

# Centering Health Equity in Decisionmaking in the United States

## A Brief on the State of the HIA and HiAP Field

**Recognizing that health is influenced by a wide range of social, economic, and environmental factors, the public health community in the United States has been working over the last two decades to incorporate health considerations into cross-sector decisions and policymaking.**

Inspired by international initiatives beginning in the 1990s, practitioners in the U.S. began by applying and refining a rigorous methodology for **health impact assessment (HIA)**, which quantifies the potential health effects of proposed policies, projects, and programs.<sup>1</sup> While exploring the strengths and limitations of HIA, some in the field began to apply another broader framework called **Health in All Policies (HiAP)**,<sup>2</sup> which is “a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.”<sup>3</sup>

The Health Impact Project was formed in 2009 through a partnership between the Robert Wood Johnson Foundation and The Pew Charitable Trusts. Initially, its focus was to support the growing field of HIA in the U.S.<sup>4</sup> Over time, the Project expanded its scope to support broader HiAP work. Now, in 2023, the Health Impact Project is winding down its work, and as part of the closing process, it commissioned a project to examine the current state of HIA and HiAP in the U.S. and recommend opportunities to advance these practices in the future.

### Audience & methods

This brief is written primarily for people who are familiar with or already using HIA and HiAP in their work. It summarizes themes and recommendations from 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 [\*Equity-Centered Decisionmaking through Health in All Policies: What Funders Need to Know & Do\*](#), which provides more background on HiAP and identifies investment opportunities for funders seeking to advance these practices.

## Summary of findings

We learned through our research that HIA as a practice is at a crossroads in the U.S. The field has built a rigorous methodology for HIA, but the early vision of it becoming a standard process in decisionmaking has not come to fruition. Funding and enthusiasm for embarking on long HIA processes have waned, although newer, more rapid HIA-like methods have developed and may be more commonly used. A bright spot in HIA work is that grassroots groups have found that decisionmakers take their concerns about racial and health inequities more seriously when they are identified through a formal HIA process and report. We recommend that HIA practitioners look for opportunities to support the priorities and leadership of grassroots organizations.



Practitioners saw more promise in the HiAP approach because of its adaptable, collaborative approach to centering racial and health equity in government practice. HiAP is an appealing concept in communities and states of varying sizes and political leanings and can put health equity on the agenda in a way that invites conversation and action, rather than opposition. HiAP also has been used successfully as a way to implement resolutions declaring racism as a public health crisis, and practitioners would like to see the combination of these resolutions and HiAP as an implementation strategy spread to more jurisdictions.

Despite the enthusiasm and demand for HiAP as an approach, stakeholders expressed concern about the lack of funder and capacity building support at the national and state levels, especially with the wind down of the Health Impact Project. They identified a number of needs, including more opportunities for convening and networking, more HiAP examples coming from a variety of types of communities, and seed funding to help overcome the common risk aversion of public agencies to try a different way of working.

## Health Impact Assessment: Themes and Recommendations

### HIA is at an inflection point in the United States

- **The use of HIAs has been declining since 2013.** Data from the Health Impact Project's HIA toolkit show a steep decline in the number of HIAs identified by the Project starting in 2017. The toolkit identified zero HIAs conducted in 2021 and one in 2022.<sup>5</sup>
- **HIA has led to stronger relationships between community stakeholders and government decisionmakers.** Evidence suggests that HIAs increase community involvement in future decisions.<sup>6</sup> Practitioners shared that HIA data led to government taking community concerns more seriously, and that HIAs, especially those involving community researchers, built trust among partners, as well as community understanding of the decisionmaking process.
- **HIA requirements have not been widespread.** Initially, practitioners saw promise in HIA mandates to increase usage. They suggested that environmental impact assessments could serve as a model for HIA, or HIA could be integrated into existing required processes.<sup>7</sup> Some

observed that a growing skepticism of the effectiveness of environmental laws like the California Environmental Quality Act (CEQA)<sup>8</sup> and the National Environmental Policy Act (NEPA)<sup>9</sup> to advance environmental objectives contributed to resistance to following this model.

- **Funding specifically for HIAs is more challenging to find.** When the practice was first growing in the U.S., it was possible to find private and public funding explicitly for HIAs. Practitioners are not aware of current funding sources focused on HIAs, and one practitioner reported seeing funders explicitly prohibit HIAs from grant applications. At the same time, they noted that HIA-type work could be incorporated into general public budgets or relevant grant applications.

## The formal HIA methodology does not fit well into the typical policymaking process

- **A full HIA requires a significant amount of time and resources and is seen by some as coming too late in the decisionmaking process.** Government decisionmaking is a complex process that involves numerous micro-decisions leading up to a major decision, such as a policy or project proposal. This includes weaving funding sources and designing a proposal that satisfies various stakeholder needs and requirements. HIAs typically begin after many of those micro-decisions have been made, which may limit the influence of the HIA recommendations or render them irrelevant. As a result, practitioners reported that government leaders and staff may feel frustrated and constrained in their ability to incorporate HIA findings once they are available.
- **Newer HIA-like methods, such as rapid HIA<sup>10</sup> and health notes,<sup>11</sup> provide more timely and efficient evidence to inform decisionmaking.** Many practitioners view these less-intensive tools as a positive development in the field. However, some have raised concerns that community involvement is not as central to these methods.
- **Public health may have initially placed too much emphasis on using HIA to integrate health into decisionmaking processes.** However, practitioners now view HIA as just one of several approaches to implementing HiAP. Expanding the focus to HiAP has allowed for a wider and more flexible range of approaches that incorporate health into decisionmaking discussions, such as data-sharing and setting cross-agency community health goals.

### RECOMMENDATION

#### **Promote a range of HIA methods within a wider HiAP frame.**

The availability of a wider range of HIA-like methods, especially those that fit better into the policy development cycle, may not be as widely-known—even among people familiar with HIA. Professional organizations and state and federal agencies should promote their benefits and use.

## Practitioners differ in opinion about whether HIA should be a research or advocacy tool, or if HIA is even necessary to advance health equity in decisionmaking

- **Some believe that HIAs should be objective and based on scientific evidence, without any suggestion of bias or advocacy goals** because this will ensure credibility of the findings with decisionmakers. Once the HIA is completed, advocates can use the data to advance their goals.
- **Others see HIAs as an effective advocacy tool that can help communities experiencing inequities ensure that decisionmakers are considering their needs and concerns**, often well beyond the timeframe of the HIA itself. Some argue that having community define the research agenda and data collection plans can build community capacity for civic engagement as well as produce data that more accurately reflects local conditions and root causes of health disparities. However, HIAs tend to be led by HIA practitioners and large institutions, like government agencies.<sup>12</sup>
- **Some practitioners question whether lack of formal, expert-validated evidence is really the driver of inequitable decisions.** They see a greater need to organize historically marginalized communities and shift decisionmaking power, and don't consider HIA an effective tool for that work.



### RECOMMENDATION

#### **Support grassroots campaigns with HIA tools and data.**

While practitioners do not report HIA being a routine practice within government, it does have a potentially important role in supporting grassroots campaigns and power-building in historically marginalized communities. Grassroots organizations working on a range of community issues, from environmental justice to affordable housing, may be interested in partnering with practitioners to complete an HIA (full-scale or rapid) or to use data from a prior HIA. By offering technical expertise, data, and resources, practitioners can help advance community-led change.

In turn, practitioners and decisionmakers will gain a better understanding of the research questions and data most relevant to community needs. Any partnerships with grassroots groups should focus on elevating community expertise and ensuring that these groups have meaningful ownership of the data and recommendations generated.

# Health in All Policies Themes and Recommendations

## HiAP is an active and growing practice in the United States

- **Many who initially embraced HIA have adopted HiAP as an overarching framework for their work.** Some practitioners sense that the initial enthusiasm and investment in HIA has evolved towards HiAP.
- **In some places, interest in HiAP may have been partially driven by backlash against HIA.** According to some practitioners, some government leaders have a negative perception of HIA because of long timelines and it can put the HIA practitioners in a position of criticizing a potential decision. In contrast, HiAP is seen as a more collaborative approach that allows health departments to show up as a supportive partner to other agencies.
- **There are many examples and case studies of jurisdictions using a HiAP approach, but there is no centralized, systematic repository of jurisdictions that have implemented the practice.**<sup>13</sup> Therefore, it's hard to know how widespread the practice is and how patterns of adoption and implementation have changed over time.
- **Practitioners worry that the HiAP field lacks sufficient coordination and resources.** While the Association of State and Territorial Health Officials (ASTHO) is actively working to coordinate a HiAP [community of practice and develop resources](#) for state health department staff, and the largely volunteer-run SOPHIA (a network to promote the use of HIA and HiAP) facilitates [peer learning groups](#) and produces resources, practitioners believe that more funding, coordination, and capacity building are needed nationally. Some also noted the value of developing champions who understand the political, social, and economic context within each state, and who can support the adoption and execution of HiAP with relevant local examples and approaches.

### RECOMMENDATION

#### **Participate in and create peer networking opportunities.**

Providing the field with more opportunities to tap into practitioners' wealth of knowledge and advance HiAP practice is particularly important as the Health Impact Project comes to a close. There is an ongoing need for spaces that prepare and support public agency staff to do multi-sector work, including HiAP as well as other tools that advance racial, climate, and gender equity. Even in the absence of formal or official HiAP convenings, practitioners can create their own spaces to learn and network at state and national conferences and convenings, such as those organized by the American Public Health Association (APHA) and the National Association of County and City Health Officials (NACCHO). A listserv for practitioners could also provide connectivity between in-person gatherings.

## HiAP helps government center racial and health equity

- **HiAP is seen as a relevant framework for the current era.** The COVID-19 pandemic has highlighted how health affects every aspect of our society, and public health as a field has responded to the public outcry resulting from police murdering George Floyd with a stronger focus on racism as a driver of health inequities. A systems-based approach, such as HiAP, is necessary for centering equity and addressing the “avoidable, systematic health differences” that unfairly impact low-income individuals and people of color.<sup>14</sup>

### RECOMMENDATION

#### **Promote HiAP as a flexible and effective framework for centering racial and health equity in government practice.**

Many in public health and the broader public sector are increasingly focused on centering racial and health equity in their work and are looking for tools to help them do so. Practitioners can use this reinvigorated interest in equity as an entry point to talking about the benefits of using HiAP to achieve their goals.

- **First and foremost, HiAP is focused on improving internal government collaboration.** Unlike HIA, where community members can participate and sometimes lead the process, HiAP is primarily focused on changing how government operates. Some see a need for government staff to have a space safe from public scrutiny to openly share their challenges. Additionally, HiAP activities can improve how government relates to communities experiencing inequities by establishing a shared picture of community needs across agencies and coordinating responses to them. Residents experience their communities as a whole, not in the siloes of government agencies. For example, when agencies work together to plan changes to a bus system, it enables them to see and plan for how changes affect multiple aspects of residents' lives: how people get to school, work, the grocery store, and medical appointments. This shared understanding of community needs is strengthened by intentionally involving communities experiencing inequities in the decisionmaking process.

### RECOMMENDATION

#### **Recognize the value of transforming government while advocating for community involvement in decisionmaking.**

Practitioners need more examples of how HiAP can directly and indirectly shift power to people affected by racial and health inequities. Public sector transformation efforts, no matter how effective or beneficial they are for government, will continue to be open to criticism if they do not result in meaningful changes to how community members are engaged in setting government priorities.

- **The goals of HiAP, which include centering racial equity in decisionmaking, promoting evidence-based policies, and improving collaboration within government, are shared by other fields and movements.** This means that practitioners can find potential allies in the racial justice movement, the political science field, the education sector, and many other spaces. Systems change, cross-sector collaboration, and good governance are all commonly-held concepts that overlap with practices and aims of HiAP. Practitioners noted the importance of listening to potential partners to better understand their goals and values, and then looking for ways that public health can support them. For example, more than 200 local and state jurisdictions in the U.S. declared racism as a public health crisis since 2018. Some governments have used a HiAP approach to center racial equity in their work as a response to these declarations.<sup>15</sup>



#### RECOMMENDATION

**Engage allies in other sectors and movements who share similar goals to expand the reach of HiAP and HiAP-like approaches.**

For example, HiAP practitioners could partner with racial justice leaders to advocate for declarations of racism as a public health crisis and promote HiAP as a tool to make government more effective at addressing systemic racism.

## A major advantage of HiAP is its adaptability to community context and priorities

- **HiAP is a flexible framework more than a fixed method.** The elements of HiAP can be operationalized in a variety of ways.<sup>16</sup> This allows communities to shape an approach that is tailored to the unique needs and circumstances of each place.
- **HiAP resonates in communities across the political spectrum.** No matter the terms used, HiAP consistently generates the mindsets and strategies for eliminating inequities.<sup>17</sup> Practitioners see it gaining traction even in more conservative places, where leading with “equity” or even “health” can shut conversations down.



## RECOMMENDATION

### **Elevate a wider range of HiAP models, both inside and outside of government.**

It can sometimes be hard for communities to know how to get started, given the adaptability of the model. More examples of how HiAP looks in different places can provide inspiration to leaders considering the practice. Practitioners in politically conservative and rural places also want to see more examples of HiAP in action in communities like theirs. They also want their work reflected and showcased in the national conversation.

Some saw HiAP as ripe for implementation beyond the public sector, as investment and business decisions by the nonprofit and private sector have a significant impact on health equity. Examples of sectors that shape the social determinants of health include housing development, agriculture, higher education, food retail, entertainment, and transportation network (including companies like Uber and Waymo). Nonprofit and private sector leaders can work alongside government agencies and advocacy groups to improve health outcomes.

- **Some in the field worry that the term “Health in All Policies” is too focused on health.**

To avoid being perceived as imposing a health agenda on peer agencies, practitioners have found that different terms resonate in different places, and this adaptability is at least one reason HiAP has been successful in diverse communities and states. In some places, health or health equity are unifying ideas. But in other contexts, terms such as “livability,” “environmental justice,” or “a whole of government approach” are more effective in bringing people to the table.<sup>18</sup>



## RECOMMENDATION

### **Recognize that there is not one term that will accurately reflect the complexity and nuance of HiAP.**

Our interviews suggest focusing on the principles and [value of HiAP](#) and adjusting the language and framing to the audience. No single term is going to appeal everywhere.



## The field needs support to scale and institutionalize HiAP

- **Grant funding (public or private) can catalyze HiAP, but over time, efforts often become self-sustaining.** Initially, communities may need external support to experiment with a new concept like HiAP. Once participants experience the benefits, HiAP principles can become integrated into day-to-day jobs. Leaders and staff begin to see the tangible value of collaboration and there is less need to justify working in a new way.
- **Practitioners would like to see more requirements for cross-sector collaboration in federal and state grants.** Some specifically cited public infrastructure grants as an example of a key leverage point where collaboration requirements could make a difference. For example, the Biden-Harris Administration launched the Justice40 Initiative in 2021, which directs federal agencies to ensure that federal investments benefit marginalized communities. Billions of dollars for public infrastructure and other community improvements are flowing into states with this requirement.<sup>19</sup>

### RECOMMENDATION

#### **Integrate HiAP into major federal and state grants.**

For those working at the local and state level, collaborate with other agencies when applying for grants, and especially consider those who do not traditionally work together. This can help solidify cross-sector partnerships, especially if funds are awarded and agencies have the opportunity to implement projects and programs together. Applications that demonstrate interagency collaboration and an equity-centered approach to decisionmaking could be more appealing to funders because they may indicate that investments will be more aligned with community needs.

For those working at the state and federal level, jointly design grant programs with other agencies, and make cross-sector collaboration a requirement for participants in grant and technical assistance programs. One past example was the Obama-era [Partnership for Sustainable Communities](#), which brought together the Environmental Protection Agency, Housing and Urban Development, and the Department of Transportation to advance livability principles by coordinating grants and technical assistance for housing, transportation, environmental protection.

- **HiAP needs to be a central part of public health training and agency operations.** At a field level, HiAP could be included in accreditation standards for academic public health programs and public health departments. At the community level, integrating HiAP approaches into job descriptions, professional development, and performance reviews can help shift the workforce and internal culture. Formal resolutions and directives from top-level leadership can also initiate culture change.

## RECOMMENDATION

### **Embed HiAP in public health and other public agency practice.**

To become a routine part of the daily work of public agencies, HiAP must be integrated into agency accreditation standards, public agency operations (agency goals and objectives, job requirements, and performance metrics), funding requirements, and other guidance or policy language that influences how public health and the wider public sector works. Federal and national-level leadership to drive these changes would be particularly influential, such as the [National Voluntary Accreditation for Public Health Departments](#), which includes HiAP in several accreditation measures.<sup>20</sup>

## RECOMMENDATION

### **Include HiAP in curricula for public health and other public sector training programs.**

Just as it's important to embed HiAP into agency practice, it should also be integrated into core curricula for public health students and into other relevant programs, such as urban planning and public administration. This will ensure that the next generation of the public sector workforce has been exposed to these approaches from the start of their careers.

## Conclusion

With the Health Impact Project coming to a close, it's a crucial moment for HIA and HiAP practitioners to reflect on the strides made over the last two decades in applying these tools in the United States. The HiAP approach, with HIA as a supportive tool, has gained momentum and shows tremendous potential for making racial and health equity central to policymaking. The field can capitalize on this opportunity by leveraging the recommendations in this brief, which offer ideas and insights on how to advance a transformative shift in how professionals and community members can contribute to a healthier future for all.

*This brief is supported by the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. The views expressed are those of Onside Partners and do not necessarily reflect the views of the Health Impact Project, The Pew Charitable Trusts, or the Robert Wood Johnson Foundation.*

- <sup>1</sup> Dannenberg, A. L., Bhatia, R., Cole, B. L., Dora, C., Fielding, J. E., Kraft, K., ... & Tilson, H. H. (2006). Growing the field of health impact assessment in the United States: an agenda for research and practice. *American Journal of Public Health*, 96(2), 262-270.
- <sup>2</sup> Pepin, D., Winig, B. D., Carr, D., & Jacobson, P. D. (2017). Collaborating for health: Health in All Policies and the law. *Journal of Law, Medicine & Ethics*, 45(S1), 60-64.
- <sup>3</sup> Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.
- <sup>4</sup> Robert Wood Johnson Foundation. (2023). Awarded grants.
- <sup>5</sup> Data compiled by Health Impact Project staff from The Pew Charitable Trusts, Health Impact Project. (2023). HIAs and Other Resources to Advance Health-Informed Decisions: A toolkit to promote healthier communities through cross-sector collaboration. Washington, D.C.: The Pew Charitable Trusts.
- <sup>6</sup> The Pew Charitable Trusts, Health Impact Project. (2020). Do Health Impact Assessments Help Promote Equity Over the Long Term? An examination of HIAs' contribution to improvements in community health outcomes. Washington, D.C.: The Pew Charitable Trusts.
- <sup>7</sup> National Research Council. (2011). Improving Health in the United States: The Role of Health Impact Assessment. Washington, D.C.: The National Academies Press.
- <sup>8</sup> California Governor's Office of Planning and Research. (n.d.). CEQA: The California Environmental Quality Act.
- <sup>9</sup> U.S. Environmental Protection Agency. (n.d.). National Environmental Policy Act (NEPA).
- <sup>10</sup> See, e.g., Heller, J., Satinsky, S., Lucky, J., & Dennison, B. (2014). Where Health, Planning, and Community Empowerment Meet: A Rapid Health Impact Assessment Model and its Application in Los Angeles. *Critical Planning*, 21(1): 65-81.
- <sup>11</sup> The Pew Charitable Trusts, Health Impact Project. (2021). A User's Guide to Legislative Health Notes: A step-by-step guide for researchers and policy analysts. Washington, D.C.: The Pew Charitable Trusts.
- <sup>12</sup> See, e.g., The Pew Charitable Trusts, Health Impact Project. (2021). Health Impact Assessments, Community Engagement Can Promote Equitable Infrastructure Choices: Strategies to encourage the consideration of health and improve outcomes. Washington, D.C.: The Pew Charitable Trusts.
- <sup>13</sup> The Temple University Policy Surveillance Program hosts a database of HIA and HiAP bills that were introduced, enacted, or amended between January 1, 2012, and December 31, 2016. However, many jurisdictions implement HiAP approaches without enacting laws.
- <sup>14</sup> Adapted from Braveman, P., Arkin, E., Orleans, T., Proctor, D., and Plough, A. (2017) What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation.
- <sup>15</sup> American Public Health Association. (2021). Analysis: Declarations of Racism as a Public Health Crisis. Washington, D.C.: American Public Health Association.
- <sup>16</sup> Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, D.C., and Oakland, CA: American Public Health Association and Public Health Institute.
- <sup>17</sup> Hall, R. L., & Jacobson, P. D. (2018). Examining whether the health-in-all-policies approach promotes health equity. *Health Affairs*, 37(3), 364-370.
- <sup>18</sup> Our interview findings align with results from a state and territorial health official listening session hosted by ASTHO and Kansas Health Institute in 2021, where most participants said that they did not use health-focused terminology in their HiAP work and discussed a wide range of terms and frames in use.
- <sup>19</sup> The White House. (n.d.) Justice40: A Whole-of-Government Initiative. Washington, D.C.: The White House.
- <sup>20</sup> Public Health Accreditation Board. (2022). Standards & Measures for Initial Accreditation, Version 2022. Retrieved from <https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf>. See pp. 154-156, MEASURE 5.1.1 A ("Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health") and 5.1.2 A ("Examine and contribute to improving policies and laws").