T-HiAPP 2013 Resource Guide

Health in All Policies and the Built Environment

This Resource Guide was prepared by Dr. Lauri Andress, Ph.D. on behalf of the Texas Health Institute.
# Table of Contents

I. Health in All Policies ................................................................. 2
   - Robert Wood Johnson: Looking Upstream Webinar Series ............................................................................. 4
   - City of Santa Monica Wellbeing Project ........................................................................................................ 4
   - California Health in All Policies .................................................................................................................... 5
   - City of Richmond California Health in All Policies ........................................................................................ 5
   - Governance Tools and Framework for Health in All Policies ........................................................................ 5
   - Health Effects of Non-Health Policy .............................................................................................................. 6
   - Closing the Gap: Policy into practice on social determinants of health ....................................................... 7
   - Tools and Approaches for Assessing and Supporting Public Health Action on the Social Determinants of Health and Health Equity ........................................................................................................... 8
   - A new typology of policies to tackle health inequalities and scenarios of impact based on Rose's population approach ........................................................................................................................................................................... 9
   - What types of interventions generate inequalities? Evidence from systematic reviews ......................................... 9
   - What is the Evidence of the impact of increased competition in the globalized world on health? ................. 10
   - Socioeconomic Disparities in Health: Pathways and Policies ........................................................................ 10
   - Community Health Impacts Of a Toronto Casino .......................................................................................... 10
   - Getting Started with Health in All Policies: A Resource Pack; Health in All Policies: A Snapshot for Ontario; Results of a Realist-Informed Scoping Review of the Literature .................................................................................. 10
   - Physicians and Health Equity: Opportunities in Practice .............................................................................. 11

II. Built Environment ...................................................................... 12
   - Healthy Development Management Tool Presentation ......................................................................................... 12
   - Healthy Planning: an evaluation of comprehensive and sustainability plans addressing public health .......... 12
   - Local Government Actions to Prevent Childhood Obesity ............................................................................. 12
   - The Built Environment and Health: 11 Profiles of Neighborhood Transformation ....................................... 12
   - The Rural Active Living Assessment (RALA) Tools ........................................................................................ 13
   - Healthy Corner Stores in Sonoma County: Healthy Food, Strong Partnerships, Good Policy ............................. 13
   - Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX3) Food Environment Assessment for Food Outlets .............................................................................................................. 13
   - Assessing Health Effects of Community Development .................................................................................. 13
I. Health in All Policies
This section includes resources and information related to Health in All Policies projects and concepts.

http://www.rwjf.org/content/rwjf/en/research-publications/find-rwjf-research/2011/03/what-shapes-health-.html

The Robert Wood Johnson (RWJ) Foundation’s “What Shapes Health?” webinar provides an excellent background into research related to the social determinants of health. Contrary to popular belief, access to health care and the quality of that care contributes little to the overall health of a community. Research shows that clinical care, such as access to doctors, medical coverage, and quality of care, influences only 20% of our predicted health. An individual’s health behaviors and choices, such as diet and exercise, smoking and alcohol use explains 30% of our predicted health. Physical environmental factors such as the built environment (availability of safe places to be active, healthy foods, and smoke-free environments), air quality and clean water account for an additional 10% of health outcomes.

The largest contributors to poor or good health are the SOCIAL and ECONOMIC conditions in which we live, learn, work and play. These factors explain 40% of health outcomes. In other words, the strongest predictors of health are:

- Level of education
- Income level
- Family and social supports (supportive/nutrition relationships)
- Community safety

For additional information, RWJ has created issue briefs on the social determinants of health, including:

1. **How Social Factors Shape Health: Income, Wealth and Health**
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448

This issue brief highlights the impact of education, income or wealth, race or ethnic group, and living and working conditions on health. Research shows:

- Income and wealth shape access to health-promoting conditions, such as the resources to purchase fruits and vegetables, living in neighborhoods with full-service supermarkets, and safe neighborhoods with places to exercise (p. 4).
- Education plays a powerful role in shaping health behaviors, in multiple ways. Education level is linked to employment and income opportunities, greater health knowledge, better problem-solving skills to make more informed health choices, and links into social support systems and norm groups that support healthy behavioral choices (p. 5).
- Stressful conditions and experiences contribute to unhealthy behaviors. Risky behaviors such as smoking or abuse of alcohol or drugs may function as effective coping mechanisms for both situational and chronic stress (p. 5).
2. How Social Factors Shape Health: Stress and Health
   http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70441
   This issue brief highlights the impact of chronic exposure to stress on health. According to the research:
   
   - Exposure to stress conditions, at critical times in human development affects the healthy development of the brain and other organs.
   - Exposure to stress affects the neuro-endocrine system, which in turn affects the regulation and aging of the immune system and metabolic changes that contribute to cardiovascular disease (p. 3).
   - Exposure to stress affects the sympathetic nervous system, in turn, raising blood pressure and heart rates (p. 3).
   - Exposure to stress impacts the immune systems, the body’s main defense against infections (p. 3).

3. Early Childhood Experiences and Health
   http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70440
   This brief focuses on the critical role this period of development plays on shaping the foundation for lifelong health. Studies show:
   
   - “Children’s social and economic conditions have direct effects on health. Low-income/low educational level mothers are more likely to have premature or low birth rate babies. These babies are more likely to experience more health risks throughout their lifetime. In addition, family income levels impact nutrition, housing and community safety opportunities, all of which directly affect children’s health” (p. 2).
   - “Social and economic conditions also affect child development. Social experiences in the first few years affect a child’s physical and behavioral development. Studies have found the environmental factors and interactions with parents and other caregivers affect the cognitive, behavioral and physical development of children” (p. 2).
   - “Children’s development shapes social and economic well-being throughout life. The first few years shape cognitive, social and academic skills that are needed for kindergarten readiness. Children who enter school behind have a difficult time closing the gap. They are more at-risk for dropping out, lower educational attainment and unemployment later in life.” (p. 4)
   - “Children’s development shapes health throughout life. Brain, cognitive and behavioral development early in life are strongly linked to important health outcomes later in life, including cardiovascular disease and stroke, hypertension, diabetes, obesity, smoking, drug use and depression.” (p.4)
The path to a healthy or unhealthy life depends on many factors outside the health care system. To fully understand why some Americans are healthy and others are not, we need to look “upstream” – at the places where we live, the education we receive, the stress we experience at home and at work, and whether we have safe places to be active and healthy foods in our neighborhoods and communities – in other words, the factors that shape our experiences where we live, learn, work and play.

In the second of three webinars to examine the non-medical factors that shape health, panelists presented key findings from three issue briefs released on April 26, 2011. The webinar also highlighted the County Health Calculator, a new interactive app that explores the impact that education and income have on health at the national, state and county level. The webinar addressed such questions as: How do income and wealth influence health beyond the ability to afford health care? How do experiences based on a person’s race or ethnic group affect their health? Can a few additional years of education meaningfully improve well-being?

The City of Santa Monica is one of five winners in the Bloomberg Philanthropies’ Mayors Challenge, a competition to inspire American cities to generate innovative ideas that solve major challenges and improve city life – and that ultimately can be shared with other cities to improve the well-being of the nation. According to the Santa Monica Mayor’s Office, the city was awarded a $1 million innovation prize to implement its idea to become the first city in the U.S. to measure wellbeing at the local level, and use that information to drive the city’s decision-making process in order to address critical wellbeing gaps in the community.

Santa Monica is teaming with top national and international researchers to create a Local Wellbeing Index. This diagnostic tool will provide a multidimensional picture of the state of wellbeing in the community by quantifying variables related to key drivers of wellbeing, including economics, education, health, social connectedness, and physical environment. When applied, the Local Wellbeing Index will guide city staff in its policy setting, decision making, and resource allocation processes in order to ensure that tax dollars are being spent effectively and efficiently to create the conditions needed for people to thrive.

For more information see the official press release issued by the mayor’s office.
California Health in All Policies
Strategic Growth Council HiAP Recommendations (May 10, 2012).

In 2010, California became the first U.S. state to adopt HiAP. Currently, the California Health in All Policies Task Force is largely driving the HiAP efforts in California and has worked collaboratively with a wide range of departments to identify problem areas and prioritize solutions. In the coming months California HiAP Task Force will be releasing a series of HiAP "How To" documents for Counties and Cities.

City of Richmond California Health in All Policies

The mission of Richmond's Health in All Policies (HiAP) strategy is to advance overall health and health equity in Richmond. Health starts where we live, learn, work and play, and everyday decisions within the City of Richmond can promote greater health and equity. Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce overall economic and social insecurity.

CA-HiAP is premised on at least five visions:

1. Health starts long before illness and before you reach a hospital or doctor’s office
2. Health starts in our families, in our schools and workplaces, in our communities
3. Your neighborhood, school or job should not be hazardous to your health
4. All Richmond residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their job, neighborhood of residence, level of education, immigration status, sexual orientation, or ethnic background
5. City government can and does influence health in many of its decisions and Departments

Governance Tools and Framework for Health in All Policies
http://www.ci.richmond.ca.us/DocumentCenter/Home/View/9047

This expert report provides important information on how several countries and regions have implemented HiAP. It includes case studies from, England (United Kingdom), Finland, New Zealand, Norway, Sweden and Quebec (Canada). The countries were selected because of their track record in implementing HiAP. They all employ a ‘whole-government’ approach, through which cross-departmental collaboration is established at the highest government level.

The country case studies demonstrate that many critical governance tools for the implementation of HiAP rest squarely in the hands of government. These governance tools may address organizational structures, processes, finance or regulation. They include cabinet committees, interdepartmental committees, steering committees, networks, dedicated organizations/units, planning and priority setting.
processes, policy formulation, health targets, joined-up evaluation, grant or financial support mechanisms, joint agreement on financing, laws, agreement protocols and accountability frameworks.

A particular emphasis in the expert report was on health impact assessment (HIA). Health impact assessment supports the decision making process by informing decision makers on the health consequences of different policy options. All countries included in the case studies use to some extent the principles of HIA.

The governance tools we are looking at here are mainly those allowing the central government to promote collaborative work and policy coherence (and convergence) for a common goal. This goal is a shared responsibility for the health and wellbeing of the population. Various tools fostering coherence, collaboration and partnership can be identified in the literature on governance. We have classified them into four categories: those related to the structures (e.g. committees and organizations dedicated to collaboration); those related to the processes (e.g. joint planning and evaluation); those relating to the financial framework (e.g. mechanisms fostering inter-sectoral activities) and finally, those related to mandates (e.g. laws or regulations imposing accountability).

National Poverty Center’s Policy Brief # 20 September 2009.

Health Effects of Non-Health Policy
http://www.npc.umich.edu/news/events/healtheffects/

Health policy is often equated with health insurance and programs explicitly linked with the provision of medical and health services. However, many public policies and expenditures can and do affect population health and health disparities, even though health is neither a central goal nor an anticipated side effect of these efforts. The well-established strong positive associations of health with income, wealth, education, and housing conditions suggest that a wide range of socioeconomic policies may affect health, and some policies and expenditures may have greater effects on population health than some explicitly health-focused policies. This conference brought together a group of scholars and policy researchers to shed some light on the state of the evidence and need for additional research in this area.

The conference featured twelve papers by scholars who were commissioned by the National Poverty Center to explore the health impacts of six areas of social and economic policy:

1. Housing and neighborhood/community policies;
2. Civil rights and anti-discrimination policies;
3. Education policies;
4. Income support programs over the life course;
5. Welfare programs and reforms; and
6. Employment and macroeconomic policies.

The project is supported by funds from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation; the Robert Wood Johnson Foundation; the Annie E. Casey Foundation; and the Russell Sage Foundation.

**Closing the Gap: Policy into practice on social determinants of health**

http://www.who.int/sdhconference/Discussion-Paper-EN.pdf


The discussion paper includes analysis of the following topics:

1. Conceptual basis and rationale for action on social determinants
2. Political considerations for implementing action on social determinants
   - Progress, obstacles, and the effect of crises
   - Principles and requisites for action
3. Governance to tackle the root causes of health inequities: implementing action on social determinants of health
   - Building good governance for action on social determinants
   - Implementing inter-sectoral action
4. Promoting participation: community leadership for action on social determinants
   - Creating the conditions for participation
   - Brokering participation and ensuring representativeness
   - Facilitating the role of civil society
5. The role of the health sector, including public health programs, in reducing health inequities
   - Executing the health sector’s role in governance for social determinants
   - Reorienting health care services and public health programs to reduce inequities
   - Institutionalizing equity in health systems governance
6. Global action on social determinants: aligning priorities and stakeholders
   - Aligning global stakeholders
   - Aligning global priorities
7. Monitoring progress: measurement and analysis to inform policies and build accountability on social determinants
   - identifying sources and collecting data
   - Disaggregating data
   - selecting indicators and targets
   - Moving forward despite unavailability of systematic data

8. Disseminating information on health inequities and social determinants to inform action
   - integrating data into policy processes
   - assessing the health and equity impacts of different policy options

Tools and Approaches for Assessing and Supporting Public Health Action on the Social Determinants of Health and Health Equity.
http://www.ncchpp.ca/docs/Equity_Tools_NCCDH-NCCHPP.pdf

A variety of impact assessment tools have been used for many years to identify the effects of public and private sector initiatives on human health and/or on the environment. The National Collaborating Centre for Healthy Public Policy (NCCHPP) documented a comparison of four main types of impact assessment used in Canada to help public health and other stakeholders select the most appropriate tools and approaches for assessing the impacts of various public policies (Mendell, 2011).

The current guide presents tools and approaches used specifically to reduce (or at least to not exacerbate) health inequalities. It is intended for those people working in the public health sector who are considering how to strengthen their approaches to addressing social determinants of health and advancing health equity. Indeed, from the Ottawa Charter for Health Promotion (World Health Organization [WHO], 1986), to the World Health Organization’s Commission on Social Determinants of Health (CSDH) (CSDH, 2008), the public health community has been called upon to work in partnership with other sectors and to focus efforts on these goals.

This document provides examples of the tools and approaches that have been adopted or applied by the public health and health sectors, with a focus on regions and authorities in Canada. Examples from outside of Canada have been included in cases where the approaches and tools are “foundational” or particularly relevant to the Canadian context. All of the identified resources are summarized using a quick reference table format to help facilitate comparison and have been grouped into three broad areas:

1. Checklists and Lenses – these can be applied to and/or integrated into existing planning and implementation activities.
2. Processes – these include impact assessments that can be used to guide and support a more comprehensive and structured planning approach to integrating social determinants and health equity.
3. Support structures – these can be developed and implemented as part of public health organizations to support the implementation of a health equity approach throughout the organization.

A new typology of policies to tackle health inequalities and scenarios of impact based on Rose’s population approach

Joan Benach, Davide Malmusi, Yutaka Yasui, José Miguel Martínez. J Epidemiol Community Health 2013;67:3 286-291 Published Online First: 17 August 2012.

The last decade has witnessed a surge in interest for policies to tackle health inequalities. Adequate theoretical development of policy models is needed to understand how to design and evaluate equity-oriented health policies. In this paper we review Graham’s typology of policies (focused on the worst-off, on the gap, or on the gradient) and propose an adaptation (targeted, universal with additional targeting, redistributive, and proportionate universalism). For each type, potential scenarios of impact on population health and health inequalities are depicted following the idea of Geoffrey Rose’s population curves and strategies, policy examples are given and a simulation with survey data is shown. The proposed typology of scenarios of health inequality reduction can serve as an effective tool to interpret the differential impact of interventions and to reflect on how to adequately design or re-orient a policy and which measures to use to evaluate it.

What types of interventions generate inequalities? Evidence from systematic reviews.

http://nccdh.ca/resources/entry/what-types-of-interventions

Some effective public health interventions may increase inequalities by disproportionately benefiting less disadvantaged groups (‘intervention-generated inequalities’ or IGIs). There is a need to understand which types of interventions are likely to produce IGIs, and which can reduce inequalities. We conducted a rapid overview of systematic reviews to identify evidence on IGIs by socioeconomic status. We included any review of non-healthcare interventions in high-income countries presenting data on differential intervention effects on any health status or health behaviour outcome. Results were synthesized narratively.
The following intervention types show some evidence of increasing inequalities (IGIs) between socioeconomic status groups: media campaigns; and workplace smoking bans. However, for many intervention types, data on potential IGIs are lacking. By contrast, the following show some evidence of reducing health inequalities: structural workplace interventions; provision of resources; and fiscal interventions, such as tobacco pricing. Our findings are consistent with the idea that ‘downstream’ preventive interventions are more likely to increase health inequalities than ‘upstream’ interventions. More consistent reporting of differential intervention effectiveness is required to help build the evidence base on IGIs.

**What is the Evidence of the impact of increased competition in the globalized world on health?**


Interview with Prof. Johannes Siegrist. Professor of Medical Sociology at the University of Düsseldorf, December 14, 2012. DRIVERS for Health Equity

**Socioeconomic Disparities in Health: Pathways and Policies**

[http://content.healthaffairs.org/content/21/2/60.full](http://content.healthaffairs.org/content/21/2/60.full)


Socioeconomic status (SES) underlies three major determinants of health: health care, environmental exposure, and health behavior. In addition, chronic stress associated with lower SES may also increase morbidity and mortality. Reducing SES disparities in health will require policy initiatives addressing the components of socioeconomic status (income, education, and occupation) as well as the pathways by which these affect health. Lessons for U.S. policy approaches are taken from the Acheson Commission in England, which was charged with reducing health disparities in that country.

**Community Health Impacts Of a Toronto Casino**


The Wellesley Institute deputed to the Board of Health in November 2012 about the population health impacts of problem gambling. Our health equity impact assessment of the proposal to build a casino in the GTA and found that a casino would likely result in poorer health for those living in poverty, seniors, new Canadians, and young people.

**Health in All Policies: A Snapshot for Ontario; Results of a Realist-Informed Scoping Review of the Literature**


Prepared by the Centre for Research on Inner City Health (CRICH) in the Keenan Research Centre of the Li Ka Shing Knowledge Institute of St. Michael’s Hospital. February 2011
Health equity is created when individuals have the opportunity to achieve their full health potential. Health equity is undermined when social and economic conditions, the social determinants of health, prevent or constrain people from taking actions or making decisions that would promote health. While the majority of these determinants fall outside of the traditional health sector, the implications for health services in Canada are enormous. Most major diseases including heart disease and mental illness follow a social gradient with those in lowest socio-economic groups having the greatest burden of illness. There remains, however, limited published material on opportunities for physicians to address these issues. This lack of literature does not denote a lack of action. Many physicians are engaged in innovative practices to help address the needs of the most vulnerable. Recognizing this, the Canadian Medical Association (CMA) interviewed a number of physicians across the country. It was hoped that their experiences would highlight work being done, and provide strategies and tools to physicians interested in opportunities to address health equity within their practices.
II. Built Environment

This section includes resources and information related to Health in All Policies projects and concepts in the sector of built environment.

Healthy Development Management Tool Presentation

Healthy Planning: an evaluation of comprehensive and sustainability plans addressing public health.

Considering the impact of comprehensive planning, including the new generation of sustainability plans, on social, economic, and environmental conditions, there is a need to explore the ways in which jurisdictions include public health goals and objectives as part of the comprehensive planning process. The purpose of this study is to set a framework and identify tools and strategies for integrating public health-related goals and policies into the plan-making process.

Local Government Actions to Prevent Childhood Obesity
Childhood Obesity Prevention Actions for Local Governments. September 1, 2009.

The Institute of Medicine’s Committee on Childhood Obesity Prevention Actions for Local Governments was convened to identify promising actions that local governments can take to curb obesity among children. The committee sought action steps that are within the jurisdiction of local governments; likely to directly affect children; based on the experience of local governments or sources that work with local governments; take place outside of the school day; and have the potential to promote healthy eating and adequate physical activity. The 2009 report Local Government Actions to Prevent Childhood Obesity presents the committee’s menu of recommended action steps for local government officials to consider in their efforts to prevent childhood obesity in their community.

The Built Environment and Health: 11 Profiles of Neighborhood Transformation

In this monograph, the Prevention Institute profiles eleven projects in predominantly low-income communities where local residents mobilized public and private resources to make changes in their physical environments to improve the health and quality of life for their citizens.
Rural Obesity: Strategies to Support Rural Counties in Building Capacity
Leadership for Healthy Communities (January 2008).

The Rural Active Living Assessment (RALA) Tools
http://www.activelivingresearch.org/node/11947

The RALA Tools assess the physical environment features and amenities, town characteristics, community programs, and policies that can affect physical activity among residents in rural communities. This tool is suitable for both practitioners and researchers. The tools include a RALA Codebook that provides users with a practical and simple guide for implementing the tool in rural communities across the U.S. The RALA tools include three separate components: 1) Town-Wide (18 town characteristic questions, and inventory of 15 recreational amenities), 2) Program and Policy (20 questions), and 3) Street Segment (28 questions) Assessments. These three assessment instruments are designed to be used together and provide a comprehensive measure addressing many of the unique factors believed to be important to active living in rural communities.

Healthy Corner Stores in Sonoma County: Healthy Food, Strong Partnerships, Good Policy
http://www.civicpartnerships.org/docs/publications/In%20Brief%20Series/InBriefCornerStores.pdf

Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX3) Food Environment Assessment for Food Outlets
http://www.cdph.ca.gov/programs/cpns/Documents/Network-Appendix13CX3Background.pdf

Tool developed by the Network for a Healthy California (Network). The framework provides a standard store quality threshold based on the availability and quality of fresh produce, healthy food, and advertising in stores. The assessed store receives a customized Quality Scorecard identifying areas that meet Quality Score Standards and areas that need improvement. The store then makes healthy changes needed to improve the score using the project’s toolkit and assistance from the project’s staff. After changes are made, a follow-up assessment is conducted to determine if the store meets the minimum requirements to be recognized for “Making Healthy Changes for a Healthier Community.” Stores that meet minimum Quality Score Standards receive promotional materials and publicity. Annual assessments are conducted to verify compliance with program guidelines.

Assessing Health Effects of Community Development
Nancy E. Adler. University of California, San Francisco. Investing in What Works for America’s Communities. A joint project of the Federal Reserve Bank of San Francisco and the Low Income Investment Fund