10 Steps to Implementing Health in All Policies in Rural Communities

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16. Abstract

This toolkit serves as a guiding document for frontier, rural, and micro-urban communities to implement a Health in All Policies (HiAP) framework in rural America. Too often, rural America is overlooked when it comes to public health and policy work. This tool will guide public health practitioners, community planners, elected officials, healthcare providers, and those who are interested in improving community and public health by analyzing and improving local policy in rural communities.
Barriers to accessing healthcare services are well documented in rural communities. Rural populations often face greater challenges accessing healthcare services compared to their urban peers such as long distances to primary care, lower insurance coverage rates, higher health needs, and higher rates of poverty [1–4]. Incorporating a HiAP framework in rural areas is an effective way to decrease health inequities and disparities between urban and rural communities.

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Introduction

This toolkit serves as a guiding document for frontier, rural, and micro-urban communities to implement a Health in All Policies (HiAP) framework in rural America. Too often, rural America is overlooked when it comes to public health and policy work. This tool will guide public health practitioners, community planners, elected officials, healthcare providers, and those who are interested in improving community and public health by analyzing and improving local policy in rural communities.

Barriers to accessing healthcare services are well documented in rural communities. Rural populations often face greater challenges accessing healthcare services compared to their urban peers such as long distances to primary care, lower insurance coverage rates, higher health needs, and higher rates of poverty [1–4]. Incorporating a HiAP framework in rural areas is an effective way to decrease health inequities and disparities between urban and rural communities.

HiAP work aims to improve community health, using analysis to understand how health is influenced by both the built and social environments in the community. By examining factors of the environment that contribute to health outcomes, the HiAP approach identifies the upstream drivers of health and social conditions that must be considered at the policy-making level. It is paramount for decision makers and community leaders to examine how policy can impact health, and HiAP is a useful approach to understand how upstream factors contribute to poor health outcomes. HiAP is an important asset not only for maximizing positive impacts to population health but minimizing negative impacts as well.

This toolkit is based on work completed in 2023 and 2024 in Gallatin County, Montana as well as national HiAP guidance. Gallatin County, MT has been designated by the Federal Office of Rural Health Policy as rural.

This toolkit has specifically been created for those working in small urban and rural America, especially for professionals who wear multiple hats at their jobs and stakeholders who have multiple roles in the community. By following the 10 Steps to Implementing Health in All Policies in Rural Communities toolkit, stakeholders and professionals will be guided and supported as they work towards health equity in rural America.

10 Steps to Implementing Health in All Policies in Rural America

1 Identify and Recruit Community Partners

2 Create a Steering Committee

3 Data and Evaluation

4 Community Scan

5 Identify Work Goals and Objectives

6 Create Shared Language

7 Community Education

8 Funding and Sustainability

9 Policy, Planning, and Education

**10** Continued Community Engagement and Next Steps

Definitions

Rural has many definitions in literature. Definitions selected for this report are supplemented from the Rural Health Information Hub.

Frontier: Frontier areas are sparsely populated areas that are isolated from population centers and services. Frontier may be defined using population density, travel time, and distance to market and service centers, e.g. density of 12–20 persons per square mile, distance to a service/market of 30–90 miles, or travel time to service/market is between 30–90 minutes.

Rural: Areas where the majority of the population lives 60 minutes or more from urbanized areas (50,000 or more population).

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Frontier:
Population density – 12 to 20 persons per square mile
Travel time – 30 to 90 minutes to market or services
Distance – 30 to 90 miles to market or services

Micro-Urban:
labor market and statistical areas in the United States centered on an urban cluster (urban area) with a population of at least 10,000 but fewer than 50,000 people.

Micro-Urban: As defined by the U.S. Office of Management and Budget, labor market and statistical areas in the United States centered on an urban cluster (urban area) with a population of at least 10,000 but fewer than 50,000 people.
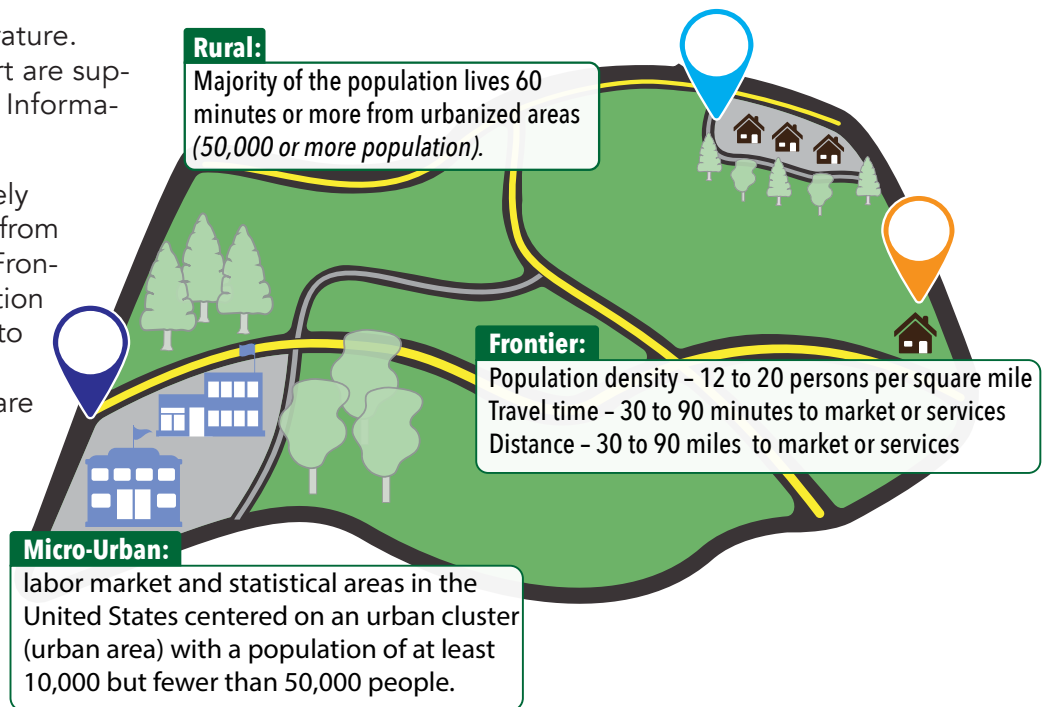
Acronyms

Health in All Policies (HiAP):
A collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. HiAP recognizes that health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities.

Social Determinants of Health (SDoH):

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Health in All Policies

Education Access and Quality

Health Care Access and Quality

Economic Stability

Neighborhood and Built Environment

Social and Community Context

Healthy People 2030

10 Steps to Implementing Health in All Policies in Rural Communities
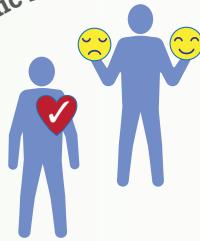
Step 1: Identify and Recruit Community Partners

The first step to implementing HiAP work in a rural community is to identify key partners are. Who in your community needs to be involved with this work? What sectors, organizations, businesses, and expertise do you need to get this work moving?

"Organizers of this work can rely on their personal connections to identity and recruit community partners to participate in this work."
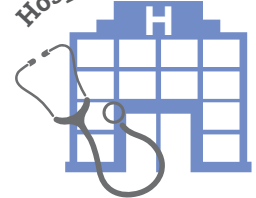
"In rural communities, personal is professional."

*"Utilizing personal connections can result in the formation of a strong, committed team of community partners."*

Potential partners include:

Public Health

Education and Students

Hospitals

Federally Qualified Health Centers

Elected Officials

Social Service Providers

Developers

Local Industry

Business Owners

Architects

Planners

Engineers

Transportation
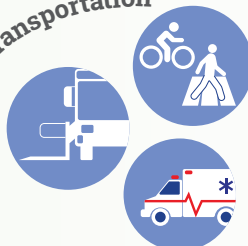
Tribal Leaders

Conservation

Step 2:
Create a Health in All Policies Steering Committee

After the initial outreach and identification of interested community members, organizers should invite community members to be a part of the steering committee.

Frequency, Format, and Formality

When creating a steering committee, it is crucial to consider the frequency, format, and formality of the steering committee meetings. Organizers must decide on the ideal number of community partners to invite to the steering committee, as well as consider how and how often the committee will meet. Some questions to consider about the steering committee before planning meetings include:

- Are steering committee members able to attend in person?
- How long of a commute will steering committee members have to participate in the steering committee?
- Is there transportation available for committee members to meet in person?
- Is there the option to have an online or hybrid meeting?
- If steering committee members are unable to attend in person, do they have reliable high-speed internet in order to engage with the committee?

Determining the frequency, format, and formality of the steering committee meetings for your rural community will help set the committee up for future success. Communicating this information to interested potential members will help them make an informed choice and help ensure steering committee members are able to commit to participation. Although in-person meetings are ideal, when possible, hybrid meetings may be more likely to accommodate the needs of all steering committee members. Make sure you (and all steering committee members) have the technology necessary to make hybrid or online meetings successful.

Diversity

It is essential to make sure that your steering committee represents a diverse variety of organizations, stakeholders, and other interest groups. Additionally, it is important to develop a steering committee that represents the community in gender, race, socio-economic status, etc.
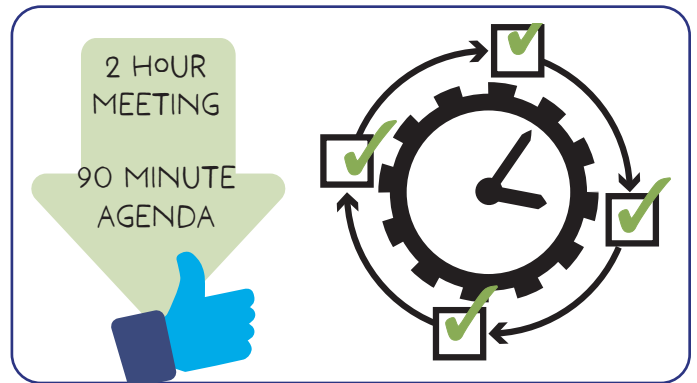
First Steering Committee Meeting

At the first steering committee meeting, make sure to set the frequency and recurrence of future meetings. If steering committee meetings are marked on the calendar, more people are likely to attend. Additionally, it is important to share the logic model with the steering committee so that they can see the long-term goals and direction of the HiAP work.

At the first steering committee meeting, it is also important to discuss if a memorandum of understanding (MOUs) is required for organizational engagement. Consider what other resources may be needed to

ensure the active participation and engagement of all community organizations.

We recommend setting aside two hours for steering committee meetings, while planning for a 90-minute agenda. This way, as a facilitator, you have some flexibility and adaptability during steering committee meetings. If the meetings end early, that is a success for the facilitator as people love meetings that end early, and the steering committee members will think that you are a great facilitator.

During the first meeting, it is important to educate your steering committee so that all members are operating with the same understanding HiAP at baseline. Many individuals and community organizations may be interested in this work and in community change but may not actually understand HiAP nor of some of the contributors to HiAP, such as the Social Determinants of Health (SDoH).

Working Groups

Invite steering committee members to volunteer to join a working group of their choice based on their interest, experience, and work sector. Working groups will be responsible for day-to-day activities and planning and will report their progress to the steering committee.
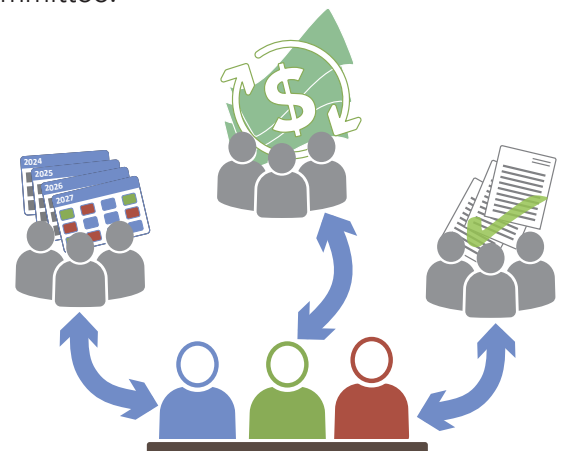
Develop a Logic Model

The research team in Gallatin County developed a logic model to guide and direct the steering committee's HiAP efforts and to inform the corresponding evaluation. The logic model was used to provide direction, act as a recruitment tool, and help the steering committee understand the tasks and the timeline of the project.

To get the most from a logic model, it is important to develop it early in HiAP implementation. It can be used to:

- support effectiveness, ensuring care was taken to understand the logical connections between activities and outcomes.
- inform the implementation of HiAP activities and evaluation of the HiAP approach.
- help diverse teams collaborate on the appropriate activities that work toward the same goals.
- act as a communication tool to;
    - promote understanding among stakeholders and coalition members.
    - onboard new members.
    - describe the HiAP project to funders and community members.

A basic logic model has the following components:

Inputs or resources:	Outputs or activities:	Outcomes:
What resources and materials are available or needed? What capacity is available from whom?	What strategies or activities will be implemented? With whom?	What effects are anticipated? What changes do we expect to see immediately (short-term) and what changes will take longer to occur (long-term)?

Often these components are visualized in a model that can be read from left to right, however, it is often useful to develop the model from right to left. That is, begin with the outcomes and work 'backwards' to identify what activities are needed to achieve those outcomes and what resources are necessary to accomplish the activities. Then, while reading from left to right, adding 'if-then' phrases can check the logic of the connections between components. For example, if we have these resources, can we do these activities? And if we do these activities, it is logical to expect these outcomes? In this way, the model can be refined so that it is both feasible and realistic.

To see the complete logic model used in Gallatin County, please see appendix.

A logic model promotes effectiveness if it is utilized. Therefore, it is best to not put it on the shelf but rather to reference it frequently and revise it as necessary to ensure it remains relevant and accurate.

Step 3:
Evaluation

When working on HiAP in rural communities, it is necessary to create a data-driven process for evaluation. It is also crucial to use data and evaluation to measure the success of the project. Before project implementation, the steering committee must determine what evaluation process will be used to determine the success of the HiAP project in the community. Evaluation opportunities may come up as the work continues and as the goals of workgroups change over time.

Some examples of evaluation data include:

- Key informant or focus group interviews
- Training surveys (pre- and post-)
- Action plans (see step 5 for more details)

Interviews and focus groups

Step 4:
Community Scan

Before diving into this work, the steering committee must first understand the current health status of the community. By completing a community scan, the steering committee can utilize policies and plans to examine the community's health status.

A community scan is a descriptive analysis of a community that is conducted by looking at existing plans, policies, rules, and regulations. It can be used to identify community needs, resources, and potential partnerships. It is also an examination of what work has already been completed within the community.

Additional resources that will help identify the health of the community include:

- Community Health Needs Assessments
- Centers for Disease Control and Prevention
- National Institutes of Health
- Headwaters Economics
- County Health Rankings
- U.S. Census Data

Step 5:
Identify Work Goals and Objectives

To ensure continued engagement by community partners, the steering committee and all working groups must have clear work goals and objectives. This will also keep community partners engaged and involved in any time-based goals towards which the committee and working groups are working.

Create working groups as necessary for specific work tasks. Steering committee members should volunteer for workgroups based on their profession, their personal interests, and their passion. Each workgroup should create their own key deliverables, objectives, timelines, and next steps. Workgroups should also determine meeting frequency, format, and formality. The HiAP lead must take an active role coordinating the work of the working groups, aligning timelines and ensuring communication across working groups.

Existing data sources should be used to identify priority areas.

Examples of workgroups and key activities include:

Data and Evaluation Workgroup	Conduct key informant interviews with steering committee members. Analyze pre and post attendance surveys of HiAP curriculum.
Sustainability Workgroup	Secure funding for HiAP work.
Policy, Planning, and Education Workgroup	Work to identify and track local plans and policies for the inclusion of health language.
Community Relations Workgroup	Conduct a naming survey.
Curriculum Development Workgroup	Create HiAP community workshop and presentation.
Facilitation Workgroup	Train and educate facilitators on how to implement the HiAP curriculum in the community.

Action plans for workgroups

Each workgroup should dedicate their first meeting to completing an action plan. These provide a road map for accomplishing goals or objectives by breaking them down into actionable steps, strategies and timelines.

To view complete action plans used in Gallatin County, please see Appendix B.

Step 6: Create Shared Language

Create language for this work that is affirming for your rural community. Keep in mind that words carry power and it is important to name the program and communicate about the efforts in a way that will get diverse partners and stakeholders engaged and involved.

Ways to identify shared language-

Surveys   Interviews   Focus groups   Conversations

Shared Language
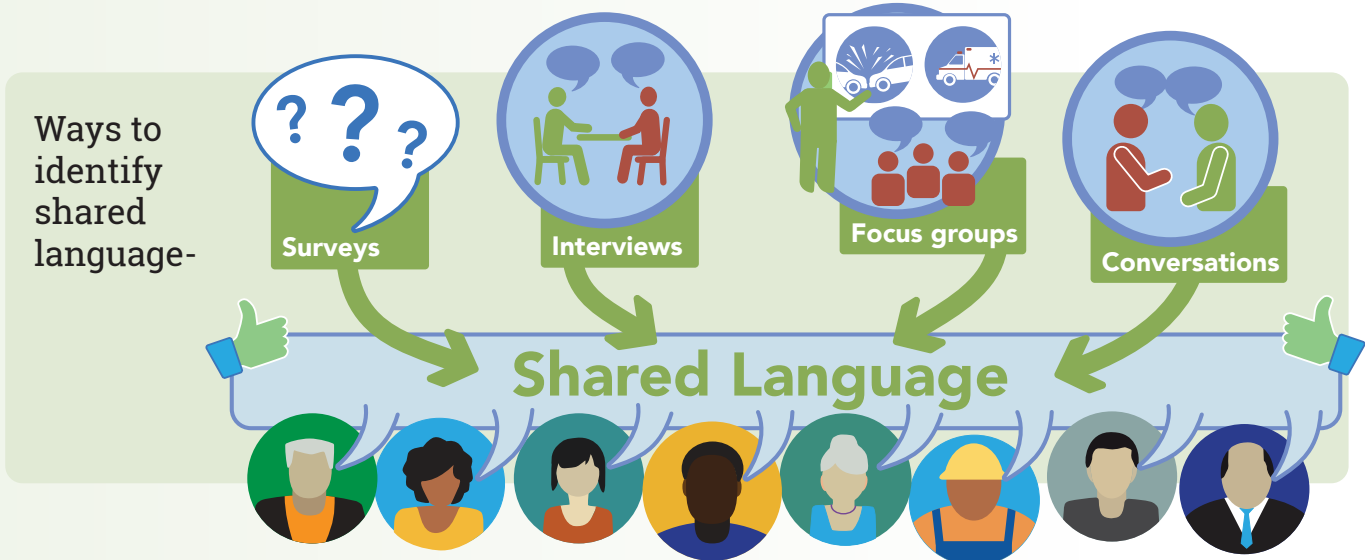
Step 7:
Community Education

The HiAP curriculum should be curated specifically to your rural community. The education content could include SDoH, HiAP, or whatever your community needs to begin moving this work forwards. This includes creating graphics, using images, statistics, and examples that are all specific to your community.

It is important to identify target populations for the HiAP curriculum. The steering committee should identify community populations that would benefit from learning this information. Additionally, the steering committee should consider how this information can best be delivered to these target populations.

The next step is to identify and train HiAP curriculum facilitators. Facilitators should be knowledgeable about topic areas, prepared to provide local specific examples of HiAP work, and ready to engage with audience participation and questions. Facilitators should be diverse in their areas of expertise and their work sector.

The final part of the Community Education step is to implement the HiAP curriculum. Select a date, time, and location that works for your target audience. Ensure that you have a pre and post survey to measure changes in knowledge and important beliefs. Make sure the training will be properly advertised and marketed to reach your target audience. Additional factors to consider when hosting a HiAP curriculum include:

- Is there parking available?
- Is there public transportation to the venue?
- Can you provide snacks or a meal?
- Can you make childcare available?
- How can you incentivize your target audience to attend this training?

Step 8:
Funding and Sustainability

To ensure the sustainability of this work in your rural community, it is important to secure funding. How will this work be funded in your community? To begin implementation, look for local, regional, and national grants, foundations, and community partners to fund and sustain this work. Provide your funders with periodic updates on progress of the steering committee and the workgroups.

Some examples of potential funding include:

- Local healthcare systems
- Partnering with local and tribal universities
- Local, state, and national foundations
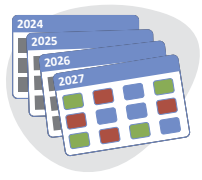
Step 9:
Policy, Planning, and Education

This step looks at national work that can be done on a local scale in your rural community. For example, does your community want to implement a Health Impact Assessment (HIA)? Make sure to include language that is appropriate for your community.

Effective HiAP will begin to move the needle in the realm of policy and planning.

There are a lot of existing resources for rural communities to use, but changing policy and planning will have the largest impacts on health of the community.

Examples of this could include:

- Inclusion of health language and/or metrics in local policy and planning documents
- Utilizing HIA on policies and projects
- Educating local decision makers, community boards, community professionals, and elected officials in the policy, planning, and education sectors

Step 10:
Next Steps and Continued Community Engagement

As with all community engagement work, it is important to maintain enthusiasm and interest in this project. Also, understand that these will ebb and flow during the project. Some key ways to make sure that engagement is continued include:

- Make sure the steering committee meetings are relevant, timely, and provide opportunities for partners to share office space, programs, and projects
- Make sure workgroups are timely and only meeting when needed
- Celebrate successes
- Look for opportunities to promote and share the project
  - Events
  - Editorials
  - Conference presentations

It is important to have a plan to keep all steering committee members active and engaged in this work.

Acknowledgments

Additional Resources

Building Livable Communities Training Presentation - (web-Pdf)

Healthy By Design - (web)

World Health Organization: Health Impact Assessments - (web)
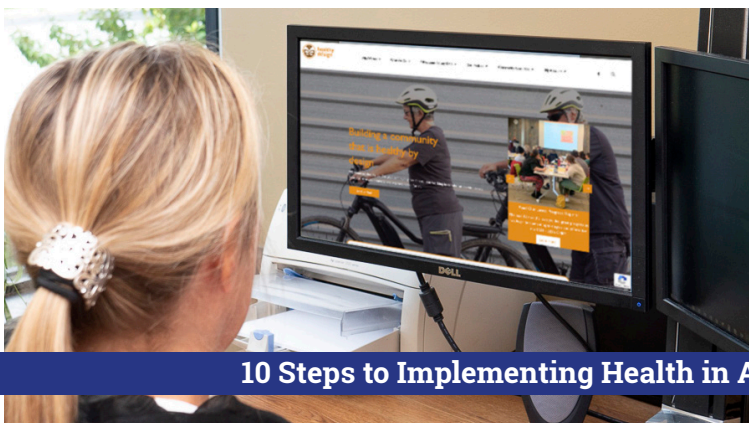
Center for Excellence in Universal Design - (web)

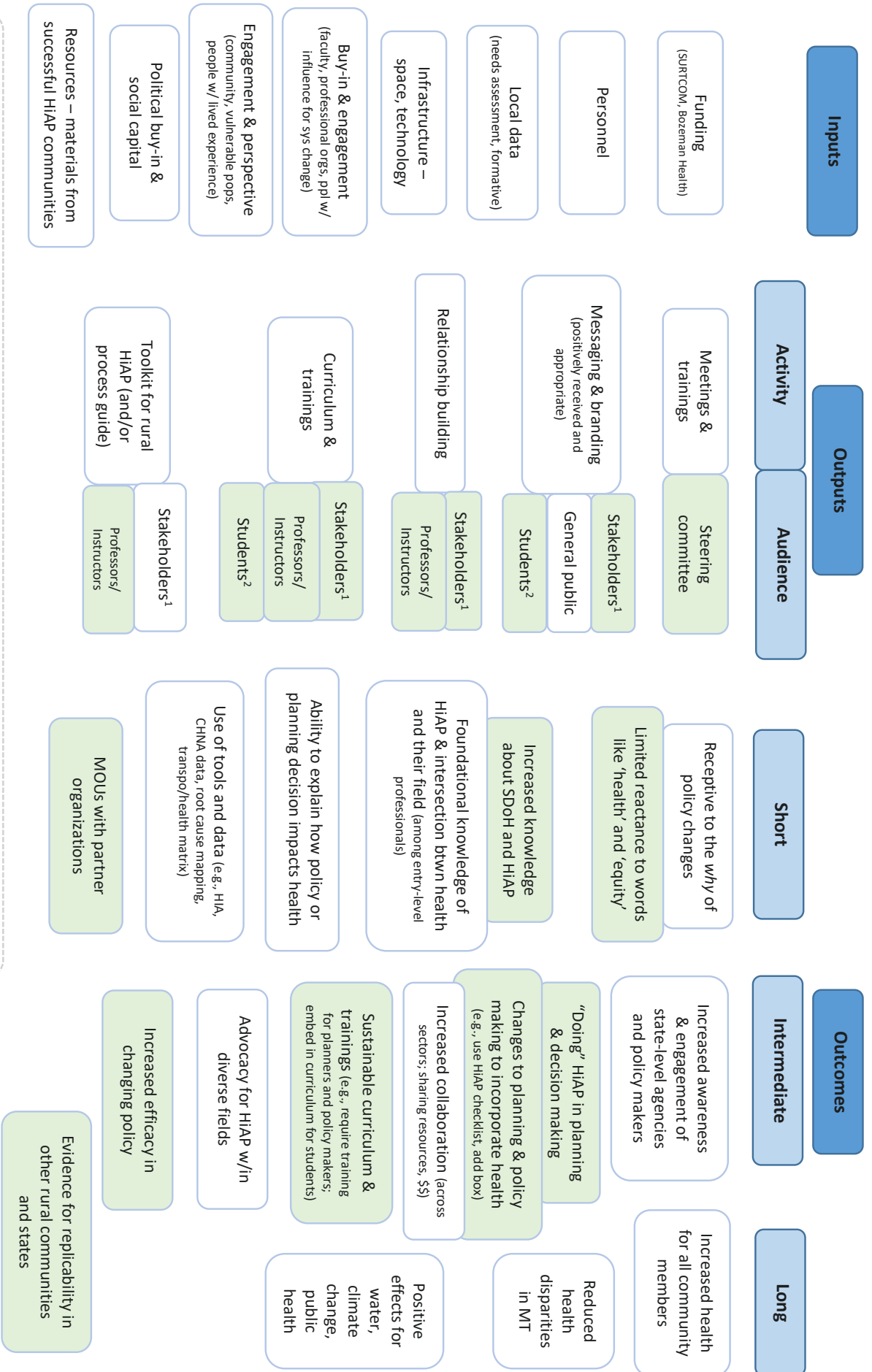American Planning Association: Metrics for Planning Healthy Communities - (web)

Vitalyst Health Foundation: Elements of a Healthy Community - (web)

American Public Health Association - Web | Local and State Government Guide to Health in All Policies - (Pdf)

The National Association of County Health (NACCHO) - (web)

Inputs

- Funding (SURTCOM, Bozeman Health)
- Personnel
- Local data (needs assessment, formative)
- Infrastructure – space, technology
- Buy-in & engagement (faculty, professional orgs, ppl w/ influence for sys change)
- Engagement & perspective (community, vulnerable pops, people w/ lived experience)
- Political buy-in & social capital
- Resources – materials from successful HIAP communities

Outputs

Activity

- Meetings & trainings
- Messaging & branding (positively received and appropriate)
- Relationship building
- Curriculum & trainings
- Toolkit for rural HiAP (and/or process guide)

Audience

- Steering committee
- Stakeholders[1]
- General public
- Students[2]
- Stakeholders[1]
- Professors/ Instructors
- Stakeholders[1]
- Professors/ Instructors
- Students[2]
- Stakeholders[1]
- Professors/ Instructors

Outcomes

Short

- Receptive to the *why* of policy changes
- Limited reactance to words like 'health' and 'equity'
- Increased knowledge about SDoH and HIAP
- Foundational knowledge of HIAP & intersection btwn health and their field (among entry-level professionals)
- Ability to explain how policy or planning decision impacts health
- Use of tools and data (e.g., HIA, CHNA data, root cause mapping, transpo/health matrix)
- MOUs with partner organizations

Intermediate

- Increased awareness & engagement of state-level agencies and policy makers
- "Doing" HiAP in planning & decision making
- Changes to planning & policy making to incorporate health (e.g., use HIAP checklist, add box)
- Increased collaboration (across sectors; sharing resources, $$)
- Sustainable curriculum & trainings (e.g., require training for planners and policy makers; embed in curriculum for students)
- Advocacy for HIAP w/in diverse fields
- Increased efficacy in changing policy
- Evidence for replicability in other rural communities and states

Long

- Increased health for all community members
- Reduced health disparities in MT
- Positive effects for water, climate change, public health

Notes (working lists of audience members)
[1]Stakeholders: decision makers and policy makers including community board members, elected officials, planners, county or agency officials
[2]Students: MSU-Bozeman – planning, engineering, community health, environmental health, sustainability, public administration
Scope: Bozeman and Gallatin County

Green boxes indicate metrics identified by the steering committee as areas to be tracked and measured for evaluation.

Green boxes = to be measured

Appendix A: Logic Model

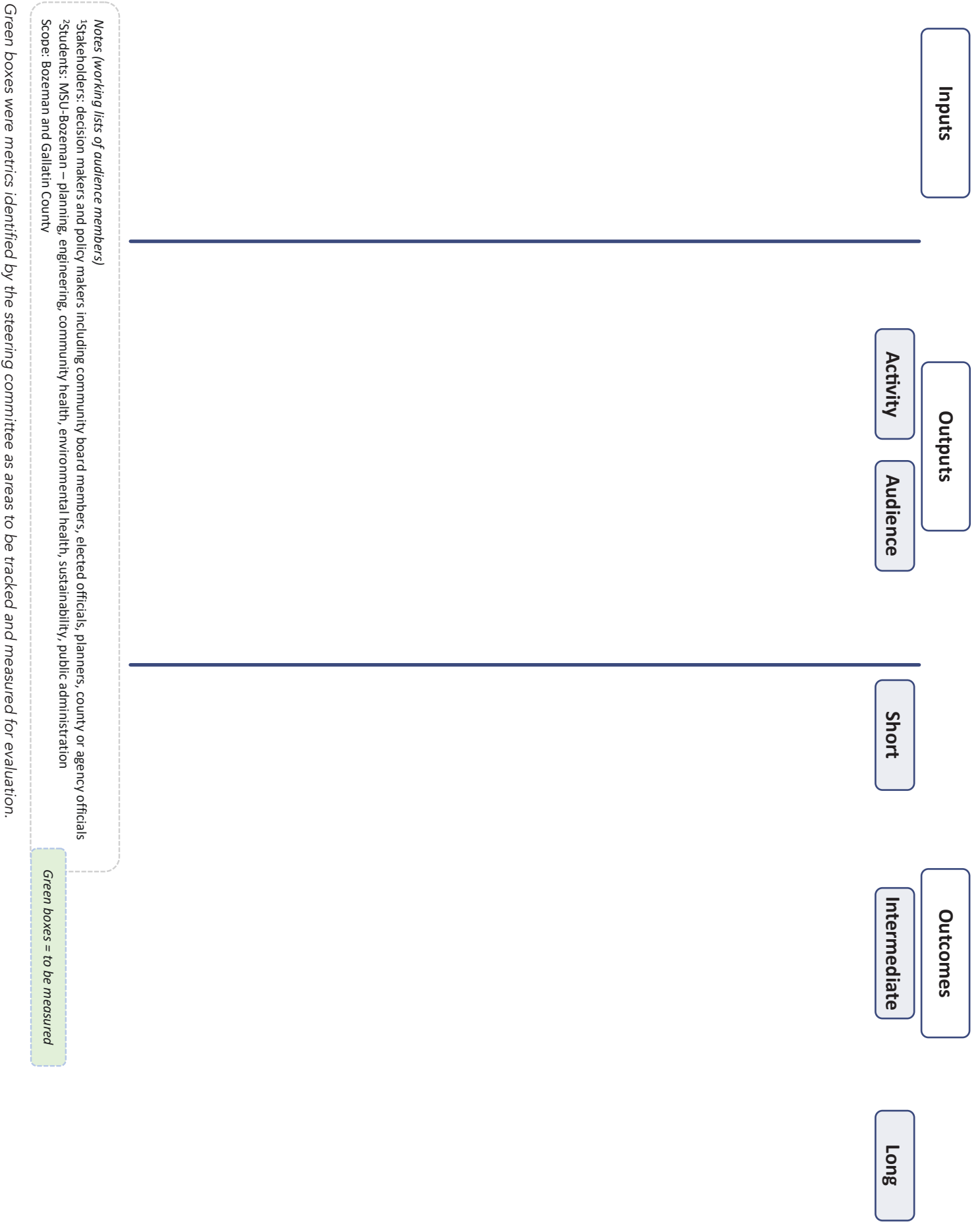| Inputs	Outputs		Outcomes		
	Activity	Audience	Short	Intermediate	Long

Notes (working lists of audience members)
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[2]Students: MSU-Bozeman – planning, engineering, community health, environmental health, sustainability, public administration
Scope: Bozeman and Gallatin County

Green boxes = to be measured

Green boxes were metrics identified by the steering committee as areas to be tracked and measured for evaluation.

Appendix B-1: Complete Action Plans - Gallatin County

Health in All Policies Action Plan: **Policy, Planning, & Education**

Health in All Policies Vision Statement:

Goal (Objective):

1. Gain an understanding of the current state of health in policy and planning

2. Gain a local understanding of how health has been incorporated into planning and policy documents at the local level (Gallatin Valley & local municipalities)

3. Increase health as a factor in community planning, policy, and implementation

4. Educate community leaders around the importance of including health in decision making and day-to-day operations and management of programs

Partners:

- Gallatin County
- City of Bozeman
- Montana State University
- Bozeman Health
- Western Transportation Institute
- GVLT

Strategies	Actions/Activities	Target Date
1: Create a baseline scan of planning and policy documents	1.1 Scan 10 most recent planning documents in the City of Bozeman, Gallatin County, and City of Belgrade 1.2 Scan recent policy documents 1.3 Examine scan results and then look for short and long terms impact. How does it impact decision making	1.1 May 31st, 2024 1.2 TBD 1.3 TBD
2: Scan for existing policy, educational tools, plans, and other for planners and policy makers	2.1 Research existing educational tools around health, plans, policy, and metrics 2.2 Research where HiAP & SDoH is being used successfully 2.3 What other policy levers are being used and how that can be possibly used for HiAP	2.1 May 15th, 2024 2.2 May 31st, 2024 2.3 May 31st, 2024
3: Create & disseminate educational tools	3.1 Create educational infographic sheets – 1 for policy makers, 1 for planners 3.2 Develop a marketing and outreach plan	3.1 June 30th, 2024 3.2 TBD
4: Influence 1 local policy & 1 local plan to include "health" language and metrics	4.1 Identify what specific documents are going to be targeted for possible implementation	4.1 TBD

Resources:

- HiAP Best Practices including "communicating co-benefits"

  https://www.sciencedirect.com/science/article/pii/S2211335522002686

- Framing HiAP

  https://www.astho.org/globalassets/report/framing-health-in-all-policies-terms-that-resonate.pdf

- "address core business of partner agencies" Figure 3

  https://en.nationalhealth.or.th/wp-content/uploads/2017/12/progressing-sdg-case-studies-2017.pdf

Health in All Policies Action Plan: **Branding, Marketing, & Outreach**

Health in All Policies Vision Statement:

Goal (Objective):

1. Communicate and share the importance of HiAP with the community and key audiences (planners, developers, students, decision makers)

Frame HiAP in terms that resonate with non-health sector audiences.

https://www.astho.org/globalassets/report/framing-health-in-all-policies-terms-that-resonate.pdf

Create a "sales pitch" and other marketing tools that are well received and generate participation in HiAP trainings.

Priorities:

• "We only have one chance to make a first impression"

• Create common language for cross sector collaboration related to HiAP

Strategies	Actions/Activities	Target Date
1: Develop 3-5 "common sense" talking points that resonate with the audience while minimizing jargon.	1.1 Learn from the intended audiences which words facilitate and which "shutdown" conversations related to HiAP. 1.2 Identify co-benefits of a HiAP approach for each identified audience/sector	1.1 1.2
2: Utilize storytelling and mapping as tools to communicate and build interest in HiAP.	2.1 Conduct a community SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) 2.2 Identify storytelling opportunities and model efforts from other HiAP examples.	1.1 1.2
3: Develop marketing tools to drive participation in HiAP trainings.		
4: Collaborate with data and evaluation team to gather local input and feedback of HiAP model.		

Health in All Policies Action Plan: **Curriculum Development Workgroup**

Health in All Policies Vision Statement:

Goal (Objective):
1. Develop curriculum designed to train community around Health in All Policies.
2. Collaborate with other working groups to implement HiAP training in the community.
3. Create curriculum toolkits that can be included in HiAP Rural Toolkit.

Priorities:
- Identify three main target populations for curriculum development and delivery.
- Identify and create base messaging for all HiAP trainings.
- Identify learning objectives for three main target populations.
- Develop training materials for each curriculum.
- Evaluate process and outcome for content delivery and reception.

Strategies	Actions/Activities	Target Date
1: Create foundation for curriculum development	1.1 Identify three priority audiences for HiAP trainings.	1.1
	1.2 Develop learning objectives based off of Blooms Taxonomy for each of the priority audiences.	1.2
	1.3 Identify key components of social determinates of health relevant for local community.	1.3
	1.4 Identify and create base messaging across the three curriculums.	1.4
2: Develop targeted curriculum for each of the priority audiences.	2.1 Develop materials (presentations, worksheets, handouts and other tools) that teach to learning objectives identified for each audience.	2.1
	2.2 Identify practices for professional skill development.	2.2
	2.3 Work with data and evaluation team to identify evaluation components for each curriculum.	2.3
3: Pilot test curriculum with different target audiences	3.1 Deliver professional curriculum at Montana Association of Planners conference.	3.1
	3.2 Solicit feedback from participants within MAP workshop and adjust curriculum to better meet the learning objectives.	3.2
	3.3 Deliver Community Leaders curriculum at Fall Community Education Day.	3.3
	3.4 Solicit feedback from participants within Fall Community Education Day and adjust curriculum to better meet the learning objectives.	3.4
	3.5 Deliver Student curriculum at one or more Fall semester classes at MSU.	3.5
	3.6 Solicit feedback from students and professors and adjust curriculum to better meet the learning objectives.	3.6

Health in All Policies Action Plan:

Health in All Policies Vision Statement:

Goal (Objective):

1.

2.

3.

4.

Priorities:

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Strategies	Actions/Activities	Target Date
1:	1.1 1.2 1.3	1.1 1.2 1.3
2:	2.1 2.2 2.3	2.1 2.2 2.3
3:	3.1 3.2 3.3	3.1 3.2 3.3
4:	4.1 4.2 4.3	4.1 4.2 4.3