



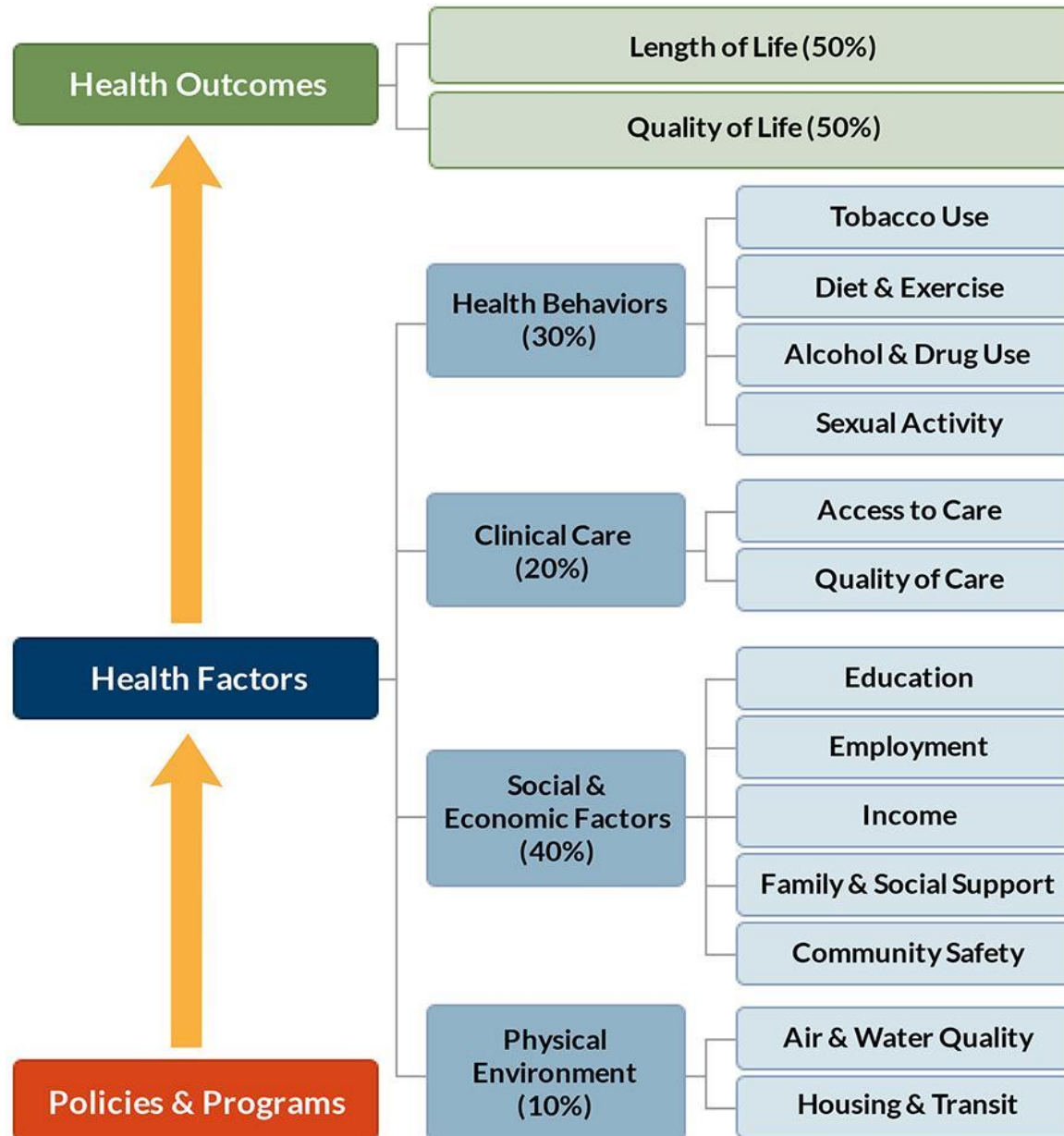
Health in All Policies  
*Creating healthier, more vibrant and  
equitable communities*

# What is health?

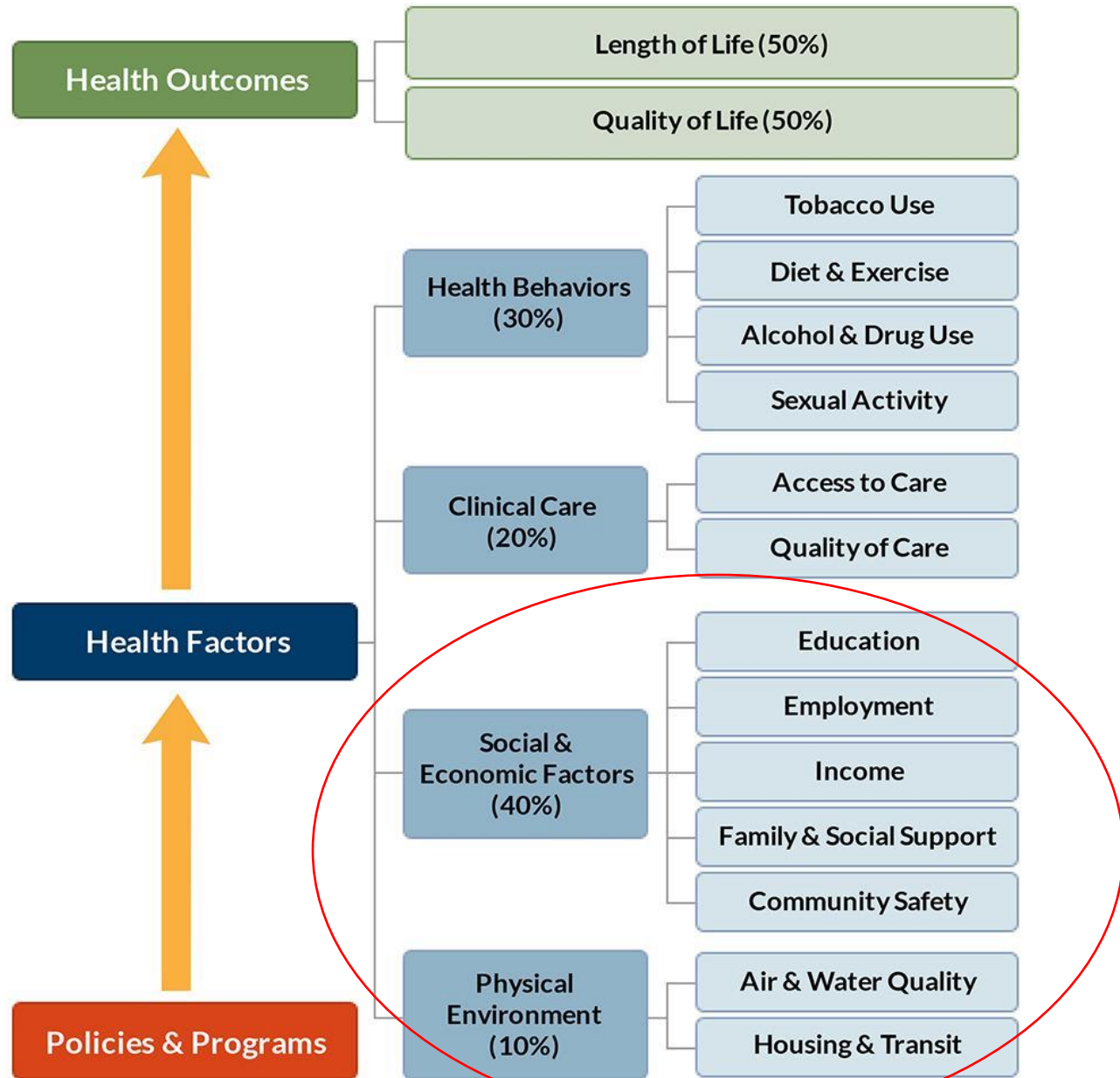
“Health is a state of complete physical, social, and mental well-being, not merely the absence of disease or infirmity.”

-World Health Organization 1948, 1986

# What Shapes Health?



# What Shapes Health?



To Improve Health We Need to Work Towards Health Equity

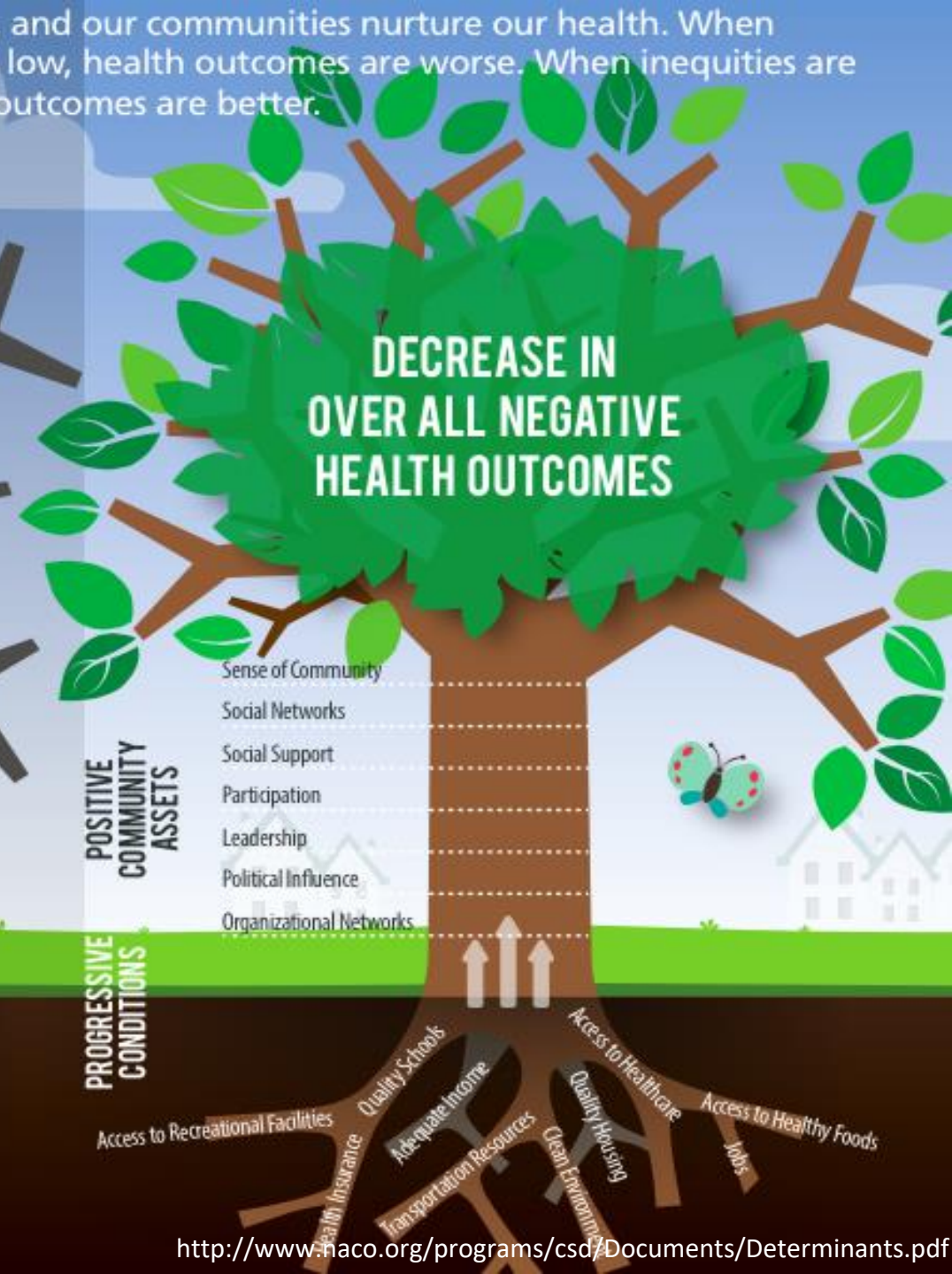
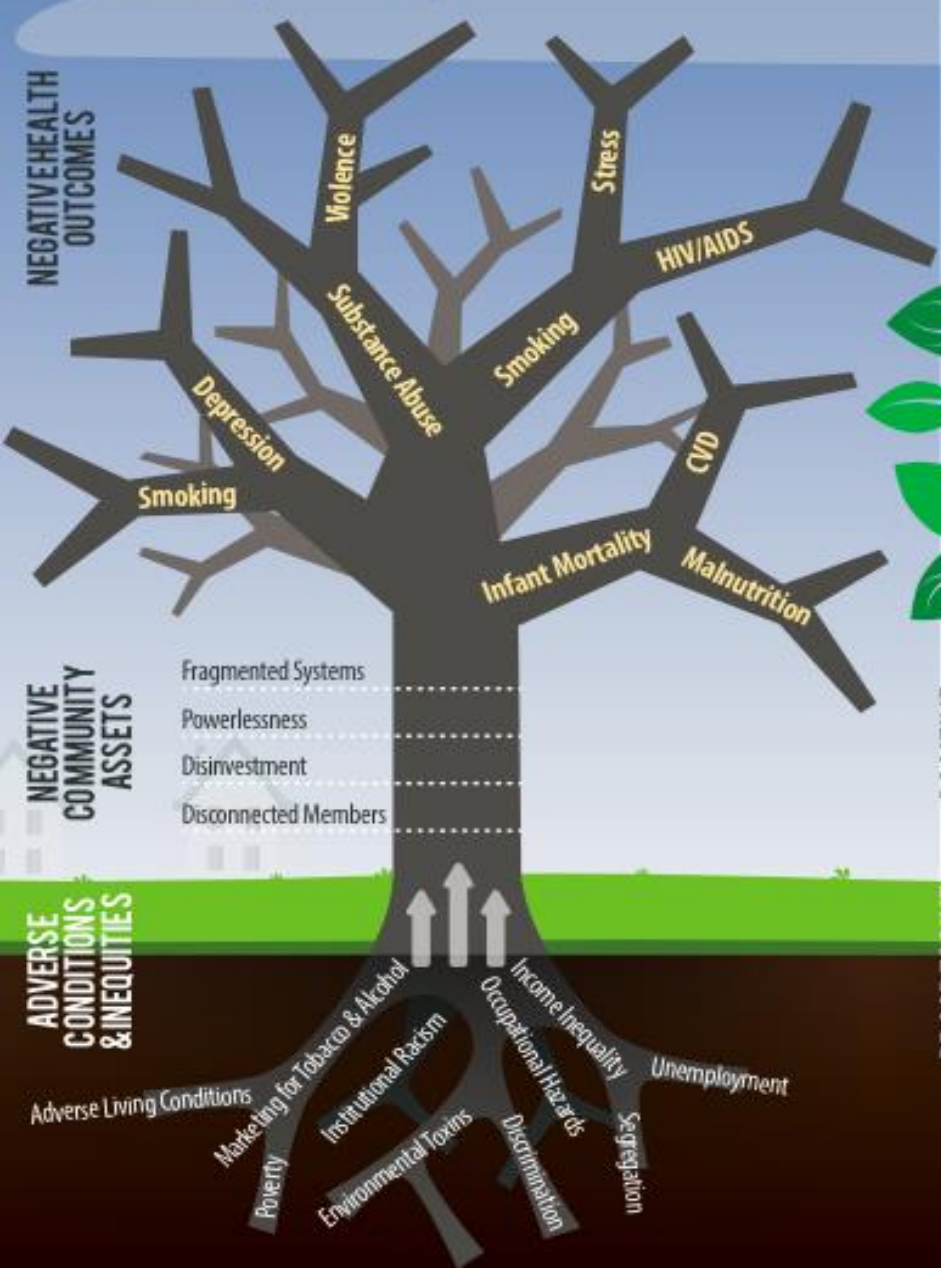
***Health equity means that everyone has a fair and just opportunity to be healthy.***

***This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.***

**-RWJF 2017**

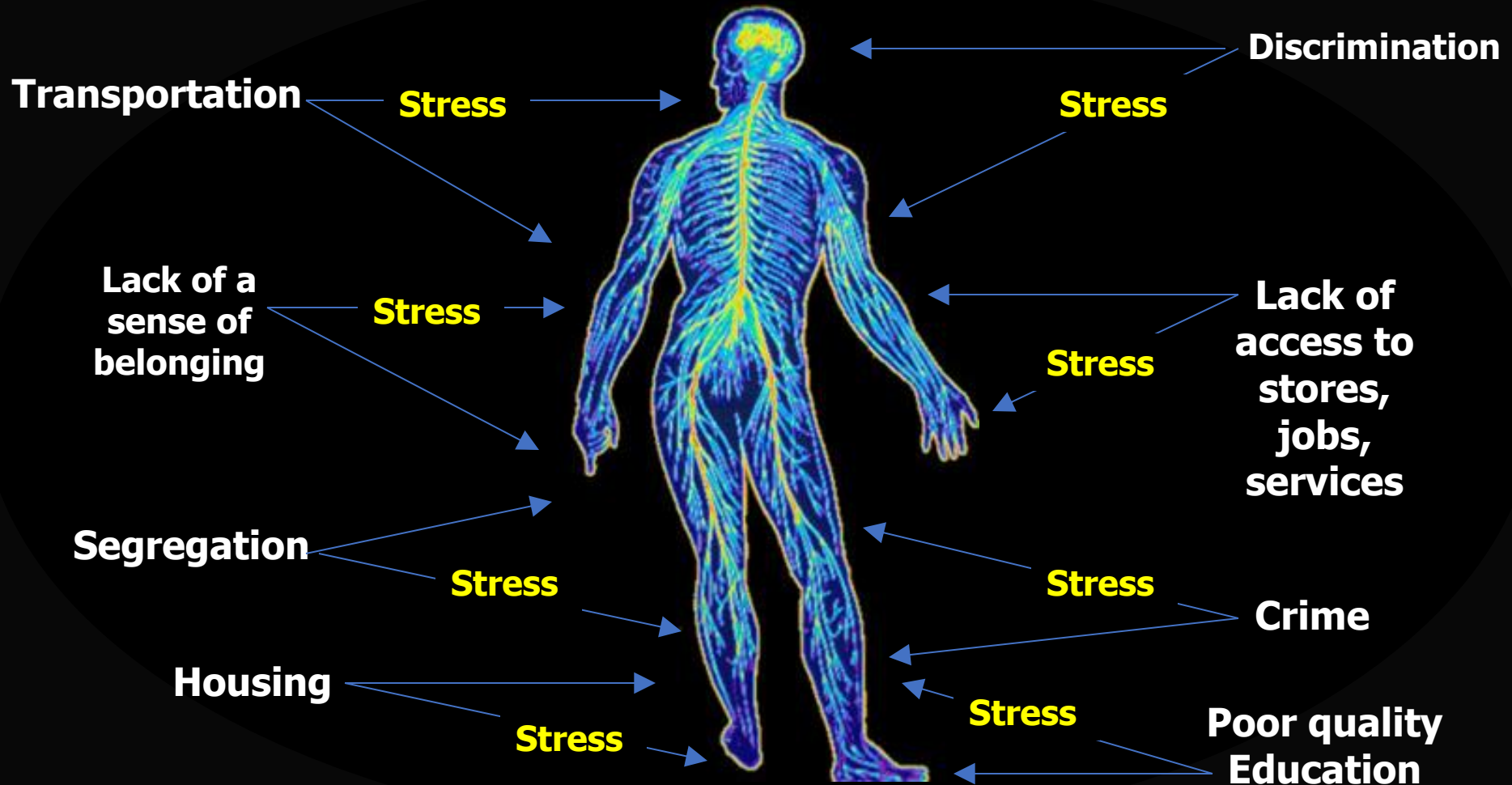


Our environments cultivate our communities, and our communities nurture our health. When inequities are high and community assets are low, health outcomes are worse. When inequities are low, and community assets are high, health outcomes are better.



# Place Matters

Modified from: Alameda County Department of Public Health and Prevention Institute



# Social Determinants of Health & Health Pathways

- Access to & quality of healthcare
- Likelihood of healthy behaviors (e.g., diet and exercise)
- Shapes our biology
  - Example: toxic physical environments
  - Example: toxic stress -> chronic stress hormone elevation -> ↑BP, glucose metabolism, immune dysfunction, fetal issues
  - Example: epigenetic mechanisms / DNA methylation
- Shapes our experiences: Racism - - and other forms of discrimination - - have additive effects over and above the effects of SES, probably also through the mechanisms of chronic stress hormone elevation





## Equality is about Sameness

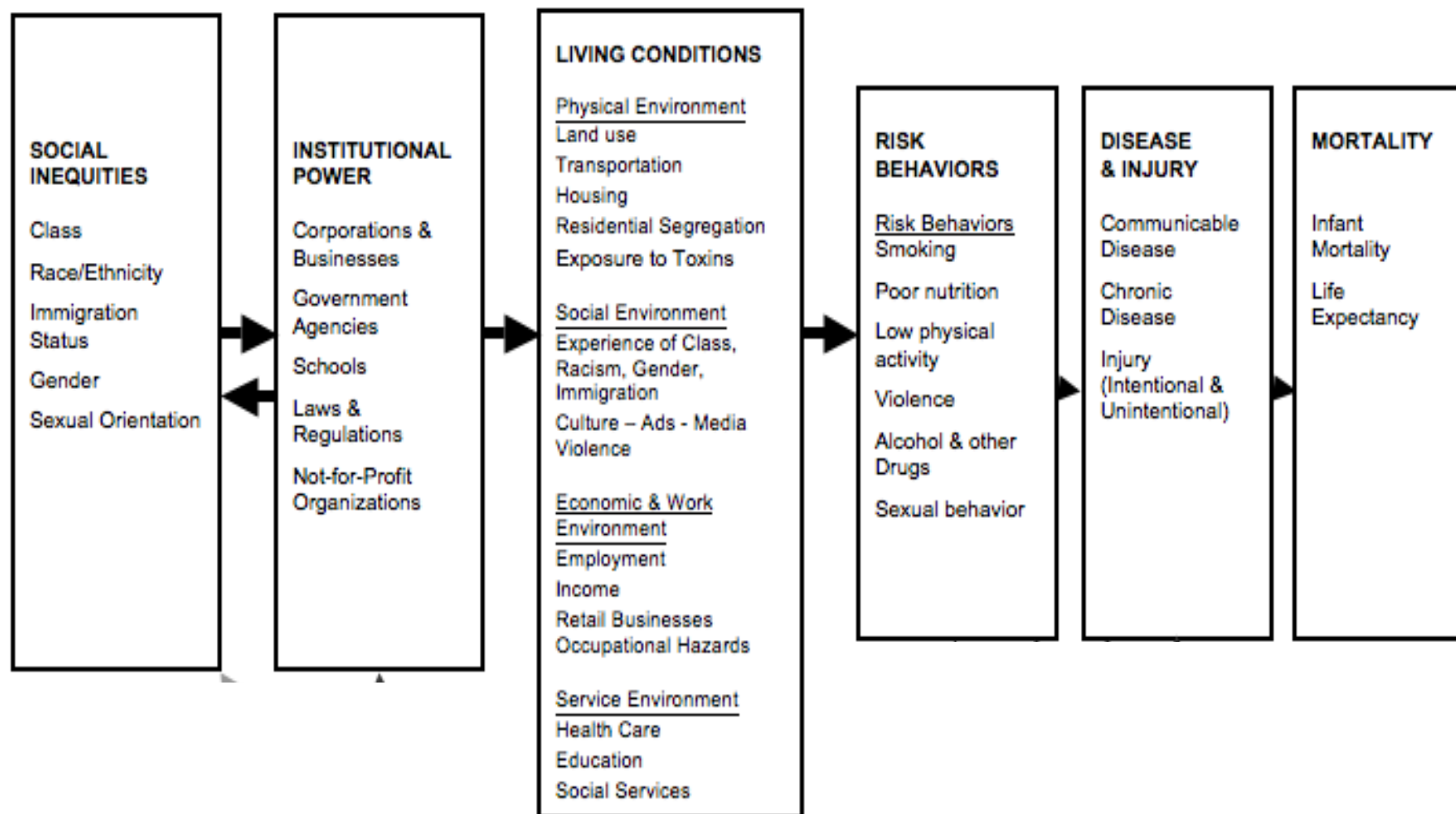
Equality promotes fairness and justice by giving everyone the same thing.

It can only work if everyone starts from the same place.

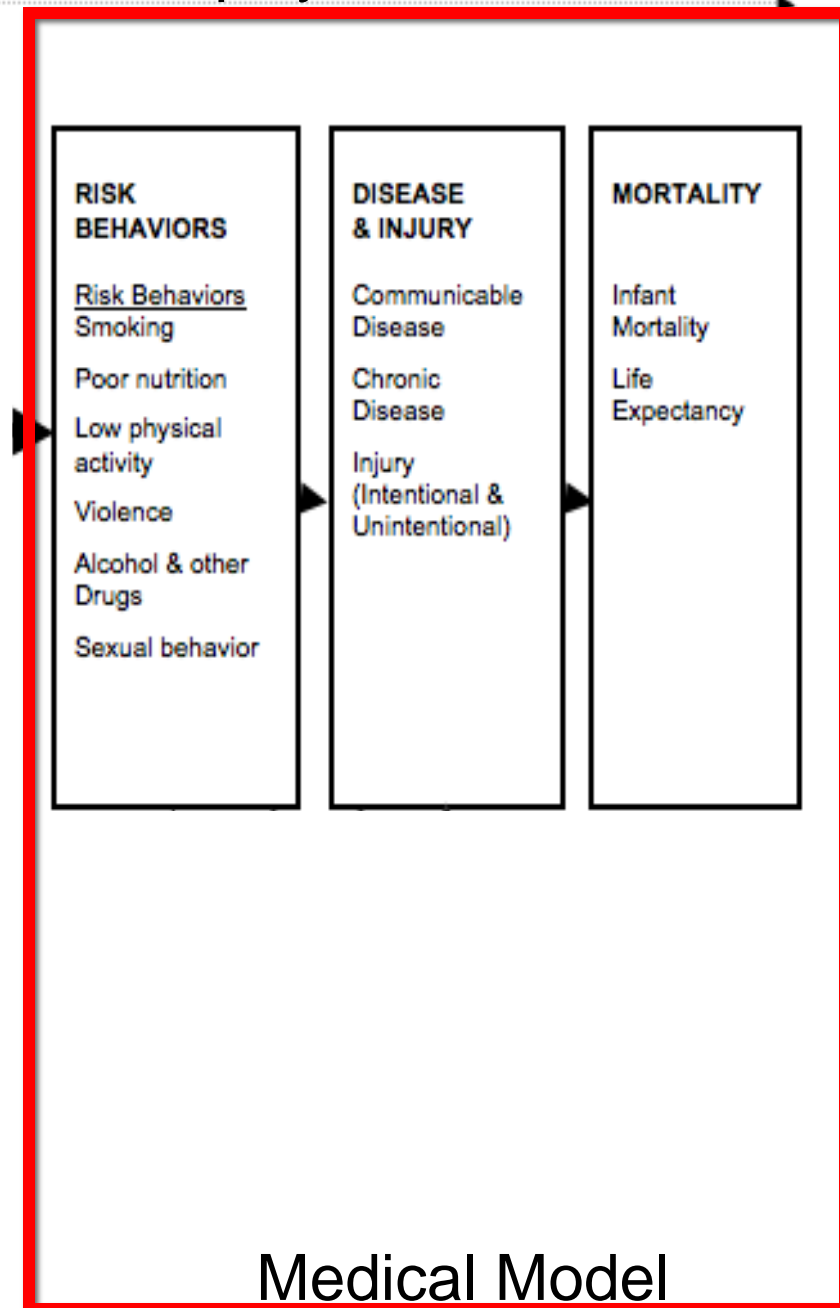
## Equity is about Fairness

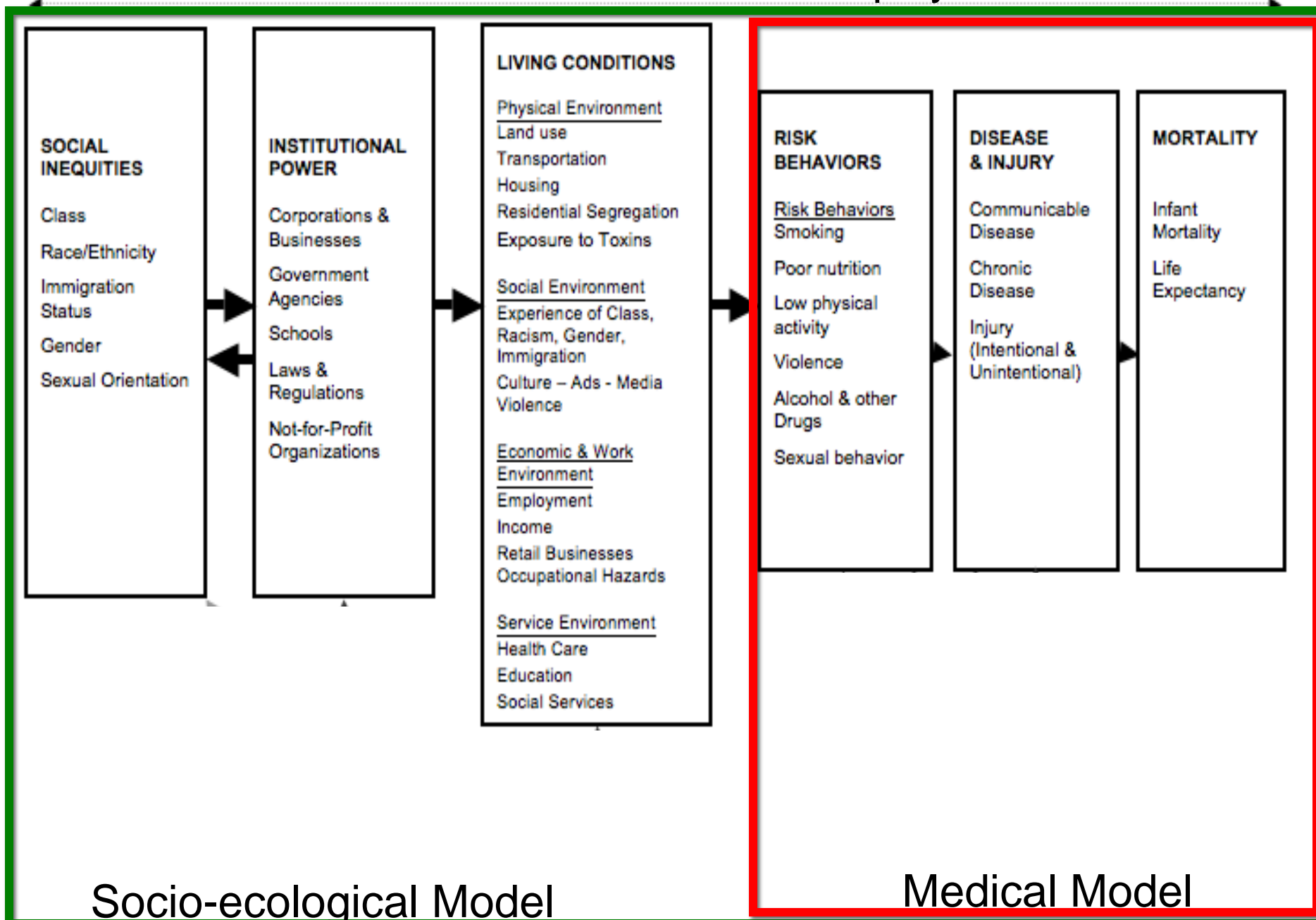
Equity gives people access to the same opportunities.

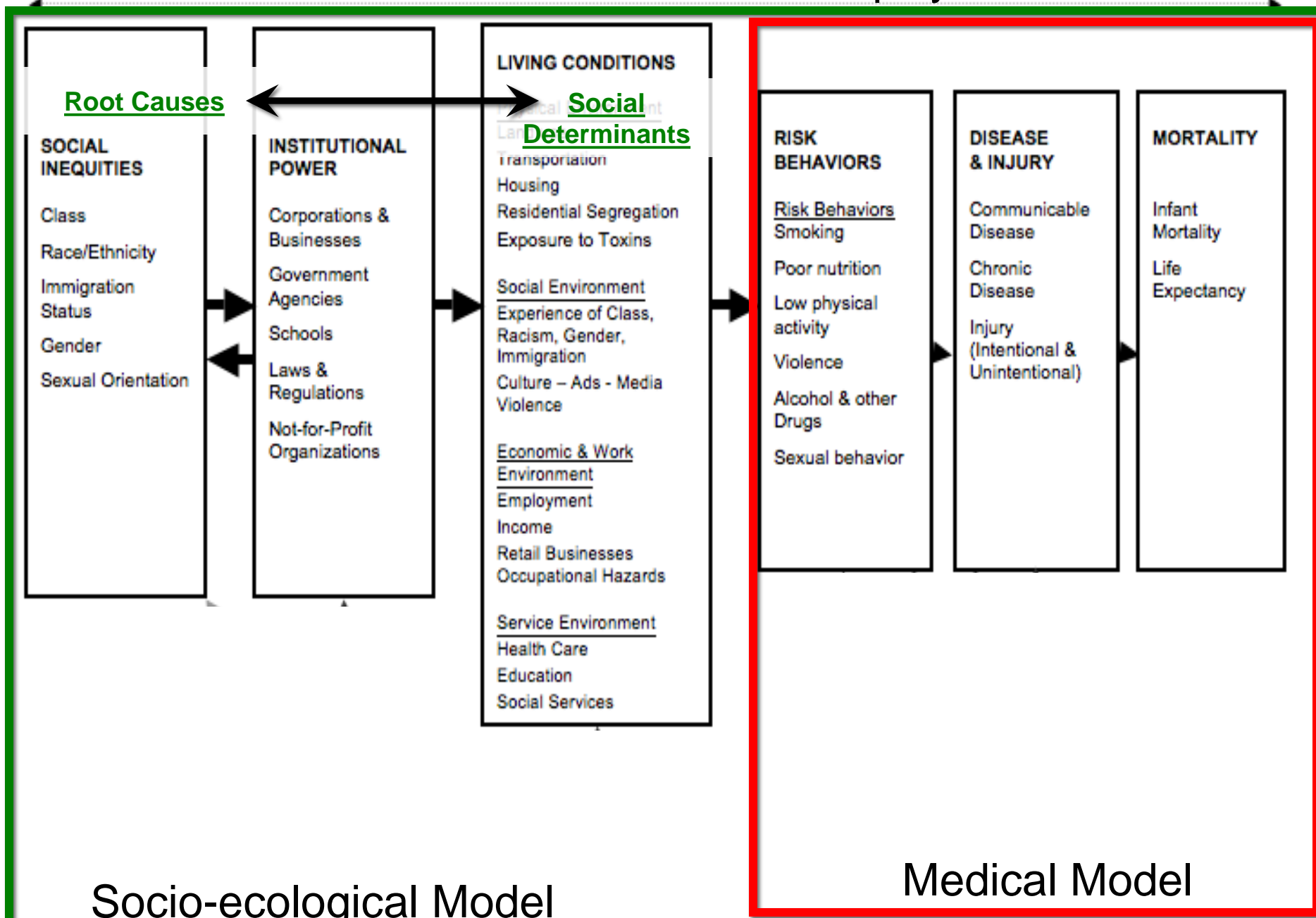
Our differences and/or history can create barriers to participation, so we must first insure equity before we can enjoy equality.

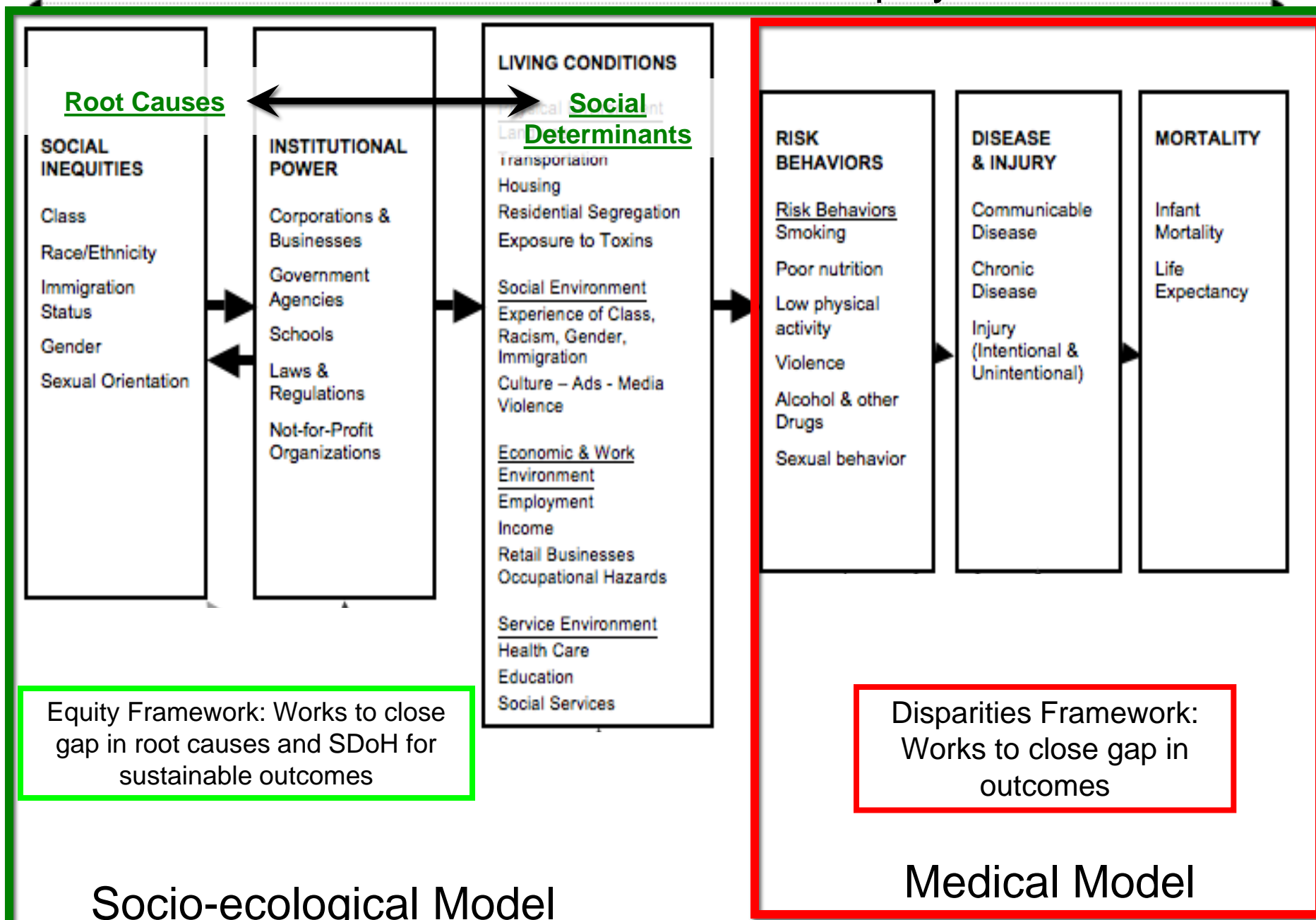


# A Framework for Health Equity

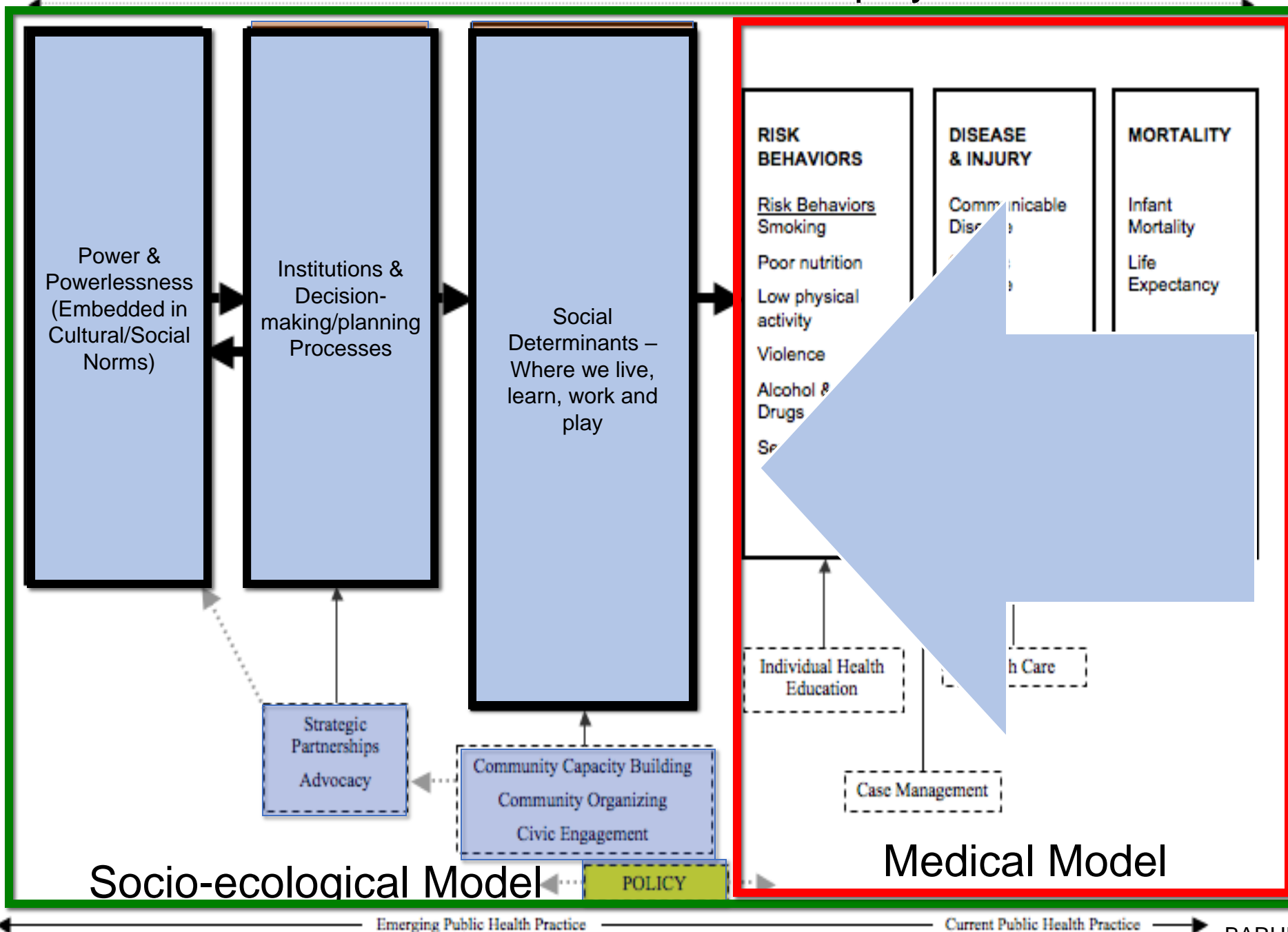




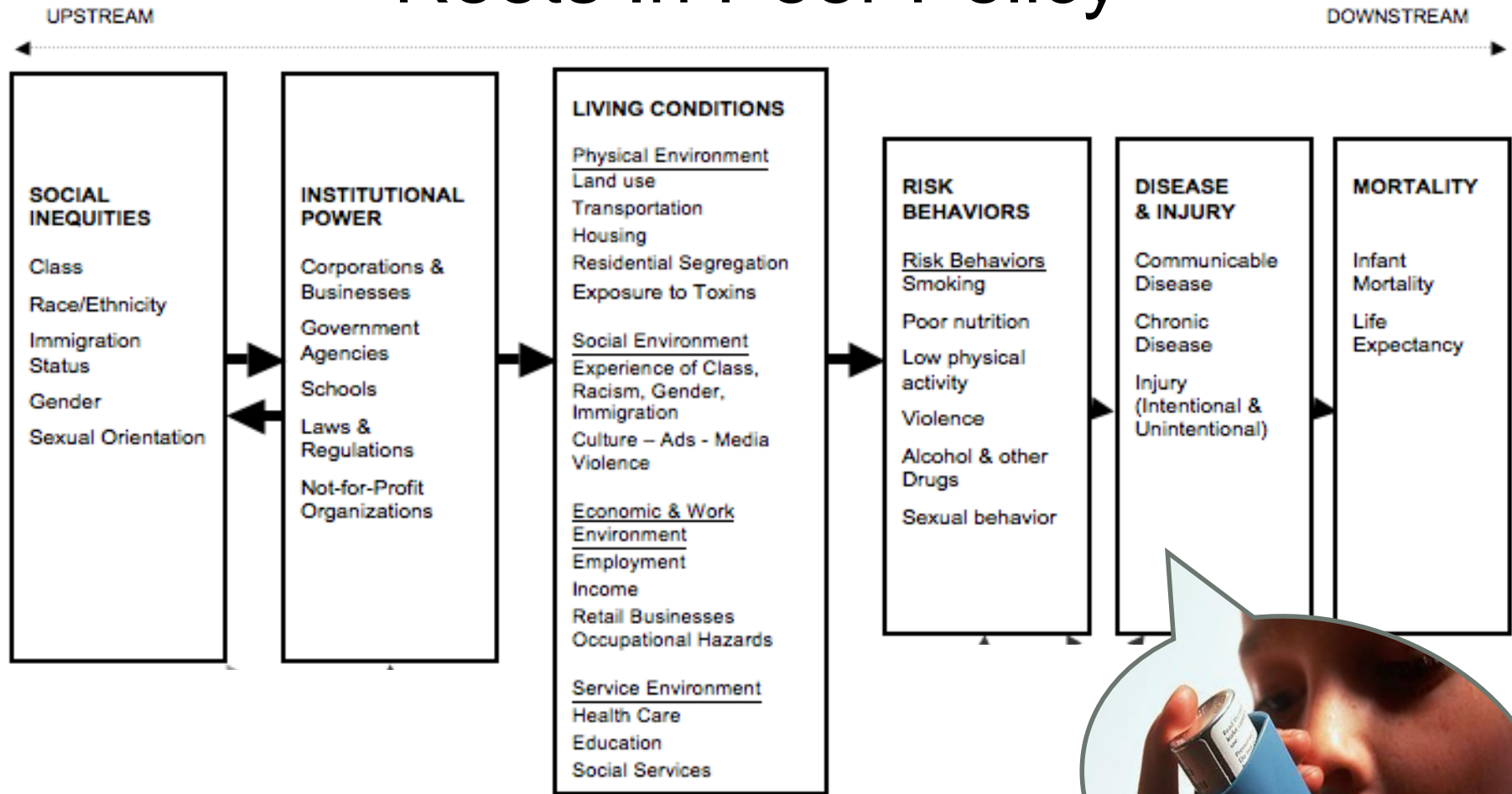




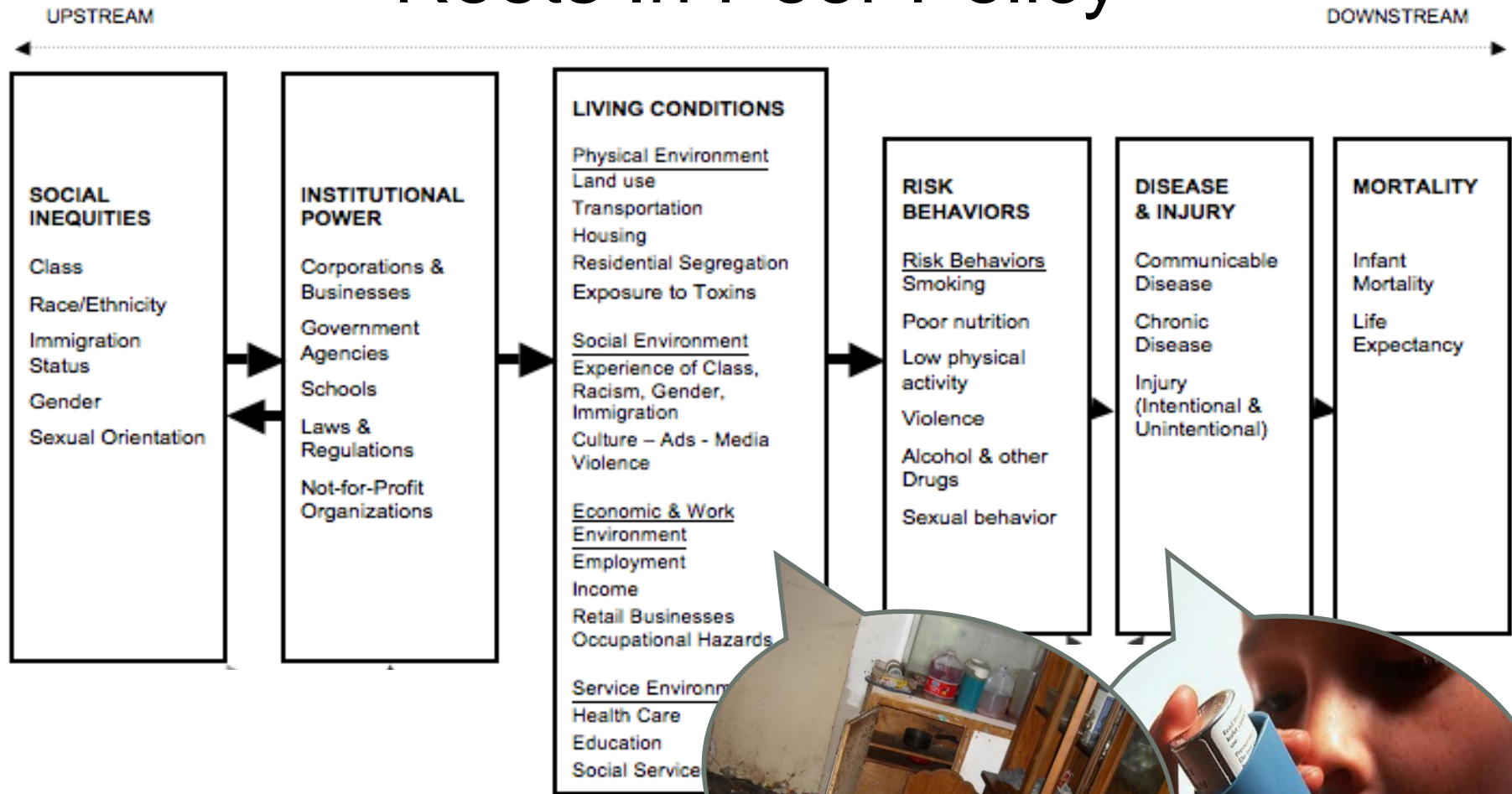




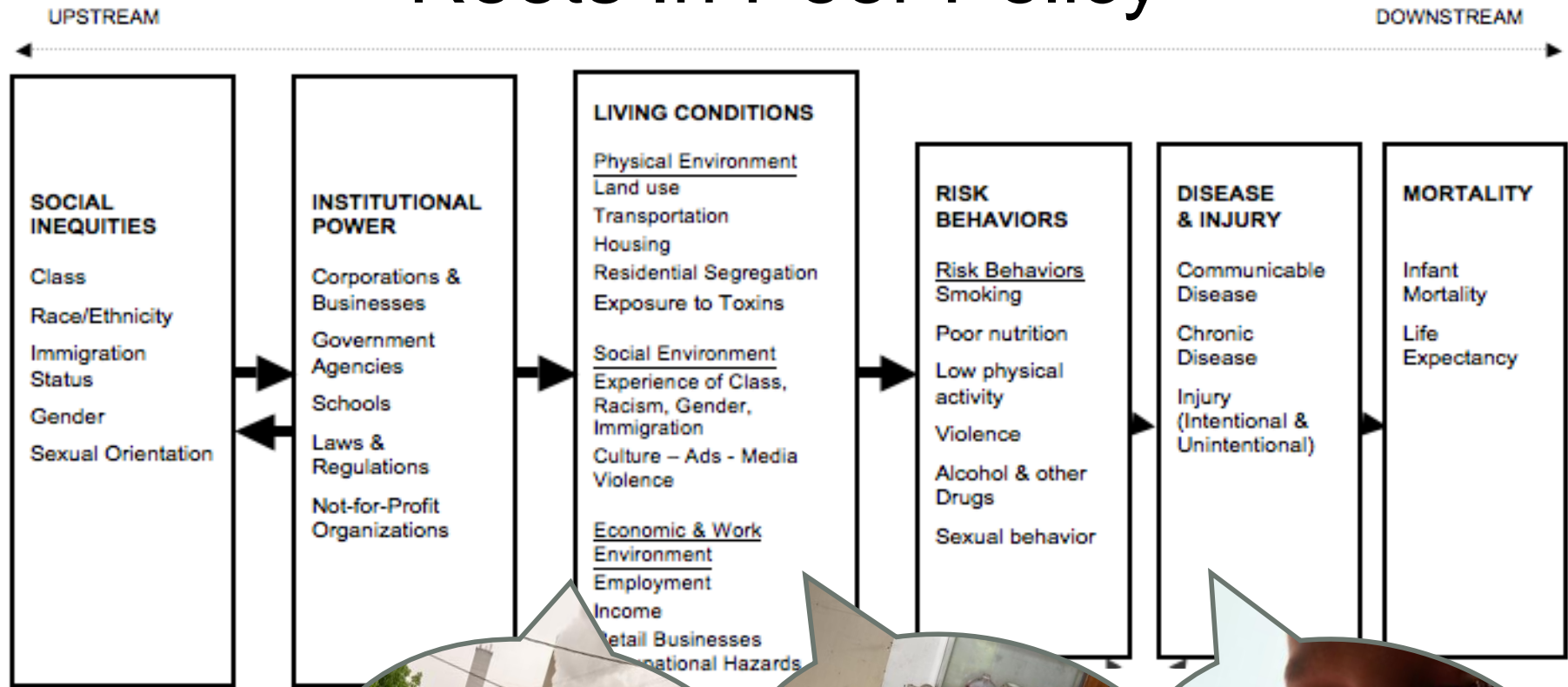
# Poor Health Outcomes Have Roots In Poor Policy



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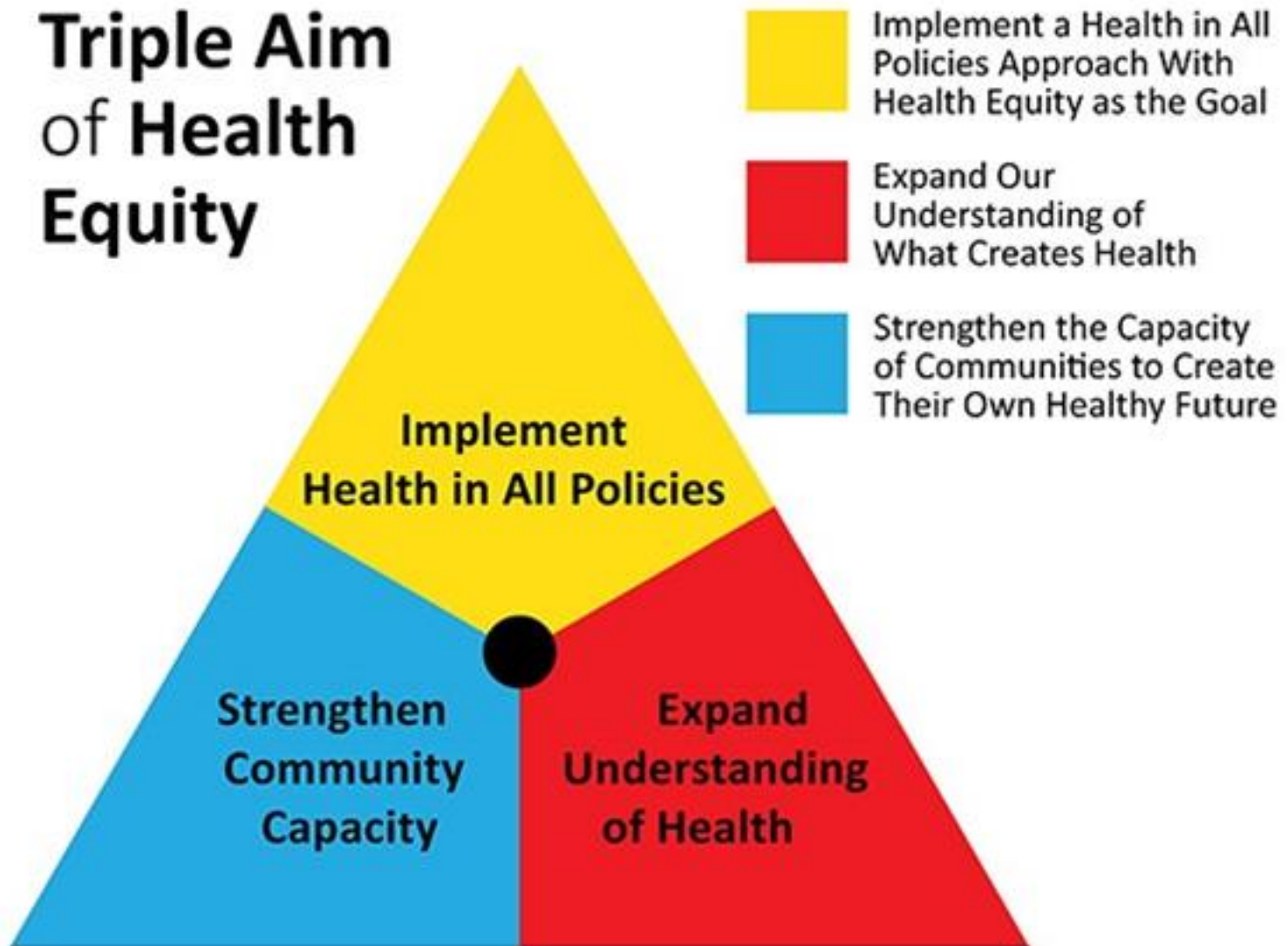




## DOWNSTREAM



# Triple Aim of Health Equity





# Health in All Policies (HiAP): *Changing how we do business*

“an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.”

-MN Dept of Health Strategic Plan, 2015

# HiAP Increases Our Collective Impact



# HiAP Addresses Determinants of Health

*How do  
government processes,  
policies and plans*

*shape*

Democratic process  
Housing  
Air quality  
Noise  
Safety  
Social networks  
Nutrition  
Parks and natural space  
Private goods and services  
Public services  
Transportation  
Social equity  
Livelihood  
Water quality  
Education

*and lead to  
health outcomes*

# Five Key Elements

- Promote health, equity, and sustainability
- Support intersectoral collaboration
- Benefit multiple partners (co-benefits)
- Engage communities and stakeholders
- Create structural or procedural change



# Approaches

- Opportunist: build partnerships and momentum
  - Identify issues, policies, or relationships that can potentially provide early success for all partners
- Issue-driven: key policy impacts
  - Identify policies that have a major impact on specific public health priorities
- Key Sectors: shift paradigms
  - Focuses on one specific policy area that has a large impact on health, such as transportation or agriculture



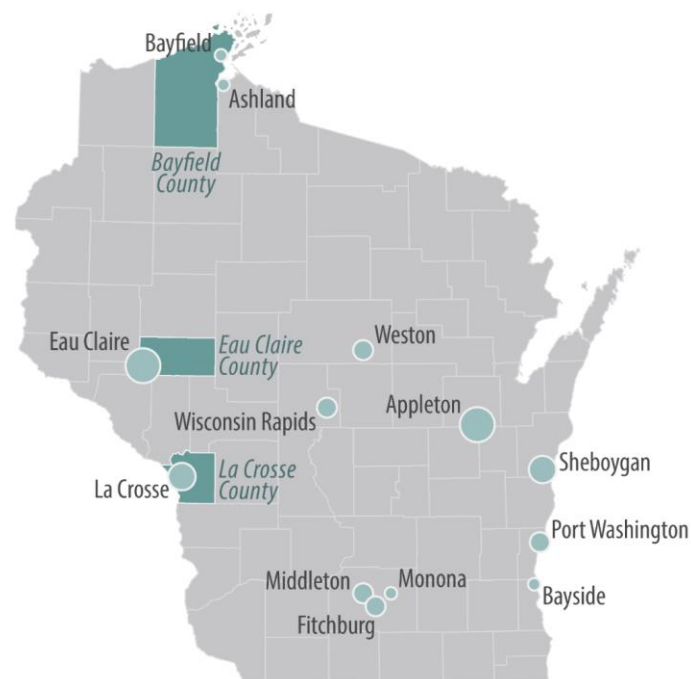
# Wisconsin HiAP Resolutions

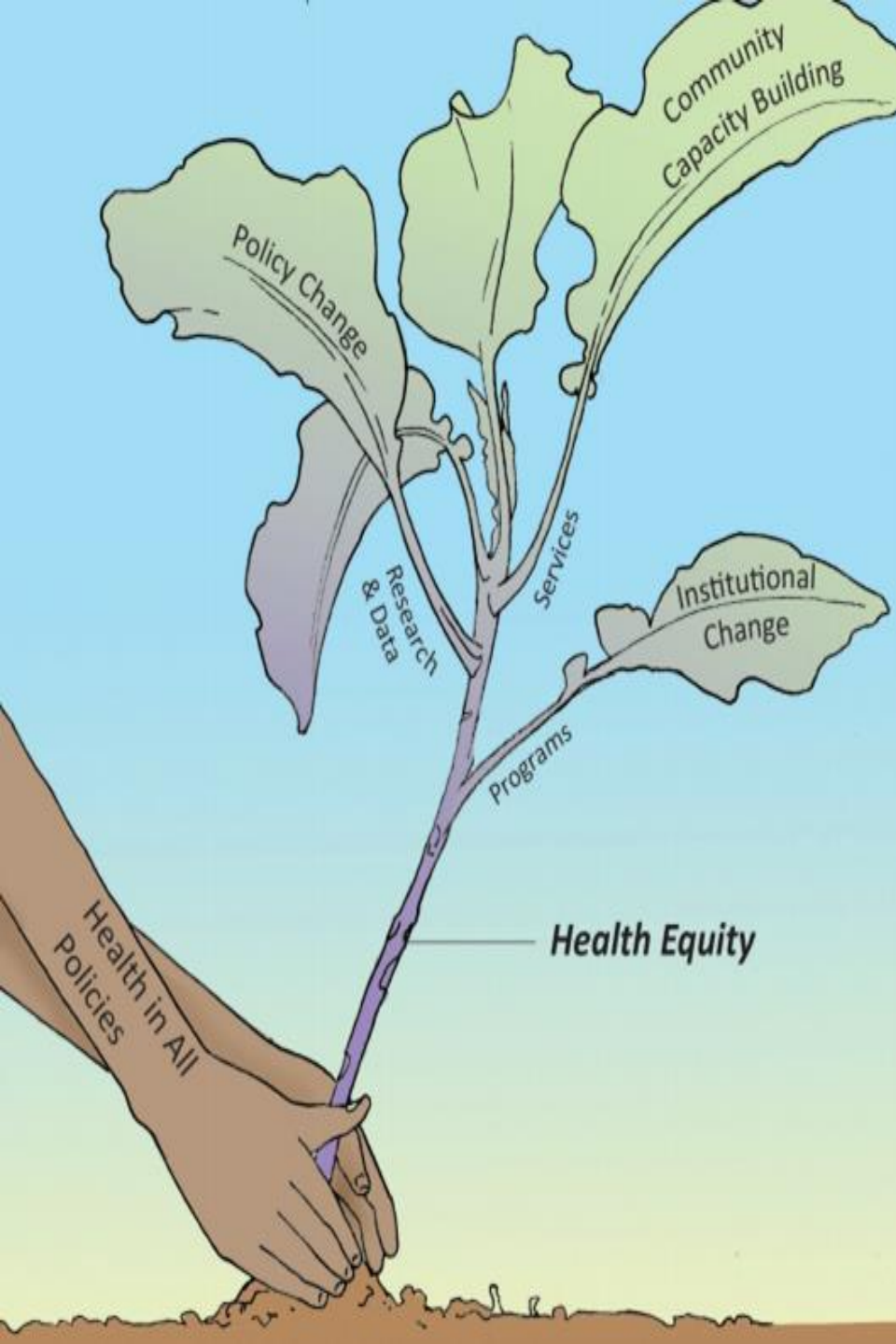
- [Supporting Collaborations to Improve Land use, Community Design and Transportation-related Health Outcomes](https://c.ymcdn.com/sites/wipha.site-ym.com/resource/resmgr/Resolutions/Supporting_Collaborations_to.pdf)
  - [https://c.ymcdn.com/sites/wipha.site-ym.com/resource/resmgr/Resolutions/Supporting\\_Collaborations\\_to.pdf](https://c.ymcdn.com/sites/wipha.site-ym.com/resource/resmgr/Resolutions/Supporting_Collaborations_to.pdf)
- [Promoting a Health in All Policies \(HiAP\) Framework to Guide Policymaking](https://c.ymcdn.com/sites/wipha.site-ym.com/resource/resmgr/Resolutions/Promoting_a_Health_in_All_Po.pdf)
  - [https://c.ymcdn.com/sites/wipha.site-ym.com/resource/resmgr/Resolutions/Promoting\\_a\\_Health\\_in\\_All\\_Po.pdf](https://c.ymcdn.com/sites/wipha.site-ym.com/resource/resmgr/Resolutions/Promoting_a_Health_in_All_Po.pdf)
- [Supporting the use of Health Impact Assessments \(HIAs\) to guide policymaking](http://c.ymcdn.com/sites/www.wpha.org/resource/resmgr/docs/hi-a-section-resolution---201.pdf)
  - <http://c.ymcdn.com/sites/www.wpha.org/resource/resmgr/docs/hi-a-section-resolution---201.pdf>



# HiAP Examples in Wisconsin

- Legacy Community Alliance for Health
- City of Eau Claire Health Chapter in Comprehensive plan
- Grant County adoption of a health in all policies resolution
- Strategic links between public health and planning
- Health Impact Assessments
  - Marathon County Alcohol Outlet Density
  - Rock County Concentrated Animal Farming Operation
  - Treatment Alternatives to Prison
  - Revocation policy
  - Marquette County Ice Age Trail
  - Transitional Jobs Policy
  - Future Urban Development Areas





# City of Richmond *Case Study*

# Health in All Policies (HiAP) Ordinance (R.M.C 9.15) and Strategy Overview

- Affirmed city's commitment to health by operationalizing the General Plan 2030, which includes a standalone Community Health and Wellness Element.
- Provided city staff and leadership the opportunity to evaluate and prioritize services that promote health equity.
- Supported work across government silos
- Increased capacity of local organizations and of local government in addressing the social determinants of health

*“HiAP is a practice that enables our City’s mission. It means that our employees who maintain the Martin Luther King, Jr. baseball fields are community clinicians. So are our librarians, firefighters, planners, finance team, and all other City employees and partners.”*



### **2014 - 2030 Implementation of HiAP ordinance and strategy**

The City Council adopts the HiAP ordinance as an approach to operationalizing the vision of health laid out in the Richmond General Plan 2030. Further, the ordinance states that the strategy document, "guides the City of Richmond on how to address the social determinants of health, or the root causes of current health disparities in the development, prioritization and delivery of these services and policies."

This report (2015) documents the successes and challenges of HiAP in its first year and develops recommendations for the ongoing implementation of HiAP.

### **2012 - 2014 Development of HiAP**

The Richmond Health Equity Partnership (RHEP) is formed with support of The California Endowment. Out of this, UC Berkeley Professor Jason Corburn convenes the HiAP subcommittee, which begins meeting once a month. The subcommittee develops the HiAP strategy and ordinance and identifies toxic stressors through 18 community meetings, 13 staff meetings, and 17 RHEP subcommittee meetings.

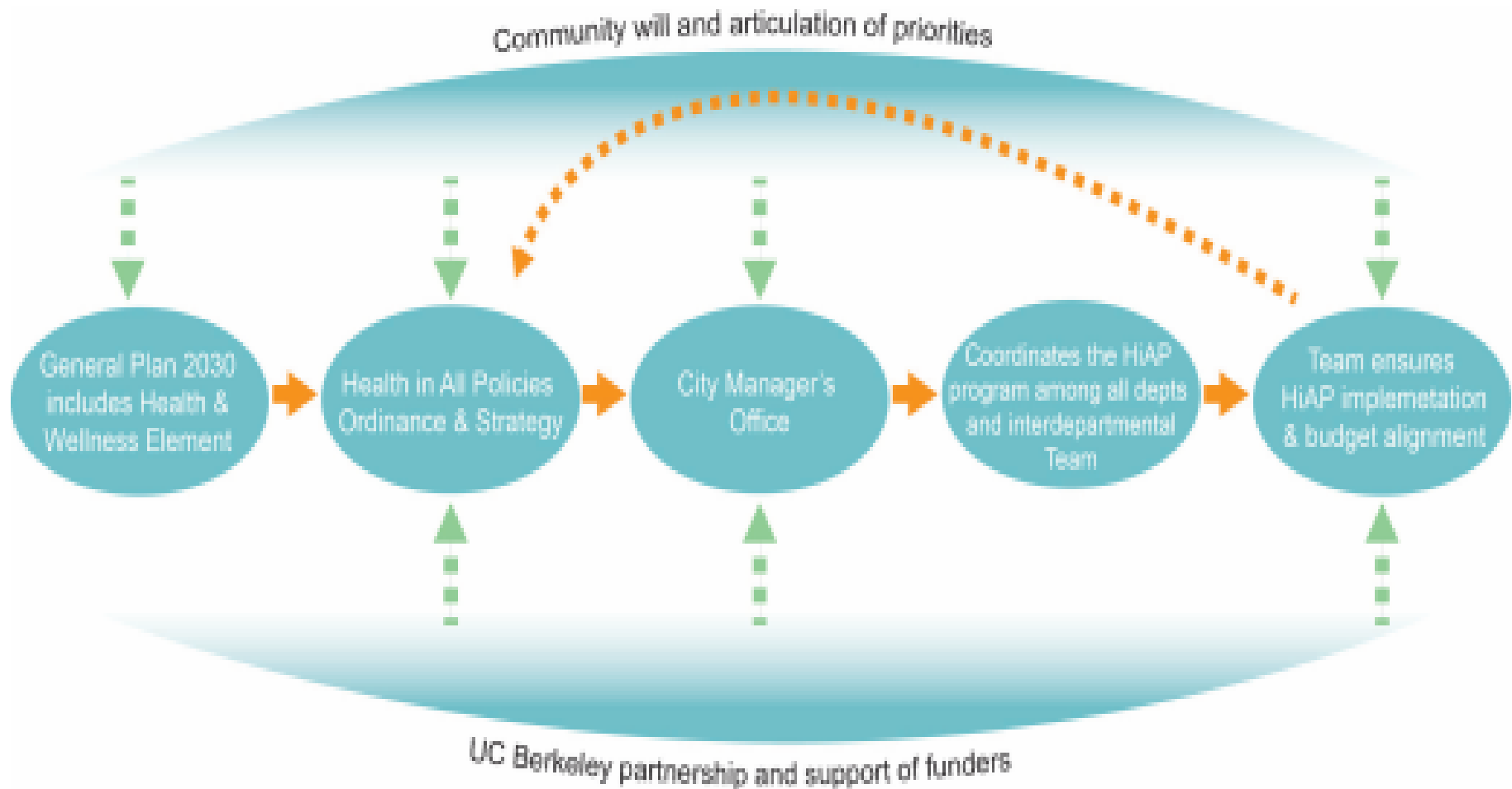
### **2009 - 2012 Pilot Implementation and Adoption of Community Health and Wellness Element (CHWE) for the General Plan**

The City launches CHWE implementation and planning pilots in Iron Triangle and Belding Woods neighborhoods at Cesar Chavez and Peres elementary schools. Community engagement continues with City staff attending weekly school based meetings. The CHWE is adopted in the General Plan 2030.

### **2005 - 2009 Community Health and Wellness Element (CHWE) development**

A CHWE for the General Plan is first conceived. Supported by a grant from The California Endowment and in partnership with MIG, the City begins analyzing needs and conditions of health inequity. The first community meetings are held and continue throughout the process. The Measuring What Matters report in 2009 by the Pacific Institute and seven local organizations provides a template for health equity indicators in Richmond.

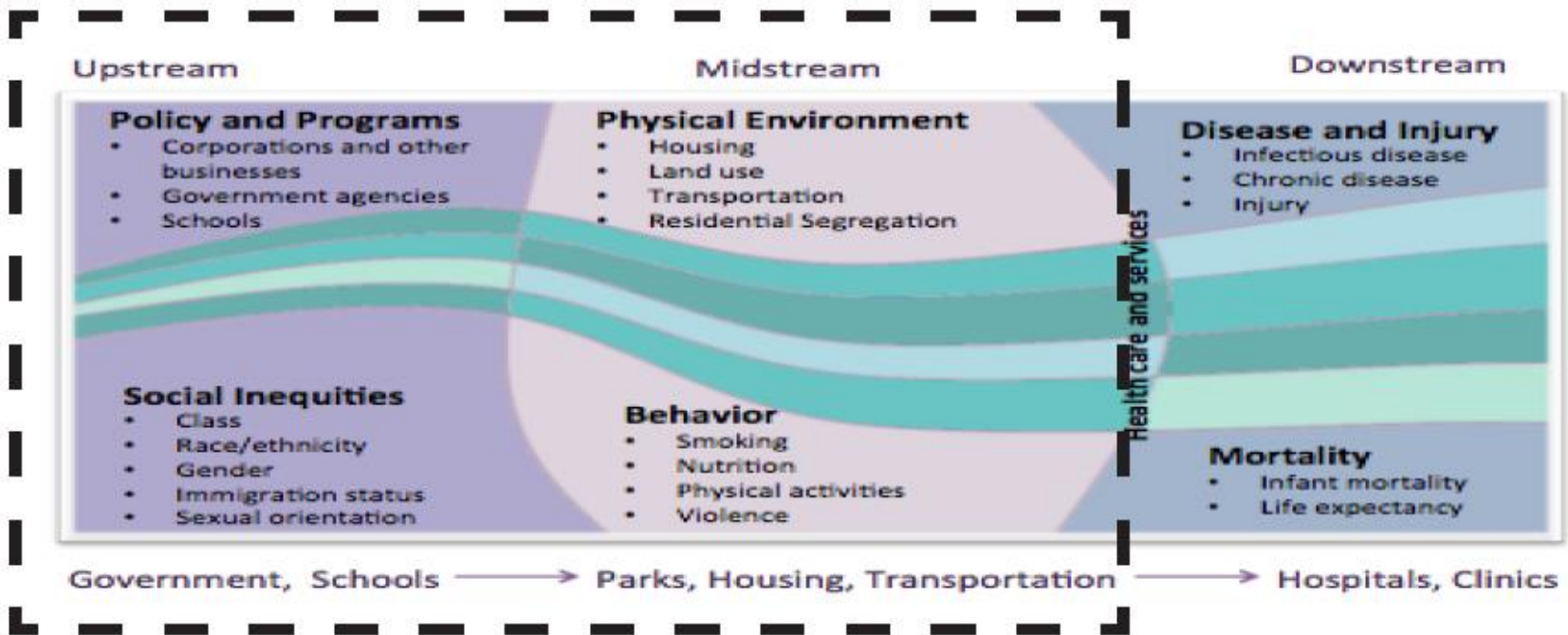
# WHERE HiAP SITS IN CITY GOVERNMENT





# HiAP Priority Areas

1. Governance and leadership
2. Economic development and education
3. Full service and safe communities
4. Residential/built environment
5. Environment health and justice
6. Quality and accessible health, home and social services





## KEY HIGHLIGHTS

90

tons of illegal dumping are removed by Code Enforcement every month which directly impacts sanitation and quality of life.

770

individuals participated in fair housing counseling and homebuyer education classes run by Bay Area Legal Aid and the Community Housing Development Corporation of North Richmond over the past two years. These were in part supported by City funds.

\$3

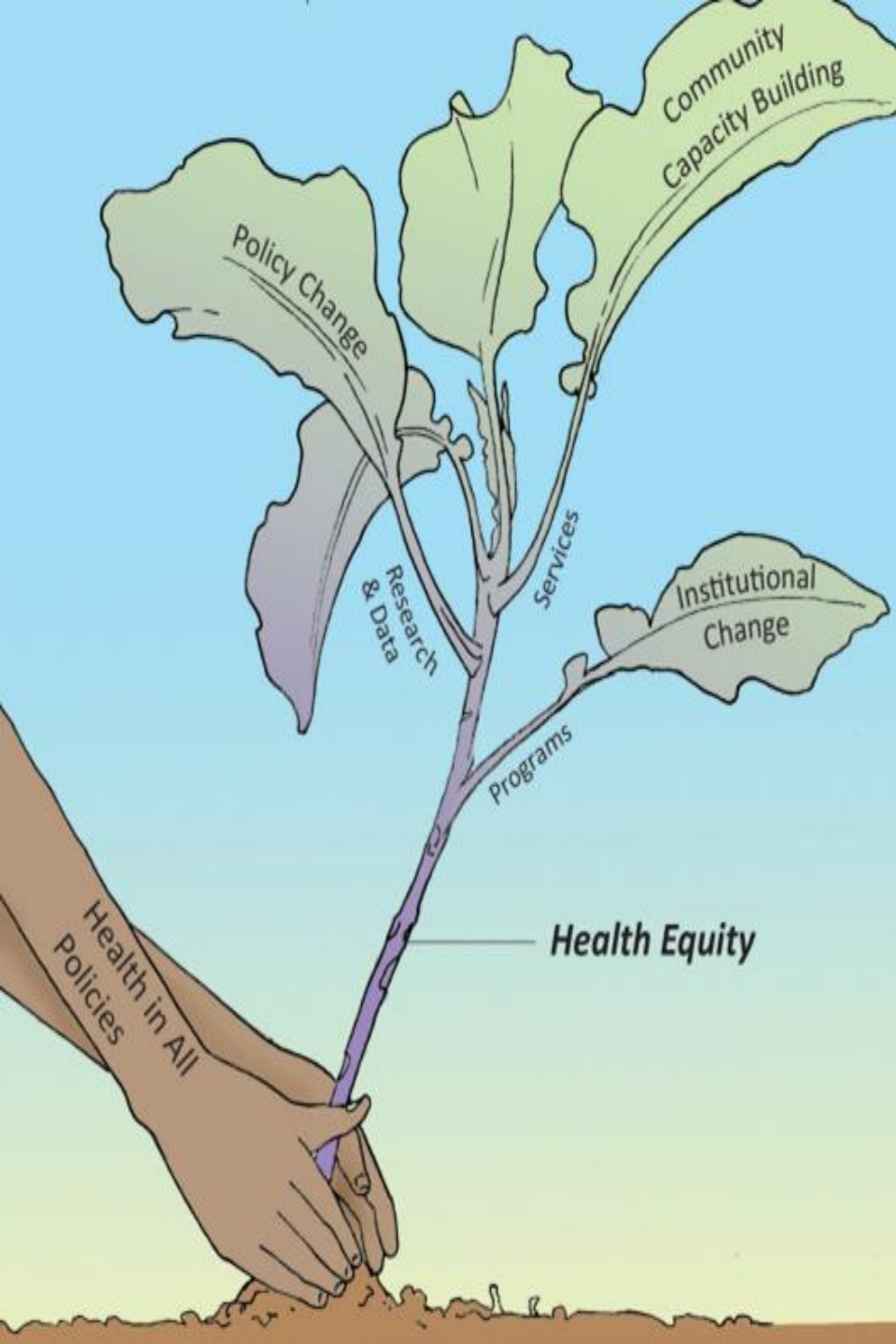
million in Social Impact Bonds were approved by the City Council on June 2, 2015 to rehabilitate vacant properties in the City for future sale to low-income residents.

60

residents of the Iron Triangle were paid \$17-20/hour wages by Pogo Park over the past five years for park improvement projects. This means \$1 million in wages directed to the neighborhood.<sup>36</sup>

*“The Health in All Policies strategy guides the City of Richmond on how to address the social determinants of health, or the root causes of current health disparities in the development, prioritization and delivery of these services and policies.” (R.M.C. 9.15.010 I)*





HiAP:

<https://vimeo.com/69114268>

\*\*Roadmaps to Health:

<https://vimeo.com/58667261>

Richmond Building  
Healthy Communities:

<https://vimeo.com/58660721>

# HEALTH IN ALL POLICIES

A Guide for State and  
Local Governments

## Getting Started: Windows of opportunity & root cause analysis



# Strategic Windows of Opportunity-- *Where is there energy?*

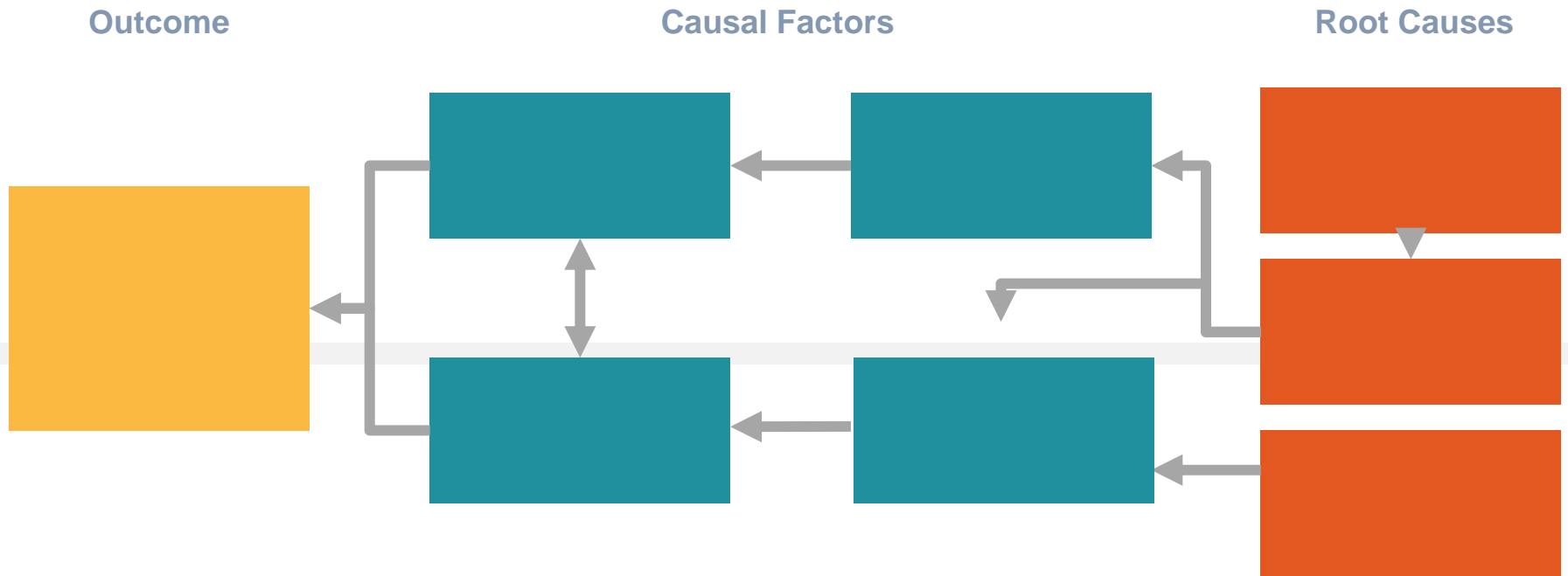
- 1) What are hot issues in your community right now?
- 2) As a table, pick a specific issue that presents an opportunity for action based on the political landscape in your community?
- 3) Which aspects of this specific issue is public opinion focused on?

## Report out

Which specific issue did you land on?

Why (political landscape? Public opinion?)?





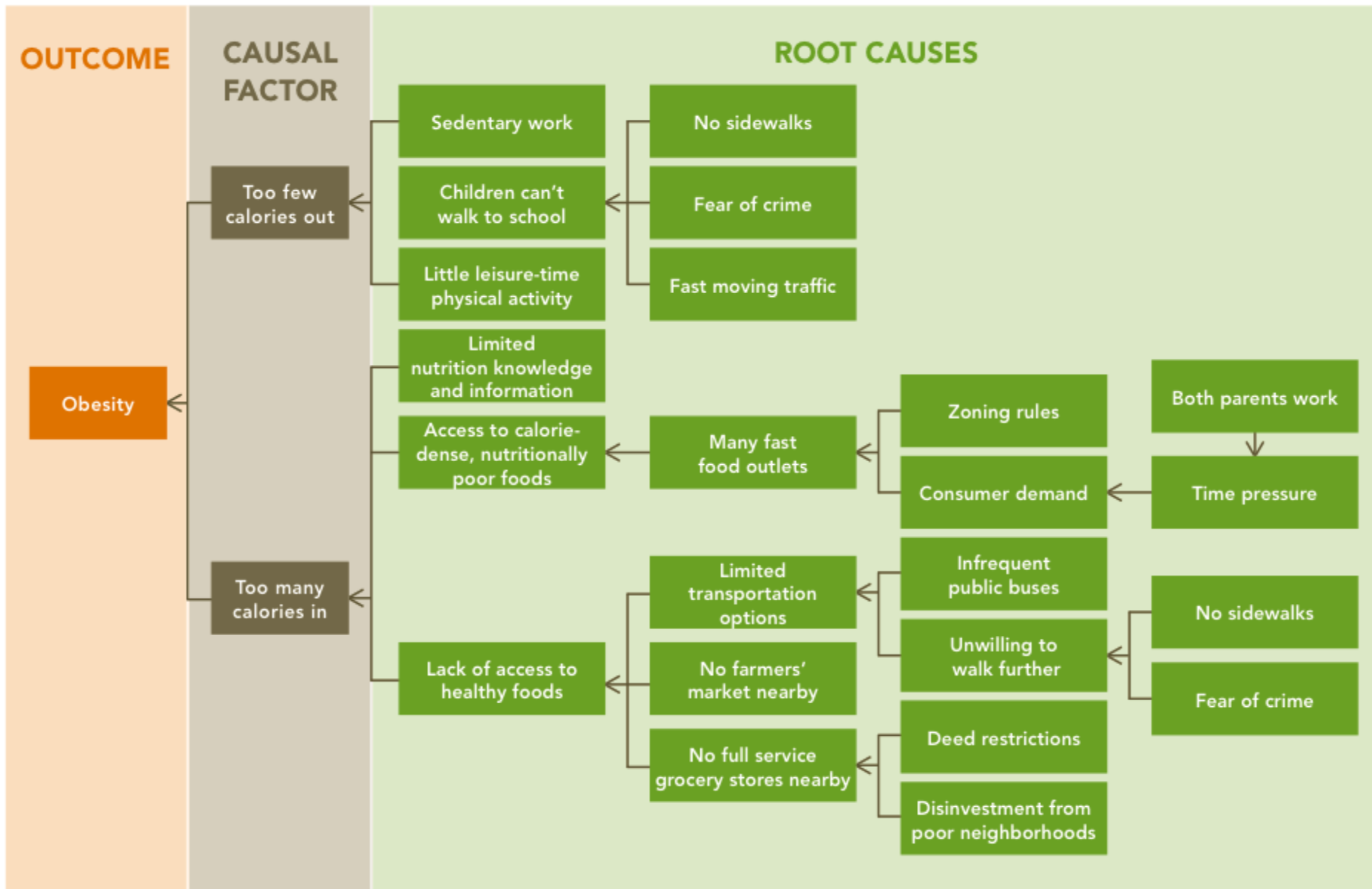
# Root Cause Analysis

## *Practicing Health in All Policies Thinking*

- Connects outcomes to driving factors
- Useful when identifying factors which influence an outcome
- Key questions:
  - What directly drives the outcome?
  - What conditions shape the causal factors?

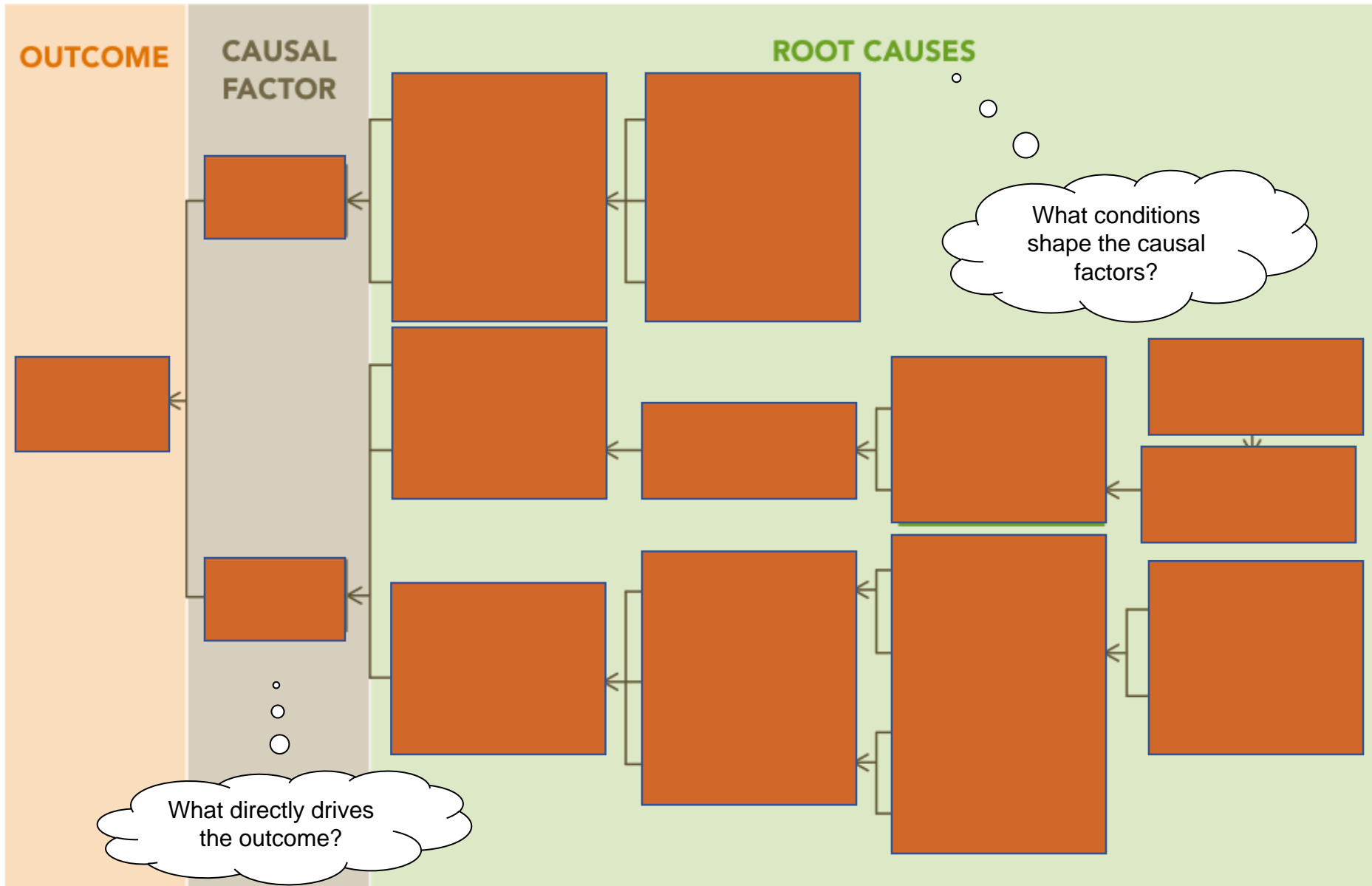
# Starting with the Issue: Root Cause Analysis

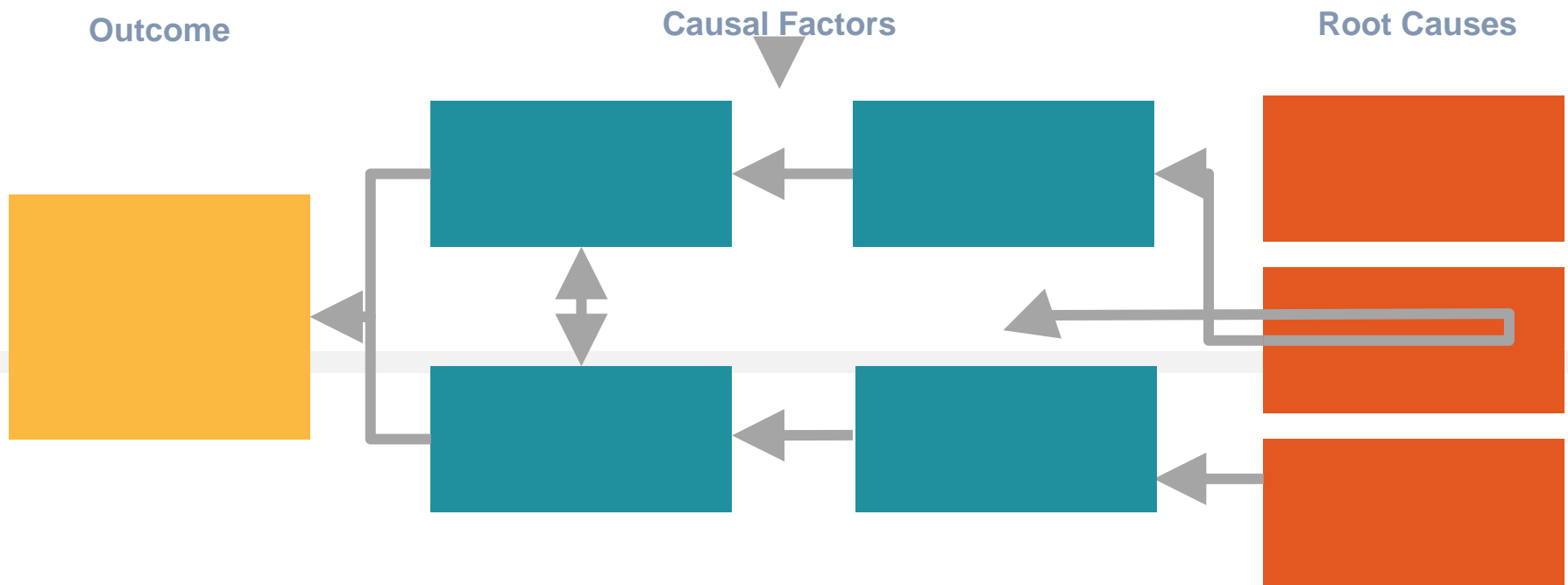
## What are the conditions that drive obesity?



# Starting with the Issue: Root Cause Analysis

## What are the conditions that drive [ISSUE]?





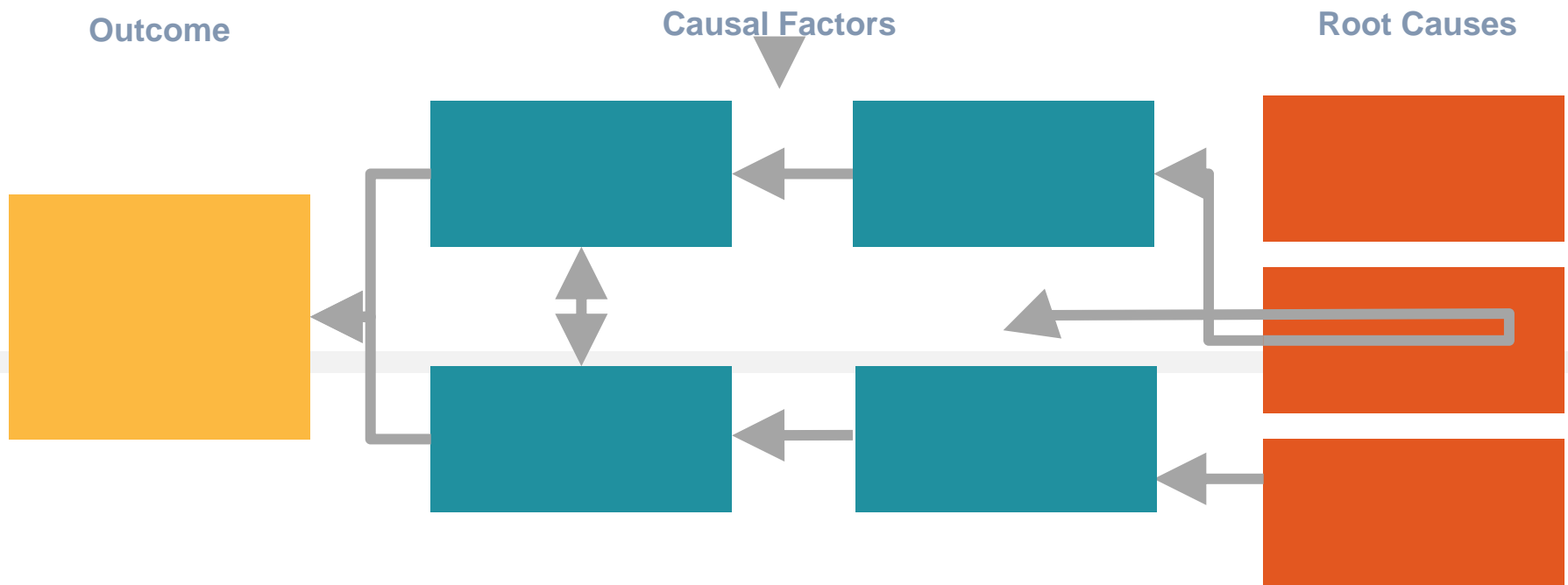
# Root Cause Analysis

## Directions

- Using the opportunity you identified
- Brainstorm (5-8) answers to Question 1 on post its
- For responses to Question 1, brainstorm answers to Question 2 (5-8)
- Identify any missing components.

## Key Questions

- 1) What causal factors drive the outcome?
- 2) What root causes shape the causal factors?



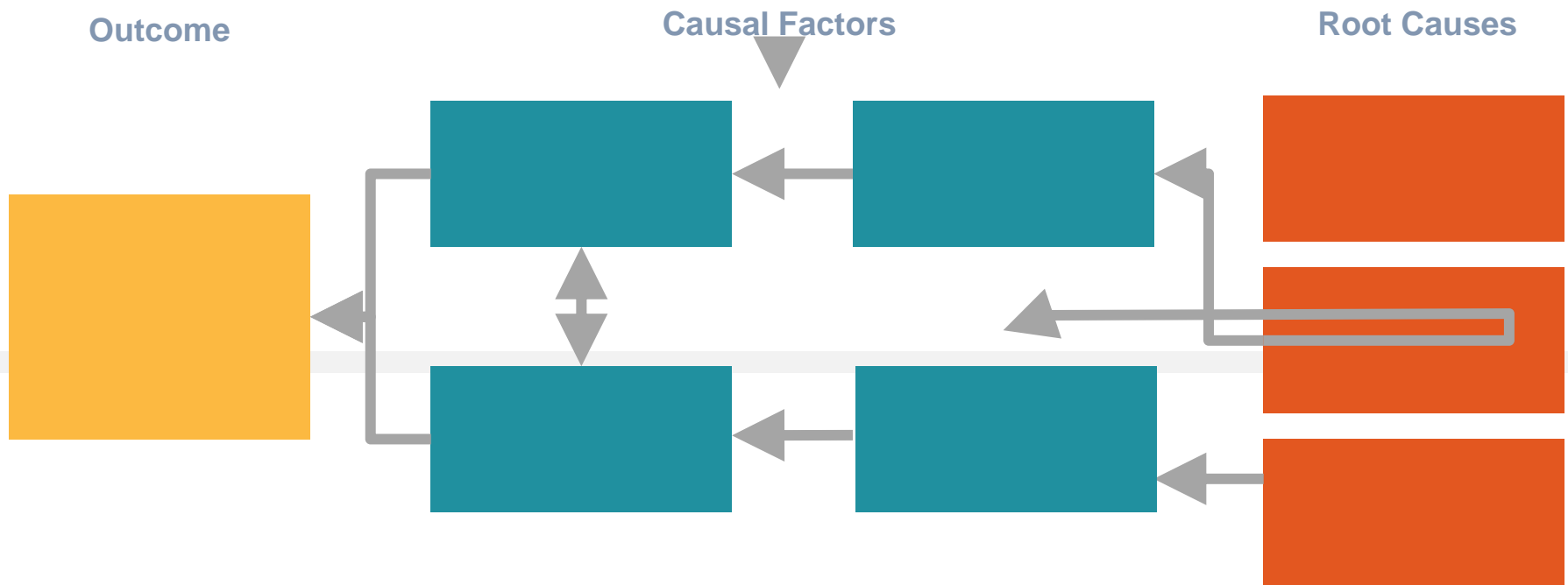
# Root Cause Analysis

## Directions

- A. Using the opportunity you identified
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# Root Cause Analysis

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- For responses to Question 1, brainstorm answers to Question 2 (5-8)
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## Key Questions

- 1) What causal factors drive the outcome?
- 2) What root causes shape the causal factors?



# Mechanism as Opportunities for Change

*Which causal factors and root causes from your root cause analysis lend themselves to government mechanisms?*

- . Ordinances
- . Resolutions
- . Planning processes e.g. comprehensive planning, community strategic, economic development, etc.
- . Infrastructure
- . Land use approval
- . Budget or capital improvement
- . Services contract
- . Licensing or permitting
- . Other



Debrief

# Establishing Priorities - Possible Criteria

Of the following criteria, which are most important for your context? To what extent (high, medium, low) do the priorities you are identifying meet these criteria?

Co-benefits & wins-wins

Collaboration

Cost

Effectiveness

Equity

Feasibility

Jurisdiction

Magnitude of Health Impact

Political Will

Specificity

Systems Change

# Questions/comments

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# Citations

Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.

[http://www.phi.org/uploads/files/Health\\_in\\_All\\_Policies-A\\_Guide\\_for\\_State\\_and\\_Local\\_Governments.pdf](http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf)

Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment. *Healthiest Wisconsin 2020: Everyone Living Better, Longer. A State Health Plan to Improve Health Across the Life Span, and Eliminate Health Disparities and Achieve Health Equity*. P-00187. July 2010.

<http://www.dhs.wisconsin.gov/hw2020/report2020.htm>

Bay Area Regional Health Inequities Initiative

<http://www.barhii.org/>