



Health in All Policies Task Force Report to the Strategic Growth Council

Executive Summary

This is the Executive Summary of the Health in All Policies Task Force Report to the Strategic Growth Council. The Executive Summary and the full report are available for download at: <http://sgc.ca.gov/workgroups/hiap.html>.

The full Health in All Policies Task Force Report to the Strategic Growth Council includes:

- An introduction describing the formation, purpose, charge, and activities of the Task Force.
- Recommendations to improve health and sustainability, listed with accompanying background information, co-benefits, and evidence base.
- A condensed list of recommendations collected by the Task Force.
- Issue briefs outlining ways in which the actions of government agencies can influence the health of California residents and communities.

For additional information about the Health in All Policies Task Force, contact:
Center for Chronic Disease Prevention and Health Promotion
California Department of Public Health
PO Box 997377, MS 0508
Sacramento, CA 95899-7377
Phone: (916) 445-0661
Email: HiAP@cdph.ca.gov

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Health in All Policies Task Force Members

Air Resources Board

Lynn Terry, Deputy Executive Officer
Jamesine Rogers, Air Pollution Specialist

Business, Transportation, and Housing Agency

Gregg Albright, Deputy Secretary, Environmental Policy and Integration
Kathryn Lowell, Deputy Secretary, Health Systems and Life Sciences

Department of Community Services and Development

Maria Caudill, Legislative and External Affairs

Department of Education

Cindy Cunningham, Deputy State Superintendent
Mary Prather, Education Administrator

Department of Finance

Karen Finn, Program Budget Manager

Department of Food and Agriculture

AG Kawamura, Secretary
David Pegos, Deputy Secretary, Communications and External Affairs

Department of Forestry and Fire Protection (CAL FIRE)

Russ Henly, Assistant Deputy Director, Resource Protection and Improvement
John Melvin, State Urban Forester

Department of Housing and Community Development

Linda Wheaton, Assistant Director of Local Government Affairs
Cathy Creswell, Deputy Director, Division of Housing Policy Development

Department of Justice

Claudia Polsky, Deputy Attorney General

Department of Parks and Recreation

Nina Gordon, Senior Policy Coordinator
Donna Pozzi, Chief, Interpretation and Education Division
Eileen Hook, State Park and Recreation Commission Staff

Department of Social Services

Pete Cervinka, Program Deputy Director, Benefits and Services
Charr Lee Metsker, Deputy Director, Welfare to Work Division

Department of Transportation (Caltrans)

Garth Hopkins, Office Chief, Division of Transportation Planning
Marilee Mortenson, Senior Environmental Planner

Environmental Protection Agency

Cindy Tuck, Undersecretary
Andrew Altevogt, Senior Manager Climate Programs

Governor's Office of Planning and Research

Julia Lave Johnston, Deputy Director
Seth Litchney, Senior Planner

Health and Human Services Agency

Peter Barth, Assistant Secretary

Labor and Workforce Development Agency

Douglas Hoffner, Undersecretary
Jeff Wyly, Assistant Secretary, Governor's Initiatives

Office of Gang and Youth Violence Policy

Nancy Lyons, Chief Deputy Director

Office of Traffic Safety

Leslie Witten-Rood, Assistant Director
Lisa Dixon, Regional Coordinator

Strategic Growth Council Staff

Heather Fargo, Executive Policy Officer

Governor's Office of Planning and Research

Anna Marie Young, Assistant Planner, State Clearinghouse

Report Authors

California Department of Public Health

Linda Rudolph, Deputy Director
Aimee Sisson, Public Health Medical Officer
Julia Caplan, Project Lead
Lianne Dillon, Research Scientist
Karen Ben-Moshe, Project Coordinator

University of California, San Francisco

Mina Mohammadi, Research Assistant
Sarah Sattelmeyer, Research Assistant
Miranda Walker, Research Assistant

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Stakeholder Advisory Group

Bay Area Regional Health Inequities Initiative (BARHII), Bob Prentice
Breakthrough Communities, Carl Anthony, Paloma Pavel
California Pan-Ethnic Health Network, Marty Martinez, Ellen Wu
California Rural Legal Assistance, Phoebe Seaton
Central California Regional Obesity Prevention Program, Genoveva Islas-Hooker
Partnership for the Public's Health, Julie Williamson
PolicyLink, Judith Bell, Jme McLean
Prevention Institute, Manal Aboelata, Jeremy Cantor, Larry Cohen, Leslie Mikkelsen
Public Health Institute, Matthew Marsom
Public Health Law & Policy, Marice Ashe, Robert Ogilvie, Heather Wooten
Regional Asthma Management and Prevention, Joel Ervice, Anne Kelsey-Lamb
The California Endowment, George Flores, Judi Larsen, Marion Standish

Key Informants and Contributors

American Farmland Trust, Serena Unger
California Coalition for Rural Housing, Rob Wiener
California Department of Mental Health, Penny Knapp
California Department of Public Health, Kathy Dervin
California Food Policy Advocates, Ken Hecht, George Manalo-LeClair
California Park and Recreation Society, Jane Adams
California ReLeaf, Joe Liszewski
California State Controller's Office, Ruth Holton-Hodson
California WALKS, Wendy Alfsen
California WIC Association
Center for Civic Partnerships, Nicole Hara, Joan Twiss
Center for Urban Forest Research, Greg McPherson
City of Berkeley, Public Health Division, Kate Clayton
City of Fullerton, Al Zelinka
Clean Water Action
Community Alliance with Family Farmers, Dave Runsten
Domus Development, LLC, Meea Kang
Healthy Places Coalition, Heather Kuiper
Institute for Local Government, Yvonne Hunter, Steve Sanders
Local Government Commission, Scott Clark, Judy Corbett

Marin County Department of Health and Human Services, Rochelle Ereman
Pesticide Watch
PolicyLink, Chione Flegal, Rubén Lizardo, Shireen Malekafzali, Marc Philpart
Prevention Institute, Rachel Davis, Xavier Morales, Sandra Viera
Public Health Law & Policy, Robin Salsburg, Nicole Schneider
Rails to Trails Conservancy, Laura Cohen
Regional Asthma Management and Prevention, Brandon Kitagawa
Sacramento Food Bank and Family Services, Jeremiah Rhine
Safe Routes to School National Partnership, Deb Hubsmith, Jessica Meaney
Samuels and Associates, Rajni Banthia
San Mateo County Health System, Edith Cabuslay
San Mateo Public Health Department, Scott Morrow
Selma Abinader & Associates, Selma Abinader, Suzanne del Mazo
Soil Born Farms, Jared Clark
TransForm, Stuart Cohen
University of California, Berkeley, University of California, San Francisco, Laura Gottlieb
University of California, Berkeley Center for Cities and Schools, Deborah McKoy, Jeff Vincent
University of California, Davis Sustainable Agriculture Research and Education Program, Gail Feenstra

Background

California faces critical problems that will shape the futures of our children and grandchildren. Climate change, water shortages, fiscal challenges, an aging population, and increasing health inequities are but a few examples of the compelling issues facing the state. At the same time, California – and the nation – faces unprecedented levels of chronic disease, which now accounts for over 75 percent of all deaths in California¹ and 75 percent of all U.S. health care expenditures.² Obesity and overweight, which increase chronic disease risk and contribute to lost productivity, cost California an estimated \$21 billion in 2006.³

Health is a critical component of sustainable communities, and is directly linked to the goals of the Strategic Growth Council (SGC). For example, when Californians consume local produce they enhance their own health through consumption of fruits and vegetables and help preserve California's agricultural lands. Policies that support active transportation help Californians incorporate more health-promoting physical activity into their lives, while also reducing greenhouse gas emissions and other harmful co-pollutants. Infill development can help to reduce urban sprawl, reduce greenhouse gas emissions, and support location-efficient housing that promotes active transportation and allows workers to reap both economic and health benefits. Good health is also critical for economic sustainability, increasing workforce participation and productivity, and slowing the ongoing rise in medical care expenditures, which diverts resources from other State priorities such as education or investments in green energy.

The health of California's population is largely determined by the physical, social, economic, and service environments in which we live, learn, work, and play – collectively referred to as the “social determinants of health.” While medical care is vitally important, it contributes only a small portion (between 10 - 15 percent) to our overall health and longevity.⁴ The social determinants of health have a far greater impact on how long and how well we live than medical care.^{5,6,7} Environments impact health both directly – for example, through air pollution or contaminated soil or drinking water – and indirectly. People in disadvantaged communities often have fewer resources for health, which is reflected in significantly worse health outcomes. Efforts to change health behaviors are most effective when they address the environments in which people make their daily choices.⁸ However, public health agencies alone cannot change these environments since responsibility for the determinants of health generally falls under the realms of housing, transportation, education, air quality, parks, criminal justice, and employment agencies, to name just a few.^{9,10,11} Thus, for public health agencies to achieve their mission – to improve the health of the population – they must work collaboratively with the many government agencies, businesses, and community-based organizations which are best positioned to create healthy communities.

The complex problems California faces have been described as “wicked” problems.¹² They are multi-factorial with many interdependencies, difficult to fully define, lacking a clear solution, and not the responsibility of any single organization or government department. Such problems require a new policy paradigm and innovative solutions that reach across organizational silos and promote co-benefits. Health in All Policies, or

HiAP, is a collaborative approach that has been used internationally to address just these kinds of issues. A HiAP approach recognizes that health and prevention are impacted by policies that are managed by non-health government and non-government entities, and that many strategies that improve health will also help to meet the policy objectives of other agencies. The World Health Organization, European Union, South Australia, Finland, and other Western nations are all exploring ways to implement HiAP. Although it does not use the term HiAP, the Surgeon General's National Prevention, Health Promotion, and Public Health Council also brings together cross-sectoral agency leaders to address health and prevention.

The Health in All Policies Task Force provides a venue for people with many different perspectives to come together and ask: How can California's health sector help to advance the goals of other sectors whose work will have a huge impact on ecosystem and economic sustainability and thus on human health and survival? And simultaneously, how can other sectors incorporate a health lens as they address their own wicked problems, so that California's population is as healthy, productive, and resilient as possible? HiAP harnesses the power that agencies and departments can bring through their areas of expertise, focuses on co-benefits and win-win strategies, and explores and uses health as a linking factor in bringing people together from across sectors to address some of the biggest issues that face our society.¹³

The Health in All Policies Task Force

California's Health in All Policies Task Force was established by Executive Order S-04-10 of Governor Arnold Schwarzenegger on February 23, 2010, under the auspices of the SGC. The Task Force was charged with identifying priority actions and strategies for State agencies to improve community health while also advancing the other goals of the SGC. Between April and November of 2010, representatives from 19 California agencies, departments, and offices came together in multiple individual and group Task Force meetings, participated in public workshops, and received written comments from a diverse array of stakeholders. These State leaders have developed a broad-ranging set of recommendations on feasible strategies and actions to promote health while also meeting other objectives of the SGC.

The Task Force defined a healthy community as one that 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 (see inside back cover). The Task Force also identified the following aspirational goals, which provide a structure for the recommendations contained in this report:

- All California residents have the option to safely walk, bicycle, or take public transit to school, work, and essential destinations.
- All California residents live in safe, healthy, affordable housing.
- All California residents have access to places to be active, including parks, green space, and healthy tree canopy.
- All California residents are able to live and be active in their communities without fear of violence or crime.

- All California residents have access to healthy, affordable foods at school, at work, and in their neighborhoods.
- California’s decision makers are informed about the health consequences of various policy options during the policy development process.

Health in All Policies Recommendations

The recommendations put forth in this Executive Summary and the full Task Force report are geared at improving the efficiency, cost-effectiveness, and collaborative nature of State government, while promoting both health and other goals of the SGC. They address two strategic directions:

1. Building healthy and safe communities with opportunities for active transportation; safe, healthy, affordable housing; places to be active, including parks, green space, and healthy tree canopy; the ability to be active without fear of violence or crime; and access to healthy, affordable foods.
2. Finding opportunities to add a health lens in public policy and program development and increase collaboration across agencies and with communities.

Executive Order S-04-10 calls for the Task Force to “identify priority programs, policies, and strategies to improve the health of Californians while advancing the SGC’s goals of improving air and water quality, protecting natural resources and agricultural lands, increasing the availability of affordable housing, improving infrastructure systems, promoting public health, planning sustainable communities, and meeting the state’s climate change goals.”

All of the recommendations in this report address public health. The following table contains the full text of recommendations and identifies the links between the recommendations and the other goals of the Strategic Growth Council.

The following symbols are used in this table to identify the links between each recommendation and SGC goals:



Increasing the availability of affordable housing



Meeting the state’s climate change goals



Protecting natural resources and agricultural lands



Improving air and water quality



Improving infrastructure systems



Planning sustainable communities

I. PROMOTE HEALTHY COMMUNITIES

I.A. Active Transportation

I.A1. Utilize data to improve community planning and increase active transportation.

- a. Use available tools and data (e.g., the California Household Travel Survey, California Statewide Travel Demand Model, and regional models) to enhance community and transportation planning and understand health impacts of transportation options and mode shifts.
 - i. Map and assess transit and non-motorized transit access to essential destinations (e.g., parks, schools, health care facilities), including inequities in transportation access.
 - ii. Determine inequities by demographics such as income, race, and disability and encourage use of this data by Metropolitan Planning Organizations (MPOs) and Regional Transportation Planning Agencies (RTPAs) in transportation planning models.
 - iii. Assess and predict the health impacts associated with increases in active transportation and decreases in motorized transport.

I.A2. Support active transportation through implementation of “complete streets.”



- a. Encourage all State-funded road infrastructure projects to address safety and mobility of all users, including bicyclists, pedestrians, transit users, and motorists, appropriate to the function and context of the facility.
- b. Encourage all State employees involved in roadway design, planning, programming, construction, operations, and maintenance to participate in functionally appropriate “complete streets” training.
- c. Explore additional approaches to amending the CEQA Guidelines Environmental Checklist to reflect a development project’s impacts on all modes of transportation, including mass transit and non-motorized transportation like walking and biking.

I.A3. Incorporate safety considerations of all roadway users into programs, policies, and community designs.

- a. Support an increase in the number of low-resource schools participating in the State and federal Safe Routes to School programs.
 - i. Ensure Caltrans District Application Review Committee members are trained in health and environmental justice principles that are impacted by Safe Routes to School, and that each committee has members with experience in the area of health and disadvantaged communities to reinforce these principles.
 - ii. Provide additional outreach and assistance to low-resource communities to encourage and enable successful participation in the State and federal Safe Routes to School programs.
- b. Analyze the impact of lower speed limits on injuries, air pollution, and greenhouse gas emissions.
- c. Explore opportunities to reduce injuries, greenhouse gas emissions, and air pollution through changes in roadway features to encourage slower speeds (e.g., traffic calming).

- d. Promote legislation to amend the California vehicle code so that localities can lower speed limits on local roads, where appropriate.
- e. Convene stakeholders and relevant agencies to discuss lower speed limits on highways.

I.A4. Highlight the opportunities presented by SB 375 to promote active transportation.

- a. Incorporate health considerations in Strategic Growth Council (SGC) outreach and technical assistance for the SGC's Sustainable Communities Planning Grant program, and in SGC metrics for grant evaluation.
- b. Convene regional workshops with local health officers (California Conference of Local Health Officers) and planners (Metropolitan Planning Organizations and Regional Transportation Planning Agencies) to promote and facilitate integration of health considerations in sustainable community planning.

I.A5. Incorporate trails and greenways as part of an active transportation system.



I.A6. Promote and encourage active transportation and physical activity for State employees.

- a. Develop a bicycle fleet for State employee use.
- b. Provide ample covered and secure bicycle storage and on-site showers for employee use in all State buildings (leased and owned).
- c. Require new State buildings or renovations to incorporate designs for health (e.g., prominent/usable stairways).
- d. Explore shifting parking subsidies to incentives for active transportation and physical activity.
- e. Facilitate the sharing across agencies of existing resources in support of physical activity, such as exercise areas, showers, bicycle storage, and walking clubs.

I.B. Housing and Indoor Spaces

I.B1. Encourage sustainable development through healthy housing by offering incentives and providing State guidance.

- a. Develop incentives for healthier new and existing housing developments by promoting universal design, community gardens, siting near grocery stores, parks, and other resources necessary for healthy living, and smoke-free policies in multi-family housing developments.

I.B2. Explore secure and permanent funding for affordable housing.

- a. Develop a permanent source of funding for affordable housing to succeed Proposition 1C program funds.

I.B3. Promote sustainable development through smart housing siting.



- a. Develop incentives for sustainable housing development by awarding bonus points in competitive grant programs or giving dedicated or beneficial funding consideration for infill and transit-oriented developments.
- b. Identify barriers to achieving infill and transit-oriented development and identify strategies to address these barriers. Potential barriers to be evaluated include local zoning and regulations, infrastructure deficiencies, and

- multiagency mitigation requirements.
- c. Develop recommended processes for balancing multiple public policy objectives affecting air quality and the permit processing and siting of transit-oriented development.
- d. Identify research needs and support research and demonstration efforts to mitigate adverse environmental and public health impacts in residential areas proximate to major urban roadways and transportation corridors.

I.B4. Ensure that all workers and school-children enjoy smoke-free environments.



- a. Amend Health and Safety Code (H&S) Section 104420(n)(1) and H&S Code Section 104420(n)(2) to require all school campuses to be tobacco free, expand the definition of tobacco to include other non-prescription nicotine delivery devices, and amend H&S Code Section 104420 to update the definition of a Local Education Agency (LEA) to include direct-funded charter schools.
- b. Create smoke-free workplaces that will protect all groups of workers and create an environment that increases smokers' chances of successfully quitting by eliminating provisions in Labor Code Section 6404.5 that permit smoking in hotel lobbies, hotel banquet rooms, tobacco shops and private smokers' lounges, warehouses, break rooms, workplaces with five or fewer employees, and businesses defined as "owner operated."

I.C. Parks, Urban Greening, and Places to be Active

I.C1. Support urban greening and access to green spaces.

- a. Promote increases in tree canopy through communication, education, and outreach regarding multiple co-benefits of trees, including promoting use of existing tools and guidance for selection of trees for urban forestry with regard to fire hazard, drought tolerance, water use, allergenicity, and improved air quality.
- b. Encourage fruit trees and community gardens, including through the use of grants; investigate the use of specialty crop block grants for this purpose.
- c. Conduct a statewide assessment of existing tree canopy cover, then develop achievable targets for each jurisdiction and quantify the anticipated benefits associated with meeting the target, including health benefits.
- d. Explore the development of policies to establish markets for the ecosystem services of trees.
- e. Explore the use of easements to expand the availability of land for trails and greenways, where appropriate.
- f. Expand programs to provide access to parks for disadvantaged communities.

I.C2. Improve wildfire-related air quality and safety.

- a. Convene a forum to explore relative risks of controlled burns/fuels management and wildfires.
- b. Foster interagency collaboration to strengthen general plan guidance related to wildland fire risks and development in wildland and wildland/urban interface areas; continue to work with local governments and Fire Safe Councils to educate landowners on their responsibilities for addressing wildland fire risks; and continue to seek state and federal funding for fuels reduction projects.

I.C3. Take stronger actions to prevent and control invasive species which pose a threat to all ecosystems, including agriculture and forests.

- a. Foster interagency collaboration on education and outreach to stakeholders that emphasizes the importance of prevention to reduce the number of invasive species introduced.
- b. Develop mechanisms that allow for early public health input into response options when an invasive species threat is detected.

I.C4. Encourage joint use of facilities throughout communities in California.



- a. Provide guidance to school districts/superintendents regarding existing state law that provides liability protection.
- b. Incorporate incentives for joint use in funding and construction of new schools. Specifically, explore statute changes to allow for the use of State joint use bond funds for outdoor recreational facilities/spaces and to allow local partners more flexibility in fulfilling the required 50 percent local share match for use of these joint use funds.
- c. Encourage the joint use of parks, open space lands, and recreational facilities between schools and communities for purposes of moderate to vigorous physical activity, gardening, and other recreation opportunities.
- d. Explore the feasibility of allowing joint use of State properties for community gardens.

I.C5. Reduce the environmental impact of tobacco waste.

- a. Encourage interagency collaboration to test and develop messaging that raises awareness and motivates policy, system, and environmental level interventions to reduce the harmful public health and environmental impact of tobacco waste in California.

I.D. Violence Prevention

I.D1. Build violence prevention capacity statewide by supporting community-level efforts to engage and convene stakeholders to develop data-informed prevention actions, including through training to promote effective community engagement and joint action.

I.D2. Disseminate existing guidance on Crime Prevention through Environmental Design.

I.D3. Analyze State violence prevention spending in the ten California communities that have the highest rates of violence and develop recommendations for State agency action in those ten communities, drawing from evidence-based approaches.

I.D4. Expand the Governor's Office of Gang and Youth Violence Policy to become a comprehensive clearinghouse on violence prevention that will develop and distribute crime prevention education and training materials as well as provide training and technical assistance to communities.

I.D5. Work with foundation, private sector, and State agency partners to increase resources for a Probation Resource Center to support probation departments' efforts to implement evidence-based practices.

I.E. Healthy Food

I.E1. Encourage and expand the availability of affordable and locally grown produce through “farm-to-fork” policies and programs.

- a. Promote farm-to-school programs to increase fresh produce offerings in school breakfast and lunch programs.
 - i. Establish a farm-to-school statewide coordinator to facilitate the development of farm-to-school programs.
- b. Explore methods to make it easier for small/local farmers to consolidate produce supply in order to sell to institutions.
- c. Promote school and community garden and orchard programs (including incorporation into learning curriculum), and explore funding streams to support such programs (e.g., United States Department of Agriculture specialty crop block grants).
- d. Encourage labeling of produce origin so that purchasers can select local produce if desired.
- e. Identify State and local regulations that pose barriers to access to locally grown or healthy foods, and recommend changes to:
 - i. Make it easier for farmers’ markets and produce vendors to operate in neighborhoods that lack access to fresh produce.
 - ii. Eliminate contracting and other barriers to procurement and use of fresh fruits and vegetables by institutions.
 - iii. Make it easier for school cafeterias to serve food grown in school gardens, including through identification of best practices for safe use of school-grown food.

I.E2. Better utilize State-administered food assistance programs to increase consumption of healthy foods, decrease consumption of low-nutrient, high-calorie foods, reduce hunger, and add dollars to the local economy.

- a. Modify policies and practices to increase participation of Californians in food assistance programs.
 - i. Direct Certification: Address data-sharing issues that pose barriers to automatically enrolling eligible children in free or reduced-price meal programs at school.
 - ii. Single Portal for Applications and Eligibility: Review existing structure and options including implementing a single portal for all health and human services programs, new system development, or leveraging an existing county eligibility system.
 - iii. Modified Categorical Eligibility for CalFresh (food stamps): Expand Modified Categorical Eligibility to seniors and persons with disabilities.
 - iv. Simplified Reporting for CalFresh: Implement a 6-month reporting requirement.
 - v. CalFresh Business Process Re-Engineering.
- b. Support healthier food choices through food assistance programs.
 - i. Limit use of CalFresh funds for purchase of unhealthy foods and beverages, beginning with requesting a waiver from United States Department of Agriculture to allow California to prohibit the purchase of

- ii. Implement a healthy food purchase pilot which adds funds to Electronic Benefits Transfer (EBT) cards when fruits and vegetables are purchased.

I.E3. Establish a California Food Policy Council comprised of State agencies and other relevant stakeholders involved with food production, distribution, purchase, promotion, provision, and health, in order to build a more robust, sustainable food system, alleviate hunger, and promote consumption of healthy foods. The Food Policy Council could work toward implementation of the food-related recommendations herein.    

I.E4. Leverage government spending to support healthy eating and sustainable local food systems.   

- a. Adopt a healthy food procurement policy, pursuant to Public Contract Code Section 12400-12404, to ensure that foods purchased for consumption or sale on State property (e.g., vending machines, institutions, cafeterias, concessioner contracts) meet minimum nutritional standards.
 - i. Establish nutrition standards for foods and beverages available in government-run recreation centers and parks.
 - ii. Implement and strengthen existing legislation to promote healthier options in vending machines.
 - iii. Enhance vendor and concession policies to support the availability of healthy foods, for example through bid incentives for healthy options and locally-grown produce. Policy revisions should consider potential cost implications.
 - iv. Identify existing best practices and provide training and technical assistance on implementation of healthy procurement policies.

II. PROMOTE HEALTHY PUBLIC POLICY

II.A. State Guidance

II.A1. Incorporate a health and health equity perspective into State guidance, surveys, and technical assistance documents where feasible and appropriate.



- a. Work with agencies to incorporate a health lens in guidance documents, for example:
 - Office of Planning and Research (OPR) General Plan Guidelines
 - OPR Annual Planning Survey
 - OPR and Caltrans “complete streets” guidelines
 - Caltrans guidance documents:
 - i. Regional Transportation Plan (RTP) Guidelines
 - ii. System Planning Guidelines
 - iii. California Interregional Blueprint
 - iv. Project Initiation Documents
 - California Department of Housing and Community Development Building Blocks for Effective Housing Elements
 - Additional opportunities to be identified

II.A2. Identify and publicize a comprehensive set of state resources for communities to use in healthy community planning.

- a. Collaborate across Task Force agencies to provide and make easily accessible information that allows communities to better understand the multiple and diverse planning processes and funding streams that are available for building healthy communities, including opportunities for blending funding from different sources to create a more comprehensive healthy communities program.
- b. Provide technical assistance to local entities to promote and facilitate healthy community planning, policies, and programming, including through the SGC's Sustainable Communities Learning Network.

II.B. Embedding Health in Decision Making

II.B1. Incorporate health and health equity criteria into State grant Requests for Applications, review criteria and scoring, technical assistance, and monitoring/performance measures, where feasible and appropriate. For example,

- a. Incorporate a health module into the outreach and technical assistance programs of the Strategic Growth Council.
- b. Add health criteria to the California Environmental Protection Agency's annual Environmental Justice Small Grants program.
- c. Add per capita VMT reduction and increased active transportation to Office of Traffic Safety grants.
- d. Incorporate considerations of non-safety-related health benefits into Safe Routes to School grants review processes.
- e. Develop health criteria for discretionary funds review processes.
- f. Identify opportunities to incorporate relevant Task Force recommendations as requirements in future State grant guidelines.

II.B2. Continue to provide integrated comments on federal legislative and policy proposals from multiple California agencies, including incorporation of a health and equity lens (e.g., Transportation Reauthorization, Child Nutrition Reauthorization, Environmental Protection Agency Greenhouse Gas Regulation).

II.B3. Explore appropriate ways to integrate health analysis into existing State projects and plans.

- a. Design and conduct a feasibility study to explore possible methods or approaches for incorporating a health lens into analyses of a subset of legislation and Budget Change Proposals (BCPs), to consider long-term health and State health-care expenditure consequences of short-term financial and policy decisions.
- b. Use the HiAP Task Force to 1) identify the range of methods (including Health Impact Assessment) for incorporating health perspectives in State planning, review processes, and guidance; 2) explore appropriate integration of these methods, including how and where to incorporate health perspectives; and 3) consider concerns of Agencies and Departments, including the need to reconcile competing policy priorities, enable efficient processes, and provide input early and upstream in planning processes

where possible.

II.C. Data and Research

II.C1. State agencies and their contractors, where feasible and appropriate, should incorporate health and health equity indicators into data collection tools and accountability measures, and endeavor to standardize data elements and indicators to facilitate data collection, sharing, and accessibility.      

- a. Incorporate health issues into State data collection and survey efforts, where appropriate.
- b. Develop uniform data elements, data collection tools, and assessment standards related to health, to allow consistent data collection across State grants. For example:
 - i. Review available walkability assessment tools and develop one standardized tool for grantees to use across agencies and grant programs, where appropriate.
 - ii. Develop a standard set of measurement indicators for a healthy community so that agencies and grantees measure consistent healthy community goals and objectives.
- c. Enhance data collection and availability of data to allow assessment, analysis, and policy-making that address health inequities (e.g., standardized data on race, ethnicity, language, education level, income, and other social factors that influence health).
- d. Include a standard set of core data elements in State data products to facilitate linkages across datasets.

II.C2. Increase use of evidence-based practices.      

- a. Improve efficiency and cost-effectiveness of State-funded programs by providing bonus points to grant and contract applicants using evidence-based practices.
- b. Identify programs and policy topics that would benefit from additional research into health impacts and cost-effectiveness.

II.D. Cross-Agency Collaboration and Expertise

II.D1. Foster deeper understanding and collaboration across State agencies.



- a. Through the Strategic Growth Council and its State Agency Learning Network, promote and seek resources to facilitate staff-sharing, interagency or inter-department transfers, and temporary placement of staff in a partner agency (e.g., from Caltrans to California Air Resources Board).
- b. Agencies should more consciously and consistently invite partner agency staff to participate in training opportunities (e.g., Caltrans Transportation Planning Training Academies, California Department of Public Health training on Health Impact Assessment).
- c. Provide opportunities to identify and reconcile important but competing public policy goals (e.g., food safety and use of school garden produce; forest management through controlled burns and air quality; open space and land for affordable housing).

II.E. Community Engagement

II.E1. Improve opportunities for substantive community engagement in State agency decision-making.

- a. Provide training for agencies on community engagement, and share best practices, including use of webinars and other technologies.
- b. Provide incentives for meaningful community engagement in State grants and contracts.
- c. Encourage non-governmental organization (NGO) and citizen participation by exploring funding opportunities, and increase funding for staff positions/time to support meaningful community engagement processes.
- d. Look for opportunities for State agencies and departments to coordinate outreach and community engagement efforts.
- e. Encourage broad community participation in regional and local planning processes to ensure that integrated planning processes consider community and stakeholder needs.

II.F. Continue the Health in All Policies Task Force

II.F1. Continue the Health in All Policies Task Force in order to foster continued dialogue on the impact of decisions on health and health equity, and to pursue implementation of recommendations. Expand participation to additional relevant agencies.

Challenges, Successes, and Next Steps

The Task Force has faced the same challenges that often make collaborative work difficult, such as restricted financial and staff resources, limited initial knowledge of each other's policy areas, and competing critical priorities. The Task Force made great strides in building trust, developing working relationships, establishing a baseline of knowledge about each other's policy areas, and identifying the multiple links between each policy area, strategic growth, equity, and health. The Task Force also collected and sifted through an enormous body of information and identified specific areas for further work to advance these co-benefits.

The Health in All Policies Task Force Report is a starting point; much work remains to guide implementation of these recommendations. The Task Force intends to work with the SGC in the coming year to identify priorities among this set of recommendations and to develop action plans and implementation strategies. The discussions and work of the Task Force have been exciting and challenging, and have demonstrated the power of deeper cross-sectoral engagement to address the interconnected wicked problems that we confront.

To learn more, visit www.sgc.ca.gov/workgroups/hiap.html.

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¹¹ L. St-Pierre, *Governance Tools and Framework for Health in All Policies* (National Collaborating Centre for Healthy Public Policy, 2008).

¹² Horst Rittel and Melvin Webber, "Dilemmas in a General Theory of Planning," *Policy Sciences*, Vol. 4 (1973): 155–169.

¹³ L. St-Pierre, *Governance Tools and Framework for Health in All Policies* (National Collaborating Centre for Healthy Public Policy, 2008).

What is a Healthy Community?

A Healthy Community provides for the following through all stages of life:

- ❖ Meets basic needs of all
 - Safe, sustainable, accessible, and affordable transportation options
 - Affordable, accessible and nutritious foods, and safe drinkable water
 - Affordable, high quality, socially integrated, and location-efficient housing
 - Affordable, accessible, and high quality health care
 - Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services, and other daily needs
 - Access to affordable and safe opportunities for physical activity
 - Able to adapt to changing environments, resilient, and prepared for emergencies
 - Opportunities for engagement with arts, music, and culture
- ❖ Quality and sustainability of environment
 - Clean air, soil and water, and environments free of excessive noise
 - Tobacco- and smoke-free
 - Green and open spaces, including healthy tree canopy and agricultural lands
 - Minimized toxics, greenhouse gas emissions, and waste
 - Affordable and sustainable energy use
 - Aesthetically pleasing
- ❖ Adequate levels of economic and social development
 - Living wage, safe and healthy job opportunities for all, and a thriving economy
 - Support for healthy development of children and adolescents
 - Opportunities for high quality and accessible education
- ❖ Health and social equity
- ❖ Social relationships that are supportive and respectful
 - Robust social and civic engagement
 - Socially cohesive and supportive relationships, families, homes, and neighborhoods
 - Safe communities, free of crime and violence

The Health in All Policies Task Force envisions a California in which:

All California residents have the option to safely walk, bicycle, or take public transit to school, work and essential destinations.



All California residents live in safe, healthy, affordable housing.



All California residents have access to places to be active, including parks, green space, and healthy tree canopy.



All California residents are able to live and be active in their communities without fear of violence or crime.



All California residents have access to healthy, affordable foods at school, at work, and in their neighborhoods.



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

Health in All Policies Task Force

www.sgc.ca.gov/workgroups/hiap.html