

## Health in all Policies:

### Cross-Sector Collaboration Prevents and Solves Health Problems

Cassandra Codes-Johnson, MPA;<sup>1</sup> Karyl T. Rattay, MD, MS;<sup>2</sup> Laura Saperstein, MS, MBA<sup>3</sup>

1. Associate Deputy Director, Division of Public Health, Delaware Department of Health and Social Services
2. Director, Division of Public Health, Delaware Department of Health and Social Services
3. Director, Physical Activity, Nutrition, and Obesity Prevention Program

The responsibility of Public Health is to protect and promote health, and prevent disease and injury.

Historically, Public Health has been viewed as the provider of safety net services for our most vulnerable populations. As recognition of the connections between social injustice and health becomes more broadly understood, public health finds that preventing harm requires involvement in areas such as housing, labor, education, and transportation to name a few.<sup>1</sup> We are transitioning into Public Health 3.0 in order to address some of our most persistent health challenges which requires different sectors coming together to address upstream determinants. Complex societal problems are best solved when government, private, and non-profit agencies and community advocacy groups collaborate to promote healthy communities utilizing prevention strategies. Implementing a Health in All Policies approach can be a huge lever to help us move in this direction.

The Association of State and Territorial Health Officers (ASTHO) defines “Health in All Policies”<sup>2</sup> (HiAP) as “a collaborative approach that integrates and articulates health considerations into policy making and programming across sectors, and at all levels, to improve the health of all communities and people” (see Figure 1).<sup>3</sup> In sum, “all policy is health policy.” The HiAP approach addresses the complexity of health inequities and improves population health, systematically incorporating health considerations into decision-making processes across sectors and at all government levels, and shared planning and assessment between government, community-based organizations, and often businesses.<sup>4</sup>

Figure 1. Health in All Policies<sup>3</sup>

# Health in All Policies



“Everyone has a role to play in improving the health of our communities,” ASTHO says. HiAP is an emerging paradigm that requires public health to collaborate with traditionally non-health sectors such as finance, economic development, transportation, law enforcement, criminal justice, natural resources, education, and agriculture to achieve common goals and innovatively tackle problems.

Stakeholders go beyond state government agencies to include the business community, religious leaders, non-profit executives, medical leaders, social service providers, managers of transportation, education, and sanitation staff; and even volunteers. Cross-sector collaboration identifies potential health impacts before adopting policies and enacting legislation, which improves population health on a large scale and creates healthier neighborhoods on a smaller scale.

Proponents say this preventive approach can improve the efficiency of government agencies<sup>4</sup> when public health practitioners collaborate with other non-health agencies on policies, programs, and projects. Long-term cost savings can result because the effects of changing socioeconomic and environmental conditions are far more consequential than costly individual clinical interventions, such as medical and mental health care.<sup>5</sup>

HiAP is cross-cutting. For example, job creation and Earned Income Tax Credit help families buy healthy foods, affordable housing, and childcare – activities that improve population health. Schools can be required to designate a minimum period per week for physical education for K-12 students as well as daily recess. The HiAP approach is being used throughout Delaware to address complex challenges that significantly impact health. For instance, the Delaware Office of State Planning Coordination regularly seeks technical review comments on proposed land use actions from the Division of Public Health (DPH), other state agencies, and local governments.

In land use planning circles, tools such as health impact assessments (HIAs) can be used to identify the health consequences of plans, projects and policies traditionally considered to be outside the health sector domain.

With the dual goals of maximizing health benefits and minimizing adverse health effects, HIAs aim to help stakeholders and policy-makers weigh the merits and drawbacks of a proposed project, compared with alternate approaches.<sup>6</sup> A rapid HIA, an abbreviated form of HIA, is currently informing City of Dover, Kent County and State of Delaware officials seeking to redevelop vacant and formerly contaminated properties, known as brownfields, to spur revitalization in the Downtown Dover area.

Looking at HiAP from a transportation perspective, the Delaware Department of Transportation (DelDOT) transitioned its transportation system policy from auto-centric to one with multi-modal options and improvements supporting safe and accessible walking, biking, and transit usage. On April 24, 2009, former Delaware Governor Jack A. Markell issued Executive Order No. 6 to create a Complete Streets policy for the state of Delaware. The intent of Delaware's policy is to promote safe access for all users, including pedestrians, bicyclists, motorists and [transit] riders of all ages to be able to safely move along and across the streets of Delaware. DelDOT adopted a Complete Streets policy on January 6, 2010 thus creating a formal process to implement Complete Streets principles and design standards that consider all modes of transportation.

The policy focuses on implementation during the development or scoping phase of a transportation project to ensure that all users are considered in planning, designing, building, operating, and maintaining Delaware roadways. The Complete Streets policy also defines the applicability, roles and responsibilities, and an exemption and waiver process to be administered by DelDOT.<sup>7</sup> Additionally, Delaware Department of Transportation and other partners developed a policy-oriented master plan that promotes and enable safe, easy bicycling throughout the state. Active transportation options such as walking and bicycling also spur physical activity and boost weight loss.<sup>3</sup>

In Delaware, the Healthy and Transit Friendly Development Act was formed by state and local government partnership seeking to encourage the development of “Complete Communities,” communities where everyday destinations, like shopping, offices, schools and services, are within easy walking or cycling distances. It sets out the basic a framework for any local government to choose to “opt-in” to encourage walkable, bike-able and transit-friendly development in their communities in partnership with state government, thus creating economic development, jobs, active and health lifestyles and poverty reduction.<sup>8</sup> Public health experts are encouraging walking and bicycling as a response to the obesity epidemic, and complete communities and complete streets can help. One study found that 43 percent of people with safe

places to walk within 10 minutes of home met recommended activity levels, while just 27 percent of those without safe places to walk were active enough.<sup>9</sup>

Not only does walking yield health, economic, and environmental benefits, it is recognized as the First State's favorite outdoor activity. Thirty-six percent of Delawareans responding to the 2011 Outdoor Recreation Participation and Trends phone survey for Delaware State Parks said they participated in walking or jogging in the past year, and 74 percent said they would walk or jog in the next year.<sup>10</sup> To meet the public's continued demand for walking, jogging, and cycling paths, and to improve safety, the State of Delaware has installed and repaired multi-use trails. To help Newark-area walkers avoid a dangerous road, a short trail was constructed in 2009 to connect a New Castle County park to an adjacent neighborhood, according to the 2013 Delaware State Comprehensive Outdoor Recreation Plan.<sup>10</sup>

Governance processes such as legislation and ordinances can also help advance HiAP initiatives. Legislation is another way to change unhealthy behaviors. Over the decades, the Delaware General Assembly passed tobacco-oriented legislation to decrease lung cancer, the most frequently diagnosed cancer in the nation and in Delaware, and other cancers, heart disease, emphysema, chronic obstructive pulmonary disease, and asthma<sup>11</sup> – all costly conditions to the State of Delaware. Lawmakers raised Delaware's wholesale cigarette tax in September 2017 from \$1.60 to \$2.10 per standard pack, the first increase since 2009.<sup>12</sup> A nicotine vapor product tax of \$0.5 per fluid millimeter became effective January 1, 2018.<sup>12</sup> To protect individuals from the dangers of secondhand tobacco smoke and vaping emissions, lawmakers passed the landmark Delaware Clean Indoor Air Act of 2002 and added e-cigarettes in 2015.<sup>13</sup>

There are many other HiAP approaches happening in Delaware; only a few were mentioned in this article. Approaching our work from a Health in All Policies lens and creating healthy public policy to address social injustice and continued engagement of communities to participate in decision making that impacts their living conditions and overall health status, is the goal of our collective HiAP work. The Delaware Division of Public Health sees itself playing the role of Chief Health Strategist, working alongside partners so that they can drive initiatives including those that address environmental, economic, and social determinants of health. Critical public health efforts remain mostly invisible, except in times of crisis, such as epidemics or hurricanes. But public health today is striving to broaden its capacity by working with partners to address the social context in which disease and illness occur.<sup>14</sup>

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