
The Health in All Policies (HiAP) Approach and the Law: Preliminary Lessons from California and Chicago

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Introduction

“Health in All Policies” (HiAP) is the latest manifestation of an ecological approach to public health enhancement — one that recognizes connections between health and other sectors, and that socioeconomic determinants of health are significant. HiAP is related to other holistic, prevention-oriented approaches to collective health, such as the use of Health Impact Assessments to evaluate the health externalities of pending government decisions. Yet HiAP is unique. It goes beyond evaluation of specific projects and policies, and embodies a distinct approach to cross-sectoral public health work.

HiAP is institutionally flexible, and is more about organizational culture than a fixed framework. Despite local variation, however, HiAP efforts typically: (1) create an ongoing *collaborative forum for work across government agencies* to improve public health; (2) advance *specific government projects, programs, laws, or policies* that enhance public health while furthering participating agencies’ core missions; and (3) *embed health-promoting practices* in participating agencies.

Experiments in progress in California and Chicago demonstrate these principles. They also suggest how project-specific victories can lead to recognition of

health concerns, and institutionalization of health-promoting activities, throughout government.

What Is a “Health Issue”?

The very creation of sector-specific health codes and health agencies, while important, arguably promotes a siloed approach to public health. Yet the public health community has widely accepted a social-ecological model, which views public health as largely a product of environmental settings that interventions must address.¹ Consequently, the first step of HiAP work should (re)frame key issues as “health” issues. For instance, access to full-day kindergarten — an “education” issue — can be reframed as a “health” issue by demonstrating the link between educational opportunity and positive health outcomes into adulthood. Similarly, building additional bicycle lanes and ensuring walkability are not just transportation or zoning matters; they are directly relevant to reducing obesity and injury.

Two HiAP Experiments

The City of Chicago and the State of California are engaged in concurrent experiments in adopting a HiAP approach, although their processes started differently.

Chicago

In Chicago, HiAP efforts formally launched in 2011, when Mayor Rahm Emanuel and the Health Commissioner, Bechara Choucair, M.D., unveiled Healthy Chicago.² This blueprint for public health improvement identified 12 priorities and 193 strategies. Mayor Emanuel simultaneously helped launch the Healthy Chicago Interagency Council to leverage all city agencies’ missions to improve public health, work col-

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lectively on policy change, allow for project-specific partnerships, and stress the public health impacts of each agency's work. Chicago had previous, nationally-recognized experience in launching an interagency health-related committee via an Inter-Departmental Task Force on Childhood Obesity.³

In 2013, the Chicago Plan Commission approved A Recipe for Healthy Places, a comprehensive food system plan resulting from inter-agency collaboration and a partnership with the Consortium to Lower

helped legitimize the HiAP process and assure its longevity.

Although most agencies' participation in HiAP is unfunded, critical to the Task Force's success has been funded staff (housed at the Department of Public Health) that convenes meetings, facilitates cross-agency interactions, generates written products, and maintains documents, protocols, and institutional memory. Having paid, HiAP-dedicated staff also ensures process accountability: HiAP is their main job, not an add-on.

Although Chicago and California HiAP efforts have been roughly concurrent, Chicago already has on-the-ground results: streets brimming with bike-share stations, and school children on track for fewer cavities, vision problems, and STDs. Many of California's statewide efforts have dramatic reach, but will take longer to create visible change: state public school siting rules, for example, potentially impact transportation choices for six million K-12 pupils.

Obesity in Chicago Children. It engaged more than 400 participants from the community and the public, private, and non-profit sectors.⁴ This plan was funded by the Centers for Disease Control and Prevention's Communities Putting Prevention to Work initiative. Implementation will include ensuring land is safe for growing food, connecting more Chicagoans with food assistance programs, and expanding healthy food options.⁵

California

California's HiAP effort launched in 2010 via an executive order that created a cross-agency HiAP Task Force charged with collaborating to improve the health of Californians.⁶ Several months of Task Force meetings, stakeholder workshops, and outreach to nongovernmental public health experts yielded five priority areas, such as "healthy food" and "active transportation." The Task Force identified six broad strategies, including creating state guidance documents, to "promote healthy public policy."⁷

Creating the right institutional structures has helped infuse HiAP into the cultures of participating agencies, and ensured that HiAP endures changes in political leadership. The HiAP Task Force has since inception formally reported to the Governor's Strategic Growth Council, a high-visibility body focused on climate change that enjoys bipartisan support. The Task Force's stature was further enhanced by recent legislation that made it a standing body of the Department of Public Health.⁸ These features have

Early Signs of Success

Examples of HiAP accomplishments to date in Chicago and California demonstrate the power of the HiAP approach.

Chicago has engaged in comprehensive health re-framing with the Chicago Public Schools (CPS) through the Healthy CPS initiative, which "aims to remove health-related barriers to learning such that all CPS students may succeed in college, career and life."⁹ Healthy CPS also seeks to improve academic achievement through school-based daily physical education, provision of nutritious foods, and medical screenings and interventions. In a novel institutional arrangement that increases accountability for health, CPS now has a chief health officer — a physician who simultaneously serves as a member of CPS senior leadership and directly reports to the commissioner of the Chicago Department of Public Health. Healthy CPS's early successes include greatly expanded preventative oral health care services (more than 100,000 students served in 2013-14) and vision-care services (nearly 40,000 student eye exams performed to date), and reduced sexually transmitted diseases (STDs).¹⁰

In California, state agencies have recognized the dramatic increase in children commuting to school by car rather than walking or bicycling.¹¹ This phenomenon stems in part from increased distances between schools and homes, in turn traceable to the state's acreage minimums for new schools. These requirements hinder building schools in densely populated areas. Using a HiAP approach, the Califor-

nia Department of Education is now revising school siting guidelines to eliminate mandatory minimum acreages.

Task Force agencies have also collaborated in multiple ways through food-systems work. They pooled part-time positions across three agencies to create a “Farm to Fork” office that promotes consuming healthy local produce, for example, and implemented farm-to-office, community-supported agriculture programs in state buildings to boost state workers’ consumption of fresh organic produce. Additionally, collaboration among the Departments of Corrections and Rehabilitation, General Services, and Public Health — through a HiAP “Food Procurement Work Group” — yielded new guidelines for food purchasing expected to reduce fat and sodium content of meals served to over 120,000 California state prisoners.

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The Role of Law and Lawyers

Beyond the role of law in creating HiAP structures, law can support the HiAP process as agencies strive to promote health, collaborate for mutual benefit, and engage health-oriented stakeholders. And despite their frequent reputation as the actors who say “No,” lawyers can facilitate the transition to healthy public policy by identifying legal levers for changing agency business-as-usual.

Lawyers can: (1) find or draft model “healthy” zoning, vending, and procurement laws; (2) evaluate institutional solutions to health-related problems that have legal-system manifestations, such as specialty courts addressing mental health or substance abuse issues; (3) support policy innovation by advising on ways to minimize legal liabilities of health-promoting activities; (4) draft memoranda of understanding, executive orders, regulations, or legislation that institutionalize HiAP; and (5) determine how agencies can encourage healthy public policy. For example, lawyers can help schools execute facility joint-use agreements with local communities, or develop a well-planned crossing guard program that minimizes tort liability. Likewise, lawyers can help navigate jurisdictionally tricky terrain, such as determining how local food facility and inspection regulations may apply to serving school garden produce in school cafeterias.

Recommendations for Localities and States

Although there is no one right way to conduct a HiAP effort, the Chicago and California experiences suggest that the following can assist cross-agency work to enhance health:

1. Obtain high-level political support. Active and public championing of HiAP at high levels promotes legitimacy and durability.
2. Ensure governmental collaboration across sectors, but prioritize activities. Identifying high-priority areas for immediate collaborative action is a good way to begin a HiAP process, even if fewer than all agencies are convened under a HiAP banner.
3. Collaborate with non-governmental partners. Early and ongoing engagement of nonprofits and philanthropies infuses HiAP efforts with evidence-based policy recommendations, generates broad political support, and encourages adequate funding.
4. Engage members of the priority populations. The importance of engaging the true stakeholders in a HiAP process is a fundamental principle in health promotion.¹²
5. Study HiAP models from comparable settings. Consider which strategies (such as sharing staff, data, or professional development opportunities) will be most effective for eliminating silos in your context.
6. Use HiAP to address health-relevant tensions between agencies’ missions. For example, one agency may favor urban infill development, while another aims to avoid building homes in high-pollution areas. The HiAP process can help surface and resolve such tensions.
7. Solicit regular feedback on the process from agency participants, and adjust as necessary. The best approach is often to minimize plenary meetings and work through issue-based subgroups and/or agency-to-agency collaboration.
8. Set realistic expectations for visible results. Combine short-term, small-scale projects that generate observable results (e.g., installing more bicycle racks) and long-term projects with more far-reaching impact (e.g., changing a 25-year transportation plan).

9. Consider how law, lawyers, and the academy can support HiAP. For example, law student interns can provide legal research. Advocates may turn HiAP recommendations into bills.

10. Start somewhere. Modest but sustained efforts to foster cross-sector relationships can shift norms, become self-reinforcing, and over time create major successes.

Conclusion

The primary goal of HiAP practitioners should be to create a new norm of cross-agency collaboration around health. Reframing key issues as “health” issues is an essential first step in any HiAP process. The experiments in Chicago and California, although still in early stages, provide both reason for optimism that old agencies can learn new, health-promoting ways, and lessons for other jurisdictions. Law and lawyers can be pivotal in facilitating HiAP, and their potential role is only just emerging.

Acknowledgement

The views of expressed are those of the authors, and not official positions of any government agency or institution.

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