

Health in All Policies:

**Intersectoral collaboration to improve community
health and equity**

OR

***“How to leap tall (state government) silos in a
single bound and land on your feet”***

**Marsha McMurray-Avila
Bernalillo County Community Health Council/
NM Alliance of Health Councils
presentation to
NM Department of Health – Health Promotion
Midtown Public Health Office
Friday, August 29, 2014**

What we'll cover today...

- Brief summary of social determinants of health
- Health in All Policies as approach to operationalize how to address the social determinants of health and equity
 - Definition
 - Context
 - Key elements
- Strategies to implement Health in All Policies
- Identifying opportunities for cross-sector collaboration
- Characteristics of successful collaboration
- How does it all connect?

What determines how healthy we are?

GENETICS



MEDICAL CARE

**INDIVIDUAL
BEHAVIORS**

What determines how healthy we are?

GENETICS

5%



MEDICAL CARE

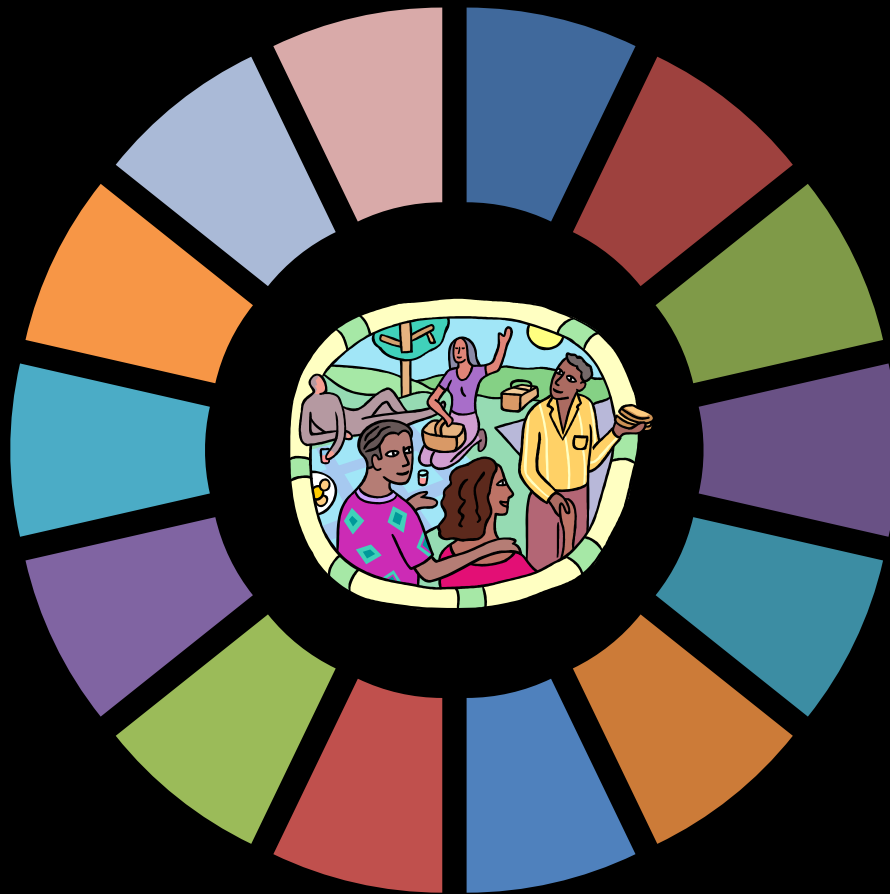
10%

INDIVIDUAL
BEHAVIORS

30%

What (really) determines how healthy we are?

Social, Economic & Environmental Determinants of Health

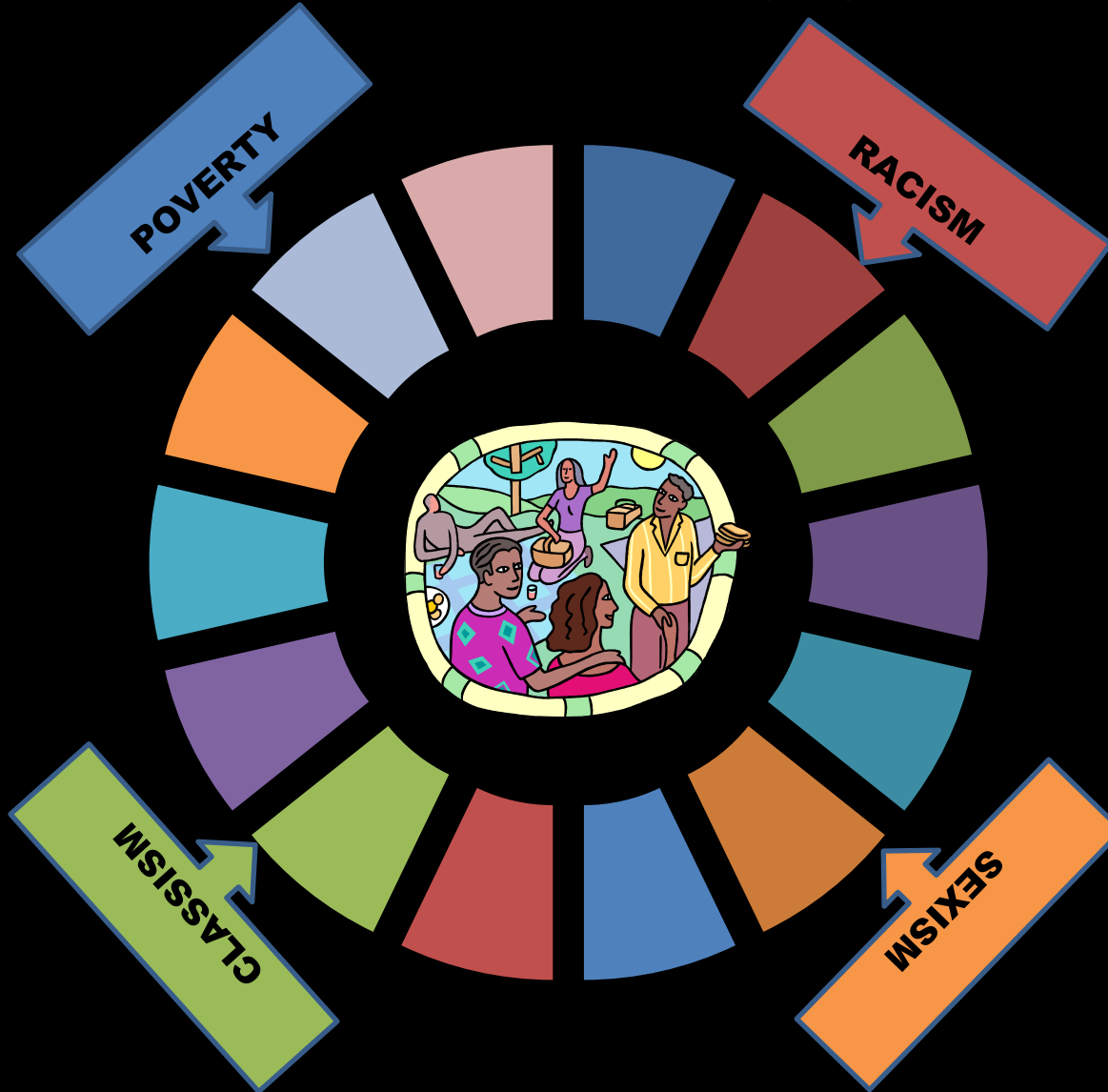


- Built Environment
- Civic Engagement
- Culture
- Early Childhood Experiences
- Education
- Employment/Income
- Environment - Air, Water, Toxins
- Food Security/Nutrition
- Health Care - Physical/Mental
- Housing
- Land Use Policy
- Social Support
- Transportation
- Working Conditions

Equitable Access & Opportunities for All

Determinants of Equity

Determinants of Health



- Built Environment
- Civic Engagement
- Culture
- Early Childhood Experiences
- Education
- Employment/Income
- Environment - Air, Water, Toxins
- Food Security/Nutrition
- Health Care - Physical/Mental
- Housing
- Land Use Policy
- Social Support
- Transportation
- Working Conditions

SUMMARY: What is health and where does it come from?

- Health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
- Public health is “what we as a society do to collectively assure the conditions in which people can be healthy.”
- Those conditions can be described as the places where we live, learn, work, and play, and the social, economic and political factors that affect us in those places.

That's all great in theory...

How do we put it into practice?

- “Health in All Policies” (HiAP) is a way to operationalize the understanding that our health is affected by multiple sectors of our society and those sectors all have a role to play in helping us get and stay healthy.
- HiAP is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.
- HiAP, at its core, is an approach to addressing the social determinants of health that are the key drivers of health outcomes and health inequities.

HiAP is an approach, a process and a philosophy.

Context...



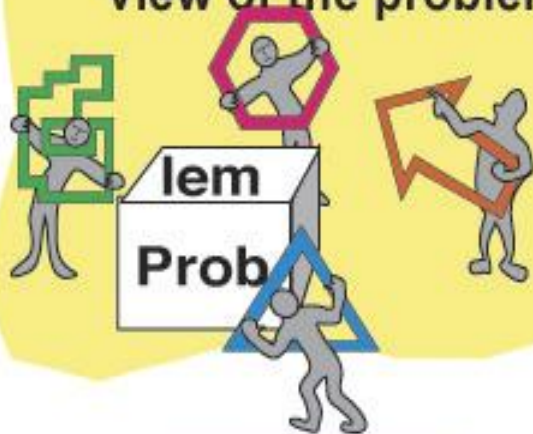
The public health challenges of the 21st century are extremely complex, and solutions will require actions that go beyond the purview of public health, bringing together partners across policy areas and sectors.

Messy, wicked problems

Social Messes

Representing Wicked, Ill-Structured Problems

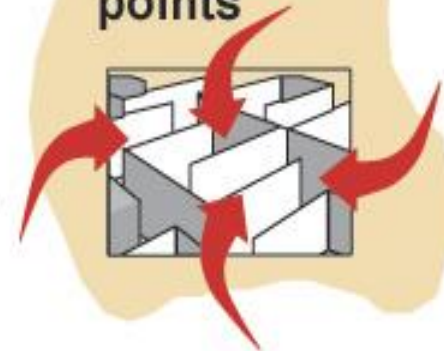
No unique "correct" view of the problem



Ideological constraints



Many possible intervention points

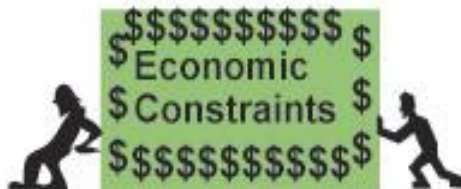


Often a-logical or illogical or multi-valued

$$1 + 2 = 7$$



Great Resistance to change



More Context...

Health in All Policies has gained significant traction in the last few years, but its origins go back over 35 years to the World Health Organization Declaration of Alma-Ata in 1978.

While public health has a long history of intersectoral collaboration, Health in All Policies is an emerging approach that aims to formalize the consideration of health in decision-making at all levels of government in order to promote healthy community environments and prevent adverse health impacts in the future.

National Prevention Strategy



The HiAP approach provides one way to achieve the National Prevention Strategy and Healthy People 2020 goals, and enhance the potential for state and territorial health departments to improve health outcomes.

The California Story

- The California Health in All Policies Task Force came about because a number of California's leaders across multiple agencies had a common interest in climate change, health, and childhood obesity.
- A governor's executive order in 2010 provided high-level support and accountability for Health in All Policies, created a structure, and provided a policy focus.
- The Task Force engages non-governmental stakeholders and representatives of local government through workshops, stakeholder and key informant meetings, and public comment and testimony.

HiAP – 5 Key Elements

1. Promote health, equity and sustainability
2. Support intersectoral collaboration
3. Benefit multiple partners
4. Engage stakeholders
5. Create structural or procedural change

1. Promote health, equity and sustainability

HiAP promotes health, equity and sustainability through two avenues:

- 1) Incorporating health, equity and sustainability into specific policies, programs, and processes, and
- 2) Embedding health, equity and sustainability considerations into government decision-making processes so that healthy public policy becomes the normal way of doing business. Promoting equity is an essential part of HiAP given the strong ties between inequity and poor health outcomes.

2. Support intersectoral collaboration

HiAP brings together partners from many sectors to:

- recognize the links between health and other issue and policy areas,
- break down silos,
- build new partnerships to promote health and equity, and
- increase government efficiency.

Breaking down silos...



Agencies that are not typically considered as health agencies play a major role in shaping the economic, physical, social, and service environments in which people live, and therefore have an important role to play in promoting health and equity.

3. Benefit multiple partners

HiAP is built upon the idea of “**co-benefits**” and “**win-wins.**” HiAP work should benefit multiple partners, simultaneously addressing the goals of public health agencies and other agencies to benefit more than one end (achieve co-benefits) and create efficiencies across agencies (find win-wins).

Co-benefits

Public health practitioners have a unique role to play in improving the quality of life in our nation, but genuine efforts to improve health must be made in partnership with other sectors.

The concept of co-benefits is essential for:

- securing support from partners
- reducing redundancies, and
- ensuring more effective use of scarce government resources.

Finding a balance between multiple goals will sometimes be difficult, and requires negotiation, patience, and learning about and valuing others' priorities.

AVOID PUBLIC HEALTH IMPERIALISM

4. Engage stakeholders

HiAP engages a variety of stakeholders, beyond government partners, such as community members, policy experts, advocates, the private sector, and funders. Robust stakeholder engagement is essential for ensuring that work is responsive to community needs and for garnering valuable information necessary to create meaningful and impactful change.

Degrees
of
Citizen Power

Degrees
of
Tokenism

Nonparticipation

Citizen Control

Delegated Power

Partnership

Placation

Consultation

Informing

Therapy

Manipulation



THE LADDER OF COMMUNITY PARTICIPATION

1

HEALTH DEPARTMENT INITIATES AND DIRECTS ACTION

Local health department takes the lead and directs the community to act.

2

HEALTH DEPARTMENT INFORMS AND EDUCATES COMMUNITY

Local health department shares information with the community.

3

LIMITED COMMUNITY INPUT/CONSULTATION

Local health department solicits specific, periodic community input.

4

COMPREHENSIVE COMMUNITY CONSULTATION

Local health department solicits ongoing, in-depth community input.

5

BRIDGING

Community members serve as conduits of information and feedback to and from the local health department.

6

POWER-SHARING

Community and local health department define and solve problems together.

7

COMMUNITY INITIATES AND DIRECTS ACTION

Community makes decisions, acts, and shares information with the local health department.

5. Create structural or procedural change

Over time, HiAP creates permanent changes in how agencies relate to each other and how government decisions are made. This requires maintenance of:

- structures which can sustain intersectoral collaboration
- mechanisms which can ensure a health and equity lens in decision-making processes across the whole of government.

This can be thought of as “embedding” or “institutionalizing” HiAP within existing or new structures and processes of government.

Strategies for implementation

HiAP actions and groups can take many forms. It can be implemented through:

- creation of a new structure or group
- be applied to existing processes such as strategic planning and grant-making
- or both

Many options exist for how to consider health in decision-making, from using formal health impact assessment tools to an informal application of a health lens. Partners, leaders, and focus areas will vary, depending upon political support, community needs, and resources.

Where do we start?

Look for “Windows of Opportunity”

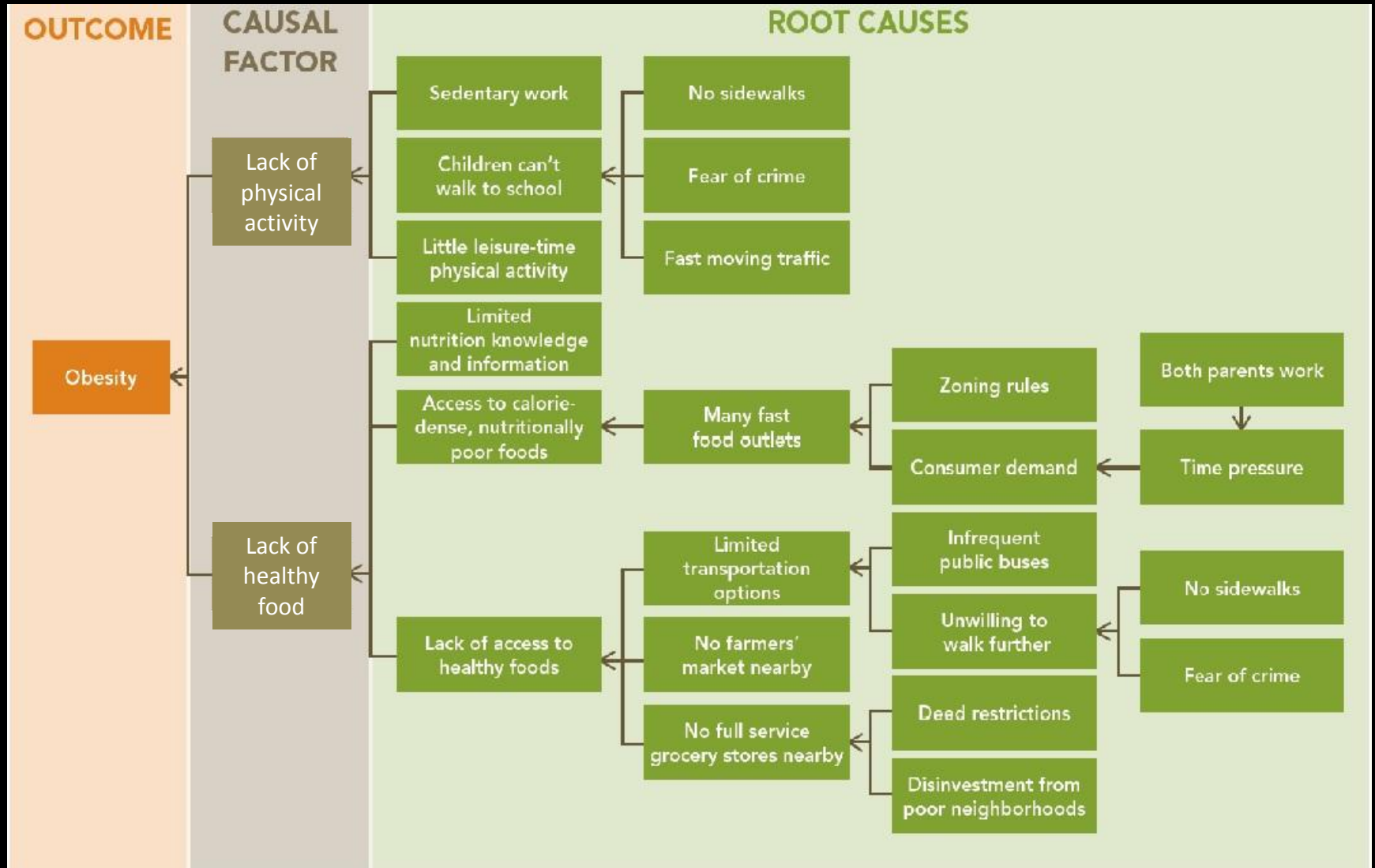
1. Opportunistic approach – Identify existing issues, policies or relationships that can provide early success for all partners
2. Issue approach – Identify policies that have major impact on specific public health priorities (e.g., violence prevention, hunger alleviation, or reduction of poverty)
3. Sector approach – Focus on one specific policy area with a large health impact
(e.g., transportation or agriculture)



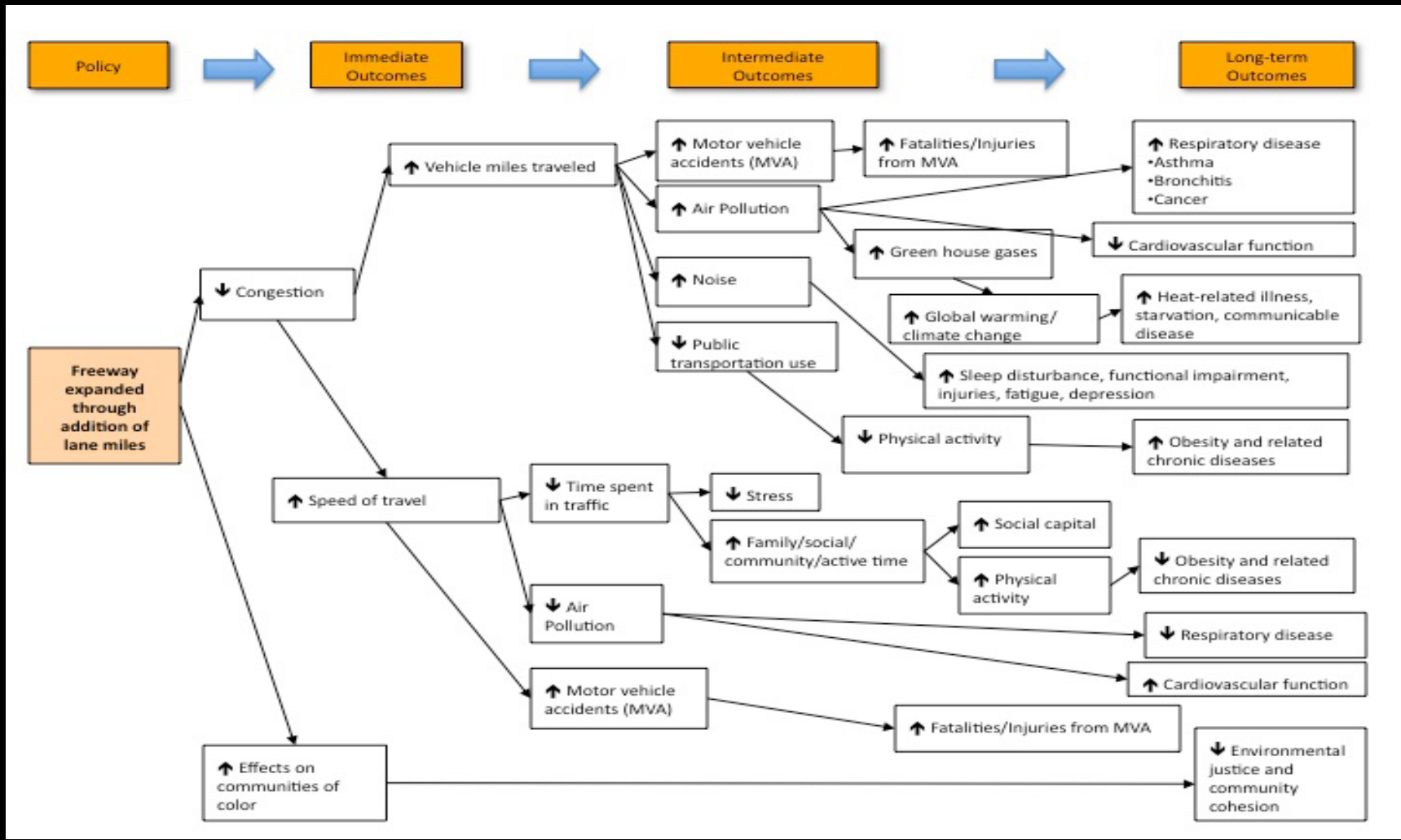
Opportunistic Approach: Food for Thought...

- Are there any existing or newly forming interagency initiatives that have potential health implications?
- What single-agency initiatives would benefit from partnership with additional agencies?
- Is your agency, or is another agency, going through a strategic planning process?
- Is there a new or ongoing process where health metrics or data could be added?
- What partners have you worked with successfully in the past?

Issue Approach: Root Cause Map



Sector Approach: Transportation



Characteristics of successful collaboration

- Identify a champion on the ground, such as a local coalition that might have an interest in the issue.
- Build on past successes and define small wins that can be accomplished early, are politically and practically feasible, and have implications for health.
- Use active listening.
- Use a definition of health that addresses root causes.
- Highlight what partners have to gain from participation and what you have to offer partners.
- Create a shared understanding of a mutual goal that cannot be achieved alone.

Characteristics of successful collaboration

- Become familiar with the other sector's policy making processes, regulations, and any constraints that may impact the ability to act on health recommendations.
- Identify shared goals and activities in statewide action plans.
- Build trust through transparency, frequent meetings, and responsiveness to questions, concerns and limitations raised by non-health partners.

Characteristics of successful collaboration

- Be realistic about short, intermediate, and long-term implementation plans.
- Identify an immediate collaboration goal around an urgent, visible and important issue.
- Build public support for collaboration through outreach and messaging.
- Practice effective communication with sectors that may use different terminology.
- Ensure meaningful participation from all key stakeholders represented in the process.
- Share the credit for successes.
- Monitor and evaluate success.

How does it all connect?

Tools to effectively implement HiAP:

- Collective Impact
- Results Based Accountability
- Moving data into action
- Health Impact Assessments
- And more to come...

THANK YOU!

Now go break down those silos...

