

Health in All Policies Task Force Implementation Plan
Health and Health Equity in State Guidance
Endorsed by the SGC on May 10, 2012

I. The Health in All Policies Task Force

The Health in All Policies (HiAP) Task Force is a multi-agency effort to improve state policy and decision-making by encouraging collaborative work towards health and sustainability goals by incorporating health considerations into non-health policy areas. After an in-depth process that included input from health and policy experts, the public, and extensive Task Force discussions, the Strategic Growth Council (SGC) approved eleven priority recommendations and charged the Task Force with developing implementation plans.

The HiAP Task Force is comprised of staff from the following agencies, departments, and offices: Air Resources Board; Business, Transportation, and Housing Agency; Department of Community Services and Development; Department of Education; Department of Finance; Department of Food and Agriculture; Department of Forestry and Fire Protection; Department of Housing and Community Development; Department of Justice; Department of Parks and Recreation; Department of Social Services; Department of Transportation; Environmental Protection Agency; Governor's Office of Planning and Research; Health and Human Services Agency; Labor and Workforce Development Agency; Office of Gang and Youth Violence Policy (Funding was abolished in the 2011/12 budget; OGYVP closed on December 31, 2011.); and Office of Traffic Safety. In addition, the Task Force is staffed and facilitated by the California Department of Public Health.

II. Goals and Objectives

Goals

Aspirational Goal: California's decision makers are informed about the health consequences of various policy options during the policy development process.¹

The aspirational goal above provided the structure for the development of recommendations that support a broad framework to promote health and health equity through state decision-making (health and health equity are defined on page 4). California's decision-makers include legislators, agency and department leaders, and local government and community leaders who turn to the State for guidance and advice on policy development and local planning processes. Achievement of this goal will require efforts across California, both within and outside government, at the state, regional, and local levels, and over many years. This implementation plan represents a first step by the HiAP Task Force towards this goal.

¹Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010. Available at http://www.sgc.ca.gov/hiap/docs/publications/HiAP_Task_Force_Report.pdf

Implementation Plan for Recommendation II.A1., Incorporate a health and health equity perspective into state guidance, surveys, and technical assistance documents where feasible and appropriate.

This implementation plan outlines an initial set of activities to advance Recommendation II.A1, “Incorporate a health and health equity perspective into state guidance, surveys, and technical assistance documents where feasible and appropriate.”¹ This was one of two recommendations that were made by the Task Force to advance the goal of promoting healthy public policy through state guidance. For more information on additional HiAP Task Force recommendations related to promoting healthy public policy, please refer to the *HiAP Task Force Report to the SGC*.¹

Objectives

Two objectives will be pursued:

1. Identify opportunities to incorporate a health and health equity perspective into guidance, surveys, and technical assistance documents issued by state agencies.
2. Support interested departments to incorporate a health and health equity perspective into appropriate guidance, surveys, and technical assistance documents, as opportunities arise.

III. Rationale

Role of Task Force

The Executive Order (EO)² that created the HiAP Task Force declares that the population’s health and well-being are critical components of a prosperous and sustainable California, and that policies that influence the physical, economic, and social environments in which people live, work, and play influence the adoption of healthy lifestyles. The EO further suggests that officials consider health when formulating policy, and that collaboration across agencies will be necessary to ensure that health is considered when policies are developed. State guidance, surveys, and technical assistance documents play an important role in shaping policy decisions and the implementation of programs and projects. While many considerations are taken into account when such documents are revised, it is appropriate for the HiAP Task Force to support the inclusion of health and health equity.

State guidance documents can inform the development of a community’s physical (built), social, and economic environments, which have a tremendous influence on health. For example, state guidance documents can play a major role in shaping local planning decisions, such as whether schools are located within walking distance to their students, whether farmers can sell produce in neighborhoods that may not have a grocery store, and whether streets have dedicated bike lanes. While these decisions are made at a local or regional level, the State can encourage local and regional agencies to consider health by including these considerations in state policy and technical assistance documents, as well as by collecting and disseminating information on these topics. Opportunities to incorporate a health and health equity perspective into

²Executive Order No. S-04-10, February 23, 2010.

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state documents are not limited to the land use and transportation decisions, but could extend to other areas such as nutrition, safety, education, and economic development.

Issue Being Addressed

Planning processes often miss important opportunities to support health and health equity. Urban sprawl is just one example of a planning phenomenon that has had negative health outcomes. Although walking and biking are important opportunities for physical activity, many communities have been designed in such a way that people are highly reliant upon cars to reach their destinations due to distance and safety concerns. One such destination is schools; between 1966 and 2009, the number of children who biked or walked to school fell by 75%.³ Not coincidentally, increased reliance on cars comes at the same time as rising rates of obesity and chronic diseases and unprecedented increases in healthcare costs.

As awareness of the links between community planning and health has grown, there have been important and well-intentioned attempts to bring health considerations into planning processes. However, when health is considered late in the planning process, delays in project implementation can arise, at times resulting in increased costs and loss of committed funds. The Task Force is interested in supporting ways to incorporate health and health equity considerations proactively – early in the planning process – before significant time has been invested in developing detailed project outlines and financial commitments have been made. If health and health equity considerations are incorporated into guidance, state agencies can support good planning that avoids the need for eleventh-hour, reactive analysis.

Balancing Priorities and Pursuing Win-Wins

In this time of limited resources, it is appropriate to focus on win-win approaches where the addition of a health perspective advances both health and other goals. There are myriad opportunities for the State to promote health while achieving other goals, such as housing access, urban greening, or providing a robust transportation infrastructure. The Task Force aims to assist the State in tackling the tremendous costs of poor health by identifying policy approaches that balance multiple goals without impeding the primary objectives of any agency or department. Making a case for health can also increase support for other policy areas. For example, while the State has prioritized reducing greenhouse gas emissions, emphasizing the health benefits of policies that promote this goal may engage a broader audience. Additionally, some policies can have unintended adverse short- or long-term health effects, or could advance health more if health were explicitly considered in policy or program development. It is important for state agencies and departments to understand which of their policies and programs may have the potential for substantial health effects, and to recognize opportunities to support health while advancing their own goals.

Health and Health Equity

³ Alliance for Biking & Walking. *Bicycling and Walking in the United States 2012 Benchmarking Report.*

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The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁴ Health is a fundamental component of quality of life, and a healthy population is a critical building block for a sustainable and thriving economy. Health increases workforce participation and productivity, while illness and injury impact the productivity of the individual, and their family members.¹

Health equity is concerned with differences in population health that can be traced to unequal economic, environmental, and social conditions, such as job opportunities; access to healthy foods and safe water; educational quality; access to transportation; an environment free from pollution; and community safety. Because these factors impact health, and affect different population groups in different ways, policies in these areas can affect inequities. Many state agencies already work within state or federal statutory constructs that require consideration of disproportionate impacts on population subgroups and/or efforts to ensure equitable benefits to population subgroups. These requirements are often framed under the rubric of environmental justice. The concepts of environmental justice and health equity are complementary, though they are not identical. While environmental justice efforts primarily emerged in response to exposures to toxic contaminants, health equity is a broader goal that addresses the impacts of physical, social, economic, and service environments on communities.

Examples and Current Actions

Progress on implementation of this recommendation has already begun as a direct result of the collaborative nature of the Task Force. For example, through the relationships established by the HiAP effort, the Office of Planning and Research (OPR) approached CDPH HiAP staff to review and comment on the draft 2011 Annual Planning Survey in order to ensure that health considerations were included. The HiAP Task Force’s ongoing work on healthy and sustainable food procurement policies is also an example of incorporating health – and in this case sustainability – into state decision-making processes. Health and health equity have also been incorporated into a variety of grant criteria, as addressed by the Task Force implementation plan for “Health and Health Equity Criteria in State Grants.”

One specific example of how state guidance, surveys, and technical assistance documents can affect health and health equity while advancing the State’s other goals is the California Regional Transportation Plan (RTP) Guidelines, which are issued by the California Transportation Commission in concert with the California Department of Transportation (Caltrans). The Guidelines were revised in 2010 to address greenhouse gas emission reduction goals as outlined in SB 375. While the guidelines do not explicitly discuss health, many of the suggested greenhouse gas reduction strategies are health promoting. The revision also included information for the consideration of social equity and other co-benefits of achieving greenhouse gas reduction targets.

⁴Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. Available at http://whqlibdoc.who.int/hist/official_records/constitution.pdf.

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In follow-up to input received during the development of the *Health in All Policies Report to the Strategic Growth Council*, HiAP staff initiated conversations with OPR, Caltrans, the California Transportation Commission, and the California Department of Education regarding guidance documents. As this implementation plan moves forward, these initial conversations could serve to inform updates to documents within their purview.

IV. Resources

This project will be supported by contributed time from HiAP staff as well as designees on the Task Force. There are no direct funds to support this implementation plan. However, given sufficient lead-time, it may be possible for HiAP staff to secure grant funding to support input on specific document revisions.

V. Workplan Narrative

This implementation plan outlines a process that will position the Task Force to assist state agencies in supporting health and health equity while promoting other important goals. Most guidance, survey, and technical assistance documents are managed by specific department and agencies, and some have periodic revision processes. Those revision periods often include gathering input from the public and other stakeholders. Rather than suggesting specific document revisions in this workplan, the Task Force proposes to identify opportunities to share with relevant agencies information about how they could promote health and health equity. The outlined process will involve identifying a wide array of state guidance, surveys, and technical assistance documents; ascertaining their health relevance and established review and input processes; and making recommendations about how to gather and provide input on specific documents, should they become open for review. The Task Force does not propose to change existing document review timelines or processes.

Objective 1: Identify opportunities to incorporate a health and health equity perspective into guidance, surveys, and technical assistance documents issued by state agencies.

Action Step 1.1: Identify state-issued guidance, surveys, and technical assistance documents with potential relevance to health.

HiAP staff will work with Task Force members, non-governmental organizations, and other stakeholders to identify existing state-issued guidance, surveys, and technical assistance documents with potential relevance to health. Relevance to health will be determined by whether and how the documents address the principles outlined in the Task Force's healthy community framework and aspirational goals¹ related to transportation, housing, outdoor space, community safety, food access, and policy-making. For example, guidelines related to the built environment would be assessed for whether and how they include consideration of active transportation (walking, biking, and public transportation). Identification of documents may be done through surveys, interviews, or meeting discussions. The Task Force will focus initially on land use and

Implementation Plan for Recommendation II.A1., Incorporate a health and health equity perspective into state guidance, surveys, and technical assistance documents where feasible and appropriate.

transportation documents because these have the most direct relevance to the SGC, but could expand its review to other policy areas in the future. These documents are issued by a wide variety of departments and agencies, and examples could include:

- CAL FIRE Urban and Community Forestry Program fact and tip sheets
- California Department of Education School Site Selection and Approval Guide
- California Department of Housing and Community Development Building Blocks for Effective Housing Elements
- Caltrans California Interregional Blueprint
- Caltrans “complete streets” guidance
- OPR’s Update to the General Plan Guidelines: Complete Streets and the Circulation Element
- California Transportation Commission RTP Guidelines
- OPR General Plan Guidelines
- OPR Annual Planning Survey
- Department of General Services State Employee Commute Survey
- OPR Climate Action Plan Technical Advisory
- Governor’s Environmental Goals and Policy Report

Action Step 1.2: Design and conduct a structured review of identified documents, and submit a report to the SGC that prioritizes documents for application of a health and health equity perspective and offers recommendations for how to apply such a perspective.

With input from Task Force members, HiAP staff will outline a structured review process. HiAP staff will apply that process to the documents identified in Action Step 1.1 to identify opportunities to advance health while meeting other state goals. An initial document screening will consider 1) the potential health impact, if any, 2) to what extent that health connection is recognized (i.e., implicit or explicit), and 3) whether the document has a review process that allows for input. Documents that have a large potential to promote health, opportunities to strengthen the linkages to health, and a review process that is amenable to input will undergo a more detailed assessment. The findings of the assessments will be summarized in a report from the Task Force to the SGC, which will include the following:

- a. Features of each document, including which agency prepares it and how its update process functions;
- b. Suggested timeline (when process should be initiated, and how much time to allow for sufficient research and information collection);
- c. Resources that would be necessary in order to apply a health and health equity perspective during the revision process and potential sources of funding (e.g., in-kind support from relevant agencies/departments, external foundation support, etc.);
- d. Recommendations for how to acquire or develop content of revisions, including data sources, existing resources, and a list of partners, stakeholders and potential key informants;

Implementation Plan for Recommendation II.A1., Incorporate a health and health equity perspective into state guidance, surveys, and technical assistance documents where feasible and appropriate.

- e. A recommended structure for presenting this information so that it is most useful to state agencies and departments as they conduct their regular document review and revision processes.

Objective 2: Support interested departments to incorporate a health and health equity perspective into appropriate guidance, surveys, and technical assistance documents, as opportunities arise.

Action Step 2.1: As opportunities arise, the Task Force or a subset of members may provide input on ways to incorporate a health perspective into appropriate documents.

As agencies and departments open up revision processes for guidelines, surveys, and technical assistance documents, the Task Force will assess whether there are sufficient resources to apply the recommendations developed in Action Step 1.2. Document revision timelines and processes are determined by the issuing agency, and are based upon a wide variety of factors including statutory requirements and available resources. If the Task Force determines that there are appropriate resources when a revision process opens for a high-priority document, the Task Force or a subset of members of the Task Force may provide information on health considerations to the relevant agency. This will involve communication with the issuing agency to ensure consistency with its review process and may involve support from outside policy experts. Content to be provided will include:

- a. Documentation of current and potential health and health equity impact of the guidance, surveys, or technical assistance documents;
- b. Specific aspects of the document that support health and health equity, as well as aspects of the document where health connections exist but are not explicit;
- c. Additional opportunities to improve the health and health equity impacts of the document.

Implementation Plan for Recommendation II.A1., Incorporate a health and health equity perspective into state guidance, surveys, and technical assistance documents where feasible and appropriate.

VI. Workplan Summary

Duration: Ongoing

Resources: As there are no direct funds to support the action steps in this implementation plan, completion of the outlined action steps will be dependent upon the availability of resources within member agencies.

Note: HiAP staff (CDPH) will have primary responsibility for all Action Steps, with support from partner agencies.

Aspirational Goal: California’s decision makers are informed about the health consequences of various policy options during the policy development process.				
Recommendation: Incorporate a health and health equity perspective into state guidance, surveys, and technical assistance documents where feasible and appropriate.				
Action Step		Participating Agency(ies)	Deliverable	Timeline
Objective 1: Identify opportunities to incorporate a health and health equity perspective into guidance, surveys, and technical assistance documents issued by state agencies.				
1.1	Identify state-issued guidance, surveys, and technical assistance documents with potential relevance to health.	CDPH, Task Force	Compiled documents	Ongoing through December 2012
1.2	Design and conduct a structured review of identified documents, and submit a report to the SGC that prioritizes documents for application of a health and health equity perspective and offers recommendations for how to apply such a perspective.	CDPH, Task Force	Summary report of assessment findings and recommendations	January – June 2013
Objective 2: Support interested departments to incorporate a health and health equity perspective into appropriate guidance, surveys, and technical assistance documents, as opportunities arise.				
2.1	As opportunities arise, the Task Force or a subset of members may provide input on ways to incorporate a health perspective into appropriate documents.	CDPH, TBD*	Information on health considerations provided to the relevant agency	Ongoing

*As documents are selected for review, Task Force member agencies will participate as appropriate, depending upon their role, expertise, and resources.

Implementation Plan for Recommendation II.A1., Incorporate a health and health equity perspective into state guidance, surveys, and technical assistance documents where feasible and appropriate.

VII. Cross Cutting Themes

A. Interagency Collaboration

The actions outlined in this implementation plan engage Task Force agencies in working together to develop a process that will help ensure that health and health equity are considered in future policy-making. This approach will require cross-sectoral outreach and collaboration in order to gain the best possible insights into inclusion of health considerations when working toward multiple policy goals. Agencies that author and disseminate advisory documents and surveys will have the opportunity to leverage health as a way to support their own other policy goals.

B. Equity

Equity is a key consideration in decisions related to zoning and land use, economic development, housing, education, redevelopment, and other policy areas. By incorporating health equity considerations into guidance, survey, and technical assistance documents that affect these areas, the Task Force will give local leaders and governments tools to advance health equity while promoting other planning goals.

C. Community Engagement

As this plan is implemented, non-governmental health, community, and policy organizations will be consulted to provide information on which documents may have potential relevance to health and health equity. In addition, the actions outlined in this plan are based upon ideas that arose repeatedly during public input workshops that the Task Force held in 2010 and 2011. In those workshops, stakeholders expressed interest in having the State play a greater role in advising local governments and planners on how to advance health through a wide range of planning processes. Stakeholders suggested that health and health equity should be promoted through state guidance documents, and that the State can play an important role by identifying best practices and disseminating that information statewide.

D. Data

By incorporating health and health equity questions, as appropriate, into surveys, the State will be able to collect new data on the relationship between health and a wide variety of policy areas.

VIII. Evaluation

This implementation plan's success will be evaluated through process measures such as timely completion of deliverables. In the future, there may be opportunities to evaluate the impact of including health and health equity considerations in guidance documents.

IX. Contact

To learn more about the Health in All Policies Task Force, visit www.sgc.ca.gov/hiap/ or e-mail HiAP@cdph.ca.gov.