

Health in All Policies: Research and Discovery

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Outline for Presentation



- I. Timeline and deliverables
- II. Cross-Research Themes
- III. Examples from around the world
 - I. Health in All Policies:
 - I. California
 - II. South Australia
 - III. Finland
 - II. Health Equity Training
 - I. Louisville, KY
 - II. Boston, MA
 - III. National Association of County and City Health Officials (NACCHOS)
- IV. Questions and Discussion

Fellows Timeline



Spring
2012

Research and
Discovery

Presentation to
HiAP
subcommittee

Online
repository of
resources

Fall 2012

Applying the
research to
Richmond

Three
proposals

Spring
2013

To be
determined

Formal written
report



Health in All Policies: Research Format



- Demographics
- History/Timeline/Structure
- Funding
- Key elements
- Evaluation
- Equity

Health in All Policies: Cross-Research Themes



California Demographics



Total Population (2011): 37,691,912

Income

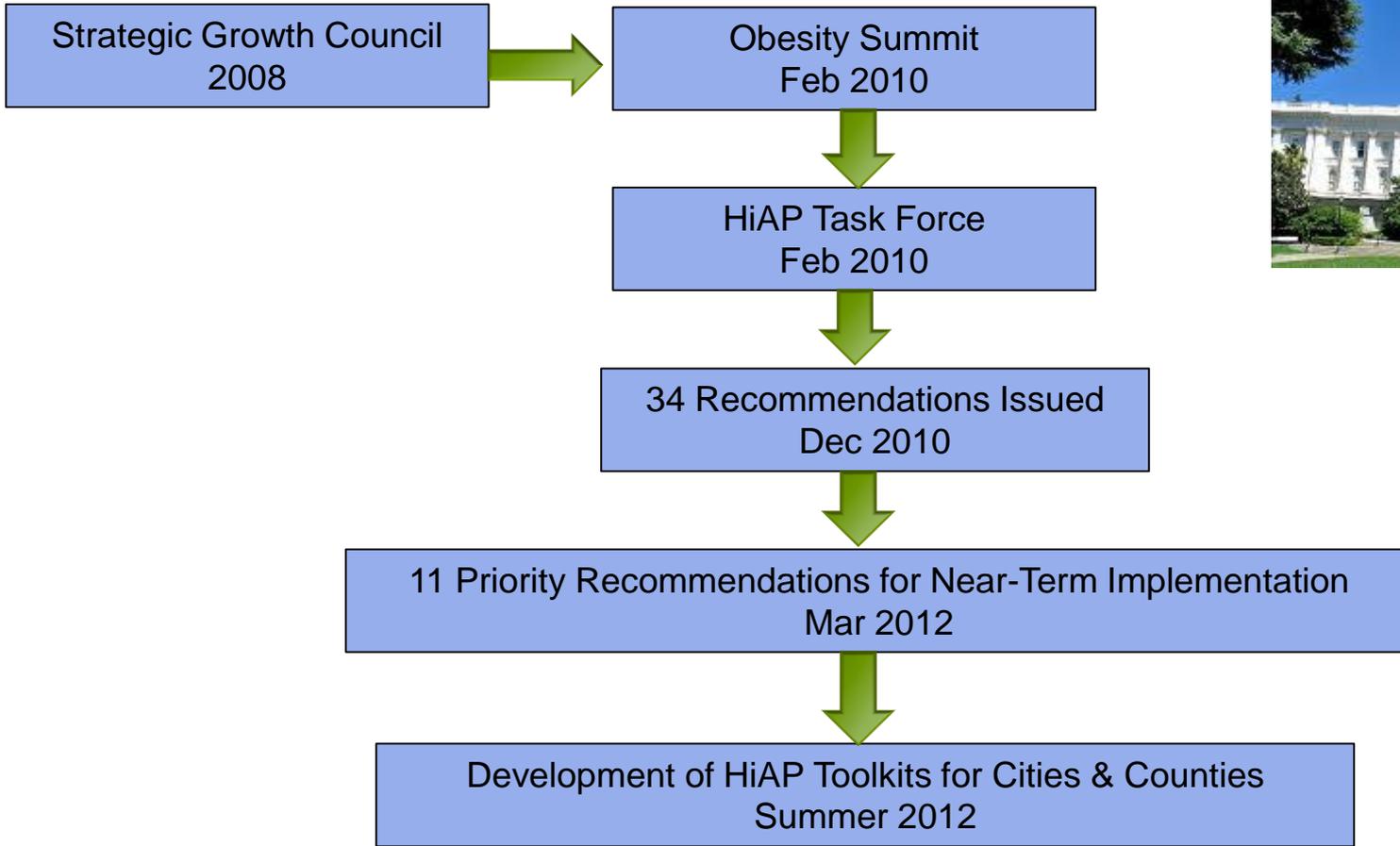
- Per capita income in past 12 months (2006-2010) \$29,188
- 13.7% below poverty level

Race

- American Indian and Alaska Native 1.0%
- Asian 13.0%
- Black 6.2%
- Hispanic or Latino origin 37.6%
- Native Hawaiian and Other Pacific Islander 0.4%
- Two or more races 4.9%
- White persons, not Hispanic 40.1%



Creation of CA HiAP: Timeline



HiAP Funding

CA: \$ from Kaiser & TCE Grants – not state
Richmond: TCE – 1 million per year; 2010-2020

Scope of CA HiAP

Provide guidance to cities & counties. At a level of government where implementation will not happen.

2 Strategic Directions



1. Building healthy & safe communities with opportunities for:

- Active transportation
- Safe, healthy, affordable housing
- Places to be active (parks, green space)
- Ability to be active without fear of violence/crime
- Access to healthy, affordable foods

2. Opportunities to apply a health lens to public policy & program development:

- Healthy public policy
- State guidance
- Embedding health in decision-making
- Data & research
- Collaboration & community engagement
- Continue Task Force



11 Priority Recommendations for Implementation



Topic	Priority Recommendation
Active Transportation (HWE 4, 7)	1. “complete streets” 2. Opportunities from SB 375
Housing & Indoor Spaces (HWE 5, 7)	3. Smart housing siting (away from high-volume roadways)
Parks, Urban Greening, Places to be Active (HWE 1, 9, 10)	4. Support urban greening & access to green spaces.
Violence Prevention (HWE 8)	5. Disseminate existing guidance on Crime Prevention through Environmental Design. 6. Support community-level efforts to develop data-informed prevention actions (training for community engagement & joint action)
Healthy Food (HWE 2)	7. Encourage/expand availability of locally grown produce (farm-to-fork) 8. Support healthy eating & sustainable local food systems (gov’t spending)
Healthy Public Policy (HWE 6)	9. Incorporate a health/health equity perspective (guidance, surveys, tech assistance) 10. Incorporate health/health equity criteria into state grant requests 11. Explore ways to integrate health impact assessments into existing state projects & plans

Equity & Other Key Definitions



Equity: Cross-cutting theme of all recommendations. Included specifically in 2nd strategic direction: public policy & program development

Healthy community

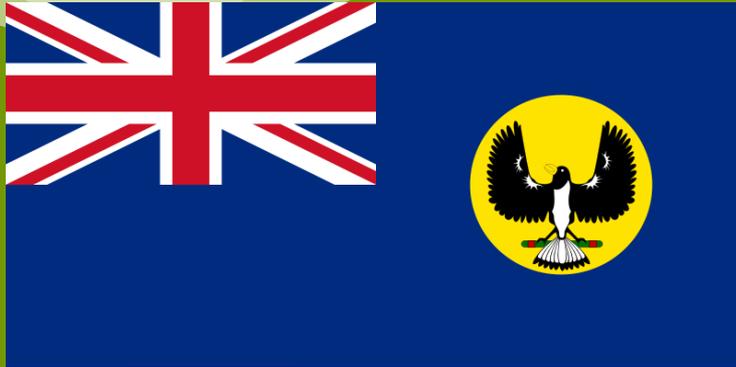
“Meets the basic needs of all residents, ensures quality and sustainability of the environment, provides for adequate levels of economic and social development, achieves health and social equity, and assures social relationships that are supportive and respectful.”

Co-benefits: Win-win strategies; health is the linking factor

One-Stop Shop: Centralized location with available information, tech assistance, & funding opportunities for local entities

South Australia Health in All Policies

Jazmine Garcia



Demographics



Total Population: 1,657,000

25,000 people of indigenous origin

Average age: 37

Unemployment rate: 5.3%

Beginnings of HiAP in South Australia



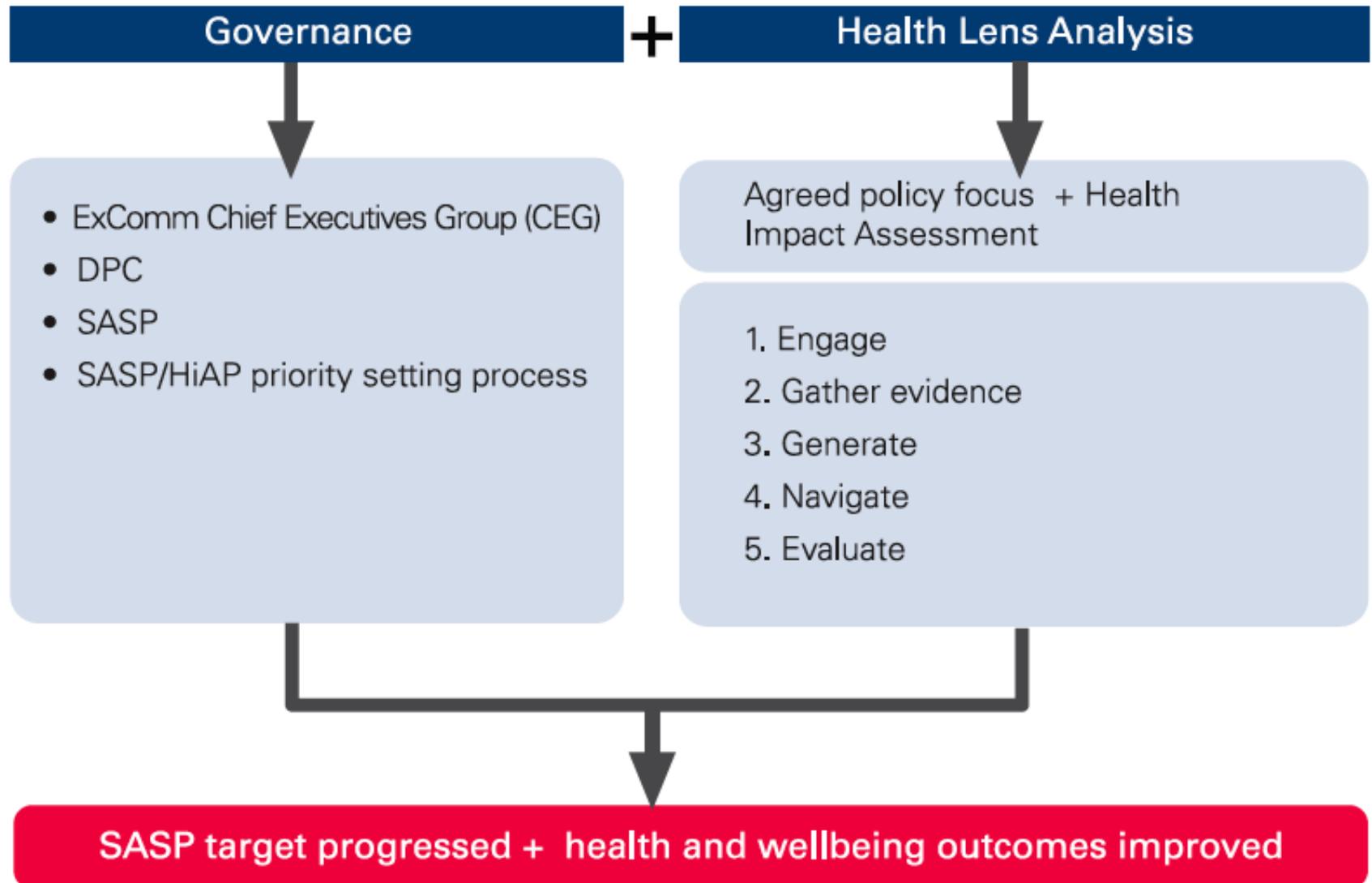
- Prof. Kickbusch Thinker in Residence 2007
 - Desktop Analysis
 - Case Studies
 - HiAP Conference
 - Assist government in addressing complex issues
 - Simultaneously improve population of health

Lack of health care is not the cause of the huge global burden of illness; waterborne diseases are not caused by lack of antibiotics but by dirty water, and by the political, social and economic forces that fail to make clean water available to all; heart disease is not caused by a lack of coronary care units but by the lives that people lead, which are shaped by the environments in which they live; obesity is not caused by moral failure on the part of the individuals but by the excess availability of high fat and high sugar foods. The main action on social determinants of health must therefore come from outside the health sector.

Governing Structure

Mandate	Decision by the Executive Committee of Cabinet in 2008 to systematically apply an HiAP health lens across SASP targets. Moving towards a similar legislative mandate as contained in the draft South Australian Public Health Bill 2009.
Governance	Overseen by a group of chief executives of other government departments (not Health) who have responsibility for implementing SASP.
Central Government Engagement	Memorandum of Understanding between DH and DPC. DPC has lead role in overall coordination, and DH provides resources to undertake health lens work.
Structures/actors Involved	Small team within DH undertakes health lens work in collaboration with other government agencies.
Process and Methods	DH undertakes health lenses on early stage policy and plans in collaboration with other agencies; uses aspects of HIA in its methods, along with a range of other policy investigation and analysis tools. Seeks to engage in the policy formation process as early as possible to ensure incorporation of health factors in the decision- making process.
Links with Other Government Departments	Works collaboratively with other agencies on jointly analyzing proposals and plans that aim to maximize health gain.
Links with Local Government	Exploring possibility for the application of HiAP to the local government sector.
Policy Focus	Based on a determinants approach to health.

South Australia's Health in All Policies (HiAP) model



Dreambox participant, a program in which Aboriginal and Torres Strait Islanders share dreams in words and photos

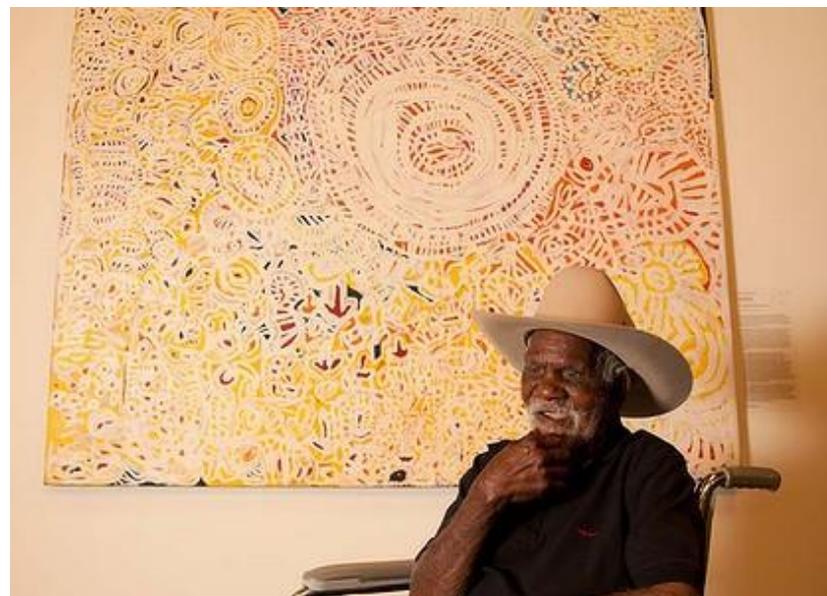


Equity



Equity is addressed in the context of:

- Gender
- Socioeconomic Status
- Social determinants of health
- Racism and discrimination



Won Telstra National Aboriginal and Torres Strait Islander Art Award for his painting reflecting 90 years of family history.

Finland Health in All Policies

Juliana Oronos



Demographics



Total Population: 5.4 million

Ethnically homogenous, dominant ethnicity is Finnish

Foreign-born population is 4.6% of country

Unemployment rate: 8.5%

Horizontal Health Governance



Government program in 2007

Policy program for health promotion & Policy program for the wellbeing of children, youth, and families 2007-2011

National Action Plan to reduce health inequalities 2008-2011

- Representatives from other ministries, local government, the health service system, NGOs and professional organizations, and research institutes.

Health 2015 public health program

- Advisory Board for Public Health

Best Practices of Finnish Model



Improving population health requires intersectoral actions

- Strong partnerships with common targets
- Build government commitment
- Develop strong high-level policy processes
- Embed responsibilities into overall strategies & goals
- Ensure joint decision-making and accountability for outcomes
- Encouraging experimentation and innovation
- Integrate research/evidence

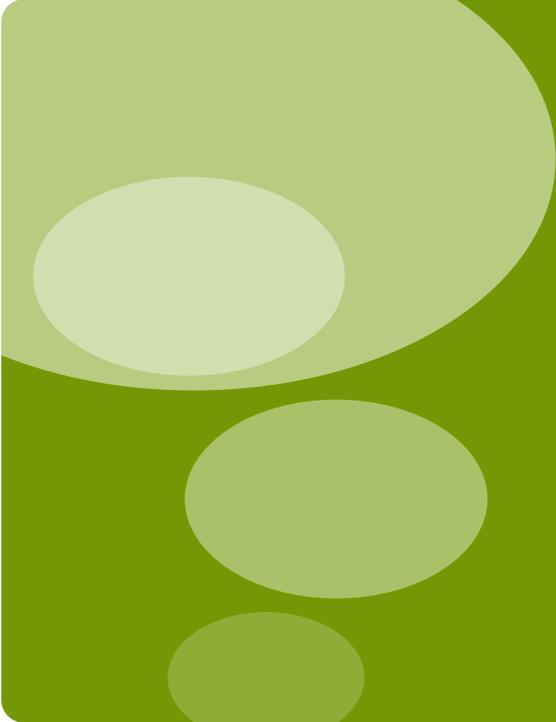


Equity in Finland & EU HiAP



- The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.
- Coordinated action leads to health, income and social policies that foster greater equity
 - Ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.





Health Equity Training

Kelsie Scruggs

Louisville, KY



Population 256,231

Median Age 35.8

Race

White 62.94%

Asian 1.45%

Black 33.01%

Other 2.6%

Hisp/Latino (Any Race) 1.86%

Median Income per Capita \$21,488

Unemployment Rate 8.6%



Center for Health Equity-Louisville, KY



Benjamin Bell: “Reduce, Reuse, Recycle”



Errionna Stover: “How Does Health Affect My Family?”

Boston, MA



Population 589,141

Median Age 31.1

Race

White 54.48%

Asian 7.52%

Black 25.33%

Other 12.67

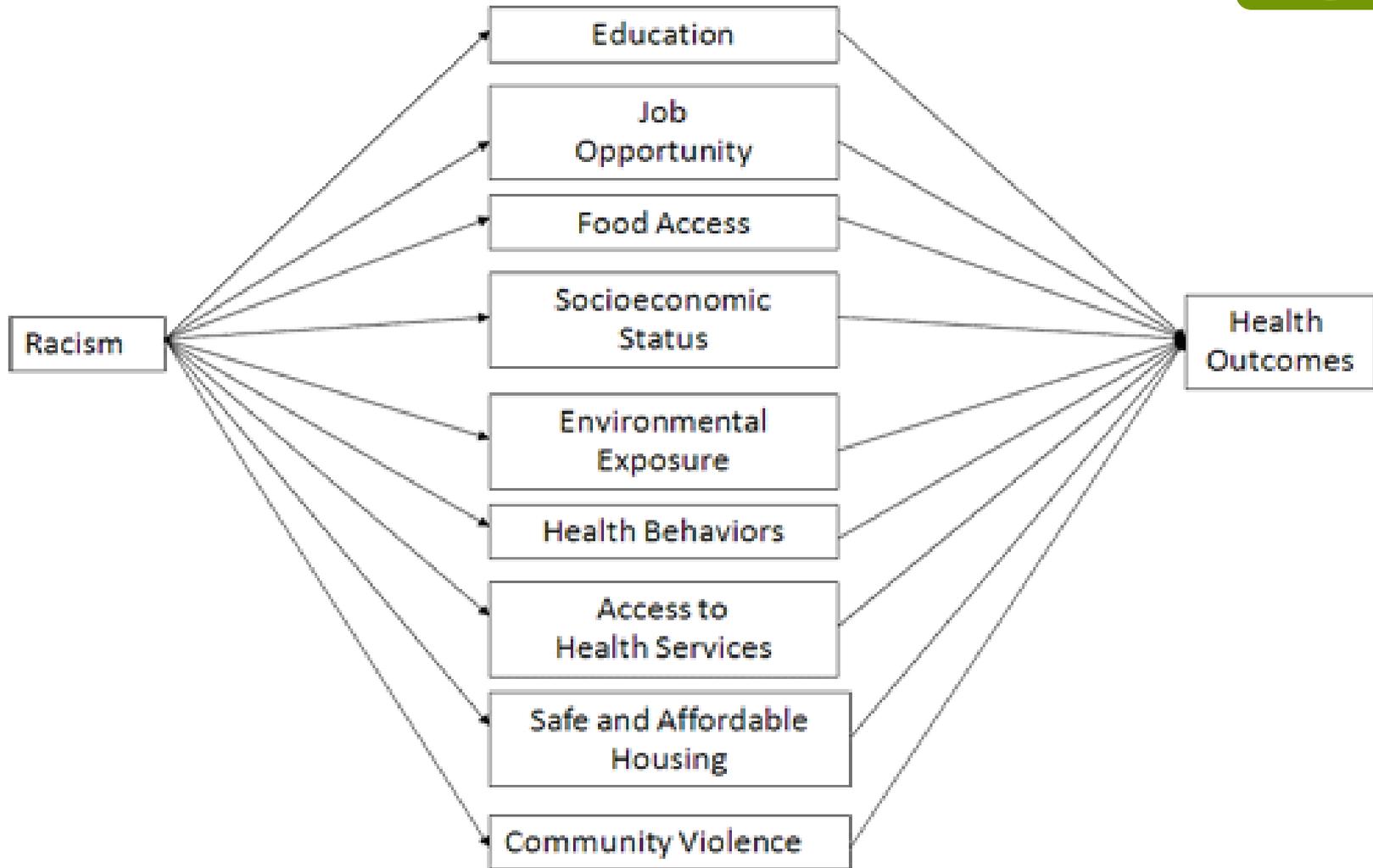
Hisp/Latino (Any Race) 14.44%

Median Income per Capita \$30,592

Unemployment Rate 5.8%



Boston Health Commission



NACCHO: The Roots of Health Inequity



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Multnomah County: Health disparities are population-specific differences in the presence of disease, health or access to care.

Healthy People 2020: Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

World Health Organization Concept Paper: Equity in health implies that ideally everyone could attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position or other socially determined circumstance. This refers to everyone and not just to a particularly disadvantaged segment of the population. Efforts to promote social equity in health are therefore aimed at creating opportunities and removing barriers to achieving the health potential of all people. It involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill.

Health in All Policies: Cross-Research Themes



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Thank You

Any Questions?