

12-01

STATEMENT OF POLICY

Implementing Health in All Policies through Local Health Department Leadership

Policy

The National Association of County and City Health Officials recommends:

Federal, state, and local governments should:

- Adopt a Health in All Policies approach in 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 (LHDs) 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.

Local health departments should:

- Take a leadership role to implement HiAP at the local level, including identifying the best strategies for implementing HiAP in the LHD jurisdiction
- Assume a prominent role educating local, state, and federal policymakers about the value of HiAP

Justification

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 health care.¹ For example, recent research suggests that only 10 percent of health is determined just by health care itself.² The 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. LHDs 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).

Many of the social factors that determine health, however, are largely influenced by measures that are often managed by government sectors other than health.³ The social determinants of health, for example, include factors like the quality of schools; socioeconomic conditions, such as poverty; transportation options; public safety; and residential segregation. These factors are 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.⁴

The same is true for the physical determinants of health, which include many of the factors addressed by environmental public health practitioners. These factors include the natural environment, such as plants, weather, or climate change; exposures to toxic substances and hazards; the built environment; worksites, schools, and recreation settings; housing, homes, and neighborhoods; etc.⁵ While public health recognizes the importance of these physical determinants of health, the 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.

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 to ensure that policy decisions have beneficial or neutral impacts on the determinants of health.

HiAP is a strategy that explicitly addresses the fact that decisions shaped outside the health sector can significantly impact health. By ensuring health considerations beginning with the policy formulation process, there are opportunities for the development of policy decisions that achieve the non-health agency mission while also minimizing or improving the policy's impact on health.⁶

HiAP can be addressed at all levels of government and in the non-government sector as well. The creation of the National Prevention, Health Promotion, and Public Health Council, formed after the passage of the Affordable Care Act, is a strategy to achieve HiAP at the federal level. The Council consists of federal agency heads that manage all 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."⁷

HiAP can also be addressed at the state and local level; there are multiple actions to achieve the changes that will ensure health in all policies by all agencies. At the local level, the institutionalization of health impact assessments (HIAs) has been cited as one strategy to achieve HiAP.^{8,9} A National Institute of Medicine report on HIAs noted that many LHDs (e.g., Denver, Baltimore Seattle, Portland, and Los Angeles) have been leaders or participants in HIAs, only the San Francisco Department of Public Health as an LHD has incorporated HIA as a routine institutional practice.^{10,11} With adequate funding and support, however, some LHDs might choose to adopt this strategy.¹²

A wide variety of other strategies to achieve HiAP might be more suitable for some jurisdictions.¹³ Because HiAP is still in an early stage of development in the United States, LHDs can benefit from the experience of other LHDs, states, and countries that have used different approaches to achieve HiAP. For example, the South Australian Health Department utilizes 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.”¹⁴ This approach can be translated into local public health practice. For example, LHDs may train sister agencies about how to assess potential policies using various health lenses. LHDs can also reframe health lenses to ensure that environmental public health and health equity are in sharp perspective 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).¹⁵

Ordinances and executive orders are two other strategies to achieve HiAP. For example, King County’s Ordinance 2010-0509 defines the “just and fair” provisions of its countywide strategic plan by specifying 14 determinants of equity that are clearly 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.”¹⁶ In 2007, former Mayor Hickenlooper issued Executive Order 123, which commits the City and County of Denver to environmental public health policies, actions, and programs. The executive order requires that the policy be communicated to “*all* employees, individuals working on behalf of or under the direction of [the City and County of Denver]...and that *each* [agency] is expected to follow this policy and report any environmental, health, or safety concern to the Mayor’s Office or to management of the applicable CCD agency. Managers are expected to take prompt action [*italics added*].”¹⁷ LHDs can play a role at implementing similar approaches in their jurisdictions by educating legislators and executives about the successful efforts in King County and Denver.

LHDs are best positioned to implement HiAP in their jurisdictions. LHDs 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 wellbeing 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.^{18, 19} Given their mission to protect public health, their traditional role as a convener, and connections to communities, LHDs 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. LHDs 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.

Funding agencies interested in supporting HiAP nationally can improve the success of HiAP by providing resources to LHDs to implement HiAP while allowing LHDs flexibility in determining appropriate actions to achieve the ultimate goal of HiAP.

Funding agencies have the opportunity to help implement HiAP approaches nationally by (1) funding LHDs to implementing HiAP at the local level; (2) providing technical and other assistance to help LHDs implement HiAP locally; and

(3) offering professional opportunities for LHD practitioners to educate policy makers at the local, state, and federal levels about HiAP.

Funding requirements should be sufficiently flexible to enable LHDs to pursue HiAP in the way that fits best with the local situation. Funding on 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 LHD staff training about how other sectors make policy decisions. The direct experience of LHD practitioners implementing HiAP locally can provide valuable lessons for implementing HiAP in other jurisdictions. In addition, it empowers LHD practitioners in their efforts to educate policy makers about the value of implementing HiAP at the state and federal levels. By supporting LHD 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.

References

1. Commission on Social Determinants of Health. Closing the gap in a generation: Health equity through action on the social determinants of health. Geneva: World Health Organization; 2008. Accessed January 10, 2012 from http://whqlibdoc.who.int/hq/2008/WHO_IER_CSDH_08.1_eng.pdf [PDF - 4.3 MB]
2. Schroeder, S. We Can Do Better—Improving the Health of the American People. *New Eng J Med* 2007 357:1221-1228.
3. Healthy People 2020. Accessed January 10, 2012 from <http://www.healthypeople.gov/2020/about/DOHAbout.aspx>
4. Ibid.
5. Ibid.
6. HiAP is a “joined-up” government approach to decision-making. The goal of joined-up and other holistic approaches to governance is to implement policies and practices which overcome traditional boundaries in order to improve services and enhance government and sectoral coherence.
7. National Prevention Council. Accessed January 10, 2012 from <http://www.healthcare.gov/prevention/nphpphc/about/index.html>
8. Health Impact Assessment: A Step toward Health in All Policies. *JAMA*. 2009;302(3):315-317.
9. Practices to institutionalize HIA could include, for example, opening an office of HIA that continually screens new policies, programs, and projects; conducting HIAs on those determined to be of sufficient import; disseminating an HIA report with sufficient time to shape the final policy before implementation; and monitoring implementation as needed.
10. Institute of Medicine. Accessed January 10, 2012 from <http://www.iom.edu/~media/Files/Activity%20Files/Environment/EnvironmentalHealthRT/2011-Nov-RT/132291.pdf>.
11. The Institute of Medicine report on HIA notes that “Over the last decade... the use of HIA in San Francisco has matured to become an integral part of the work of the Department of Public Health with dedicated public funding and staff since 2002. HIA tools are now routinely applied in partnership with other city agencies, including planning and redevelopment agencies, to evaluate such proposals as neighborhood and community plans. The San Francisco Department of Public Health has established a routine role of providing oversight of environmental health analysis in EIAs implemented under the California Environmental Quality Act.”

12. While health Impact Assessment (HIA) can be used to uncover the health impacts of policies, programs, and projects prior to implementation, with the prospect of influencing what is ultimately implemented, HIAs in and of themselves do not systematically address all policies in all sectors of government. It is the institutionalization of the practice that is a strategy for achieving HiAP.
13. A wide variety of approaches have been used to achieve health in all policies, including: inter-agency and interdepartmental task forces, community consultations and citizens' juries, cross-sector action teams, integrated budgets and accounting, partnership platforms, cross-cutting information and evaluation systems, partnership platforms, health lens analysis, impact assessments, legislative frameworks, and joined-up workforce development. See for example, *Implementing Health in All Policies: Adelaide 2010*.
14. *Implementing Health in All Policies: Adelaide 2010*. Accessed January 10, 2012 from <http://www.who.int/sdhconference/resources/implementinghiapadel-sahealth-100622.pdf>
15. Public health surveillance may be combined with health lens analysis and HIA to create a powerful change in the systems that shape the social and physical environment. For example, a public works department, trained to use a health lens, may be required to inform the LHD when a new policy is being formulated, the outcome of the health lens analysis, and the recommended policy. This enables the LHD 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.
16. King County, Washington. Accessed January 10, 2012 from <http://www.kingcounty.gov/exec/equity/~media/exec/equity/documents/ESJordinance2010.ashx>
17. County and City of Denver. Accessed January 10, 2012 from <http://www.greenprintdenver.org/docs/CCDXO123.pdf>
18. Centers for Disease Control and Prevention. Accessed January 10, 2012 from <http://www.cdc.gov/nphpsp/essentialservices.html>
19. National Association of County and City Health Officials *Operational Definition of a Functional Local Health Department*. Accessed January 10, 2012 from <http://www.naccho.org/topics/infrastructure/accreditation/upload/OperationalDefinitionBrochure-2.pdf>

Record of Action

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