

Seven Health Department Strategies for Implementing Health in All Policies to Prepare for the Health Impacts of Climate Change



Overview

Local health departments (LHDs) face complex public health challenges due largely to decisions made outside of the health sector. Factors such as socioeconomic policies, land use and transportation decisions, and the quality of education shape access to resources and opportunities that affect quality of life and health outcomes. Problems such as health inequities, which are unfair and avoidable differences in health status within and between localities; healthcare costs; environmental exposures; and climate change are complicated, interrelated issues lacking simple solutions. Evidence-based solutions exist, but often require collaboration among stakeholders within a community. One way LHDs can begin to address such problems is by collaborating with partners from “non-health” sectors through a Health in All Policies (HiAP) approach that infuses health considerations into policy, planning, and program decisions.

About Health in All Policies

NACCHO defines HiAP as a change in the systems that determine how decisions are made and implemented by local, state, and federal governments to ensure policy decisions have neutral or beneficial impacts on health determinants. HiAP emphasizes collaboration across sectors and breaking down “silos” to achieve common health goals. HiAP is an innovative approach to changing how policies, plans, and programs are created and implemented by ensuring that health and equity are considered prior to adoption and implementation. Because LHDs possess the legal authority, responsibility, and mission to protect and promote the public’s health, they are natural leaders to implement HiAP at the state and local level by acting as facilitators to convene partners and stakeholders — such as public officials, planning or transportation departments, community-based organizations, local businesses, developers, and advocates — to address the policy and structural factors affecting health within communities. HiAP often fits within LHDs’ ongoing efforts to improve population health through policy, systems, and environmental change strategies.

Strategies for Implementing Health in All Policies

HiAP comprises of 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 state and local level to combat climate change in their jurisdictions. Each strategy is accompanied by local level examples to illustrate said strategy in action; where possible, these examples are hyperlinked to case studies or additional resources.

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, and 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.

St. Mary’s County in Maryland established a local [Equity Task Force](#) through a [joint resolution](#) between the Sheriff’s office, public school system, and the health department. These partners resolved to advance equity in regard to public safety, education, and health. One product of the Equity Task Force was [BreatheWell St. Mary’s](#), a comprehensive air quality monitoring and health education initiative in which real-time air quality data was monitored by outdoor air sensors and shared along with recommended protective health actions for community members.

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.

Boston Public Health Commission (BPHC) has set broad goals related to climate change, one of which is “to integrate considerations of public health, environmental justice, and particularly vulnerable populations into all aspects of city policy related to climate change mitigation and adaptation.”

To accomplish this, BPHC “set a Health in All Policies objective to integrate consideration of public health into the broader scope of all city policies beyond BPHC’s internal processes.” They achieved a number of successes including integrating promotion of physical activity and injury prevention into citywide planning policies, and active participation of BPHC’s Office of Public Health Preparedness and Environmental & Occupational Health Division in the citywide multi-agency climate change adaptation planning.

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.

The San Francisco Department of Public Health’s Climate and Health Program, in its efforts to combat climate challenges such as extreme heat, flooding and extreme storms, and wildfire smoke, sought to “build the capacity of departmental staff and programs to monitor health impacts, integrate climate preparedness, and improve climate response;” as well as to “enhance planning and preparedness for emergency response to protect the public’s health against negative impacts associated with climate change-related stressors and disasters.” Achieving national and international recognition for its success, the Department developed community tools such as the [San Francisco Climate and Health Profile](#); the [Climate and Health Adaption Framework](#), a heat vulnerability index; and a [flood health vulnerability index](#) to “help professionals respond to extreme weather events and to support climate action.”

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.

In partnership with the Houston Advanced Research Center — a local nonprofit research hub that provides independent analysis on energy, air, and water issues — Harris County Public Health in Houston, TX applied and was awarded funding from NACCHO and the CDC in April 2021. Using the funding from this health-related grant, they will combine climate change projections and current climate-related disease data to produce estimates of the expected heat-related disease burden within Harris County under various future climate scenarios. They will then use the estimated projections to create interventions and strategies focused on mitigating the adverse impacts of climate change among their residents.

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.

Green River District Health Department (GRDHD) in northwestern Kentucky is [studying how climate events](#) such as extreme heat, drought, and flooding affect the health of local populations and using data to identify public health interventions to protect the health of vulnerable populations living in the district. As part of their effort, they trained health department staff in research and policy development for climate change and incorporated “climate-related health indicators in epidemiological surveillance, community health assessment, and emergency preparedness.” One of their successes was using [these health indicators](#) to conduct a community health assessment and develop policy recommendations for internal and external use.

[FACT SHEET]

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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.

Public Health – Seattle and King County (PHSKC) has developed a climate and public health framework that reflects the values, concerns, and priorities of the local community and public health staff. Through engagement with other governmental partners and local climate justice-oriented community-based organizations, ensuring an equity and social-justice-centered approach, PHSKC has aimed to implement “a communication strategy to raise awareness about climate change and health, and share the framework broadly with organizational and community partners.” Among its other successes, the effort has “established a voice for public health impacts of climate change in the region.”

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.

For HiAP information or resources, contact NACCHO at PHLaw@NACCHO.org or visit www.naccho.org/programs/community-health/healthy-community-design/health-in-all-policies. For climate change information, contact NACCHO at environmentalhealth@NACCHO.org or visit www.naccho.org/programs/environmental-health/hazards/climate-change.

To help assign responsibility and ensure accountability, Franklin County Public Health (FCPH) in Ohio is dedicating the time of a newly hired Sustainability Health Educator to focus on sustainability, climate change and climate-related activities. FCPH will be conducting community outreach to assist in developing and implementing climate change adaptation and mitigation projects and coordinating with communities and partners. In addition, FCPH will be able to build an evidence base and increase awareness to ensure that climate change issues are addressed and incorporated within future community health assessments and community health action plans.

Conclusion

LHDs can use a HiAP approach to address highly complex health challenges in their communities by initiating the ways that decisions are made and carried out at the local level. The seven strategies provide a menu of options for incorporating HiAP into LHD work in a variety of combinations and at different scales and scopes of implementation. NACCHO advocates for LHDs to take a leadership role at the local level to help convene cross-sector partners and drive systems-level change to improve health outcomes.

References

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2. NACCHO Fact Sheet: Local Health Department Strategies for Implementing Health in All Policies (Dec. 2014), www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/factsheet_hiap_dec2014-1.pdf.

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