California Health in All Policies (HiAP) Collaborative Process

Findings from an evaluation for
The California Department of Public Health

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acknowledgements

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- HiAP staff, California Department of Health
- HiAP Task Force
- HiAP External Stakeholder Group
- Strategic Growth Council

Introduction

HEALTH IN ALL POLICIES (HiAP) is an innovative approach to improving health by incorporating health considerations into decision making across all sectors and policy areas. This approach involves convening diverse partners to consider how collaborative efforts can improve health while advancing other goals at the same time. California is the first state in the U.S. to convene a governmental HiAP panel, but HiAP has been implemented internationally in the European Union, its member countries, and South Australia. California's approach integrates diverse interests through the involvement of both a Strategic Growth Council and a formal Health in All Policies Task Force.

Strategic Growth Council

In September 2008, California SB 732 was signed into law, creating the Strategic Growth Council (SGC). The SGC is comprised of the agency Secretaries of Business, Transportation and Housing; Health and Human Services; Environmental Protection; and Natural Resources; as well as the Director of the Governor's Office of Planning and Research and one public member appointed by the Governor. The SGC brings together key agency secretaries to plan differently for future growth patterns of California, and to guide how the state will provide housing, transportation, and other necessities to residents, while at the same time protecting the environment and agriculture and meeting climate goals. Health is directly linked to the goals of the SCG.

The HiAP Task Force

California's Health in All Policies Task Force was established by Executive Order S-04-10 of Governor Arnold Schwarzenegger on February 23, 2010, under the auspices of the SGC. The Task Force was charged with identifying priority actions and strategies for state agencies to improve community health while also advancing the other goals of the SGC. Its purpose, stated simply, is to develop a multi-faceted policy approach to disease prevention and health promotion.

Between April and November of 2010, representatives from 19 California health and non-health agencies, departments, and offices came together in individual and Task Force meetings, participated in public workshops, and received written comments from diverse stakeholders. In December 2010, the HiAP Task Force presented a report to the SGC with recommendations on strategies and actions to promote health that also align with other SGC objectives. Since then, the HiAP Task Force has selected 11 priority recommendations and is currently in the process of developing implementation plans for them. The HiAP Task Force is staffed by the California Department of Public Health (CDPH), which was responsible for planning, developing, and facilitating the collaborative process, including developing the final report to the SGC. In addition to guiding this overall process, the Task Force is also instrumental in developing a Guide for distribution throughout the state and nation, which will include lessons learned from the collaborative process and an outline of the structure and practice that could inform similar efforts in the future.

In 2011 the Health Officers Association of California introduced a Senate Concurrent Resolution in support of the Health in All Policies Task Force. Signed in 2012, SCR 47 encourages Task Force member agencies to provide leadership on implementing the recommendations put forth by the Task Force, supports interagency collaboration, endorses the consideration of health impacts and costs of proposed

legislation, and calls leaders across all levels of government to consider health impacts when developing policy solutions.

More information about California's Health in All Policies Task Force is available at http://sgc.ca.gov/hiap/.

External Stakeholder Group

In addition to the Task Force, CDPH contacted experts in various policy areas to increase understanding of the issues raised by both the public and Task Force members, and to identify potential policy solutions. This External Stakeholder Group, or "kitchen cabinet," played an important role throughout the collaborative process.

Process Evaluation

In October 2011, HiAP staff (through the California Department of Public Health) contracted with Harder+Company Community Research, a California-based research and planning firm, to evaluate the HiAP collaborative process. While it is also valuable to document and evaluate progress toward the goals of the HiAP Task Force, this report is focused on the process itself. In collaboration with HiAP staff, Harder+Company crafted four evaluation questions to guide the evaluation. They are:

+ What were the key elements of the process used for the HiAP collaboration?

+ What were the results of the HiAP collaborative process?

+ What were the greatest achievements and challenges of the HiAP collaborative process?

+ What makes for a successful HiAP collaborative process?

In the following report, we present data to address each of these questions.

> "We all work for the same governor, all work for the same state...because of my work with the Task Force and my involvement with it, I make sure I am more and more inclusive of other departments as I do my work."
>
> Task Force member

Evaluation Methods

The methods for this evaluation includes a review of secondary data sources, as well as the collection and analysis of primary data from HiAP staff interviews, an online survey, and interviews with key stakeholders.

Document Review

The evaluation team reviewed documents and publications to develop a contextual understanding of the HiAP process. Publicly available documents used in the review include: Executive Order S-04-10; the HiAP Spring 2011Workshop Participants and Summaries; 2010 Public Workshop Documents; the Health in All Policies Priorities for Near-Term Implementation; and the HiAP Task Force Report. Other reviewed materials include Task Force and External Stakeholder Group agendas, memos, briefs, and presentations.

Interviews with California Department of Health/HiAP staff

The evaluators conducted three interviews by phone with CDPH/HiAP staff to gather an in-depth understanding of the collaborative process. Interview themes included the selection of Task Force and Advisory Group members, the development and evolution of the convening process, process obstacles and achievements, recommendation prioritization process steps, and public workshop roles. Interviewers also discussed process areas for emphasis in the stakeholder survey.

Online Survey

The design of the survey was informed by the document review and the HiAP staff interviews. The evaluation team distributed the confidential online survey to stakeholders via Survey Monkey, an online survey tool. (Stakeholder contact information was provided by HiAP staff.) Survey topics included the purpose and goals of the HiAP collaborative process; meeting process and communication approaches; external stakeholder input; relationship building; strengths and challenges of the process; and early outcomes related to this work. A total of 35 Task Force members and 11 External Stakeholder Group members responded to the survey. Task Force members who responded represented all 19 state agencies (100 percent) involved in the HiAP process. Seven out of the 11 organizations (64 percent) that participated in the External Stakeholder Group were represented among the 11 External Stakeholder Group members who responded.

Stakeholder Interviews

A total of 15 interviews were conducted with key HiAP stakeholders, including members from six Task Force member agencies and six External Stakeholder Group organizations. Initial selection criteria included high organization-level participation (combined consideration of the number of meetings attended and the number of people attending meetings), and selection both across SGC goal areas, and among agencies that did not operate under the SGC. Within selected agencies, interviews were conducted among primary contacts with high individual levels of participation. In addition, the evaluation team sought to include, when possible, those who participated across both the Schwarzenegger and Brown administrations. Offices that had been disbanded or departments without a secretary appointed to delegate Task Force participation were not included.

Criteria for interviewing External Stakeholder Group members included organization-level participation (combined consideration of the number of meetings attended and the number of people attending

meetings), participation period (more than four months), and selection of organizations representing both urban and rural areas. Interviews for members of both groups lasted 30 minutes, on average. The completed interviews were transcribed and an analysis was conducted in order to identify key themes.

Limitations

The survey was sent to all Task Force and External Stakeholder Group members, past and present, but interviewees were selected with consideration to high participation. While this approach helped ensure that interviewees had substantial experience from which to provide feedback on the process, it consequently excluded feedback from those who may have had barriers that limited their participation and attendance.

Key Elements of the Process

There are many ways to design a collaboration of this type. This first section highlights the key elements of this particular HiAP collaborative process, which include the establishment of the executive order, individual Task Force member meetings with HiAP staff, cross-sector relationship building, public involvement processes for input, key informants and External Stakeholder Group, recommendations, and implementation plans.

Core Components

Executive Order

In early 2010, Governor Schwarzenegger's executive order S-04-10 charged the Strategic Growth Council with the establishment of a HiAP Task Force to identify recommendations and implementation strategies for improved community health in California alongside the advancement of other SGC goals. This executive order identified the leadership of the Department of Health and ordered the cooperation of agencies and departments under the executive authority of the governor.

Selection of Task Force and External Stakeholder Group members

Conversations with both HiAP staff and Task Force members revealed that the process of selecting members was informal. Members agreed that the process was effective in selecting a successful cross-sector collaboration due to the "diverse mix of people." At the same time, numerous interviewees recommended developing a formal set of criteria for both agencies and members, as well as a process for adding additional agencies at a later point in the process.

Individual Task Force Member Meetings with HiAP Staff

HiAP staff conducted three to five individual meetings with each Task Force member. Through the initial one-on-one meetings, HiAP staff and individual members discussed and clarified the purpose and goals of the HiAP collaborative process, and identified areas of overlap between the agency's purview, SGC goals, and health, thus laying the groundwork for advancing mutual goals. Additional meetings allowed members to identify opportunities for cross-agency collaboration and strategies for advancing mutual goals, and to provide agency input on potential recommendations and issues that may be of import, but difficult to address. Through these meetings, HiAP staff members were better able to understand the goals and missions of member agencies, identify common barriers to participation and concerns with the process, and obtain commitments from agencies within the limitations of resources.

Cross-Agency Relationship Building

According to both HiAP staff and Task Force member interviewees, cross-agency relationship building was a key element of the HiAP collaborative process. This included:

+ **Meetings and discussion among agencies.** Meetings took shape as large-group Task Force meetings in which members could then break into small groups of three-to-four agencies discussing a single issue, developing proposals, and returning into a large group to discuss.

+ **Developing consensus about goals, objectives, and definitions.** Aspirational goals were developed and used to help guide Task Force activities. HiAP staff facilitated a collective brainstorm to establish a common definition of healthy community to use as a "Healthy Community Framework." In addition, an understanding of "root cause mapping" was established among the group to illustrate and discuss where each agency influences health.

- **Collaborative decision making and document development.** The HiAP collaborative process operated using a consensus approach that involved collaborative decision making and document development. The initial process used a more rigid consensus approach, but was modified once the process was underway. At the same time, there was a strict policy that anybody on the Task Force could "block" a proposal if there was a concern. When concerns arose, HiAP staff met with Task Force members individually and invited them to bring high-level agency representatives to clarify issues and encourage agency level buy-in. Agreements from Task Force meetings were put in writing as policy agreements, and the Task Force was encouraged to provide feedback to the documents.

Issue Briefs
Each department developed an issue brief that summarized the relationship between a topic relevant to the agency and health.

External Stakeholder Group
HiAP staff met with the Stakeholder Advisory members as a group and asked them to be a "sounding board" for the process and provide input about how to proceed at political junctures. The specific roles of External Stakeholder Group members as identified during interviews included serving as "expert" advisors to HiAP staff, providing input and review on process documents (e.g., recommendations, strategies, final report), and supporting the community outreach component of the work (e.g., outreach for public forums and attendance for SGC meetings). Several External Stakeholder Group members described their role as being "a problem solving group," serving as a consulting body with diverse perspectives on how to shape and direct the Task Force process in more difficult areas, as well as assisting with framing in preparation for the reporting process to the Strategic Growth Council.

Public Involvement Processes for Input
A key element of the HiAP collaborative process involved developing a public input process (e.g. public workshops). Public workshops and public comments provided a "different vantage point" on HiAP issues, helped people around the state understand what HiAP was doing, and allowed for more people to feel engaged in the process. HiAP staff expressed that receiving local input was important in order to understand the most effective places to make a difference.
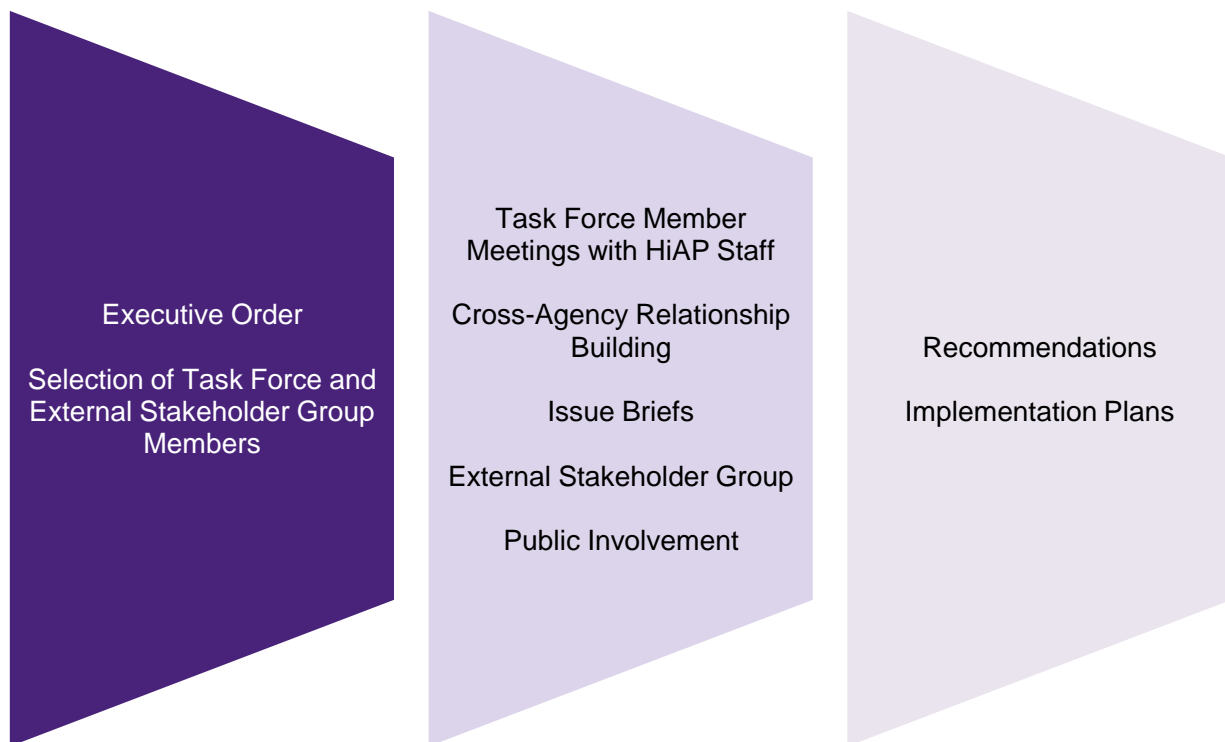
Recommendations
The identification and prioritization of issues and recommendations were important products of the HiAP collaborative process. A total of 1,200 recommendations were developed through public input workshops and meetings of the Task Force, External Stakeholder Group, and Department of Public Health. The Task Force then engaged in a sorting process in order to identify and prioritize the recommendations most relevant to the participating state agencies. Criteria for prioritization included public health impact, political feasibility, and cost-effectiveness.

Implementation Plans
The current phase of the process involves developing and implementing strategies to advance goals, specifically by identifying "near-term opportunities to advance work" and creating action on issues where there are resources available to move forward. Not all Task Force member agencies are active contributors to a specific implementation plan.

Core Components of the California HiAP Task Force Process

Executive Order Selection of Task Force and External Stakeholder Group Members	Task Force Member Meetings with HiAP Staff Cross-Agency Relationship Building Issue Briefs External Stakeholder Group Public Involvement	Recommendations Implementation Plans

Purpose and Roles

As part of the process evaluation, we asked Task Force and Advisory Group members about their understanding of the purpose and roles they had in the HiAP collaborative process.

Task Force Perspectives

Survey respondents answered open-ended questions about what they believed to be the purpose of HiAP process. The common themes identified by Task Force members mirrored the purpose as defined in the executive order: using collaboration to advance shared goals, promote health, and identify policy changes.

+ **Collaboration.** Respondents commonly mentioned collaboration between agencies, having meaningful discussion, and forming new partnerships. Furthermore it was frequently noted that a goal for this collaboration was that it was cross-sectoral and included "non-health agencies."

+ **Shared Goals.** Many survey respondents believed that the purpose of the HiAP collaborative process included planning for, and identification of, common goals. More specifically, themes that emerged regarding shared goals included considerations of practicality, and affordability.

+ **Health.** Integration and consideration of health as a goal was a major theme scattered throughout responses. There were mentions of "health impacts" and incorporating a "health perspective." Along with health, there was also mention of sustainability, safety, and well-being. Populations mentioned were all Californians, employees, and the public in general.

+ **Policy Changes.** Many respondents identified changes in policy and government functioning as a desired result of this process.

+ **Compliance with Executive Order.** Another theme that emerged from Task Force members was compliance with the legal mandate of the executive order. One Task Force respondent expressed that the purpose of the HiAP collaborative process is "not well defined in writing,"

and that "it may be loosely characterized as that of following through on the results of the process for complying with the executive order."

In discussing the purpose of forming the HiAP Task Force during interviews, most of the Task Force members noted that the Task Force was formed in recognition of the impact that decisions from non-health related agencies have on health. The remaining interviewees framed the formation of the Task Force from the perspective of their agency, noting that the purpose was to incorporate public health considerations into the decisions and activities of non-health related state agencies. Two respondents noted the mandate of this under executive order. In addition, one interviewee identified that the advantage of identifying shared goals was to make California a healthier state.

During interviews, Task Force members described their primary roles as serving as representatives for the Task Force, and offering agency perspectives and issue specific expertise. While a few interviewees highlighted their role in specific activities such as the creation and establishment of the Task Force, goal development, meeting attendance, collaborative processes, implementation, and offering legal guidance, most interviewees described contributing in the following ways:

+ **Being Representatives.** Many interview respondents indicated serving as representatives of their agency, department, office, and/or council. (One respondent described this as being a "liaison.") In this representative role, an interviewee explained that members "represent the programs, roles, responsibilities, and interests" of their department. Likewise, some interviewees indicated representing the Task Force in other settings such as the Strategic Growth Council.

+ **Offering Specific Expertise.** A few interviewees indicated offering issue specific expertise as part of their role on the Task Force. While one interviewee noted their role as providing DPH with the benefit of a non-DPH perspective, another noted their synergy, providing a like-minded, as well as anti-bureaucratic approach to the partnership.

+ **Providing Ideas and Solutions.** A couple interviewees also expressed their role in generating ideas, conceptualizing solutions, and implementing solutions through this Task Force process.

External Stakeholder Group Perspectives

External Stakeholder Group members who participated in interviews were asked to describe what they believed to be the purpose of the External Stakeholder Group. Common themes to emerge included:

+ **Expert Guidance.** There was common mention that a main purpose of having an External Stakeholder Group was to help HiAP leadership guide the Task Force's priorities and recommendations by "tapping into expert knowledge." One respondent noted that the group exists to "help [HiAP staff] lead and manage the process moving forward." Another noted that the members served as an "informal group for Health Department leadership to air ideas and discuss strategy."

+ **A Voice for Diverse Community Organizations.** Some External Stakeholder Group members mentioned that they help give stakeholders from different community organizations a "say" in the process of developing and implementing policies. There was also mention that the group provided an opportunity for diverse ethnic and geographic perspectives to be included in the process and ensure that the needs of rural and urban communities were considered. One respondent expressed that the External Stakeholder Group was created so that HiAP would "have more voices in the mix."

+ **Alternative Venue for Discussion**
  Several respondents noted that the External Stakeholder Group served as a place to discuss "sticky" government issues with advisors with a non-government standpoint.

> **"The Task Force is a multi-agency effort to improve state policy and decision-making by encouraging collaborative work towards health and sustainability goals by incorporating health considerations into non-traditional 'health' policy areas."**
>
> Task Force Member

Elements for Ensuring Success

Task Force and External Stakeholder Group members were asked to prioritize the five most essential elements for ensuring a successful HiAP collaborative process. The following table indicates how survey respondents ranked elements for success.

Most Essential Elements for Ensuring Success

Elements	Task Force (n=29)	External Stakeholder Group (n=8)
Actionable recommendations that are politically and financially feasible	86%	50%
Cross-sectoral participation	83%	88%
Establishment of a high-level directive	72%	38%
Dedicated paid staff to coordinate the process	59%	88%
High-level accountability	31%	88%
Leadership from the Department of Public Health	28%	63%
Opportunities for public input through workshops and public comments	28%	13%
Flexibility in light of time and resource constraints	21%	0%
Development of criteria to assess the prioritization of each recommendation	17%	0%
Consensus as a decision making process, with agencies having the ability to veto recommendations or priorities	14%	13%
Advisory group of policy experts	7%	13%
Aspirational goals	3%	38%

The only element to receive very high ratings from both groups was "Cross-sectoral participation." Otherwise, Task Force members indicated that actionable recommendations and establishment of a high-level directive were essential elements for success. External Stakeholder Group members differed in their perception of essential elements for success, giving high rankings to dedicated paid staff, high-level accountability, and leadership from the CDPH.

Reflections on Process

Task Force and External Stakeholder Group members were asked to share their thoughts on aspects of the HiAP collaborative process including member input and participation; meetings and

communications (e.g. frequency, effectiveness, formats); external stakeholder input; and the relationship between the Task Force and the External Stakeholder Group.

In reflecting generally on the activities of the Task Force, several interviewees offered particularly positive feedback about the overall process, noting that "it was masterful" and "positive progress, momentum, [has] taken hold in a way that not everyone expected." One Task Force member also expressed appreciation for the process explaining "there have been many efforts to refine things, they have solicited feedback, and have been attuned to nuances." While the process has been described as "great" and a "really positive experience," some have found the process "overwhelming" and voiced frustration, and many faced challenges along the way. In the words of one Task Force member, "it's a Herculean task."

Member Input and Participation

The majority of Task Force member interviewees, when asked about member input and participation, described opportunities to contribute. Some noted that it was a "pretty open process," they were "welcomed in terms of giving input," and they were able "to contribute to the iterative process," as well as being "well informed and looped in."

Task Force members described the types of opportunities for input including one-on-one meetings, Task Force meetings, small working groups, SGC meetings, and phone communications, as well as approaches that facilitated the participation of other agency staff and field personnel including email and regional public workshops. Not only did the regional meetings allow for broader agency input, but agency attendees were also able to learn about what concerned the public. One interviewee noted that input has been facilitated by skilled leadership from HiAP staff.
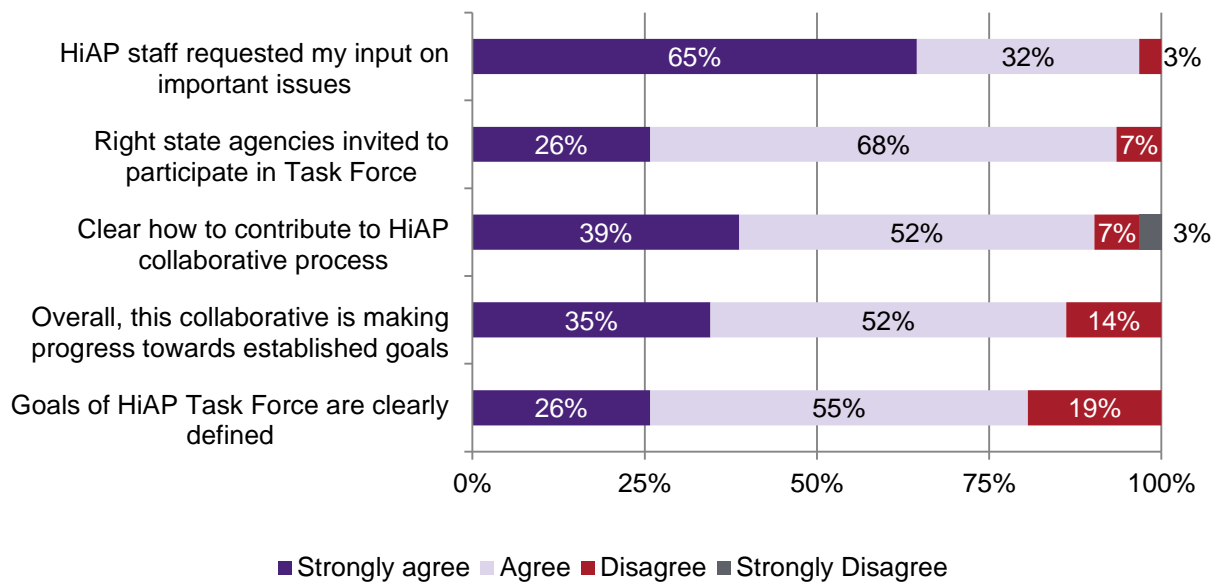
A few interviewees identified how the process has fostered respect for the input of other agencies and built momentum for soliciting input internal to their agency, as well. A few member interviewees described the role of collaboration and how understanding and acknowledging the input of other agencies through this process has allowed them to recognize the role other agencies could play in partnering to address issues, "so the work doesn't have to be so insurmountable." In addition, two interviewees reflected that the process has allowed them to build internal support and momentum, involving the contributions of multiple levels within their department in an "ongoing" manner.

The tables that follow show Task Force and External Stakeholder Group member survey respondents' level of agreement on aspects of the HiAP collaborative process. Members of both groups indicated strongest agreement that HiAP staff requested their input on issues they consider important—with 65 percent of Task Force members strongly agreeing, and fully 100 percent of External Stakeholder Group members doing so.
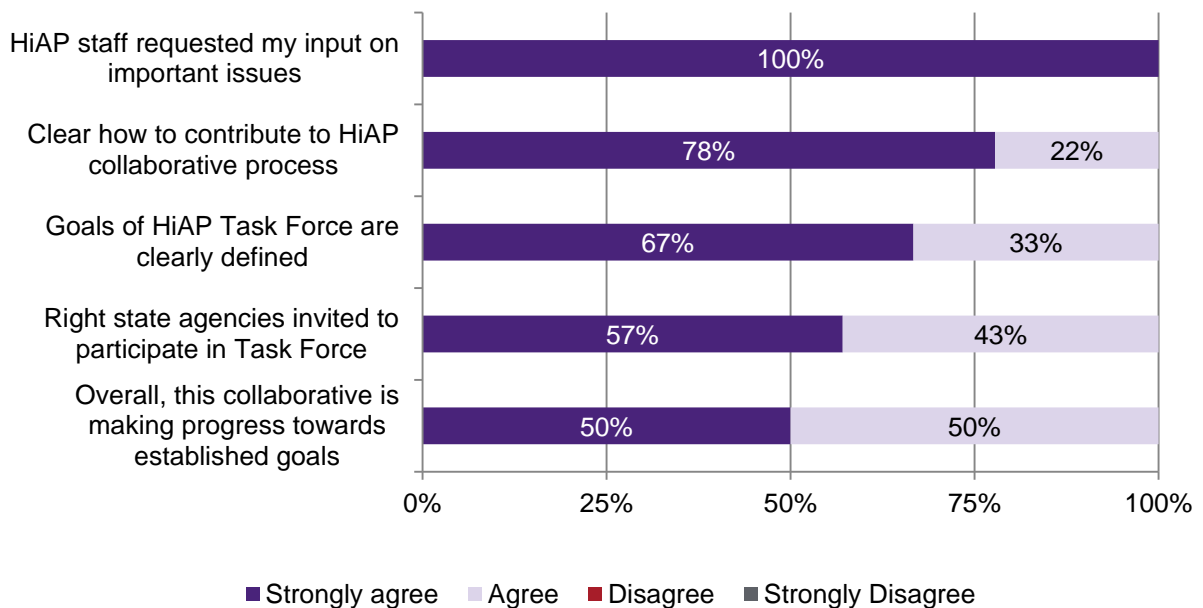
> "We always feel that our voice is heard..."
>
> Task Force Member

Task Force Impressions of Overall HiAP Collaborative Process (n=29-31)

Statement	Strongly agree	Agree	Disagree	Strongly Disagree
HiAP staff requested my input on important issues	65%	32%	3%	
Right state agencies invited to participate in Task Force	26%	68%	7%	
Clear how to contribute to HiAP collaborative process	39%	52%	7%	3%
Overall, this collaborative is making progress towards established goals	35%	52%	14%	
Goals of HiAP Task Force are clearly defined	26%	55%	19%	

■ Strongly agree ■ Agree ■ Disagree ■ Strongly Disagree

External Stakeholder Group Impressions of Overall HiAP Collaborative Process (n=7-9)

Statement	Strongly agree	Agree
HiAP staff requested my input on important issues	100%	
Clear how to contribute to HiAP collaborative process	78%	22%
Goals of HiAP Task Force are clearly defined	67%	33%
Right state agencies invited to participate in Task Force	57%	43%
Overall, this collaborative is making progress towards established goals	50%	50%

■ Strongly agree ■ Agree ■ Disagree ■ Strongly Disagree

Meetings and Communications

According to HiAP staff interviewed, the process for engaging Task Force and External Stakeholder Group members included a variety of meeting formats and communication approaches. The majority of interviewees reported participating in and contributing to the Task Force from its inception in 2010. Since that time, a total of 14 Task Force and 10 External Stakeholder Group meetings have been held. The number of meetings Task Force members reported attending varied greatly among respondents, with the greatest number indicating having attended four-to-six meetings (46 percent). Among survey respondents, more than 80 percent of both Task Force and External Stakeholder Group members indicated that their respective meetings took place with appropriate frequency. While all External Stakeholder Group members indicated that HiAP staff share the right amount of information, responses among Task Force members were more varied. (Nineteen percent felt "not enough information is shared" and 10 percent felt "too much information is shared.")[1]

Meeting Effectiveness
Survey respondents were asked to rate their agreement across a variety of measures of meeting effectiveness, which are shown in the table below.

Task Force Meeting Effectiveness (n=29-31)
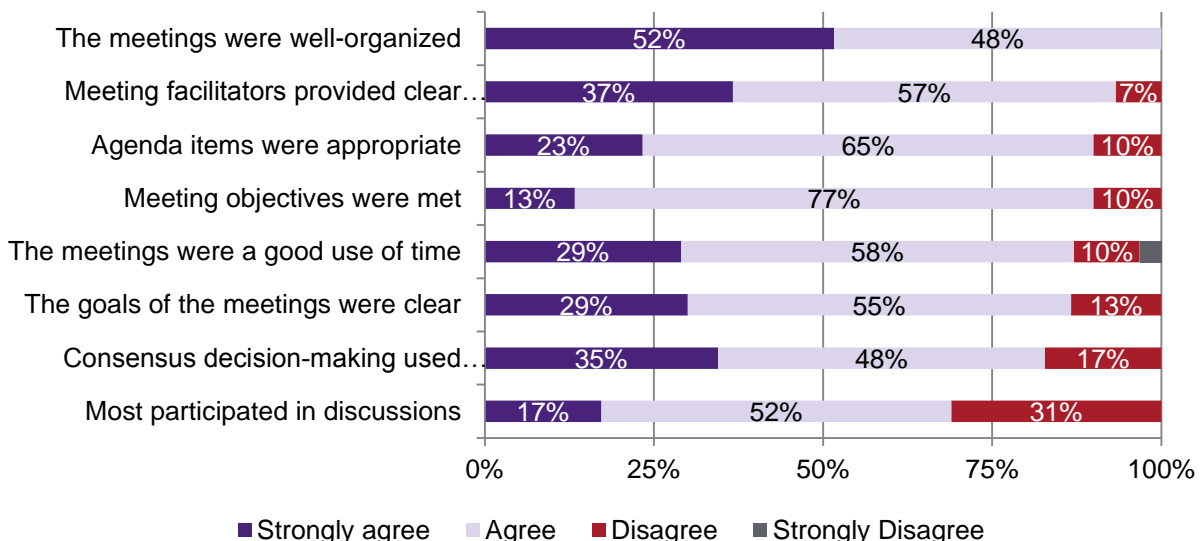
All Task Force members indicated agreement that meetings were well-organized, and more than 80 percent of them indicated agreement across most other measures of meeting effectiveness including agreement that:
- Meeting facilitators provided clear direction
- Agenda items were appropriate
- Meeting objectives were met
- Meetings were a good use of time
- The goals of the meetings were clear
- The Task Force used consensus decision-making effectively

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[1] Additional detail regarding meeting frequency and attendance, the amount of information shared by HiAP staff, and Stakeholder Advisory Group meeting effectiveness are available in the HiAP Collaborative Process Databook.

Nearly a third of Task Force member respondents indicated that they did not agree that most attendees participated in meeting discussions. In addition, all External Stakeholder Group member respondents agreed that meetings were effective across this range of measures. Compared to Task Force members, stakeholders indicated stronger agreement that meetings were effective.

Barriers to Involvement

In regard to barriers to involvement, nearly half of External Stakeholder Group member respondents (46 percent) indicated they experienced no barriers at all—considerably more than Task Force (17 percent). The greatest barrier to involvement for both Task Force (31 percent) and External Stakeholder Group (27 percent) members was the time commitment between meetings being more than they could contribute. Other common barriers for Task Force members included:

- Overall the demands on time were too great
- Having insufficient decision-making authority at their organization

Details on responses to questions about barriers can be found in the table below.

**Barriers to Involvement in the HiAP Collaborative Process**

Barriers	Task Force (n=31)	External Stakeholder Group (n=8)
Time commitment between meetings more than could contribute	36%	38%
Overall, demands on time were too great	29%	13%
Insufficient decision-making authority at agency/organization	16%	0%
Lack of teleconference option; phone difficulties	10%	13%
Meetings too long	10%	0%
Contributed time was uncompensated	7%	13%
Lack of political support for HiAP activities	7%	0%
Disruptive conflict among collaboration members	7%	0%
Meeting locations inconvenient	7%	0%
None	19%	63%

Meeting and Communication Format

Task Force members were also asked about meeting and communication format. Respondents considered one-on-one interactions with HiAP staff to be the most effective meeting and communication format across all indicators of effectiveness: engaging input, building an understanding of how agency work impacts health, and sustaining engagement. Although External Stakeholder Group members also

highlighted the effectiveness of one-on-one interactions, in-person meetings surfaced as the most common theme for sustaining engagement.

Task Force Meetings and Communications (n=27-31)
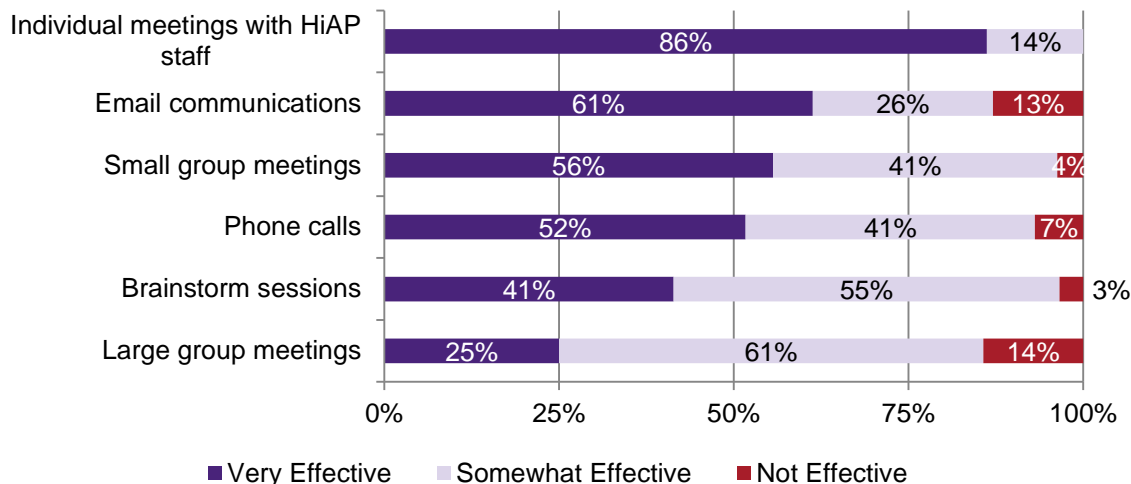
The greatest proportion of Task Force member respondents (86 percent) indicated that individual meetings with HiAP staff were very effective for engaging their input and participation. This was followed by email communications (61 percent), small group meetings (56 percent), and phone calls from HiAP staff or other collaboration members (52 percent).

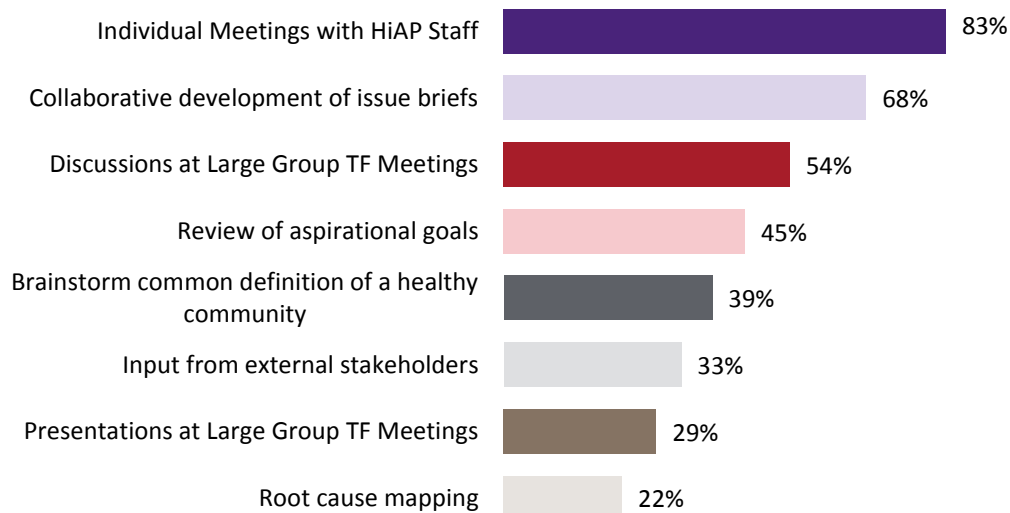**External Stakeholder Group Meetings and Communications (n=5-8)**
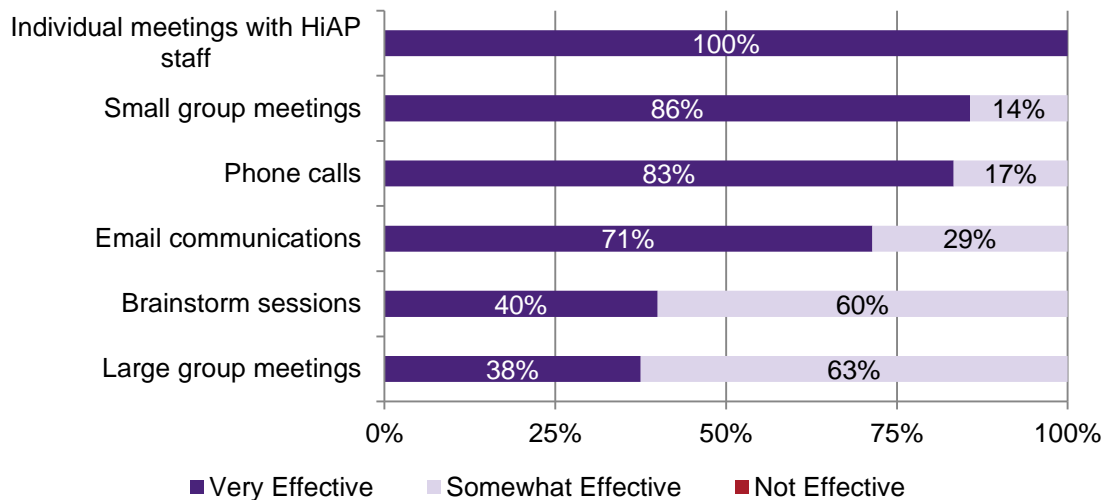
All External Stakeholder Group members indicated strong agreement that individual meetings with HiAP staff were very effective for engaging their input and participation. More than 70 percent indicated that small group meetings, phone calls, and email communications were very effective.

Activities for Building Understanding

The greatest percentage of Task Force members, 83 percent, indicated that individual meetings with HiAP staff were "very helpful" for building their understanding of how their agency's work affects the health of communities. In addition, more than half of respondents indicated that the collaborative development of issue briefs, 68 percent, and discussions at large group Task Force meetings were also very helpful in building their understanding.

Building Understanding of How Agency Work Impacts Health
Percent Rating Activity "Very Helpful" (n=18-31)

Activity	Percent
Individual Meetings with HiAP Staff	83%
Collaborative development of issue briefs	68%
Discussions at Large Group TF Meetings	54%
Review of aspirational goals	45%
Brainstorm common definition of a healthy community	39%
Input from external stakeholders	33%
Presentations at Large Group TF Meetings	29%
Root cause mapping	22%

Sustaining Member Engagement

Task Force member interviewees were asked which activities, communication approaches, and meeting formats were most effective for maintaining member engagement. The most common response was regular one-on-one interactions with HiAP staff. Such interactions provided follow-up and updates, and highlighted issues of import for attention. These meetings were described as the "most meaningful activity" for maintaining engagement and have "really been beneficial." One member also noted that the meetings served to educate HiAP staff on agency specific perspectives and work.

Other common responses were small group interactions and full Task Force meetings. In particular the small group meetings allow for more focused and productive interactions. One interviewee noted that although the full Task Force meetings have been helpful for engagement, those full meetings are no longer as necessary at this stage in the implementation process. This respondent recommended one-on-one contact as the best approach at this point. Two interviewees noted that all approaches were "effective" and "good," and served different purposes, with one noting that "[I've been] generally interested, engaged, and motivated in [all the] various forms of meeting."

Other ideas about effective approaches for maintaining engagement include providing opportunities to review and improve the vetting process on complicated issues, and allowing and preparing for divergent perspectives. A few interviewees noted methods that they believed were not effective including: the use of email for decision-making and editing, which was "overwhelming;" and the development of issue briefs, which one interviewee noted was not a valuable task.

For the External Stakeholder Group, the most popular reported form of maintaining engagement was in-person meetings. One respondent noted that at in-person meetings "[it's] easy to track the conversation

and participate." Another indicated, "I like to see people and network, [and] phone meetings are cumbersome." Another similar response noted that in-person "is the best format" because "the phone is not satisfying." However, one respondent noted "one-on-one conversations with the staff are more valuable than meetings."

Many External Stakeholder Group respondents also found that they are more engaged when they have meaningful opportunities for input. For instance, one respondent noted "it is valuable for everyone to have meaningful input into the implementation process and meaningful support and opportunities to align our work and figure out opportunities to work outside the process that support it." Another respondent noted "it's good to see some movement" as a result of participation.

External Stakeholder

Another key element of this external stakeholder input. interviewed reported external stakeholders into

> "[What] public health staff have done has been really good. [They] have done due diligence in outreach to a wide range of other entities."
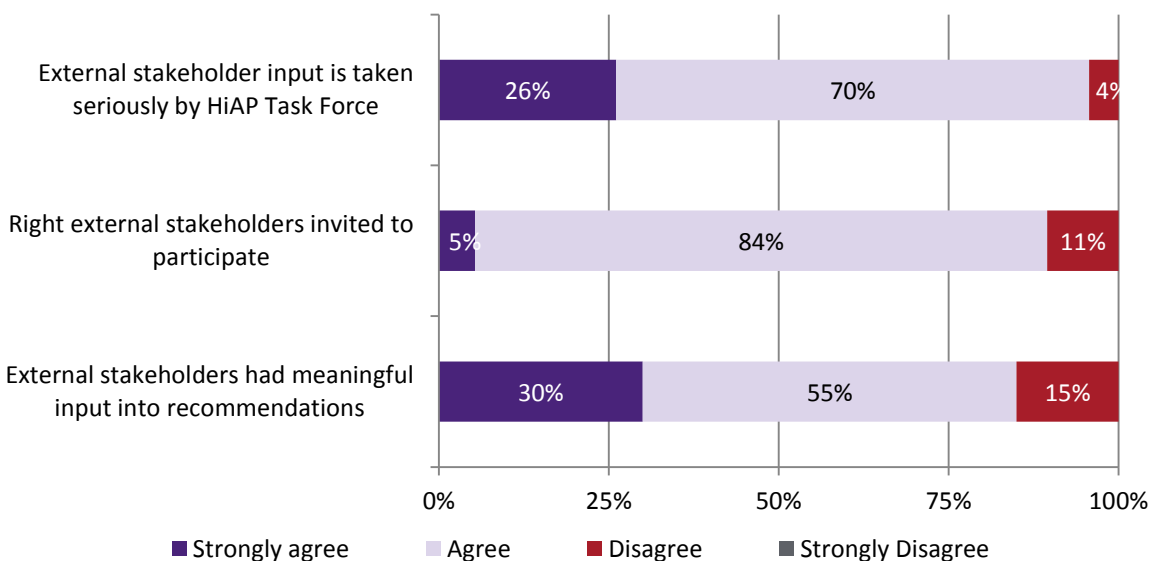
Input

HiAP process was eliciting The majority of those meaningful input from the work of the Task Force.

HiAP staff expressed that each area used to generate broad cross-sector input was very useful and "wielded different kinds of information." The most common themes that arose from Task Force member discussion of external stakeholder input were:

+ **Public workshops.** There was broad consensus that the public workshops were successful for generating external stakeholder input in terms of number attended and amount of ideas generated. External Stakeholder Group members described the process as "enormously successful," with one noting that the advisory group did a "good job" with awareness and outreach around the event. Multiple Task Force member interviewees mentioned the regional public workshops, with some adding that these workshops were "really helpful" and "useful," allowed for "great input," had "amazing turnout," and succeeded in "bringing different people together."

+ **Breadth of Input and Outreach.** Many Task Force members described the breadth of external stakeholder input that was gathered, and acknowledged the outreach needed to garner such input. Interviewees described how the outreach included both local and state levels, and government and non-governmental organizations (NGOs), as well as broad public forums and one-on-one approaches.

+ **Non-health sector input.** A few interviewees addressed the public health ties of External Stakeholder Group members, recommending additional outreach to non-health sectors to inform the work.

Individual Task Force members offered additional feedback regarding external stakeholder input. One member specified that, while there had been public input and transparency in document development, the input has been at the organizational level rather than with members of the community at large. On the other hand, another member noted the successful management of expectations around the extent of stakeholder input possible, noting that targeted outreach allowed for "sophisticated" input and

recommendations. One Task Force member explained that there are methods beyond meetings that could be used to engage external stakeholders, but that this may be difficult given limited funding and restricted time frames. Finally, one interviewee indicated a lack of knowledge about the extent of meaningful stakeholder input.

Task Force and External Stakeholder Group member survey respondents were asked about external stakeholder input into the HiAP collaborative process. As indicated in the table below, nearly all (96 percent) of respondents felt that external stakeholder input is taken seriously by the Task Force.

External Stakeholder Input into the HiAP Collaborative Process (n=19-23)

Legend: ■ Strongly agree ■ Agree ■ Disagree ■ Strongly Disagree

Statement	Strongly agree	Agree	Disagree
External stakeholder input is taken seriously by HiAP Task Force	26%	70%	4%
Right external stakeholders invited to participate	5%	84%	11%
External stakeholders had meaningful input into recommendations	30%	55%	15%

Strengths of the Process

According to the Task Force members interviewed, the primary strengths of the Task Force process have been collaboration (including broad representation and input), staff leadership, accomplishment of work tasks, and high-level support and accountability. The most common overall strengths identified by Task Force member interviewees were collaboration and staff leadership. In addition, one interviewee noted the strength of having a clear, well articulated vision for the Task Force.

+ **Collaboration.** Multiple Task Force member interviewees identified collaboration as an overall strength of the Task Force process, noting the "impressive" level of collaboration at the state level; the involvement of diverse agencies; the breaking down of silos between agencies; the increased understanding of how issues interrelate and how to support each other; the consensus and adoption of common definitions, priorities, and process; and the community level outreach to external stakeholders.

+ **Staff leadership.** Interviewees indicated HiAP staff members were knowledgeable, efficient/organized, committed/motivated, creative, and skilled at collaboration and engaging others. One interviewee noted that the personal outreach done by HiAP staff to each Task Force member made a "tremendous difference," creating trust, and also identifying expertise.

+ **Accomplishment of work tasks.** Some interviewees identified the "amazing" amount of work done and accomplished, the development of action plans, as well as meeting the mandate of the executive order, among the strengths of the process.

+ High-level support and accountability. A couple interviewees noted the importance of high-level support and accountability, one noting the important role of the Strategic Growth Council, and the other the executive order.

The theme of staff leadership also emerged as a common theme among External Stakeholder Group interview respondents in response to the strengths of the Task Force process. In particular, group member interviewees highlighted the dedication of HiAP staff, explaining that due to the commitment of staff on this "ambitious project," "a lot got done in very little time." Other respondents praised the accessibility and availability of staff for consultation, as well as the breadth and depth of expertise, which was described as "incredible." One respondent noted "the quality of the work and thinking are top-notch." As a result, according to one respondent, members "have the ear of the Strategic Growth Council and of decision makers who are taking what [experts] have to say seriously, then putting their voices behind that."

88% of External Stakeholder Group member respondents indicated strong agreement that external stakeholder input is taken seriously by the HiAP Task

76% of Task Force member respondents indicated that at least one of the eleven recommendations prioritized for near term implementation promotes the goals

Results of the HiAP Collaborative Process

This section presents key *results* of the HiAP collaborative process that was described in the previous section. These results represent the main areas in which Task Force and External Stakeholder Group members reported substantial changes. Overall, four major themes emerged from the interview and survey data: increased cross-sector collaboration, advanced thinking about health issues, external stakeholder support, and interest and capacity to sustain engagement.

Increased Cross-Sector Collaboration

Interview and survey data indicate that cross-sector collaboration increased as a result of participation in the HiAP collaborative process. When asked about how Task Force involvement changed the way members approached work at their agency, they most often indicated an increase in cross-sector collaboration. Task Force member interviewees provided examples, including: increased cross-agency work; new commitments to work together; more resources upon which to draw; increased understanding of collaboration among agency leadership; and greater interactions between agencies.

Task Force member respondents also specified developing new priorities, new relationships, and new conversations and communications with other agencies through Task Force involvement. They reported wanting to "break down silos," "build cross-issue collaboration," and "work in a cross-agency way." Two Task Force members described increased sensitivity to the needs of other agencies, explaining "we are more conscious of other ideas out there" and noting increased consideration for what is asked of others.

Survey results confirm an increase in collaboration.[2] Over 85 percent of Task Force member survey respondents indicated having a greater understanding of the intersections between the work of their agency and that of other state agencies. The majority of Task Force member respondents report forming new partnerships with other state agencies (74 percent), and that their agency collaborates more with government sectors (i.e. housing, transportation, health, forestry, education, agriculture) (60 percent). Other components of cross-sector collaboration include:

+ **Shared Goals.** A particular collaborative strategy of HiAP has included the identification of shared goals, "co-benefits," and "win-wins" among member agencies. The majority of survey respondents indicated the realization of mutual goals through this process. Ninety percent of Task Force member survey respondents indicated that the HiAP collaborative process produced recommendations that will promote the goals of their agency (n=29). Many Task Force member interviewees reported thinking more about possible areas of mutual benefit through their involvement in the Task Force. In the words of one interviewee, "this work has changed the dialogue in the state," indicating that "co-benefits" is a term now used state-wide, with the potential to expand the approach nationally through the pursuit of federal funding. Interviewees who were already thinking about co-benefits described thinking about these benefits in different ways through their Task Force involvement, and understanding more concretely what it means to other agencies in their daily operations.

+ **Trust.** Interviews with HiAP staff emphasize the importance of trust building for collaborative work. Fifty-nine percent of Task Force member survey respondents indicated agreement that

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[2] Additional detail regarding survey data on cross-sector collaboration is available in the HiAP Collaborative Process Databook.

they now have greater trust in other state agencies as a result of the process. While this is a positive finding, it also reveals the challenging nature of building trust in cross-sector collaborations.

+ Non-government partnership. Over half of surveyed Task Force members, 54 percent, agreed they collaborate more with non-government organizations (NGOs) and community-based organizations (CBOs) as a result of the collaborative process.

In addition, External Stakeholder Group interviewees were asked if participation in the HiAP collaborative process changed their perception about how they and others could work with government to improve health. While some indicated no change in perception, others offered varied responses including understanding the impact of administration support – or lack thereof; and the necessity of strong, motivated leadership to address challenges with innovative solutions.

Advanced Thinking about Health Issues

Overall, data show that participants have advanced their thinking related to health issues and, in some cases, raised awareness of how their work impacts health. Many Task Force member interviewees, for instance, described increased awareness and consideration of how their agency impacts health and health issues as a result of their involvement on the Task Force. When probed during interviews, several Task Force members described increased consideration of health when developing policies, programs, and regulations, as well as thinking more about the effects of their agency's decisions or programs on health. One interviewee suggested that the HiAP collaborative process allowed the SGC and other agencies to focus on health issues in a way that would not have been possible otherwise. Another member explained that, for those who already consider some health issues as priorities, the existence of the SGC and HiAP motivated them to increase her work even more on related issues. One member reflected that the work of the Task Force has demonstrated that health is achieved through improved planning, explaining "better planning = better health."

Surveyed Task Force members were also asked questions about changes that occurred in their understanding of how their agency's activities impact health as a result of participating in the HiAP collaborative process.

Understanding of How Agency's Work Impacts Health (n=32)
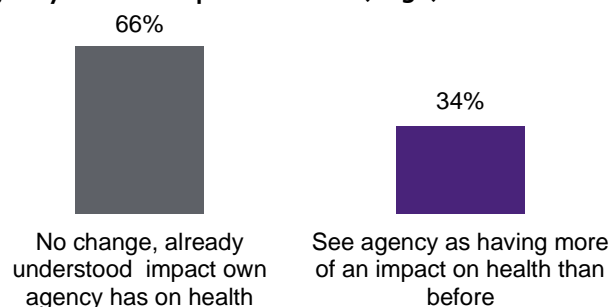
The majority of Task Force members (66 percent) indicated no change in understanding, and that they already understood the impact their agency has on health. The remaining 34 percent indicated their understanding changed and that they see their agency as having a greater impact on health than they did before.

While some Task Force members reported no change regarding their understanding of health, they describe ways in which their Task Force involvement has reinforced or advanced their thinking on related issues. For example, Task Force member interviewees were asked whether they were thinking more about the effects of their agency decisions or programs on health through involvement in the Task Force. In response, one Task Force member explained, "Absolutely. [We] came in thinking about how [health affects our agency goals]. It has advanced our thinking more than it has changed it."

In addition, several Task Force member interviewees highlighted how their departments have begun to address health issues in the development of policies or have plans to do so in the future, with one noting that public health had not been on their radar screen in the past, but health now is an area of focus both in California and nationally.

External Stakeholder Support

Task Force and External Stakeholder Group member survey respondents were asked about their impressions of external stakeholder support for the HiAP collaborative process.

External Stakeholder Support for the HiAP Collaborative Process
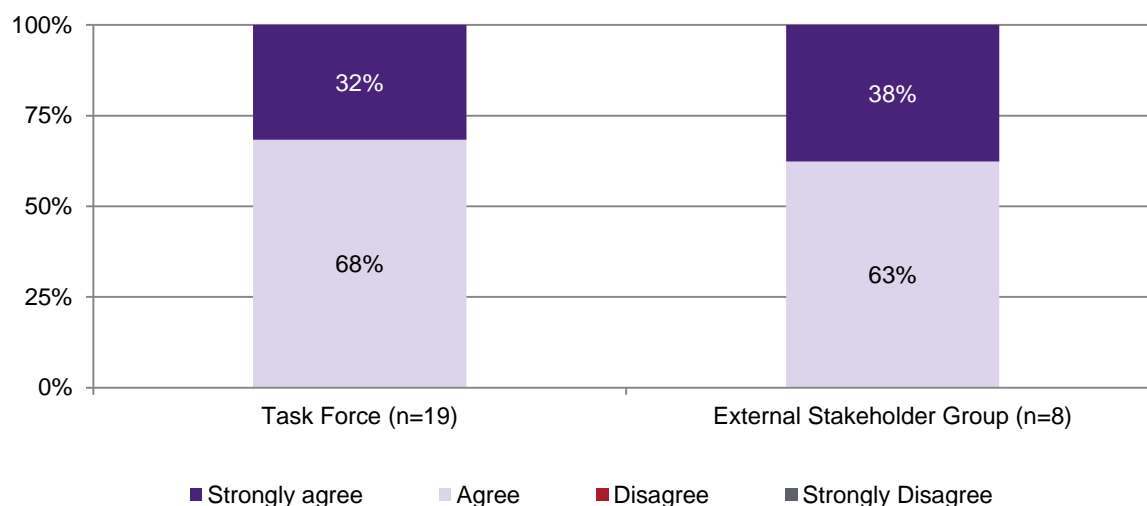
All Task Force and External Stakeholder Group member respondents indicated agreement that there is external stakeholder support for the HiAP collaborative process.
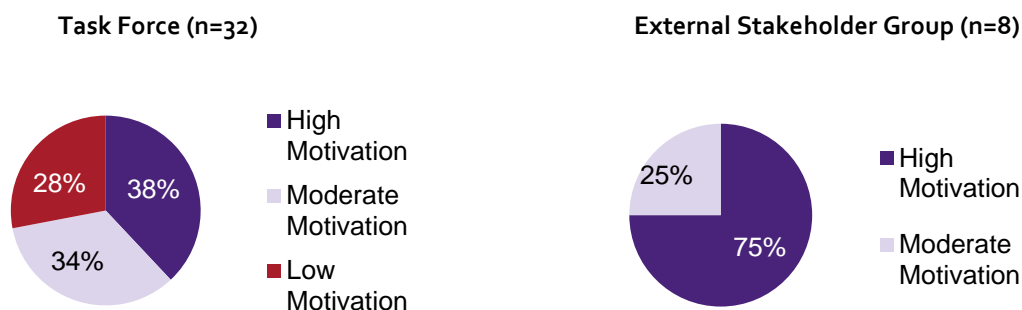
Interest and Capacity to Sustain Engagement

Task Force and External Stakeholder Group members were asked about their level of motivation to continue participating in the HiAP process, what factors affect that motivation, and their organizational capacity to sustain the HiAP collaborative process.[3] Across all measures of engagement, a majority of

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[3] Additional detail on survey data for commitment to advancing HiAP and organizational contributions and participation are available in the HiAP Collaborative Process Databook.

External Stakeholder Group member respondents indicated high levels of commitment, participation, motivation, and capacity for sustaining engagement in the HiAP collaborative process, both personally and within their organization, while a far lesser percentage of Task Force members indicated such. Task Force members also indicated having the interest to continue participation and the capacity to sustain engagement, though to a lesser degree than their External Stakeholder Group counterparts.

Level of motivation to continue participating in HiAP process

Task Force (n=32)

28% 38%
34%

- High Motivation
- Moderate Motivation
- Low Motivation

External Stakeholder Group (n=8)

25%
75%

- High Motivation
- Moderate Motivation

Fully 100% of the External Stakeholder Group member respondents reported moderate or high motivation *to* continue participating in the HiAP process. At the same time, 72 percent of Task Force member respondents reported high or moderate levels of motivation to do so.

Motivation to Sustain Engagement

Task Force member interviewees noted that a key to sustained engagement was having a passion or interest in the work, with most specifying collaboration or health as the areas of greatest motivation. Two Task Force members indicated overall the work is important, describing it as "worthwhile," "innovative," and "very important."

Many Task Force member interviewees also indicated an interest and concern about public health that motivates their continued participation in the HiAP process, with one explaining "we can help people live healthier lives." Several interviewees described motivation in seeing how their agency goals align with health.

Many agencies described a conviction for collaboration as a motivator for their continued participation in the HiAP process. Other related motivating factors include establishing cross-agency relationships, learning about other agencies, opening lines of communication, shared goals and mutual benefits. In particular it was highlighted that the collaborative linkages established through the HiAP process foster continued cross-cabinet collaboration on other issues and can serve as a model for "effective and improved governance." One interviewee noted in efforts to promote government collaboration that the HiAP process is the "most collaborative effort in our opinion."

> **"Any way that we - in our programs - can help to continue to contribute to improving public health is very valuable."**

A few Task Force members indicated that motivating them was a desire to make sure their voices are heard. Other motivating factors for Task Force members included compliance with the executive order, efficient management from HiAP staff, and the achievement of outcomes through implementation.

External Stakeholder Group members echoed some of these findings, many of whom highlighted collaboration as a motivating factor, emphasizing opportunities for gathering and networking among external stakeholders. One member also described the opportunity to have the attention of those "at high-levels and state agencies" through the collaborative process. Some External Stakeholder Group members also noted the importance of the work – describing it as "compelling," "ground-breaking," "riveting," and "cutting-edge" – in addition to motivation from achieving outcomes during the implementation phase. One respondent explained that "government-related projects are rarely this innovative." Many respondents commented that they "believe" in HiAP's work and see "utility in participation."

> "I really believe in the idea of agencies working together to develop shared goals and work towards shared priorities."

Factors that motivate continued participation

As seen below, for both Task Force and External Stakeholder Group members, improving the health of California's residents and the potential of the work to have significant statewide impact were strong motivating factors for continued participation in the HiAP process.

	No Motivation		Low Motivation		Moderate Motivation		High Motivation	
	Task Force	External Stakeholder Group	Task Force	External Stakeholder Group	Task Force	External Stakeholder Group	Task Force	External Stakeholder Group
This work could improve the health of California's residents	4%	0%	10%	0%	17%	0%	69%	73%
The work could have significant statewide impact	4%	0%	14%	0%	18%	13%	64%	88%
I find participation in the HiAP collaborative process to be meaningful	4%	0%	11%	13%	30%	50%	56%	38%
Participation could advance the goals of my organization	0%	0%	17%	0%	28%	25%	55%	75%
Participation enhances my relationships with other Task Force/External Stakeholder Group members	0%	0%	15%	13%	41%	25%	44%	63%
The HiAP collaborative process is an innovative and precedent-setting initiative	0%	0%	24%	25%	38%	25%	38%	50%
Participation is a requirement of my job	14%	0%	41%	38%	23%	38%	23%	25%

Among Task Force member respondents, the greatest percentage indicated high motivation from:
- The potential of the work to improve the health of California's residents(69 percent)
- The potential of the work to have significant statewide impact (64 percent)
- Finding the HiAP collaborative process to be meaningful (56 percent)

Among External Stakeholder Group member respondents, the greatest percentage indicated high motivation from the following factors:
- The potential of the work to have significant statewide impact (88 percent)
- Advancing the goals of their own organization through participation (75 percent)
- The potential of the work to improve the health of California's residents (73 percent)

A greater percentage of Task Force members compared to External Stakeholder Group members indicated that finding the HiAP process to be meaningful was a source of high motivation to continue participation.

Twenty-nine percent of Task Force respondents reported other factors help to motivate their continued participation in the HiAP collaborative process. Some of these included:
- Ensuring that competing goals of different agencies are adequately considered when developing health
- HiAP could help the state operate more efficiently and effectively with fewer resources
- HiAP staff are very engaged and believe in their work
- Process is very efficiently managed; time and expertise of participants is used well

Twenty-five percent of External Stakeholder Group respondents reported other factors help to motivate their continued participation in the HiAP collaborative process.

Agency/Organization Capacity to Sustain Engagement
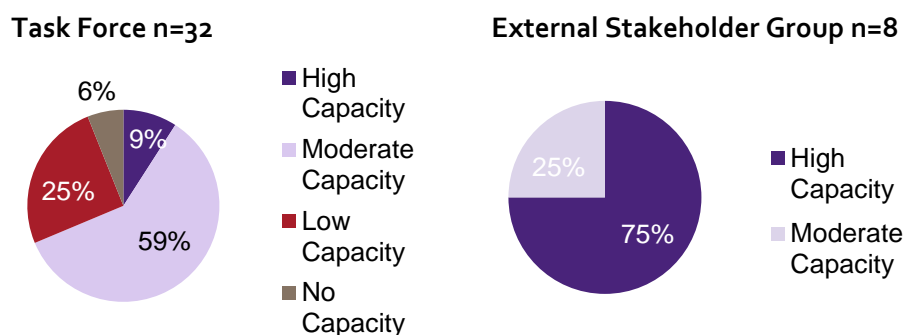
There was a stark difference in the percentage of respondents between Task Force and External Stakeholder Group members reporting high agency/organizational capacity to sustain engagement in the HiAP collaborative process. The majority of External Stakeholder Group members (75 percent) reported a high capacity for their organization to sustain engagement, while only nine percent of Task Force members indicated high capacity. However, an additional 59 percent of Task Force members indicated moderate capacity to sustain engagement.

Greatest Achievements and Challenges

Through the survey and interviews, Task Force and External Stakeholder Group members were also asked to identify the greatest achievements and challenges of the HiAP collaboration thus far. These are described in detail below.

Achievements

Task Force

Task Force members again identified increased cross-sector collaboration and raised awareness of health impacts as the top two greatest achievements, followed by the development of implementation plans. Other common themes included developing relationships with the Strategic Growth Council, leveraging resources given limited funding, and serving as a model across the state and throughout the nation.

+ **Cross-sector collaboration:** Responses from interviewees and open-ended survey responses highlighted the following cross-sector collaboration achievements: bringing together a wide range of state agencies to work together and facilitating partnerships, developing a sense of common purpose and mutual understanding, identifying common goals and areas of joint concern, reaching consensus, and having an increased sense of responsibility and ability to address health in all policies.

+ **Raising Awareness of Health Impacts:** Both interviewees and open-ended survey responses described an increased awareness of public health issues and impacts among non-health state agencies and high levels of California government.

+ **Recommendations and Implementation:** Interviewees and open-ended survey responses also identified the development and adoption of meaningful and actionable recommendations and corresponding implementation plans among the greatest achievements of the process.

In addition, a couple Task Force member interviewees noted that the greatest outcome of the collaboration thus far is serving as an example to others, including serving as a model to other states, countries, and federal and local governments, some of whom have begun implementing HiAP at the local level.

> **"[HiAP is a] great national and local model for how to work cross-sector, achieve a common goal, and incorporate health**

External Stakeholder Group

Among External Stakeholder Group survey respondents, the most common themes that arose when reflecting on greatest accomplishments include building the relationship with the Strategic Growth Council, gathering input and support from external stakeholders, and the acceptance of policy recommendations and development of corresponding implementation plans.

+ **Building the relationship with the Strategic Growth Council (SGC).** A common theme among open-ended survey responses was the relationship with the SGC including gaining SGC acceptance and respect.

+ **Gathering external stakeholder input and support.** Survey responses also identified the success of gathering external stakeholder input and building support, with respondents highlighting the establishment of the multi-sectoral stakeholder advisory body, the outreach conducted for public hearings, and the input gathered on recommendations.

- **Developing recommendations and implementation plans.** Among the greatest accomplishments identified by survey respondents was the development and adoption of policy recommendations, and implementation plans.

Among External Stakeholder Group member interviewees there was a great deal of consensus that the greatest achievement also included increased recognition of HiAP and its capacity as a model for other systems.

Challenges

Task Force

The greatest challenges as identified by the most Task Force member interviewees and survey respondents include limited resources, a lack of institutionalized support for collaboration among some agencies, and maintaining member engagement, with many survey respondents describing the scope of the process as "overwhelming."

- **Limited resources.** All Task Force and External Stakeholder Group member interviewees identified limited resources, such as limited funding, staff, and time availability, when discussing the greatest challenges of the Task Force process.
  - *Funding.* Some interviewees noted the fiscal climate and budget cuts as a challenge, with multiple interviewees describing the particular challenge of implementation with limited resources, with one expressing frustration about the lack of funding for implementation. Operating under the assumption of no newly available resources, one Task Force member explained the value of collaborative work from a resource perspective explaining the need to "look at what we have, how we can better potentiate what we have by individuals working more effectively and collaborating together."
  - *Limited staff and time.* A few interviewees highlighted the challenges of reduced staff, one of whom along with others also described the challenge of meeting the time commitment and the timeline required by the process. Survey respondents also described the challenge of limited staff and time, noting in particular that there was insufficient time to review documents.

- **Lack of institutionalized support for collaboration.** Two Task Force member interviewees touched on the particular challenge of collaboration for agencies that do not consider their work to be related to health. Both interviewees noted difficulty balancing HiAP work with their own agencies' priorities, with one explaining that the state does not have a way of billing for collaborative work. Another interviewee voiced frustration about the different abilities among departments to contribute time and staff due to an already existing alignment between their agency's goals and those of HiAP.

  External Stakeholder Group members also noted the challenges presented by a lack of institutional support for the HiAP process, including difficulties with agency buy-in, and maintaining ongoing political support. From an External Stakeholder Group perspective, respondents commented that "it takes a while for agencies that do not see health as a central mission to come around to the idea." Other respondents commented on the "long" time it takes before "people appreciate why it's important or beneficial."

- **Member engagement.** Two Task Force members described the challenge of maintaining engagement and involvement. One of these respondents noted the particular challenge of using the consensus process, since issues that do not reach consensus but garnered popular large interest or support were removed from consideration.

Other Challenges

✚ **Differing agency structure and culture.** Though identified by fewer interviewees, several Task Force members reflected on the challenge of contributing to the process given their agency structure and culture. For some agencies, it was difficult to represent agency views given that there may be no direct line of vertical communication within the agency. In other cases, the work of HiAP is directly related to a number of agency positions. The result is that it is challenging to foresee who should participate in a given meeting, and often multiple agency representatives were involved, contributing to a lack of continuity. One member indicated that nesting the HiAP process within the SGC is limiting given that not all member agencies operate under the SGC. Another respondent noted that the greatest challenge is understanding different agency structures, how members relate to those structures, and the different roles that exist within and between agencies.

✚ Other challenges identified by Task Force member interviewees and survey respondents include **administrative transitions and leadership changes**; **building institutional capacity of agencies during implementation**; the **focus on health rather than sustainability** in other areas; the **undefined tenure of participation** for members; the **comprehensive nature of an "in <u>all</u> policies" approach**; a **lack of evidence base for some policies**; and a **need for agency-level leadership** from Health and Human Services.

> **"[There is a] growing amount of interagency work without resources. Unless something is institutionalized, there are not resources."**
>
> Task Force member

What Makes a Successful HiAP Process

The data presented in this report clearly demonstrate that the HiAP collaboration was very successful in terms of key process indicators and in regard to achieving the goals of promoting health and increasing cross-sector collaboration. In thinking about next steps both for the existing California HiAP collaborative process, as well as future processes inside and outside of California, evaluation participants offered a wide range of recommendations. The following key recommendations emerged from participant responses.

Improved HiAP Task Force Functioning and Effectiveness

Several recommendations emerged for the improved functioning and effectiveness of the existing California Health in All Policies Task Force. These include:

+ **Support steps to institutionalize health considerations.** Many respondents noted the need for increased funding and staff resources, a key step in institutionalizing the HiAP collaborative process. Respondents also identified the need to institutionalize the particular mechanisms used to support cross-sector collaboration. Given current funding constraints at the state and local levels, cross-sector collaboration can be further supported by continually and clearly articulating the benefits of participation to agencies; establishing processes that allow staff time and resources to be allocated for participation in collaborative work; formally and regularly recognizing the work and accomplishments of the HiAP process; and considering less time-intensive ways to maintain ongoing participation.

+ **Ensure continued member engagement.** A number of interviewees discussed the importance of maintaining engagement and involvement of Task Force members, particularly given that not everyone plays an ongoing integral role in every implementation plan. One suggestion was to identify one activity that each agency could undertake; another involved creating an ongoing way to keep members informed of activities and support participation on an as-needed basis.

+ **Continue and expand one-on-one meetings.** Findings reveal a great benefit in having one-on-one meetings between Task Force members and HiAP staff. To ensure that members continue to stay engaged, HiAP staff could use this format to maintain open communication and remind members of upcoming tasks. HiAP staff could also individually update members on progress and implementation, especially given that not all agencies are directly involved in the implementation phase. One interviewee highlighted the utility of phone check-ins for updates and feedbacks, although email correspondence requesting feedback was noted as being ineffective for fostering engagement.

+ **Continue a consensus-based approach.** A number of Task Force member interviewees emphasized the strength of a consensus-based approach to decision making in order to ensure continued participation, inclusion, and ownership of recommendations.

+ **Clarify expectations related to ongoing commitment.** In describing the current work of the Task Force, one member expressed that it was not clear from the beginning that the Task Force work would continue after completion of the report, and recommended sensitivity to that. To address this issue, the expected time commitment and length of participation should be clarified and articulated.

+ **Clarify the relationship with the Strategic Growth Council (SGC).** Conversations with several Task Force members indicated that members would benefit from a more clearly defined relationship between the Task Force and the SGC. One Task Force member indicated uncertainty about the

authority of the SGC over their agency's operations, especially given that not all Task Force member agencies function under the SGC in their daily operations. While multiple interviewees highlighted the strengths of the relationship with the SGC, one member reported limited engagement as a result of their department's issue areas not having been prioritized by the SGC.

+ **Increase interactions with the SGC.** A number of Task Force interviewees recommended creating additional opportunities for direct interactions with the SGC as a means of encouraging participation. One suggestion included encouraging and preparing Task Force members to present to the SGC on a regular basis in order to foster shared leadership and increased ownership of the Task Force process.

+ **Address state administrative transitions.** While the executive order established the Task Force in 2010, the administration has since changed. A Task Force member interviewee suggested the need to outline a plan for future administrative transitions and turnover, in particular developing a realistic explanation of resources and time commitments that would span administrations. Having such a plan as this would help sustain participation during administrative transition.

+ **Increase additional external input at the local level.** A number of External Stakeholder Group interviewees emphasized the importance of increased engagement of external stakeholders to ensure that community-based, rural, and diverse priorities are incorporated as HiAP moves forward. Public workshops were reportedly successful for generating broad-based external stakeholder input. Many External Stakeholder Group respondents expressed interest in utilizing online technology as a vehicle for gathering additional external input. Some suggestions on this topic included using interactive social media outlets and email to solicit feedback and engage in dialogue.

Important Lessons and Promising Practices for Future HiAP Efforts

Looking beyond the specific activities of the California HiAP Task Force, this evaluation has brought to light a number of valuable lessons and insights that can be applied to future Health in All Policies efforts – regardless of location. The following more general recommendations have emerged from survey and interview data.

Preparation and Pre-Planning

+ **Establish a high-level directive.** Survey data and interviewees indicate the need for high-level buy-in and political will, including support from the Office of the Governor and engagement of agency leadership. The central way this was achieved in the current HiAP process was through the establishment of an Executive Order.

+ **Create selection criteria for Task Force and External Stakeholder Group members.** Interviewees agreed that creating a clear set of selection criteria is important to ensure that key stakeholders and decision makers are included in a HiAP process. Potential criteria for selecting Task Force members include: content expertise, personal interest, and having an ability to make decisions for the agency.

+ **Create HiAP orientation materials.** Findings indicate that there is a need for materials that clearly describe the purpose and goals of the collaboration, the roles and relationship of Task Force and External Stakeholder Group members, and expectations for each group related to participation.

+ **Provide training and orientation.** Participants would benefit from information about the functional areas of Task Force member agencies. A number of Task Force members underlined the importance of understanding the work of other Task Force member agencies. One way to do this is to ensure that all Task Force members and HiAP staff are oriented to the work and structure of each participating member agency, department, office, or council (e.g., Housing 101, Transportation 101). This would ensure that recommendations are realistic and appropriate.

Key Process Elements

✚ **Ensure sufficient resources for participating members and staff.** Multiple Task Force member interviewees indicated the importance of identifying sufficient resources to support staff to lead the process and produce the work, as well as to ensure high-level support in their agencies for member participation. The support for member participants could include creative ways to finance member participation (i.e., funding for time), or formalized reporting mechanisms within the participating agency to ensure that information is transmitted to high-level decision makers.

✚ **Create a messaging campaign that emphasizes collaboration, health, and statewide impact to encourage engagement.** Multiple Task Force members indicated the importance of emphasizing collaboration as a way to engage members. One Task Force member, for example, explained that HiAP is not inherently about health, but rather collaboration, and framing it as such may encourage buy-in from agencies that are not as focused on health concerns. At the same time, a number of interviewees underlined the importance of continuing to emphasize health. In the words of one of these interviewees, "if you can make sure that your policy decisions can have a more positive impact on people's health, then you should." Similarly, survey data point to the need to emphasize both collaboration, and health as well as the impact that HiAP has statewide.

✚ **Select a well-respected, experienced leader and capable team.** The leader and team must be able to support the Task Force in carrying out the necessary HiAP collaborative process tasks including: establishing and developing relationships with and between agencies and high-level decision-makers, facilitating Task Force and Stakeholder Advisory meetings, preparing and presenting findings and recommendations, and developing implementation plans.

✚ **Establish a Task Force comprised of key decision-makers**, including agency and department representatives.

✚ **Create an External Stakeholder Group comprised of diverse leaders** from community organizations, including the health sector.

✚ **Use a mix of large- and small-group activities to foster cross-sector relationship building** during the various Task Force and External Stakeholder Group meetings.

✚ **Use a consensus approach** to decision-making as a way to ensure ownership of process.

✚ **Conduct regular check-ins**, especially via one-on-one meetings that allow for an engagement process outside of meetings.

✚ **Establish a public involvement process** that ensures mechanisms for ongoing external stakeholder involvement to develop recommendations and provide input on implementation plans.

✚ **Develop actionable recommendations and corresponding implementation plans** that can be monitored over time.

✚ **Develop a monitoring plan** that provides regular progress updates to key stakeholders.