

Master of Public Health
Integrative Learning Experience Report

***IMPLEMENTING HEALTH IN ALL POLICIES IN RILEY
COUNTY, KANSAS***

by

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submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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Abstract

Determinants of health go beyond the direct choices people make. The environment people live in, access to healthy and affordable food, and safe transportation are just some of the factors that influence the health of a community. Local governments influence health and health equity through city planning, and local policy may influence regional policy via vertical diffusion. Health in All Policies is a sizeable intersectoral program to improve health through attention to the full range of social determinants. It challenges political and public service leaders to branch out of their usual roles and commits to reaching health goals. Health in All Policies can increase awareness of social determinants of health in non-health departments and encourage policymakers to include health as a priority when making decisions. The scope of the work was to give presentations to decision-makers in Riley County, including school boards, city and county commissioners, local advisory boards, and others, on Health in All Policies. The presentations took place March 2021 – February 2022. Success depends on the community's needs, and no program is one size fits all. Long-term, Health in All Policies implementation can bring light to non-health sectors and help improve the community's health. Health in All Policies aims to improve determinants of health and reduce inequities by designing policies with health uppermost in mind. Intersectoral work can achieve this with the common goal of a healthy community.

Health is affected by a cascade of events, and Health in All Policies hopes to help close those gaps. Social determinants of health mainly influence population health and equity. Still, for Health in All Policies to be successful, there must be a shift in health policy from illness-oriented health care to social environments of daily living. The Center for Disease Control and Prevention uses this approach to help achieve both National Prevention Strategy and Healthy People goals [1]. Health in All Policies is diverse in that it can involve engagements from all levels of government and has been increasing in popularity. Successful implementation of Health in All Policies depends on intersectoral efforts, often with the public health sector taking the lead role. Current structural and

political factors often prevent long-range strategies to improve the health of communities.

Subject Keywords: Health in All Policies, Riley County, Manhattan, Kansas, health equity, social determinants of health

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Chapter 1 - Literature Review

Policy Impact on Health

Health outcomes are affected by public policy, which includes health policy. Under a neoliberal economic system that emphasizes free-market competitions [2], health is a commodity, resulting in social determinants dependent on political action or lack thereof [2]. Although the United States does not have universal healthcare, we spend almost twice as much on healthcare than that other developed nations [3]. For example, in 2020 United States spent roughly \$11,945 per person on healthcare, while the next highest, Switzerland, spent \$7,138. The average country spent \$5,736 in 2020 [4]. Health became commodified during the industrial revolution, leaving workers to rely on the market for survival [3]. Public policy affects housing, income, and employment, critical determinants of health and well-being. As citizens of the United States, we have three types of citizenship rights: civil, which came about in the 18th century and includes individual liberties such as faith, thought, and speech; political, which came about in the 19th century and included the right to vote and be represented; and social, which came about in the 20th century and includes education and health. The right to health is the right to a standard of living adequate for health and well-being [2].

Social Determinants of Health

Social determinants of health are, as defined by the Centers for Disease Control and Prevention, “conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes [5].” Factors such as neighborhoods, income, wealth, and education can positively or negatively affect health outcomes [5,6]. Alcohol in disadvantaged neighborhoods can influence alcoholism in young people. Lower availability of fresh produce and recreational opportunities lead to higher rates of obesity. Due to the COVID-19 pandemic, we have seen workers without sick leave showing up to work while sick and increasing contagiousness [6]. Policies that affect health outcomes can be small, such as providing affordable and healthy food at or near work, or large, such as deciding whether or not schools should be required to provide physical education [7]. However, addressing these issues does not come without complications Health impacts are complex pathways and often undergo long periods of

duration. In the case of required physical activity in schools, a safe place for activities and resources for physical education teachers are also necessary [7]. Social determinants of health are not meant to imply that medical care does not influence health, but rather that it is not the only influence of health [6].

Social Ecological Model

The Social Ecological Model (SEM) is a visual model used to study complex community problems that may affect health disparities [8,9]. The model can be modified to fit the study framework [8] but generally involves four factors [8,9,10]: individual (sometimes referred to as intrapersonal), relationships, community, and societal. Individual factors identify biological and personal history factors such as age, education, and income. Prevention strategies for individual factors focus on the person's attitudes, beliefs, and behaviors. Relationship factors are influenced by peers, partners, and family members. Prevention strategies can include family-focused prevention programs, promoting positive peer norms, and promoting healthy relationships. Community factors include schools, places of work, and the neighborhoods in which social relationships occur. Focusing on the physical and social environment is a prevention strategy to address community factors. Social and cultural norms, health, education, and social policies are societal factors. Prevention strategies include strengthening financial security and providing opportunities for education and employment [10].

Health in All Policies

Intersectoral impact on health first became recognized in 1978 by the World Health Organization [11]. Health in All Policies (HiAP) was endorsed by the European Union in 2006 and several governments around the globe, such as Finland, Norway, Sweden, United Kingdom, Canada, Australia, Malaysia, Sri Lanka, Iran, and Brazil, practice a Health in All Policies approach [12]. Health in All Policies acknowledges that health practitioners must collaborate with non-health partners that have a hand in influencing the social determinants of health. Health in All Policies works in five key elements [13]:

1. Promoting health and equity

2. Supporting intersectoral collaboration
3. Creating co-benefits for multiple partners
4. Engaging stakeholders
5. Creating structural or process change

By using these elements, a community can successfully implement a Health in All Policies program.

The top ten causes of death in the United States has shifted from infectious to chronic diseases in the last century (Table 1.1) [14]. The COVID-19 pandemic has created an exception to this: in 2020, COVID-19 ranked number three in the top ten causes of death [10]. Contrastingly, most of its health budget is spent on healthcare rather than health promotion or prevention. In 2020, the United States spent \$4.1 trillion on health care versus \$119 billion on public health [15]. Social determinants of health primarily influence health and health equity, so health practitioners are shifting their focus from illness-oriented health care to social environments of daily living [13]. The CDC coined Health in All Policies because they recognize that health challenges are often connected and use intersectoral work to seek innovative solutions to these challenges. Decision-makers need to be informed about the health equity of the community and the consequences of policies during the decision-making process. Health in All Policies recognizes that health goes beyond the environment where people live. It also includes access to healthy and affordable food, transportation, housing, energy, employment opportunities, public parks, and more [13]. Therefore, each community is different and will require a unique approach to implementing Health in All Policies.

Table 1.1 Top 10 Causes of Death

| 1900 | | 2020 | |
|---------------------|------|----------------|--|
| Cause of death | Rank | Cause of Death | |
| Influenza/pneumonia | 1 | Heart disease | |

| | | |
|--------------------------|----|------------------------------------|
| Heart disease | 2 | Cancer |
| Tuberculosis | 3 | COVID-19 |
| Stroke | 4 | Unintentional injuries |
| Kidney disease | 5 | Stroke |
| Cancer | 6 | Chronic lower respiratory diseases |
| Accidents | 7 | Alzheimer disease |
| Diarrhea/enteritis | 8 | Diabetes |
| Premature birth | 9 | Influenza/pneumonia |
| Childbirth complications | 10 | Kidney disease |

While the United States has not formally adopted a Health in All Policies approach federally, some lower-level governments are taking on the initiative. One of the first communities to adopt Health in All Policies was Richmond, California, in 2006. Richmond is located in the San Francisco Bay Area and has a population of over 103,000 citizens. Social inequalities in Richmond at the time included a 19% unemployment rate, 38% of children living in poverty, 57% of households dedicating over 30% of their earnings to housing, and 32% of adults were obese. There are racial disparities as well: 22% more African-American children were hospitalized due to asthma compared to white children. Richmond had a life expectancy of 71.2 years, compared to the California average of 78.4 years. In response to chronic health inequities, the city started to draft the Community Health and Wellness Element (CHWE), and the Richmond Health Equity Partnership (RHEP) emerged from that. RHEP decided to implement a Health in All Policies approach to focus on health equity and, more specifically, toxic stressors and structural racism. Fourteen community

workshops were held to get an idea of what community members perceived as barriers to healthy lives. Barriers included environmental pollution, neighborhood violence, unemployment, unsafe buildings, and access to food, childcare, and health care. Residents reported how they might have a fear of violence, pollution, eviction, discrimination, and not being able to pay bills all within a single day. Sixteen workshops were held with city departments and leaders to discuss how they could positively influence health in the neighborhood. In January of 2013, the Richmond City Council authorized the City Manager's Office to finalize the ordinance. Six intervention areas were identified and enacted into law in 2014: Governance and Leadership, Economic Development and Education, Full Service and Safe Communities, Neighborhood Built Environments, Environmental Health and Justice, and Quality and Accessible Health Homes and Social Services. In this scenario, Health in All Policies is a long-term project to aid the city in reducing health inequities [16].

Another example of a success story comes from Greater Fifth Ward, a neighborhood in Houston, Texas, with over 20,000 residents. Greater Fifth Ward is environmentally disadvantaged, and it is estimated that 78% of homes contain lead paint hazards and 51% of screened children tested positive for elevated blood lead. The Houston Health Department started implementing a Health in All Policies approach in 2019 to help combat the issue. First, the Houston Health Department partnered with the Local Initiative Support Corporation, Fifth Ward Community Redevelopment Corporation, and Greater Opportunities Neighborhoods to create a map of the entire neighborhood annotating children screened from 2007 to 2016 with elevated blood lead levels, as well as homes that had already been determined to have elevated lead levels. Then, the Houston Health Department provided education to community members that would be designated block captains on lead poisoning prevention, evaluation of lead hazards, and identifying signs of lead-based paint. The recorded houses were referred to the Lead Hazard Housing Database, which contains information on the lead paint status and recommendations for services to address the issues. Overall, 19 homes have been referred to the Lead Hazard Housing Database [17].

The Los Angeles County Board of Supervisors used Health in All Policies to develop and implement policies that encourage safe walking, biking, and access to

transit. They partnered with Public Works, Regional Planning, Parks and Recreation, Internal Services Department, Community Development Commission, Beaches and Harbors, Arts Commission, Chief Information Office, Chief Executive Office, and the Fire Department in order to create the Healthy Design Workgroup. Together, they came up with, "Complete Streets," a checklist to ensure the safety of bikers and pedestrians. The Healthy Design Workgroup also promotes transportation to farmers' markets and places to get outdoor physical activity [16].

As it becomes more apparent that non-health policies affect health, policymakers across all levels of government are increasingly making health a priority [18]. Economic environments are often an indication of the population's health. A poor economic environment is associated with vastly worse health outcomes across all population segments; for example, the richest 1% lives on average 14.6 years in women and 10.1 years in men longer than the poorest 1% in the United States [19]. By teaching different government segments how to incorporate health as a priority in making policies, they can consider new factors. Over time, the goal is to increase community health with the improvement of policies by engaging stakeholders and educating policymakers about health impact. Health in All Policies can involve multiple levels of government starting at the local level and moving up into the state and federal government [20]. Success depends on the decision-makers recognizing their community's specific health needs and keeping them in mind while making new policies.

According to County Health Ratings, socioeconomic factors attributes 47% to health outcomes, health behaviors 34%, clinical care 16%, and physical environment with 3% [21] A significant first step in a healthy community is paying close attention to how the city designs it: areas with parks, open spaces, or sidewalks provide a space for people to get free physical activity; neighborhoods with grocery stores within walking distance allow residents to access healthy and affordable food; areas with a high density of liquor stores yield more violent crime and interpersonal violence; residents of low-income neighborhoods are less likely to have a grocery store, parks, and more likely to have industrial waste or air pollution; and placing fast-food restaurants gives residents cheap food, but it is often calorie-dense and unhealthy [13].

According to the Public Health Institute in their guide for Health in All Policies for state and local governments, there are four stages of a health community [13]:

1. Meets basic needs of all

Residents should have safe and affordable access to basic human needs. This includes transportation, nutritious food, clean water, quality housing, livable communities, areas for physical activity, and social engagement.

2. Quality and sustainability of the environment

The environment in which people live should have components like non-smoking areas, clean air, soil, and water, green areas with trees, affordable and sustainable energy use, and be aesthetically pleasing.

3. Adequate levels of economic and social development

Citizens should have job opportunities that provide a living wage, children should be supported and enriched, and education should be available.

4. Health and social equity

The communities should be safe with low crime rates, provide opportunities for civic engagement, and be supportive of diverse households.

Blue Cross and Blue Shield of Kansas

The Blue Cross Blue Shield Association (BCBS) was founded in 1982 when Blue Cross and Blue shield, two independent organizations, merged [22]. Blue Cross originated in 1929 to cover hospital services, and the first plan guaranteed teachers 21 days of hospital care for six dollars per year. Blue Shield originated in 1939 to cover physician services and was developed by lumber and mining companies of the Pacific Northwest [19]. BCBS provides healthcare coverage to over 110 million members and over 5 million federal government employees in all 50 states, the District of Columbia, and Puerto Rico. It is the largest contractor of doctors and hospitals with over 1.7 million contracts. Currently, there are 34 locally operated companies in the United States [22], including the Blue Cross Blue Shield of Kansas (BCBSKS).

The Blue Cross Blue Shield of Kansas acts as the state's largest insurer with the goal to provide access to a better quality of life for Kansans. Originating in 1942, the BCBSKS has three core values: commitment, compassion, and community. Blue Health

Initiatives by BCBSKS was launched in 2016 to make Kansas a healthier place to live, work, and play through grant funding. One of these initiatives is the Pathways to a Healthy Kansas Initiative [23].

Pathways to a Healthy Kansas

Pathways to a Healthy Kansas is the most extensive community grant program funded by the BCBSKS [24] and comprises two phases. The first phase focuses on the seven pathways: community policy, community well-being, food retail, health care, restaurants, schools, and worksites [23,24]. The second phase helps coalitions use a holistic, community-wide approach to identify social determinants of health to improve community health outcomes [24]. Each community is different, so it is necessary to identify strategies within each focus area catered to the community. Kansas Health Institute (KHI) has a goal of creating healthier Kansans through effective policy. It plays a role in Pathways to a Healthy Kansas by providing expertise on project design, impact evaluation, and technical assistance to coalitions [20]. Chronic diseases account for 80% of deaths in the United States. Pathways to a Healthy Kansas recognizes that the three main risk factors for chronic diseases are physical inactivity, poor nutrition, and tobacco use; therefore, funding of the grant aims to improve these areas in the community and make the healthy choice the easy choice [23]. Appropriate uses of funding include meeting materials, assessment tools, personnel, marketing, in-state travel, and training programs [25]. In order to receive this grant, coalitions must be ready to partake in this project and administer full implementation, and commitment of key stakeholders. In carrying out the project, the coalition must meet four expectations:

1. Carry out work through an existing, active wellness coalition or Community Health Improvement Plan (CHIP) work group;
2. Engage partners across sectors;
3. Identify a program coordinator and leadership team; and
4. Consciously include community members who are traditionally hard to reach [25].

Along with meeting the above four requirements, grantees are also expected to address the following pathways [26]:

1. Neighborhood and Physical Environment

2. Food
3. Healthcare
4. Education
5. Economic Stability
6. Community and Social Context

Flint Hills Wellness Coalition

The Flint Hills Wellness Coalition (FHWC) began in 2013 to serve the city of Manhattan and Riley County with the mission of creating a healthy and equitable community for residents through policy system, environmental, and personal change. They meet bi-monthly to discuss current projects, such as creating partnerships with local groups to increase access to healthy foods, reduce tobacco use, and advocate for bicycle and pedestrian-friendly environments. The 2021 Board of Directors consist of Debbie Nuss, Chair; Susan Rensing, Vice Chair and Treasurer; Jared Tremblay, Secretary; Megan Dougherty; Julie Gibbs; Krystal Lantz; Jennifer Miller; Ellyn Mulcahy; and Lucas Shivers. In 2017, they received a Kansas Health Foundation Healthy Communities Initiative: Health Equity Grant totaled \$262,000 over three years. The FHWC partnered with the Riley County Health Department and Ascension Via Christ Hospital to conduct the Community Needs Assessment for Riley and Pottawatomie County in both 2015 and 2020 [27].

CHIP is a long term program dedicated to addressing public health issues after a Community Needs Assessment. They typically run from three to five years and aim to involve community partners in developing policies and target efforts that promote health [28]. The FHWC used CHIP during the 2015 Community Assessment Needs and again for the 2020 Community Needs Assessment. The FHWC is one of 24 communities to receive the Pathways to a Healthy Kansas grant. The grant is for \$50,000 per year for four years between August 1st, 2020, to July 31st, 2024, and will aid in the coalition creating access to healthy foods, reducing exposure to tobacco in public parks, and bicycle and pedestrian-friendly environments. Health in All Policies is included in this four-year grant and is co-coordinated by Debbie Nuss and Vickie James. The FHWC was awarded the Health Equity Grant from the Kansas Health Foundation and was

offered a day-long training on Health in All Policies. The training took place on April 27th, 2019, co-sponsored by the Riley County Health Department and Greater Northview Action Team. On August 8th, 2019, the FHWC hosted a mini-training during their regular scheduled monthly meeting [27].

Chapter 2 - Learning Objectives and Project Description

Learning objectives of the project included:

1. Communicate professionally with public officials and local decision makers on important health issues;
2. Identify health concerns and inequities in the community;
3. Organize trainings with qualified trainers and decision makers; and
4. Determine effectiveness of Health in All Policies

I attended FHWC meetings, which started monthly and then switched to bi-monthly near the end of 2021, to understand the current projects being carried out and provide updates on the project of Health in All Policies. The meetings take place the first Thursday of the month via Zoom and workgroup and grant updates are discussed. Current workgroups include Active Transportation, Food and Farm Council, Mental Health Task Force, Flint Hills Community Care Team, Chronic Disease Risk Reduction, Dementia Friendly Manhattan, Northview Rising, and Community Health Improvement Plan (CHIP). The current grants include Pathways to a Healthy Kansas, Kansas Leadership Center Kansas Beats the Virus, Healthy Equity Work, and Memorial Hospital Association. Attending the FHWC meetings helped me to accomplish the first two Learning Objectives, communicate professionally with public officials and local decision makers on important health issues and identify health concerns and inequities in the community.

The scope of the work was to assist Debbie Nuss and Vickie James in training decision-makers in Manhattan and Riley County on Health in All Policies. I made a brochure (Appendix I) to send to potential trainers outlining the date, time, and commitments and we sent it out on behalf of the FHWC to members of the FHWC, MPH faculty and students, and shared with others with interest in health outcomes. Those interested volunteered their time to become Health in All Policy trainers. A two-hour "train the trainer" session was held on April 20th, 2021, where Tatiana Lin from KHI trained volunteers in the community to lead sessions with decision-makers. Those who attended were members of the FHWC and MPH students.

I gathered a list of 40 advisory boards and committees and with the help of Debbie and Vickie, the list was edited and narrowed down to groups that would be relevant to health impacts. We contacted a list of 22 local advisory boards, groups, and policymakers whose contact information we were able to obtain to attend a presentation about Health in All Policies (Table 2.1). A total of ten presentations took place, and four were before my involvement in the project; Food and Farm Council, Waste Community Action Team, Food Insecurity Community Action Team, and the Education Community Team, and are not included in the table. Putting this together helped me achieve the third Learning Objective, organize trainings with qualified trainers and decision makers.

Table 2.1 Initial Groups to Present

| Group | Contacted? | Presented? | Date presented | Presenter | Attendance |
|---|------------|------------|---------------------------------|-------------|------------|
| Bicycle & Pedestrian Advisory Committee | Yes | No | - | - | - |
| Board of Zoning Appeals | No | No | - | - | - |
| City Commission | Yes | Yes | February 9 th , 2022 | Debbie Nuss | 1 |
| City-University Special Project Committee | No | No | - | - | - |
| Code Appeal | No | No | - | - | - |
| Downtown Business Improvement District | No | No | - | - | - |
| Housing Appeals Board | Yes | No | - | - | - |
| Human Rights & Services Board | Yes | No | - | - | - |
| Human Rights & Services Board | Yes | No | - | - | - |
| Manhattan Urban Area Planning Board | Yes | No | - | - | - |
| Parks & Recreation Advisory Board | Yes | No | - | - | - |

| | | | | | |
|---|-----|-----|---|--------------|----|
| Special Alcohol Funds Advisory Board | Yes | No | - | - | - |
| Special Alcohol Funds Advisory Board | Yes | No | - | - | - |
| County Planning Board/Board of Zoning Appeal | No | No | - | - | - |
| Fair Board | Yes | No | - | - | - |
| North Central Flint Hills Area Agency on Aging | No | No | - | - | - |
| Riley County Park Advisory Board | No | No | - | - | - |
| Pawnee Mental Health Services Board | Yes | Yes | October 18 th , 2021 | Debbie Nuss | 12 |
| Public Health Advisory Board | No | No | - | - | - |
| Riley County Council on Aging | Yes | No | - | - | - |
| Riley County Law Enforcement Board | Yes | No | - | - | - |
| Road and Bridge | No | No | - | - | - |
| USD 383 Board of Education | Yes | Yes | September 13 th , 2021 | Debbie Nuss | 6 |
| USD 383 School Site Councils | No | No | - | - | - |
| USD 383 School Site Councils | Yes | No | - | - | - |
| AAUW - Manhattan Chapter | Yes | No | - | - | - |
| Aggieville Business Association | No | No | - | - | - |
| Black Lives Matter Manhattan | Yes | No | - | - | - |
| Flint Hills Regional Council | No | No | - | - | - |
| Food & Farm Council of Riley County & City of Manhattan | Yes | Yes | March 15 th and April 9 th , 2021 | Vickie James | 19 |
| Greater Manhattan Community Foundation | Yes | No | - | - | - |
| Konza Rotary Club | No | No | - | - | - |

| | | | | | |
|--|-----|-----|----------------------------------|------------------|----|
| League of Women Voters of Manhattan/Riley County | Yes | Yes | December 2 nd , 2021 | Debbie Nuss | 16 |
| Manhattan Alliance for Peace & Justice | Yes | No | - | - | - |
| Manhattan Area Chamber of Commerce | No | No | - | - | - |
| Manhattan Area Risk Prevention Coalition | Yes | No | - | - | - |
| Manhattan Housing Authority | Yes | No | - | - | - |
| Manhattan Public Library | No | No | - | - | - |
| Manhattan Rotary Club | Yes | No | - | - | - |
| Manhattan Ministerial Alliance | Yes | No | - | - | - |
| Northview Rising | Yes | No | - | - | - |
| Riley County Council of Social Service Agencies | Yes | Yes | November 10 th , 2021 | Cheyenne Brunkow | 20 |
| Riley City Council | Yes | No | - | - | - |
| Ogden City Council | No | No | - | - | - |
| Leonardville City Council | No | No | - | - | - |
| 4-H Chapters | No | No | - | - | - |

The ten presentations included Food and Farm Council on March 15th and April 9th, 2021, with 19 attendees; Waste Community Action Team on April 9th, 2021, with eight attendees; Food Insecurity Community Action Team on April 12th, 2021, with 14 attendees; Intergovernmental Meeting on April 26th, 2021, estimated 20-25 attendees (this was before I started and records were not kept); Education Community Action Team on April 28th, 2021, with 12 attendees; USD 383 Cabinet on September 13th, 2021 with six attendees; Pawnee Mental Health Services Leadership on October 18th, 2021 with 12 attendees; Riley County Council of Social Service Agencies on November 10th, 2021 with 20 attendees; and the League of Women Voters of Manhattan and Riley County on December 2nd, 2021 with 16 attendees.

Overall, the feedback was positive. Vickie James gave the presentations to the Food and Farm Council, Waste Community Action Team, Food Insecurity Community Action Team, and the Education Community Team. Debbie Nuss gave presentations to the Intergovernmental Meeting, USD 383 Cabinet, Pawnee Mental Health Services Leadership, League of Women Voters of Manhattan and Riley County, and presented to the county commissioner as well. I was able to observe how to effectively communicate to professional groups and contribute to the conversation about health impacts in Riley County. I presented Health in All Policies to the Riley County Council of Social Service Agencies on November 10th, 2021. Debbie Nuss gave me a template PowerPoint presentation and I did research on the Riley County Council of Social Service Agencies and was able to present examples that were relevant to their interests (Appendix III). In doing so, I learned how to prepare a presentation and modify it to fit the interests of the audience and be prepared to answer specific questions.

After the initial presentation, the groups were invited to attend a follow-up session that was more specific to their groups' needs (Appendix II). Follow-up sessions have not been scheduled yet, and additional trainings will continue to occur in the following years of the grant.

Chapter 3 - Results

I attended FHWC meetings to understand the current projects being carried out and provide updates on the project of Health in All Policies. The meetings take place the first Thursday of the month via Zoom and workgroup and grant updates are discussed. Through doing this, I was able to learn how wellness coalitions were organized and how the projects were carried out. This responsibility aligns with Learning Objective 2.

In gathering contact information of local advisory boards and policymakers, I was able to learn how to communicate professionally with health and city officials, which aligns with Learning Objective 1. Of the 22 groups who were contacted, we were able to conduct ten Health in All Policies presentations: Food and Farm Council on March 15th and April 9th, 2021, with 19 attendees; Waste Community Action Team on April 9th, 2021, with eight attendees; Food Insecurity Community Action Team on April 12th, 2021, with 14 attendees; Intergovernmental Meeting on April 26th, 2021; Education Community Action Team on April 28th, 2021, with 12 attendees; USD 383 Cabinet on September 13th, 2021 with six attendees; Pawnee Mental Health Services Leadership on October 18th, 2021 with 12 attendees; Riley County Council of Social Service Agencies on November 10th, 2021 with 20 attendees; and the League of Women Voters of Manhattan and Riley County on December 2nd, 2021 with 16 attendees. A few groups we gave presentations to were not part of the initial list (Waste Community Action Team, Food Insecurity Community Action Team, Intergovernmental Meeting, and Education Community Team) but were included due to connections and relationships with the Food and Farm Council and Flint Hills Wellness Coalition. Co-coordinator Debbie Nuss also met with the city manager to discuss Health in All Policies. As a result, the FHWC will send a letter to the mayor and city commissioners in late spring to request the commission to hold a work session in Health in All Policies.

The FHWC board of directors is adding Health in All Policies language to their bylaws in order to promote Health in All Policies language in other organizations. Health in All Policies is a prominent topic in the Diversity, Equity, and Inclusion Task Force presentation and final report, and suggested that the City of Manhattan adopts a Health approach to policymaking. Moving forward in the remaining years of the grant, the

FHWC has sent emails to local advisory boards to schedule a time for a Health in All Policies training session.

Any community can benefit from activating Health in All Policies. It is up to the public health officials to take the role in this program and engage other government sectors. All parties will be challenged in their thinking and learn new ways to implement health as a priority in their decisions. We learned that we need to be more reassuring that there is no hidden agenda associated with Health in All Policies thinking, just a tool used to improve the health in our community.

Chapter 4 - Lessons from Health in All Policies in the Field

In the beginning of the project, we decided that it would be most efficient to teach volunteer trainers how to conduct Health in All Policy trainings because we anticipated being much more busy with trainings. However, we did not get as large of a response as we had hoped. This could be due to skepticism of public health and elected officials not knowing that Health in All Policies is meant to be used as a tool to create a healthier community, not to force decisions or push a hidden agenda. Some organizations may be hesitant or confused because they are not sure how they would have anything to do with health impacts. Debbie Nuss pointed out that due to COVID-19, many of the social service agencies we were wanting to work with had an influx of clients and simply could not take the time. There is no cost associated with implementing Health in All Policies, therefore it is planned to continue to work at educating policymakers on how they can make a difference in the community beyond the scope of the four-year grant. Despite low numbers, overall feedback was positive and the groups thought the material was presented in a way that was understandable to non-health related fields. Moving forward, we just need to be persistent as we navigate hesitancy and conflicting schedules.

Meeting with Tatiana Lin from KHI, who has worked with Health in All Policies for about ten years, provided a valuable and interesting insight into how Riley County's project compares to the rest of Kansas. Kansas has increased interest in health impacts during decision-making due to diversity, inclusion, social determinants, and racism during the last few years. Five chose to partake in Health in All Policies of the 24 communities who received the Pathways to a Healthy Kansas grant. Riley County is the only community that has made it passed the training stage and has developed policy statements in Kansas. Lin noted that it was not a surprise that the projects are slow-moving; Health in All Policies is not a concrete idea, and it takes a while to connect with other sectors and show them their value on health impact. She also noted that we do not necessarily need to call it Health in All Policies but instead think about how policy impacts health.

Chapter 5 - Discussion

Going into this project, I had expectations of efficiently communicating with local advisory groups, scheduling meetings, and giving many presentations on Health in All Policies over the next year. However, I soon learned that I was very naïve to the process. Outside factors such as navigating through a pandemic, political factors in community groups, personal matters, and the busy schedules of everyone involved made the process move slower than I expected.

Due to the project taking place during the COVID-19 pandemic, we presented all sessions via Zoom, a videoconference platform. While Zoom allows efficiency in meetings, it can be hard to connect with participants, ensure they are participating, or run into technical difficulties. Participants can also become distracted and experience “Zoom fatigue.” One researcher hypothesizes that Zoom fatigue is caused by several factors, such as long-term close-up eye gaze, increased cognitive load, self-evaluation from looking at one’s own video screen, and constraints on mobility [29]. In-person presentations may have resulted in higher engagement.

Groups, coalitions, advisory boards, and councils are extremely busy and are often juggling several projects at once, sometimes making it hard to make time for new outside projects. We may be able to conduct in-person presentations in the future, however it was also important to be adaptable during current times.

Due to the current political climate, some were hesitant to participate in presentations due to the assumption of a hidden political agenda. People are not trusting scientists and public health officials due to fluctuations in the COVID-19 pandemic [30]. This slowed down the process and also restricted the majority of our trainings to health-related groups. I learned that it is not as simple as wanting to improve community health; there needs to be communication and adjustments to reassure groups that there is no political agenda being pushed.

These scenarios have been learning experiences, and I now have a more significant idea of how projects like this move along and how to navigate communicating and meetings with local decision-makers. Positive feedback from groups that attended

presentations and recommendations to implement Health in All Policies encourages its long-term positive effects on the Manhattan and Riley County community.

Goals of Health in All Policies can be broad, like the case in Los Angeles, California, have a few concepts like Richmond, California, or very specific as was the case of Greater Fifth Ward, Texas. Implementation time can vary as well, Richmond, California took several years while the Greater Fifth Ward, Texas completed their project within six months. When we first started Health in All Policies in Riley County, I imagined it would be mostly completed by December 2021. However, Health in All Policies will continue to expand throughout the next two years of the grant, and the FHWC will continue to implement Health in All Policies past the four-year grant.

Chapter 6 - Competencies

Student Attainment of MPH Foundational Competencies

Competency 2: Interpret results of data analysis for public health research, policy or practice

The FHWC conducted a Community Needs Assessment in 2015 and again in 2020. While this was done before the project started, we were able to use this data to apply Health in All Policies in a way that would fit the community needs of the City of Manhattan and Riley County. Focusing on the 2020 Community Needs Assessment, paper and hard-copy surveys were sent out to randomly selected members of Manhattan and Riley County. The survey received 1,229 usable responses [28].

The survey concluded that Riley County is healthier than the average Kansas population overall. However, there are still areas where Riley County falls short. Residents reported food insecurity, low access to grocery stores, and neutral about healthcare access. The top health needs were affordable health services, insurance, and prescriptions. Social issues included poverty, mental health, and inattentive driving [31]. Using this data, we were able to try to target and include local groups that pertain to these health outcomes and mention them in Health in All Policies presentation to groups who may not be aware of these issues.

Competency 9: Design a population-based policy, program, project or intervention

The whole scope of the project was to initiate Health in All Policies in Manhattan and Riley County. While the overall health of Riley County is slightly higher than the rest of Kansas, there is always room for improvement. We recognize that health outcomes can be the result of local community decisions, so training policymakers on how to recognize how they may affect health outcomes can prevent adverse health outcomes at the source. By being in contact with local groups, meeting with them, and communicating health effects, I now have a much better idea of how to implement a health program in a community and succeed. A good foundation has been laid for Health in All Policies in Riley County, and I hope to see the next two years of the project play out successfully.

Competency 15: Evaluate policies for their impact on public health and health equity

The Health Impact Checklist is a tool created by KHI to help guide users in connecting changes in policy with potential health impacts. Being knowledgeable with the Health Impact Checklist, we can help groups see how their policies impact health in their community. The

Health Impact Checklist has users check boxes on how their proposed policy will impact economic stability, neighborhood and physical environment, education, community and social context, and health/health care. Sometimes policies affect health outcomes in unexpected ways, and the Health Impact Checklist can help eliminate those adverse outcomes.

Competency 19: Communicate audience-appropriate public health content, both in writing and through oral presentation

While participating in this project, one of my biggest takeaways was communicating effectively with local policymakers and health officials. Being able to recognize their priorities and address the concept of Health in All Policies to fit into their area of focus was an essential tool in the effectiveness of getting their interest. The first few presentations were ones that I observed, and then I was able to present Health in All Policies myself to the Riley County Council of Social Service Agencies. This advisory board establishes and recommends a framework to aid the city government in providing funds to social service agencies. Social services encompass a variety of health factors such as education, health care, emergency services, and transportation, so Health in All Policies can be applied to almost everything they do. I attended their monthly meeting on November 10th, 2021, and gave a Health in All Policies presentation. Before presenting, doing research on the group and their goals gave me insight into how to modify the presentation to align with their goals. While most of their work is health-oriented, they were able to see how implementing Health in All Policies could elevate their scope of work.

Competency 22: Apply systems thinking tools to a public health issue

Because health is often affected by factors than more than just nutrition, physical activity, and healthcare, it is vital to work with non-health sectors in a way in which both parties can contribute effectively. Non-health sectors may make a decision that could negatively impact health outcomes, not necessarily out of ill-intent, but out of not realizing how health would be affected. In participating in this project, I have learned how to identify health outcomes that may be influenced by outside factors and work with other non-health sectors to create a solution to the problem.

Table 5.1 Summary of MPH Foundational Competencies

| Number and Competency | | Description |
|-----------------------|---|---|
| 2 | Interpret results of data analysis for public health research, policy or practice | Use the 2020 Community Needs Assessment to move forward in the Health in All Policies project |
| 9 | Design a population-based policy, program, project or intervention | Implement Health in All Policies in Riley County, Kansas |
| 15 | Evaluate policies for their impact on public health and health equity | Provide local decision makers with trainings on how to include health in their decisions |
| 19 | Communicate audience-appropriate public health content, both in writing and through oral presentation | Effectively communicate with officials and policymakers based on what their interests are |
| 22 | Apply systems thinking tools to a public health issue | Work with non-health sectors to improve health outcomes |

Table 5.2 MPH Foundational Competencies and Course Taught In

| 22 Public Health Foundational Competencies Course Mapping | MPH 701 | MPH 720 | MPH 754 | MPH 802 | MPH 818 |
|--|----------------|----------------|----------------|----------------|----------------|
| Evidence-based Approaches to Public Health | | | | | |
| 1. Apply epidemiological methods to the breadth of settings and situations in public health practice | x | | x | | |
| 2. Select quantitative and qualitative data collection methods appropriate for a given public health context | x | x | x | | |
| 3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate | x | x | x | | |
| 4. Interpret results of data analysis for public health research, policy or practice | x | | x | | |
| Public Health and Health Care Systems | | | | | |
| 5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings | | x | | | |
| 6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels | | | | | x |
| Planning and Management to Promote Health | | | | | |
| 7. Assess population needs, assets and capacities that affect communities' health | | x | | x | |
| 8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs | | | | | x |
| 9. Design a population-based policy, program, project or intervention | | | x | | |
| 10. Explain basic principles and tools of budget and resource management | | x | x | | |
| 11. Select methods to evaluate public health programs | x | x | x | | |

| 22 Public Health Foundational Competencies Course Mapping | MPH 701 | MPH 720 | MPH 754 | MPH 802 | MPH 818 |
|--|------------------------------|--------------------|--------------------|--------------------|--------------------|
| Policy in Public Health | | | | | |
| 12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence | | x | x | x | |
| 13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes | | x | | x | |
| 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations | | x | | | x |
| 15. Evaluate policies for their impact on public health and health equity | | x | | x | |
| Leadership | | | | | |
| 16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making | | x | | | x |
| 17. Apply negotiation and mediation skills to address organizational or community challenges | | x | | | |
| Communication | | | | | |
| 18. Select communication strategies for different audiences and sectors | DMP 815, FNDH 880 or KIN 796 | | | | |
| 19. Communicate audience-appropriate public health content, both in writing and through oral presentation | DMP 815, FNDH 880 or KIN 796 | | | | |
| 20. Describe the importance of cultural competence in communicating public health content | | x | | | x |
| Interprofessional Practice | | | | | |
| 21. Perform effectively on interprofessional teams | | x | | | x |
| Systems Thinking | | | | | |
| 22. Apply systems thinking tools to a public health issue | | | x | x | |

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Appendix I: Training Brochure



Become a Health in All Policies trainer

Please join us if you are interested in becoming a Health in All Policies (HiAP) trainer. Future trainers will attend a two-hour training session on **Tuesday, April 20th 2021 from 2-4pm via Zoom** where they will learn how to facilitate training local government and organizational decision makers on incorporating HiAP in decision making processes.

Trainers will be expected to facilitate a 30-40 minute introductory training session with local decision makers and up to three HiAP customized group trainings (two hours each) between May-December 2021.

To sign up or for questions, contact Debbie Nuss, Pathways Co-Coordinator at info@flinthillswellness.org or (785) 341-1143.



Appendix II: Follow-up Brochure



Interested in learning more?

Learn how Health in All Policies can be implemented your (department, group, team?). Sign up for a custom two-hour training session to learn ways that you can make a difference in your community by incorporating health in decision-making!

To sign up or for questions, contact Debbie Nuss, Pathways Co-Coordinator at info@flinthillswellness.org or (785) 341-1143.



Appendix III: Presentation



Decision Making for a Healthier Community

Riley County Council of Social
Service Agencies

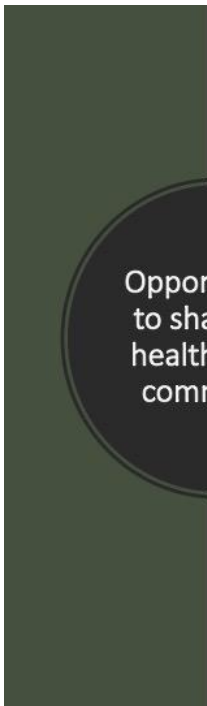
Wednesday, November 10, 2021
12:00 pm
Via Zoom

Cheyenne Brunkow
Intern
Master of Public Health Student

Debbie L. Nuss, Chair
Flint Hills Wellness Coalition
Co-Chair
Pathways to a Healthy Kansas –
Manhattan / Riley County



A Blue Cross and Blue Shield of Kansas Initiative



Opportunities
to shape the
health of our
community



PATHWAYS to a
HEALTHY
KANSAS

A Blue Cross and Blue Shield of Kansas Initiative



Informing Policy. Improving Health.



FLINT HILLS
WELLNESS COALITION



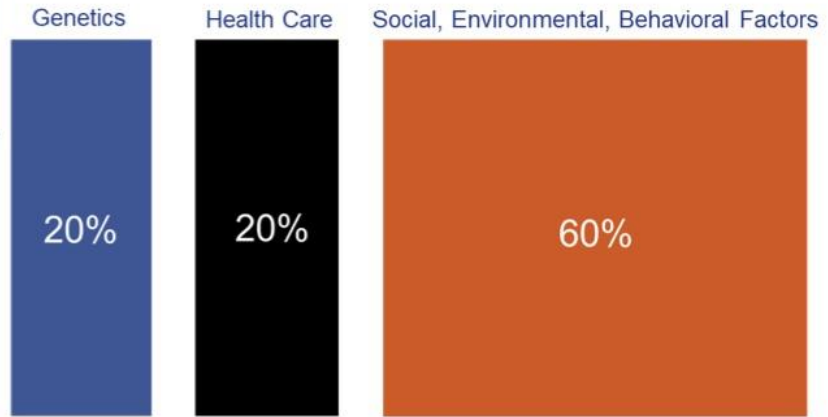
Health Matters....
in all the places we live, learn,
work, and play in our community



WHY HIAP?

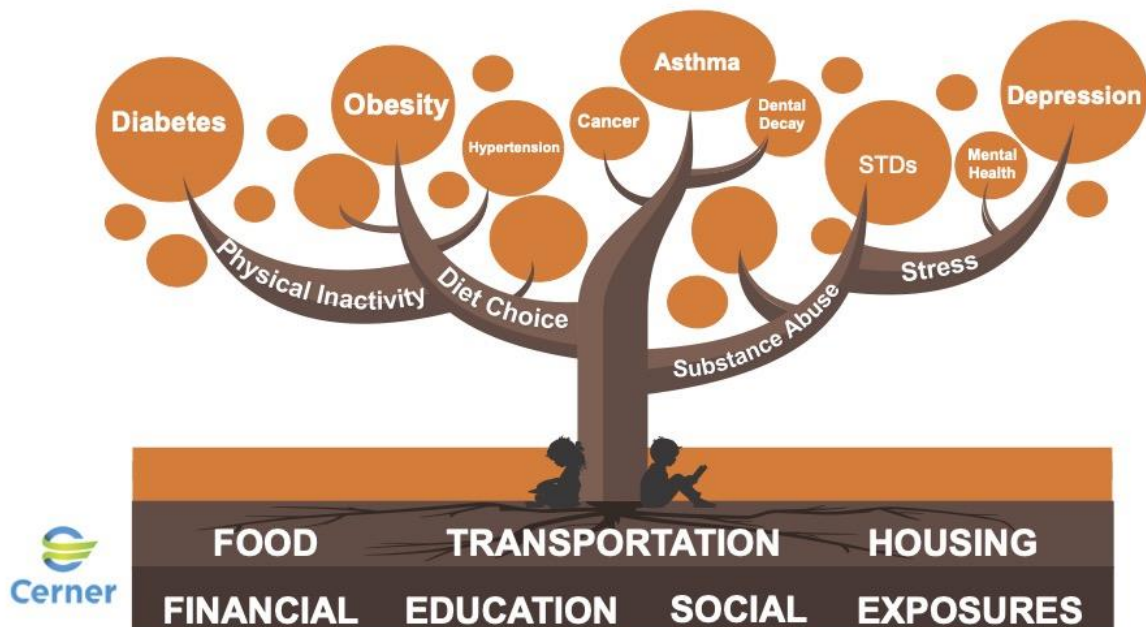
Reason #1

Health happens outside the doctor's office and policies shape factors that impact our health.



Source: Bradley & Taylor, *The American Healthcare Paradox*.

Determinants of Health



Reason #2

Many decisions that shape community environments might not routinely consider health.



DEFINING HIAP

“

HiAP is a collaborative approach that integrates and articulates health considerations into policy making across sectors, and at all levels, to improve the health of all communities and people.

Source: Association of State and Territorial Health Officials (ASTHO) available at <http://www.astho.org/Programs/HiAP/>

WHAT DOES HIAP MEAN IN PRACTICE?

Promote Health, Equity and Sustainability

Case-by case (specific policies, programs, and processes)

Support Intersectoral Collaboration

Work with agencies that impact social determinants of health

Benefits Multiple Partners

Look for win-wins with potential partners

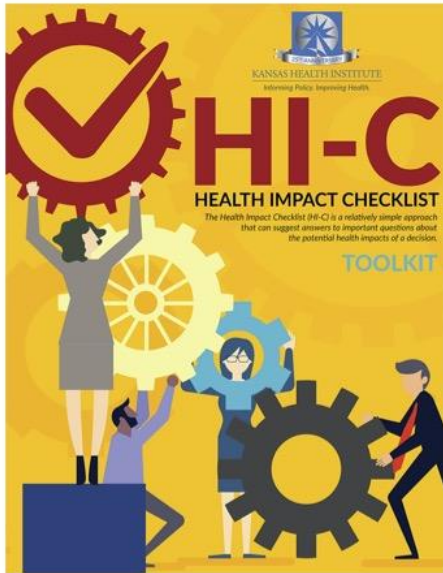
Engage Stakeholders

Identify approaches to jointly tackle issues

Create Structural or Process Change

Consider health and equity routinely

Source: Public Health Institute. *Health in All Policies: A Guide for State and Local Governments*. https://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf



The Health Impact Checklist (HI-C) is a tool that asks several questions to help understand how a decision might impact health.

<http://www.khi.org/policy/article/HI-C>

KEY QUESTION

How does the proposed project, plan, policy



affect

- Housing
- Air quality
- Noise
- Safety
- Social networks
- Nutrition
- Parks and natural space
- Private goods and services
- Public services
- Transportation
- Livelihood
- Water quality
- Education
- Inequities



and lead to health outcomes?

Kansas Health Institute

Note: Adapted from Health Impact Project, HIAP related work.

12

WHY USE HEALTH IMPACT CHECKLIST?



- Understand potential positive and negative impacts of policies on health
- Identify impacted populations
- Create practical recommendations
- Can be completed relatively quickly
- Can be built into other community efforts

Kansas Health Institute

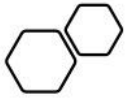
13

Local Example of HiAP in Practice

- **Current city policy in place -**
City ordinance prohibiting smoking/vaping in public places, including outside city owned spaces (parks/trails)
Exemption – Restaurant/bar outdoor patios
- **Recent County Commission action –**
Prohibit smoking in all county parks



**This Is A
No Smoking
Area**



Local example of public issue

No publicly supported indoor swimming pool available at low-cost fees.

Only current option is privately owned with a membership fee prohibitive for many community members with limited income.



Health in All Policies Potential Impact



HiAP Principles

- Promote health
- Promote equity
- Support cross-sector collaboration
- Defining mutually beneficial goals
- Engage stakeholders
- Create structural or procedural changes



Opportunities for HiAP Trainings

- 2- hour customized session for your designated team
- Practical application to inform your work
- Current policies can be reviewed
- Current draft policies, projects, or plans can be reviewed
- Sessions will be offered **until December 2021**
(Online or in-person TBD)
- Schedule a session now! Send your information to:
info@flinthillswellness.org
 - Include: Name of group
 - Key Contact Information
 - Preferred date/time options
- A trainer will contact you to design your session with you!

QUESTIONS

info@flinthillswellness.org



Appendix IV: Poster

Health in All Policies Implementation in Riley County, Kansas



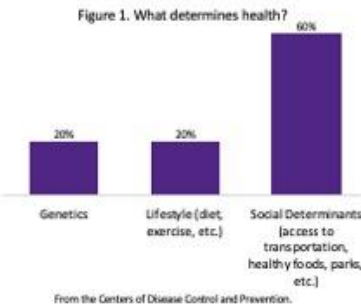
Cheyenne Brunkow, BS, MPH student¹; Dr. Ellyn Mulcahy, PhD, MPH^{1,2}
 Master of Public Health Program¹; Department of Diagnostic Medicine and Pathobiology²
 College of Veterinary Medicine, Kansas State University



Introduction

Social determinants of health stem from a variety of factors. The environment people live in, access to healthy and affordable food, and safe transportation are just some of the factors that influence community health (see Figure 1). Local governments influence health and health equity through city planning, and local policy influences regional policy via vertical diffusion.

Health in All Policies (HiAP) is an intersectoral program to improve health through attention to the full range of social determinants. HiAP challenges political and public service leaders to branch out of their usual roles and commit to a plan to reach health goals. HiAP increases awareness of social determinants of health in non-health agencies, and encourages policymakers to include health as a priority when making decisions.



HiAP Impact

By working with local policymakers, the needs of the community can be identified and met. Long-term, HiAP implementation can educate non-health sectors and help improve the community's overall health. Health in All Policies aims to improve determinants of health and reduce inequities by designing policies with health uppermost in mind. Intersectoral work can achieve this with the common goal of a healthy community.

Methods

The scope of the work is to train decision-makers in Riley County on HiAP. A two-hour "train the trainer" session was held in April 2021 by Tatiana Lin from the Kansas Health Institute to train volunteers in the community to facilitate training local government and organization decision makers on how to incorporate HiAP in their decision making. This was done using the Health Impact Checklist.

Further trainings with local decision-makers are taking place through the end of 2021. Groups start with an initial general session about HiAP and are then invited to attend a customized follow-up session. The follow-up session includes specific details as to how these organizations can help improve health in the community. So far, trainings with USD 383 and Pawnee Mental Health have been held by Debbie Nuss from the Flint Hills Wellness Coalition. Feedback about how these groups are implementing HiAP will be collected in Spring 2022.

Acknowledgements

Thank you to Flint Hills Wellness Coalition, Debbie Nuss, and Vickie Jarven. Thank you to Kansas Health Institute and Tatiana Lin. We would also like to thank everyone who participated in the trainings.

Discussion

Health is affected by a cascade of events, and HiAP hopes to help close those gaps. Social determinants of health mainly influence population health and equity. Still, for HiAP to be successful, there must be a shift in health policy from illness-oriented health care to social environments of daily living. The Center for Disease Control and Prevention uses this approach to help achieve both National Prevention Strategy and Healthy People goals.

HiAP is diverse in that it can involve engagements from all levels of government and has been increasing in popularity. By starting in one community and moving forward, HiAP has the potential to improve the overall health of Kansas. Current structural and political factors often prevent long-range strategies to improve the health of communities.

Impact for Kansas

Through the development of stronger planning for setting policy for health, this project will have an important contribution to Riley County and Kansas long-term.

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