Health in All Policies
Creating healthier, more vibrant and equitable communities
What is health?

“What 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?

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
- Physical Environment (10%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
  - Air & Water Quality
  - Housing & Transit

Policies & Programs
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.
When the External Becomes Internal:
How Health Inequities Get Inside the Body

Transportation - Stress
Lack of a sense of belonging - Stress
Segregation - Stress
Housing - Stress
Discrimination - Stress
Poor quality Education - Stress
Lack of access to stores, jobs, services - Stress
Crime - Stress

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

Swain, 2016
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

SOCIAL INEQUITIES
- Class
- Race/Ethnicity
- Immigration Status
- Gender
- Sexual Orientation

INSTITUTIONAL POWER
- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Organizations

LIVING CONDITIONS
- Physical Environment
- Land use
- Transportation
- Housing
- Residential Segregation
- Exposure to Toxins
- Social Environment
  - Experience of Class, Racism, Gender, Immigration
  - Culture – Ads - Media Violence
- Economic & Work Environment
  - Employment
  - Income
  - Retail Businesses
  - Occupational Hazards
- Service Environment
  - Health Care
  - Education
  - Social Services

RISK BEHAVIORS
- Risk Behaviors
- Smoking
- Poor nutrition
- Low physical activity
- Violence
- Alcohol & other Drugs
- Sexual behavior

DISEASE & INJURY
- Communicable Disease
- Chronic Disease
- Injury (Intentional & Unintentional)

MORTALITY
- Infant Mortality
- Life Expectancy

Emerging Public Health Practice
Current Public Health Practice
A Framework for Health Equity

UPSTREAM

RISK BEHAVIORS
Risk Behaviors
Smoking
Poor nutrition
Low physical activity
Violence
Alcohol & other Drugs
Sexual behavior

DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)

MORTALITY
Infant Mortality
Life Expectancy

DOWNSTREAM

Medical Model

Emerging Public Health Practice
Current Public Health Practice
A Framework for Health Equity

Socio-ecological Model

- Social Inequities
  - Class
  - Race/Ethnicity
  - Immigration Status
  - Gender
  - Sexual Orientation

- Institutional Power
  - Corporations & Businesses
  - Government Agencies
  - Schools
  - Laws & Regulations
  - Not-for-Profit Organizations

- Living Conditions
  - Physical Environment
    - Land use
    - Transportation
    - Housing
    - Residential Segregation
    - Exposure to Toxins
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Mortality
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Medical Model

Emerging Public Health Practice

Current Public Health Practice
A Framework for Health Equity

**Socio-ecological Model**

**Root Causes**
- Social Inequities
  - Class
  - Race/Ethnicity
  - Immigration Status
  - Gender
  - Sexual Orientation
- Institutional Power
  - Corporations & Businesses
  - Government Agencies
  - Schools
  - Laws & Regulations
  - Not-for-Profit Organizations

**Social Determinants**
- Living Conditions
  - Transportation
  - Housing
  - Residential Segregation
  - Exposure to Toxins
  - Social Environment
    - Experience of Class, Racism, Gender, Immigration
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**Medical Model**

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A Framework for Health Equity

Disparities Framework: Works to close gap in outcomes

Equity Framework: Works to close gap in root causes and SDoH for sustainable outcomes

Socio-ecological Model

Medical Model

BARHII

UPSTREAM

DOWNSTREAM
A Framework for Health Equity

Power & Powerlessness (Embedded in Cultural/Social Norms)

Institutions & Decision-making/planning Processes

Social Determinants – Where we live, learn, work and play

Socio-ecological Model

Medical Model

Risk Behaviors
- Smoking
- Poor nutrition
- Low physical activity
- Violence
- Alcohol & Drugs

Disease & Injury
- Communicable Disease
- Non-Communicable Disease
- Infectious Disease
- Non-Infectious Disease

Mortality
- Infant Mortality
- Life Expectancy

Strategic Partnerships
- Advocacy

Community Capacity Building
- Community Organizing
- Civic Engagement

Policy

Emerging Public Health Practice

Current Public Health Practice
Poor Health Outcomes Have Roots In Poor Policy
Poor Health Outcomes Have Roots In Poor Policy
Poor Health Outcomes Have Roots In Poor Policy

UPSTREAM

SOCIAL INEQUITIES
Class
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Emerging Public Health Practice
Current Public Health Practice
Poor Health Outcomes Have Roots In Poor Policy
Minnesota Department of Health Strategic Plan

Triple Aim of Health Equity

- Implement Health in All Policies
  - Implement a Health in All Policies Approach With Health Equity as the Goal

- Strengthen Community Capacity
  - Expand Our Understanding of What Creates Health

- Expand Understanding of Health
  - Strengthen the Capacity of Communities to Create Their Own Healthy Future
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

1. Access to Recreation and Open Space
2. Access to Healthy Foods
3. Access to Medical Services
4. Access to Public Transit and Active Transportation
5. Access to Quality Affordable Housing
6. Access to Economic Opportunity
7. Completeness of Neighborhoods
8. Safe Neighborhoods and Public Spaces
9. Environmental Quality
10. Green and Sustainable Development and Practices
HiAP Addresses Determinants of Health

How do government processes, policies and plans shape 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**

- **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)

- **Supporting the use of Health Impact Assessments (HIAs) to guide policymaking**
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

Community will and articulation of priorities

General Plan 2030 includes Health & Wellness Element → Health in All Policies Ordinance & Strategy → City Manager's Office → Coordinates the HiAP program among all depts and interdepartmental Team → Team ensures HiAP implementation & budget alignment

UC Berkeley partnership and support of funders
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

Diagram:
- Upstream
  - Policy and Programs
    - Corporations and other businesses
    - Government agencies
    - Schools
  - Social Inequities
    - Class
    - Race/ethnicity
    - Gender
    - Immigration status
    - Sexual orientation

- Midstream
  - Physical Environment
    - Housing
    - Land use
    - Transportation
    - Residential Segregation
  - Behavior
    - Smoking
    - Nutrition
    - Physical activities
    - Violence

- Downstream
  - Disease and Injury
    - Infectious disease
    - Chronic disease
    - Injury
  - Mortality
    - Infant mortality
    - Life expectancy

Connections:
- Government, Schools → Parks, Housing, Transportation → Hospitals, Clinics
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.
“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 l)
HiAP:  
https://vimeo.com/69114268  

**Roadmaps to Health:**  
https://vimeo.com/58667261  

Richmond Building Healthy Communities:  
https://vimeo.com/58660721
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]?

What directly drives the outcome?

What conditions shape the causal factors?
Root Cause Analysis

**Directions**

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

**Key Questions**

1) What causal factors drive the outcome?
2) What root causes shape the causal factors?
Root Cause Analysis

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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


Bay Area Regional Health Inequities Initiative

http://www.barhii.org/