HHS Public Access

Author manuscript

J Law Med Ethics. Author manuscript; available in PMC 2018 March 01.

Published in final edited form as:

J Law Med Ethics. 2017 March ; 45(1 Suppl): 60–64. doi:10.1177/1073110517703327.

Collaborating for Health: Health in All Policies and the Law

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Introduction

Health in All Policies (HiAP) is a policy framework resulting from movements beginning in the 1970s and 1980s.[1] HiAP highlights the importance of intersectoral collaboration and shifts focus away from the biological basis of health outcomes to a broader understanding of the role of behavioral and other lifestyle considerations.[2] Since 2006, the HiAP approach has spread across Europe and is gaining momentum in the United States.[3] This article discusses the concept of HiAP and explores emerging trends in HiAP law. It also examines California's HiAP experience, including the development and evolution of HiAP in the state and the ability to leverage a HiAP framework to improve health outcomes, advance health equity, and counteract laws and policies that contribute to health inequities.

What Is HiAP?

Scholars and public health advocates have expressed optimism about HiAP's potential to improve population health.[4] Although no consensus definition of HiAP exists, this article uses the following definition: "HiAP is a strategy to assist leaders and policymakers in integrating considerations of health, well-being, and equity during the development, implementation, and evaluation of policies and services."[5] Health departments typically take the lead in developing HiAP activities and engaging other governmental agencies and external partnerships to improve health, equity, and sustainability.

According to Rudolph et al., HiAP's key elements are health equity/sustainability, benefits for health and non-health sectors, intersectoral collaboration, a goal of creating structural or procedural change, and the need to engage community groups and stakeholders.[6] Werhham and Teutsch observe that the basic components are community engagement, cross-sector collaboration, and government involvement (especially through laws and policies).[7] Likewise, Gase et al. theorize that HiAP is designed to incorporate cross-sector relations, incorporate health into decision-making, enhance workforce capacity, coordinate funding and investments, integrate evaluation/research/data, enhance communications and messaging, and implement accountability measures.[8]

A HiAP approach also should be considered along with similar efforts to address social determinants of health on a community-wide basis. These include, among others, the Accountable Health Communities model supported by the Centers for Medicare & Medicaid Services; the Robert Wood Johnson Foundation's Culture of Health program; activities of anchor institutions (organizations rooted in their communities, such as universities, community hospitals, or similar place-based institutions focused more on community revitalization); and health impact assessments (tools for implementing HiAP, but distinct in

their approaches and outcomes). These efforts share basic aims to improve both the health of a group of individuals (usually geographically determined) and, typically, the distribution of health outcomes within that group (usually labeled health equity). All take multisectoral, multistakeholder approaches to achieve those goals.

A deliberate, collaborative approach across health and non-health sectors (e.g., transportation, education, and housing), involving both public and private decision-makers, differentiates HiAP from the aforementioned efforts to address social determinants of health. Although these efforts and HiAP share commonalities, HiAP usually results from government initiatives (e.g., state legislation, executive order, or local ordinance). As a result, the health department usually takes the lead in coordinating HiAP, while nongovernmental organizations often lead the other types of community-based collaborative efforts. Certainly, nothing prevents non-governmental cross-sectoral efforts to achieve similar goals; however, these efforts are likely to be less policy focused.

HiAP Laws across the United States

U.S. jurisdictions are increasingly becoming aware of and incorporating HiAP into laws.[9] Since 2010, when the first U.S. jurisdictions passed such laws, there has been a gradual increase in HiAP laws (laws that use the term HiAP) and HiAP-like laws (laws that do not explicitly use the terminology HiAP but contain elements of a HiAP approach). In fact, more of these laws were passed in 2016 than any previous year.

HiAP laws at all levels of government share common elements, and there are emerging trends in how the elements appear in such laws. HiAP or HiAP-like laws emphasize achieving better public health outcomes through increased intersectoral collaboration. In addition, most HiAP laws consider health equity an important component of a HiAP approach. For example, Washington, D.C.'s HiAP law expressly incorporates health equity, stating that its HiAP approach aims "to ensure a sustained and continuous pursuit of health equity among District residents."[10] Conversely, Vermont's HiAP law does not explicitly reference equity considerations, indicating instead that the law aims to "identify strategies to more fully integrate health considerations into all state programs and policies, and promote better health outcomes through interagency collaboration."[11] This difference raises questions about the fundamental components of a HiAP approach and whether a HiAP law can or should highlight all components.

Although many HiAP laws share common elements, there are some differences between approaches taken at the state versus local level. For example, task forces can be important to a HiAP approach because they serve as the primary body for coordinating HiAP efforts among partners and for implementing the HiAP framework.[13] For instance, in Rhode Island, the Commission for Health Advocacy and Equity is charged to "develop and facilitate coordination of the expertise and experience of the state's health and human services systems, housing, transportation, education, environment, community development, and labor systems in developing a comprehensive health equity plan addressing the social determinants of health."[14] In contrast, local laws commonly adopt a HiAP approach applicable to their local governing body. While a task force might be critical for a state-level

program or in large cities such as Chicago, a local-level program in a smaller jurisdiction might find a task force unnecessary. For example, in Summit County, Ohio, members of the Summit County Council, the legislative body at the county level, are to "encourage all public officials, community and business leaders to adopt a Health in All Policies [approach] in their policy decisions."[15] These variations in state and local laws' incorporation of a task force demonstrate the different ways state and local governments use law as a tool to implement HiAP.

Trends in HiAP laws and HiAP-like laws demonstrate that while all laws contain similar elements, substantial variation exists in the components, purpose, and depth of the provisions. Jurisdictions may use law to implement a formal HiAP approach that incorporates every element of HiAP or, alternatively, to implement pieces of a HiAP approach. In addition, there are particular differences in the way that state and local governments use law to implement HiAP. As more jurisdictions pass HiAP laws and HiAP-like laws, emerging trends and new information about ways to use law in the HiAP arena can help inform other jurisdictions' future efforts to incorporate the HiAP approach.

HiAP in California: Past, Present, and Future

California's HiAP experience reflects many of the same trends seen in HiAP initiatives across the country, especially those focusing on improving health outcomes through increased intersectoral collaboration. These collaborative efforts are vital to improving population health and advancing health equity. However, this forward-looking approach frequently overlooks the legacy of laws and policies that, whether deliberately or unintentionally, created or exacerbate health inequities. California's HiAP experience also demonstrates that a HiAP approach can both (1) ensure that future laws and policies incorporate health equity principles and (2) counteract the effects of laws and policies that have contributed to health inequities.[16]

In 2010, then California Governor Arnold Schwarzenegger issued an executive order establishing the California HiAP Task Force (Task Force).[17] The order charged the Task Force with identifying priority programs, policies, and strategies to improve the health of Californians.[18] Since its creation, the Task Force has made substantial progress toward these goals, including implementing an Action Plan on Active Transportation to promote physical activity and a Farm-to-Fork program to improve access to healthy, health equity principles and (2) counteract the effects of laws and policies that have contributed to health inequities.[16] In 2010, then California Governor Arnold Schwarzenegger issued an executive order establishing the California HiAP Task Force (Task Force).[17] The order charged the Task Force with identifying priority programs, policies, and strategies to improve the health of Californians.[18] Since its creation, the Task Force has made substantial progress toward these goals, including implementing an Action Plan on Active Transportation to promote physical activity and a Farm-to-Fork program to improve access to healthy, affordable food.[19] In 2016, California elevated the Task Force's role in state government by formally moving it under the umbrella of the Strategic Growth Council, a cabinet-level committee that coordinates the activities of state agencies to support sustainable communities, economic prosperity, and social equity (the Task Force previously operated out of the

California Department of Public Health and the Public Health Institute).[20] This move demonstrates California's growing confidence in the HiAP approach to tackle deep-seated social determinants of health — forces rooted in our economic, social, and legal systems that affect residents' prospects for a healthy life.

The Task Force's current Action Plan to Promote Violence-Free and Resilient Communities (Action Plan) serves as one example of its burgeoning work to address these more systemic social determinants of health. The Action Plan seeks to address the underlying determinants of violence through interagency collaboration, an emphasis on equity, and strong stakeholder engagement.[21] The Action Plan recognizes that "violence is not only preventable, but is a cross-sectoral public health issue, and not solely the responsibility of the criminal justice or law enforcement system."[22] This recognition diverges dramatically from decades of tough-on-crime policymaking — an approach that California voters historically have supported but one that has had dire consequences for health equity. California's "three strikes law" and laws permitting or requiring the state to prosecute certain youth offenders as adults, for instance, have disproportionately affected communities of color and created some of the underlying inequities the Action Plan now seeks to remedy.[23] The Action Plan highlights how a HiAP framework can mitigate the negative health outcomes and inequities produced by laws and policies enacted without a health equity lens, such as those in the areas of law enforcement and criminal justice.

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Likewise, Richmond, California — a racially and economically diverse city in the San Francisco Bay Area that once ranked among the most dangerous cities in the United States — has already proved the vast potential of a HiAP framework to combat inequities produced by such laws. After years of robust community engagement, Richmond adopted a HiAP ordinance and implementation strategy.[24] With residents' help, the city identified a number of causes of inequities and poor health outcomes, many of which could be traced to laws and policies that did not consider health and equity. For example, community members identified racial profiling, which has been institutionalized by laws and policies such as redlining, as one of the most significant "toxic stressors" contributing to health inequities.[25] To address these issues, Richmond developed targeted interventions, such as implementing community policing, providing implicit bias and de-escalation training to law enforcement, and adopting a ban-the-box ordinance that limits when employers may ask about a prospective employee's criminal conviction history.[26]

By recognizing the need to address underlying social determinants of health, such as institutionalized racism and poverty, Richmond's approach exemplifies the "cross-sectoral

public health" model described in the state's Action Plan. Richmond's HiAP framework also acknowledges the role of laws and policies in producing the inequities the city seeks to remedy. Both the city's accomplishments and the state's Action Plan show how a HiAP framework can not only improve community health by increasing intersectoral collaboration in policy development, but also help communities recognize and counteract laws and policies that contribute to health inequities.

Conclusion

Given the increasing momentum behind HiAP in the United States, it is useful to reflect on the role that law can play in supporting effective and sustainable implementation. Lawmakers in all jurisdictions might want to consider how the elements of a HiAP approach, including intersectoral collaboration and a focus on health equity, can and should appear in law, given each jurisdiction's unique needs. The early successes and demonstrated potential of a HiAP approach also can provide valuable lessons. For instance, California is starting to use the HiAP framework to tackle more systemic social determinants of health, such as violence, and Richmond has applied its HiAP strategy to address racial profiling. As more jurisdictions pass HiAP laws, it becomes increasingly clear that law can help establish, support, and develop a HiAP approach in the United States.

Acknowledgments

Peter Jacobson's work was conducted as part of the University of Michigan Policies for Action Research Hub, with funding from the Robert Wood Johnson Foundation.

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