

Commonalities of State-Level HiAP Groups

States and localities are developing cross-sector or health in all policies (HiAP) working groups to address the drivers of health from both within and outside of public health and healthcare. These groups bring together decision-makers from different sectors to explore policies and programs that aim to improve public health and address health inequities. These partners can include government agencies, community-based organizations, educational institutions, businesses, and other stakeholders. This document outlines some of the components, partners, and roles/responsibilities of many of these groups, so they can be replicated across the nation to tackle complex public health challenges at the state and local level.

HiAP Background

Many states have launched initiatives and groups that use a collaborative approach to integrate health and equity considerations into programming and policy across all sectors. These groups take many shapes and have varying levels of formality and reporting structure. One commonality is that they embody [a HiAP approach](#). Some of the groups explicitly identify HiAP in their titles, but others [frame their work differently](#) while still aligning with many of the HiAP strategies.

Common Elements of State-Level Programs

While state-level HiAP groups vary across jurisdictions, there are some common elements in each of them that can be highlighted. The most common element is **cross-sector membership**. While the most common members of these state-level groups are **state agencies** (e.g., health, environment, transportation, housing, finance, education, etc.), they can also include partners from outside of state government, such as educational institutions, foundations, local governments, businesses, and community-based organizations. The second most common element is a **focus on health equity**, which is also an area where [taking a HiAP approach adds value](#). Below are other common elements seen across state-level HiAP programs that could be considered when developing a HiAP group:

- Sharing data sets and information collected by partners.
- Increasing understanding of different agencies' priorities.
- Improving alignment and coordination across state programs.
- Increasing consumer accessibility to health and supportive services.
- Promoting a government culture that prioritizes healthy, equitable, and sustainable communities.
- Integrating and normalizing health and equity-focused practices into the agency's internal processes.
- Providing a forum for departments and agencies to identify shared goals, priorities, and objectives.
- Operationalizing new practices, policies, and procedures that result in optimal health and wellbeing for all.

Element of Focus - Membership

The most common members of state-level HiAP groups are state agency staff from various cabinet agencies. In many states, state health agency staff are the leaders or conveners of the group, but some states employ a shared structure where there is joint ownership of the group and rotating facilitators of meetings. Some states also host external entities on an ad-hoc/guest basis (e.g., nonprofit policy advancement organizations) who are not full members to provide presentations or training to the group and aid with capacity building. Other common partners include:

- Local and/or tribal government
- Academic partners (e.g., universities and colleges) and training centers
- Agricultural extensions
- Housing development agencies
- Planning commissions
- Public health institutes
- Community groups
- Hospital associations

Element of Focus - Reporting Structure

There are a range of policy levers available to states to establish state-level HiAP or cross-sector groups. These groups are often established by the governor through an executive order (e.g., CA, NY, VT), although a few jurisdictions establish HiAP workgroups through legislation (e.g., IL). The executive order or legislation establishing the workgroup will designate a convener (often the governor's office or state health agency), who the required members of the workgroup will be, and the workgroup's core tasks. These tasks can range from reviewing existing state policies and making recommendations to better align with a HiAP framework, providing a report or feedback to the governor, legislature, state health official, or state interagency councils, and/or calling for participating agencies to take steps to incorporate HiAP across their operations (e.g., TN).

In any of the structures, there may also be partnerships with educational institutions or non-governmental bodies that help to facilitate meetings, trainings, and evaluation exercises (e.g., IL, CA, MD, NV). Some HiAP programs may be time-limited (e.g., set to achieve a strategic goal by a specific date), while others are sustainable even after achieving a desired objective or benchmark (e.g., voluntary groups not tied to an executive order). Still others may be tailored to a specific focus area, such as healthy housing, healthy aging, or health equity. There are also state examples where cross-sector groups are stood up to aid with the development of strategic initiatives, such as the State Health Improvement Plan/State Health Plan (e.g., DE, MN, TN) or Healthy People initiatives (e.g., NC).

Element of Focus - Roles and Responsibilities

Each state-level HiAP group has its own goals, mission, and plan for their work. Some of these are set up front, such as those established as part of an executive order, while others are established by the members during their regular convenings or annual reviews. There are also examples where the groups undergo an evaluation process to measure their progress and establish new roles and goals moving forward as part of a transformation. These roles and responsibilities can also be impacted by major events such as the COVID-19 pandemic, or through an influx of new funds or, conversely, budget cuts.

The commonalities between most groups are that they provide guidance on state-level policies and provide an equity lens to the work of the state, as well as a means to operationalize health equity. Some of the roles include providing internal guidance to state government and agencies, but some activities are directed to provide feedback to external stakeholders outside of the governmental structure. Some HiAP group members directly liaise with local governments or community-based entities through grants, contracts, and engagement. Participation in state-level HIAP groups also helps to equip members with greater competencies to engage community members with a health and racial equity lens. Common roles and responsibilities of state-level HiAP groups include:

- Identifying opportunities for collaboration among members.
- Developing guidance or policies at the state or local level to support health and well-being.
- Gathering and disseminating information on policy and program drivers of health and equity.
- Providing guidance to leadership (e.g., state health official, governor, etc.) on potential opportunities to provide health criteria into regulatory, program, and budgeting decisions.
- Developing action or strategic plans to set accountable goals, tasks, outcomes, metrics, and timelines, and assign agency/department leads across strategies.
- Providing input on promising/best practices with regard to coordinated innovative programs and policies that include a consideration of health impacts.
- Providing input on evidence-based actions and policies to improve the health and wellbeing of residents and state employees.
- Reviewing and providing feedback on state procurement policies with a health and equity lens (e.g., food procurement, contracting with equity-focused vendors, choice of cleaner state vehicle fleets).

Examples of HiAP Groups

The state-level HiAP or HiAP-like groups identified and linked to through this report can serve as resources to dig into additional components of individual programs.

CA: [Health in All Policies Task Force](#)

CO: [Healthy Housing Coalition](#), [CDPHE Built Environment](#)

DC: [Calling All Sectors Initiative](#)

DE: [Delaware SHIP](#)

IL: [Health in All Policies Workgroup](#)

MD: [Health in All Policies Workgroup](#) (until 2019)

MN: [Healthy Minnesota Partnership](#)

NC: [Healthy North Carolina 2030](#)

NV: [Health in All Policies Project](#)

NY: [Health Across All Policies Initiative](#)

TN: [Tennessee Livability Collaborative \(tn.gov\)](#)

VT: [Health in All Policies](#)