



An Assessment of Cross-sector Collaboration Among State Health Agencies

September 2012

Across ASTHO, we promote and highlight the collaboration of state health agencies with other partners to help individuals be healthy at every stage of life. To further this effort, we are leveraging national initiatives such as the National Prevention Strategy (NPS)¹ and the concept of Health in All Policies (HiAP), a collaborative approach that integrates and articulates health considerations into policymaking across sectors, and at all levels, to improve the health of all communities and people². As a result of these two efforts, as well as other activities within ASTHO, we have collected the following information about the current snapshot of collaboration across state agencies.

The initial phase of this assessment entailed an environmental scan to describe the current level of cross-sector collaboration among state health agencies. Results indicate that state health agencies are collaborating with a number of partners in their communities and across governmental sectors. This collaboration can take shape in various formats and structures, which is a key takeaway for others interested in cross-sector collaboration. This analysis creates a baseline that will be utilized in coming years to gauge how collaboration changes

with this increasing momentum around the NPS and HiAP.

METHODS AND DATA SOURCES

In 2007, ASTHO launched its first profile survey to collect data that would provide a complete and accurate picture of state and territorial public health. ASTHO fielded a follow-up survey in 2010. Both surveys had a 100 percent response rate from all 50 states and the District of Columbia, and were funded by the Robert Wood Johnson Foundation and CDC. One of the questions asked about the nature of state health agency collaborative activities. State health agencies provided information on whether they had a memorandum of understanding (MOU) with other agencies within the state government, or if they engaged in collaborative activities with other agencies or organizations by exchanging information, working together on activities or projects, or providing financial resources. ASTHO staff examined the results of both surveys in spring 2012 during the environmental scanning process.

To gather data on state legislation related to HiAP, ASTHO staff utilized a legislative tracking service, Westlaw's Capitol Watch, to identify relevant bills that

¹ National Prevention Council. "National Prevention Strategy." Available at <http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>. Accessed 09-06-2012.

² HiAP Steering Committee Meeting. "Proceedings of Stakeholder Workgroup Meeting." April 2012.



were adopted between January 2009 and December 2011. ASTHO also tracked legislation related to HiAP throughout the 2012 legislative session.

FINDINGS

Data on collaborations is shown for 16 different agencies or organizations, which were selected based on their relevance to ASTHO’s work regarding chronic disease prevention and environmental health, as well as alignment with federal agencies represented on the

FIGURE 2. CORRESPONDING FEDERAL AND STATE AGENCIES

Federal Agency	State Agency or Organization
Dept. of Health and Human Services	State health agency State social service agency
Dept. of Agriculture	State agriculture agency
Dept. of Education	Schools
Federal Trade Commission Dept. of Labor	Economic and community development agencies
Dept. of Transportation	State transportation agency Other transportation agencies
Environmental Protection Agency	Environmental or conservation agencies State environmental agency State natural resources agency
Department of the Interior	State parks and recreation Other parks and recreations organizations
Corporation for National and Community Service	Community-based organizations Other voluntary or nonprofit organizations
Dept. of Housing and Urban Development	Housing agencies
None	Land use agencies Tribal governments

ASTHO does not have data for state agencies corresponding to the Dept. of Homeland Security, the Office of National Drug Control Policy, the Domestic Policy Council, the Dept. of Defense, the Dept. of Justice, the Dept. of Veterans Affairs, or the Office of Management and Budget.

Figure 1. State health agency collaborative activities

	Exchange Information		Work together on Activities or Projects		State Health Agency Provides Funding		State Health Agency Has Leadership Role		No Relationship Yet	
	#	%	#	%	#	%	#	%	#	%
Community-Based Organizations	46	(90%)	46	(90%)	34	(67%)	22	(43%)	0	(0%)
Economic and Community Development Agencies	28	(55%)	24	(47%)	5	(10%)	4	(8%)	11	(22%)
Environmental and Conservation Organizations	35	(69%)	32	(63%)	4	(8%)	4	(8%)	6	(12%)
Housing Agencies	29	(57%)	26	(51%)	4	(8%)	4	(8%)	9	(18%)
Land Use Agencies	25	(49%)	21	(41%)	1	(2%)	3	(6%)	13	(25%)
Other Voluntary or Nonprofit Organizations	40	(78%)	37	(73%)	14	(27%)	8	(16%)	2	(4%)
Parks and Recreations	33	(65%)	36	(71%)	3	(6%)	2	(4%)	4	(8%)
Schools	46	(90%)	48	(94%)	30	(59%)	19	(37%)	0	(0%)
Transportation	28	(55%)	30	(59%)	2	(4%)	1	(2%)	4	(8%)
Tribal Government Agencies or Other Tribal Community	34	(67%)	33	(65%)	26	(51%)	16	(31%)	1	(2%)

National Prevention, Health Promotion, and Public Health Council (see **figure 2**). The number and percentage of state health agencies that reported collaborative activities with other agencies or organizations in the years 2009-2010 are displayed in **figure 1**. Collaboration is most common with schools and community-based organizations. Collaboration is least common with economic and community development agencies and land use agencies.

Figure 3 shows the number of state health agencies with MOUs with other government agencies within the state as of 2007. Out of the six agencies, the highest number of state health agencies reported having MOUs with state environmental agencies (24 states) and state social service agencies (24 states). The fewest number of state health agencies reported having MOUs with the state parks and recreation agencies (eight states), but 18 states also reported that no MOU was needed with those agencies.

Another avenue for states to sustain collaboration is through policy, but few states have adopted legislation relating to HiAP. Of the 2009-2011 bills analyzed, three states (Connecticut, New York, and Rhode Island) adopted legislation meeting the search criteria, which for this initial analysis included: (1) state health and transportation departments working collaboratively, or (2) the transportation agency considering the health impact or health benefits of implementing programs and policies. Proposed legislation in the 2012

legislative session included: Rhode Island HB 7992, which would establish a state Prevention, Health Promotion and Public Health Council; Washington HB 2370, which would require the inclusion of health in the state's transportation system policy goals; California AB 441, which would include health and health equity factors in the guidelines promulgated for regional transportation plans; and California SCR 47, which requests the member agencies, departments, and offices of the California HiAP Task Force to provide leadership on implementing the recommendations put forth in the task force report. The Rhode Island and Washington bills were held for further study, California AB 441 is pending, and SCR 47 was adopted.

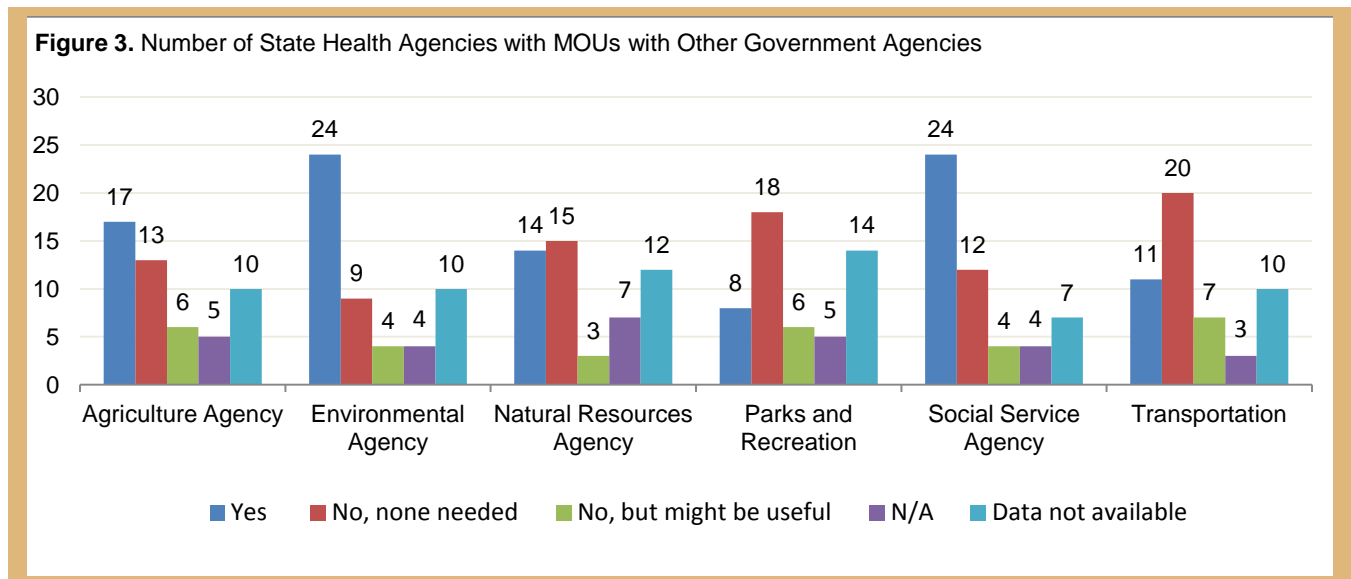
Appendix A contains the full state-by-state report of all the findings.

LIMITATIONS

Data on collaborations and MOUs was reported by leadership of the state health agency. With the complex structure of state health agencies, it is possible that there were collaborative activities that took place in addition to those reported on the survey.

The ASTHO profile survey is a comprehensive survey that is fielded every two to three years. The data presented in this report are the most recent data available. ASTHO will field the next profile survey in late 2012, with the report scheduled to be released 2013.

ASTHO staff performed comprehensive searches for the legislation presented in this report. All legislation



that contained common phrases relating to health and transportation or HiAP is included. However, bills not using common language may not have come up in the search.

NEXT STEPS

ASTHO will continue to work with state health agencies to monitor and analyze cross-sector collaboration. Using the information in this report as baseline, we will compare the data from the 2012 profile survey to highlight changes in state health agency collaboration. ASTHO will also continue to track state legislation that encourages various sectors to consider the health impacts of their programs and policies.