

Equity-Centered Decisionmaking through Health in All Policies

What Funders Need to Know & Do

Over the last two decades, leaders in diverse communities across the United States have experimented with various cross-sector governance and policymaking approaches to incorporate health equity considerations more formally into decisionmaking. These tools and frameworks, like Health Impact Assessment (HIA)¹ and Health in All Policies (HiAP), arose from decades of research showing how health is influenced by a wide range of social, economic, and environmental factors, frequently referred to as the “social determinants of health.”² All government agencies and departments, not just health departments or healthcare providers, make decisions that shape these factors.

Health in All Policies is a “collaborative approach to improving the health of all people by incorporating health considerations into decisionmaking across sectors and policy areas.”³ Core elements of this approach include “defining mutually beneficial goals, cross-sector collaboration, stakeholder engagement, making changes to policies and systems, and the promotion of health and health equity.”^{4,5} Health departments often, but not always, take the lead on HiAP. This brief summarizes themes from research led by Onside Partners and makes recommendations for how funders can further support the expansion of this practice in the United States.

What is the relationship between Health in All Policies and health equity?

To ensure that all people have the resources to truly be healthy, we must fix or eliminate the systems and structures that unfairly keep people of color, low-income people, and other marginalized people from accessing the essential resources that promote wellbeing, like healthy food, safe housing, and reliable transportation.⁶ Tackling health inequities requires multi-sector collaboration and coordinated changes to policies and systems, which HiAP facilitates. Many people using HiAP report that it enables their agencies and wider communities to tackle racial and health inequities, including in more politically conservative places where talking directly about racism or health equity might shut down conversation, rather than open a dialogue.⁷

While HiAP has demonstrated great potential for advancing **health equity**, it also holds promise for tackling many of the thorniest issues of our time — those that require a systems-based, multi-sectoral approach.

For instance:

- Advocates for **racial equity** can use HiAP to address institutional and structural racism and undo the root causes of unfair and avoidable differences in health outcomes among racial and ethnic groups.
- Advocates for **climate justice** can use HiAP to incorporate climate resilience strategies into all aspects of public sector decisions and investments, focusing on those that affect low-income communities and communities of color that bear the brunt of climate change impacts.
- Advocates for **gender equity** can use HiAP to create more inclusive and supportive communities for women and other marginalized populations by addressing systemic gender-based discrimination that can undermine health and well-being, such as gender-based violence and unequal access to healthcare, education, and employment opportunities, as well as access to a livable wage, affordable and quality childcare, safe and stable housing, and reliable transportation.

What HiAP looks like in practice — or even the term used to describe it — varies from place to place. When a community embarks on a HiAP journey, it can take different forms. For example, a health department and a planning department might collaborate on data collection and community engagement to inform an update of a local comprehensive plan. Or, a mayor or a governor may establish a city- or state-level inter-agency task force that meets regularly to share data, plans, and opportunities to collaborate on shared goals.

Because of HiAP's flexible nature and powerful results, we find tremendous learning opportunities and investment potential for national and local philanthropic leaders who are interested in advancing a range of progressive issues.



METHODS

Our findings are based on 19 interviews with practitioners who are using, funding, or studying HiAP and HIA in their work, conducted between November 2022 and February 2023. We have also included information from a literature scan covering relevant publications from 2017 to 2022.

It is a companion to [*Centering Health Equity in Decisionmaking in the United States: A Brief on the State of the HIA and HiAP Field*](#), which provides more information about the current state of practice and recommendations for people using or considering these approaches.

Why focus on supporting and expanding HiAP?

Funding HiAP is an investment in the government agencies who do the important, but often-overlooked, day-to-day work of democracy. Governance scholars, including Hahrie Han, Hollie Russon Gilman, and K. Sabeel Rahman,⁸ argue that meaningful civic engagement is a crucial component of rebalancing power in our democracy. They argue for deep investment in both sides of the engagement equation: on the one hand, strong grassroots movements that represent diverse people and interests, and on the other, government agencies that listen to and work with those movements.

Although HiAP is typically focused on intra-government collaboration, this approach can prepare agencies to more effectively listen to and share power with the people that they serve, particularly those who have been marginalized by government in the past. According to Candid's [Foundation Funding for U.S. Democracy: Data Tool](#), compared to billions of dollars of funding for advocacy only a tiny fraction of grants focus on making government agencies more effective and responsive.⁹

One hesitation that funders might express when it comes to investing in government transformation is that government agencies often have significant budgets, ranging from hundreds of thousands to billions of dollars. However, they are often hesitant to invest in new initiatives or experiment with new ways of working because they are frequently risk-averse and resistant to change. Practitioners observe that, when governments pilot HiAP, they realize its benefits and over time the approach becomes routine. An outside grant that supports startup staffing or training can attract partners to the table and give a jurisdiction the space necessary to try something new. Philanthropy has an important role to play in both investing in strong social movements and catalyzing new government transformation initiatives, such as HiAP, and ensuring they lead to meaningful and lasting change.

What is the current state of the Health in All Policies field?

The World Health Organization first officially recognized HiAP as a concept in 1978, and people in countries across the globe began to implement cross-sector approaches to integrating health considerations into governance over the subsequent three decades. In 2009, HiAP began to enter the public health and sustainability conversation in the United States.¹⁰ Since then, the Centers for Disease Control and Prevention and other federal agencies have promoted the practice,¹¹ and many local and state jurisdictions have adopted HiAP at small and large scales.

People using HiAP in their work are enthusiastic about it because it provides practical pathways to center health equity in government operations. It is also highly adaptable to local politics and community needs. COVID-19 illustrated the need for cross-sector relationships in responding to a public health crisis. According to some interviewees, communities with those relationships already in place before the pandemic were reportedly better able to quickly disseminate critical information and resources throughout the community. This connective tissue is the same civic infrastructure needed to respond to and prepare for the so-called wicked problems of today and beyond.¹²

However, as key private and public funders shift their focus to other priorities, many worry that the field lacks sufficient coordination and resources.

What is needed to advance the Health in All Policies field?

Practitioners pointed to a number of needs for HiAP to grow as a practice in the U.S. These priorities include: seed funding for new initiatives, champion cultivation and recognition, more opportunities for convening and networking, more HiAP examples coming from a variety of types of communities, investment in grassroots partners to shift power and build civic capacity, and structural changes to funding that would encourage more cross-sector collaboration and equity-centered outcomes.

Seed new initiatives

Some places are able to initiate HiAP work without outside support, but this is not widely true. For example, one HiAP leader is working with rural jurisdictions that are eager to try the approach but lack the budget and staff time needed to coordinate the work. National and regional funders could offer funding for local and state governments that are ready to try a HiAP approach, but that need a start-up investment to cover staff time, training, and other initial costs. Grants could explicitly require and fund sustainability planning to help communities transition to self-funding their HiAP work.



Cultivate and recognize champions

Champions are key to the spread and success of HiAP. Funders can help create and support champions in different places and sectors. For example, funders could expose leaders to HiAP concepts and strategies by sponsoring HiAP-focused conference tracks or workshops at national meetings for local and state leaders, such as those hosted by the National League of Cities, the National Governors Association, the American Planning Association, and National Recreation and Park Association (among others). Recognition and awards for HiAP champions elevate best practices and inspire others. Investing in peer networking and messaging also contributes to champion cultivation.

Peer learning and networking

Practitioners want more opportunities and venues to meet each other and share their work. Spaces like communities of practice and regular in-person convenings would foster this need for learning and connection. State and regional networking spaces are valuable for nurturing the practice within specific geographic, political, and cultural contexts. Some organizations — like the [Association of State and Territorial Health Officials, SOPHIA](#) (a network for HIA and HiAP practitioners), and [PHEAL](#) (an ad hoc group of professionals who work at the intersection of health equity and the built environment) — are already creating some peer networking opportunities, but practitioners want more. Notably the latter two groups are primarily fueled by practitioner interest and dedication, rather than by dedicated funding.

Messaging and technical support

The field needs support in making the case for a HiAP approach and showing how health is shaped by every aspect of government. The adaptability of the approach, while a strength, also makes it challenging to explain to leaders in a compelling way. Funders could invest in a strategic communications campaign that HiAP practitioners could use and adapt to bring new leaders and jurisdictions into the field. Funding evaluation or even lighter-touch case studies would help provide crucial examples and outcomes data to share with other jurisdictions considering the approach.

Practitioners need better resources to understand, communicate, and address the relationship between racial equity and HiAP. HiAP can be a method for organizing government around racial equity, as part of a broad health equity mandate. But practitioners need more guidance and support to draw those connections and embed them in HiAP programs and structures.

Practitioners also need technical resources that support institutionalization of HiAP at both the local level and field-wide. At the local level, practitioners need models like memoranda of understanding and data sharing agreements to formally establish inter-agency partnerships. At the field level, there needs to be a concerted effort to embed HiAP into practice by integrating into academic curricula and agency accreditation standards.

Build grassroots power and civic capacity

Community groups also need support to engage and partner with government, particularly in places where HiAP has already been institutionalized within government. This includes support for grassroots advocacy on racial and health equity, environmental justice, housing, and related issues. Grassroots organizations report successfully using HIA, which quantifies the potential health effects of proposed policies, projects, and programs,¹³ to collect data that illuminates health inequities and community needs. Funding community-led HIAs, as opposed to those led by academic or government institutions, may lead to more equity-centered and sustainable decisions.¹⁴



Funders can also support ongoing initiatives that make HiAP stronger, like community collaboratives or task forces that bring community and government leaders together to address resident needs. For example, the Alameda County (California) Public Health Department has partnered for years with the grassroots advocacy group Causa Justa to develop housing-related priorities identified by low-income residents, including affordability, habitability, and access. This collaboration brought the data collection and analysis skills of the health department to support Causa Justa in documenting the county's housing challenges and working with a coalition of community groups to advocate for rent control.¹⁵

Make funding streams more effective

Practitioners report various ways that public and private funding streams could be more supportive of HiAP efforts, including:

- Funding for racial and health equity work should support outcomes, not dictate methods. One grassroots practitioner who has found success in using HIA to support advocacy campaigns reported seeing some funders explicitly prohibit applicants from incorporating HIA into their grants.
- Relationship development is often a short or medium-term outcome of HiAP work and is key to its sustainability over time, but funders often don't recognize this as a crucial outcome to measure and report on. Grant periods should be long enough to allow for relationship development and should support the development of evaluation methods that capture new and strengthened relationships.
- Although practitioners generally seek flexibility in grants for HiAP work, they would also like to see more large-scale funding streams, like federal infrastructure investments, incentivize or require cross-sector collaboration. They believe that this will not only lead to better outcomes for the investments, but also will help spread and institutionalize the practice. Siloed funding streams contribute to an all-too-common dynamic where public agencies see each other as competition for a limited pool of resources. This inhibits collaboration and limits impact. For example, parks and recreation agencies that provide afterschool programming may see police departments or school districts as rivals in a zero-sum funding game, even though each of these agencies—and the community at-large—benefit from ensuring that young people have safe and meaningful afterschool enrichment opportunities.



Call to action

We encourage funders at all levels – community, state, and national – to consider how they might propel the HiAP field forward through strategic investments. By supporting HiAP, philanthropy can advance innovative solutions that address the root causes of health inequities and promote healthy environments for everyone. Philanthropy can also foster cross-sector partnerships that leverage resources and expertise from different fields to tackle our biggest challenges and achieve our common goals.

HiAP is not only a strategy for improving health outcomes, but also a way of advancing social justice and sustainable development. By supporting HiAP initiatives, philanthropy can contribute to a healthier, just, and more prosperous society for all.

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- ⁹ Candid. (n.d.) Foundation Funding for U.S. Democracy: Data Tool. New York, NY: Candid. Within the “Government” category, we consider grants aimed at “Open Government and Transparency” and “Budgeting” as the most closely aligned to government agency transformation, representing 6% of total funding.
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