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Health in All Policies: Working Across Sectors in Cooperative Extension to Promote Health for All

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A Health in All Policies approach engages cross-sector stakeholders to collaboratively improve systems that drive population health. We, the members of the Extension Committee on Organization and Policy (ECOP)'s Health in All Policies Action Team, propose that adopting a Health in All Policies approach within the national Cooperative Extension System will better prepare us to contribute meaningfully to improving the nation's health. We first explain the Health in All Policies approach and argue for why and how it is relevant for Extension. We then present insights gathered from Extension Family and Consumer Sciences program leaders and state specialists to assess whether national and state leadership are poised to adopt a Health in All Policies approach within their affiliated programs. Although participant leaders saw the value of the approach in contributing to population health improvement, they generally saw the Extension system as having lower levels of readiness to adopt such an approach. Six themes emerged as ways to increase Extension's engagement in Health in All Policies: a paradigm shift within Extension, professional development of competencies, transformational leaders and leadership support, continued and new partnerships, information access for all levels and disciplines of Extension, and developing familiarity with the use of a health equity lens. We provide examples of some areas where Extension is already engaged in this work and make suggestions for next steps.

Keywords: Cooperative Extension, Extension, Health in All Policies, health equity, cross-sector collaboration, Health and Wellness Framework, ECOP Action Teams

Introduction

Health in All Policies is a "collaborative approach to improving the health of all people by incorporating health, equity, and sustainability considerations into decision-making across sectors and policy areas" (Rudolph, Caplan, Mitchell, Ben-Moshe, & Dillon, 2013). National and international public health organizations, such as the American Public Health Association (APHA, 2017), Centers for Disease Control and Prevention (CDC, 2016), and World Health Organization (WHO, 2017), regard Health in All Policies as a best practice for improving population health outcomes, and it has been adopted broadly (Rudolph et al., 2013).

The Health in All Policies Action Team was formed in 2015 as one of five Extension Committee on Organization and Policy (ECOP) Action Teams established to support a health implementation process for Cooperative Extension (Extension). The charge for the Health in All Policies Action Team arose from ECOP recognition that:

> improving population health will require collective resolve and action to address the social, economic, and environmental determinants of health. For Extension, it will also mean working in new ways to inform decisions about policy. It means working at the outer rings of a socio-ecological model, shaping the context in which people grow, learn, work, and play. Through health policy issues education, we inform and assist individuals and groups as they struggle to make decisions about the health issues that affect them and their communities. (ECOP, 2015, p. 2)

We identified the Health in All Policies approach as a potential framework to fulfill that charge. Through this paper, we intend to substantiate our recommendation that the national Cooperative Extension System should adopt a Health in All Policies approach, with delivery locally through state Extension programs, to better prepare Extension to contribute meaningfully to improving the nation's health.

Certain Extension program areas are traditionally aligned with health, such as Family and Consumer Sciences and 4-H Healthy Living. However, other program areas, such as Agriculture and Natural Resources, also have substantial health impacts. Increasing agricultural yield, for example, may have implications for farmworker health and safety, including occupational injuries, pesticide exposure, long hours, and other potential individual and community-level health effects. A Health in All Policies approach requires actively engaging those sectors not traditionally considered as part of the health landscape and proactively considering the effects of their programs and policies (Rudolph et al., 2013).

By leveraging Extension's role and capacity to work across sectors in communities, as presented in the Cooperative Extension's National Framework for Health and Wellness (Rodgers & Braun, 2015), and by fostering a new lens that considers health, equity, and sustainability in all policies and programs, Extension will be positioned to better serve local communities. Extension can emerge as a valued partner and leader in shaping policies, systems, and environments that support the health of populations, places, and economies and assure healthy choices and contexts in which people live, learn, work, and play.

Environmental Context and Health

It has been long known that human health is determined by a variety of biological and behavioral factors, including individual choices that help or harm health immediately or chronically over the life course (Bickenbach, 2015). We now realize that the environmental context, the places and conditions to which people are regularly exposed, substantially contributes to health outcomes as well. The quality of air, soil, and water that surround us are part of that context and affect human health, with the human influences on the environment, the structural and social features, also having health ramifications (WHO, 2008).

The structural (human-constructed) or "built environment" includes the design of and the ways that developed land is used and has great impact on health behaviors and health outcomes (CDC, 2011). This is reflected in the spatial patterning of health outcomes (Kawachi & Subramanian, 2007; LaVeist, Pollack, Thorpe, Fesahazion, & Gaskin, 2011) and in socioeconomic, racial, and ethnic health inequalities (Bleich, Jarlenski, Bell, & LaVeist, 2012; LaVeist et al., 2011; Marmot, 2005).

We have learned that social, cultural, physical, economic, and geographic environments, the social determinants of health, have a greater influence than medical care on how long and how well people live (McGinnis, Williams-Russo, & Knickman, 2002). Brownell and colleagues (2010) explain that although people are responsible for their individual choices, defined as the habitual decisions that affect their health, these choices are made and habits are influenced by the social, cultural, and environmental contexts in which choices are enacted. These contexts are strongly influenced by national and state government policies, as well as policies formed by local leaders – city planners, employers, school districts, public service agencies, and community organizations. These policy choices shape the social determinants of health and resource systems that either contribute to or detract from health equity (Brownell et al., 2010). For example, populations that have easy access to safe places to walk; convenient and affordable recreational facilities; public transportation connectivity; and live in well-planned, mixed-land use communities are more physically active than those without such built environment features (Auchincloss & Diez Roux, 2008; Galvez, Pearl, & Yen, 2010; Sallis & Glanz, 2009). The widespread lack of such environmental elements is thought to be a contributing factor in the U.S. obesity epidemic (Galvez et al., 2010; Sallis & Glanz, 2009).

Similarly, school and work environments can affect diet; physical activity; and the use of tobacco, alcohol, and other drugs (Katz, 2009). In schools, health is influenced by school food service menus, vending machines, recess access, and health and physical education. Workplaces affect health through workplace safety, access to healthcare, on-the-job physical demands, and stress.

Considering Policies and Policymakers

A Health in All Policies approach acknowledges that decisions made and programs implemented, even those not shaped within the traditional health sector, have the potential to impact human health, both positively and negatively (Rudolph et al., 2013). As Rudolph and colleagues (2013) noted, adopting such an approach requires raising awareness across sectors and among decision makers to a cursory understanding of this reality at a minimum, and preferably, a deeper understanding of the import of this perspective. Such awareness can lead to proactively incorporating health considerations into the decision-making process in order to maximize positive and minimize negative human health impacts (Rudolph et al., 2013).

A foundational goal of Health in All Policies is that decision-makers, from all sectors and at every level, understand their sector's broad influences on health and the disparate health consequences of various policies during the program or policy development process (Association of State and Territorial Health Officials [ASTHO], 2013). Health in All Policies work is structured through the collaboration of "usual" and less traditional partners. The usual partners are the health sector entities, such as healthcare systems, public health, human service, and healthy people organizations and agencies. The less traditional are the public and private, organizational and governmental agencies that have not traditionally considered health impacts, such as land use, planning, transportation, housing, industry, business, economic, and environmental sectors (APHA, 2017; WHO, 2017).

Health in All Policies collaborations can build upon previous public health policy efforts, such as water fluoridation (engaging local water districts), tobacco restrictions (engaging business/industry and local/state governments), seatbelt and child restraint requirements (engaging industry, transportation, state governments, and local law enforcement), and school policies that require physical activities for students (engaging government, agriculture, and education at national, state, district, and school levels) (Rudolph et al., 2013).

In response to complex contemporary health issues, siloed resource systems, and shrinking budgets, Health in All Policies provides an approach that engages across sectors and stakeholders to collaboratively improve systems and optimize significant drivers of population health, equity, and sustainability.

As communities are asked to do environmental impact assessments before moving ahead with a project, health impact assessments, a tool of Health in All Policies work, can be completed to encourage these collaborations and promote a system perspective about health (ASTHO, 2013). The semi-structured, health impact assessment process can compel the players to acknowledge the possible future and past impacts of their activities on health, mitigating the negative health impacts of policies already in place while constructing new and better policies to encourage positive health outcomes (ASTHO, 2013).

Health in All Policies and the Role of Cooperative Extension

For over 100 years, the Cooperative Extension Service has been a national, multisectoral system (U.S. Department of Agriculture [USDA], n.d.). The Cooperative Extension Service (CES) works broadly, through its own programs and policies and as a public organizational partner, toward strengthening agricultural and rural economies; enhancing natural resource ecosystems; and developing healthy consumers, families, and youth. As the outreach arm of public, Land-grant Universities (LGU), Extension translates research into informational and educational resources in each state and territory across the U.S. Within states, place-based educators

working directly with communities have developed strong, enduring relationships. These relationships include providing trusted information, consistent engagement, and reporting impacts (USDA, n.d.).

Successful Health in All Policies initiatives have several factors in common. These factors include promoting health, equity, and sustainability; supporting intersectoral collaboration; benefiting multiple partners; engaging stakeholders; and creating structural or process changes (Rudolph et al., 2013). Each of these is aligned with how Extension ordinarily operates. Extension efforts often focus on various dimensions of human health and development, striving to be equitable and sustainable. Many of Extension's programs and programming innately have these core health promotion and intersectoral elements, involving multiple stakeholders to target agriculture, food and nutrition, positive youth development, career and economic development, public lands use, and natural resources and ecosystems.

Additionally, Extension has the infrastructure and network to engage communities in uncovering how policies are developed and in learning how implemented policies can affect their health and equity. Extension can build upon its current expertise and ways of working in communities to create the potential for it to be an influential organizational leader in solving the "wicked" and interrelated population health challenges we face today. For example, Extension professionals could educate communities about the various micro-, meso- and macro-level policies that shape the environmental context of our communities that differentially impact residents. Those professionals can also conduct research-based assessments of health impacts to more fully inform the understanding of that environmental context. Finally, Extension can facilitate more engaged public policy discussions to sustain the conversation around potential population health, equity, and sustainability outcomes of local, state, and national policy agendas.

Therefore, in theory, CES is poised to engaged in Health in All Policies initiatives. Our questions are whether Extension faculty and staff are aware of the Health in All Policies approach and whether they feel prepared and motivated to engage with it.

To help answer these questions, the Health in All Policies Action Team gathered insights from Extension Family and Consumer Sciences (FCS) program leaders and FCS and Nutrition state Extension specialists to assess whether national and state Extension leaders were ready to adopt a Health in All Policies approach within their affiliated programs. The intent was to gather information to identify barriers and facilitators to adopting a Health in All Policies approach in the Cooperative Extension System, beginning with the program areas more traditionally associated with health. This approach was taken to help develop Extension-specific examples and talking points that could be incorporated into assessments and education across the program areas that may be less familiar with considering their programming in health-specific terms.

Methods

We used a two-step process to establish awareness and shared meaning about Health in All Policies and then to gather insights to inform future actions and efforts to implement the approach. As a first step towards raising awareness, one of this paper's authors produced an interactive, informational webinar, Building Cooperative Extension's Capacity to Support Health in all Policy Issues Education: A Case for Strategic Planning (John, 2015), which was presented via eXtension's Creating Healthy Communities Community of Practice (CoP) in October of 2015.

Participants included over 35 national and state FCS-affiliated program leaders who had been invited by email to participate in advance of the 2015 annual meeting of the National Extension Association of Family and Consumer Sciences (NEAFCS). The presentation included an overview of why Extension needs to work effectively across social ecological levels; how policy, systems, and environmental strategies can help us do so; and how a Health in All Policies approach is aligned with and can be embedded in Extension work.

Data Collection

A follow-up in-person session was held the following month at the 2015 NEAFCS annual meeting in West Virginia. Three Health in All Policies Action Team members used the webinar content as an informational prompt to facilitate discussion among over 50 state FCS program leaders, state FCS specialists, and national USDA FCS program leaders. In small groups, the participants responded to the following four open-ended questions developed by the Health in All Policies Action Team to elicit awareness of Health in All Policies and to inform efforts to implement the approach across Extension:

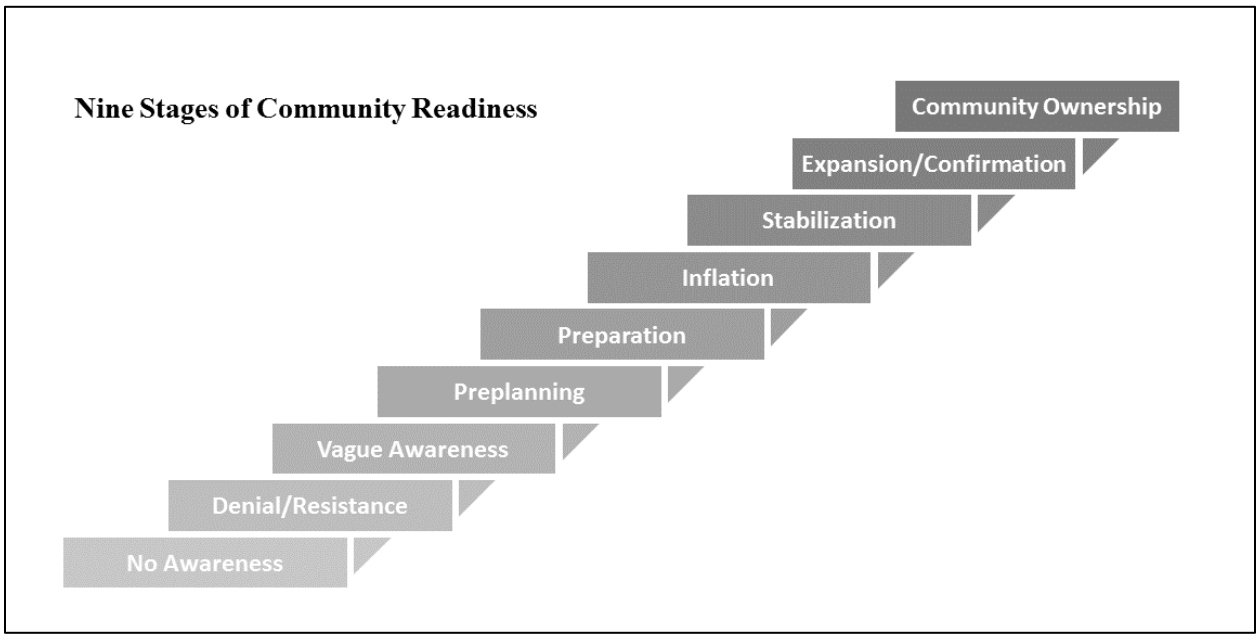
(1) What is needed to equip FCS program leaders, and state and county staff with knowledge, skills, and attitudes around health policy (multisector partnership, policy conversations, population health/health disparities, etc.)?
(2) What is needed to foster sustainable networks for Extension peer mentoring and professional development related to this topic?
(3) What is needed to connect state/regional efforts and outcomes to the ECOP Health in All Policies work group to strengthen the visibility and value of Extension in this area?
(4) What is needed to develop methods and metrics for evaluating outcomes and impacts – redefining the national FCS indicators for reporting program success?

Group facilitators transcribed all responses collected during the discussion.

Data Analysis

After the meeting, Health in All Policies Action Team members coded the transcripts across six dimensions of Extension's "community readiness" for adopting a Health in All Policies approach: knowledge of issue, current efforts, knowledge of efforts, available resources, community climate, and leadership (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). Using the Edwards et al. (2000) framework, qualitative indicators were organized into a 9-level, criterion-anchored rating scale ranging from 1 (no awareness by community or leaders as an issue) through 9 (high level of community ownership). Figure 1 illustrates the nine levels of this scale.

Figure 1. Stages of Community Readiness (adapted from Oetting et al., 2014)



Results

As shown in Table 1, FCS leaders perceived the Extension system as currently having low levels of readiness to adopt Health in All Policies as an approach to contribute to population health improvement in the communities Extension serves. Based on grouping of coded indicators, knowledge-related dimensions emerged lowest, around level 2 of the readiness scale or Denial/Resistance, defined as little recognition of the issue across the system. The available resource dimension emerged highest at near level 4 or Preplanning, where importance is acknowledged, but knowledge and resources are limited.

Table 1. Community Readiness Ratings across Categories

Dimension	Readiness Score
A – Current Efforts	2.75
B – Knowledge of Efforts	2
C – Leadership	3
D – Climate/Attitude	2.5
E – Knowledge of Issue	1.75
F – Available Resources	3.75
Overall Community Readiness (average of all dimensions)	**2.6**

Key for Readiness Score Scale: 1-No Awareness, 2-Denial/Resistance, 3-Vague Awareness, 4-Preplanning, 5-Preparation, 6-Initiation, 7-Stabilization, 8-Expansion/Confirmation, 9-Community Ownership

Overall, Extension community readiness to adopt a Health in All Policies approach was determined to be near level 3, a vague awareness of Health in All Policies, but with limited knowledge and no immediate motivation to act.

Health in All Policies team members also independently and iteratively coded the transcripts by using directed content analysis to identify emergent themes that reflected perceived resources and capacity to address Health in All Policies within Extension (Hsieh & Shannon, 2015). Six themes were identified that aligned with the resource and capacity components of community change. The following six themes are areas Extension would need to address in moving towards adopting a Health in All Policies approach: (1) a paradigm shift within Extension, (2) professional development of competencies, (3) transformational leaders and leadership support, (4) continued and new partnerships, (5) information access for all levels and disciplines of Extension, and (6) developing familiarity with the use of a health equity lens.

Paradigm Shift

Although a Health in All Policies approach is consistent with much of how Extension works, moving from working on behavior change through direct education to working to change the behavioral context and systems was seen by participants as a deep shift that would require developing a system-wide shared vision and value for this new way of working. The metrics Extension uses to measure success are all directed towards individual behavior change, rather than toward context and system level change.

Participants felt it would be necessary to develop a common language and understanding about the meaning of a number of terms and activities. This included unpacking the definition of health as multidimensional (i.e., physical, mental, social, behavioral, cultural, etc.), clarifying

what is considered policy work (i.e., not all policy is legislative policy [big P] and much is locally and organizationally [little p] instituted), operationalizing "health equity lens," and clarifying how advocacy differs from lobbying and builds on our educational model. They noted that "health" would need to be integrated explicitly as an objective into national, regional, and state Extension strategic plans in order to justify resource allocation and funding for Health in All Policies activities.

Professional Development of Competencies

Participants explained that moving to a Health in All Policies perspective would require a substantial investment of resources to ensure that personnel within the Extension system develop competencies appropriate to their positional levels across all categories of skills needed for impactful population health work. These included recruiting and retaining people with specific expertise in health and public health; building on the facilitation, planning, and evaluation skills of existing personnel through trainings and with capacity-building tools; increasing the level of health and policy literacy within Extension; prioritizing time for planning, training, and taking action; and identifying appropriate funding mechanisms. This new area of professional development will require identifying where there is already expertise within the Extension system and connecting with external experts at the local, state, and national levels.

Transformational Leaders and Leadership

Support from leaders and administrators at all levels of Extension and the LGU system was seen as crucial for action and success. They were seen as keys to providing clarity for Extension's role in policy, systems, and environment work and to galvanizing state-level stakeholders in support of the effort. Although only FCS leaders took part in the discussion, participants recognized the need to engage leaders from across program areas (i.e., youth development, nutrition, agriculture and natural resources, community development, among others) and from across academia (particularly in public health) as advocates. Leaders were seen as key voices to explain this shift in thinking, to allocate resources and expertise, and to provide strategic guidance for helping efforts to be proactive rather than reactive.

Partners/Collaborators and Partnerships

Because the Health in All Policies framework is a collaborative process at its core, participants noted the need to identify cross-sector and cross-Extension stakeholders with shared values and priorities. These include academic partners with expertise in Health in All Policies work, as well as community partners at all levels, including regional and multi-state. Partnerships could benefit from contracts, memorandums of understanding, interagency agreements, and the like to formalize collaborative efforts. Local level collaborators, such as community and neighborhood

organizations who are those most proximal to the more traditional Extension audiences, were seen as key partners. FCS leaders suggested seeking funds collaboratively as a way to help assure the partnership is recognized. County government partners also play a crucial role partly because of the current funding model that has counties sharing responsibilities for financially supporting local Extension offices. Therefore, county governmental partners would both need to understand and value a Health in All Policies approach for it to be successful.

Communications/Information Access

Shared language and clear and efficient communications were noted as essential for effective adoption and implementation of a Health in All Policies approach. Participants stated that there will need to be both internal mechanisms for sharing information about efforts within programs, across the Extension system, and within the USDA National Institute of Food and Agriculture, as well as external academic and practice-based dissemination of strategies, and broader external marketing campaigns to communicate health-focused priorities to stakeholders.

Health Equity Lens

Participants saw Health in All Policies as an approach requiring familiarity with social determinants of health, new metrics related to systems-level outcomes of policy action, as well as collective impact. This new way of working will also require information about, access to, and competency with population-level behavioral data and other large-scale data sources (such as epidemiological data, geographic information systems, and census data) in order to link policy change to targeted behaviors at the population level to achieve health equity.

Conclusions

This study suggests that, at least within the Family and Consumer Sciences program area, members of Extension had a low level of awareness of Health in All Policies. In discussion, though, they saw it as a potentially viable approach for Extension to use to incorporate health, equity, and sustainability considerations into decision-making across sectors and policy areas. Informants also noted several resource and capacity considerations associated with Extension adopting the Health in All Policies approach. Raising awareness about how the Cooperative Extension System could systematically incorporate a Health in All Policies approach is a necessary starting point for more fully engaging leadership, faculty, and staff in this effort.

Recommendations

The Cooperative Extension System and the communities Extension serves would benefit from considering how to integrate health-focused work across program areas (Rodgers & Braun,

2015). Although we may have discrete program goals aimed at healthy economies (such as through agriculture and food system development), a healthy planet (such as through forest land management and ecosystem resilience), and healthy people (such as through positive youth development, nutrition, and chronic disease prevention), we have much to gain by synergy for human health impacts.

Traditionally, Extension has worked at the level of the individual, through direct programming, and has evaluated effectiveness as a count of audience reached, knowledge gained, and behaviors changed. As our National Framework for Health and Wellness illustrates (Rodgers & Braun, 2015), Cooperative Extension is a system positioned to transform. We have been challenged to consider a broader, systems-level framework to supplement and increase the reach and effectiveness of our traditional direct education delivery, an intervention approach that takes considerable individual effort for little population health effect (Frieden, 2010). We had previously considered, and through further reflection, believe that a Health in All Policies approach provides the needed broader framework. Extension's multilevel federal, state, and local partnership engages a complex and large network of professionals who could bring valuable expertise to this Health in All Policies programmatic direction.

One example of transformation in practice is the contribution of a number of state Cooperative Extension Services to the Supplemental Nutrition Assistance Program Education (SNAP-Ed) obesity prevention toolkit for states (USDA, 2017). This compendium of multi-level strategies and interventions features evidence-based policy, systems, and environmental change and evaluation tools motivated and supported by the funder that re-characterized SNAP-Ed programming to address not only direct nutrition education but also to work upstream systematically. By so doing, it facilitates greater and more lasting impact by helping to change the contexts in which economically vulnerable populations enact choices. As our readiness assessment demonstrates, although there are pockets across Extension that have embraced this approach, it is not yet pervasive.

What follows are additional examples of how Extension can and does work across programs, sectors, and sociological levels in ways that could align with a Health in All Policies approach.

Translational science. Extension can facilitate healthy community change by mobilizing Extension professionals to raise awareness of local health issues and identify need for policy and systems change. Extension employs professionals who are experts in their disciplines and chosen fields of practice, with an expectation that they will translate their research knowledge into actionable information to serve their communities. With training, these subject matter experts could have a practical understanding of how health plays out in all Extension policies and programs. Tapping into those translational skills, trained Extension professionals can decipher the epidemiology of community health issues to further explain trends and highlight the

health and equity issues. Given that Extension professionals and Extension research facilities are embedded in communities, they can help frame issues and discuss solutions based on the priorities set by various community stakeholders, policy makers, and politicians.

Using a Health in All Policies lens, Extension, as a highly trusted information source, can provide detailed, community-supporting background on these issues; identify gaps in policies that disproportionately burden some groups more than others; and inform on best policy practices and system efficiencies.

Facilitating multisectoral collaboration. Changes to the health of a community come from working across all sectors of influence, such as health, education, business, public health, government, human services, and community organizations (Marmot, 2005; Resnik, 2007). For example, transportation policies can encourage physical activity (pedestrian- and bicycle-friendly community design); school policies can improve access to local agriculture in school meals and physical activity for all students; and natural resource and land use policies can affect housing, agricultural production, and recreation. Working with only one sector is not an effective way to gain long-term sustainable changes. Infusing health into all policies requires intersectoral efforts. Extension often works across levels of influence and engages partners to come together around issues of improvement. Whether partnering with neighborhood schools, businesses, or councils or working with intersectoral grant teams to discover and solve community problems, Extension already reaches across divides to bring needed programming to the people and places it serves and to benefit multiple partners. Mutually beneficial collaborations are a part of Extension's strength. Much of Extension's work would not progress without stakeholder engagement, shared vested interests, and mutual gains resulting from collaborative and cooperative efforts. Extension is experienced in providing this sort of cross-sector information and analysis for decision making in policy areas from affordable housing (Thering, 2009) to hydraulic fracturing (i.e., fracking) (Peek et al., 2015). Introducing health as one of the considerations would bring additional stakeholders into the conversation.

Another way that Extension can facilitate Health in All Policies efforts is to be the conduit that brings the different sectors together to begin the dialogue and work on creating change. Extension professionals can help identify key influencers that need to be included in the discussion. These influencers may range from community leaders to government and private sector staff. Assembling an informed group of people is necessary in understanding the focal health issue, what each individual sector is currently doing, what efforts can be brought together, and what other efforts are needed. Streamlining resources is necessary to prevent duplication of efforts and to have one solid voice within the community. Multiple efforts with varying messages can pollute efforts and confuse the community. Extension bringing together key influencers can help focus efforts for a larger, collective impact.

Dissemination and training. Because of Extension's reach across sectors, Extension can also be used as a channel of dissemination for changes to policies that have been made. Extension has direct lines of access within communities and can help inform the public on policy implementation, changes, and implications. Extension is a resource for information for its communities and can provide education to the public on how they are, or could be, impacted by policies. Extension personnel can coordinate their resources and assist with facilitating place-based information to concentrate the messages in areas of highest need, impact, and effort.

Extension's efforts and effectiveness are increased when we expand our audience beyond the general public. By providing education to other organizational professionals, we can prepare them to facilitate Health in All Policies within their home organizations. Whether the organization is a place of worship or the local courthouse, health improvement efforts have to occur on multiple levels, through multiple venues, and in multiple settings. Extension professionals can implement train-the-trainer types of settings to further Health in All Policies work.

Implications for Practice

There is movement towards incorporating more upstream, systems level work in Extension efforts to better address health inequities and the social and structural barriers that determine the ability of individuals and groups to easily make informed choices about their health (Andress & Fitch, 2016; Auguste, Garcia, Headrick, & Shelnutt, 2017). At the same time, there are substantial challenges to expanding this effort. Incorporating a health and health equity-focused systems model throughout Extension and across program areas will require first increasing the perceived value of these impacts and then targeting professional development within the system. As the program leaders responding to our readiness assessment noted, in order for Cooperative Extension Health in All Policies initiatives to be successful, and in order to justify resource allocation and funding, "health" will need to be explicitly integrated as an objective into strategic planning system-wide. Preliminary efforts to do this at the national level have begun through the "Healthy Food Systems, Healthy People" initiative that calls for collaborations and integration among agriculture, food, nutrition, and health care systems in order to improve health and reduce chronic disease (Association of Public and Land-grant Universities, 2016).

The results of this study also pointed out the need for skills-based professional development training to support Health in All Policies work. The ECOP Health in All Policies Education team launched the first steps in that effort and developed an online training module to begin to build Health in All Policies capacity of Extension practitioners as partners in decision-making processes and outcomes around health. This online course illustrates how Health in All Policies can be used as a strategy for achieving population health outcomes. It also advocates for Extension professionals to adopt a Health in All Policies approach within their programs and to

work across disciplines in Extension programmatic areas when engaging in this work. This free, online course, Extension Health in All Policies: Building Cross-Program Awareness for Health Impacts of Decision-Making, is available at https://pace.oregonstate.edu/catalog/extension-health-all-policies-hiap. Additional trainings that support the development of specific competencies that staff need in order to engage successfully in Health in All Policies, similar to public health competencies, could be adapted to be specific to the Extension system.

Systematically pursuing Health in All Policies initiatives will also require outreach to our community partners and stakeholders to help expand their sense of who Extension is and what we are capable of doing. Support for this outreach will need to incorporate evidence of the reach and effectiveness of Health in All Policies approaches. These evaluation activities will require systems-level approaches to evaluation that incorporate sophisticated quantitative and qualitative methodologies that move beyond some of the more traditional approaches to evaluating direct service programming (Thering, 2009; Trickett et al., 2011).

Advances in systems science methodologies offer particular promise in uncovering both powerful general strategies and the means to tailor them for sustainable application in specific communities (Economos & Hammond, 2017). These can be incorporated into practice-based frameworks for Health in All Policies evaluation (Gase et al., 2016).

This preliminary work in assessing the Cooperative Extension System's readiness and needs focused on the program areas most likely to be familiar with and experienced in a Health in All Policies approach – those in Family and Consumer Sciences. Although this is a limitation in that the broader Extension community is not represented, we felt that starting with an audience somewhat familiar with the topic would allow us to identify Extension-specific "talking points" for those for whom the concept is less familiar.

Going forward, it is important to recognize that a Health in All Policies effort is by its nature cross-level and multisectoral. Efforts to raise awareness and competencies in this approach will need to expand to engage the agricultural, natural resource, community development, and other program areas and to incorporate field staff and volunteers, as well as program leaders and specialists. A successful implementation requires awareness, buy-in, and training throughout the Cooperative Extension System.

Finally, in order for Health in All Policies work to be widely taken up and to become sustainable within the Cooperative Extension System, it will need to be labeled as a priority and funded as such. The funding can come from cross-sector competitive opportunities from partnered sponsors, both traditional ones, such as the U.S. Department of Agriculture, and new partnerships, such as the recent joint efforts between 4-H and the Robert Wood Johnson Foundation, to fund efforts aligned with building a community culture of health.

Although there are challenges to adopting and working within a Health in All Policies framework, by embracing this approach, Extension can substantially enhance its contributions to improvements in population health to help meet our 21st century goal to "increase the number of Americans who are healthy at every stage of life" (Braun et al., 2014, p. 4).

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