A Practice-Grounded Approach for Evaluating Health in All Policies Initiatives in the United States

Lauren Gase, MPH[1,*], **Taylor Schooley, MPH**[1], **Meredith Lee, MPH**[2], **Sierra Rotakhina, MPH**[3], **John Vick, PhD**[4], and **Julia Caplan, MPP, MPH**[5]

[1]Division of Chronic Disease and Injury Prevention, Los Angeles County Department of Public Health, Los Angeles, California

[2]Health in All Policies Task Force, Office of Health Equity, California Department of Public Health, Sacramento, California

[3]Washington State Board of Health, Olympia, Washington

[4]Division of Epidemiology and Research, Metro Nashville Public Health Department, Nashville, Tennessee

[5]Health in All Policies, Public Health Institute, Sacramento, California

approaches to evaluation that considers the links between the short- and long-term outcomes of HiAP initiatives.[14–15]

Recent work, primarily conducted in the international sphere, has addressed the first of these gaps by examining the process of HiAP development and implementation. Storm et al (2014)[16] developed and tested a model which classified HiAP implementation into six stages, ranging from unrecognized to institutionalized. The authors defined key characteristics at the individual, organizational, and political levels for measuring HiAP growth; management strategies most relevant for moving HiAP initiatives to subsequent stages; and core "necessary conditions" for initiatives at each stage. Shankardass et al (2015)[17] developed a theoretical conceptualization for the study of HiAP that emphasizes the importance of the context of initiation and implementation in influencing mechanisms of HiAP collaboration. The authors outline activities that lead to outcomes of acceptability (are sectors willing to collaborate); feasibility (do sectors have the capacity to collaborate); and, ultimately, sustainability (will collaboration last).

A second area of HiAP evaluation has focused on assessing the impact of specific tools or processes. As one component of a broader assessment, South Australia examined the impact of its health lens analysis process; findings suggest that health lens analyses have resulted in increased understanding by policy-makers, changes in policy direction, increases in policy-relevant research, and stronger partnerships.[12,18] Researchers in the Netherlands examined the impact of a HiAP coaching program to study whether municipalities were able to make progress in intersectoral collaboration at the strategic, tactical, or operational levels; findings showed mixed results.[19] Groups in Australia, New Zealand, and the United States have shown promising impacts of Health Impact Assessments (HIA) on decision-making processes and have described factors that can facilitate their success.[20–22]

The present study builds on previous work by identifying a potential approach and set of tools that practitioners and researchers can use to evaluate HiAP initiatives. Based on the Centers for Disease Control and Prevention (CDC) Framework for Program Evaluation in Public Health[23] and other evaluation references,[24] this study sought to develop: 1) a logic model to describe the sequence of events for bringing about change (i.e., a graphical representation of how the HiAP initiative is supposed to work) and 2) a set of potential indicators that could be used to define and measure progress of HiAP initiatives. Acknowledging the need for guidance relevant to the US context, three case studies were

Literature Review

Two reviews of the literature were conducted in June 2015 (preliminary review) and October 2015 (targeted, in-depth review) to understand a) current HiAP approaches and practices and b) evaluation frameworks or specific evaluations of HiAP initiatives. Due to the limited literature in the United States, the authors looked to international evaluation work, including efforts in Australia, Europe, and Canada. Queried databases included PubMed, Google Scholar, and JSTOR. Search terms included "Health in All Policies" AND ("evaluation" OR "assessment" OR "study" OR "framework"). In addition, abstracts from the 2015 National Health Impact Assessment Meeting and the 2015 Annual Meeting of the American Public Health Association as well as websites showcasing HiAP activities, including the CDC, the National Association of County and City Health Officials, and the National Network of Public Health Institutes were searched. While no literature was excluded because of its published date, recent sources were prioritized.

Expert Consultation

Experts – individuals with substantive knowledge in implementing or evaluating HiAP or HIA –provided feedback on draft products. The lead author facilitated two group-based input processes: 1) in June 2015, during a post-conference workshop of the National Health Impact Assessment Meeting (n=8 individuals who self-selected to participate in a group discussion on HiAP evaluation), and 2) in September 2015, during a HiAP community of practice call (n=6 practitioners who meet regularly to discuss HiAP implementation issues). Individual feedback was solicited via email from 11 additional experts, identified based on the professional networks of the study authors; all provided comments via email or a brief (30 minute) phone meeting. Experts were provided with a description of the project and a draft of the logic model and indicators and asked to "provide feedback on the scope and content of the tools, especially in light of your own HiAP efforts."

structures, plans and protocols, assessments, and accountability structures. Along with tracking activities, measuring outputs (examples of output indicators provided in Table 1)

HiAP initiative promoted cross-sector collaboration?; b) To what extent has the Task Force influenced policies that can impact population health, well-being, and equity?; and c) What factors facilitate the Task Force in meeting its goals (e.g., leadership support, legislative or mandated structures, backbone staff)? Potential indicators include the level of investment in cross-sector collaboration, number and types of policies that support collaboration, number and quality of partnerships across sectors, number and types of shared health/equity goals, frequency of reference to health and equity in "non-health" government programs, and number and types of changes to policies, processes, and programs. The evaluation aims to identify activities that are most effective in achieving the goals of the initiative, which can inform future work of the Task Force and the larger HiAP movement. In addition, demonstrating the impacts of this approach may help secure additional resources to support HiAP initiatives.

Washington State Health Impact Review Authority—The Washington State Board of Health (Board), in collaboration with the Governor's Interagency Council on Health Disparities (Council), conducts Health Impact Reviews (HIR) to support HiAP implementation within the state's legislative process. A HIR uses published scientific literature, data and/or expert opinion to provide an objective, evidence-based analysis of a proposed legislative or budgetary change to determine its likely impacts on health and health disparities. In 2006, the Board and Council were given statutory authority (RCW 43.20.285) to conduct these reviews if requested by the Governor or a state legislator. By statute, these reviews must be completed within ten days of the request during legislative session.[33] The short-term goals of the HIR work are to increase consideration of health and equity in specific state policy and budget decisions and understanding of the social determinants of health among policy-makers. In the intermediate-term, this tool has the potential to institutionalize the consideration of health and equity in state-level decision-making, even outside of the HIR process. Process data showing an increase in the number of requested HIRs (7 requests between 2007 and 2009, compared to 22 requests between 2013 and 2015) suggest the growing acceptance and potential value of such a tool. Additionally, Board staff have observed that the HIR process helps facilitate connections between legislators and community members and other experts who can then work directly with the bill sponsor to share their insights.

An in-depth evaluation of the HIR process will occur in 2016. The evaluation will examine request patterns, including which legislators are making requests, what type of bills/provisions are reviewed, and which legislators are not making requests and why. Because HIRs can only be initiated by request, this information will provide important insights into the program's potential for growth and improvement. The evaluation will also examine how HIRs are used in the decision-making process (e.g., how policymakers thought about and proceeded on each bill). This information can help inform how best to structure ongoing HiAP work in the state, including how to refine the HIR process or products or implement potentially complementary HiAP activities (e.g., enhanced communications or training). The evaluation will include a content analysis of HIR documents and associated legislation; an online survey of legislators and/or staff; and semi-structured key informant interviews with legislators who requested a HIR, individuals at the Board, and other key partners.

Metro Nashville-Davidson County Health in All Policies Initiative—Nashville's HiAP initiative was established in 2015 at the request of the Healthy Nashville Leadership Council and Nashville's Mayor to promote the consideration of health in decision-making. The initiative, housed within the Metro Nashville Public Health Department, seeks to develop and implement social, economic, and environmental policies that promote health

health and equity-focused efforts (e.g., healthcare reform, other cross-governmental collaborations), it can be difficult to attribute the work of a HiAP initiative to the outcomes observed. Moreover, because of the political nature of HiAP, not all projects may be documented in public records. Clearly outlining HiAP activities, outputs, and outcomes through a logic model can help address these challenges. Practitioners can use the tools provided in this article to facilitate dialogue among stakeholders, clarify assumptions, identify how they will assess progress, and implement data-driven ways to improve their work.

Evaluation represents a key strategy to build and sustain HiAP practice, helping to facilitate a better understanding of the impacts of different HiAP approaches and key factors that drive success. The work presented in this article provides a starting place to answer many of the outstanding questions related to HiAP in the United States, such as: are there core HiAP activities that can be implemented across contexts?; what inputs are needed to develop a successful HiAP model?; what activities are associated with both intentional and unintentional successes?; and what is the role of community-based partners in driving activities and outcomes?

While the practice-grounded tools presented in this article are a step forward, there are limitations to this work. First, because HiAP is an emerging field in the United States, there were very few published examples of national evaluation efforts. While the study authors gathered input from a number of experts, their experiences may not represent the full scope of HiAP practice. Second, because the logic model and indicators were developed so that they can be applied to a range of HiAP initiatives, they are framed using broad, as opposed to initiative- or sector-specific, language. Practitioners and researchers will need to use the examples provided to determine if and how each component can be applied to their HiAP work. Finally, the logic model and indicators represent works in progress; applying these tools to additional HiAP initiatives will facilitate a better understanding of their applicability and utility.

Implications for Policy & Practice

To facilitate further growth and success in HiAP practice, additional evaluation of HiAP initiatives is needed to better understand how to structure and make the case for investments in cross-sector work. Practitioners and researchers can use the logic model and indicators presented in the article to clarify and measure the goals, activities, and outcomes of their HiAP work. By considering assessment and evaluation approaches at the outset of HiAP strategy development, practitioners can lay a foundation for success within their own processes and contribute to the growing body of practice-based evidence.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

References

1. Healthy People. Office of Disease Prevention and Health Promotion. Washington, DC: U.S. Department of Health and Human Services; 2020. Retrieved from: http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health

2. Braveman PA, Egerter SA, Williams DR. The Social Determinants of Health: Coming of Age. Annual Review of Public Health. 2011; 32:381–398.

3. Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. Am J Public Health. 2010; 100(4):590–595. [PubMed: 20167880]

4. World Health Organization (WHO). 8th Global Conference on Health Promotion: Helsinki. 2013. Retrieved from: http://www.healthpromotion2013.org/health-promotion/health-in-all-policies

5. Freiler A, Muntaner C, Shankardass K, Mah CL, Molnar A, Renahy E, O'Campo P. Glossary for the implementation of Health in All Policies (HiAP). J Epidemiol Community Health. 2013; 67:1068–1072. [PubMed: 23986493]

19. Steenbakkers M, Jansen M, Maarse H, de Vries N. Challenging Health in All Policies, an action research study in Dutch municipalities. Health Policy. 2012; 105:288–295. [PubMed: 22405487]

20. Bourcier E, Charbonneau D, Cahill C, Dannenberg AL. An Evaluation of Health Impact Assessments in the United States, 2011–2014. Prev Chronic Dis. 2015; 12:140376.

21. Haigh F, Baum F, Dannenberg AL, Harris MF, Harris-Roxas B, Keleher H, et al. The effectiveness of health impact assessment in influencing decision-making in Australia and New Zealand 2005–2009. BMC Public Health. 2013; 13:1188. [PubMed: 24341545]

22. Haigh F, Harris E, Harris-Roxas B, Baum F, Dannenberg AL, Harris MF, et al. What makes health impact assessments successful? Factors contributing to effectiveness in Australia and New Zealand. BMC Public Health. 2013; 15(1):1009.

23. Centers for Disease Control and Prevention (CDC). Framework for program evaluation in public health. MMWR. 1999; 48(No. RR-11)

24. Crosby, RA., DiClemente, RJ., Salazar, LF. Research methods in health promotion. San Francisco, CA: Jossey-Bass; 2006.

25. de Leeuw E, Peters D. Nine questions to guide development and implementation of Health in All Policies. Health Promotion International. 2014

26. Gamble J. A developmental evaluation primer. Montréal: The J.W. McConnell Family Foundation. 2008 Retrieved from: http://aea365.org/blog/michael-quinn-patton-on-developmental-evaluation-applying-complexity-concepts-to-enhance-innovation-and-use/#sthash.K8xdLZ7M.dpuf.

27. Kuo T, Gase LN, Inkelas M. Population Health and Policy Workgroup. Dissemination, implementation, and improvement science research in population health: opportunities for public health and the CTSAs. Clinical and Translational Science. 2015 [Epub ahead of print].

28. Campbell, DT., Stanley, JC. Experimental and quasiexperimental designs for research. Boston: Houghton Mifflin Company; 1966.

29. Strategic Growth Council, Health in All Policies Task Force. Focus Areas and Action Plans. Retrieved from:
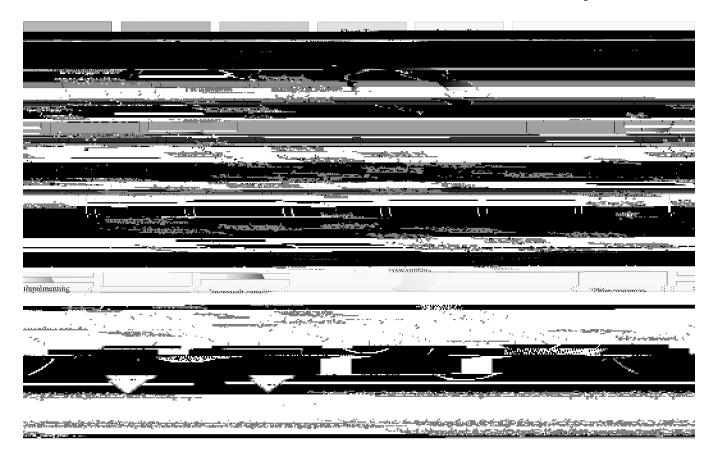
Figure 1.
Logic Model Depicting the Potential Inputs, Activities, Outputs, and Outcomes of Health in
All Policies Initiatives