

HEALTH IN ALL POLICY APPROACHES GUIDE: FINDING THE MIX OF STRATEGIES THAT FITS YOUR NEEDS

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Developed by the SOPHIA Health in All Policies Screening Workgroup

Introduction to the SOPHIA HIAP Screening Guide

Social, physical and economic factors affect our health - a concept that can be seen in the unique impact a community's zipcode has on determining how long people live (1). The increasing of importance of what are called social determinants of health is becoming better understood among both public health practitioners and other public sectors. As the need to address chronic health conditions and persistent health inequities becomes ever more pressing, public health professionals are increasingly interested in and called upon to implement health in all policies (HIAP) strategies in order to address these factors to prevent poor health conditions at their source. The primary purpose of this HIAP Guide is to provide public health practitioners with a starting point for considering and selecting HIAP strategies and activities based on their particular context, capacity, and ability – even when individuals do not work in a public agency. It was written and conceived primarily by a group of health impact assessment (HIA) practitioners to address two related issues that commonly arise in HIA practice. First, when many people express interest in HIA, they do so because they are interested in addressing the social determinants of health by incorporating public health in another sector's decision process, and HIA is a formally defined approach. However, because an HIA is a fairly specific tool, it is not always the best way to achieve this objective. Second, if there is a public decision-making process that would benefit from consideration of health and health equity impacts, but an HIA is not feasible or appropriate, what other strategies or actions can public health practitioners employ to ensure that this and other public decision-making processes account for, and addresses, the relevant social determinants of health?

In other words, if not an HIA then what? This guide is a starting point to answer this question. Most HIAP guides are focused on the context of governmental organizations. This differs from other HIAP guides in that it strives to provide guidance to public health professionals and their partners in non-governmental organizations to select HIAP actions based on the particular context of the issue(s) they are trying to address and the stakeholders they are seeking to work with. This guide is not meant to be prescriptive; it is a framework to support health practitioners as they advance efforts to improve social determinants of health in their communities. This guide should be used to consider alternative methods to consider public health impacts given factors about a particular decision process, organizational capacity, the decision timeline, available time and resources, amount of controversy, level of relationships, and evidence available to examine health effects as a general framework to help select HIAP strategies that fit a situation.

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A - Rationale for a Screening Guide for Health in All Policies

“Health in all policies (HiAP) is an approach to public decision making that moves beyond ad hoc or short-term health promotion programs but rather integrates health and health equity into newly established processes of governmental decision making.” (from WHO HIAP training module 2015 (2))

There is a growing interest in Health in All Policies (HIAP), in the United States and internationally, as a growing body of research increasingly demonstrates the need for public health professionals to work across sectors to address social determinants of health in order to improve health and health equity in the communities they serve. Key social determinants of health that can be addressed through HIAP efforts include income, education, food access, physical activity access, neighborhood hazards, unsafe environments, institutional racism, access to health-supportive goods and services, housing, and transportation options, among others (3) (4). As our understanding of the health and equity impacts of these factors has increased it has become clearer that the origins of health lie outside the jurisdiction of the public health and health care sectors alone (5) (2). Unfortunately, many of the decision-making processes that directly impact social determinants of health typically do not currently consider the health or health equity impacts of their efforts. HIAP practice is meant to address this issue by promoting and ensuring consideration of health and health equity in multiple non-health sectors.

HIAP can be considered an approach, or a perspective, that practitioners can adopt in their daily work and that informs engagement with other sectors to develop policies, plans, and practices that acknowledge and improve social determinants of health (2). As the definition at the top of this page shows, many HIAP frameworks and resources describe and promote policy, systems, and environment (PSE) change efforts targeted at government agency practitioners and public agency decision-making. Health practitioners have increasingly expressed a need for tools that serve to bring health considerations to light, and ultimately ensure that policies and programs are health promoting across sectors while connecting to the same values that underpin HIA. HIAP strategies can meet this need through incorporating a routine consideration of health and health equity across sectors. While the concept of HIAP is gaining more widespread understanding and support practical strategies for implementation are still not well defined (6). While existing guides (such as NACCHOs “Strategies for Implementing Health in All Policies” in the following pages) provide valuable examples of effective strategies, practitioners are still faced with the fact that there is an incredible diversity in how decisions are made in different sectors and different organizations, and often depend on multiple local situation-specific variables. In addition, existing guides are designed primarily for staff at state and local health departments and do not adequately describe core values. The authors of this Guide wanted to develop a tool that would be of use by people in multiple organizations such as public health and health-focused non-profit organizations, hospitals, and health systems as these organizations look for strategies for engaging in population health improvement efforts.

This resource aims to provide health practitioners in all types of agencies or organizations not only with a menu of strategies for a HIAP-type approach, but also with a structured screening process and set of questions to guide practitioners in designing their HIAP approach based on contextual factors. HIAP strategies are not mutually exclusive--they can be used in combination or ordered to fit the context. Each situation requires an individual approach that may combine more than one alternative strategy to reach the ultimate goal of including health in the decision or process.

B - Excerpt: Strategies for Implementing Health in All Policies *(Used with permission from NACCHO).*

Strategies for Implementing Health in All Policies

HiAP comprises different strategies and tactics for increasing health considerations in government practices and processes at multiple scales, scopes, and levels of government. LHDs can use the following seven strategies for implementing HiAP at the local level.¹

1 Develop and Structure Cross-Sector Relationships

Meaningful collaboration is the foundation of successfully implementing HiAP. Tactics for developing and structuring cross-sector relationships can be formal or informal. Formal structures, such as councils, committees, task forces; management practices; and memorandums of understanding help ensure accountability but can lack flexibility. Informal structures, such as temporary workgroups and voluntary teams, can inform initial working relationships and provide the basis for a more formal relationship to take shape.

2 Incorporate Health into Decision-Making

LHDs can use a variety of tactics to integrate health into decision-making, such as cross-sector needs assessments, strategic planning, priority setting, and developing common goals and objectives. LHDs can refer to guides, protocols, and checklists when best practices exist on how to infuse health into specific decisions. For example, health impact assessments and community health assessments can help LHDs to incorporate health considerations into land use or transportation policies by informing decisions or developing strategies to avoid or mitigate negative health effects.

3 Enhance Workforce Capacity

LHDs can increase their capacity to implement HiAP by creating opportunities for staff to interact across sectors and with external stakeholders; training staff on how to develop and maintain partnerships; implementing hiring practices that incentivize collaboration with partners outside the health sector; hiring non-traditional staff, such as planners; and identifying specific staff to administer and sustain partnerships and coordinate HiAP implementation.

HIAP IN ACTION: RELATIONSHIPS

The Mayor's Healthy Hometown Movement Leadership Team in Louisville, KY, is chaired by the director of the Louisville Metro Department of Public Health and Wellness. The team includes multiple directors of various city departments that affect residents' ability to make healthy choices where they live, work, and play. The team's goal is to improve residents' health by developing and implementing policies, programs, and practices that address factors that affect health, such as programs to increase access to healthy food options, reduce tobacco use, and increase physical activity.

HIAP IN ACTION: DECISION-MAKING

In 2013, Crook County (OR) Health Department won NACCHO's LHD of the Year Award in the small jurisdiction category for a health impact assessment related to bicycle and pedestrian safety in the town of Prineville. The LHD conducted the assessment to identify health concerns related to lack of safe places to walk and bicycle and to influence planners' and community members' viewpoints in developing a 20-year transportation plan.

HIAP IN ACTION: WORKFORCE

Tacoma-Pierce (WA) County Health Department hired a planner to lead its built environment program. The planner, with a background in urban and regional planning, helps the LHD achieve the aims of the program to promote healthy livable communities by supporting the considerations of human health in planning processes.

[2] Fact Sheet: Local Health Department Strategies for Implementing Health in All Policies

4

Coordinate Funding and Investments

LHDs can incorporate health considerations into funding and investments by working with partners to develop funding announcements, cooperative agreements, and contracts that include health criteria; coordinate investments; and review and score funding applications that weight the inclusion of health objectives.

5

Integrate Research, Evaluation, and Data Systems

LHDs can use data from research and evaluation to identify the potential impact of cross-sector policies on health and find opportunities to maximize the positive health impacts of such policies. For example, LHDs can integrate cross-sector data and indicators such as access to parks and healthy food into health data sets; include health indicators in program evaluation; and use data to validate health performance measures.

6

Synchronize Communications

Communication is the foundation for building a common vision among LHDs and partners. Tactics include framing activities in terms of how they relate to different sectors; developing common messages across sectors; establishing a shared platform for cross-sector communication; and developing joint policy statements.

7

Implement Accountability Structures

Accountability structures help LHDs and partners to sustain HIAP efforts in the long term by assigning responsibility and ensuring transparency. Such structures include budget oversight and public reporting; performance measures and objectives that include health considerations; and monitoring and enforcing laws that might affect health.

HIAP IN ACTION: FUNDING & INVESTMENTS

The Mid-Ohio Regional Planning Commission passed a Complete Streets Policy mandating that all projects funded by the commission accommodate all users, including pedestrians, bicyclists, users of mass transit, people with disabilities, and the elderly.

HIAP IN ACTION: RESEARCH, EVALUATION, DATA

The San Francisco Department of Public Health, with the support of community advocates and health evidence demonstrating the need to prevent roadway-related air quality conflicts, worked with the board of supervisors to pass Article 38 of the San Francisco Health Code. Article 38 requires assessment of the roadway effects on air quality near new residential construction and installation of air filtration if locations are in a high-pollution zone. Article 38 has institutionalized a working relationship among the LHD, Bay Area Air Quality Management District, San Francisco Planning, and Department of Building Inspection.

HIAP IN ACTION: COMMUNICATIONS

The Davidson Design for Life initiative enables the town of Davidson, NC, to coordinate messages, funding requests, and activities in support of enhancing the health of residents across sectors. By framing health in terms of physical, mental, and emotional well-being, the initiative brought together a range of partners including health professionals, planners, educators, environmental and public health advocates, community leaders, and media specialists.

HIAP IN ACTION: ACCOUNTABILITY

An ordinance passed in 2011 by the county council in Prince George's County, MD, requires the planning board to refer site, design, and master plan proposals to the Prince George's County Health Department for a health impact assessment of the proposed development on the community and the distribution of potential effects within the population and to recommend design components that increase positive health outcomes and minimize adverse health outcomes for the community.

C. Guide Overview

This guide is intended to assist public health practitioners or others who would like to incorporate health into various types of decisions and decision-making processes. It has four primary components:

1. A set of seven **HIAP Screening Criteria** that typically vary from context to context and related set of **Guiding Questions** that people can answer to help assess the extent to which they meet the criteria. The Screening Criteria and Guiding Questions are listed and discussed in greater detail in Section E.
2. A set of seven **HIAP Categories** into which the commonly used HIAP strategies and actions can be grouped. The answers to the Guiding Questions are designed to help practitioners determine which categories of HIAP strategies and actions are most appropriate for their particular context.
3. A set of commonly used **HIAP Strategies and Activities** organized by HIAP category. In addition to being organized by HIAP category, they are presented in a table that aligns them with the HIAP criteria so that users can easier use the results of their self-assessment to determine which strategies and activities.
4. The set of five **HIA Values** developed by health impact assessment practitioners to guide HIA practice. In some cases, one or a few of these values can be more pertinent to a particular organization or issue. The values are presented in a table with suggestions for how to use these values as an additional guide for selecting appropriate HIAP strategies and activities.

How This Guide Was Developed

Members of the Society of Practitioners of Health Impact Assessment (SOPHIA)--HIAP Screening Workgroup convened at the HIA of the Americas workshop in 2014 to launch the guide starting with aligning HIAP strategies described by Gase and colleagues (see resource (7)) with the HIA values listed in the Gothenburg Consensus, see section F (8). The group felt it was important to align HIA values to HIAP strategies because existing tools mention values without a description of how this can be operationalized in HIAP. In their review, Gase et al (2013) identified seven categories of strategies that support HIAP implementation at the federal, state, and local levels:

1. Developing and structuring cross-sector relationships;
2. Incorporating health into decision-making processes;
3. Enhancing workforce capacity;
4. Coordinating funding and investments;
5. Integrating research, evaluation, and data systems;
6. Synchronizing communications and messaging; and

7. Implementing accountability structures.

Using HIA screening criteria, and reasons not to complete an HIA as a starting point, the workgroup developed an expanded list of HIA alternatives that fit within Gase et al's HIAP categories and created a set of screening questions that mapped to HIAP strategies. The group further developed the content of this guide over a series of iterative working meetings based on reviews and discussions of existing HIAP tools (9) (10) (11) (12) (7) and the group's collective expertise and experience on various HIA and HIAP projects. The group used HIA and HIAP projects they worked on as mental exercise in applying each criterion and determining fit with different categories of HIAP strategies. These discussions allowed the workgroup to refine the screening criteria such that the set of questions would encourage users to identify multiple actions they can take to build an HIAP strategy. The categories of strategies listed in this guide are structured around potential circumstances that could restrict, or support, a set of actions in each HIAP category. Where possible the workgroup identified when a strategy might not be the best starting point, when the strategy includes a set of activities that include a mix of actions that could facilitate HIAP or hinder it, and when the category of actions would be a good starting point. HIAP activities across the strategies can, and should, complement each other. The screening criteria involves qualitative judgments for example, one practitioner may consider a decision contentious while another might not. For this reason, the group recommends practitioners discuss potential HIAP actions with colleagues who are working on the project. The authors made three sets of changes based on three rounds of reviews from the large workgroup, participants of the 2016 HIA of the Americans Workshop and reviewers from a national HIAP Workgroup. Thanks to everyone who contributed to the development of this Guide.

Next Steps

In crafting this guide, the SOPHIA workgroup members and the authors of this guide came to four central conclusions through discussions of HIA and HIAP projects to develop this tool. First, many HIAP frameworks that focus on government agencies start from a perspective that a practitioner already has substantial resources available that may not be accessible to a non-profit or other organization. Related to this, the authors determined that there are many actions practitioners can take that are feasible with fewer resources. The HIAP categories "enhancing workforce capacity", "synchronizing communications and messaging" and "implementing accountability structures" have activities that align with low to medium resource availability. Second, relationships are nearly always the primary starting point for building cross-sector collaborative HIAP efforts. Even in the activities that require the least amount of resources – for example writing a brief that describes the relationship between a non-health sector such as transportation and its impacts on health and health equity can require calling a colleague in another sector for support. Third, connecting HIAP activities to core HIA values will be insufficient to adequately incorporate a health equity approach in HIAP strategies. For this, similar to HIA, other tools such as racial equity impact analysis or an Equity and Empowerment

Lens are needed (13) (14) (15). Finally, most HIAP initiatives will require multiple actions be layered together.

The authors recognize that in its current format, this paper-based guide may not work for everyone. This guide represents three-dimensional thinking that the workgroup flattened into a two-dimensional paper in order to work with the information as a starting point. Some members of the workgroup suggested the need for more in-depth case studies for the various strategies. Other members felt that the guide needs some level of a back and forth dialogue because many of the strategies and how to interpret them can be subjective. And the authors all agreed that it would be easier to use if one could see all of the options at once. The authors believe a webinar training and requesting HIA and HIAP practitioners consider field-testing the guide would help the guide be more usable. An interactive website that includes links to other resources, can be queried, and provides case studies to help the user gain insights from real examples may be useful as well to those with internet access. Further, the guide is best used accompanied by a webinar or other form of training to orient the user to the guide which the authors have not yet had capacity or resources to develop.

This document does not yet address “gaps” or what to do if an HIAP team prefers to start with a strategy where factors indicate a potential lack of readiness (i.e in the table the box is colored with a cautionary red). HIAP strategies also do not have a specific health equity lens, therefore this needs to be an additional step the HIAP team uses as it selects a strategy. Any future online version will need to include a set of resources for relationship building and other efforts to build capacity among HIAP practitioners to address this need.

As practitioners reach out across sectors, the question of whether a particular HIAP strategy will be effective at ultimately improving health often arises. Determining the effectiveness of approaches is outside the scope of this project. Evaluation and monitoring of HIAP efforts can be just as challenging as it is in HIA (16). New resources are emerging, for example colleagues are in the process of publishing an evaluation framework that includes potential HIAP initiative outputs practitioners can track and monitor. To be alignment with these frameworks, the authors recommend beginning with measuring short term HIAP outcomes such as strengthened partnerships, increased understanding and commitment to HIAP, increased consideration of health and equity, and strengthened capacity and systems for engaging in HIAP (16). The authors recommend further examination in practice and in research about how to make HIAP actions as effective and practical as possible.

D. Using the Guide

As a resource, the reader can either follow the steps outlined below or skim it to identify relevant aspects about the decision and resources available for HIAP strategies that may be used as alternatives to HIA as a starting point, and to link these alternatives to established HIA values. Many of the current approaches in the field, and accompanying resources, are systems change approaches targeted to government agency practitioners. The HIAP activities are complementary and meant to be combined strategically based on the practitioner’s needs, not used individually.

- Step 1 – Remove the worksheets from the back of this Guide so that you can fill them out as you move through the different sections.
- Step 2 – Read through the descriptions of the HIAP criteria below then answer the guiding questions that follow each description, recording your answers in Worksheet 1. As you record your answers for each question in the Worksheet, also record the level of alignment with each HIAP category. For example, if you determine that your relationship strength is “None or Weak”, you would first circle “None or Weak” in the first row of Worksheet 1, and then circle the levels of alignment in Worksheet 1, based on the information in Table 1. See the images on the next page as an example (see Figure 1).
- Step 3 – With these answers, review which categories of HIAP activities –best align with your context (those marked “Any” or “Mixed”).
- Step 4 - Determine the HIA values in Table 9 that align with your efforts or organization using and then narrow what actions you may take based on this using the tables at the end of the document.
- Step 5 - Choose preferred HIAP activities from the Tables in section G based on which categories you selected, and which activities feel most feasible.
- Step 6 – If you did this on your own, or with only co-workers in your organization, discuss the possible set of strategies and activities with partners to help your team decide what it makes sense to pursue.
- Step 7 – Apply an [Equity and Empowerment lens](#) or other equity approach to your selected strategies to ensure that the HIAP actions align with equity practice. Consider using [SOPHIA’s Equity Metrics for HIA](#), conducting Race Forward’s [racial equity impact assessment](#), or review NAACHO’s [Promoting Equity through the Practice of Health Impact Assessment](#) as a starting point.

Figure 1: Example worksheets.

Worksheet 1. Assessing HIAP criteria and determining possible alignment with different relationship strengths and resources available

HIAP Categories	Relationship Strength	Resources Available
Circle or highlight your answers to the guiding questions here, and then the corresponding alignment characterization ("Any", "Mix", "Poor Fit") from the relevant Alignment tables.	None/Weak Some/Medium Many/Strong	Low Medium High
Incorporating health into decision making processes	Any Mix Poor Fit	Any Mix Poor Fit
Developing and structuring cross-sector relationships	Any Mix Poor Fit	Any Mix Poor Fit
Enhancing workforce capacity	Any Mix Poor Fit	Any Mix Poor Fit
Coordinating funding and investments	Any Mix Poor Fit	Any Mix Poor Fit
Integrating research, evaluation and data systems	Any Mix Poor Fit	Any Mix Poor Fit
Synchronizing communications and messaging	Any Mix Poor Fit	Any Mix Poor Fit
Implementing accountability structures	Any Mix Poor Fit	Any Mix Poor Fit

Alignment Table 1: HIAP Category by Relationship Strength

HIAP Categories	Relationships	
	None or Weak	Some or Medium Strength
Incorporating health into decision making processes	Mix	Any
Developing and structuring cross-sector relationships	Mix	Any
Enhancing workforce capacity	Mix	Any
Coordinating funding and investments	Mix	Mix
Integrating research, evaluation and data systems	Mix	Mix
Synchronizing communications and messaging	Any	Any

E. HIAP Criteria and Guiding Questions

Everyone needs a starting point to understand how different HIAP efforts can fit their situation. In this step, practitioners ask themselves a series of guiding questions to understand the content and context of a potential HIAP project, all of these criteria are subjective and will work best if the person using this guide can discuss how they characterize each criterion with partners who have different perspectives to guide the decision process. Answers to the questions should be recorded in the first row of the Worksheet. A short example is in Appendix A.

How to read these tables: Cells labeled “any” (Green) indicate a good fit with all activities in the related HIAP Category. Cells labeled “mix” (Orange) means that only some of the activities in the related HIAP category will likely be a good fit. Cells labeled “poor fit” (Red) means few or none of the activities in the related HIAP category are likely to work. The lists of activities for each HIAP category can be found in Tables 10-16

Criteria 1: Relationship Strength

GUIDING QUESTION: How strong are your relationships with potential partners?

- Non-existent - you haven't worked together in the past or if maybe you've only met colleagues once, you may know of one another and think there could be a good working relationship but it's not been launched.
- New, emerging - you have begun having conversations, meetings about collaboration or have worked on one or more shorter, unrelated projects together.
- Medium - you have worked on projects together, many or longer term, but not on an HIAP approach.
- Established - you have long-term relationships from previous projects of all kinds
- A mix

Note that this does not get at the level of positive or negative interactions in these relationships. We recognize you can have established relationships with individuals and organizations that have been challenging. However, even difficult relationships that are established can lead to strong HIAP collaborations, they will require facilitation and recognition of history.

Alignment Table 1: HIAP Category by Relationship Strength	Relationships		
	None or Weak	Some or Medium Strength	Many or Strong
Incorporating health into decision making processes	Mix	Any	Any
Developing and structuring cross-sector relationships	Mix	Any	Any
Enhancing workforce capacity	Mix	Any	Any
Coordinating funding and investments	Mix	Mix	Any
Integrating research, evaluation and data systems	Mix	Mix	Any
Synchronizing communications and messaging	Any	Any	Any
Implementing accountability structures	Poor Fit	Poor Fit	Any

Existing HIAP guides (WHO, 2015; ASTHO, NACCHO) suggest that one of the most critical elements in successful HIAP efforts is relationship building. This is a foundation for thinking about your whole project. If you do not have existing relationships with colleagues who work in another sector, on that decision or series of decisions then most categories of HIAP are screened out at this point regardless of decision type. Table 1 identifies the strength of alignment between different HIAP categories and levels of relationship strengths. Some actions in each category may still fit with different relationship strengths.

Criteria 2: Human and Financial Resources Available

GUIDING QUESTION: What resources do you have available?

- Low - Personnel: 1-20 hours of staff time, Money: less than \$1000, Capacity: no training in the needed strategy, Political capital: no acknowledgement or awareness of health by decision makers
- Med - Personnel 21-100 hours of staff time, Money: up to \$10,000, Capacity: some training in the needed strategy; Political capital: some acknowledgement or awareness of health by decision makers
- High - Personnel: 0.5 to 1.0 FTE person for duration of project; Money: over \$11,000; Capacity: Training in skills needed for strategy; Political capital: acknowledgement or awareness of health by decision makers

Alignment Table 2: HIAP Category by resources available	Resources Available		
	Low	Medium	High
HIAP Categories			
Incorporating health into decision making processes	Mix	Mix	Any
Developing and structuring cross-sector relationships	Poor Fit	Any	Any
Enhancing workforce capacity	Mix	Mix	Any
Coordinating funding and investments	Poor Fit	Any	Any
Integrating research, evaluation and data systems	Mix	Any	Any
Synchronizing communications and messaging	Mix	Any	Any
Implementing accountability structures	Poor Fit	Mix	Any

The level of resources (for example staff time, money, capacity and political capital) available often determines whether an organization can carry out an HIA or not. HIAs tend to be more resource intensive, while many HIAP strategies can be implemented with lower levels of resources. There are also scenarios involving a mix of resource levels, for example an organization may have capacity and political capital, but not much money or staff time for a particular decision-making process. Table 2 and those at the end of the guide can help you decide which HIAP strategies are most useful given your particular mix of resources. There

are a handful of activities across several categories that will work for projects even with very few resources.

Criteria 3: Decision Type

GUIDING QUESTION: What type of decision is this?

- **Specific decision (i.e., plan, project, policy):** Is the decision that currently excludes a broad health perspective very specific for example an introduced policy, a new plan or plan update, a new project or program launch?
- **Non-specific, ongoing:** Is this a strategic way to influence a series of decisions in a non-health sector that may not correlate with one specific decision? For example you would like the transportation agency to work more closely with the health department on all decisions?

Alignment Table 3: HIAP Categories where actions will work for different decisions	Decision Type	
	Specific Decision	Any Decision Type
Incorporating health into decision making processes	Mix	Mix
Developing and structuring cross-sector relationships	Poor Fit	Any
Enhancing workforce capacity	Any	Any
Coordinating funding and investments	Poor Fit	Any
Integrating research, evaluation and data systems	Any	Any
Synchronizing communications and messaging	Any	Any
Implementing accountability structures	Any	Any

In HIA, the first screening step explores whether there is a discrete decision that is about to be considered. Many efforts that involve coalition building or on-going decision making do not fit with an HIA because they lack a discrete timeline, a specific proposal, and specific decision makers the HIA is seeking to inform. In HIAP, there is a shift to thinking beyond one moment in time, one proposal, and one set of decision makers to whether the issue is broad and if there are multiple partners that can be affected through incorporating a public health and health equity perspective over time. Health practitioners may also act strategically where they hope to inform multiple issue areas or topics through a specific action. Most activities across HIAP categories will work for nearly any decision type, see Table 3.

Criteria 4: Decision Timeline and Openness

GUIDING QUESTION: Where are you in the decision timeline?

- Is it early - have very few things been decided?
- Is the process underway but there is still space to include new information to guide future decisions?
- Have decision makers publicly declared a complete decision and therefore it is later in the process?

Alignment Table 4: HIAP Categories by timeline of the process	Where You Are in Relation to Timeline of the Decision		
HIAP Categories	Early in Process	Mid-stream--Process Underway	Late in Process
Incorporating health into decision making processes	Any	Mix	Poor Fit
Developing and structuring cross-sector relationships	Mix	Any	Any
Enhancing workforce capacity	Any	Any	Poor Fit
Coordinating funding and investments	Mix	Mix	Mix
Integrating research, evaluation and data systems	Any	Mix	Mix
Synchronizing communications and messaging	Mix	Mix	Mix
Implementing accountability structures	Mix	Mix	Mix

HIAP opportunities present themselves in different ways and varying levels of development. Your organization could be asked to evaluate the possible health impacts of a specific project or policy, or topics may come to your attention in unpredictable ways. For example, conservation specialists may focus on wetland restoration at the same time public health experts are concerned about illness spread through insects, and that leads to a shared dialogue. When possible, becoming involved in a decision process from the beginning will allow the most opportunity to make recommendations that can be incorporated into the final decision. However, involvement from the initial stage is not always possible and you should not shy away from taking on a project that is already underway, or even close to its predicted end. Decisions can benefit from the

inclusion of health-related information at any stage of development and from forming or deepening relationships. Table 4 shows that even late in the timeline of the decision there may be HIAP strategies that work for your team. If you become involved earlier in the process, you have more activities available to you to develop the most comprehensive HIAP approach possible.

Criteria 5: Decision Controversy or Political Context

GUIDING QUESTION: How much political division or controversy exists?

- Low - This is a new idea (so not much time for groups to have formalized positions) or one with bipartisan support
- Medium- Viewpoints are mixed
- High- Viewpoints are polarized and becoming entrenched

Alignment Table 5: HIAP category by level of conflict or controversy	How Much Controversy or Conflict Exists on the Decision		
	Low	Medium	High
Incorporating health into decision making processes	Any	Any	Mix
Developing and structuring cross-sector relationships	Any	Any	Mix
Enhancing workforce capacity	Any	Any	Poor Fit
Coordinating funding and investments	Any	Any	Mix
Integrating research, evaluation and data systems	Any	Any	Mix
Synchronizing communications and messaging	Any	Any	Any
Implementing accountability structures	Any	Any	Mix

Ideally whatever project we work on will involve people who agree on a set of common goals, even if their values do not align. For example, residents can plan for changing weather even if they do not all think human activity is the source of that climate change. In any project that is new to the thought of protecting public health in a non-health area such as housing or economic development, there can be mixed viewpoints that may result in disagreements. Topics themselves can be fraught with conflict where participants come to the meetings with pre-formed opinions and positions on an issue. Most HIAP categories and actions work best at the low end of conflict where there is less controversy, see table 5. Some actions will work at any level of controversy. Others are best if you know there will be a lot of conflict - in those cases, we recommend the process include a facilitator and possibly a mediator (14) (15).

Criteria 6: Decision Process Openness or Opportunity to Influence the Decision

GUIDING QUESTION: How “open” is the process (either publicly or behind the scenes) to new information?

- There are aspects of the process that include public engagement or High input (Open)
- This is a decision that is primarily happening behind closed doors or Low input (Closed)
- This is too far in the future to predict how decision makers will structure or “UNCERTAIN”

Alignment Table 6: HIAP category by openness of the decision	Openness or Opportunity to Influence Decision		
	Low	Medium	High
HIAP Categories			
Incorporating health into decision making processes	Mix	Any	Any
Developing and structuring cross-sector relationships	Mix	Any	Any
Enhancing workforce capacity	Mix	Mix	Mix
Coordinating funding and investments	Mix	Any	Any
Integrating research, evaluation and data systems	Mix	Any	Any
Synchronizing communications and messaging	Any	Any	Any
Implementing accountability structures	Mix	Mix	Any

Decision processes may be inclusive and open to input from health stakeholders; in this case most HIAP categories fit (see table 6). Alternatively, they may be occurring behind closed doors and closed to input from outside organizations or stakeholders. Many public decisions are a mix where there is a public comment process and additional negotiations happening behind the scenes. The decision may also be scheduled too far into the future to know at the time you are selecting HIAP strategies how input

opportunities will be structured.

Criteria 7: Evidence Available

GUIDING QUESTION: how much evidence do you have available/know about the possible health issues/impacts related to the issue you're hoping to inform?

- Low: Not much is known about the health impacts of the decision
- Medium: There is some evidence available
- High: There is a good deal of high quality evidence available about health impacts

Alignment Table 7: HIAP Category by Evidence Available	Evidence Available to You		
	Low	Medium	High
Incorporating health into decision making processes	Mix	Any	Any
Developing and structuring cross-sector relationships	Mix	Any	Any
Enhancing workforce capacity	n/a	n/a	n/a
Coordinating funding and investments	Mix	Any	Any
Integrating research, evaluation and data systems	Mix	Any	Any
Synchronizing communications and messaging	Mix	Any	Any
Implementing accountability structures	Mix	Any	Any

The amount and quality of evidence showing a connection between your decision, plan or policy and its impact on health may vary. It is also common to run into difficulty obtaining data and evidence in a timely way or to not be able to obtain the exact information you would like at the exact scale that would be useful (for example, data may be available but not at small enough geography or for specific communities). Many HIAP strategies can be used even if the published data available is low, if you can involve affected community members and work with them to bring their perceptions of how health could be impacted forward (table 7). Qualitative or community-sourced data can be powerful in informing decision makers, so lack of existing data does not mean an inability to examine health and health equity impacts.

F - Connecting Objectives and HIA Values to Actions for Health In All Policies

The international community of HIA practitioners generally agrees that a values framework should guide HIAs. The earliest definitive statement was in the 1999 Gothenburg Consensus Paper on HIA (8):

“All policy processes are carried out in the framework of values, goals and objectives that may be more or less explicit in a given society and at a given time. It is essential that such values are taken into account, otherwise HIA runs the danger of being an artificial process, divorced from the reality of the policy environment in which it is being implemented.”

Commitment to foundational values is relevant to *any* HIAP method or strategy that, like HIA, aims to integrate health or equity considerations into policy and decision making for the public good. The Gothenburg Consensus values – democracy, equity, sustainable development, and ethical use of evidence – have been echoed repeatedly in major HIA guides, toolkits and practice standards. Table 8 provides definitions and examples illustrating how those values can connect to a set of sample actions in HIA or HIAP practice. The table also includes one additional value that was implicit in the Gothenburg Consensus and is commonly identified in other HIA guidance materials –a comprehensive approach to health. HIA practitioners developed this draft list of actions by reflecting, and discussing with other colleagues, their own HIA practice. While these actions are based on HIA projects, the group agreed that they can be transferrable to HIAP strategies and would need to be field tested in practice. Please note that because values can guide actions in any circumstance, it is possible to embed a specific value – for example using an equity perspective in all work, or approaching all work from the perspective of supporting sustainable development.

As a starting point for using the worksheets in this guide, what are your personal or organizational objectives, beyond including a health or health equity perspective, in this project?

In considering what HIAP approach to use, consider what values of HIA practice (e.g., equity, democracy, sustainable development, ethical use of evidence, and comprehensive approach to health) align with your project or the goals of your organization? We suggest discussing this with other teammates especially if the project goes beyond one department, organization, or sector. See table 8 for more information.

Table 8: HIA values, definitions and example related practitioner actions

HIA Value	Definition	Example Key Actions from HIA that can be used in HIAP Strategies
Democracy (D)	“emphasizing the right of people to participate in a transparent process for the formulation, implementation and evaluation of policies that affect their life, both directly and through the elected political decision makers;”	<ul style="list-style-type: none"> Do not start a process with a pre-determined outcome or conclusions we make through cherry-picking of evidence (D, EE) Develop clear statement, purpose, or goals (strong D) Active recruitment efforts for community and decision maker engagement at least once in the process, preferably early to inform the scope (culturally appropriate, paying folks a stipend, going to them, child care, translation) (E)
Equity (E)	“emphasizing that HIA is not only interested in the aggregate impact of the assessed policy on the health of a population but also on the distribution of the impact within the population, in terms of gender, age, ethnic background and socio-economic status;”	<ul style="list-style-type: none"> Identify most vulnerable, most disproportionately impacted groups in addition to largest number of people impacted (historically and currently) (STRONG E) Valuing different data sources – data from focus groups/community expertise given equal weight as quantitative data in terms of developing recommendations to mitigate impacts (EE, D) Involve potentially impacted groups in deciding what is most important to examine in an HIA and developing recommendations based on the analysis (D)
Sustainable Development (SD)	“emphasizing that both short term and long term as well as more and less direct impacts are taken into consideration;”	<ul style="list-style-type: none"> Ask “What could be the long-term, negative, unintended health and health equity consequences of this proposal?” in Scoping that sets direction for all other stages (CH, E) Need recommendations to be very clear: must be based on evidence, easy to find, easy to understand (D, E, EE)
Ethical Use of Evidence (EE)	“emphasizing that the use of, where available, quantitative and qualitative evidence has to be rigorous (if not available, identify those gaps), and based on different scientific disciplines and methodologies to get as comprehensive assessment as possible of the expected impacts.”	<ul style="list-style-type: none"> Document how the HIA or alternative arrives at the final scope – who is involved, what was decided and why Identify areas you were not able to assess and why, document it (documenting gaps) this includes documenting what data was used, how it was used, and the meaning assigned to it Limitation section reflects the ability, or lack of ability, to reflect the lived experience of most impacted/vulnerable folks impacted by a decision (E)
Comprehensive Health Approach (H), (implicit).	Equity in health implies that everyone should have a fair opportunity to attain his or her full health opportunity, and that no one should be disadvantaged from achieving this potential. (World Health Organization)	<ul style="list-style-type: none"> Identify which health determinants are your focus, how they interact to potentially create positive and negative impacts, and how they relate to health outcomes and inequities. Explain why health determinant to outcome connections are important. Describe and use different language to explain health determinants, e.g., Our environments affect our well-being, not just disease or no disease (World Health Organization).

G- HIAP Activities by Category Cross Referenced by All Screening Criteria

This section expands on the seven categories of HIAP strategies practitioners can use with example activities listed in each one. The SOPHIA work group developed activities that fit into categories from a 2013 article by Gase and colleagues (7). Further, the workgroup aligned these activities to each of the criteria introduced in the last section. The authors identified a sample set of values for each activity as a suggested starting point for ease of alignment. Values and HIAP activities are not mutually exclusive. Any practitioner can use any value in any activity. And most practitioners will use more than one HIAP activity, from more than one category as well. These classifications are based on our experiences, not from an evaluation of case studies. Further research is needed to field test and confirm these classifications.

How to read the tables on the following pages: Use cell color in electronic form and the words in each cell in print form to determine if an activity in each category is a good, partial or more difficult starting point with HIAP Screening Criteria.

Table 9 HIAP Category: Incorporating health into decision making processes							
	Relationships	Available Resources	Decision Type	Decision Timeline	Decision Controversy	Decision Openness	Evidence Available
Health impact assessment (Starting values: E, D, SD, EE, H)	Any	Medium to high	Specific	Early to mid	Low to medium	Open to Moderate	Medium to high
Cross sector community needs or other assessments (Starting values: E, D, SD, EE, H)	Any	High	Any	Early	Any	Open to Moderate	Medium
Health or health equity lens analysis - apply a health or equity or health equity perspective to a non health	medium to established	Medium	Any	Any	Any	Any	Low

Table 9 HIAP Category: Incorporating health into decision making processes							
	Relationships	Available Resources	Decision Type	Decision Timeline	Decision Controversy	Decision Openness	Evidence Available
decision or decision process (Starting values: E, D, EE, H)							
Cross sector strategic planning or priority setting (Starting values: EE, H)	Any	Medium	Any	Early to mid	Low to Medium	Any	Low
Cross sector common goals or objectives - work across health and other sectors (Starting values: EE, H)	Any	High	Any	Early to mid	Low to Medium	Any	Low
Including health language into high level plan, regulation, policy to set up for later work (Starting values: H)	Medium to Established	Medium	Specific	Early to mid	Low to Medium	Open to Moderate	Medium
Attend other people's meetings, get health at the table in early discussions (Starting values: H)	Any	Medium	Any	Any	Any	Any	Low

(HIA values: E=Equity, D =Democracy, SD =Sustainable Development, EE = Ethical Use Evidence, H= Comprehensive Health Approach)

Table 10 HIAP Category: Developing and structuring cross-sector relationships							
	Relationships	Available Resources	Decision Type	Decision Timeline	Decision Controversy	Decision Openness	Evidence Available
Formal committee, council or taskforce to consider health (Starting values: E, D, H)	Medium to Established	High	Any	Any	Any	Open to Moderate	Medium
Temporary workgroups or teams (Starting values: D, H)	Medium to Established	Medium	Any	Early	Low	Open to Moderate	Medium
Voluntary networks Starting values: E, D, H)	Established	Medium	Any	Early	Low	Any	Low
Informal or formal health consultation mechanisms (i.e., health input process in place) (Starting values: SD, EE H)	Medium to Established	Medium	Any	Early to Mid	Low to Medium	Open to Moderate	Medium
Create an interagency/organization MOU (Starting values: SD, EE, H)	Medium to Established	High	Any	Any	Any	Open to Moderate	Medium

(HIA values: E=Equity, D =Democracy, SD =Sustainable Development, EE = Ethical Use Evidence, H= Comprehensive Health Approach)

Table 11 HIAP Category: Enhancing workforce capacity							
	Relationships	Available Resources	Decision Type	Decision Timeline	Decision Controversy	Decision Openness	Evidence Available
Training colleagues in health and health determinants (Starting values: E, D, H)	Any	High	Any	Early	Low	Any	Low
Joint/cross sector conferences (i.e., education and health) (Starting values: SD, H)	Medium to Established	Medium	Any	N/A	N/A	N/A	N/A
Hiring "non traditional" staff to include health and health equity perspective (Starting values: E, D, H)	Any	Medium	Any	Any	Any	Any	Low
Cross sector curriculum development (Starting values: D, SD, H)	Medium to Established	Medium	Any	N/A	N/A	N/A	N/A
Cross sector network meetings (go to each other's meetings!) Context - may be able to invite other stakeholders, talk with facilitators/leaders of meetings (Starting values: D, SD, H)	Any	Low	Any	Any	Any	Any	N/A

(HIA values: E=Equity, D=Democracy, SD=Sustainable Development, EE = Ethical Use Evidence, H= Comprehensive Health Approach)

Table 12 HIAP Category: Coordinating funding and investments							
	Relationships	Available Resources	Decision Type	Decision Timeline	Decision Controversy	Decision Openness	Evidence Available
Put health or health equity language into RFPs and funding proposals or develop health-related grant scoring criteria (Starting values: E, D, H)	Medium to Established	Medium to High	Any	Early to Mid	Low to Medium	Any	Low
Joint cooperative agreements, contracts, grants or financial support mechanisms (Starting values: E, SD, H)	Medium to Established	High	Any	Early to Mid	Low	Open to Moderate	Medium
Coordinated investments in communities (for organizations with funds to invest) (Starting values: E, SD, H)	Established	High	Any	Any	Any	Open to Moderate	Medium
Cross sector review of funding announcements and applications (Starting values: SD, H)	Any	Medium to High	Any	Early to Mid	Low to Medium	Any	Low to medium
Provide institutional support for agencies and organizations that want to integrate health into their work (providing research, community engagement or facilitation) (Starting values: E, D, SD, H)	Medium to Established	Medium to High	Any	Any	Any	Any	Low

(HIA values: E=Equity, D=Democracy, SD=Sustainable Development, EE = Ethical Use Evidence, H= Comprehensive Health Approach)

Table 13 HIAP Category: Integrating research, evaluation and data systems							
	Relationships	Available Resources	Decision Type	Decision Timeline	Decision Controversy	Decision Openness	Evidence Available
Use pieces of HIA process (e.g., screening, scoping, assessment, recommendations) in a different project that requires systematic use of data and impact analysis (Starting values: E, D, SD, EE, H)	Any	Low	Any	Any	Any	Open to Moderate	Medium
Applying specialized assessment tools (like walkability surveys) within planning contexts (Starting values: SD, EE, H)	Any	Medium	Any	Early to Mid	Low	Any	Low to medium
Database of indicators that include health and health determinants (ex. HDMT) (Starting values: E, EE, H)	Any	High	Any	Early to Mid	Low	Moderate	Medium
Sharing data (Starting values: D, EE)	Established	Medium	Any	Early to Mid	Low	Moderate	Medium
Using qualitative information (e.g., community experiences, youth planners, photovoice) (Starting values: E, D, EE, H)	Any	Medium	Any	Any	Any	Any	Low

(HIA values: E=Equity, D=Democracy, SD=Sustainable Development, EE = Ethical Use Evidence, H= Comprehensive Health Approach)

Table 14 HIAP Category: Synchronizing communications and messaging							
	Relationships	Available Resources	Decision Type	Decision Timeline	Decision Controversy	Decision Openness	Evidence Available
Synchronizing communication and messaging across organizations and/or sectors (Starting values: E, D)	Any	High	Any	Early to Mid	Low to Medium	Any	Low
Comment letter (on planning document or EIR, for example) (Relevant HIA value: E)	Any	Low	Specific	Any	Any	Any	Low
Create and share pathway diagrams (Starting values: E, EE, H)	Any	Low	Any	Any	Any	Moderate	Medium
Infographic templates (Issue – Outcome – Solution), like Pew/RWJ determinants of health (Starting values: E, EE, H)	Any	Medium to High	Any	Any	Any	Moderate	Medium
Fact sheet on connection between health and non-health sector (i.e., transportation and health) (Starting values: EE, H)	Any	Low	Any	Any	Any	Moderate	Medium
Policy brief - specific to a decision or series of decisions; if have already done work on the topic can be low resources to get something out. (If haven't done this before, it's medium to high resources.) (Starting values: E, EE, H)	Any	Low to Medium	Specific	Any	Any	Any	Low
Testimony (Starting values: E, D, H)	Any	Medium	Any	Any	Any	Moderate	Medium
Web page/blog (Starting values: E, D, H)	Any	Medium	Any	Any	Any	Moderate	Medium
Op-ed on linkages between proposal or process and health (Starting values: E, D, H)	Any	Low	Any	Any	Any	Any	Low

Table 14 HIAP Category: Synchronizing communications and messaging							
	Relationships	Available Resources	Decision Type	Decision Timeline	Decision Controversy	Decision Openness	Evidence Available
Use target indicators or goals for plans (Starting values: E, SD, H)	Any	Medium	Specific	Early	Low	Moderate	Medium
Communication tools or guides for translating to other sectors (business, environment, political interests) (Starting values: E, D, H)	Any	Medium	Specific	Early to Mid	Low to Medium	Moderate	Medium
Asking individual or organizational connections to get health inserted at a later stage (Starting values: E, D, H)	Medium to Established	Medium	Any	Early	Low	Moderate	Medium

(HIA values: E=Equity, D =Democracy, SD =Sustainable Development, EE = Ethical Use Evidence, H= Comprehensive Health Approach)

Table 15 HIAP Category: Implementing Accountability Structures							
	Relationships	Available Resources	Decision Type	Decision Timeline	Decision Controversy	Decision Openness	Evidence Available
Cross sector monitoring (Starting values: E, D, EE)	Established	High	Any	Early to Mid	Low to Medium	Medium	Medium
Shared objectives or performance measures with health implications (Starting values: E, EE, H)	Established	High	Any	Any	Any	Medium	Medium
Oversight or management structures (Starting values: E, D)	Established	High	Any	Early	Low	Any	Low
Established roles for systematic consideration of health criteria (Starting values: E, EE, H)	Medium to Established	Medium to High	Any	Early	Low	Any	Low
Cross cutting budget spending reviews (Starting values: E, D, SD)	Medium to Established	High	Any	Early	Low	Any	Low
Public reporting on health and health equity (Starting values: E, D, H)	Any	Medium	Any	Early	Low	Medium	Medium

(HIA values: E=Equity, D=Democracy, SD=Sustainable Development, EE= Ethical Use Evidence, H= Comprehensive Health Approach)

References

1. *Multilevel analyses of neighbourhood socioeconomic context and health outcomes: a critical review*. Pickett, KE and Pearl, M. *Journal of Epidemiology and Community Health*, 2001, Vol. 55, pp. 111-122.
2. Stone, V (editor). *Health in All Policies Training Manual*. Italy : World Health Organization, 2015.
3. The Prevention Institute, prepared for the RWJ Foundation. *Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health*. 2015.
4. Leppo K, Olila E, Pena S, Wismar M, Cook S. *Health in All Policies: Seizing Opportunities, Implementing policies*. s.l. : Finland Ministry of Social Affairs and Health, 2013.
5. CDC. *Centers for Disease Control and Prevention: Healthy People 2020: Social Determinants of Health*. [Online] 2015. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>.
6. Stahl, T, et al. *Health in all policies: Prospects and potentials*. Helsinki, Finland : Ministry of Social Affairs and Health, 2006.
7. "Health in All Policies": *Taking Stock of Emerging Practices to Incorporate Health in Decision Making in the U.S.* Gase, L.N., Pennotti, R., and Smith, K.D. 2013, *Journal of Public Health Management and Practice*, pp. 529-540.
8. Gothenberg Consensus. *Health Impact Assessment: main concepts and suggested approach*. Brussels : European Centre for Health Policy, WHO Regional Office for Europe, 1999.
9. Rudolph, L, et al. *Health in all policies: A Guide for state and local governments*. Washington, D.C. & Oakland, CA : American Public Health Association and Public Health Institute, 2013.
10. ASTHO. Association of State and Territorial Health Officials: Health in All Policies. [Online] October 9, 2015. <http://www.astho.org/Programs/HiAP/>.
11. NACCHO. National Association of City and County Health Officials: Environmental Health in All Policies. [Online] October 9, 2015.
12. WHO. *World Health Organization "Declaration of Alma Ata. International conference on primary health care. Alma-Ata, USSR, 6-12 September 1978."* Alma-Ata, USSR : s.n., 1978.
13. *A framework for evaluating health in all policies efforts in the United States*. Gase LN, Schooley T, Lee M, Rotakhina S, Vick J, Caplan J. s.l. : *Journal of Public Health Management and Practice*, 2016 [est.], Vol. [Under review].
14. Carpenter, SL and Kennedy, WJD. *Managing Public Disputes: A Practical Guide for Government, Business and Citizens' Groups*. s.l. : Jossey-Bass, 2001.
15. Tamburinni, AL, Gilhuly, K and Blankner, K. *SOPHIA Stakeholder Engagement Workgroup*. [Online] 2015. http://hiasociety.org/?page_id=576.
16. NPC, National Prevention Council. *National Prevention Strategy: America's Plan for Better Health and Wellness*. [Online] 2015. <http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html>.

17. *Use of Health Impact Assessment in the U.S.: 27 Case Studies, 1999-2007*. Dannenberg, A, et al. 2008, American Journal of Preventive Medicine, pp. 241-256.
18. *An Evaluation of Health Impact Assessments in the United States, 2011–2014*. Bourcier, E, et al. 2015, Preventing Chronic Disease.
19. Kickbush, I and Buckett, K. *Implementing health in all policies: Adelaide 2010*. s.l. : Dept of Health, Government of South Australia, 2010.
20. HIP. Pew Charitable Trusts. *Health Impact Project: HIA in the United States*. [Online] 2015.
<http://www.healthimpactproject.org/hia/us>.

Appendix A: Example

This rough example illustrates how to use the guide using a specific example scenario. The scenario is focused on a project: how to consider health in expanding a community mentoring program for juveniles to include job training. The example follows the instructions earlier in this guide and presents answers to each step.

Step 1: Review screening questions

1. **Relationship Strength:** The Department of Justice and non-profit partners already have a strong relationship -- looking to expand the partnership to include Department of Labor or a job training-focused non-profit for resources to set up a job training program
2. **Human and Financial Resources Available:** Human capital (volunteers and staff) but no funding -- hoping to implement the project next year
3. **Decision type:** This is a one time decision but has some level of ongoing decisions to make because it is a program.
4. **Decision timeline:** Looking to start as soon as possible and finalize by the end of the upcoming legislative term (for possible funding reasons).
5. **Decision Controversy or Political Context:** Medium -- many legislators/members of general public are hesitant to put resources toward those involved in the criminal justice system. However, because we are focusing youth, there is more room for empathy.
6. **Decision Process Openness or Opportunity to Influence the Decision:** It's medium-open.
7. **Availability of evidence:** Consider successes/challenges to community intervention programs, general youth job training programs, and job training for reentering adults.

Step 2: categories of activities that would be a good fit

We identified several limiting factors that affect what HIAP category of strategies are a best fit. These include: limited money available, a short timeline and medium controversy. We think that categories 1 (Incorporating health into decision making processes), 3 (Enhancing workforce capacity), 5 (Integrating research, evaluation and data systems), and 6 (Synchronizing communications and messaging) are a good fit.

Step 3: Consider HIA values

The values the lead organizations have are to create a positive outcome for these youths involved in the criminal justice system, successful job placement as a way to avoid recidivism. These align most directly to equity and comprehensive health approach.

Step 4: Choose preferred HIAP activities

In reviewing the values, and diving deeper into the Categories 1, 3, 5 and 6 potential activities include:

- Get health people at the table in other meetings and vice versa
- Use a health lens analysis
- Start cross-sector priority setting
- Use pieces of an HIA process
- Use qualitative information such as interviewing youth, parents and members of the justice system to get a better understanding of potential health impacts
- Create and share pathway diagrams
- Create a policy brief, fact sheet, or op-ed on the topic that uses existing information to link health and this program.

Steps 5, 6 and 7: discuss activities with partners to decide final approach

If we hadn't involved them in the whole screening process for HIAP, we would take the set of possible HIAP activities to partners and discuss them further to see which one makes the most sense as a starting point. Based on discussions with partners, the next step in the process might be to develop and structure cross-sector relationships. It would be imperative to work with the Department of Labor (DOL) when creating a job training program for youths involved in, or previously involved in, the justice system. DOL could provide strategies or resources necessary to identify employers willing to work with particular populations (youths or ex-offenders). Department of Justice should also be involved in decision-making and priority-setting for each step in the process. Community based organizations that work with school districts in reducing the number of youth that are sent to the DOL could also support thinking from a preventive perspective. The group would work together in answering questions in an equity and empowerment lens or racial equity impact assessment tool to make sure the approach was not adding unintended consequences.

Because of the nature of the project, any past research would be helpful in making a case for funding. Integrating research, evaluation, and data systems may give the goal of the project more merit in the eyes of those making funding decisions. This HIAP activity would involve research in the health and wellness benefits of youth employment and the effect of employment on recidivism.

Appendix B: HIAP Guide Worksheet Instructions

As you read through each of the descriptions of the HIAP criteria and consider the guiding questions, record your answers to each question in the first row, and then circle the corresponding alignment characterization levels from the Alignment tables that accompany each criteria description. Include any notes about your project(s) in relation to the HIAP categories and/or the HIAP criteria in each notes section. Then, go to the list of categories and actions in Section G in the guide to find a starting point! This is an iterative process and works better when you do this with at least 2 other colleagues in order to consider and weigh options.

Worksheet 1. Assessing HIAP criteria and determining possible alignment with different HIAP Categories

HIAP Categories	1. Relationship Strength How strong are your relationships with potential partners? (e.g. non-existent or new/emerging, medium, established or a mix)	2. Resources Available What resources do you have available?	3. Decision Type What type of decision is this? (e.g. specific plan, project or policy, or non-specific, ongoing)	5. Decision Timeline Where are you in the decision timeline? (e.g. early, underway or nearly complete)	5. Decision Controversy How much political division or controversy exists?	6. Decision Openness How “open” is the process (either publicly or behind the scenes) to new information?	7. Evidence Available How much evidence do you have available about the possible health issues or impacts related to the issue you’re hoping to inform?
Circle or highlight your answers to the guiding questions here, and then the corresponding alignment characterization (“Any”, “Mix”, “Poor Fit”) from the relevant Alignment tables.	None/Weak Some/Medium Many/Strong	Low Medium High	Specific Any	Early Mid-stream Late	Low Medium High	Low Medium High	Low Medium High
	HIAP Criteria						
Incorporating health into decision making processes	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit
NOTES:							

<p align="center">HIAP Categories</p>	<p align="center">1. Relationship Strength How strong are your relationships with potential partners? (e.g. non-existent or new/emerging, medium, established or a mix)</p>	<p align="center">2. Resources Available What resources do you have available?</p>	<p align="center">3. Decision Type What type of decision is this? (e.g. specific plan, project or policy, or non-specific, ongoing)</p>	<p align="center">5. Decision Timeline Where are you in the decision timeline? (e.g. early, underway or nearly complete)</p>	<p align="center">5. Decision Controversy How much political division or controversy exists?</p>	<p align="center">6. Decision Openness How “open” is the process (either publicly or behind the scenes) to new information?</p>	<p align="center">7. Evidence Available How much evidence do you have available about the possible health issues or impacts related to the issue you’re hoping to inform?</p>
<p>Circle or highlight your answers to the guiding questions here, and then the corresponding alignment characterization (“Any”, “Mix”, “Poor Fit”) from the relevant Alignment tables.</p>	<p align="center">None/Weak Some/Medium Many/Strong</p>	<p align="center">Low Medium High</p>	<p align="center">Specific Any</p>	<p align="center">Early Mid-stream Late</p>	<p align="center">Low Medium High</p>	<p align="center">Low Medium High</p>	<p align="center">Low Medium High</p>
<p>Developing and structuring cross-sector relationships</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>
<p>NOTES:</p>							
<p>Enhancing workforce capacity</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>
<p>NOTES:</p>							
<p>Coordinating funding and investments</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>	<p align="center">Any Mix Poor Fit</p>
<p>NOTES:</p>							

HIAP Categories	1. Relationship Strength How strong are your relationships with potential partners? (e.g. non-existent or new/emerging, medium, established or a mix)	2. Resources Available What resources do you have available?	3. Decision Type What type of decision is this? (e.g. specific plan, project or policy, or non-specific, ongoing)	5. Decision Timeline Where are you in the decision timeline? (e.g. early, underway or nearly complete)	5. Decision Controversy How much political division or controversy exists?	6. Decision Openness How “open” is the process (either publicly or behind the scenes) to new information?	7. Evidence Available How much evidence do you have available about the possible health issues or impacts related to the issue you’re hoping to inform?
Circle or highlight your answers to the guiding questions here, and then the corresponding alignment characterization (“Any”, “Mix”, “Poor Fit”) from the relevant Alignment tables.	None/Weak Some/Medium Many/Strong	Low Medium High	Specific Any	Early Mid-stream Late	Low Medium High	Low Medium High	Low Medium High
Integrating research, evaluation and data systems	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit
NOTES:							
Synchronizing communications and messaging	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit
NOTES:							
Implementing accountability structures	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit	Any Mix Poor Fit
NOTES:							