12-01

STATEMENT OF POLICY

Health in All Policies

Policy

Health in All Policies (HiAP) is a change in the systems that determine how policy decisions are made and implemented by local, state, and federal government agencies to ensure that policy decisions have beneficial or neutral impacts on the determinants of health. HiAP strategies are meant to ensure that all policies and services from all sectors have beneficial or neutral impacts on the determinants of health.[1]

The National Association of County and City Health Officials (NACCHO) recommends distinct roles and responsibilities for different agencies to advance the use of HiAP. To incorporate a HiAP framework, federal, state, and local government agencies should conduct the following activities:

- Adopt a HiAP approach during the policy-making process in order to ensure that policies made outside of the health sector have positive or neutral impacts on the determinants of health.
- Provide funding, training, and technical assistance for local health departments to ensure that they can assume a leadership role implementing a HiAP approach at the local level and determine the best strategies for implementing HiAP locally. These investments should be made early in the process because time and funding are necessary to build the capacity to generate cross-agency collaboration before work begins on any program or project development.
- Facilitate cross-sector partnerships through enhanced communication and collaboration between agency leadership.
- Identify and showcase successful examples of cross-agency work, from within and across sectors, and provide models for collaboration.
- Establish a consistent evaluation framework for local health departments to use to identify long-term goals and strategies and ascertain progress toward them over time.

To facilitate a HiAP approach at the local level, health departments should conduct the following activities:

- Foster political will at the decision-maker level and work upstream and downstream to implement a HiAP approach.

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- Develop metrics of success to use in negotiating cross-agency collaborative processes and work to translate public health data and terminology for other sectors.
- Take a leadership role to implement HiAP at the local level, including identifying the best strategies for implementing HiAP in the local health department jurisdiction.
- Educate local, state, and federal policymakers about the value of HiAP.
- Develop metrics and milestones to measure the effects of a HiAP approach or policy on health outcomes. Successful initiatives have been able to tie funding to a shared set of metrics for evaluating success.
- Engage a wide variety of partners from the non-health sector whose work influences the social determinants to health to effect improvements in health outcomes through a collective impact model.
- Participate in or lead health impact assessments (HIAs) as a way to influence non-health sector decisions that have health impacts. HIA can be used as a tool to implement a HiAP approach and to educate policymakers.

Justification

HiAP is a strategy that assists leaders and policymakers in integrating considerations of health, well-being, and equity during the development, implementation, and evaluation of policies and services. HiAP explicitly addresses decisions made outside the health sector that significantly impact public health. Ensuring that health is considered in the policy formulation process creates opportunities for policy decisions to achieve the non-health agency mission and minimize or improve the policy's impact on health.[1] Public health literature has identified seven interrelated strategies for incorporating HiAP into decisions and systems: (1) developing and structuring cross-sector relationships; (2) incorporating health into decision-making processes; (3) enhancing workforce capacity; (4) coordinating funding and investments; (5) integrating research, evaluation, and data systems; (6) synchronizing communications and messaging; and (7) implementing accountability structures.[2]

Policy decisions made outside the health sector impact the determinants of health. Researchers and policymakers are increasingly recognizing that health is determined by more than just healthcare.[3] For example, recent research suggests than only 10% of health is determined just by healthcare itself. Determinants of health also include personal, social, economic, and environmental factors that greatly influence risk for injury, disease, and stress. The determinants of health can be divided into individual behavior, genetic predisposition, social factors, healthcare, and environmental exposure. Local health departments have focused increasingly on policymaking either to directly impact population health (e.g., prohibiting trans-fats in prepared foods) or to change the environment to support healthier choices (e.g., tobacco taxes).[4]

Many of the social factors that determine health are largely influenced by measures that are often managed by government sectors other than the public health sector. The social determinants of health include quality schools and educational opportunities; access to jobs,

education, and other opportunities without discrimination; various socioeconomic conditions such as poverty; transportation options; public safety; and residential segregation. These factors are often managed outside the health sector. For example, transportation options are shaped primarily by Congress (through the transportation reauthorization); federal, state, and local departments of transportation; metropolitan planning organizations; and citizens engaged in the planning process.

The same is true for the physical determinants of health, which include many of the issues addressed by environmental public health practitioners. These factors include the natural environment, such as plants, climate change; exposures to toxic substances and hazards; the built environment; worksites, schools, and recreation settings, housing, homes, and neighborhoods. While public health recognizes the importance of the physical determinants of health, decision-makers shaping these factors have policy goals that are primarily unrelated to health. As a result, decisions shaping these physical determinants of health are often made without consideration to their health impacts.

HiAP can be used at all levels of government and in the non-government sector. The creation of the National Prevention Council formed after the passage of the Affordable Care Act, is a strategy to achieve HiAP at the federal level. The Council included federal agency leaders that manage diverse sectors, not just health. These include, for example, the Transportation, Labor, Education, and Justice departments. Chaired by the Surgeon General, the Council has developed the National Prevention Strategy. According to the Strategy, "prevention should be woven into all aspects of our lives, including where and how we live, learn, work and play. Everybody—businesses, educators, health care institutions, government, communities and every single American—has a role in creating a healthier nation."[5]

State and local governments can act in multiple ways to ensure participation in HiAP across all departments or agencies. At the local level, the institutionalization of HIAs has been cited as one strategy to achieve HiAP. [6,7] HIAs are a strategy for achieving HiAP and are not mutually exclusive. For example, the San Francisco Department of Public Health, Los Angeles County Department of Public Health, Harris County (TX) Public Health, and Prince Georges County (MD) Health Department have all successfully incorporated HIA as routine practice.[7-11]

A wide variety of other strategies to achieve HiAP might be more suitable for some jurisdictions. Local health departments can benefit from the experience of other local health departments, states, and countries that have used different approaches to achieve HiAP. For example, the South Australian Health Department uses a health lens analysis at the policy formulation stage in all government agencies. Their approach is based on the recognition that "traditional HIA is most effective when applied to an existing policy or proposal…with clear plans and proposals. On the other hand, the HiAP health lens operates within a policy development environment where the general policy intent is known but existing draft policies frequently don't exist"[12] This approach can be translated into local public health practice. For instance, local health departments may train sister agencies about how to assess potential

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policies using various health lenses. Local health departments can also reframe health lenses to ensure that environmental public health and health equity are considered when non-health agencies form new policies. This approach supports the development of healthy public policies and can be supplemented by targeted HIAs (once a clear policy or plan is recommended).

Public health surveillance may be combined with health lens analysis and HIA to create a powerful change in the systems that shape social and physical environment. For example, a public works department trained to use a health lens may be required to inform the local health department to perform a health lens analysis and make recommendations during policy formulation. This enables the local health department sufficient time to educate its community stakeholders, who, in turn, may recommend conducting an HIA if there is still concern that the recommended policy does not address the community's concerns about potential health impacts.

Ordinances and executive orders are two other strategies to achieve HiAP. For example, King County's (WA) Ordinance 2010-0509 defines the "just and fair" provisions of its countywide strategic plan by specifying 14 determinants of equity that are also determinants of health. Moreover, the ordinance directs the executive to "apply equity and social justice foundational practices to county actions and endeavor to integrate these practices into the county's: strategic, operational and business plans; management and reporting systems for accountability and performance; and budgets in order to eliminate inequities and create opportunities for all people and communities."[13] In 2014, Mayor Dwight C. Jones of the City of Richmond, Virginia, approved the adoption of Resolution No. 2014-R262 "to adopt the Health in All Policies approach for the City of Richmond in the form of a 'Policy for HiAP Framework.'"[14] The resolution commits the City of Richmond to "incorporate Health Considerations into decision-making across all departments and policy areas."[14] In Chicago, a HiAP resolution was passed in 2016. The resolution also called for the creation of a Health in All Policies Task Force to ensure that health is considered in decision-making across city government.[15] This shows that local health departments can play a role in implementing similar approaches in their jurisdictions by educating legislators and executives about the successful efforts in King County, City of Richmond, and City of Chicago.

Local health departments are best positioned to implement HiAP in their jurisdictions. Local health departments can choose from a variety of strategies that lead to HiAP, which they can implement as part of public health practice. As an office or administrative unit of government responsible for the health and well-being of a population smaller than a state, HiAP efforts are consistent with the 10 Essential Services and the Operational Definition of a Local Health Department.[16,17]Given their mission to protect public health, their traditional role as a convener, and connections to communities, local health departments should be the sources of local leadership in HiAP. In addition, HiAP fits with ongoing efforts to improve population health through policy, systems, and environmental change strategies.[18] Local health departments can decide whether and how to implement HiAP as a part of community

assessment and planning, thereby making HiAP implementation at the local level a public health practice.[18]

Funding agencies interested in supporting HiAP nationally can provide resources to local health departments to implement HiAP while allowing them flexibility in determining appropriate actions to achieve HiAP. Funding agencies have the opportunity to help implement HiAP approaches nationally through the following actions:

- Funding local health departments to implement HiAP at the local level.
- Providing technical and other assistance to help local health departments implement HiAP locally.
- Offering professional opportunities for local health department practitioners to educate policy-makers at the local, state, and federal levels about HiAP.

Funding requirements should be sufficiently flexible to enable local health departments to pursue HiAP in the way that fits best with the local situation.[19] Funding for improving health lens analysis to ensure adequate incorporation of environmental public health and health equity issues and the latest science could also be valuable. Technical assistance could include case studies of HiAP successes, educational materials about health lens analysis, and local health department staff training about how other sectors make policy decisions. The direct experience of local health department practitioners implementing HiAP locally can provide valuable lessons for implementing HiAP in other jurisdictions. In addition, it empowers local health department practitioners in their efforts to educate policymakers about the value of implementing HiAP at the state and federal levels. By supporting local health department professional activities involving education and dissemination, funding agencies can have an impact on promoting HiAP on a national scale. Ultimately, such a ground-up approach to HiAP may have the most enduring impact on the determinants of health, since many decisions that shape the environment start at the local level.

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