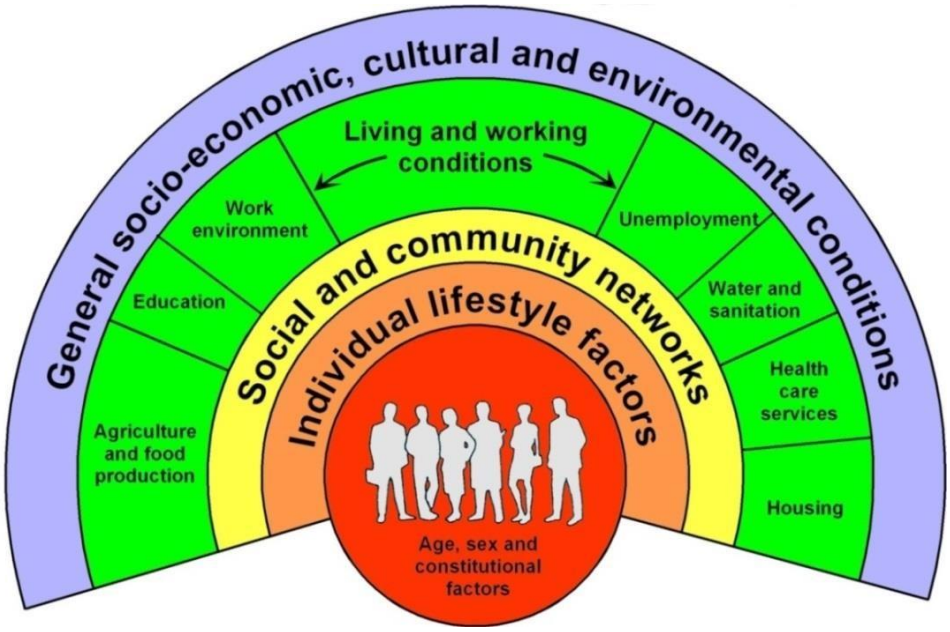
SECTION 6: Policy-Oriented Strategies

Policy-oriented strategies are generally thought to be among the most effective public health interventions because they have the potential to impact all of the residents in a given municipality, state, or nation. Furthermore, they often require the least individual effort in terms of behavior change due to broader changes in the environment. For instance, regulating the nutritional content of school lunches is more effective than simply educating students about the nutritional content of their lunch options. As Dr. Thomas Frieden, Director of the Centers for Disease Control and Prevention (CDC), explains, this type of strategy makes individuals' default choice the healthy choice (Frieden, 2010).

Policy-oriented strategies are particularly important in promoting health equity because they can create healthier living conditions and ameliorate inequities in the social determinants of health (e.g. housing conditions, educational attainment, etc.). It is apparent that many policy domains such as employment, housing, and education have an impact on health and health inequities. (See Figure 24.) One could argue that virtually all public policy impacts health and therefore all public policy should be "healthy public policy" (Kemm, 2001).

Figure 24. Social determinants of health and levels of influence



Source: Dahlgren & Whitehead, 1991.

According to the World Health Organization (WHO, 1988), healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and accountability for health impacts. Furthermore, the primary aim of healthy public policy is to

create a supportive environment to enable people to lead healthy lives. Healthy public policy may also be described in terms of "health in all policies," wherehealth becomes an explicit goal across different sectors and policy domains. Such policy approaches can facilitate place-based initiatives and support other efforts to promote community health, which were described in previous sections. Importantly, creating healthy public policy requires stakeholders to accurately predict and assess the health impacts of public policy. Finally, the policy process itself must adapt in ways that reflect increased community participation and empowerment as well as a multi-sectoral approach. This section describes policy-oriented strategies for promoting health equity. It focuses primarily on a "Health in All Policies" approach. It also includes a discussion of health impact assessments as a tool to promote healthy public policy.

Health in All Policies

The Health in All Policies (HiAP) approach addresses the complexity of health inequities and improves population health by systematically incorporating health considerations into decision-making processes across sectors and at all government levels. HiAP emphasizes intersectoral collaboration among government agencies and shared planning and assessment between government, community-based organizations, and often businesses. While its primary purpose is to identify and improve how decisions in multiple sectors affect health, it can also identify ways in which better health achieves goals in other sectors. For instance, a HiAP approach supports goals such as job creation and economic stability, transportation access, environmental sustainability, educational attainment, and community safety because these are good for health. By identifying and working towards common goals, a HiAP approach can improve the efficiency of government agencies.

The HiAP approach and its underlying philosophy have taken hold in many parts of Western Europe, Australia, and New Zealand, but is relatively new in the United States. California is breaking new ground in this area. The California Health in All Policies Task Force was formed from a strategic community initiative under the leadership of former California Governor Arnold Schwarzenegger, who recognized that many departments and agencies had similar agendas related to health, childhood obesity, and climate change. The Task Force, established through a 2010 executive order, consists of representatives from 22 state agencies, including the Department of Education, Department of Finance, Department of

> *"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" (Rudolph, Caplan, Ben-Moshe, & Dillon 2013).*

Food and Agriculture, Department of Parks and Recreation, and Environmental Protection Agency.

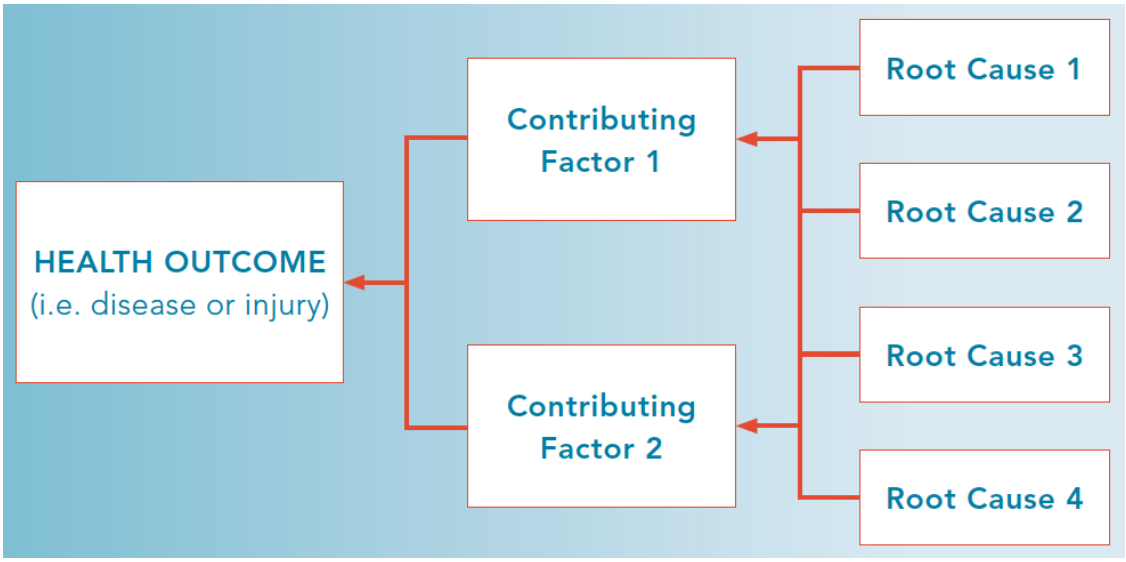
Details regarding the creation of the Task Force, the process used to identify priorities and build partnerships, and challenges, accomplishments and future plans can be found in Section 8 of *Health in All Policies: A Guide for State and Local Governments* by Rudolph, Caplan, Ben-Moshe, and Dillon (2013), available at http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf). This report was developed by experts working closely with the California Task Force. It reflects a review of the literature, contributions from international cases, and lessons learned in California.

The information presented in this guide about HiAP draws heavily from this report and highlights some of the most important elements for Delaware stakeholders. Readers are encouraged to refer to the original document for more detailed information and tools.

Identifying Root Causes

The HiAP approach is centered on the belief that population health issues must be approached through a number of methods, beyond those that target individual behaviors and the provision of health care services. In effect, it is grounded in the upstream parable described in Section 1. More specifically, the HiAP approach recognizes that public policies outside of health care create the conditions upstream that can either protect individuals from falling into the river or potentially put them at greater risk for falling in. Furthermore, the HiAP approach reflects the understanding that individual behavior is largely determined by environmental conditions. In this way, behavior is considered a proximate or downstream cause of poor health, whereas other factors in the environment which influence behavior are thought to be upstream because they represent root causes. Identifying root causes of public health issues by creating a diagram may help to identify more indirect health policy correlations than initially imagined. The following diagram (Figure 25) is useful for identifying the root causes of any public health issue.

Figure 25. Root Cause Diagram



Source: Reproduced from Rudolph, Caplan, Ben-Moshe, & Dillon, 2013.

In the context of this diagram, one can think of root causes as the focus of upstream interventions, and contributing factors as the focus of more downstream interventions. Although a policy that attempts to combat a contributing factor may positively influence a given health outcome, it is likely that this improvement will be short-lived or less influential than a policy that seeks to resolve a problem farther upstream. This is because contributing factors are not independent factors; they are consequences of larger, more salient social problems.

Obesity is a useful example of a health outcome that can be discussed in the context of Figure 25. Two contributing factors to obesity are poor diet and lack of physical activity. However, poor diet and a lack of physical activity are not the root causes of obesity. In an urban setting, physical activity habits may be negatively influenced by an unsafe built environment characterized by broken sidewalks, busy multi-lane streets, a lack of bike lanes, and high rates of violence and crime. Transportation, housing, and economic policies (all upstream approaches to addressing a health problem) might improve the built environment, creating more opportunities for physical activity and indirectly reducing the rates of obesity.

Fostering Partnerships

The goal of HiAP is to make health an explicit consideration in seemingly unrelated policy decisions. Incorporating health into new policy fields requires collaboration with many different sectors. Agencies focused on food, agriculture, building, transportation, social, economic, or crime-control policies may become partners. The public health field has a long history of

collaboration with different sectors, which must be continued and further developed to move forward with HiAP.

The most successful partnerships in HiAP are equally beneficial for all partners, which entails achieving specific goals for multiple organizations. This requires a great deal of negotiation and compromise and builds on the ideas of synergy, which were outlined in the community health strategies section (Section 4). The following are additional principles for establishing partnerships with other policy sectors:

- **Build trust.** This is a difficult, but essential, step in forming any successful partnership. Be humble and open to other partners' perspectives, goals, and values. Be sensitive to confidentiality between organizations by holding individual or sub-group meetings as well as larger group meetings. Hold your organization and your partners accountable for moving forward with the goals of the HiAP initiative.
- **Model reciprocity.** Partnerships involve a great deal of risk—most often requiring partners to risk two important assets, time, and resources—for the good of the partnership. Establish expectations and trust that partners will reciprocate. If possible, offer to help on a task that supports a partner's efforts. Ensure that credit is given where credit is due. Recognize that there will be misunderstandings with partners from different sectors and assume that your partners have good intentions towards advancing the HiAP initiative.
- **Pursue mutuality.** Ensure that partners have established shared values and are working towards mutually beneficial goals with no hidden agendas.
- **Share information and ideas.** Focus on highlighting ways for non-traditional partners to get involved in HiAP. Help others to understand how their work impacts health and how a healthy community can contribute to their efforts.
- **Clarify language.** Be extremely clear and make sure everyone understands one another. Avoid common public health jargon and abbreviations that may not be understood by partners from outside organizations.

These recommendations for building intersectoral partnerships were adapted from section 4.2 of the *HiAP Guide for State and Local Governments* (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013). Additional information can be found on pages 50-58 of the *HiAP Guide for State and Local Governments* (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013).

Engaging Community Stakeholders

Partnerships across government agencies are critical to HiAP, but engaging other kinds of community stakeholders and residents is vital to ensure that efforts are aligned with community needs. Other kinds of stakeholders that may be important for promoting HiAP include civic groups, local coalitions, trade unions, faith-based organizations, school boards, and planning boards, to name a few. Community stakeholder engagement can be fostered through one-on-one discussions, community meetings, forums, and focus groups, as well as formal or informal advisory groups. The HiAP Guide highlights the importance of meeting people "where they are" to encourage public participation, such as visiting regular meetings of church groups, parent groups, and other existing meetings. Similarly, social marketing strategies may be used to communicate simple, concise key messages to create awareness, common language, and community engagement. Additional outreach and engagement strategies discussed in Section 4 are directly applicable to HiAP. Readers are referred to the Community Toolbox (http://ctb.ku.edu/en) for guidance in this area.

HiAP in Practice

Economic Policies

Although economic policies are not typically viewed in terms of physical or mental health, when working from a HiAP perspective it is important to consider the impact that changes in wages, tax rates, or welfare benefits will have on certain populations. Income determines many of the resources available to individuals and communities and the choices that individuals make related to their health and well-being. Research consistently demonstrates the connection between income and health status: individuals with high incomes are more likely to live longer and healthier lives than individuals who occupy lower income brackets. Economic policies that consider health impacts exemplify the idea of HiAP.

Sample Strategy

In 1999, the City of San Francisco considered a proposal to require that all workers of city contractors and property leaseholders receive a wage increase from $5.75 per hour to $11.00 per hour (Bhati & Katz, 2001). The city commissioned researchers from San Francisco State University to examine the overall impact of the proposal, including the proposal's impact on the health of workers who experienced the wage increase (Bhati & Katz, 2001). By conducting a "health impact assessment," (described in more detail beginning on page 129), it was determined that a wage increase would reduce mortality risk and improve the overall health

status of both part-time and full-time workers (Bhati & Katz, 2001). The number of sick days, the risks of limitations in work or activities of daily living, and the occurrence of depressive symptoms were all predicted to decrease as well (Bhati & Katz, 2001). A new ordinance to raise the minimum wage was eventually passed. The extent to which the health impact assessment influenced the current ordinance is difficult to determine, but this case demonstrates the way in which health considerations can be made more explicit in economic policy discussions.

Housing Policies

According to the Joint Center for Housing Studies (2014), 35 percent of American households lived in unaffordable housing in 2012. For those who struggle to find housing, options may be limited to buildings with flawed construction or those located in unsafe neighborhoods. Policies that work to increase the number of affordable housing options and enhance the quality of low-income housing can have a meaningful impact on health and ought to be considered when working to advance health equity. For this reason, one of the six major goals of the California HiAP Taskforce is for "all residents [to] live in safe, healthy and affordable housing."

Sample Strategy

In 2010, researchers from the Davis Institute of Health Economics and the RAND Corporation examined the impact of housing on the health of individuals in Philadelphia and four surrounding counties (Pollack, Griffin, & Lynch, 2010). The results indicated that housing has a major impact on overall health. Those who lived in unaffordable housing had increased odds of poor self-rated health, hypertension, and arthritis. They were more likely to reduce doctors' appointments, ignore medical advice, or skip medications because of concerns about cost. Finally, renting instead of owning a home enhanced the likelihood of poor self-rated health and cost-related health care non-adherence (Pollack, Griffin, & Lynch, 2010).

Transportation Policies

Cities in the U.S. have constructed and maintained a variety of public transportation systems, from subways in New York to trolleys in Salt Lake City. Although these systems were originally designed to decrease traffic congestion and enable travel of large numbers of people,

transportation policies also have a health component. A public transportation policy using HiAP enhances the likelihood of exercise, contributes to weight loss, and reduces the possibility of becoming obese.

Sample Strategy

Following the completion of a light rail transit system in Charlotte, North Carolina in 2008, researchers from the University of Pennsylvania and Drexel University studied the health impact of such a policy (MacDonald, Stokes, & Ridgeway, 2010). The researchers focused on associations between objective and perceived measures of the built environment, obesity, and recommended physical activity levels (MacDonald, Stokes, & Ridgeway, 2010). They wanted to know what (if any) effect the use of a light rail transit system had on individuals' perceptions of their neighborhoods – and their health at large. The researchers found that there was a strong association between light rail transit system usage and health. In a 12-18 month time period, respondents who used the light rail transit system experienced an average weight loss of 6.45 pounds when compared with those who did not use the new public transportation system. In addition, light rail transit users were 81 percent less likely to become obese over time and were more likely to meet weekly recommended physical activity levels (MacDonald, Stokes, & Ridgeway, 2010). The development of a light rail transit system is an example of a collaborative approach taken with the goal of improving communities and thereby enhancing community health.

Food and Nutrition Policies

A healthy diet is often viewed as a key to longevity and well-being. However, many Americans do not have easy access to a source of nutrient-dense calories. People tend to make choices regarding their calorie intake based on accessibility, and many low-income, urban areas have a greater concentration of fast-food restaurants and convenience stores than higher income areas (Walker, Keane, & Burke, 2010). Diets supplied by fast-food and convenience stores are associated with high consumption of fat, sugar, and sodium, which are contributing factors to a number of chronic health problems.

Sample Strategy

One food access initiative taken in U.S. cities is the establishment of farmers' markets that accept Supplemental Nutritional Assistance Program (SNAP) benefits, formerly known as food stamps. In this way, SNAP shoppers can access fresh produce. In 2008, the City of Boston introduced the Boston Bounty Bucks program. The program was designed to address price barriers to purchasing fresh produce at farmers' markets and provided a dollar-for-dollar match each time a SNAP client shopped at a farmers' market. SNAP clients who used their benefits at a local farmers' market purchased fruits and vegetables more often, consumed more fruits and vegetables, and spent less on fresh produce than their peers who shopped elsewhere (Spiller & Obadia, 2012).

Policies that consider a community's access to quality foods take a HiAP approach and address issues of health equity by combatting not only issues of nutrition but issues of accessibility. Programs that lessen the barriers of cost and access for low-income residents enable citizens of all income levels to consume healthy foods. Cities, counties, and states should examine access to healthy food within their communities and formulate alternative policy solutions to address any issues. Incentive programs can be established, and new zoning laws can be implemented to prohibit the construction of fast food establishments or allow the creation of farmers' markets and community gardens.

Partnering to Achieve HiAP

Given the strong relation between healthy neighborhoods and the built environment, experts have identified many areas where public health and planning agencies can partner to achieve common goals. The University of Delaware's Institute for Public Administration developed a *Toolkit for a Healthy Delaware.* The toolkit offers information for local officials, public health practitioners, partners, and community leaders who want to develop policies and procedures with partners. Although the *Toolkit for a Healthy Delaware* has a specific focus for efforts that address the built environment, the strategies and tools within the toolkit can be generalized to begin important discussions regarding other policy issues. To access the toolkit, visit http://www.ipa.udel.edu/healthyDEtoolkit/index.html.

Additionally, the *Healthy Planning Guide* developed by the Bay Area Regional Health Inequities Initiative (BARHII) (n.d.), outlines policy recommendations, actions, and partners for community health risk factors, including alcohol and tobacco use, unsafe streets, polluted air, soil and water; and social isolation. A sample from the guide is included as Figure 26, and

readers are referred to the *Healthy Planning Guide* for additional examples and recommendations (see http://barhii.org/download/publications/healthy_planning_guide.pdf).

As Figure 26 depicts, partnerships are critical to the success of HiAP efforts at the local, state, and national levels. Public health practitioners have an important leadership role to play in assessment, outreach, and education, as well as lending their expertise to the planning process for new policy initiatives or policy changes. The BARHII guide identifies specific roles for public health practitioners in each of these key areas, depending on the nature of the issue being addressed. Engaging staff from other state agencies can be particularly important because of their ability to contribute expertise in areas that are outside of traditional public health knowledge: transportation, community development, law enforcement, and housing. Other kinds of community partners can also inform the process with local knowledge and experience, fulfilling an advocacy role that is uncomfortable (and often restricted) for government employees. For a HiAP approach to make the most meaningful long-term impact on health equity, partners from multiple sectors need to join together and leverage their expertise, fill unique roles, and collaborate effectively to influence change.

Figure 26. Healthy Planning Guide for "Unsafe Streets"

Negative Health Outcomes	Relation to Built Environment	Policy Recommendations	Action Steps for Public Health	Partners
• Injuries and Fatalities • Inactivity and associated outcomes, including obesity • Stress	**STREET DESIGN** • Focus on auto use yields fewer lanes for bicycles, high traffic speed and congestion, noise pollution, and inadequate sidewalks **PEDESTRIAN & BICYCLIST FEATURES** • Lack of or poorly maintained pedestrian, wheelchair, and stroller amenities such as walkways, crosswalks, and islands • Lack of or poorly maintained bicycle lanes and bicycle parking • Absence of buffer separating cars from pedestrians, wheelchairs, strollers, and bicyclists	**GENERAL & AREA PLANS** • Create a balanced transportation system that provides for the safety and mobility of pedestrians, bicyclists, strollers, and wheelchairs • Incorporate Pedestrian and Bicycle Master Plans into the circulation element of the general plan **ZONING** • Ensure zoning for bicycle and pedestrian routes • Use traffic-calming techniques to improve street safety and access • Require facilities for walkers, bicyclists, and people using wheelchairs in all new developments **REDEVELOPMENT** • Develop pedestrian and bicycling infrastructure in project area • Advocate for the inclusion of public health criteria, such as obesity, in state redevelopment law **ECONOMIC DEVELOPMENT** • Require developers receiving economic development incentives to build "complete streets" **TRANSPORTATION** • Adopt policies that require investment in public transportation, bicycle and pedestrian infrastructure • Coordinate bicycle and pedestrian routes with adjacent municipalities • Plan for and fund transit-oriented development and "complete streets" **SCHOOLS** • Implement Safe Routes to Schools programs **PARKS & RECREATION** • Ensure safe streets, walkways, and bike paths around parks or open spaces • Establish and fund a high "level-of-service" maintenance standard for parks	**ASSESSMENT** • Map neighborhoods for connectivity to essential services • Conduct walkability and bikeability assessments • Review existing language in general plan for safe streets objectives • Compile evidence on link between safe streets and health **OUTREACH & EDUCATION** • Educate planners and decision makers on link between safe streets and health **PARTICIPATION IN PLANNING PROCESS** • Participate in Metropolitan Transportation Commission (MTC) regional planning processes • Develop and support Safe Routes to Schools programs • Support adoption and implementation of "complete streets" policies that accommodate all users of the road • Advocate for pedestrian and bike facilities	**PUBLIC AGENCIES** • Planning department • Economic/community development department • Redevelopment agency • Local/regional transportation agency • Law enforcement • Parks and recreation **COMMUNITY PARTNERS** • Bicycle coalitions • Neighborhood groups • Disability rights groups

Source: Bay Area Regional Health Inequities Initiative (BARHII), n.d.

Health Impact Assessment—A Tool for HiAP

Often the first step in undertaking a HiAP approach is to assess the potential health impacts of a given policy. This can be accomplished through the use of a Health Impact Assessment (HIA). As reported in a WHO Regional Office for Europe report, the most commonly cited definition explains that "HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population" (WHO, 2014; Diwan, 2000).

Furthermore, HIA often identifies methods to ensure positive health effects and can warn against practices that contribute to negative health impacts. Concisely, as defined by the National Research Council of the National Academies in their publication *Improving Health in the United States: The Role of Health Impact Assessment*, "HIA is a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects."

> *"HIA seeks to assess the impact of actions (mostly from non-health sectors) on population health using a comprehensive model of health which includes social and environmental determinants" (WHO Regional Office for Europe, 2014).*

Therefore, HIA provides insight into the consequences that policies, programs, and projects have on health. Just like HiAP takes into account policies that are not directly related to health, HIA is used to assess policies, programs and projects that are not seemingly related to health.

This guide focuses on the use of HIA as a method to determine the effects of policy on health and identify ways to improve the positive impacts of a given policy, while steering clear of adverse effects. However, HIA can also be used to evaluate programs, practices, and policies. Because of the extensive impact that policies have on communities and individuals, it is vital to ensure that policies maximize positive, and minimize any negative, health impacts. As discussed previously, policies based in all sectors (including housing, zoning, education, agriculture, and transportation) indirectly affect the health of individuals and communities. Therefore, by conducting HIA before policies of all types are developed and implemented, decision-makers and stakeholders can ensure the health of their constituents and those affected by policy decisions.

Fundamental aspects of HIA

HIA is a relatively new approach in the United States where it is frequently a voluntary process—only a few jurisdictions have mandated or institutionalized HIA or an equivalent. In other parts of the world, where HIA is more widely employed, countries have institutionalized HIA in the law-making process. Still, HIA has proven to be a valuable resource in the U.S. and many resources, toolkits, and guidelines can assist state and local governments, public health practitioners, and stakeholders in implementing this approach.

As described by the CDC, the six major steps that occur in the HIA process are:

1. *Screening* - Identifying plans, projects, or policies for which an HIA would be useful.
2. *Scoping* - Identifying which health effects to consider.
3. *Assessing risks and benefits* - Identifying which people may be affected and how they may be affected.
4. *Developing recommendations* - Suggesting changes to proposals to promote positive health effects or to minimize adverse health effects.
5. *Reporting* - Presenting the results to decision-makers.
6. *Monitoring and evaluating* - Determining the effect of the HIA on the decision (CDC, 2014).

Pew Charitable Trusts and the Robert Wood Johnson Foundation offer funding, training, and resources to encourage and support practitioners in using HIA through their partnership called the Health Impact Project. This joint project is leading the charge to promote HIA in the U.S. More information can be found at http://www.pewtrusts.org/en/projects/health-impact-project. These national leaders highlight several intrinsic characteristics of HIA. For instance, HIA:

- looks at health from a broad perspective that considers social, economic, and environmental influences;
- brings community members, business interests, and other stakeholders together, which can help build consensus;
- acknowledges the trade-offs of choices under consideration and offers decision makers comprehensive information and practical recommendations to maximize health gains and minimize adverse effects;

- puts health concerns in the context of other important factors when making a decision;
- considers whether certain impacts may affect vulnerable groups of people in different ways;
- increases transparency in the decision-making process; and
- supports community engagement and democratic decision-making (PEW Charitable Trusts, 2014).

HIA examines the health impacts of policies that may not be directly related to health, but are foundational in prescribing the health of a community. Therefore, HIA draws upon the collective knowledge of multiple sectors and disciplines, including urban planning, construction, transportation, agriculture, community development, environmental protection, etc. Additionally, HIA requires the involvement of community members and draws on their lived experience and desire for change. Together, the information generated by community members, stakeholders, and experts leads to a well conducted HIA that will be used to inform decision makers about the health impacts of a particular policy and identify ways to maximize positive health effects, while minimizing negative ones.

HIA and Health Equity

Often policies may seem to benefit the overall population, but may actually hinder the well-being of vulnerable and marginalized sub-populations. For example, establishing fast-food chains may stimulate the economy and constructing a highway may ease traffic congestion, which both seemingly enhance public good. However, fast-food chains offer cheap meals (that are high in calories, fat, and sodium), which often deters healthy eating among poor individuals. Highways are often constructed near impoverished areas, exposing residents to air pollutants. Therefore, with respect to health equity, HIA can be an effective tool in analyzing the health impacts of policies on marginalized groups and uncovering options to distribute positive effects in ways that level the playing field.

> *"The HIA process provides opportunities for communities, especially those that endure health inequities, to ensure that decision-making processes reflect their health concerns and aspirations" (Heller, Malekafzali, Todman & Wier, 2013).*

Due to its intrinsic qualities—namely, data analysis, community engagement, and advocacy for population health—HIA promotes equity. By ensuring equity in policies regarding living conditions, policy-makers

promote health equity because these structural aspects of society influence the health of communities and individuals. To stress the importance of this concept, experts developed a guide titled, *Promoting Equity through the Practice of Health Impact Assessment* (2013), an excerpt of which is reproduced in Figure 27. The guide, which includes strategies for ensuring a health equity lens in HIA, can be accessed at http://www.pewtrusts.org/en/~/media/Assets/External-Sites/Health-Impact-Project/PROMOTINGEQUITYHIA_FINAL.PDF.

Figure 27. Principles for Promoting Equity in HIA Practice

Principles for Promoting Equity in HIA Practice

A. ***Ensure community leadership, ownership, oversight, and participation early and throughout an HIA*** from communities of color, low-income communities, and other vulnerable groups. These populations will likely be most impacted by policies under consideration and have valuable expertise and insights that can inform decision making. It is critical to develop partnerships with, and engage, community representatives.

B. Use the HIA as a process to ***support authentic participation of vulnerable populations in the decision-making process*** on which the HIA focuses. This is critical because vulnerable communities are often excluded from decision-making processes that stand to impact them. If needed, the HIA process should help build capacity for disadvantaged communities to fully participate in the decision-making process.

C. ***Target the practice*** of HIA towards proposals that are identified by, or relevant to, vulnerable populations. Resources and capacity should be focused on issues faced by the most vulnerable segments of any community.

D. Ensure that a central goal of the HIA is to ***identify and understand the health implications for populations most vulnerable*** or at risk for poor health. HIA goals should reflect a focus on expanding opportunities for good health outcomes in vulnerable populations.

E. Ensure the HIA ***assesses the distribution of health impacts*** across populations wherever data are available. Populations may be defined by geography, race/ethnicity, income, gender, age, immigration status, and other measures. Vulnerable groups should be involved in defining these populations and in developing measures of vulnerability. Where data are unavailable, surveys, focus groups, community oral histories and experiences and other methods can be used to understand the distribution of impacts.

F. ***Identify recommendations that yield an equitable distribution of health benefits*** and maximize the conditions necessary for positive health outcomes among the most vulnerable populations and those who stand to be most adversely impacted by the decision that is being assessed. Identification of the distribution of impacts should be accompanied by recommendations for actions that yield equitable health outcomes.

G. Ensure that ***findings and recommendations of the HIA are well communicated*** to vulnerable populations most likely to be impacted by the decision being assessed. Culturally appropriate materials with non-technical language and accessible summaries, distribution of findings via multiple mediums and platforms, and targeted outreach to sub-populations, such as vulnerable youth, are strategies that help ensure effective communication of findings and recommendations.

H. After the decision on which the HIA is focused is made, ***ensure that the actual impacts of the decision are monitored***, and that resources and mechanisms are in place to address any adverse impacts that may arise. If implemented with careful attention to these principles for promoting equity, HIAs can help transform how policy and other public decisions are made, who has a voice in those decisions, and how those decisions impact the health of vulnerable communities. Every day, policymakers and other public leaders make decisions that have implications for population health without acknowledgment or careful analysis of the potential impacts on our most vulnerable populations. To ensure these decisions reflect and address community health needs and aspirations, it is critical that vulnerable populations bring their knowledge and expertise to the decision-making process and have an active and affirmative voice in those decisions.

Source: Heller, Malekafzali, Todman & Wier, 2013.

HIA in Delaware

HIA is increasingly employed in communities across the nation. Leaders in HIA can take many forms, including community members, non-profit organizations, and government agencies. The diversity of how HIA is implemented reflects the variety of communities that may benefit from its outcome and the different types of policies that it may target.

For example, Delaware Greenways, a non-profit organization aiming to promote health through the use and preservation of green spaces, conducted a HIA regarding land use. In collaboration with the Delaware Coalition for Healthy Eating and Active Living's (DE HEAL) Environment and Policy Committee and the Governor's Council on Health Promotion and Disease Prevention, Delaware Greenways applied for and received one of three funding awards from the Association for State and Territorial Health Officials (ASTHO). The $15,000 award supported the formation of an HIA Advisory Committee, data collection and analysis, reporting, and various process tasks.

The HIA, referred to as the Fort DuPont Master Planning and Feasibility Analysis, was intended to discern which scenario of the development of the 450-acre Fort DuPont site promoted health and cost savings. Two development scenarios were analyzed, with a primary focus on how residents of neighboring Delaware City access goods, resources, services, and employment opportunities.

> *"Using HIA can ultimately lead to more cost-effective, health-enhancing decisions" (Trabelsi, 2013).*

A baseline analysis found that although certain features of the community promoted health, there was an absence of healthy food choices, public transportation options, and access to emergency or trauma care. The proposed development scenarios included the preservation of historic infrastructure while enhancing the built environment to support the growth of the local economy. The HIA uncovered that a key aspect of the development scenarios would be increased connectivity of non-motorized modes of transportation, such as sidewalks, multi-use paths, and other accommodations. This would be more likely to result in positive health outcomes, due to better access to recreational areas and the promotion of physical activity. More information about the effort can be viewed at http://www.delawaregreenways.org/media/HIA_Summary_Report_July_2013.pdf. A full report can be requested by emailing greenways@delawaregreenways.org.

With respect to health equity, the Fort DuPont Master Planning and Feasibility Analysis identified methods for improving access for low-mobility populations, including the elderly, children, and people with disabilities. Additionally, as identified in the baseline analysis, Delaware City experiences educational attainment and income averages that fall below state

and county levels. Therefore, by increasing access to services, resources, and goods and by stimulating the local economy, residents may benefit from improved living conditions and economic opportunity. Because of the link between the physical environment and health, the improvements in the built environment proposed by the Fort DuPont development scenarios have the potential to reduce health inequities.

Recommendations and Toolkits for HIA

The Fort DuPont Master Planning and Feasibility Analysis marked the first use of HIA in Delaware. Its HIA Advisory Committee developed recommendations for conducting HIAs. The following is a selection of those recommendations:

- Select a project/policy/program identified by a local stakeholder group, community leader, or elected official for assessment to help ensure effective stakeholder participation, local commitment, and open communication.
- Initiate stakeholder engagement before the HIA officially begins and maintains an effective stakeholder engagement strategy throughout.
- To the extent possible, select a subject project/policy/program that has been well defined and about which there are sufficient data available.
- Select for assessment a project or health issues/impacts that have greatest potential for impacting population health.
- Work with subject project representatives to clearly define and agree upon how the subject project efforts and HIA efforts will interact, including reporting and communications strategies.
- Allocate sufficient resources (time, funding, and personnel) since subject projects often have fluctuating timelines; building in a cushion will help ensure a successful HIA. Effective HIAs also require commitment from a broad coalition of professionals.
- Be thorough in scoping phase brainstorming; plan for the scoping phase to be one of the longest phases of the HIA process and expect to adjust.
- Think beyond the strict definition of the HIA and the process for opportunities to bring health into the decision-making process; if the process is not going as planned, identify the opportunities that have arisen unexpectedly that offer possibilities for bringing health into the discussion.

- Select a project for which health, demographic, and other data are generally available, especially if new data collection is not possible. Also, use the most local data available so that the HIA can focus on the subject project population (Trabelsi, 2013).

As interest in HIA grows, many tools and resources are becoming available nationally. The website of Human Impact Partners at http://www.humanimpact.org/new-to-hia/tools-a-resources/#hiaguidesandsteps provides links to many helpful sources. Similarly, the Community Tool Box (http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/health-impact-assessment/main) presents valuable information about HIA and resources for its implementation. Many toolkits exist to assist state and local governments, public health practitioners, and stakeholders in implementing this approach. Within its website devoted to the concept of Healthy Places, the CDC provides several toolkits for conducting HIA with respect to parks and trails and transportation. (More information can be found at http://www.cdc.gov/healthyplaces/parks_trails/default.htm and http://www.cdc.gov/healthyplaces/transportation/hia_toolkit.htm). Additionally, the Society for Practitioners of Health Impact Assessment (SOPHIA) developed a series of metrics to ensure a focus on equity in HIAs. A worksheet to support the use of such metrics can be found at http://www.hiasociety.org/documents/EquityMetrics_FINAL.pdf.

Communicating for Healthy Public Policy

Creating the kinds of healthy public policies needed to advance health equity requires a significant shift in the way that most people understand health, health inequities, and the role of public policy in both. Building support for HiAP and for using HIAs requires that public health professionals, partners, and advocates reframe health from being something that is individual in nature and determined by personal choice, to something that is shaped by our environments and for which we have a collective responsibility to improve. These approaches to understanding health move from an individual and behavioral frame to an environmental frame. As discussed in the *HiAP Guide for State and Local Governments* (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013), it is important to communicate this environmental frame early and often. A prevailing misconception is that the best way to improve health is through access to health care and healthier individual choices. Therefore, it is critical to communicate effectively how the places in which we live, learn, work, and play affect our health. Once this environmental frame is understood, it is easier to convince people about the need for improving their environment to improve health. And this comprehension is necessary for a HiAP approach.

In addition to presenting an environmental frame, it is important to identify and then use commonly held values when communicating with stakeholders. This can be difficult for public health professionals or others who may be uncomfortable in moving away from statistics and research often used to make the case. However, values and emotion are what move people, and these need to be part of the conversation.

> *"To make the case for healthy public policy most effectively, it is important to offer an alternative to the default frame of personal responsibility" (Rudolphe, Caplan, Ben-Moshe, & Dillon, 2013).*

In promoting a shift to an environmental frame and HiAP, the consistency and credibility of the message is also important. Additionally, communication strategies are most effective when they are audience-specific. Knowing the audience and their starting point can help craft tailored messages. Similarly, having a messenger who resembles or relates to the audience may influence the effectiveness of the messages because people tend to be more receptive to people like them. Some pay more attention to messages coming from persons whom they perceive are respected sources (Rudolph, Caplan, Ben-Moshe & Dillon, 2013).

Finally, it is critical that communication strategies include a focus on solutions. As explained by the authors of the *HiAP Guide for State and Local Governments*:

> "People are more inclined to act when they feel they can *do* something to solve a problem. But often public health professionals spend more time talking about the problem than the solution, leaving their audience feeling hopeless or overwhelmed. To more effectively inspire action we need to reverse that ratio and talk more about the solution than the problem. For example: "Increased access to healthy food will improve nutrition and contribute to reducing rates of childhood overweight and adult diabetes. Ensuring that everyone has access to healthy, affordable food can be complicated, but there are meaningful steps we can take right now. That's why we're asking [specific person/agency/ organization] to support the Healthy Food Financing Initiative to increase access to healthy food in our neighborhood." (Rudolph, Caplan, Ben-Moshe & Dillon, 2013, p. 105).

The *HiAP Guide for State and Local Governments* includes a detailed discussion of communication with several recommendations and sample messages. The authors include sample responses to commonly asked questions and offer a number of additional resources. The authors explain that the critical components to an effective message are:

1. Make sure to present the environmental frame first.
2. State your values (e.g. health, equity, community, etc.).
3. State the solution clearly, and be sure that the solution gets at least as much, if not more, attention than the problem.

Readers are encouraged to visit Section 7.1 of the HiAP guide for a detailed discussion on communication strategies to support HiAP. Similarly, the HiAP guide includes an annotated list of references related to communication for HiAP, which can be found beginning on page 155 (see http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf).

Glossary – Section 6

Healthy Public Policy: A policy that is explicitly responsive to health needs. It may be a health policy, designed specifically to promote health. Alternately, it may be a policy outside of what is typically thought of as health policy, but promotes health or positively influences the determinants of health.

Health in All Policies (HiAP): A collaborative approach that makes health considerations explicit in decision-making across sectors and policy domains. A HiAP approach convenes diverse stakeholders to consider how their work influences health and how collaborative efforts can improve health while advancing other goals.

Health Impact Assessment (HIA): A systematic process that uses a variety of data sources and research methods, and considers input from a range of stakeholders to determine the potential effects of a proposed policy, plan, or action on the health of a population and the distribution of those effects within the population.

Root Cause Mapping: A process for identifying the primary factors that contribute to community health problems to identify the most appropriate areas for intervention. This approach can be useful in in helping stakeholders identify links between health and risk factors in the community, including areas seemingly outside of public health.

Stakeholders: Any individual, group, or organization that has an interest in a project or policy. This can include residents, decision-makers, funders, community-based organizations, state agencies, advocacy groups, academic experts, and public health practitioners.

References and Additional Resources

Bay Area Regional Health Inequities Initiative (n.d.), *Healthy planning guide*. Retrieved from http://barhii.org/resources/healthy-planning-guide/

Bhatia, R. & Katz, M. (2001, September). Estimation of health benefits from a local living wage ordinance. *American Journal of Public Health, 91(9).* Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446793/

Centers for Disease Control and Prevention [CDC]. (2014). *Health impact assessment*. Retrieved from http://www.cdc.gov/healthyplaces/hia.htm

Centers for Disease Control and Prevention [CDC]. (2013). *Parks and trails health impact assessment toolkit*. Retrieved from http://www.cdc.gov/healthyplaces/parks_trails/default.htm

Centers for Disease Control and Prevention [CDC]. (2011). Transportation Health Impact Assessment Toolkit. Retrieved from http://www.cdc.gov/healthyplaces/transportation/hia_toolkit.htm

Changelab Solutions (n.d.), *Healthy planning resources*. Retrieved from http://changelabsolutions.org/healthy-planning

Diwan V., Douglas M., Karlberg I., Lehto J., Magnússon G., & Ritsatakis A. (2000). *Health impact assessment: From theory to practice.* Report on the Leo Kaprio Workshop, Gothenburg, 28-30 October 1999. Göteborg: Nordic School of Public Health.

Fehr R., Viliani F., Nowacki J., Martuzzi M. (2014). *Health in impact assessments: Opportunities not to be missed.* Copenhagen: WHO Regional Office for Europe.

Frieden, T. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health, 100(4),* 590-595.

Human Impact Partners (n.d.). *Tools and Resources*. Retrieved from http://www.humanimpact.org/new-to-hia/tools-a-resources/#hiaguidesandsteps

Heller H., Malekafzali S., Todman L., Wier M. (2013). *Promoting equity through the practice of health impact assessment*. Retrieved from http://www.pewtrusts.org/en/~/media/Assets/External-Sites/Health-Impact-Project/PROMOTINGEQUITYHIA_FINAL.PDF

Institute for Public Administration. (n.d.). *Delaware Complete Communities Planning Toolbox*. Retrieved from http://www.ipa.udel.edu/healthyDEtoolkit/index.html

Jacobson, E., DeCoursey, W.J., & Rosenberg, N. (2011) *Health impact assessment: A useful tool*. University of Delaware, Institute for Public Administration. Retrieved from http://www.ipa.udel.edu/healthyDEtoolkit/hia/

Jandu M., Bourcier E., Choi T., Gould S., Givens M., Heller J., Yuen T. Equity metrics for health impact assessment practice, Version 1. *The Society of Practitioners of Health Impact Assessment (SOPHIA).* Retrieved from http://www.hiasociety.org/documents/EquityMetrics_FINAL.pdf

Joint Center for Housing Studies, (2014). *The state of the nation's housing*, 2014: Harvard University. Retrieved from http://www.jchs.harvard.edu/research/state_nations_housing

Kansas University Work Group for Community Health and Development. (2014). Community Toolbox, Chapter 2, section 11 on *Health Impact Assessment*, Retrieved from

http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/health-impact-assessment/main

Kemm (2001). Health impact assessment: A tool for healthy public policy. *Health Promotion International, 16(1)*, 79-85.

MacDonald, J. M., Stokes, R., & Ridgeway, G. K. (2010, August). The effect of light rail transit on body mass index and physical activity. *American Journal of Preventative Medicine, 39(2).*

National Research Council of the National Academies. (2011). *Improving health in the United States: The role of health impact assessment*. The National Academies Press. Retrieved from http://www.nap.edu/catalog/13229/improving-health-in-the-united-states-the-role-of-health

Pew Charitable Trusts. (2014). *Health Impact Project: Overview*. Retrieved from http://www.pewtrusts.org/en/projects/health-impact-project

Pew Charitable Trusts. (2014). *Health Impact Project: Health Impact Assessment*. Retrieved from http://www.pewtrusts.org/en/projects/health-impact-project/health-impact-assessment

Pollack, C. E., Griffin, B. A. & Lynch, J. (2010, December). Housing affordability and health among homeowners and renters. *American Journal of Preventative Medicine, 39(6).* Retrieved from http://www.ajpmonline.org/article/S0749-3797(10)00455-1/pdf

Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in all policies: A guide for state and local governments*. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute. Retrieved from http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf

Spiller, K. & Obadia, J. (2012). Farmers markets: Impact on fruit and vegetable consumption of Supplemental Nutrition Assistance Program clients. *Boston Collaborative for Food and Fitness.* Retrieved from http://bostonfarmersmarkets.org/wp-content/uploads/2012/07/FarmersMarkect-Impact-on-FV_Website.pdf

Trabelsi A (2013). *Health impact assessment: Promoting health, cost-effective, sustainable and equitable decision making in Delaware*. Delaware Greenways & Delaware Coalition for Healthy Eating and Active Living. Retrieved from http://www.delawaregreenways.org/media/HIA_Summary_Report_July_2013.pdf

Walker, R.E., Keane, C.R., & Burke, J.G. (2010 September). Disparities and access to healthy food in the United States: A review of food deserts literature. *Health and Place, 16(5).*

World Health Organization [WHO], 1988. *The Adelaide recommendations: Healthy public policy*. WHO and the Commonwealth of Australia. Retrieved from http://www.who.int/healthpromotion/conferences/previous/adelaide/en/index1.html