



Promoting Better Health Beyond Health Care

State-level multi-sector actions for addressing the social, economic, and environmental factors that impact health

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EXECUTIVE SUMMARY

National experts and state policymakers increasingly recognize that health outcomes are influenced not only by providing access to health care coverage and services, but also by state-level policies in non-health sectors, such as agriculture, education, and transportation, among others. The Center for Health Care Strategies (CHCS), with support from the Robert Wood Johnson Foundation, conducted a national exploration of state-level strategies to promote health beyond the traditional health care levers. Through review of published and gray literature, interviews with state officials and relevant subject matter experts, in-depth site visits, and a small group convening, CHCS aimed to answer key questions, including:

1. What are the levers across state agencies that could be used to improve population health, either through specific policy action or by exerting state influence?
2. What are examples of diverse state agencies working together and with other community partners to improve population health?
3. What are the key factors necessary to promote effective cross-sector collaborations?
4. What types of technical assistance and facilitation would increase states' capacity to pursue and successfully implement these actions?
5. How might state-level assistance be targeted to support and scale similar innovation?

Following is a summary of key takeaways from this exploration, organized according to: (1) **precursors**, or foundational factors that help to prime the environment for state action; (2) **catalysts** that initiate and advance coordination among diverse state agencies; and (3) **success factors** for effective implementation and ongoing collaboration.

Precursors

Participants in the information-gathering process acknowledged that there are factors that prime the environment, or lay the groundwork for state action. These include:

- **Recognition of historical inequities and the collective desire for equality and social justice.** Awareness and acknowledgement of the historical contexts of policy and programmatic trends that relate to health inequities are critical to a more complete understanding of overarching health determinants and can help drive change.
- **Specifically expressed community needs/desires.** Information conveyed directly by community members (e.g., to public officials at town hall forums) generates awareness of specific local priorities and lays a foundation for action.
- **Long-running commitment by state/community-level advocacy groups.** Knowledge and activism around pressing community-level needs create an environment that is receptive to state-level action. The persistence of this type of grassroots effort positions advocacy groups to be prime partners when windows of opportunity become available.

- **Dedication by state champions to advance issues and policy solutions.** Innovative agency staff, at any level, are continuously identifying and exploring potential opportunities to move the needle on issues of importance. This research and pre-work is then leveraged for action when catalytic events occur.

Catalysts

Following are key factors and actions that can initiate and advance state-level, cross-agency population health improvement strategies.

- **A crisis of significant proportion or opportunity for large-scale change.** Major events, emergencies, or crises require support from multiple sectors to ensure a coordinated and effective response. Addressing the opioid epidemic and providing support following natural disasters are examples of major events that have driven state-level, cross-sector action.
- **Executive action, legislation, or shared political will.** Gubernatorial and state legislative mandates galvanize cross-agency action around an issue. The task forces and commissions created through such legislative and executive actions create the framework through which agencies can work together in complementary ways toward a shared public health improvement goal.
- **Grant support or the identification of untapped federal/state resources.** Multi-sector partnerships can arise through the application or receipt of philanthropic or federal grants. In addition, the identification of existing untapped federal or state resources can stimulate or advance states' efforts.
- **Data illustrating the magnitude or severity of a problem and inciting a call to action.** Data can highlight the significance of population health issues, identify priorities for action, as well as provide an evidence base to initiate collaboration among state agencies. In addition, results from health impact assessments of programs or policies can catalyze action.
- **Success stories from other state efforts.** Learning about the achievements of other states' multi-sector program approaches, policies, or efforts can spur action. This can occur either formally (e.g., through a report) or informally (e.g., through learning groups or peer networks).

Success Factors

Seven elements critical to ongoing successful implementation of these state-level efforts emerged during this exploratory project, as follows.

- **Existing state infrastructure that supports collaboration and shared accountability, such as established arrangements for data sharing, decision-making, resource allocation, and project management.** State agencies or departments that have worked together previously have established trust, as well as arrangements for decision-making, resource allocation, and project management. One strategy for aligning cross-agency efforts used by some states is the

adoption of a health in all policies (HiAP) model, which provides a structure for state agencies to collectively take into account the health implications of policy and program decisions.

- **Committed and engaging leadership.** Visible senior-level leadership buy-in is critical to support issue prioritization, resources, and actions necessary for implementation and lasting change. It is equally essential, though, to also have sufficient staff resources and sustainable capacity to accomplish goals.
- **Clear and aligned priorities and policies that allow for win-wins across sectors and agencies.** Defining a common purpose with clearly aligned priorities links stakeholders together and creates a mutual understanding of the benefits of success. State agency (and other) partners generally come to a collaboration with their own sector-specific goals, priorities, and requirements. The most effective collaborations welcome these differences and take the time to identify the complementary objectives, resources, and capabilities that one another bring to the partnership.
- **Commitment to understanding cross-sector/agency culture and language differences.** Awareness of and sensitivity to cross-agency culture differences is required to work together effectively. State agencies have their own unique priorities, as well as their own processes, resources, and infrastructure. Awareness of these differences is key to collaborative work.
- **Sustainable funding mechanisms that support cross-sector collaboration.** Ensuring that cross-sector efforts are sufficiently resourced is key to achieving identified goals and ensuring the longevity of collaborative efforts. Considerable staff time and resources are required to coordinate across sectors, and funding to support dedicated individuals to drive this work was identified as a critical element of success.
- **Access to pertinent cross-sector data for design, monitoring, and evaluation and the capacity to use data to inform action.** Data are essential for identifying needs, and data are required for the design, monitoring, and evaluation of policy and programmatic strategies. In addition, data are essential to measuring the achievement of state-level strategies and making well-informed decisions.
- **Empowered local community implementation efforts.** It is critical to allow for flexibility and innovation at the local level to ensure that approaches are tailored to the unique needs and desires of communities, and to ensure maximal buy-in from community members. It is also important for states to be receptive to a 'ground-up' approach, where local leaders identify needs and best practices for addressing those needs.

Opportunities to Support State Efforts

Based on the themes that emerged from this exploration, following are ways to support state efforts that may be especially valuable.

- **Supporting states to empower local communities.** The importance of effective engagement and inclusion of local communities' voices and needs when considering population health improvement strategies was emphasized throughout this exploration. Participants suggested that cross-sector collaboration must go beyond intra-agency work at the state-level to support aligned visions across diverse state *and* local partners.
- **Facilitating multi-state cross-sector learning and collaboration.** The health care sector cannot address social determinants of health alone. Given the cultural differences across sectors as well as the persistent interest of state officials in learning from other states' experiences, opportunities to learn together could galvanize cross-sector action to improve population health.
- **Building cross-sector data sharing capacity.** States interviewed expressed a need for assistance in breaking down data silos, sharing data across sectors, and understanding how to use diverse data sets to inform program decisions. There are opportunities to increase state capacity to effectively share and meaningfully interpret cross-sector data to inform planning, communication, and ongoing monitoring and evaluation.
- **Cultivating cross-sector leadership at the state-level.** Interviewees emphasized the critical role that state leadership must play in promoting cross-sector partnerships. They noted the substantial need to identify and nurture state-level leaders from diverse sectors to increase the likelihood that collaboration can expand within and across states. Interviewees also emphasized the value of providing professional development and capacity building opportunities for staff who lead day-to-day implementation efforts.

The lessons outlined here can contribute to state-level programs or policy actions that go beyond health care to potentially drive meaningful improvements in population health.

INTRODUCTION

There is growing recognition among state officials, from the gubernatorial level to agency-level directors, that health outcomes and associated cost trends hinge, to a large degree, on effectively addressing the social determinants of health. This is especially true for low-income families and other vulnerable populations whose health is more likely to be impacted by economic, social, and environmental conditions. Poor health status and even premature death has been linked to education, income, the built environment, and early childhood trauma.¹

States play key roles in enabling access to health care coverage and services through state-funded insurance coverage, such as Medicaid and state employee health plans, the regulation of commercial health insurance markets, and a broad array of public health operations. Increasingly, Medicaid programs are developing new approaches to screen and refer beneficiaries to the array of community social service providers, and testing payment models that tie incentives to health outcomes. Beyond these health policy levers, numerous other areas of state oversight, policymaking, and programs (such as the CDC’s Health Impact in Five Years Initiative) present opportunities outside the health care domain to drive improvements in population health.² Given that health status is embedded in larger living and working conditions, investments made by non-health sectors offer the potential to improve health and reduce disparities.³ Exhibit 1 highlights some of the major departments within state government and the associated levers that can impact health.

Exhibit 1. State Government Departments and Associated Levers for Impacting Health

Department*	Examples of Health-Related Levers	
 Agriculture	<ul style="list-style-type: none"> Food assistance Food safety 	<ul style="list-style-type: none"> Healthy food access School nutrition programs
 Children and Families	<ul style="list-style-type: none"> Early intervention Child welfare 	<ul style="list-style-type: none"> Domestic violence
 Corrections	<ul style="list-style-type: none"> Reentry programs Bail and probation/parole policies 	<ul style="list-style-type: none"> Mental health/drug courts and other diversion programs
 Education	<ul style="list-style-type: none"> Pre-K access Curriculum requirements (e.g., health, physical education, recess) 	<ul style="list-style-type: none"> School infrastructure (e.g., safe buildings, playgrounds)
 Environmental Protection	<ul style="list-style-type: none"> Water safety Air quality 	<ul style="list-style-type: none"> Land use/open-space requirements Waste management
 Housing and Community Development	<ul style="list-style-type: none"> Affordable housing, supportive housing, shelters Safety codes and standards 	<ul style="list-style-type: none"> Enterprise zones
 Labor	<ul style="list-style-type: none"> Employment training and supports Workplace safety 	<ul style="list-style-type: none"> Family/medical leave Workers’ compensation
 Transportation	<ul style="list-style-type: none"> Public transportation access Pedestrian walkways/sidewalks 	<ul style="list-style-type: none"> Highway safety/traffic management Vehicle emissions standards

*Note, departments may be organized and/or named differently across states.

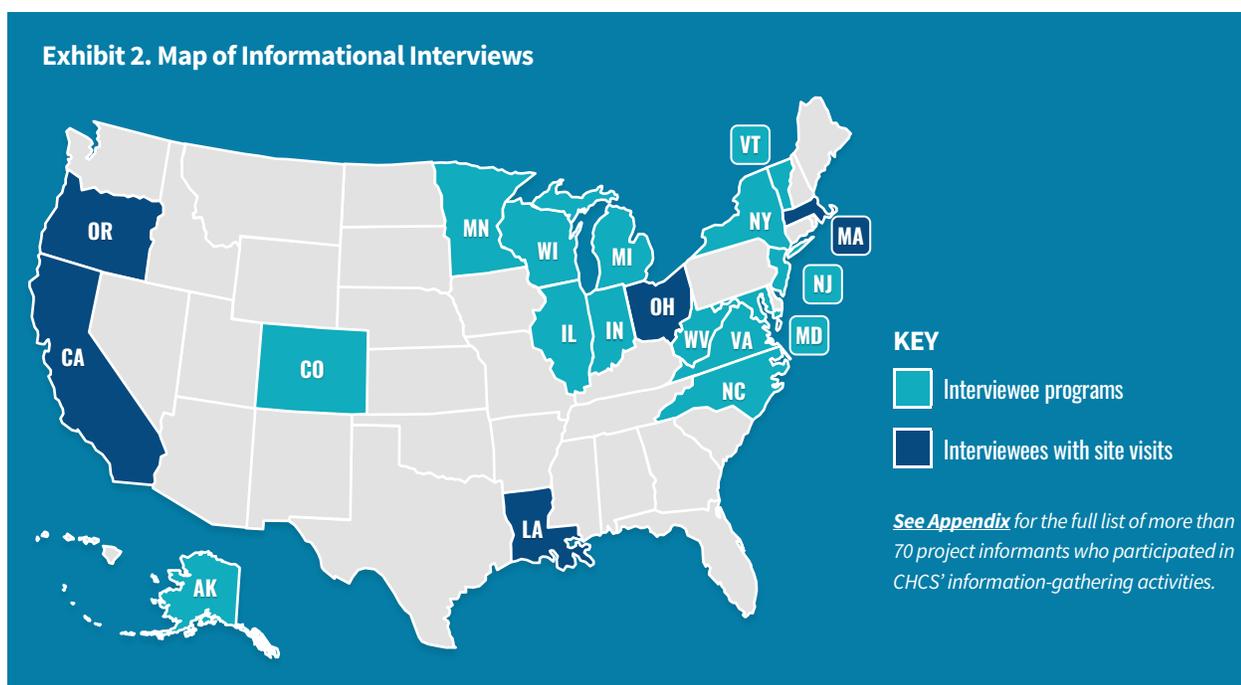
Project Purpose

The purpose of this project was to identify: (1) state-level program or policy actions outside health care that drive meaningful improvements in population health; (2) critical success factors for effective cross-sector collaboration; and (3) the external supports that would help states push cross-sector partnerships further. The findings are designed to inform future investment by philanthropic and other funders looking to support cross-sector collaboration. Several crucial questions were addressed:

1. What are the levers across state agencies that could be used to improve population health, either through specific policy action or by exerting state influence?
2. What are examples of diverse state agencies working together and with other community partners to improve population health?
3. What are the key factors necessary to promote effective cross-sector collaborations?
4. What types of technical assistance and facilitation would most effectively increase states' capacity to pursue and successfully implement these actions?
5. How might state-level assistance be targeted to support and scale similar innovation?

Project Overview

Through the *Better Health Beyond Health Care* project, CHCS conducted information-gathering activities, including review of published and gray literature, more than 30 key informant interviews, site visits to five states, and a small group convening. The objective was to collect information from state officials and subject matter experts with first-hand knowledge or experience with cross-agency collaboration to improve population health. Overall, CHCS performed interviews representing 15 programs in 19 states,⁴ as well as with additional subject matter experts (see Exhibit 2).



CHCS considered a variety of factors when selecting informants, including: (1) diversity of states; (2) diversity of sectors; and (3) relevant expertise.

About this Report

This report details factors that emerged as key components of successful state-level efforts to promote health outside of the traditional health care sector. This report also highlights promising cross-sector approaches employed by states and identifies key opportunities to further states' collaborative efforts, including:

1. Assisting state efforts to empower local communities;
2. Facilitating multi-state cross-sector learning and collaboration;
3. Supporting data-sharing across sectors to inform decision-making and comprehensive actions;
and
4. Cultivating cross-sector leadership at the state-level.

A companion series of *Better Health Beyond Health Care State Case Studies* that detail diverse state-level, cross-sector collaborations in **California, Ohio, Oregon, Louisiana,** and **Massachusetts** is also available online at: www.chcs.org/better-health-profiles.

KEY LESSONS

Distinct themes that emerged from the informant interviews, site visits, and the small group convening are organized below into three categories: (1) *precursors*, or foundational factors that help to prime the environment for state action; (2) *catalysts* that initiate and advance coordination among diverse state agencies; and (3) *success factors* for effective implementation and ongoing collaboration.

Precursors

Participants in the information-gathering process acknowledged that there are factors that “prime the environment,” or lay the groundwork for state action. These include:

- **Recognition of historical inequities and the collective desire for equality and social justice.** Awareness and acknowledgement of the historical contexts of policy and programmatic trends that relate to health inequities are critical to a more complete understanding of overarching health determinants and can help drive change.
- **Specifically expressed community needs/desires.** Information conveyed directly by community members (e.g., to public officials at town hall forums) generates awareness of specific local priorities and lays a foundation for action.
- **Long-running commitment by state/community-level advocacy groups.** Knowledge and activism around pressing community-level needs create an environment that is receptive to state-level action. The persistence of grassroots advocacy groups positions these organizations to be prime partners when collaborative opportunities become available.
- **Commitment of state champions to advance issues and policy solutions.** Across states, innovative agency staff, at any level, are continuously exploring opportunities to move the needle on issues of importance. This research and pre-work can be leveraged for action when catalytic events, like those described below, occur.

Catalysts that Initiate and Advance State-Level, Cross-Sector Action

Informants asserted that state-level, cross-agency population health improvement strategies are typically born out of catalytic events such as those described below. These catalysts present striking opportunities for facilitating change and improving outcomes on shared or aligned challenges.

1. A Crisis of Significant Proportion

Major events, emergencies, or crises garner attention and allocation of resources from public officials, and typically require support from multiple sectors to ensure a coordinated and effective response. Crises increase public scrutiny (including media attention), holding public officials accountable for addressing the situation and keeping issues “on the front page,” particularly through stories of those personally affected. They often lead to the formation of specialized task forces charged with

marshalling state resources, potentially including community representatives to make sure the voices and needs of the most vulnerable are heard. For example, the opioid epidemic has emerged as a major public health crisis in states across the country.

In **Ohio**, as in many other states, opioid overdoses are now the leading cause of injury-related death.⁵ This public health crisis has compelled collaboration among multiple state agencies and other community partners. In 2011, long before the public health crisis was on many states' radars, Ohio's Governor John Kasich established the Governor's Cabinet Opiate Action Team (GCOAT) and charged it with preventing overdose deaths in the state. Since that time, the GCOAT has compelled a broad array of critical, multi-agency actions, including: (1) law enforcement initiatives aimed at reducing drug trafficking; (2) education and prevention programs; (3) monitoring prescribing practices and developing pain medicine prescribing guidelines; and (4) expanding access to treatment and recovery services.

GO DEEPER | Combating Opioid Abuse through a Unified State and Local Response: The Ohio Governor's Cabinet Opiate Action Team

With one of the highest opioid overdose death rates in the country, Ohio's Governor John Kasich united state agencies in a comprehensive and coordinated approach to combat the opioid crisis, by establishing the Governor's Cabinet Opiate Action Team in 2011. The state's efforts to address the opioid epidemic are multifaceted — including law enforcement initiatives aimed at cracking down on drug trafficking; youth drug prevention; monitoring prescribing practices and encouraging appropriate use of pain medications; and efforts to expand access to treatment and recovery services.

Read the case study at: www.chcs.org/better-health-profiles.



Similarly, **West Virginia** created the Drug Free Moms and Babies project in response to the growing number of babies prenatally exposed to drugs and affected by neonatal abstinence syndrome. In 2009, a West Virginia-based study of more than 750 umbilical cords found that approximately 20 percent of the newborns tested had drugs in their systems.⁶ The Drug Free Moms and Babies project is a statewide collaborative effort that includes partnerships between public health, behavioral health, Medicaid, child and family social services, and other key partners like West Virginia University and the local chapter of the American Academy of Pediatrics. Its objective is to support healthy pregnancy outcomes by providing prevention, early intervention, addiction treatment, and recovery support services for pregnant and postpartum women.

Natural disasters are another form of crisis that can catalyze coordinated state-level action. In 2005, Hurricanes Katrina and Rita devastated **Louisiana**, disproportionately impacting individuals who were already homeless and those who became homeless as a result of the storms – including many individuals with disabilities. To address the massive challenge of providing safe housing and addressing the health needs of the homeless, the Louisiana Department of Health and the Louisiana Housing Corporation-Louisiana Housing Authority (LHA), in coordination with community service organizations, housing providers, and federal funding agencies, created a Permanent Supportive Housing (PSH) program for low-income individuals with significant long-term disabilities that includes

both safe housing and support services. As of 2017, the interagency program has housed more than 3,200 individuals.⁷

2. Executive Action, Legislation or Shared Political Will

Gubernatorial and/or state legislative mandates often galvanize cross-agency action around an issue. A recent report on state population health strategies by the Milbank Memorial Fund, which included interviews with four states, found that successful cross-agency initiatives are often launched as a result of specific executive branch action or state legislation.⁸ The commissions and task forces created through such legislative and executive actions create a framework through which agencies can work together in complementary ways.

In addition, leadership changes can usher in new political agendas and policy priorities, capturing the attention of other public officials and the re-allocation of public resources. These new priorities may focus on issues with potentially large population health impacts – for example, transportation or criminal justice reform, or early childhood initiatives.

For example, in 2009 the **Massachusetts** legislature passed a major transportation reform law with the goal of facilitating multi-agency collaboration to, in part, promote better health outcomes. The legislation streamlined a previously segregated group of state transportation agencies into one unified Department of Transportation, and underscored the need to increase efficiencies and improve quality of life for Massachusetts residents. The Healthy Transportation Compact (HTC), a requirement of the reform law, is co-chaired by the state secretaries of Health and Human Services and Transportation, and is charged with: (1) promoting interagency collaboration to implement land use, transportation, and public health policies and programs that support healthy transportation; and (2) ensuring a “complete streets” design approach that accommodates pedestrians and bicyclists in all transportation and development projects.

GO DEEPER | Making a Compact to Strategically Connect Transportation and Public Health Goals in Massachusetts

In Massachusetts, several state transportation agencies were working independently, resulting in inefficient use of public resources. In addition, local advocacy groups were promoting the need for safe, convenient, and affordable transportation options. The state was also experiencing a rise in obesity rates.

Under reform legislation in 2009, Governor Deval Patrick consolidated all transportation agencies into the streamlined MassDOT. The Healthy Transportation Compact, a requirement of the 2009 reform legislation, was created to strengthen the state’s commitment to public health and increase access for bicyclists and pedestrians.

Read the case study at: www.chcs.org/better-health-profiles.



Another example comes from **New Jersey** where a 2013 study by the Drug Policy Alliance and Luminosity found that nearly 40 percent of jail inmates in the state were locked up because they were too poor to afford their bail.⁹ Time behind bars has far-reaching implications including job retention and employability, residential stability, and access to health care coverage and services. Through a joint effort from the executive, legislative, and judiciary branches of government, landmark legislation

was passed in 2014 that transformed the state’s approach to pre-trial detainment. Specifically, the New Jersey Bail Reform/Speedy Trial Law eliminated money bail in January 2017 and switched to a system where judges consider each defendant’s individual risk before deciding whether that defendant should be released or kept in jail while awaiting trial. Although population health was not a driver of this legislation, there was an explicit recognition that monetary bail systems are discriminatory and inequitable, and harm not only the well-being of individuals who are held pre-trial, but also their families and their communities. Those being held can also lose their employer-based health insurance.

Whereas the **Massachusetts** and **New Jersey** examples highlight legislative actions, governors have substantial power to prioritize state-level collaborations and create infrastructure to advance population health. For example, governors in both California (Gov. Schwarzenegger in 2010) and Vermont (Gov. Shulman in 2015) signed executive orders that supported Health in All Policies (HiAP) models. In **California**, the HiAP Task Force convenes over 20 state government departments and agencies to advance health, equity, and environmental sustainability. Vermont’s HiAP Task Force is comprised of nine state agencies and is charged with identifying agency-specific legislative, rulemaking, and budgetary options for improving health.

In **Maryland**, Governor Larry Hogan led a multi-agency effort to reduce lead poisoning and asthma, beginning in 2017. The initiative, which continues today, leverages federal funds available through the Maryland Medicaid Children’s Health Insurance Program under the authority of a Health Services Initiative State Plan Amendment. It is comprised of two efforts: (1) *Healthy Homes for Healthy Kids*, a collaboration between the Department of Health and Department of Housing and Community Development to expand lead identification and abatement programs; and (2) *Childhood Lead Poisoning Prevention & Environmental Case Management Program*, which strengthens nine local health department programs that help eliminate lead exposure and asthma triggers in homes.

3. Grant Support or the Identification of Untapped Federal/State Resources

Multi-sector partnerships can arise through the application or receipt of philanthropic or federal grants. The proposal development process can bring together key leaders and senior staff from multiple agencies to develop a project concept, budget, and implementation plan. Under the pressure of submission deadlines, decisions and buy-in that might ordinarily take months or years to generate can often be expedited. Even in the event when proposals are not selected for funding, the groundwork laid in the development process can be harvested for other purposes. In other cases, officials may learn about existing untapped resources within their own budgets or in those of another agency that could be marshalled for an otherwise hard-to-fund purpose.

For example, **North Carolina’s** “Watch for Me NC” program is a statewide pedestrian and bicycle safety effort that began as a federally funded demonstration project out of the National Highway Traffic Safety Administration. The program is a collaboration between the Governor’s Highway Safety Program and the North Carolina Department of Transportation, with a close university partnership, that seeks to reduce the number of pedestrians and bicyclists injured in crashes with vehicles. At the local level, many of the “Watch for Me NC” coalitions that work to implement the program involve

collaboration between community health departments, law enforcement agencies, universities, and other municipal and regional partners.

In another example, **Louisiana** — after hurricanes Katrina and Rita — received significant support from the Housing and Urban Development Community Development Block Grant (CDBG) disaster relief funds. These funds were combined with Medicaid resources to build a supportive housing program for people with disabilities and also those living in institutions who had been displaced by the storms. State-employed Tenant Service Managers are funded by the CDBG funds, allowing them to provide uninterrupted support to individuals regardless of Medicaid enrollment status. Most of the service providers that are contracted by Medicaid also have contracts to provide services through CDBG. Having an additional source of funding has been critical in bridging Medicaid funds as well as ensuring minimal interruption in services due to Medicaid eligibility gaps or Medicaid prior authorization issues.

4. Data-Driven Imperative

Data can illustrate the magnitude of population health issues, identify priorities for action, as well as provide an evidence base to initiate collaboration among state agencies. Health impact assessments (HIAs) of programs or policy decisions, for example, can help demonstrate the likely health-related outcomes from proposed projects, programs or policies, and are used by many states to inform cross collaboration efforts. In addition, health rankings scorecards can galvanize action, and have the benefit of being credible external data sources that do not require extensive data sharing/analysis by the state. According to a recent Milbank Memorial Fund case study highlighting Georgia's efforts to decrease infant mortality, health rankings data like the America's Health Ranking scorecard can be a useful tool to help state leaders set priorities.¹⁰

Wisconsin used an HIA to explore the effects of increased funding for treatment alternatives over incarceration. Human Impact Partners collaborated with the faith-based organizing group, WISDOM, to conduct an assessment of the public health impacts of increasing funding for Wisconsin's treatment and diversion programs, and determined that expanding alternatives to incarceration would reduce the prison population, reduce crime, lower recidivism, and strengthen families by keeping up to 1,600 parents out of prison each year. The HIA had tremendous impact not only on generating public awareness about treatment versus incarceration, but also in catching the attention of legislators. In fact, the legislature increased the budget for treatment alternatives from \$1 million to \$6 million, based largely on the HIA recommendations.¹¹

Similarly, **Massachusetts** uses HIAs to assess potential health-related consequences of transportation policies. It also uses the Integrated Transport and Health Impact Modeling Tool, which estimates health benefits due to changes in physical activity, air pollution, and injuries. Massachusetts' Departments of Health and Transportation partnered to conduct an HIA on the reconstruction of a heavily traveled highway in the state, called the "Grounding McGrath HIA." The HIA included concrete recommendations related to promoting healthy transportation, including: (1) incorporate strategies to reduce pedestrian injuries and fatalities in the highway design options, and develop and promote safety plans for sidewalks, bike paths, and open spaces, in conjunction with local law enforcement; (2) acknowledge that project design alternatives should minimize the displacement of residents and ensure that they have access to affordable goods and services, housing, and job opportunities; and (3)

conduct more research on the potential for increased ground-level exposure to traffic-related air pollutants among community members, and identify the most effective mitigation measures.¹²

The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, is a national initiative designed to promote the use of HIAs as a decision-making tool for policymakers. According to the project, in 2007 states had conducted 27 HIAs. In 2013 that number had grown to 275 projects, including the built environment, transportation, and housing.¹³ Data, including from HIAs, helps to inform decision-making, and ensures that a health lens is considered when developing policies in other sectors.

5. Success Stories from Other State Efforts

Key informants noted that success stories from peer states can spur action among other motivated states. Information about program approaches or cross-sector efforts can be shared either formally (e.g., through a report) or informally (e.g., through learning groups or peer networks), and can spark an idea or even “make the case” to leadership to pursue new program or policy approaches. Such success stories can lend credibility to a new idea and also reduce or eliminate the demand for extensive business case analyses before moving forward.

For example, **Vermont** and **California**, along with other states using a HiAP approach, have informal peer-to-peer dialogue on their cross-agency efforts. Given the similarity of approach across states using the HiAP model, participants benefit from hearing about successes and challenges to help shape their own efforts. However, many states either are not connected to others that are doing something similar to what they would like to pursue or find it difficult to make time for informal connections.

Key Elements for Success

There is remarkable consensus about key enablers of successful cross-sector collaboration, regardless of sector-specific topics and institutional cultures. In fact, insights gleaned from this exploratory effort align closely with those from a recent scan by Milbank Memorial Fund of senior public officials working to address the opioid epidemic, including core themes around infrastructure, leadership, data sharing, and stakeholder engagement.¹⁴ The elements for success outlined below offer considerations to inform new multi-sector partnerships, and to help understand the conditions under which partnerships can thrive.

There is remarkable consensus about key enablers of successful cross-sector collaboration, regardless of sector-specific topics and institutional cultures.

1. Existing State Infrastructure that Supports Collaboration and Shared Accountability

State agencies or departments that have worked together previously have established trust, as well as arrangements for data sharing, decision-making, resource allocation, and project management. For example, the HiAP model systematically assesses the health implications of state policy and program decisions, and seeks synergies across state agencies to improve population health and health equity.¹⁵

California and **Vermont** have formal HiAP structures, including task forces and working agreements among agencies. This structure provides a level of legitimacy to the collaboration and improves the accountability of policymakers for health impacts at all levels of policymaking. In addition, this type of infrastructure includes committed staff, resources, and established processes such as work/action plans.

GO DEEPER | Incorporating Health into Policymaking across Sectors: The California Health in All Policies Initiative

Recognizing the immense burden that chronic illness, climate change, and health inequities have on Californians, in 2010, Governor Arnold Schwarzenegger established a Health in All Policies Task Force. The task force was charged with identifying strategies to improve the health of Californians while advancing the goals of improving air and water quality, protecting natural resources and agricultural lands, increasing the availability of affordable housing, improving infrastructure systems, promoting public health, planning sustainable communities, and meeting the state's goals to address climate change.

Read the case study at: www.chcs.org/better-health-profiles.



Similarly, in **Oregon**, state agencies are partnering to address population health issues in dyads. The Oregon Health Authority, Public Health Division has individual memoranda of understanding with the Department of Transportation, Department of Education, and the Department of Environmental Quality to formalize their working relationship and goals. Cross-agency meetings with Education and Transportation take place quarterly. In addition, these state agencies include one another on advisory committees, and planning groups to embed cross-sector viewpoints in guiding documents and plans.

In **Massachusetts**, the HTC established a formal structure through which the Massachusetts Department of Transportation coordinates across sectors to address the health outcomes of transportation decision-making. The structure includes: (1) HTC leadership, including agency secretaries or designees meeting regularly to design and refine priorities; (2) an HTC Advisory Council comprised of subject matter experts and advocacy group representatives (e.g., from WalkBoston) who help promote HTC activities; and (3) a cross-sector, bureau-level staff working group that carries out day-to-day HTC implementation. This formal structure supports sustainability throughout leadership or administration changes as well as ongoing coordination at the policy and operational levels.

More recently, some states are establishing new organizational structures dedicated to supporting cross-agency efforts to address social determinants of health. For example, in 2017 **New York State** established a new Bureau of Social Determinants of Health within its Medicaid agency. The bureau will focus on special initiatives, including supportive housing, nutrition, and education, and will encourage collaborations between health care providers and community-based organizations.

2. Committed and Engaging Leadership

Cross-sector partnership requires leaders who are experts at facilitating and inspiring action. These exceptional leaders are able to: (1) encourage a team-based approach; (2) develop trust among partners; (3) translate sector-specific priorities, culture, and language differences; (4) promote understanding and problem solving; and (5) achieve collaborative impact. Visible senior-level

leadership buy-in is also critical to priority setting, resource allocation, and taking the actions necessary for implementation and lasting change. Further, having sufficient staff resources and capacity are critical to accomplish goals, particularly to ensure sustainability at the level of where the “work gets done.”

California’s HiAP program offers an example of effective championing at multiple levels within the participating state agencies. The HiAP Task Force aims to improve the health of Californians by incorporating health and equity considerations into policymaking across sectors. The Strategic Growth Council, a cabinet-level body, provides oversight for the Task Force. The HiAP Task Force has representation from 22 state agencies, offices, and departments. A key role HiAP staff serve is to designate the individual(s) and agencies responsible for shepherding the project work at the staff level to make progress between meetings. The HiAP Task Force is staffed collaboratively by the California Department of Public Health, the Public Health Institute, and the Strategic Growth Council. The seven dedicated HiAP staff: (1) serve as conveners and facilitators; (2) support efforts to ensure that health and equity are embedded in government policies and practices; (3) engage local and community stakeholders; (4) provide consultation and capacity building for state agencies and departments; and (5) disseminate the HiAP approach to local and state agencies.¹⁶

In **Massachusetts**, although there was a long-running desire to bridge the gap between transportation and health from advocacy groups, it was not until a few senators had the vision and will to add components of the HTC to the state’s transportation reform law that lasting change was made. The HTC is also unique in that it requires the participation of several state-level secretariats and is co-chaired by the Secretary of Transportation and the Secretary of Health and Human Services. Regular meetings of the HTC allow for bi-directional information sharing where staff have opportunities to provide updates to its leadership and discuss future policy and programmatic efforts.

3. Clear and Aligned Priorities and Policies that Allow for Win-Wins across Sectors and Agencies

Defining a common purpose with clearly aligned priorities links stakeholders and creates a mutual understanding of the benefits of success. State agency (and other) partners generally come to a collaboration with their own sector-specific goals, priorities, and requirements. The most effective collaborations welcome these differences and identify the complementary resources and capabilities brought to the partnership. Interviewees made a point to distinguish the importance of working toward *aligned* versus *shared* goals. Identifying win-wins based on *aligned* priorities was noted as a key ingredient of successful collaborations, rather than convincing other stakeholders or agencies to prioritize health.

In **Maryland**, the Department of Health Medicaid Program and Prevention and Health Promotion Administration, the Department of the Environment, and the Department of Housing and Community Development agencies shared a priority to reduce lead poisoning and asthma in developing their Healthy Homes for Healthy Kids and Childhood Lead Poisoning Prevention programs. These agencies focus on health care costs, population health, environmental clean-up, and housing conditions, respectively. The complex issues of lead poisoning and asthma prevention require the complementary expertise of these agencies to fully address the issue. From their perspective, no one agency was more

critical than the other and having all of the different viewpoints at the table gave the state a more comprehensive vantage point for designing their program.

New York's Universal Free School Lunch Program is designed to: (1) eliminate the stigma of participating in school meals by providing free lunch to all students regardless of income; and (2) improve all children's health and education outcomes. Those promoting this program harnessed the interest and support of many sectors and agencies by defining it as a pro-health, pro-child, pro-education, and pro-equity issue.

4. Commitment to Understanding Cross-Agency/Sector Culture and Language Differences

Informants emphasized that awareness of and sensitivity to cross-agency culture differences is required in order to work together effectively. State agencies have their own unique priorities, as well as their own processes, stakeholders, and terminology. Being able to “meet others where they are” helps to advance mutually beneficial goals.

Louisiana's Permanent Supportive Housing Program Executive Management Council consists of senior leadership from the Louisiana Department of Health and the Louisiana Housing Authority. The council convenes quarterly to discuss programmatic and policy issues and engage in joint decision-making. An important component of successful collaboration was taking the time early on to ensure understanding of diverse sectors' vernacular, processes, work flow, and cultures — and translate for one another as needed. As the Louisiana Permanent Supportive Housing program was being built, these agencies collaborated to identify existing resources, assess client needs, and determine how to maximize funding and other resources. This required coordination of state and federal funding mechanisms, local housing developers, state and local expert staff, and input from the community. As a result, the PSH program is considered a national model for braiding funding and services across agencies.

GO DEEPER | Linking Housing and Health for Sustainable Cross-Disability Service Delivery: Louisiana Post-Katrina and Rita

In the wake of hurricanes Katrina and Rita, Louisiana was challenged with providing safe housing to affected residents while also improving the health of vulnerable individuals with disabilities rendered homeless or institutionalized by the storms. In response, the Louisiana Department of Public Health and Louisiana Housing Authority — in coordination with community service providers, housing providers, and federal funding agencies — created the Permanent Supportive Housing program to ensure that residents succeed in maintaining housing placements and improving health outcomes.

Read the case study at: www.chcs.org/better-health-profiles.



In **California** and **Vermont**, HiAP staff can help agency staff understand the priorities and needs of partner agencies, and build consensus on areas of activity. For example, Medicaid, like other agencies,

has a very unique vernacular that relates to federal authority for services, eligible populations, and operational activities.

Experts across fields often initially have difficulty communicating effectively with those in other agencies. During this exploration, some state informants reflected on instances where use of acronyms and jargon caused confusion and even tension within meetings of multi-sector partners. Participating in cross-agency initiatives does not require that all participants become experts in each other's fields.

Respect for the differences — as well as a commitment to avoid acronyms, jargon, and technicalities — can lead to successful communication and collaboration.

5. Sustainable Funding Mechanisms that Support Cross-Sector Collaboration

Ensuring that cross-sector efforts are resourced sufficiently is key to achieving identified goals and ensuring the longevity of collaborative efforts. Considerable staff time and resources are required to coordinate across sectors, and informants identified funding to support dedicated individuals to drive this work as a critical element of success. In many states, staff responsible for facilitating cross-sector efforts are primarily responsible for other job functions, and are “wearing two hats” when shepherding the cross-sector work.

In **Louisiana**, an important element of the Permanent Supportive Housing program is the blending of U.S. Department of Housing and Urban Development (HUD) and Medicaid funds. Following Hurricanes Katrina and Rita in 2005, the state received \$73 million in HUD Community Development Block Grant (CDBG) disaster relief funds, which have been used in part to fill in gaps that Medicaid cannot cover. Medicaid-eligible beneficiaries with qualifying disabilities are entitled to receive supportive services. In situations where Medicaid funding cannot be used, such as lack of eligibility or lapses in coverage, then the services are funded by CDBG. To ensure seamlessness of program funding, both Medicaid and CDBG funds are administered by the Louisiana Department of Health. Further, certain state-employed case managers are entirely funded by the CDBG funds in order to provide uninterrupted support to individuals regardless of Medicaid coverage status. Having an additional source of funding has been critical in bridging Medicaid funds, as well as ensuring minimal interruption in services due to Medicaid eligibility gaps or provider issues.

In **Ohio**, separate yet complementary funds are used to support GCOAT's comprehensive work, with each participating agency contributing resources for various efforts. For example, the Ohio Attorney General's Office developed training for law enforcement professionals and the public on naloxone administration, which was paired with a public multimedia awareness campaign developed by the Departments of Health and Mental Health and Addiction Services. The campaign urged family members to carry naloxone for family and friends at-risk of overdose. Additionally, Ohio's Department of Public Health partnered with the Department of Mental Health and Addiction Services to spearhead Project DAWN (Deaths Avoided With Naloxone), an opioid overdose prevention program that has committed \$500,000 annually to enhance naloxone access in every Ohio county.

The Children's Services Act in **Virginia** refers to a 1993 law that established a single state pool of funds to purchase services for at-risk youth and their families. The state funds are combined with local community funds, with services managed by local interagency teams. Results from a 1990 study found

that roughly 14,000 of the open cases across four child-serving state agencies represented fewer than 5,000 children, underscoring the mutual benefits (to both states and beneficiaries) of ensuring that the delivery of health and social services is not duplicative and instead is more efficiently coordinated to meet the needs of children and families.¹⁷ This financial structure was established to promote collaboration and eliminate inefficient use of resources. This approach allows for collaboration to address diverse and complex needs without limitations that might otherwise be imposed by individual agencies. The blended financial structure encourages effective use of available resources.

6. Access to Pertinent Cross-Sector Data

Cross-sector data can be used to: (1) identify unmet needs; (2) make the case about the health impact of policy decisions; (3) target investment opportunities to promote health; and (4) guide and measure the success of implemented strategies. Unfortunately, there are many challenges in using cross-sector data effectively, including a lack of interoperable systems, regulatory barriers to data sharing, and sector-specific data management idiosyncrasies. Examples below demonstrate how states are harnessing the power of cross-agency data to assess need and drive policy and program change.

In **Oregon**, the Oregon Health Authority, Public Health Division and Department of Education have worked together to highlight the importance of health-related strategies as a way to support student attendance to school. After identifying markedly high student chronic absenteeism as a shared priority for cross-agency collaboration, the two agencies jointly created Oregon's Chronic Absenteeism State Plan. The Public Health Division shares data and best practices to bring attention to the importance of addressing health-related barriers to attendance and academic achievement. Specific health strategies to boost student attendance include: managing asthma, hand washing, immunizations, supporting student mental health, addressing oral health needs, providing opportunities for physical activity and nutrition, ensuring personal safety and freedom from violence, and prevention of unintended pregnancy. Supportive policies at the state and local level can be a big help. For example, Oregon passed legislation that allows schools to count up to 15 minutes of breakfast after the bell as instructional time as long as regular school activities are also taking place. This supports more kids and youth to be at school, fed, and ready to learn.

GO DEEPER | Oregon Cross-Agency Collaboration: Making Healthy Connections through Transportation and Education

The Oregon Public Health Department and Department of Education have had a strong partnership since the late 1990s when collaboration was born out of shared work to support *Coordinated School Health*. In 2012, a new state law gave the governor's office more oversight over public education, resulting in increased partnership activities and a greater ability to create lasting cross-agency collaboration. A primary focus of the departments has been to improve high school graduation rates by reducing absenteeism.

Read the case study at: www.chcs.org/better-health-profiles.



Similarly, the GCOAT in **Ohio** has enabled an unprecedented level of data and information sharing across agencies. Such sharing helps to inform cross-sector collaboration at both the state and local levels. For example, EpiCenter, the Ohio Department of Public Health's surveillance system, provides alerts related to rapid increases of drug-related emergency department visits, giving local health

departments, law enforcement, and the medical community timely information to respond appropriately, as well as to prepare for potential increases in drug overdoses.

7. Empowered Local Community Implementation Efforts

In addition to their responsibility for designing and implementing state-level policy initiatives, state officials also provide oversight, technical support, and financing for implementation at the local level. Moreover, states have substantial influence over how local communities spend state and federal program funds. Informants noted that it is critical to allow for program flexibility and innovation at the local level to ensure that approaches are tailored to the unique needs of communities, and to ensure maximal buy-in from community members. It is also important for states to be receptive to a ‘ground-up’ approach, where problems and proposed solutions are lifted up by leaders at the local level.

Effective state-local partnerships are exemplified in **North Carolina, Ohio, and Maryland**. In **North Carolina**, Local “Watch for Me NC” traffic safety programs are led by municipal, county, or regional government staff with the involvement of other local partners. Each year, the program invites communities from across North Carolina to become partner communities, and receive support and training from NCDOT, the state transportation agency. Community partners provide feedback regarding their challenges, successes, and experiences associated with participation in the “Watch for Me NC” program through written surveys, qualitative interviews, and group meetings. This feedback helps inform recommendations for enhancing the program delivery in subsequent years.

In **Ohio**, representatives of the GCOAT meet with local county leaders, identify best practices, and direct communities to untapped resources. The local-level meetings informed development of a toolkit to help these and other local efforts. In **Maryland**, the Childhood Lead Poisoning Prevention & Environmental Case Management Program is centered on strengthening local health department activities to help families and providers identify and eliminate lead exposure and asthma triggers in the home. The efforts will focus on reducing exposure to environmental triggers and improving individuals’ health status through the delivery of education, materials and services in the home.

A critical component of the HiAP approach is the integration of a health lens into policymaking across state government. Toward the goal of supporting effective local implementation, HiAP has provided technical assistance to state departments around: (1) integrating health and equity considerations into local grant opportunities; and (2) including health and health equity in guidance issued by the state.

OPPORTUNITIES TO SUPPORT STATE EFFORTS

The final question considered as part of this exploration centered on the external supports that would help states advance the cross-agency and community-level collaborations that are central to population health strategies that extend beyond health care. The analysis pointed to the following areas where investment by private foundations, federal partners, or other interested stakeholders could assist the most in advancement of such state efforts.

Supporting States in Empowering Local Communities

Cross-sector collaboration must inherently go beyond intra-agency work at the state-level to align the vision and mission of diverse state and local partners.

Regardless of whether policies are enacted at the federal, state, or local level, implementation happens in local communities. Accordingly, allowing for flexibility and innovation at the local level is critical to ensuring a tailored approach that maximizes local buy-in and ensures a lasting impact, responds to unique community needs, and informs ongoing policymaking. Effective collaboration from state officials enables: (1) shared understanding of priorities at the local,

state, and federal levels; (2) efficiency in local-level implementation and use of limited public financial resources; and (3) mobilization of community partners to collaborate. Project informants emphasized the importance of effective engagement and inclusion of local communities' voices and needs when considering population health improvement strategies. Interviewees suggested that cross-sector collaboration must inherently go beyond intra-agency work at the state-level to align the vision and mission of diverse state and local partners. This opportunity is significant as it encourages consideration for states on how best to:

- Be effective community partners and leverage localities in the conceptualization, design, implementation, and evaluation of programs;
- Engage community members as leaders, and build community capacity;
- Create flexibility for piloting and spreading approaches that respond to communities' diverse needs; and
- Build relationships and trust between individuals at the state and local levels to support the longevity of partnerships and associated projects.

Facilitating Multi-State Cross-Sector Learning and Collaboration

Given the differences in cross-sector language and culture as well as the persistent interest of state officials in learning from other states' experiences, multi-state learning opportunities could galvanize cross-sector action to improve population health. There is an interest among states to: (1) share information with and learn from peers; (2) receive assistance on strengthening partnerships across

agencies and with community leaders; and (3) obtain support for collaborative project implementation.

Facilitated peer learning groups could support teams of diverse state agencies with real-time learning, partnership building, information-sharing, and implementation assistance. Technical assistance should focus on:

- Identifying aligned goals and benefits across sectors;
- Defining a common language and coordinating around shared rather than sector-specific goals;
- Supporting policy development and alignment and promoting collaboration among departments;
- Creating opportunities to learn from other states, share successes and challenges, and collect and disseminate best practices;
- Building trust, facilitating partnerships, and cultivating relationships within and across state agencies, and with local partners; and
- Building capacity to extend collaborations to additional agency partners.

Multi-state, cross-sector learning opportunities could provide a welcomed platform and mechanism for information sharing.

Participants noted that multi-state, cross-sector learning opportunities — whether focused on general support for cross-sector relationship-building and implementation or on specialized collaboration between a defined set of sectors (e.g., public health and transportation) — could provide a welcomed platform and mechanism for information sharing. This could strengthen and formalize partnerships within and across state agencies and with community partners, leverage diverse expertise, and enable participants to implement a project in support of aligned goals.

Building Cross-Sector Data Sharing Capacity

Data can be leveraged powerfully to make the case for non-health sectors to focus on discrete opportunities to promote health. Additionally, data are essential to making well-informed decisions that guide and measure the achievements of state-level strategies. However, sharing and integrating data are complex undertakings that can test relationships. States need assistance in breaking down data silos, sharing data across sectors, and understanding how diverse data sets can be useful in informing efforts.

States need assistance in breaking down data silos, sharing data across sectors, and understanding how diverse data sets can be useful in informing efforts.

There are opportunities to increase state capacity to effectively share and meaningfully interpret cross-sector data to inform planning, communication, and ongoing monitoring and evaluation. Benefits of this type of support could include:

- Increased understanding of project or policy impact;
- Development of data dashboards and shared metrics;

- Increased data-sharing capacity, and understanding of data sources across sectors;
- Data-informed decision-making and interventions;
- Routinized data-sharing practices and analysis across sectors to inform action, including new norms of data sharing and transparency; and
- Bolstered long-term relationships and established vehicles to support cross-sector data sharing.

Cultivating Cross-Sector Leadership at the State-Level

Opportunities for professional development are key to retaining talented rising leaders within state government.

Although a rich body of work on leadership skills training already exists, participants emphasized the critical role that state leadership must play in promoting cross-sector partnerships. Thus, there is a substantial need to identify and nurture state-level leaders from diverse sectors to increase the likelihood that such collaboration can successfully expand within and across the states. Participants also emphasized the value of

providing professional development opportunities and sustainable capacity building for staff that lead day-to-day implementation efforts. According to interviewees, such opportunities for professional development are key to retaining talented rising leaders within state government. States would benefit from influential leaders and staff champions who are able to work across sectors to positively impact change, respond to shifts in the environment, manage change, and respond to resistance.

Funders could support opportunities to identify and nurture leaders — at various staff levels — to ensure that the enhanced capacity survives changes in administration. Leadership coaching can also help embed a culture of collaboration. This may include skills development that is focused on relationship building, teamwork, trust, humility, and communications.

LOOKING AHEAD

To effectively address the social, economic, and cultural factors that impact health, states must involve more than just the traditional health care sectors. States — whether through policymaking or program implementation — have the potential to influence population health by addressing: (1) access to educational, economic, and job opportunities; (2) safe and accessible public transportation and housing; (3) affordable, healthy food options; (4) access to social support; (5) public safety; and many other critical issues. To be effective, these efforts all require partnerships among diverse state governmental agencies and collaborations with communities, universities, local governments, and non-governmental advocacy organizations and stakeholders. The key insights and state examples highlighted within this report offer guidance for pursuing cross-sector actions beyond health care. By considering the key elements for success identified herein, other states can replicate or build upon these successes.

ENDNOTES

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APPENDIX: INFORMANT LIST

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