health and equity integrations facilitated by other practitioners in their field</p>
	<p>A. Train public, private, and/or non-profit institutions on how to understand and utilize health data and indicator profiles</p> <p>B. Train public, private, and/or non-profit institutions on how to understand and utilize best practice resource toolkits for integrating health into decision-making processes</p> <p>C. Provide health consultation to institutions seeking health and equity input on their programs, projects, plans, or policies</p>	<p>A. Number of public, private, and/or non-profit institutions (and representatives therein) trained on the utilization of health data and indicator profiles</p> <p>B. Number of public, private, and/or non-profit institutions (and representatives therein) trained on the utilization of best practice resource toolkits</p> <p>C. Number of health consultations conducted</p>	<p>Increased percentage of institutions reporting utilization of profiles when developing internal policies, plans, projects, or programs</p> <p>Increased percentage of institutions reporting utilization of resource toolkits when developing internal policies, plans, projects, or programs</p> <p>Increased number of institutions that understand the health and equity impacts of their proposed programs, policies, projects, or plans.</p>

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Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
Incorporate Health into Decision-Making Processes Goal: HiAP initiatives are actively changing the way decisions are made because everything affects the health of the community	A. Create HiAP certification program for existing local institutions (e.g. businesses, campuses, congregations, early childhood programs, restaurants, etc.)	A. Number of institutions seeking HiAP certification A. Number of institutions granted HiAP certification	Increased number of institutions understand health and equity principles and facilitate healthy practices
	A. Through process mapping, identify and catalogue opportunities to insert health and equity considerations/assessments into institutional decision-making processes for the development of programs, policies, plans, and projects (either recurring or distinct) B. Conduct health impact assessment (HIA) on a policy, project, program, or plan C. Conduct health lens analysis (HLA) on a program, policy, or project D. Incorporate health notes into the formation of a plan, policy, program, or project E. Conduct equity or social impact analysis on program, policy, or project F. Devise a health planning matrix/checklist for insertion into a developing program, plan, project, or policy G. Conduct site assessment (e.g. walking audit) or observational assessment (e.g. crime prevention through environmental design audit) for planning authority	A. Number of process maps completed A. Stakeholder agreement or consensus on which policies, program, plans or policies are most amenable to one of the forms of health analysis (i.e. HIA/HLA/Health Note/Planning Matrix/site assessment). B. Number of HIAs initiated/underway/completed C. Number of HLAs initiated/underway/completed D. Number of health notes initiative/underway/completed E. Number of equity or social impact analyses initiated/underway/completed F. Number of health planning matrixes initiated/underway/completed G. Number of site or observational assessments initiated/underway/completed	Increased percentage of health and equity assessment recommendations incorporated into final policies, projects, programs, or plans Increased percentage of programs, policies, plans, and projects that incorporate HiAP language, perspectives, and goals Increased number of institutions understand the health and equity impacts of their proposed programs, policies, projects, or plans

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<p>Coordinate Funding and Investments</p> <p>Goal: Resources are coordinated for the maximal benefit of the community</p>	<p>A. Create cost-benefit analysis for community health interventions and lack thereof</p>	<p>A. Number of cost-benefit analyses conducted for different community health issues</p> <p>A. Number of meetings/presentations with public, private, and/or non-profit institutions (or representatives therein) utilizing cost-benefit analyses profiles</p>	<p>Increased number of community stakeholders and institutional representatives show an understanding of the long-term economic impacts of promoting or neglecting health within the community</p>
	<p>A. Work with community partners to develop funding announcements</p> <p>B. Include health and equity criteria when internally contracting with consultants/vendors</p> <p>C. Cultivate partnerships for, and interest in applying for, health-related grants</p>	<p>A. Number of funding announcements created</p> <p>A. Number of submitted applications reviewed for health and equity considerations, with associated health analysis</p> <p>B. Number of submitted contractor's bids reviewed for health and equity considerations, with associated health analysis</p> <p>C. Number of health-related grant applications submitted in collaboration with community partners</p>	<p>Increased number of funded ventures incorporating health and equity considerations</p> <p>Increased in percentage of internal contracts with consultants/vendors incorporating health and equity criteria</p> <p>Increase in number of collaborative, health-related grants received</p>
	<p>A. Incorporate health and equity criteria into community partners' contracts with consultants/vendors</p> <p>B. Incorporate health and equity considerations into stakeholders' internal funding and investment opportunities</p> <p>C. Include health and equity criteria into community partners' requests for proposals (RFPs)</p>	<p>A. Number of submitted contractor's bids reviewed for health and equity considerations, with associated health analysis</p> <p>B. Number of funding opportunities and investment opportunities amended to include health and equity considerations</p> <p>C. Number of RFPs incorporating health and equity criteria</p>	<p>Increased number of partner organizations incorporating health and equity criteria into contracts with consultants/vendors</p> <p>Increased amount of funds provided (internally and/or externally) for health-related community investment</p>

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Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
<p>Coordinate Funding and Investments</p> <p>Goal: Resources are coordinated for the maximal benefit of the community</p>	<p>A. Create health equity prioritization matrix and incorporate into budget process (e.g. capital improvements)</p> <p>B. Incorporate health and equity considerations into community partners' budgets</p> <p>C. Develop a participatory budget to share power and decision-making</p>	<p>A. Number of health equity prioritization matrixes created and incorporated into budget process (e.g. capital improvements)</p> <p>B. Number of partners' budgets containing health and equity considerations</p> <p>C. Number of partners participating in budget decision making</p>	<p>Increased number of funding decisions made utilizing a health equity prioritization matrix</p> <p>Increased percentage of decision-makers reporting health equity prioritization matrix impacted funding decisions</p> <p>Increased amount of external community partners' budget earmarked for health-related goals</p> <p>Increased percentage of partner organizations reporting local cooperation to leverage internal and external resources for HiAP initiatives, plans, and projects</p>

Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
<p>Integrate Research, Data, and Evaluation Systems</p> <p>Goal: Scientific knowledge and constant learning and improving are valued and used to increase transparency and availability of community data/outcomes</p>	<p>A. Conduct literature reviews and compile publications on the social determinants of health (e.g. housing) and their related sub-categories (e.g. homelessness, affordable housing, etc.)</p> <p>B. Create and distribute community health intervention logic models to different macro (e.g. private, public, and non-profit) and micro (e.g. code enforcement, parks and recreation) sector institutions/departments</p>	<p>A. Number of literature review compilation categories and sub-categories</p> <p>A. Number of interactions (e.g. meetings, presentations) with public, private, and/or non-profit institutions (or representatives therein) utilizing literature review compilations</p> <p>B. Number of logic models created for various community health interventions</p> <p>B. Number of interactions (e.g. meetings, presentations) with public, private, and/or non-profit institutions (or representatives therein) utilizing logic models</p>	<p>Community stakeholders and institutional representatives have an increased understanding of the interrelation of health with existing issues within the community</p> <p>Increased number of community stakeholders and institutional representatives that understand the resources necessary to facilitate positive short and long-term community health impacts</p>
	<p>A. Utilize the qualitative and quantitative expertise of local public (e.g. Chamber of Commerce), private (e.g. financial institution), and/or non-profit (e.g. behavioral health institution) sector institutions</p>	<p>A. Number of local public, private, and/or non-profit sector institutions within each relevant domain of expertise (e.g. behavioral health, land use, etc.)</p> <p>A. Number of subject matter expertise consultations with local public, private, and/or non-profit sector institutions</p>	<p>Increased number of participants acknowledge strengthened partnerships</p> <p>Participants gain increased knowledge of roles and expertise across institutions</p>
	<p>A. Engage partner institutions through a memorandum of understanding for sharing internal data sources</p> <p>B. Partner with communities to collect, analyze, share, and disseminate data relevant to their needs</p> <p>C. Gather primary data in the community related to public health needs and barriers</p> <p>D. Develop partnerships with local research and evaluation institutions (e.g. academic research institutions, state health departments) to understand and make meaning from data</p>	<p>A. Number of institutions who have agreed to memorandums of understanding related to sharing internal data</p> <p>B. Number of community members participating in data collection, analysis, sharing, and dissemination process</p> <p>B. Number of data collection, analysis, sharing, and dissemination projects involving community members</p> <p>C. Number of primary data collections facilitated</p> <p>C. Number of data reports created and distributed</p> <p>D. Number of consultations with local or state research and evaluation institutions</p>	<p>Partnering institutions have increased knowledge of their respective roles and responsibilities pertaining to sharing internal data sources</p> <p>Community members increase participation in data collection strategy and implementation</p> <p>Local health departments have increased understanding of the most salient and pressing needs of the community</p>

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<p>Integrate Research, Data, and Evaluation Systems</p> <p>Goal: Scientific knowledge and constant learning and improving are valued and used to increase transparency and availability of community data/outcomes</p>	<p>A. Form a HiAP Evaluation Team</p> <p>B. Form a HiAP Data Team</p> <p>C. Develop community-facing data sharing tool (e.g. community dashboard)</p>	<p>A. Number of public, private, and/or non-profit institutions (or representatives therein) associated with the HiAP Evaluation Team</p> <p>B. Number of public, private, and/or non-profit institutions (and representatives therein) associated with the HiAP Data Team</p> <p>C. Number of community-facing data sharing tools created</p> <p>C. Number of public, private, and/or non-profit institutions (or representatives therein) utilizing and contributing to data sharing tool(s)</p>	<p>Increased number of HiAP projects evaluated</p> <p>Partners have an increased understanding of the correlation between program inputs and community outputs</p> <p>Program successes are identified, and replicable models are created</p> <p>Program shortcomings are identified, and an improvement plan is established</p> <p>Increased number of partners express investment on shared metrics and evaluation plan</p> <p>Increased number of partners understand the importance of utilizing data when making decisions</p> <p>Increased number of partners understand if the community's health issues are being addressed over time</p>

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<p>Implement Accountability Structures</p> <p>Goal: Individuals and organizations involved in the HiAP initiative are held accountable for the commitments made and collective direction of the HiAP initiative.</p>	<p>A. Review, document, and publicly display the successes or oversights of health and equity assessments previously conducted (e.g. HIA, HLA, etc.)</p>	<p>A. Number of former health and equity assessment reviews conducted</p> <p>A. Number of former health assessment reviews publicly displayed (e.g. presentation, assessment documents available online)</p>	<p>Increased number of community partners familiar with previously conducted health and equity assessments</p>
	<p>A. Submit HiAP theoretical approaches and practical implementations to peer-reviewed research journals</p> <p>B. Present HiAP theoretical approaches and practical implementations at state, regional, or national conferences in various disciplines (e.g. American Planning Association)</p>	<p>A. Number of papers submitted to peer-reviewed journals</p> <p>B. Number of abstracts submitted to state, regional, or national conferences. Submit HiAP abstracts to local, regional, or state conferences</p>	<p>Increased number of submitted papers accepted/rejected by journal for publication</p> <p>Increased number of conference presentations</p>
	<p>A. Incorporate health and equity considerations into manager’s performance reviews</p> <p>B. Analyze the health and equity impacts of pending state legislation</p> <p>C. Formalize HiAP collaboration among partnering institutions through memorandum of understanding or contract</p>	<p>A. Number of health and equity considerations incorporated into manager’s performance reviews</p> <p>B. Number of bills analyzed for health and equity impacts</p> <p>C. Number of memorandum of understandings or contracts initiated among community partners</p>	<p>Increased number of managers are familiar with their respective roles and responsibilities pertaining to HiAP outcomes (e.g. projects and assessments completed, population health metrics shifting, etc.)</p> <p>Policymakers and community stakeholders have increased awareness of the expected health and equity outcomes of proposed legislation</p> <p>Increased number of partnering institutions are familiar with their respective roles and responsibilities pertaining to HiAP outcomes (e.g. projects and assessments completed, population health metrics shifting)</p>

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<p>Implement Accountability Structures</p> <p>Goal: Individuals and organizations involved in the HiAP initiative are held accountable for the commitments made and collective direction of the HiAP initiative.</p>	<p>A. Express HiAP adoption through public administration policies</p> <p>B. Express HiAP objectives into long-term city/county plans</p> <p>C. Work with city/county administrators to tie key city/county performance indicators to health-related outcomes</p>	<p>A. Number of Health in All Policies-related city/county administrative policies (e.g. resolution, executive order, etc.) issued by elected officials</p> <p>A. Number of Health in All Policies-related city/county departmental policies instituted by department heads (e.g. mandating use of health and equity assessment tools)</p> <p>B. Number of long-term city/county plans (e.g. comprehensive/general plan, strategic plan, etc.) including HiAP elements</p> <p>C. Number of key city/county performance indicators incorporating health-related outcomes</p>	<p>Increased percentage of jurisdictional departments (and employees therein) who perceive health and equity promotion as an essential responsibility of their job</p> <p>Increased percentage of key city/county health-related performance indicator goals met or not met</p>

Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
<p>Synchronize Communications and Messaging</p> <p>Goal: HiAP Coalitions speak with one voice to reassure stakeholders of the collective path forward, lessen confusion, and increase recognition among individuals and/or organizations not directly involved in HiAP work.</p>	<p>A. Develop HiAP Initiative brand/logo for all communications so they are easily recognized</p> <p>B. Coordinate with internal public information officers to distribute HiAP updates through social media</p> <p>C. Incorporate HiAP information into the local health department's website</p> <p>D. Create HiAP specific brochures and infographics for distribution to internal and external stakeholders</p> <p>E. Create reporting plan explaining how important information or data updates can get to HiAP Steering Committee members and/or external partners</p>	<p>A. Creation of HiAP brand/logo</p> <p>B. Number of program-related social media posts and associated "views" or "engagements"</p> <p>C. Integration of HiAP information into the local health department's website</p> <p>D. Number of HiAP specific brochures and infographics created and distributed</p> <p>E. Creation of reporting plan</p>	<p>Increased percentage of local health department staff who can articulate key points of HiAP principles and purposes</p> <p>Internal and external partners demonstrate increased familiarity with HiAP's news and accomplishments</p>

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Synchronize Communications and Messaging Goal: HiAP Coalitions speak with one voice to reassure stakeholders of the collective path forward, lessen confusion, and increase recognition among individuals and/or organizations not directly involved in HiAP work.	A. Incorporate HiAP information into external partners' websites B. Coordinate with external partners or media outlets to advertise HiAP information or events	A. Number of partners incorporating HiAP information into their website B. Number of HiAP advertisements or events produced with external partner or media outlet	Increased percentage of partnering institution staff who can articulate key points of HiAP principles and purposes
	A. Distribute a recurring HiAP newsletter to institutional representatives with opportunities for engagement	A. Number of monthly newsletters distributed A. Number of subscribers to the monthly program newsletter and percentage of successful newsletter "views" B. Number of community engagements facilitated through newsletter	Increased percentage of leadership among jurisdictions and community organizations that can articulate key points of HiAP principles and purposes and current initiatives, goals and outcomes
	A. Create system to share documents and information with community partners (e.g. OneDrive)	A. Creation of shared information system	Increased number of community institutions and representatives therein regularly contributing to the shared document and information system

For more information please visit NACCHO's [Health in All Policies webpage](#), or contact Bridget Kerner at bkerner@naccho.org.

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References

1. NACCHO Report. 2017. Health in All Policies: Experiences from Local Health Departments. Accessed from <https://www.naccho.org/programs/community-health/healthy-community-design/health-in-all-policies>.
2. Gase, L. N., Pennotti, R., & Smith, K. D. (2013). "Health in all policies": Taking stock of emerging practices to incorporate health in decision making in the United States. *Journal of Public Health Management and Practice*, 19(6), 529-540.
3. Association of State and Territorial Health Officials. The State of Health in All Policies. Arlington, VA: Association of State and Territorial Health Officials. 2018

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