CALIFORNIA HEALTH IN ALL POLICIES TASK FORCE

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INTRODUCTION
CALIFORNIA CONTEXT

California is the largest and most diverse state in the United States, with almost 40 million people[1] and no racial or ethnic majority. Chronic disease[i] accounts for over 75 percent of deaths in the state and is associated with tremendous health care costs.[2] In addition, California's residents face persistent inequities in social, economic, and environmental conditions, which lead to significant health inequities.[3] Climate change is exacerbating the health challenges that Californians already face, with the greatest impacts affecting communities that are already vulnerable to health inequities.

California has 58 counties and more than 7,000 local, regional, and county governmental agencies (e.g., school districts, cities, etc.), many with overlapping and sometimes conflicting duties and responsibilities.[4] Local and regional government agencies hold significant decision-making power over topics that affect community health such as land use, transportation, education, and community safety. Federal and state government play an important role by providing funding, developing guidance, setting regulations, and administering grants and social services programs that support these local decisions.

California's geography includes densely populated coastal areas, such as the Los Angeles region with 10 million people,[1] as well as large agricultural areas and sparsely populated desert and mountain regions. Each region is different and the solutions to creating healthy communities vary significantly.

ESTABLISHMENT OF CALIFORNIA HEALTH IN ALL POLICIES TASK FORCE

The California Health in All Policies (HiAP) Task Force (Task Force) grew out of an understanding that multi-agency collaboration could help California address its high rates of chronic disease, while simultaneously tackling growing inequities and mitigating climate change. Staff and leadership at the California Department of Public Health (CDPH) and Health and Human Services Agency (HHS) recognized that many of the solutions to chronic disease and climate change are the same, such as promoting active transportation, walkable communities, access to parks and greening, and that these solutions require intersectoral collaboration. Climate change and childhood obesity were top priorities for then-Governor Arnold Schwarzenegger and CDPH and HHS leadership introduced him to the Health in All Policies (HiAP) approach as a possible way to help California simultaneously tackle both of these issues. Near the end of his term, while co-hosting the 2010 National Summit on Health, Nutrition and Obesity with former President Bill Clinton, Schwarzenegger signed an Executive Order establishing the California Health in All Policies Task Force as a collaborative, multi-agency body charged with promoting health, equity, and environmental sustainability.[5,6]

GOVERNANCE & ACCOUNTABILITY

Executive Order S-04-10 placed the Task Force under the auspices of the Strategic Growth Council (SGC), a cabinet-level body that enhances collaboration between state agencies to advance the goal of creating sustainable communities.[7] The Executive Order required the Task Force to submit a report of priority actions and strategies for state agencies to improve health, environmental sustainability, and equity. Although the Task Force's initial mandate was short-term, the initiative has grown since then and the Task Force carries out collaborative work in a variety of topic areas, building capacity across state government to promote health, equity, and environmental sustainability.

The Task Force has representatives from 22 agencies, meets quarterly as a full body, and completes its work through actions by individual departments and through inter-agency teams. HiAP staff monitor progress and present updates at public SGC meetings four to six times per year. This includes development of action reports which summarise outcomes and lessons learned on specific areas of work. All materi-

i Also referred to as non-communicable diseases or NCDs.

als are available online and SGC meetings provide an opportunity for public comment.

External stakeholders (e.g. local and regional governments, advocacy organizations, funders, policy think-tanks) play a key role in the Task Force, and provide input through workshops, individual consultation, and public comment. Although not part of the formal governance structure, HiAP staff meets quarterly with an external stakeholder group of health equity policy experts to ensure integrity of the public health focus, align the state-level work with local community priorities, and solicit guidance. External stakeholders also exert pressure on government to take action on issues that may not be politically easy to pursue.

VISION & PURPOSE

The Task Force is guided by shared principles which it has updated over time.

In 2010, the Task Force developed the Healthy Community Framework,[8] based upon input from government and non-government stakeholders around the state.

In 2012 CDPH launched a "Healthy Communities Data and Indicators Project" and has created a standardized set of measures and data linked to the social determinants of health,[9] as defined in the Healthy Community Framework.

In 2015, the Task Force developed a shared vision and purpose statement, to further articulate the unique role that the Task Force plays.

The Task Force is currently (2017) exploring opportunities to further link the Healthy Community Indicators to the work of the Task Force, and identify accompanying quantifiable targets.

CALIFORNIA HEALTHY COMMUNITY FRAMEWORK (ADAPTED)

A healthy community provides for the following through all stages of life:

- Meets basic needs of all (e.g., food, housing, health care, education)
- Quality and sustainability of environment (e.g., clean air, sustainable energy use)
- Adequate levels of economic and social development (e.g., living wage, safe job opportunities)
- Health and social equity (e.g., fair access to resources and opportunities)
- Social relationships that are supportive and respectful (e.g., civic engagement, community safety).

VISION: CALIFORNIA GOVERNMENT ADVANCES HEALTH, EQUITY, AND SUSTAINABILITY IN ALL POLICIES.

Purpose:

- Promote a government culture that prioritises the health and equity of all Californians across policy areas.
- Incorporate health and equity into state agency practices.
- Provide a forum for agencies to identify shared goals and opportunities to enhance performance through collaboration.

STAFFING & FUNDING

The Executive Order directed CDPH to staff the Task Force, but did not allocate funding or new positions to support this work. CDPH assigned one existing full-time staff person to support the Task Force and approached The California Endowment (a private foundation) and other organizations for additional funding. Using philanthropic funding, four additional staff were hired through the Public Health Institute (PHI) (a not-for-profit organization) to act as the backbone staff for the Task Force, in partnership with CDPH.

In 2012, the California legislature conveyed its support of HiAP through Senate Concurrent Resolution 47,[10] and in a separate piece of legislation established California's Office of Health Equity (OHE) within CDPH, calling for OHE to work collaboratively with the Task Force.[11] The CDPH and PHI HiAP staff moved to OHE

from their previous placement in the chronic disease division, and CDPH subsequently created two additional government-funded positions to support HiAP, bringing the total number of government-funded positions to three. From 2010-2016 all HiAP staff were located at CDPH. However, in August 2016, the four PHI HiAP staff were moved to the SGC with the goals of providing greater access to executive leadership across government, increasing cabinet-level involvement in the Task Force, and strengthening efforts to incorporate health and equity into initiatives and programs led by the SGC and the Governor's Office of Planning and Research.

The state-funded staff remain at CDPH to ensure a strong connection to HiAP's health and health equity roots and subject matter experts. The team continues to function as one unit.

The total cost of the HiAP Task Force is approximately 1 million USD per year, including governmental funding, private foundation funding, and in-kind support from state agencies. The primary cost is staffing the seven-person backbone team, as described above. Additional expenses include professional development, conferences, and meeting supplies. Government provides in-kind support to the PHI staff including office

FIGURE 1. HEALTH IN ALL POLICIES TASK FORCE GOVERNANCE AND STAFFING STRUCTURE

space, technology/telecommunications needs, some administrative support, and limited travel funds. Finally, Task Force members provide in-kind support through their staff time and resources. This varies significantly depending upon the level of involvement of the partner agencies, but can be quite significant for those agencies that have incorporated health and equity into major organizational projects. The mix of public and private funds allows the Task Force to have greater flexibility than many other state initiatives (e.g. not-for-profit staff have more flexibility to try innovative approaches and not-for-profit funds can be used for food at meetings, which has significant impact on building relationships). The governance structure is shown in Figure 1.

MECHANISMS & PROCESSES

In December 2010, the Task Force submitted a report to the SGC with 39 recommendations for state government action to promote health, equity, and environmental sustainability. These recommendations align with the Healthy Community Framework and form the basis of the work of the Task Force.

Task Force activities are largely administered through voluntary multi-agency Action Plans that promote goals and support policies related to active transportation,[i] parks and community greening; land use, schools and health; violence-free and resilient communities; access to healthy food; economic development; and healthy and affordable housing. The Task Force develops Action Plans through an iterative process and identifies priorities using criteria including:

- Feasibility
- Promotes health and equity
- Supports community priorities
- Alignment with gubernatorial goals
- Provides co-benefits for agencies
- Requires the coordination and collaboration of more than one agency.

The Task Force employs a modified consensus decision-making process (i.e., any member agency can veto an action).

Implementation activities vary widely, including providing forums for coordination on topics of mutual interest, offering capacity building workshops and presentations, and directly embedding health and equity into government grant programs and guidance documents.

Example: Through the 2011 Active Transportation Action Plan the Task Force hosted a convening on the links between active transportation, walking and biking to school, and school facilities decision-making. Over 200 leaders and stakeholders discussed policy agendas and how to ensure high-quality, opportunity-rich schools in healthy, sustainable communities. As a result of the convening, the Task Force formed a six-agency Land Use, Schools, and Health Work Group to identify and work on related issues. That group has engaged in stakeholder mapping, increased collaboration to promote greening school campuses with vegetation and trees, and developed its own Action Plan with a focus on collaboratively enhancing data collection and analysis.

EQUITY IN GOVERNMENT PRACTICES

Task Force members have expressed commitment to promoting fair and inclusionary policies and practices. In January 2017, staff conducted a questionnaire to learn about agencies' equity work and found that many agencies are pursuing equity goals and practices and would like opportunities for capacity building and sharing of best practices. HiAP staff regularly facilitate learning opportunities for state agencies to enhance their understanding of the relationship between the social determinants of health, equity, and their sector. Several agencies,

i Active transportation refers to walking, biking, rolling, or public transportation.

including land use planning, social services, and natural resources, have applied an equity lens to grant guideline development or planning guidelines, to ensure that resources and programs benefit the highest-need communities. As of May 2017, the Task Force is developing an Action Plan on equity in government practices, with a focus on building capacity to incorporate equity metrics, criteria, tools, and strategies in agency guidance, planning, grants, and institutional practices.

HISTORY & EVOLUTION OF THE HIAP TASK FORCE

The activities of the Task Force have changed over time, as a result of political will, partner readiness, and adaptive response to emerging opportunities. The text below describes the evolution of the Task Force over the course of seven years.

STAGE 1 – ESTABLISHING MANDATE AND STRUCTURE (2009-2010)

In 2009, government and non-government leaders developed a proposal for a Health in All Policies initiative and secured political support to create a mandate. This resulted in a Governor's Executive Order in 2010, establishing the Task Force and charging it with initial tasks. CDPH assigned one temporary staff person to this project and the Task Force received a funding commitment from The California Endowment which allowed for the development of a dedicated short-term staff team in partnership with the Public Health Institute. By the end of this period the Task Force had a mandate, membership list and staff structure in place.

STAGE 2 – ENGAGING STAKEHOLDERS (2010-2011)

Staff engaged partners inside and outside of government to establish relationships, build trust, develop a shared vision, and identify opportunities for action. The Task Force convened as a plenary group and held public input workshops throughout the state. This work culminated with the Task Force developing the Healthy Community Framework and aspirational goals, and identifying 39 recommendations for government action. Staff also engaged the SGC, which accepted the recommendations report and directed the Task Force to select priorities from among the recommendations and develop multi-agency action plans to begin implementation. California inaugurated a new Governor in January 2011, and staff briefed representatives of the new administration on the HiAP Task Force's vision and work to date.

STAGE 3 – SECURING COMMITMENTS (2011-2012)

The Task Force shifted from identifying opportunities to securing commitments to implement activities and policies that promote health and equity. The Task Force developed nine action plans with individual agency commitments, many of which involved collaboration between three or more agencies on a single issue, and formed multi-agency working groups to support deeper collaboration. Task Force members were cautious about commitments and early action plans largely focused on light commitments such as information sharing. Staff focused on achieving early wins and largely followed the lead of agency partners regarding their needs and priorities. A few agencies began engaging HiAP staff to provide health and equity consultation on grant-making and other programmatic work. The legislature affirmed its commitment to HiAP through Senate Concurrent Resolution 47 (2012) and the creation of the Office of Health Equity.

STAGE 4 – IMPLEMENTATION (2012-2015)

Staff and Task Force members deepened trust and partnerships across government, strengthened their commitments and settled into a period of ongoing implementation. During this period agencies took steps such as creating health and equity stakeholder groups and embedding health and equity criteria into decision-making processes for allocation of funds. Agency leaders began to see the value of the HiAP approach as a mechanism for achieving their own goals, and several agencies began including HiAP concepts in their programmatic goals, strategic plans, and communications materials. Task Force members' interest in addressing equity grew and staff saw a significant increase in requests for health

equity consultation on policies, programs, and guidance. Staff also worked to increase accountability by developing frequent public reports and increasing stakeholder communications. Staffing continued through the Public Health Institute, while CDPH added two full-time staff positions for the Task Force.

STAGE 5: SYSTEMATISE (2016 – PRESENT)

The SGC has indicated interest in formalizing the HiAP approach as an ongoing initiative within state government. A combination of recent legislative mandates, bold gubernatorial leadership, and public interest has led agencies to place a stronger focus on health and equity across programs. The Task Force has served as a venue for normalizing conversations about seemingly controversial topics, and agency partners see the HiAP approach as a vehicle for helping them achieve their goals. This period has seen a sharp increase in requests for health equity consultation, which has led staff to shift toward a more targeted approach, including building the capacity of government partners to apply a health and equity lens themselves. The Task Force is developing a new multi-agency action plan focused specifically on equity in government practices and is launching a racial equity capacity building training for government partners. Staff have greater access to agency leadership, increasing opportunities to embed health and equity into existing decision-making structures within government. As California prepares for a gubernatorial election next year, administration leaders are also considering opportunities for ensuring HiAP long-term sustainability.

THE SPREAD OF HEALTH IN ALL POLICIES IN CALIFORNIA & THE U.S.

California is one of many HiAP initiatives in the United States. In California, the City of Richmond launched a HiAP initiative in 2009, preceding the state Task Force and setting a precedent for this work occurring at multiple levels of government.[12] The Task Force's public input workshops provided an opportunity to disseminate the HiAP approach and tie state-level HiAP work to local priorities. Many local HiAP initiatives have sprung up across California in the last six years, including city and county ordinances, multi-agency working groups and strategic plans. Many local jurisdictions are leveraging existing work around healthy planning, equity, or other public health initiatives (e.g., Healthy Eating Active Living) to integrate a HiAP focus. HiAP staff have developed a HiAP training curriculum and frequently receive training and technical assistance inquiries, particularly from rural and traditionally conservative areas. HiAP is also spreading as an approach in the U.S. with formal structures adopted in the State of Vermont,[13] Washington, D.C.,[14] and Chicago (Illinois)[15] to name a few.

ESTABLISHING & MAINTAINING PARTNERSHIPS

The success of this initiative is largely due to strong partnerships that staff and participating agencies have forged over the last seven years. These partnerships rely upon shared leadership, benefits to participating agencies, and personal relationships.

KEY PARTNERSHIP STRATEGIES

Shared vision. By engaging Task Force members in early discussions to create the Healthy Community Framework, as well as a number of other visioning activities, partner agencies assume a sense of ownership over the HiAP Task Force and investment in its success.

Shared leadership. Staff encourage partner agencies to teach each other about health and equity. For example, California's housing agency used a strong health and equity lens in its recent state-wide housing assessment. HiAP staff arranged for a Task Force discussion on the topic, which allowed the housing agency to play a leadership role in developing the capacity of other agencies and supported cross-agency relationship-building.

Navigating differences. Disagreements frequently arise between government agencies. HiAP staff hold difficult conversations in confidence which enables participating agencies to be vulnerable and share their challenges openly. In some cases, the Task Force has created multi-agency working groups to address controversial issues.

Benefits to participating agencies. Because participating agencies contribute their own staff resources for participation in the Task Force, it is essential to ensure that Task Force activities benefit the agencies involved. HiAP staff put considerable effort into understanding other agencies' priorities and linking Task Force projects to those priorities whenever possible.

Individual relationships. In addition to facilitating multi-agency convenings, HiAP staff frequently meet with individual agencies or staff to identify priorities, challenges, and needs. These meetings serve as an opportunity to explore new ideas and address concerns that agencies may not feel comfortable discussing in a group setting.

Example: The Task Force created a multi-agency working group to address challenges that arise when transit-oriented development, which is an important strategy for promoting active transportation, social cohesion, and environmental sustainability, leads to increased air pollution exposures for residents, who are frequently low-income and/or people of colour. The group included housing, transportation, land use, and air quality agencies and met for three years, exploring issues together and providing collective input to guidance documents issued by the participating agencies.

BOX 1. IMPROVING NUTRITIONAL CONTENT OF CORRECTIONAL FACILITIES MEALS

In 2012, the Task Force convened a multi-agency workgroup of agencies that are involved in institutional food purchasing, to explore opportunities to increase purchasing of healthy foods as a way of promoting health.[i] The California Department of Corrections and Rehabilitation (CDCR) joined this group and requested assistance to address challenges in planning menus that align with federal nutritional guidelines.

CDCR is the largest state agency purchaser of food via state contracts and spends more than 150 million USD annually to serve approximately 120,000 inmates. Sodium levels in CDCR meals far exceeded nutritional guidelines. The largest barriers to success were a very tight food budget of less than 3.50 USD per inmate per day, and requirements to purchase food through state contracts, which included limited low-sodium options.

In 2013 the group adapted federal nutritional guidelines to develop "Nutrition Guidelines for Food Procurement and Service in Adult California Correctional Facilities".[16] Since 2014, the Department of General Services, which manages state purchasing, has applied the guidelines to approximately 45 food contracts as they have come up for renewal. This has resulted in severalchanges to products offered, including a 250mg reduction in sodium per serving of lunchmeat. As a result, CDCR has succeeded in significantly reducing overall sodium in their meals.

By focusing on preventative health measures through healthier food options, the State of California may be able to positively influence the health of people housed in state correctional facilities while also saving money on future health care costs. Now that healthier products are available through state contracts, these products can also be purchased by other government entities such as parks, schools, and hospitals.

i More information about California's food purchasing practices is available in "Leveraging Government Spending to Support Healthy Food Procurement Implementation Plan" (http://sgc.ca.gov/pdf/Leveraging_Gov_Spending_to_Support_Healthy_Food_ Procurement_Implementation_Plan.final.pdf)

OUTCOMES

In 2016 staff surveyed government agencies to understand the value of the Task Force.[17] Fifteen agencies responded, and indicated that they most value 1) participating in multi- agency forums and identifying collaborative opportunities 2) learning opportunities and information-sharing with different sectors and 3) developing an increased understanding of how to promote equity. Nearly two-thirds of respondents reported that their agency does more to promote equity as a result of Task Force involvement and several respondents indicated that they work with health colleagues on health issues more frequently as a result of their involvement.[17]

The Task Force has accomplished a number of key policy and programmatic changes, in addition to those described throughout this chapter. For example:

» In 2012, the Departments of Education, Food and Agriculture, and CDPH established the California Office of Farm to Fork to promote policies and strategies to improve access to healthy, affordable, and locally-sourced food.[18] The office now "connects individual consumers, school districts, and others directly with California's farmers and ranchers."

» In 2015, the Department of Transportation added a health goal to its mission statement and incorporated health and equity metrics into its strategic management plan.[19] In 2016, the California Transportation Commission and Department of Transportation created a new health equity stakeholder group and developed a health equity appendix to transportation planning guidelines that are used by regional metropolitan planning agencies across California to make significant investment decisions. They have also incorporated health and equity metrics and criteria into local assistance grant programs.

» In 2015, the Task Force developed collaborative commitments from over ten state agencies to build state agency capacity and support coordination to address structural drivers of violence and promote violence-free and resilient communities. This includes the 2017 launch of a multi-agency "think tank" that brought together multiple agencies to share strategies and resources on preventing, addressing, and responding to youth violence.

CHALLENGES & OPPORTUNITIES

CRITICAL SUCCESS FACTORS

Several success factors have been identified through staff reflection, research, and evaluation.[8,20,21] These include:

» The Task Force has consistently had high-level government leadership support,[21] beginning with the gubernatorial Executive Order, the Senate Concurrent Resolution, the codification in statute, and the move of PHI Task Force staff to the SGC. These statements formalize high- level governmental oversight and establish lines of accountability for staff and member agencies.

» Clarity of values and principles is a key feature of the Task Force. The explicit commitment to public health, health equity, and environmental sustainability has allowed the initiative to maintain its focus and grow its impact over time, despite frequent turnover in government leadership. Non-government stakeholders have also played a key role in holding the Task Force accountable to its original purpose.

» The Task Force has been nimble in its ability to respond to emerging opportunities. This flexibility can be difficult to maintain within traditional governmental structures.

» Participants appreciate the broad intersectoral membership of the Task Force and that it helps them meet their agency goals.[21]One Task Force member reported that it "provid[es] a venue for cross-sectoral work that just happens to focus on health. It's one of the few places in state government where that happens. It promotes synergies that would not occur otherwise".[17]

» The Task Force relies on backbone staff,[22] who convene meetings, research relevant issues, engage stakeholders, facilitate consensus, draft policy documents, and ensure accountability. To be effective, staff must have access to high levels of government leadership and be allowed to speak freely on policy issues.

CHALLENGES

Key challenges include:

» Measurement and evaluation are difficult because population health outcomes take many years to achieve, are distal to the state-level intervention point, and are actualized across a variety of sectors, each with already established reporting, tracking, and measurement mechanisms.[8,23] In addition, the opportunistic and collaborative style of the Task Force means that staff may not be able to predict the outcome of an action at the outset, making it difficult to set quantifiable goals.

» As interest has grown, Task Force member agencies increasingly request assistance with issues that require technical expertise, such as how to quantify and score health and equity benefits in order to include these as criteria in grant-making programs. These requests often exceed staff capacity and answering these questions fully will require additional resources to research and develop health and equity measurement tools and metrics.

» California's state government leadership has experienced significant turnover during this project's tenure and will undergo a gubernatorial change in 2019. The Task Force has worked under two governors, four state health officers and two staffing restructures. HiAP staff dedicate significant time to orienting new partners and responding to changing priorities.[8] An ever-changing landscape of governmental leaders makes it difficult to secure long-term political will and demonstrates the need for further codification of the Task Force and its work.

REFLECTIONS & CONCLUSION

The Task Force has developed a strong identity and role, and has changed the culture of California state government. Agencies now routinely consider health and equity in their planning and decision-making. Several have incorporated health and equity into their programmatic and policy goals, and some have included health and equity work in staff duty statements, which further formalises this approach as a part of normal business. The Task Force also provides one of the few places in California's very large state bureaucracy where people from multiple and diverse agencies have the opportunity to work together and build relationships over time, which has proven to be both valuable and enjoyable for participants.

As the United States faces significant cuts in public health spending by the new presidential administration, and California prepares for a new governor in 2019, the Task Force faces the challenge of ensuring continuity of the HiAP approach well into the future. The need for HiAP work is only growing, as agencies increasingly turn to Task Force partners and staff for collaboration and technical expertise. While political changes are inevitable, the Task Force has tremendous opportunities now to further build the capacity and commitment of state agencies to promote health and equity, and formally institutionalize those commitments as part of ongoing government processes. This institutionalization can ensure that HiAP continues, regardless of structural and political changes.

KEY CONTACTS & FURTHER INFORMATION

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RESOURCES

» Health in All Policies: A Guide for State and Local Governments (http://www.phi.org/ uploads/files/Health_in_All_Policies-A_Guide_ for_State_and_Local_Governments.pdf)

» Health in All Policies: Improving Health Through Intersectoral Collaboration (https://nam.edu/perspectives-2013-health- in-all-policies-improving-health-through- intersectoral-collaboration/)

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