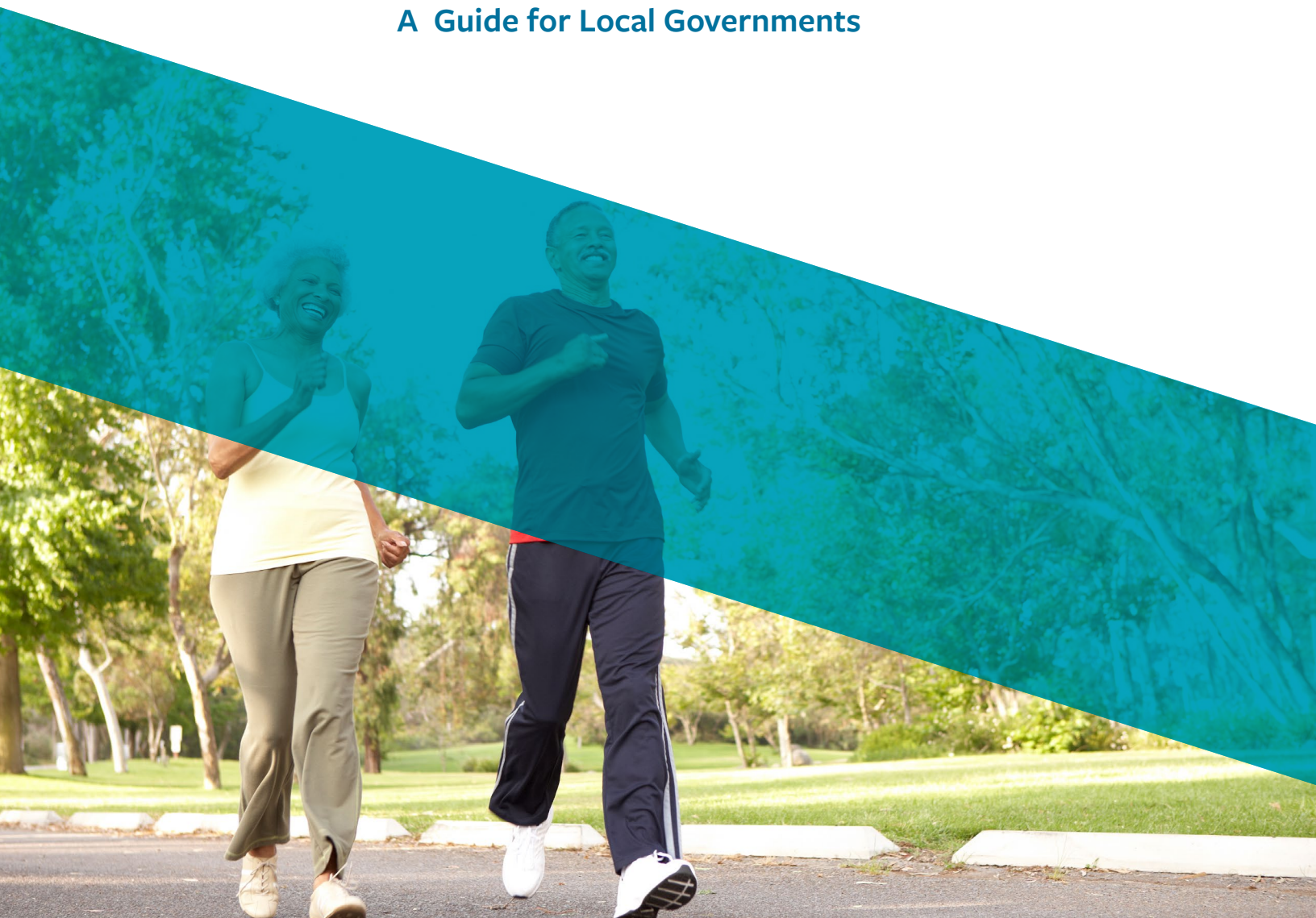


MEETING THE HEALTH EQUITY IMPERATIVE

A Guide for Local Governments



MAY 2022



MEETING THE HEALTH EQUITY IMPERATIVE

Mayors and city staff make decisions everyday that influence public health and have the potential to increase or decrease health disparities in their community. But municipal staff are not often trained in or asked to systematically consider health implications of their work. This is beginning to change. Inclusion of health equity in decision making can be beneficial to local economies, create lasting and sustainable partnerships, and offer new opportunities for funding – all while helping local leaders better serve their communities and deliver on their commitments to equity and sustainability.

BACKGROUND AND IMPORTANCE: INEQUALITY AND THE SOCIAL DETERMINANTS OF HEALTH

Ask most people today to describe what influences “health” and they’ll usually talk about individual behaviors like diet and exercise, along with access to clinical care.¹ However, this does not tell the full story. Individual health outcomes are determined by a variety of socially constructed factors deeply influenced by the attributes of a community’s social, economic, and physical environments². In fact, clinical care and personal behaviors account for **only half of all health outcomes**.³

Local governments have played a role in creating these health inequities, or differences in health attributable to **systemic, avoidable** and **unjust** social and economic policies.⁴ The good news is that because these inequities are socially determined, they can be further influenced by our actions and decision making – local governments can help to reduce these inequities.

Public health institutions alone cannot deal with the upstream, or fundamental causes, of health inequities. For example, one in eight deaths worldwide is linked to air pollution exposure, a problem the health industry cannot tackle alone.⁵ While public health has traditionally been managed at the county level, mayors and city governments also bear the responsibility for improving the social determinants of health.

To make strides related to health equity, city leaders must understand and govern in a way that reflects the critical difference between equity and equality. In recent history, most city policy has focused on equality – ensuring that constituents have equal rights and equal access to resources and amenities. But to close gaps, cities must become leaders in equity – recognizing the impacts of historical conditions and choices that continue to unfairly shape the ability to exercise equal rights and access equally available resources and amenities. By focusing on equality without attention to the distribution of assets and what might be needed to access them, cities will continue to exacerbate health disparities in their community.

LEADERS MUST LEAD

Longstanding, institutionalized and effectively pervasive—aka, “systemic”—forces have led to unacceptable health outcomes in communities of color. The infant mortality rate for black babies is more than twice that for whites, across parental income and education levels.⁶ Indeed, that your ZIP code is a better predictor of your health than your genetic code still holds true.⁷

A global pandemic has only exacerbated the upstream health inequities present in the United States and brought into public discourse what public health and social science research has been saying for over a decade: health is more than the

To close gaps, cities must become leaders in equity – recognizing the impacts of historical conditions and choices that continue to unfairly shape the ability to exercise equal rights and access equally available resources and amenities.

absence of disease. The COVID-19 pandemic widened existing health disparities for a broad range of populations, but specifically for people of color across a wide range of metrics including loss of employment, food insufficiency and difficulty paying for usual household expenses. All of these economic factors influence health. According to the American Public Health Association, at the end of 2020, 40 million renters were at risk of eviction triggered by COVID-19, 80% of which identify as Black and Latinx.⁸ Over two-thirds of Black and nearly a quarter of Hispanic adults (69% and 74%, respectively) reported difficulty paying household expenditures compared to 47% of White adults.⁹ Those experiencing unsheltered homelessness are at a higher risk of COVID-related morbidity and mortality and are most at risk of COVID-related health consequences, the true impact of which remains unknown.¹⁰

How Mayors choose to respond to this ongoing crisis will determine if these disparities narrow or continue to widen. Local governments are not only in a strategic and advantageous position to tackle the social determinants of health; as drivers of the systems that have created and exacerbated health disparities, they have a responsibility to do so. To ensure that constituents have equitable opportunities to achieve good health, municipal leaders, policy makers and planners need to adopt a health equity lens.

INCORPORATING HEALTH EQUITY THROUGH A “HEALTH IN ALL POLICIES” APPROACH

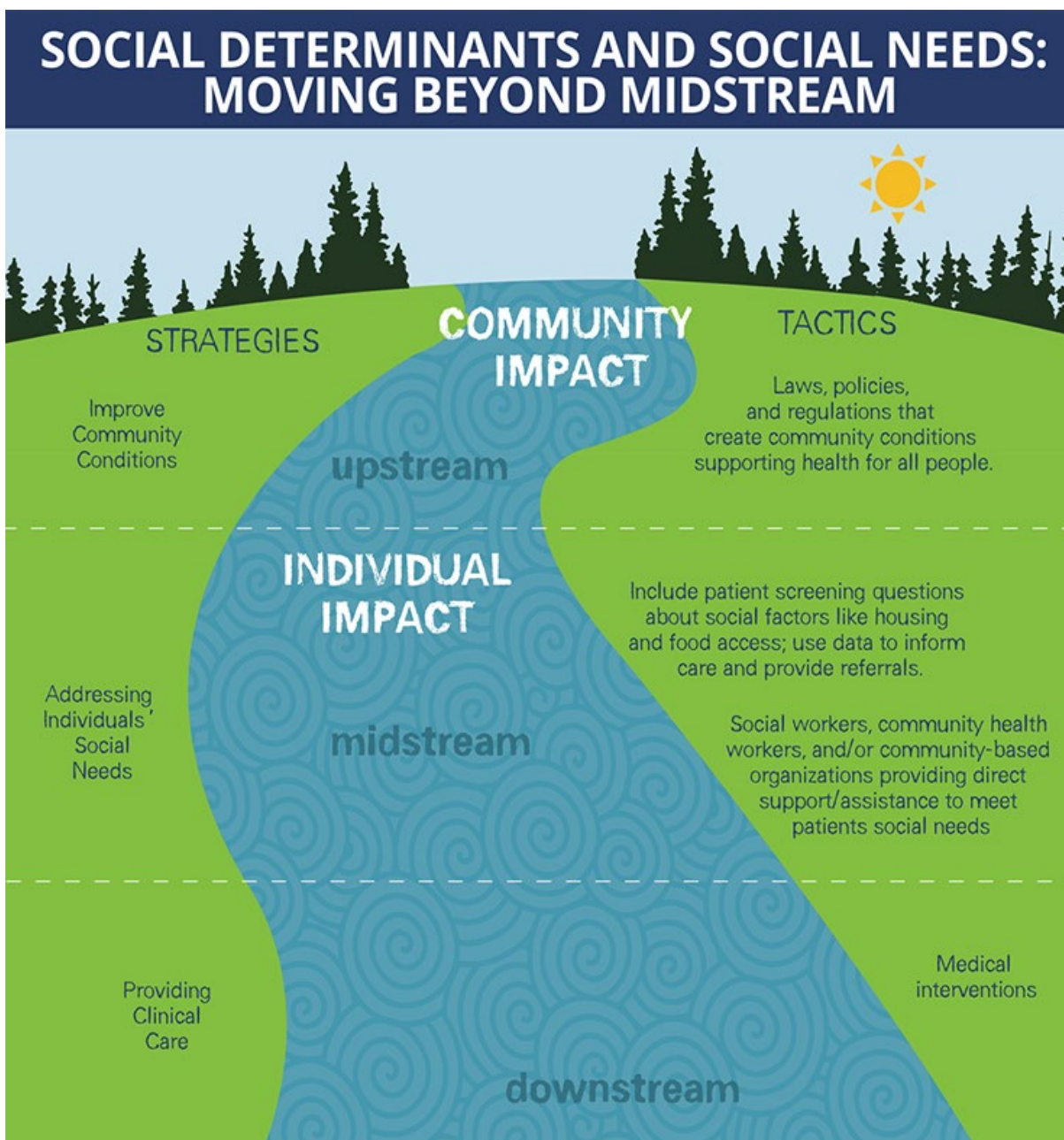
If your city wants to get on the “high road” path toward productive places of fairness, sustainability, and accountable and efficient governments that promote thriving communities, then health equity and the tools associated with it can help you with evidence-informed decisions.

There is no one “right” way to approach and implement health equity; there is substantial variation in process, structure, and scope of these interventions. But what characterizes all of them is incorporating a concern with inequitable health effects of practices and policies into public decision-making. That begins with including health effects among relevant factors in policy decisions. So, for example, in making a decision about a new investment in transportation or housing, a city might typically consider things like cost, economic impact, public opinion and return on investment. To most effectively promote thriving communities, they would also want to examine the health effects across their community, how these effects may influence some populations more than others, and how to mitigate this difference in impact, particularly for groups that already face historic and current barriers to accessing otherwise equally available resources, amenities, and assets. Cities can and should incorporate health equity metrics, or projections of these potential health effects across populations, into their plans, policies and decision-making procedures as an additional consideration. Incorporating a health



equity lens in a comprehensive way across departments is commonly known as practicing Health in All Policies.

Health in All Policies is a collaborative approach to improving the health of all people by incorporating considerations of health effects and their distribution into decision-making across sectors and policy areas¹¹. Within this framework, there are a variety of demonstrated ways that local governments can incorporate health and equity into their decision making. Here we discuss some of the strongest evidence-informed approaches that can easily be applied to local government. To date, this approach has been used more widely outside the US, though this is changing. Communities and coalitions from California to Wisconsin have been implementing a Health in All Policies framework.



"Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," Health Affairs Blog, January 16, 2019. DOI: 10.1377/hblog20190115.234942

GETTING STARTED: GATHER DATA

There are a variety of ways to start incorporating health equity into local government practice, and there is no one correct way to institutionalize health equity. Gathering data to identify existing health needs and disparities can be an essential first step: this data can be used to inform stakeholders and institutionalize health equity into government practice. It is also essential to creating equitable public health interventions, for example prioritization of active transportation infrastructure in underserved and disconnected communities.

Many of these data are already available. The City Health Dashboard, supported by the Robert Wood Johnson Foundation, provides data on over 35 measures of health for 750 cities across the United States.¹² Using this free tool, local leaders can have a clearer picture of the city- and neighborhood-level challenges facing their communities and how to address them.¹³ The County Health Rankings, a project of the University of Wisconsin - Madison, compiles and reports a set of uniform health metrics for every county in every state in the U.S. In addition, local data on health data and data on social determinants of health can be found in a Community Health Needs Assessments, which is required to be completed every three years for any tax exempt hospital. The following activities encourage the assembly, analysis, discussion and use of data, and the collaboration they require (between staff, departments, and partners) is intended to be just as valuable as the data and evidence they surface.



COMMUNITY HEALTH ASSESSMENTS

A Community Health Assessment is another route city officials can take in determining place-based health disparities. A Community Health Assessment is a voluntary effort (as opposed to the mandated CHNA process described above) that identifies key health needs and issues through comprehensive data collection and analysis¹⁴. In creating these assessments, multiple actors can be involved to build capacity among sectors in collecting both quantitative and qualitative data and input from those impacted by the decisions cities are making. These plans and data can help localities gain access to private and federal funding. Every year, for example, Philadelphia releases a Community Health Assessment with data from a variety of sources to help health care providers, city officials, NGOs and residents make more informed decisions.¹⁵

HEALTH IMPACT ASSESSMENTS

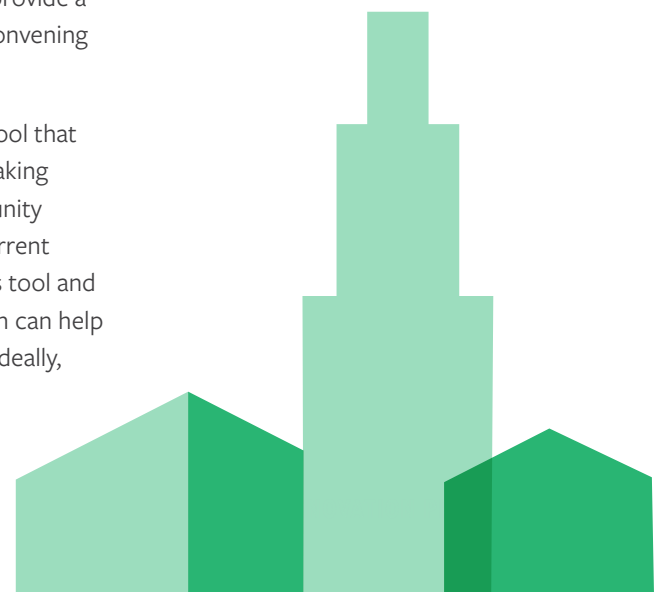
Health Impact Assessments (HIA) are the most well-known framework to promote the systematic integration of health considerations and are a great tool to inform a project or build relationships needed for healthy decision making.¹⁶ For example, in 2016, the Hillsborough Metropolitan Planning Organization in Florida conducted a health impact assessment along with the Florida Department of Health to assess the George Road Complete Streets Implementation Plan, which found and recommended several steps the county could take to promote positive health impacts.¹⁷ Health Impact Assessments provide a six-step process to engage with members of the public affected by a particular proposal.¹⁸

For cities that do not have the time to complete a full Health Impact Assessment, rapid versions are available, sometimes referred to as “desktop impact assessment”.¹⁹ The National Collaboration Centre for Healthy Public Policy has a rapid version using a screening grid and a causal pathway diagram, a streamlined HIA to be used during the formulation stage of the policy development cycle.²⁰ Design for Health has a rapid HIA based on a participatory stakeholder workshop, which can be used as an entry point for a full HIA.²¹ A comprehensive guide to Health Impact Assessments can be [found here](#).

CREATE NEW, LOCAL TOOLS

City staff can use existing data to create new, place-based tools to advance health equity in policy making. These tools can take a variety of forms and can provide a shared vision across sectors and departments, which is essential when convening stakeholders.

One such example is Tacoma, Washington’s Equity Index, an interactive tool that visually highlights disparities in Tacoma to ensure decision makers are making data-informed decisions to improve access to opportunity for all community members.²² This Equity Index considers context including historic and current realities and provides a shared vision for policy and decision makers. This tool and others like it frame where health needs and disparities are greatest, which can help to prioritize where interventions and investments should be prioritized. Ideally,



these tools should be required in practice – beginning in 2020, any agency that wants to introduce a policy in Tacoma must analyze the impacts of its proposal using the Equity Index.

These tools do not need to be geographically based. Kansas has created a [Health Impact Checklist](#) to inform decisions at multiple levels. This tool provides a shared goal across different agencies that normally would not consider the health consequences of their policies. This checklist has proven useful for advancing issues with polarized opinions on potential impacts and issues of high interest to the community while allowing for co-benefits by leveraging cross-sectoral partnerships in completion.²³ In 2019, Planning and Public Health staff in Wisconsin Rapids/Wood County, Wisconsin created a Health Matrix, a localized tool that can be used to gauge health impacts of various developments and proposals to ensure that a health lens is applied when evaluating and creating plans and policy, or when discussing potential development projects in the city.²⁴ In 2019, this process was used as part of a Rapid Health Impact Assessment to inform and amend a senior housing development proposal and to build local capacity for health equity.²⁵ Recommendations from the report ranged from infrastructure improvements - like enhanced lighting in high traffic areas - to program improvements - like resident education on active mobility in relation to their specific location design.

NEXT STEP: GATHER YOUR TEAM

Because health is influenced by such a wide array of factors and determinants, addressing health equity requires engagement from a range of stakeholders. Having gathered data is an essential first step in the health equity approach, as it will be key to assembling stakeholders and taking action. There are a number of ways the city can play a leadership role in the effort to gather and organize stakeholders. One is to create an interdepartmental team within city government; another is to lead or support the formation of a local health coalition that has even broader reach.

To be effective and sustained, this work needs a champion.

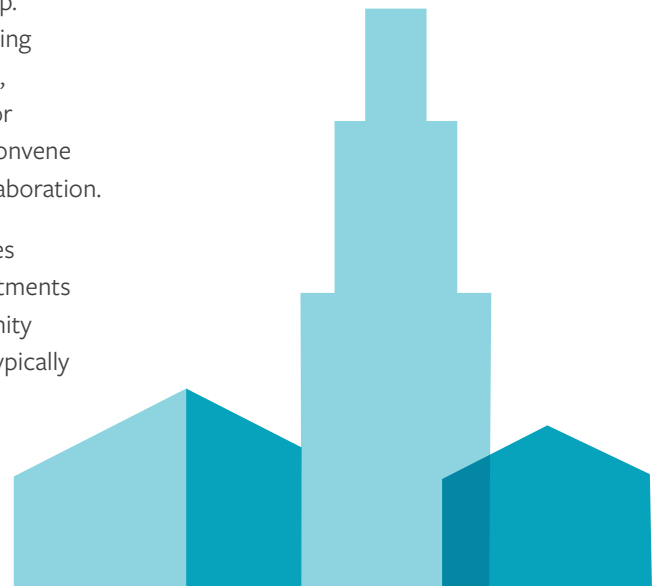
CREATING INTERDEPARTMENTAL TEAMS

To be effective and sustained, this work needs a champion. In some small to midsize cities especially, mayors and city managers can be champions with high influence, convening staff and leaders from various departments to discuss how adopting a health equity approach benefits multiple perspectives. Getting buy-in from this level of government can also spur interdepartmental meetings to help staff and department heads better understand how their work impacts people's lives. Cross-departmental collaboration is the goal, and city leaders should use their time to seek ways to leverage knowledge across departments and among community coalitions.

- What are the biggest health and equity challenges facing your city, and what departments influence those things? These are natural points of connection where two or more departments might collaborate for better outcomes. Root cause mapping, discussed below, can help surface these issues and help demonstrate where different departments have influence.
- What are the processes that you regularly work on/engage in that would benefit from a health equity lens, and where you can invite collaboration from Public Health or another department (see example at the end of this section)?
- What data do you/does your department collect/assess/analyze that might benefit multiple departments, and what processes can you use to make sure departments are aware of others' data?
- What kinds of community engagement does each department conduct, and how might you work together to engage more deeply or reach underrepresented populations in your community?
- When creating partnerships outside of local government, cities should consider which organizations are working on policies and programs that affect the social determinants of health. Metropolitan Planning Organizations and Regional Planning Commissions are federally required organizations that can serve as great partners to leverage in implementing this work. If your city is part of a Municipal League, consider reaching out to them for support and resources on health and health equity. Local governments may find that their county has already started working towards health equity.
- Who in your community are you not reaching/who does your data not represent? In many places, data is not representative of the entire community. Consider practices such as translating data collection efforts into multiple languages, or using multiple data collection efforts (online, in person/tabling, print, phone, radio, etc.) to solicit responses.

An interdepartmental team - formal or otherwise - is an essential first step. Consider institutionalizing interdepartmental thinking by creating a standing committee or hosting regular interdepartmental meetings. In some cities, this is convened as a “Mayors’ Cabinet”; in others, it could be an ad-hoc or standing committee; alternatively, some cities have chosen to regularly convene department heads to discuss interdepartmental issues and points of collaboration.

This collaboration does not need to be elaborate to be effective, and cities should be encouraged to start small. In many states, Public Health Departments are mandated to undergo a Community Health Assessment and Community Health Improvement Plan on a regular basis; Planning Departments are typically



asked to produce Comprehensive Plans regularly. Recognizing this, Planning Departments in some cities have invited the Health Department to collaborate on Comprehensive Planning; Public Health can invite planners to the table when completing their CHA/CHIP process. In Oshkosh, WI, the Planning Department took the first step of inviting Public Health staff to join a development review committee, to provide public health expertise and guidance when considering development proposals.

There are a number of ways that a group, once assembled, can begin addressing health equity issues in a data-informed way. Here are three examples:

IDENTIFY AND LEVERAGE WINDOWS OF OPPORTUNITY

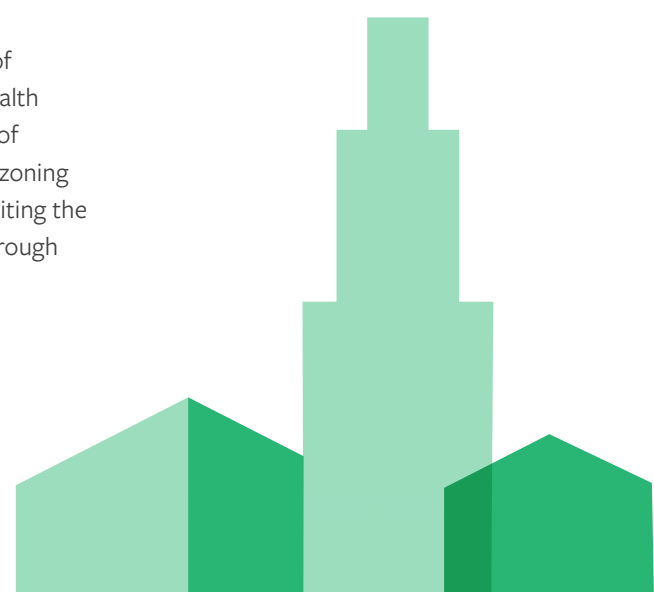
A great way for a group of municipal staff to introduce or practice a health equity approach is to identify “windows of opportunity” by inviting members of the group to discuss questions like:

- What issues or policies are ripe for applying this to? What is public opinion or political will focused on right now that you might take advantage of? Examples include COVID response/recovery, emergency management, and climate resilience.
- Is there an emerging, established, or desired partnership that would lend itself to taking a health equity approach, or through which the city could benefit from data and expertise? Examples include partnerships with local academic institutions, community coalitions, hospitals, and Chambers of Commerce.
- Is there an upcoming policy decision, planning process, or project that could have a major impact on health? Examples include an upcoming General or Comprehensive Planning process, a zoning amendment, or major development being considered.

Some policies seem like obvious areas to apply a health equity lens, for example when considering bike and pedestrian infrastructure. Others might be more obscure, like updating zoning codes for allowed uses. A non-exhaustive list of possible policy windows and government mechanisms that can influence health can be found [here](#).

Galveston, Texas partnered with the University of Texas and a spectrum of government agencies to engage community stakeholders to integrate health into new city plans, including the community’s housing plan, in the wake of Hurricane Ike.²⁶ During a comprehensive revisioning process of the city’s zoning code, Baltimore, Maryland implemented a health impact assessment, limiting the concentration of alcohol outlets and promoting walkability and safety through comprehensive land use guidelines.²⁷

ROOT CAUSE MAPPING



One process for identifying key factors contributing to community health problems is through a root cause mapping exercise. Root cause maps can start with either a proposed policy (E.g. Safe Routes to School) or with a health outcome you'd like to explore (e.g. "obesity"), and then ask you to consider other factors and influences to better understand the root causes and social determinants at play. Root cause mapping can also help you better understand who needs to be brought into the discussion as you surface underlying causes and social determinants that impact the issue or policy being examined. To do this, participants can follow a formal [root cause analysis process](#) or simply use a root cause mapping template [like this](#) as an exercise to inform plans.

HEALTH-BASED WORKSHOPS FOR EXISTING AND PIPELINE PROJECTS

Municipal projects, infrastructure improvements and other built environment interventions all stand to benefit from a health lens analysis. A community-engaged workshop on identifying the health needs for existing and pipeline projects can further these Health Equity goals. This could be a formal community design-based process or an informal community engagement project.

Arden Hills, Minnesota hosted a Healthy City Planning Workshop to address the potential impacts and explore options for advancing human health in a proposed redevelopment of an army ammunition plant in collaboration with Design for Health, a university and city collaborative program. Participants identified proposed actions the city could undertake before the redevelopment even started, identified other actions that were incorporated with the rezoning of the area and helped identify policy champions for future health interventions.²⁸ There are a variety of guides for workshop facilitation, including a World Health Organization manual.²⁹



HOW TO INTERNALIZE HEALTH EQUITY FOR LONG-TERM SUSTAINABILITY

Gathering potential stakeholders, developing the vision and identifying windows of opportunity are all necessary steps in implementing Health Equity. The data, stakeholder input and expertise then needs to come together to inform decision making and provide recommendations to elected officials.

Implementing Health Equity is essential for promoting environmental and racial justice and can be utilized to create healthy, vibrant and economically diverse communities. However, these tools, plans and practices need to be sustained to create healthy cities and communities. Health Equity can and should be institutionalized across a variety of different issues, departments and scales of government.

PROFESSIONAL DEVELOPMENT: ENCOURAGE OR REQUIRE STAFF TO LEARN SKILLS RELATED TO HEALTH AND EQUITY

Local government staff are not traditionally trained or asked to systematically consider health equity as a component of their job. Because of this, it can be useful to seek out training and learning opportunities to support staff and elected officials in understanding some basic language, definitions, and information about health equity and the role of local government. Good partners or resources to help facilitate or lead this type of learning opportunity might be a local university, your Public Health department, or organizations such as [ChangeLab Solutions](#).

FORMALIZE NEW STAFFING STRUCTURES TO SUPPORT INCLUSION OF HEALTH EQUITY

Formalizing staffing roles and structures is paramount in the fight to reduce health inequities. Municipalities with the resources to do so can hire chief equity officers and develop equity frameworks to inform their systems and approaches. For example, Kalamazoo, Michigan, hired a Diversity, Equity and Inclusion Director in early 2020 who will sit in the city manager's office³⁰. Even without the creation of formal positions like this, it is important that this work be “housed” somewhere, be it in a certain department, within a certain position, or by creating a new committee or other entity to oversee it. Finally, cities can solidify this approach by embedding health and equity training into staff onboarding processes or by integrating knowledge of basic health equity principles into hiring criteria.



INSTITUTIONALIZE HEALTH EQUITY INTO GOVERNMENT PRACTICES FOR SYSTEMS CHANGE

This can be done through a variety of methods, including a conscious leadership decision, legislative change or policy agenda. Depending on your municipality's resources and capacity, any process that city leaders can take to institutionalize Health Equity into government practices is important.

One way to institutionalize health in government practice is through an executive order from a leadership position. In 2003, Michael Bloomberg, then Mayor of New York City, enacted the Smoke-Free Air Act³¹. Despite backlash that the law would kill businesses, lead to job losses and decrease tax revenue, one year later, polls found great support among New Yorkers - employment in restaurants and bars had risen and business receipts were up 8.7%³².

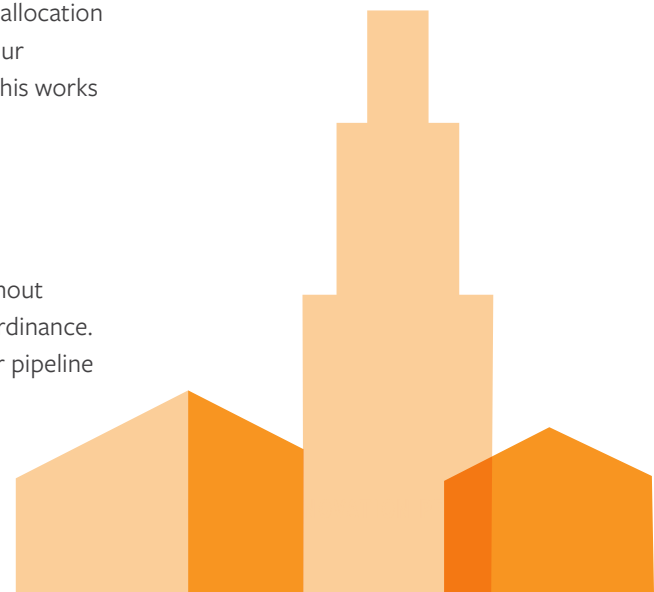
In Duluth, MN, city department project proposals that directly address equity and sustainability earn greater consideration for funding, as they demonstrate significant co-benefits and further the city's vision. This approach was used in 2021 to help make spending decisions for ARPA funding and is now being implemented more widely for the city's budget. The tool ([available here](#)) used was designed by Sustainability Officer Mindy Granley and championed by Mayor Emily Larson.

This can also be implemented through a policy agenda. In June 2010, Baltimore's mayor established the Cross Agency Health Taskforce (CAHT) on the heels of releasing Healthy Baltimore 2015, a comprehensive health policy agenda. CAHT is a group comprised of representatives from all city agencies that are working together to promote cross sector efforts to support a healthy Baltimore³³. The taskforce is structured to identify areas for action, support the efforts of other agencies and provide mutual accountability. Members take common priorities of the taskforce back to their agencies and champion this work internally³⁴. When launching Healthy Baltimore 2015, City Mayor Stephanie Rawlings-Blake charged each government agency with helping improve where residents live, work, learn, and play.

These institutionalized changes should prioritize resources for communities experiencing health inequities. Data on health outcomes by race, income level, and neighborhood can tell city officials which communities experience the worst health outcomes and inform their distribution of resources, funding and allocation of staff time toward health interventions in these neighborhoods³⁵. See our featured sidebar on Tacoma's Equity Index for a robust example of how this works in practice.

ADOPT AND IMPLEMENT A HEALTH IN ALL POLICIES ORDINANCE

A formal and comprehensive way to institutionalize health equity throughout government practice is to adopt and implement a Health in All Policies ordinance. Health in All Policies ordinances can be coordinated to benefit existing or pipeline





TACOMA, WA

Tacoma, Washington's Equity Index is one approach to institutionalize health equity into government practice. The Equity Index is a GIS map built around 29 different indicators of equity and health equity to show patterns of inequity by census block group. This process started in 2017 when a team in the newly created Office of Equity and Human Rights began gathering data and public input on indicators of health disparities and equity concerns. To create buy-in across departments, the team used the equity and empowerment framework adopted by the City of Tacoma as part of its strategic plan update. The Kirwan Institute, an interdisciplinary research institute based in Ohio State University, was brought on board to help develop said indicators.

The Equity Index was rolled out city-wide in 2019 and requires all city departments to use this tool to consider how they are prioritizing their investments. For example, the team that developed the Index worked with the Public Works Department to reprioritize street light replacement in areas of low opportunity to create inter-departmental efficiencies and empower traditionally underserved communities. The Equity Index has allowed the city to focus resources and gather meaningful data about existing place-based equity assumptions.

At the policy level, Tacoma's Common Council has adopted an anti-racism stance and is actively working towards dismantling systems of oppression. "It is important to me and my Council colleagues that our priorities, the City's strategic goals, department initiatives, and other assessments are all in alignment, as we work to implement our community's vision for the future of Tacoma," said Mayor Victoria Woodards. "The Equity Index is one of the primary tools that we use at the City to help ensure we are making data-informed policy decisions to improve access to opportunity for everyone across our community." Tacoma's health equity approach and Equity Index has become an integral part of this work.

policies and programs and can be enacted by communities of all sizes and demographics. For example, in early 2018, Appleton passed the first Health in All Policies ordinance in the state of Wisconsin³⁶. The City received assistance from a local university, which included training on health equity for a group of staff from across city and county departments. The ordinance requires that every City department director work with the Health in All Policies team to report on progress and challenges from their respective department, which will then be used to integrate and track health and health equity indicators across the City. [ChangeLab Solutions](#) has a model Health in All Policies ordinance that can be modified to fit different jurisdictions and a toolkit to help communities consider this policy change.

TALKING POINTS: FOCUS ON CO-BENEFITS AND WIN-WIN SITUATIONS

Engaging communities early and often in defining both the challenges and solutions to their health and well-being leads to better programs and policies and helps build public trust. The Trust for America's Health estimates that an investment of \$10 per person per year in proven community-based health interventions could save more than \$16 billion annually across the country, a return of \$5.60 for every \$1 spent.³⁷

Health equity is a popular approach that can help gain access to private and federal funding³⁸. People across the political spectrum agree that spending money to improve the health of communities makes sense. Over 75% of voters in small, conservative counties in California “agree that public investments aimed at keeping people healthy, like building parks and promoting neighborhood safety, pay for themselves in the long run by preventing disease and reducing health care costs”.³⁹

Health is a unifying topic and can help bring individuals and groups together to discuss difficult issues and explore innovative solutions. Collaboration required by this work stands to benefit multiple partners, simultaneously addressing the goals of mayors and other agencies to benefit more than one end. Multiple issues, such as economic development, effective public investment, and even climate injustices can be addressed simultaneously with health inequities to equitably achieve equitable “co-benefits” and create efficiencies across agencies, so called “win-win situations”.⁴⁰

These co-benefits can easily be seen in creating strong neighborhoods and improving housing stock. Over 5 million families and 4 million children are estimated to live in substandard housing, to a variety of public health detriments, including mental health and respiratory diseases⁴¹. Mitigating those agents of bad health have proven cost savings, from direct health care costs to higher property values to a more balanced city budget. For example, the Philadelphia Department of licenses and Inspections launched a Vacant Property Strategy in 2011, enforcing a so-called “doors and windows” ordinance that required owners to board and secure each opening on a vacant property⁴². Early research found benefits across the spectrum. Philadelphia saw an increase in home prices of about 31 percent in



those neighborhood clusters where the ordinance was enforced compared to a 1 percent increase for comparable properties. In addition, there was \$74 million in increased property sales value from surrounding properties and significant reductions in crime and assaults⁴³.

CONCLUSION

Health equity interventions at the city level can have positive upstream health benefits for all communities. Although bigger cities may have an advantage when it comes to resources, staff and data availability, small and mid-size cities are still able to tackle health and equity issues using strategic and flexible approaches. A 2020 research report by the Urban Institute found promising interventions aimed specifically at small and medium-sized cities⁴⁴. Complex challenges like COVID-19, climate change and racial equity require us to think systematically, holistically and collaboratively; using a health equity lens can help cities and their leaders confront these challenges with data, evidence and compassion.

Although the practices and processes described here are complex, and their benefits may take time to be realized, the positive downstream health outcomes can create sustainable, healthy, and more inclusive communities. Health equity approaches and healthy community planning are becoming a more common way of government policy and practice. Local governments that are considering and implementing these initiatives will be better suited to tackle the issues of tomorrow. Governments do not need to start large when implementing and sustaining health equity; this work is already happening. Social determinants of health can be added on to existing sustainability or livability initiative programs to allow for more funding, better collaboration and better health outcomes for constituents and respond to the ever growing need for local governments to do more with less while maximizing the co-benefits of their efforts.

RESOURCES

1. ChangeLab Solutions has a number of resources to help cities integrate health into planning and policy, including toolkits related to Health in All Policies ordinances, integrating health in Comprehensive Planning processes, and more.
2. Bloomberg's partnership for healthy cities has a variety of resources for overall prevention of noncommunicable disease and intervention/topic specific resources
3. The World Health Organization has a Health in All Policies Manual to increase understanding of Health in All Policies, build capacity and encourage engagement and collaboration across sectors.
4. The Compass, in partnership with USAID, has a how-to-guide for root cause analysis.
5. The CDC has a page on models, resources and data for Community Health Assessments and Health Improvement Planning
6. Minimum Elements and Practice Standards for Health Impact Assessments

7. The American Planning Association's Health Impact Assessment Toolkit
8. The World Health Organization has Health Equity Assessment and Response Tool user manual
9. PEW Charitable Trusts with the Robert Wood Johnson Foundation has a variety of resources available around healthy planning in their Health Impact Project
10. Potential Windows of Opportunity: <https://drive.google.com/file/d/oB4H2G4vQUpOXo5aUTdFal9odms/view?resourcekey=o--dnajLMdTulekOxWJimPmA>
11. Health Impact Assessment Standards: https://www.tn.gov/content/dam/tn/health/documents/learningopportunities/HIA_Best_Practice_Standards_2014.pdf
12. Kansas Health Institute's Health Impact Checklist: <https://www.khi.org/policy/article/HI-C>
13. Urban Institute's Health Equity Interventions for Small and Medium-Size Cities: <https://www.urban.org/sites/default/files/publication/102557/leveraging-the-built-environment-for-health-equity.pdf>

ENDNOTES

- 1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4243805/>
- 2 APA Healthy Communities Draft Policy Guide 2017
- 3 <https://www.sciencedirect.com/science/article/abs/pii/S0749379715005140>
- 4 MN Dept. of Health, 2015
- 5 https://www.who.int/social_determinants/publications/health-policies-manual/key-messages-en.pdf
- 6 <https://www.brookings.edu/research/time-for-justice-tackling-race-inequalities-in-health-and-housing/>
- 7 <https://www.hsph.harvard.edu/news/features/zip-code-better-predictor-of-health-than-genetic-code/>
- 8 <https://www.apha.org/News-and-Media/Multimedia/Infographics/Housing-Instability-and-COVID-19>
- 9 <https://www.kff.org/coronavirus-covid-19/issue-brief/implications-of-covid-19-for-social-determinants-of-health/>
- 10 <https://www.apha.org/News-and-Media/Multimedia/Infographics/Unsheltered-and-COVID-19>
- 11 https://www.apha.org/-/media/Files/PDF/factsheets/Health_inAll_Policies_Guide_169pages.ashx p. 5
- 12 <https://www.cityhealthdashboard.com/>
- 13 <https://www.cityhealthdashboard.com/about>
- 14 [https://www.cdc.gov/publichealthgateway/cha/plan.html#:~:text=A%20community%20health%20assessment%20\(sometimes,comprehensive%20data%20collection%20and%20analysis.](https://www.cdc.gov/publichealthgateway/cha/plan.html#:~:text=A%20community%20health%20assessment%20(sometimes,comprehensive%20data%20collection%20and%20analysis.)
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THE MAYORS INNOVATION PROJECT

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