BUILDING A HEALTHIER CLAY COUNTY

A Workplan for Unlocking the Co-benefits of Cross-Sector Collaboration

CLAY COUNTY
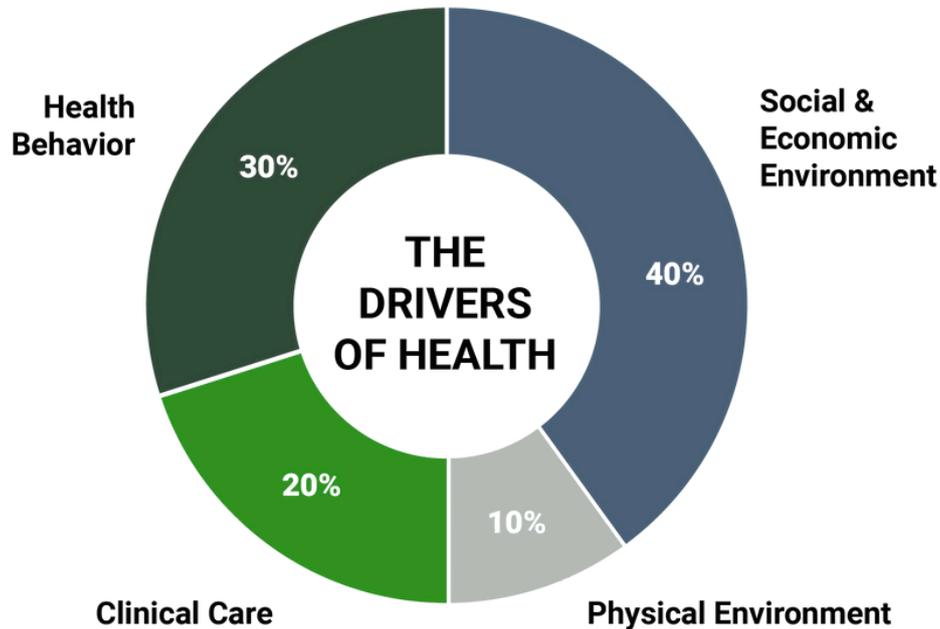PUBLIC HEALTH CENTER

Health in All Policies

Health is shaped by more than hospitals and clinics. The neighborhoods where we live, the jobs we hold, the transportation options we have, and the safety of our homes all influence our well-being.

Health in All Policies **(HiAP)** is a cross-sector approach that embeds an assessment of health impacts into the routine decision-making of non-health agencies. Rather than creating new programs, HiAP connects the existing efforts of the health department, local government, schools, businesses, civic organizations, non-profits, and other sectors around shared community goals.

Health in All Policies is not a mandate to prioritize health at the expense of other outcomes, but a voluntary, coordinated approach to incorporate health considerations while supporting the goals of non-health organizations.

Why Consider Health?

THE DRIVERS OF HEALTH

- Health Behavior 30%
- Social & Economic Environment 40%
- Clinical Care 20%
- Physical Environment 10%

Source: American Academy of Family Physicians, "The Drivers of Health" graphic, on Public Health Integration page, accessed January 26, 2026, https://www.aafp.org/family-physician/patient-care/prevention-wellness/social-determinants/public-health-integration.html

Approximately half of the factors that shape our health are related to the physical, social, and economic environments we live in. In addition, many health behaviors are influenced by how easy or hard it is to make healthy choices in those environments.

Engaging in a local HiAP initiative can help partners create healthier communities through social and environmental influences, such as safe and affordable housing, multi-modal transportation, healthier workplace policies, and land use and development that encourages access to nutritious food and health-improving resources.

In a HiAP model, this is all achieved while partners advance their own priorities, like **cost-savings, regulatory compliance, workforce development, and civic engagement**.

The goal is to ensure community resilience. It's important to understand that Health in All Policies is not a mandate to prioritize health at the expense of other outcomes, but a voluntary, coordinated approach to incorporate health considerations while supporting the goals of non-health entities. HiAP improves community decision making by:

Advancing partner missions while improving population health

Integrating health considerations can make transportation safer and more efficient, increase housing stability for vulnerable residents, reduce code enforcement costs through preventive design, and make economic development more sustainable.

Improving policy effectiveness and efficiency

Considering health impacts early can help ensure that projects benefit community health from the beginning, rather than contributing to widespread health problems that hinder economic growth down the line. Showing positive health outcomes of non-health projects can also help HiAP partner organizations justify projects to funders or voters by presenting co-benefits and an increased return on investment (ROI).

Building cross-sector relationships

HiAP creates a structured way to share data, co-apply for grants, and coordinate on projects. This can amplify limited local resources.

Decreasing harm while increasing legal/political resilience

Policies screened for health and social impacts are less likely to cause harm to vulnerable groups or under-resourced neighborhoods. This decreases health risks, legal risks, and political backlash.

Producing measurable return on investment (ROI)

In the long run, HiAP frequently results in lower healthcare utilization, improved workforce productivity, and avoided remediation or litigation costs over time.

Guiding Framework

The Strategies for Public Health Integration and Action (SOPHIA) Network's HiAP Implementation Guide organizes HiAP actions into practical steps that move communities from the planning phase to creating long-term change. SOPHIA's work highlights building leadership and relationships, adopting policy screening and analysis tools, selecting feasible strategies, implementing pilot projects, and creating governance and accountability mechanisms.

This workplan follows those same phases, mapping each phase to concrete tasks, but tailors HiAP to Clay County. This plan also incorporates application lessons from the National Association of County and City Health Officials' (NACCHO) collection of case studies.

More information about these tools is available in the "Tools & Resources" section of this report.

Core Components

Clay County Public Health Center's (CCPHC) vision for HiAP in Clay County is to create a sustainable way for the community to take ownership of the HiAP process, with the CCPHC in the role of technical assistance and education. This will be achieved by creating a steering committee. This steering committee will bring together government agencies and community organizations to create a shared strategy and identify HiAP pilot projects. From there, a wider network of community partners can be educated on how to use tools and assistance provided by CCPHC to align their own projects and policies with HiAP goals.

SOPHIA and the American Public Health Association (APHA) identify several core components that help communities turn HiAP into lasting change. Using models from both organizations, these components have been adapted for Clay County.

1. Shared Goals for Health, Sustainability, and Fair Outcomes

HiAP begins with the understanding that every sector of the community has an impact on the health of residents. The first step is to convene a steering committee to agree on shared goals that

link community well-being with the existing missions of the agencies who partner with us. As a result of these shared goals:

- **Health, sustainability, and fair outcomes become common values that connect sectors.**

- **The shared goals can shape community-wide education that encourages Clay County sectors to work together to create a healthy community culture -- and sustainable policy change. This education is open and encouraged for both public and private entities.**

- **Non-health agencies will have the tools and confidence to screen their projects and policies for health impact. This will ensure that all residents benefit from healthy projects and policies and that no neighbors are left behind.**

2. Cross-Sector Relationships and Collaboration

A HiAP framework calls for intentional relationship-building among agencies that may not traditionally work together. This means:

- **The HiAP steering committee should meet regularly.**

- **Project specific working groups should be established with the goal of bringing a wider network of community partner organizations to the table.**

- **Clear communication channels and defined decision-making roles.**

- **Trust built through transparency, shared goals, and mutual benefits.**

Successful HiAP efforts use these relationships to align policies, share data, and coordinate resources. This results in reduced duplication of work and more efficient resource utilization.

3. Capacity Building and Education

As part of a strong HiAP initiative, staff across agencies need the tools and confidence to apply a health and social impact lens to their daily work.

The Clay County Public Health Center (CCPHC) HiAP initiative will provide both steering committee member agencies and community partner organizations with:

- **Training for staff on how policies impact community health.**
  - Note: Agencies can invite their own network of partners, elected officials, or other relevant stakeholders to participate in these trainings.

- **Practical resources, including health screening checklists and impact assessment tools.**

- **Ongoing technical assistance to help integrate health considerations into planning, budgeting, and evaluation processes.**

- **Recognition for participating in the effort to create a healthy Clay County.**

4. Embedding Health in Decision-Making to Improve Results and Reduce Risk

HiAP provides practical tools for using a screening process or "health lens" to evaluate decisions before they are finalized. This includes:

- **Asking structured questions about who benefits and who might be harmed.**

- **Considering how decisions influence conditions such as housing stability, transportation access, air quality, or economic opportunity.**

- **Identifying ways to modify all levels and types of policies to maximize health benefits and minimize poor health outcomes.**

This structured process ensures that health is not an afterthought but a built-in part of planning and policy development. The process can be adapted to all policy and planning actions including governmental policies, organizational policies, and personnel policies.

5. Community Engagement and Co-Creation

CCPHC understands that residents are experts in their own community. By asking community members* from a wide array of backgrounds, cultures, and income-levels about their day-to-day experiences, we can add important context and create a strong sense of community ownership and support for HiAP activities. This means that community engagement is a core element of decision making within HiAP frameworks. Community engagement and co-creation can mean:

- **Inviting community members to help identify priorities and define what "health" means to them, with emphasis on voices that are often left out of the decision-making process.**

- **Sharing the results of HiAP activities in accessible ways and incorporating the feedback of community members into the decision-making process.**

- **Building long-term relationships with community members and advisory groups, not just one-time consultations.**

When community members help create solutions, policies are fairer, more effective, and more trusted.

Note: In this context "community members" refers to people who are not employed or formally affiliated with a steering committee agency or partner organization when possible (however, they can be clients of these agencies). Community members should be residents who may have little to no formal knowledge of HiAP but have a wealth of information about their experience living in the community.

6. Evidence, Data, and Accountability

HiAP depends on good information. CCPHC encourages HiAP participants to use data and analysis to guide decision-making and evaluate programs and policies for success. This includes:

- **Tracking both process indicators (e.g., number of policies screened and assessed) and outcome indicators (e.g., improved access to safe housing or reduced transportation injuries).**

- **Publicly reporting progress through online dashboards and reports, and/or presentations at community meetings.**

- **Using evaluation to continually improve HiAP processes and sustain public support.**

7. Long-term Change and Sustainability

For HiAP to sustainably improve community health, it must become part of how each sector conducts business. CCPHC recommends integrating HiAP principles into formal structures such as:

- **Comprehensive plans, ordinances, or administrative policies.**

- **Staff training and performance measures.**

- **Budgeting and procurement processes that reward cross-sector collaboration.**

Making sure that HiAP is embedded in decision-making processes across Clay County ensures that health considerations continue even as leadership or funding changes.

Core Components of HiAP

- Shared Goals for Health, Sustainability, and Fair Outcomes

- Cross-Sector Relationships and Collaboration

- Capacity Building and Education

- Embedding Health in Decision-Making to Improve Results and Reduce Risk

- Community Engagement and Co-Creation

- Evidence, Data, and Accountability

- Long-term Change and Sustainability

Workplan for Clay County

CCPHC will coordinate the HiAP program, but long-term success depends on collaboration. Partners from transportation, planning, housing, economic development, public works, community organizations, local businesses, and more will be asked to help design and test solutions to shared problems.

The work will be broken down into concrete, actionable phases. These phases combine and tailor key elements of SOPHIA and NACCHO's HiAP implementation guides and map them to a projected timeline.

Phase 1: Stakeholder engagement & governance

Goal: Create a HiAP Steering Committee with formal governance

Key actions:
- Convene a HiAP Steering Committee
  - CCPHC will invite participants to a facilitated half-day workshop to: (a) educate potential partners about the HiAP concept and local HiAP opportunities; (b) gain an understanding of partner goals and constraints; and (c) identify data and decision touchpoints.

- Adopt a governance model
  - Options include a standalone working group with an interagency memorandum of understanding (MOU) or creating a formal HiAP task force as part of an existing cross-sector council.

- Create a simple decision protocol
  - This includes decisions such as how and when the HiAP team will screen proposed policies/projects; who signs off; and minimum documentation required.

Deliverables for Phase 1

- Governance charter (i.e., roles, meeting cadence)

- MOU template

- At least one signed MOU

- HiAP decision protocol

Phase 2: Adopt tools for screening, assessment, & prioritization

Goal: Provide HiAP Steering Committee partners with practical tools to assess health impacts and prioritize actions.

Key actions:

- Adopt CCPHC's Health Impact Assessment Tool (adapted for Clay County from Kansas Health Institute's Health Impact Checklist) into HiAP working group/taskforce decisions.

- Adopt an impact/feasibility matrix to help partners select policies/projects to pursue.

- Run two tabletop exercises with HiAP Steering Committee partners to test and refine these tools.

- Define evaluation metrics for HiAP pilot projects (health outcomes where possible, proxies where not — e.g., number of housing units with improved ventilation, percent of programming/policy plans including health language, reduced travel times, number of children screened for lead).
  - Metrics should be aligned with partner reporting cycles and readily available data.

Deliverables for Phase 2

- Health Impact Assessment tool

- Feasibility/impact matrix

- Pilot evaluation plan

Phase 3: Pilot implementation

Goal: Demonstrate the value of HiAP through 1–2 tangible pilot projects that produce measurable co-benefits.

Key actions:

- Select pilot projects using the feasibility/impact matrix adopted in Phase 2.

- For each pilot: convene a project team (this does not need to include a specific number of participants, but should include an expanded pool of community partners who may not be on the steering committee, but are project stakeholders), determine the scope and timeline, do a rapid health impact assessment or screening, design interventions (i.e., policy language, design modification, incentive structure), and implement the pilot as an operational team.

- Apply community engagement best practices in each pilot — translate materials, hold community listening sessions, and include community representatives on project teams.

- Collect baseline data, monitor implementation indicators monthly, and do a short process evaluation at pilot midpoint.

Deliverables for Phase 3

- Pilot plans and scopes

- Baseline and periodic monitoring dashboards

- Community engagement notes

- Mid-point process evaluation

10

Phase 4: Evaluate, communicate, and scale

Goal: Use pilot results to encourage broader adoption and secure sustainable funding.

Key actions:

- Produce audience-tailored results briefs for each pilot: one outlining HiAP's return on investment and co-benefits for elected officials, one focused on explaining the pilot and results to the community, and one centered on implementation lessons for partners and future partners.

- Host a partner summit to present results and secure commitments to sustaining successful practices (such as adding a health lens to specific processes).

- HiAP Steering Committee agencies and other interested community partner agencies should draft internal policies to embed HiAP into existing decision-making processes. Partners can then adjust workflows to route policy proposals through HiAP screenings.

Deliverables for Phase 4

- Final Pilot reports

- Executive summary

- Summit materials

- Policy memoranda to incorporate HiAP into routine processes.

Phase 5: Sustainability

Goal: Normalize HiAP so health considerations are routine across government and community decision-making processes.

Key actions:

- Establish routine training for HiAP (ie. annual orientation for new staff in partner agencies and periodic refresher training on the screening tool, education for the community organizations on how to be part of the HiAP initiative).

- Secure recurring resources: ensure dedicated line-items for HiAP in both CCPHC and Steering Committee member agencies' budgets and identify future additional HiAP funding sources (i.e., grants, reallocation, local budget requests, etc).

- Integrate HiAP metrics into the jurisdiction's strategic plan and public reporting (e.g., annual community health assessment updates).

- Formalize data sharing agreements and build a simple public HiAP dashboard.

Deliverables for Phase 5

- Ongoing training curriculum and schedule

- Budget request for recurring staff/funding

- Data sharing agreements

- Public dashboard

Evaluation and Success Metrics

To evaluate the HiAP program, CCPHC and partner agencies will use a mix of process-based and outcome-based evaluation metrics, including, but not limited to, the following examples:

- **Process Outcomes**
  - Examples: number of policies screened; number of partners with signed MOUs; staff trained; pilots completed on time.

- **Short-term outcomes (1-2 years)**
  - Examples: policy language changed to include health language; percent of capital projects that incorporate health recommendations; reductions in identified exposure metrics (e.g., lead risk factors).

- **Long-term outcomes (2-5 years)**
  - Examples: changes in population health indicators tied to pilots (ex. reduced asthma visits if housing interventions implemented; reduced obesity-related disease if walkability is improved, etc.). Align long-term indicators with the data and surveillance systems available to the community.

Moving Forward

A HiAP program is an investment in systems change. It results in healthier, more resilient communities while advancing goals across sectors. By following these implementation principles and by learning from successful case studies, Clay County can achieve early wins and ensure HiAP is sustainable across local systems. As we move forward, this workplan may be adjusted to scale to the capacity of community partners and to account for community input.

Tools & Resources
For HiAP Program Development

The resources listed below were reviewed and adapted to create this HiAP workplan. These resources will continue to be used as a toolkit throughout HiAP taskforce activities. These tools are free and publicly available for anyone who would like to learn more about HiAP best practices.

American Public Health Association. Health in All Policies: A Guide for State and Local Governments. Washington, DC: American Public Health Association, n.d. PDF.https://www.apha.org/getcontentasset/ae2ac51b-5fc1-4b46-a030-fbc0a77d84cb/7ca0dc9d-611d-46e2-9fd3-26a4c03ddcbb/hiapguide_4pager_final.pdf.

Association of State and Territorial Health Officials. The Value of Health in All Policies. Arlington, VA: Association of State and Territorial Health Officials, October 26, 2022. https://www.astho.org/globalassets/report/the-value-of-health-in-all-policies.pdf.

National Association of County and City Health Officials, and Centers for Disease Control and Prevention. A Quick-Start Guide to Using Health in All Policies. Atlanta: Centers for Disease Control and Prevention, September 2023. https://stacks.cdc.gov/view/cdc/138314/cdc_138314_DS1.pdf.

National Association of County and City Health Officials. Health in All Policies: Experiences from Local Health Departments. Washington, DC: National Association of County and City Health Officials, February 2017. https://www.naccho.org/uploads/downloadable-resources/NACCHO-HiAP-Report_Experiences-from-Local-Health-Departments-Feb-2017.pdf.

National Association of County and City Health Officials. Five Promising Strategies for Local Health Department Health in All Policies Initiatives. Washington, DC: National Association of County and City Health Officials, January 2018. https://www.naccho.org/uploads/downloadable-resources/HiAP-Fact-Sheets.pdf.

Society of Practitioners of Health Impact Assessment. Health in All Policies (HiAP) Implementation Guide. Oakland, CA: Society of Practitioners of Health Impact Assessment, 2023. https://hiasociety.org/resources/Documents/HiAP_Implementation_Guide.pdf.

About Us

Clay County Public Health Center is a local public health department created in 1953 to protect the health of all people in the county by implementing population based prevention programs and services. This community approach to wellness is accomplished through programs and services, which not only prevent the spread of disease but also provide wellness education to empower people to make healthy choices.

Mission Statement

Through service, partnership, and leadership we deliver the essential public health services of prevention, promotion, and protection to improve the health and well-being of all communities in Clay County.

Vision Statement

Empowering all people in Clay County to lead healthier lives.

Values

- Quality - Meet or exceed the expectations of service for our customers, visitors, and all who benefit from the services we provide.
- Respect - Treat everyone with courtesy and respect and foster the principle of mutual accountability.
- Engagement - We believe that thriving communities are built with input from all voices. We provide opportunities for all community members to share their needs and experiences.
- Integrity - Expect our employees to be ethical, trustworthy, responsible, transparent and professional, and serve as good stewards for the community.

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