



School of Public Policy  
& Administration



*Equity*

# Health in All Policies (HiAP)

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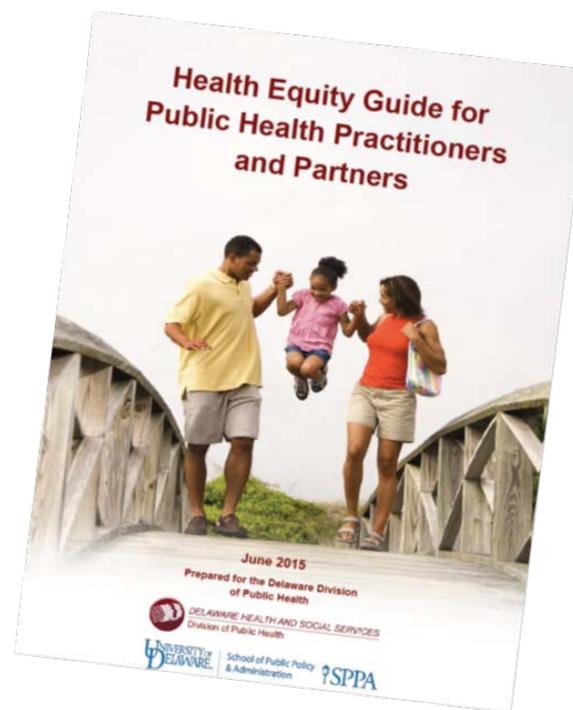
# Overview

## Background & Rationale

- Definitions
- Facts, Myths & Values of health promotion

## HiAP

- What is it?
- 5 Key elements
- Getting Started



<http://dhss.delaware.gov/dhss/dph/mh/healthequityguide.html>  
<http://dehealthequityguide.weebly.com/>

# Definitions

**H** **HEALTH** – a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946)

**E** **EQUITY** – fairness and justice

**I** **IN** – to be enclosed or surrounded by something

**A** **ALL** – every (all kinds); any (beyond all doubt)

**P** **POLICY** – a purposeful course of action that an individual or group consistently follows in dealing with a problem

# Facts, Myths & Values in Public Policy

- Fact is a verifiable statement of what is true
- Myth is something we think is a fact but isn't (also a traditional story or legend that explains some practice, rite or phenomenon of nature)
- Values are opinions about how things *should* be

# Start with Values

## Healthy People 2020:

“A society in which all people live long, healthy lives.”



## Delaware Division of Public Health *Mission:*

“To protect and promote the health of all people in Delaware.”



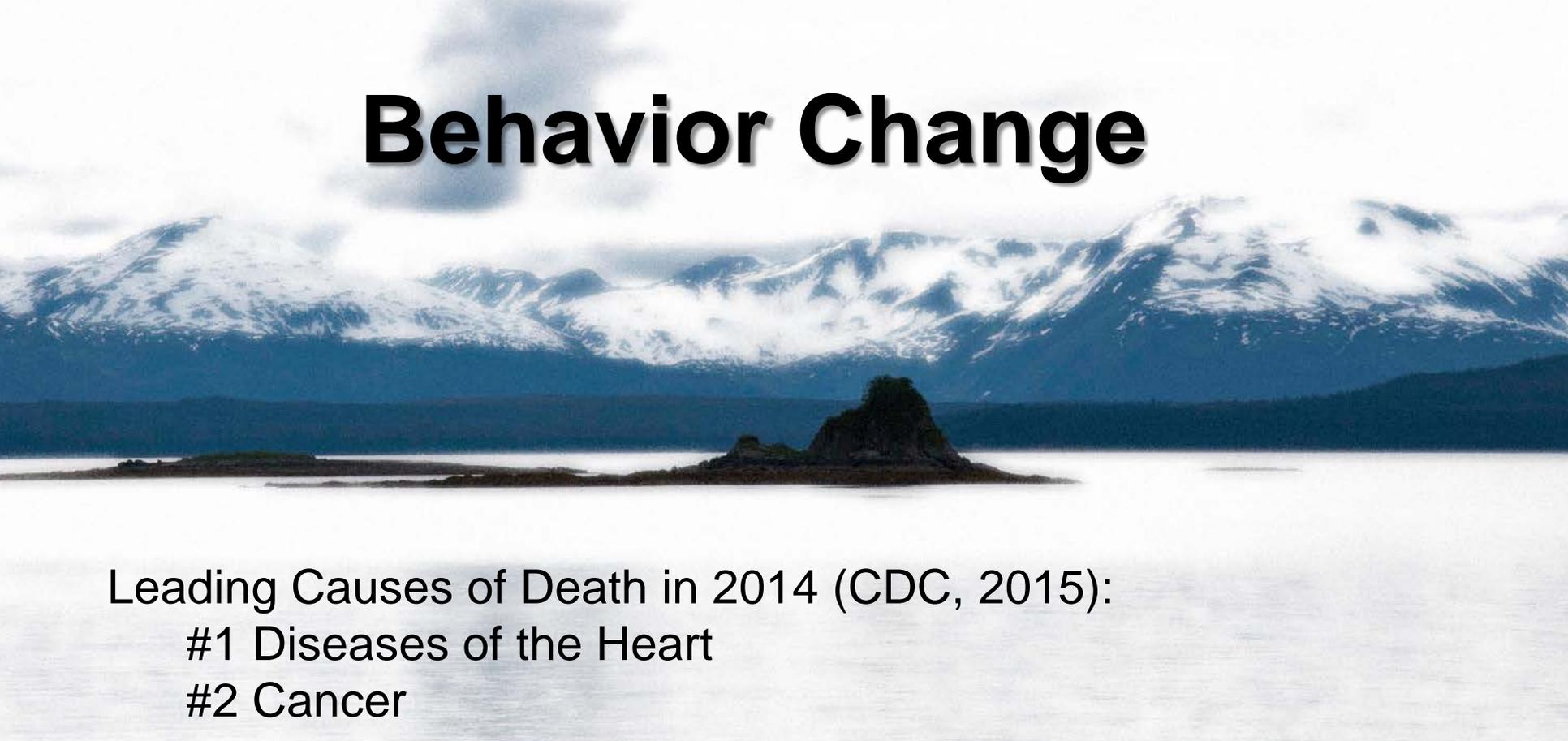
DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

# **Health Promotion**

## **Facts & Myths**

# Behavior Change



Leading Causes of Death in 2014 (CDC, 2015):

- #1 Diseases of the Heart
- #2 Cancer

Leading “Actual” Causes of Death (*Mokdad et al., 2004*):

- #1 Tobacco
- #2 Poor diet & physical inactivity



# Behavior Change

“To prevent disease, we increasingly ask people to do things that they have not done previously, to stop doing things they have been doing for years, and to do more of some things and less of other things. Although there certainly are examples of successful programs to change behavior, it is clear that behavior change is a difficult and complex challenge” (*Smedley & Syme, 2000*).

## E.g., How environment affects behavior

- Schoolchildren in schools with vending machines and school stores that sell foods of minimal nutritional value are more likely to purchase and consume such foods compared with schoolchildren in schools without such options (Cisse-Egbuonye et al, 2016)
- Adolescents living in communities with strong smoking regulations are less likely to become smokers than adolescents living in communities with weak regulations (Siegel et al., 2005)
- People who feel safe in their neighborhood are more likely to be physically active (Harrison et al., 2007)
- Children living in parts of Flint, MI served by water with high lead levels are much more likely to have elevated blood lead levels than children living in suburbs (Hanna-Attisha, et al., 2016)

# Value: *We want all people to live long, healthy lives.*

## FACT:

- Behavior change is necessary for population health improvement

## MYTH:

- Health promotion strategies that rely on education alone are sufficient
- Behavior change strategies that do not account for environmental context are sufficient

**BUSTED**



# Health Care



# Health Care Facts

- Per capita health care spending in the US is nearly twice that of most other wealthy developed countries
  - Per capita health care costs in DE were ~\$8500 in 2009 (CMS, 2013)
- Quality of Care is NOT the best
  - 2014 Report comparing 11 countries found US ranked last in performance (Davis et al., 2014)
- Poor access, high cost and low quality are the focus of numerous reform efforts

*imagine*

# Healthy Community

- Safe, sustainable, accessible, & affordable transportation options
- Affordable, accessible and nutritious foods
- Safe, clean drinking water
- Affordable, high quality, socially integrated housing
- Affordable, accessible and high quality health care
- Quality schools, childcare and afterschool programs
- Green space, parks and recreational facilities
- Libraries and opportunities for engagement with arts, music and culture
- Access to affordable and safe opportunities for physical activity
- A thriving economy and jobs (that pay a living wage)
- Opportunities for civic engagement and social interaction
- Services for aging individuals
- Etc.

# FACTS: Social Determinants of Health

Social determinants of health are the circumstances in which people are born, grow, live, work and age, as well as the systems put in place to deal with illness.

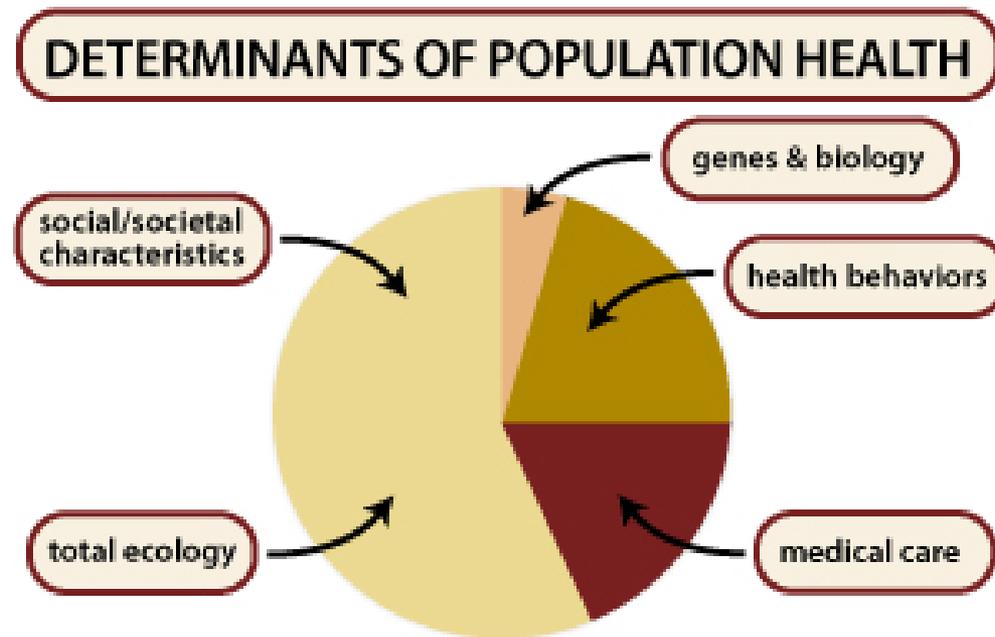


Figure: Estimates of how each of the five major determinants influence population health (Tarlov, 1999)

**Value: *We want all people to live long healthy lives.***

**FACT:**

- Healthcare is critical when one is ill
- Preventive services and primary care matter

**MYTH:**

- Additional investments in healthcare will have a meaningful impact on population health.
- Healthcare policy is a major driver of population health.

**BUSTED**

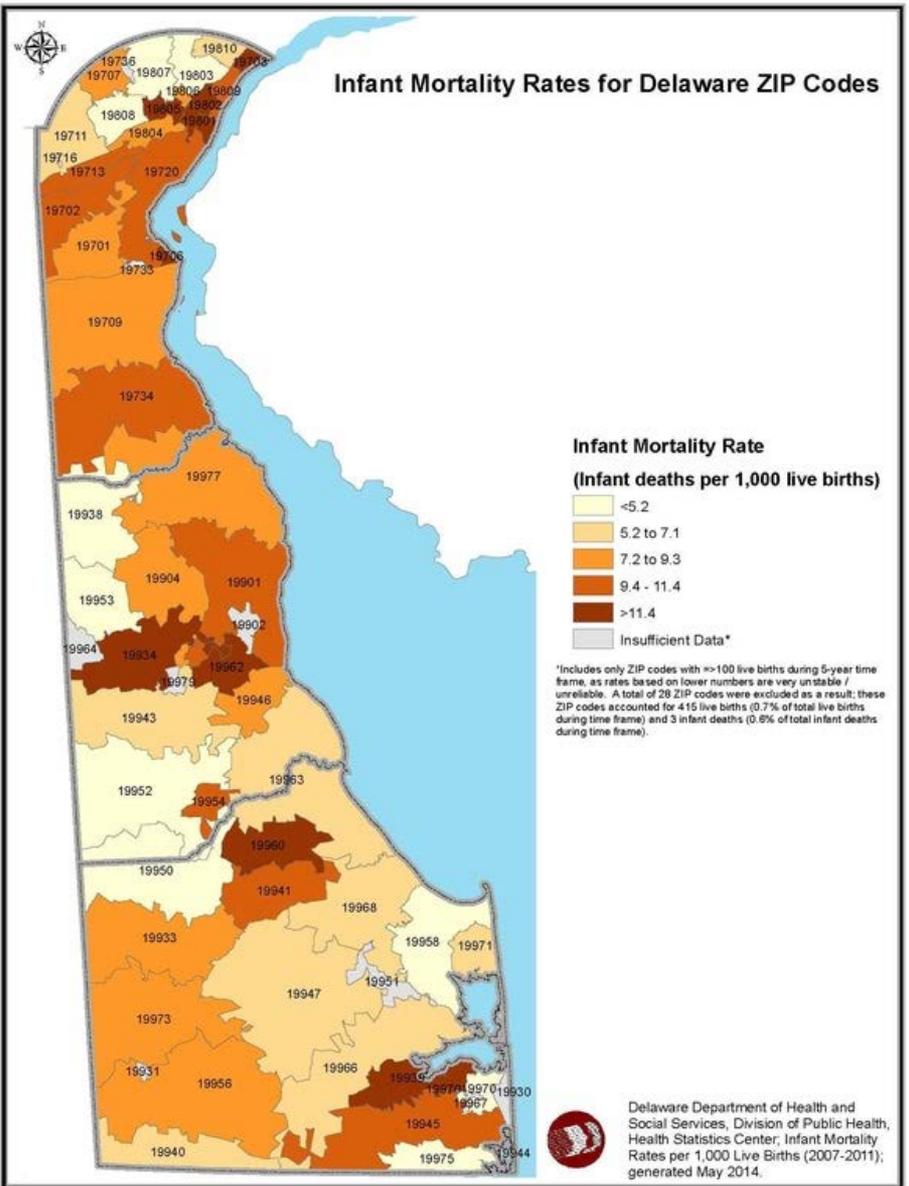
# Clarifying our Values: Health Equity

We want ALL people to live long healthy lives...

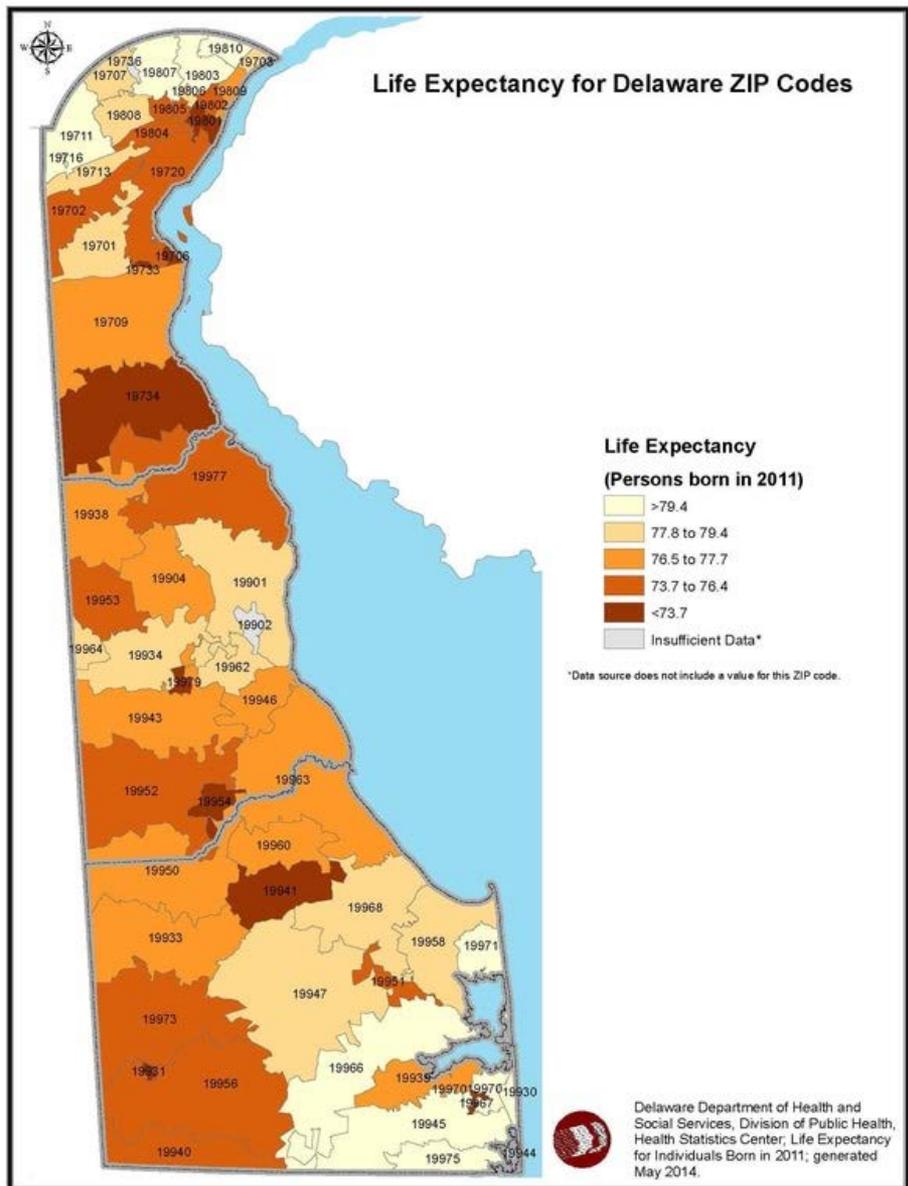
- Health equity is achieving the conditions in which all people have the opportunity to reach their health potential
- Health inequities are preventable differences in health that result from an uneven distribution of resources, services, wealth, etc. and are unnecessary, unjust, unfair, and avoidable.



### Infant Mortality Rates for Delaware ZIP Codes



### Life Expectancy for Delaware ZIP Codes



# Value: We want ALL people to live long healthy lives.

## FACT:

Major differences in health exist (and persist) according to income, race, educational status, and other indicators of privilege.

## MYTH:

Health inequalities are natural, unavoidable characteristics of a modern society. Individuals are to blame for their poor health.

**BUSTED**



# Summary: Facts, Myths & Values

## What do we know?

- “Health care services, while important in determining the outcome of episodes of illness, are relatively unimportant in determining population health” (Kemmer, 2001).
- “It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change. If successful programs are to be developed to prevent disease and improve health, attention must be given not only to the behavior of individuals, but also to the environmental context within which people live...” (Smedley & Syme, 2000)

## What do we value?

- “A society in which all people live long, healthy lives.” (HP 2020)

# Health (Equity) in All Policies

<http://www.phi.org/resources/?resource=hiapguide>



# HIAP aka “Healthy” Public Policy

Healthy public policy is a policy that increases the health and well-being of those individuals and communities that it affects.

“Virtually all aspects of public policy impact on health...**all** policy should be healthy public policy” (Kemmer, 2001).



- Transportation policy is health policy
- Land use policy is health policy
- Education policy is health policy
- Tax policy is health policy
- Agricultural policy is health policy
- Economic development policy is health policy
- Criminal justice policy is health policy
- Etc.
- Etc.

# What is Health in All Policies (HiAP)?

A collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy arenas

**Health Impact Assessment**

**Intersectoral action for health**

**Health happens here**

**WHOLE-OF-GOVERNMENT**

Healthy public policy

Joined-up Government

Horizontal Governments

**PLACE MATTERS**

# Five Key Elements of HiAP

- Promote health, equity, and sustainability
- Support inter-sectoral collaboration
- Benefit multiple partners
- Engage stakeholders
- Create structural or procedural change

“HiAP at its core, is an approach to addressing the social determinants of health that are the key drivers of health outcomes and health inequities” (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013).

# 1. Promote health, equity and sustainability

HiAP promotes health, equity and sustainability through two avenues:

- 1) Incorporating health, equity and sustainability into specific policies, programs, and processes, and
- 2) Embedding health, equity and sustainability considerations into government decision-making processes so that healthy public policy becomes the normal way of doing business.

## 2. Support intersectoral collaboration

HiAP brings together partners from many sectors to:

- recognize the links between health and other issue and policy areas,
- break down silos,
- build new partnerships to promote health and equity, and
- increase government efficiency.

### 3. Benefit multiple partners

HiAP is built upon the idea of “co-benefits” and “win-wins.”

HiAP work should benefit multiple partners, simultaneously addressing the goals of public health agencies, other government agencies and community stakeholders; creating efficiencies across sectors.

The concept of co-benefits is essential for:

- securing support from partners
- reducing redundancies, and
- ensuring more effective use of scarce government resources.

Finding a balance between multiple goals will sometimes be difficult, and requires negotiation, patience, and learning about and valuing others' priorities.

## 4. Engage stakeholders

HiAP engages a variety of stakeholders, *beyond government partners*, such as community members, policy experts, advocates, the private sector, and funders.

Robust stakeholder engagement is essential for ensuring that work is responsive to community needs and for garnering valuable information necessary to create meaningful and impactful change.



## 5. Create structural or procedural change

Over time, HiAP creates permanent changes in how agencies relate to each other and how government decisions are made. This requires maintenance of:

- structures which can sustain intersectoral collaboration
- mechanisms which can ensure a health and equity lens in decision-making processes across the whole of government.

This can be thought of as “embedding” or “institutionalizing” HiAP within existing or new structures and processes of government.

# HiAP: Getting Started...



# Starting with existing processes, projects & policies



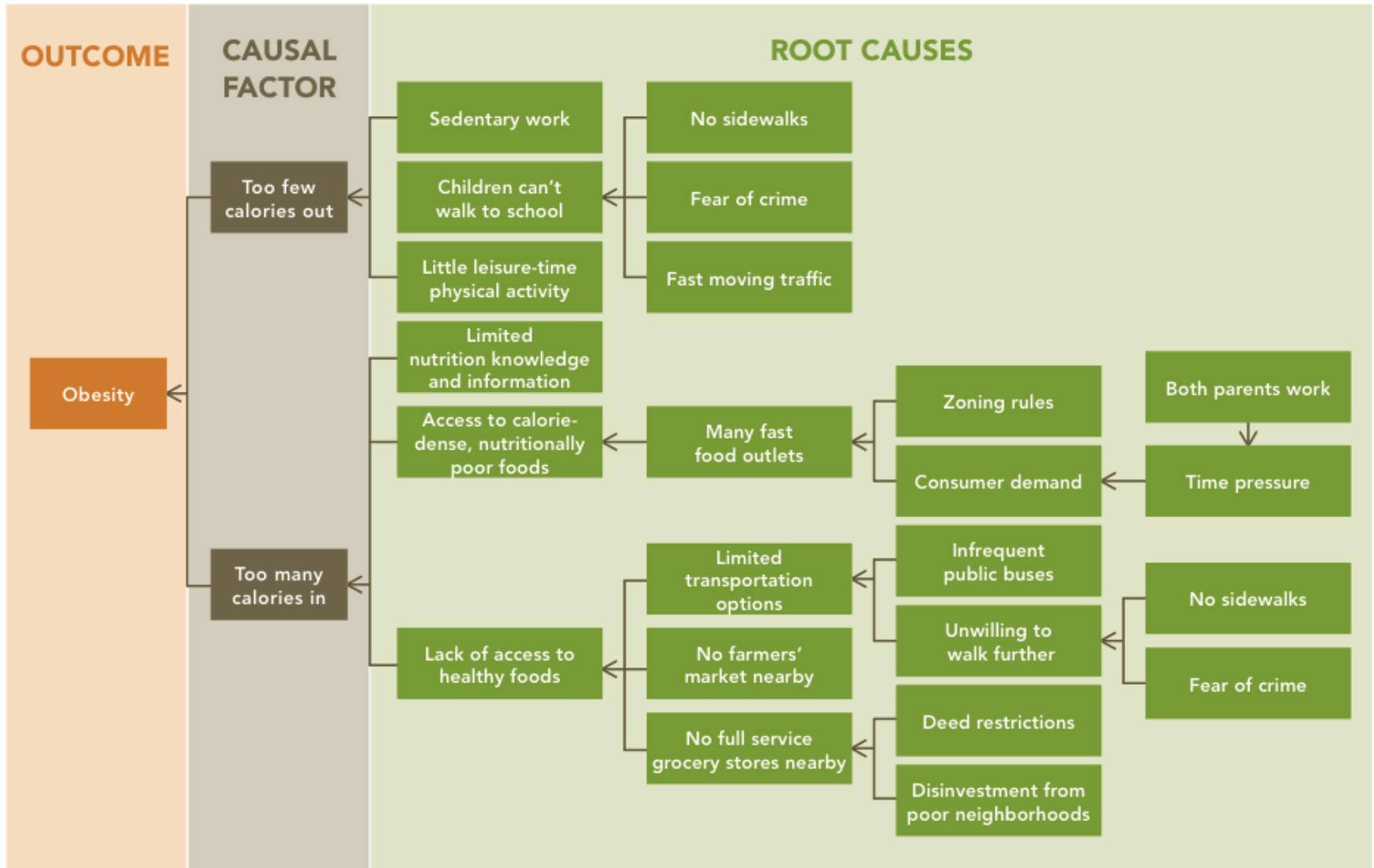
1. Issue approach – Identify policy issues that have major impact on specific public health priorities (e.g., violence prevention, hunger alleviation, or reduction of poverty)
2. Opportunistic approach – Identify existing policies/proposals or relationships that can provide early success for all partners
3. Sector approach – Focus on one specific policy area with a large health impact (e.g., transportation or agriculture)

# Issue Approach



*According to wikipedia.org:  
“Just 12% of actors cannot  
be linked to Bacon in any  
number of connections at  
all... but this number is  
difficult to verify.”*

# Issue Approach: Root Cause Map



# Opportunistic Approach

**“Legislators consider fee for using plastic bags”** (*News Journal* 5/31/16)

**“Calls to rethink Delaware’s solitary confinement”**  
(*News Journal* 5/13/16)

1. Consider health impacts? (both short-term and long-term; positive and negative?)
2. Consider equity impacts? (or disproportionate impact on different groups)
3. Can public health support this bill? OR can public health help to revise it to better promote health & equity?



# Opportunistic Approach: Food for Thought...

- Are there any existing or newly forming interagency or inter-organizational initiatives that have potential health implications?
- What initiatives are you working on that would benefit from partnership with new/different agencies?
- Is your agency or organization going through a strategic planning process?
- Is there a new or ongoing process where health metrics or data could be added?
- What partners have you worked with successfully in the past?

# Sector Approach: Plan4Health

“Plan4Health connects communities across the country, funding work at the intersection of planning and public health.

...Supports creative partnerships to build sustainable, cross-sector coalitions.”

See afternoon breakout session

<http://www.plan4health.us/plan4health-coalitions/city-of-dover-kent-county-de-delaware-coalition-for-healthy-eating-and-active-living/>

# Informal approaches to integrating health into decision-making



- Writing comment letters on planning documents
- Be at the table/offer a health perspective on planning processes including neighborhood/area plans, transit-oriented development plans, zoning updates, General Plans, and development plans.
- Promote the use of health and equity indicators in land use, housing, transportation, and other contexts.
- Conduct research on social and environmental health conditions and disseminate the findings.
- Integrate health language into RFPs and develop health-related grant scoring criteria.
- Provide process-related services such as facilitation, consensus-building, community engagement, and relationship-building across agencies to advance any of the above activities.
- **VOTE with health in mind (e.g. minimum wage, universal ECE, etc.)**

**How To...**  
*achieve health  
equity & health in  
all policies*

**Think BIG**  
*but balance big  
thinking with the  
need for early wins*



# HiAP: An Imperative...

- **Social Messes**

HiAP is a response to a variety of complex and often inextricably linked problems such as the chronic illness epidemic, growing income inequality and health inequities, rising healthcare costs, an aging population, climate change and related threats to our natural resources, and the lack of efficient strategies for achieving governmental goals with shrinking resources.

- **Shrinking budgets and competing priorities**

Collaboration can promote efficiency, sharing of resources and reduced redundancies (or working at cross purposes).

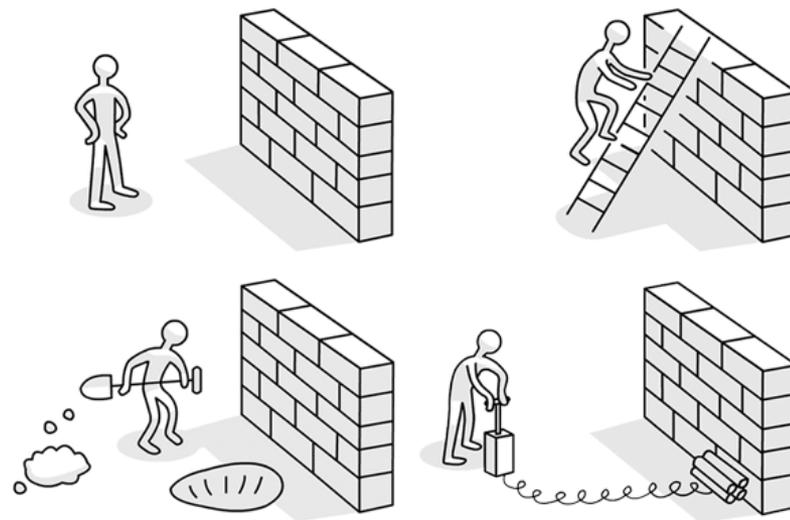
[http://www.phi.org/uploads/files/Health\\_in\\_All\\_Policies-A\\_Guide\\_for\\_State\\_and\\_Local\\_Governments.pdf](http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf)

# Acknowledge Challenges

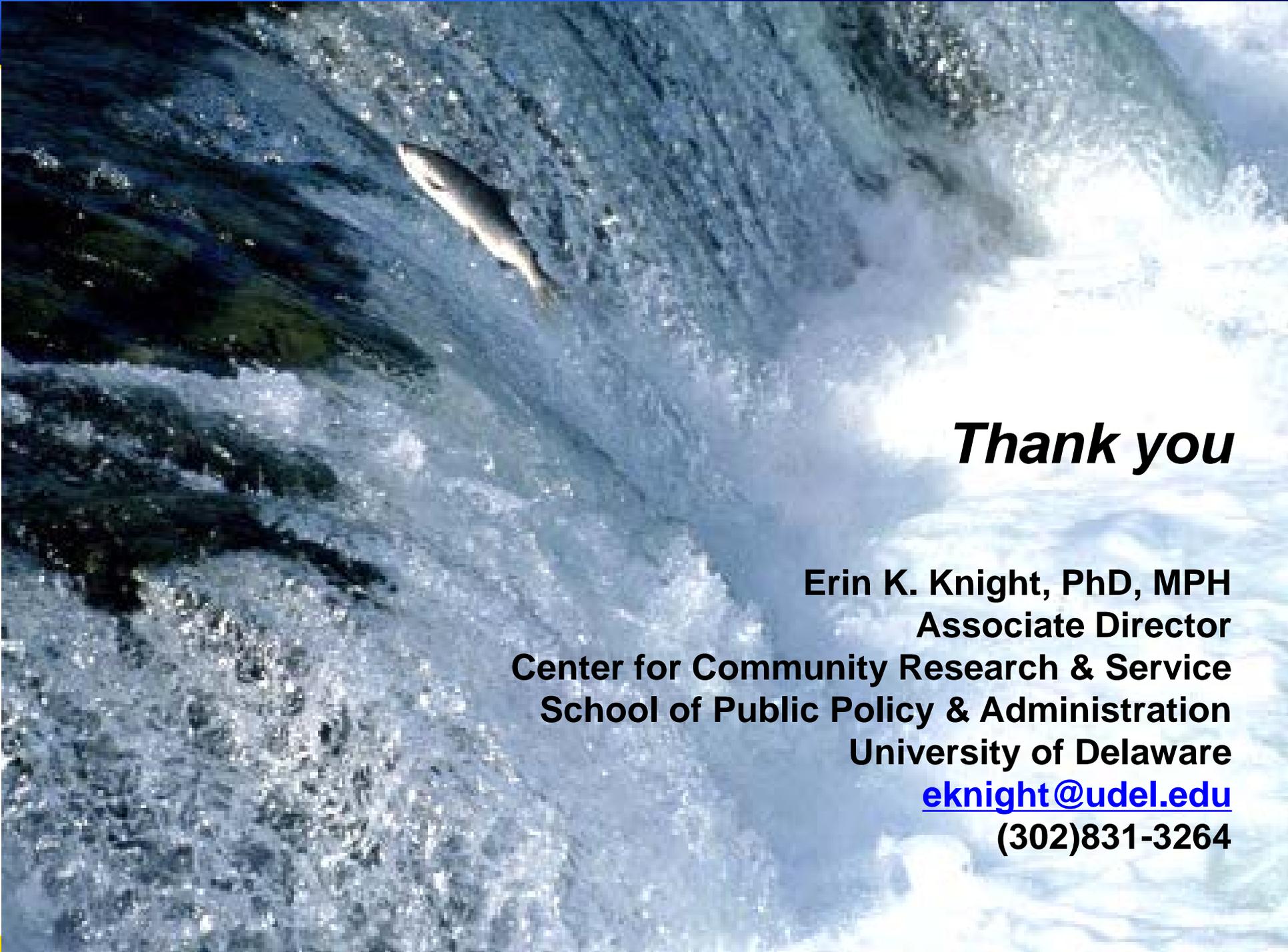
- Lack of clarity on specific causes and pathways related to poor health
- Lack of clarity on end points and outcomes (e.g. how do you define and measure “optimal health” or “full health potential”)
- SDOH/E often outside of public health authority; or responsibility of any one organization or institution
- Social stratification bigger than any one specific policy or practice change
- Not enough resources
- Bio-medicalized culture; lack of public understanding; political will
- Hard to talk openly about racism (and other “isms”)
- Knowing where and how to focus efforts
- Identification of champions in high places (who has the power?)
- Evaluation
- Others?

# Overcoming Challenges

- Healthier people need less medical care.
- Less medical care decreases burden on our health care system.
- Healthier people are more productive people.
- Healthier people live longer.
- ALL of us experience improved quality of life.
- It's what we do...



*“You have a goal and if there’s a wall, you go around it, through it or above it... but don’t see the wall and turn around.” – Rajiv Bhatia*



***Thank you***

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