

Health in All Policies

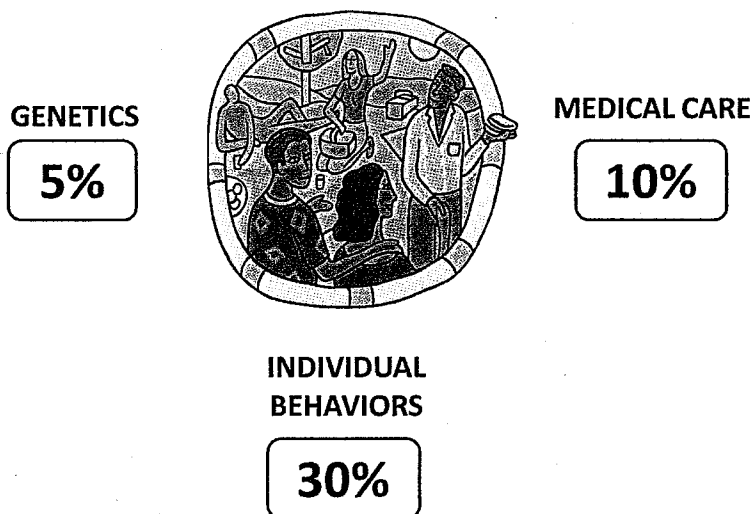
presentation to
Legislative Health & Human Services Interim Committee
Santa Fe, NM
Tuesday, November 25, 2014

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What we'll cover today...

- Review of social determinants of health and equity
- Description of Health in All Policies as approach to operationalize how to address the social determinants of health and equity
 - Definition and context
 - Key elements
 - History and background
 - Strategies to implement Health in All Policies
- Examples from Bernalillo County, Doña Ana County and McKinley County of using a Health in All Policies approach

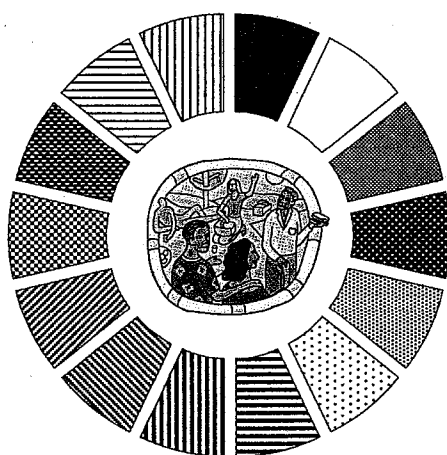
What determines how healthy we are?



2012 NMAHC/M. McMurray-Avila

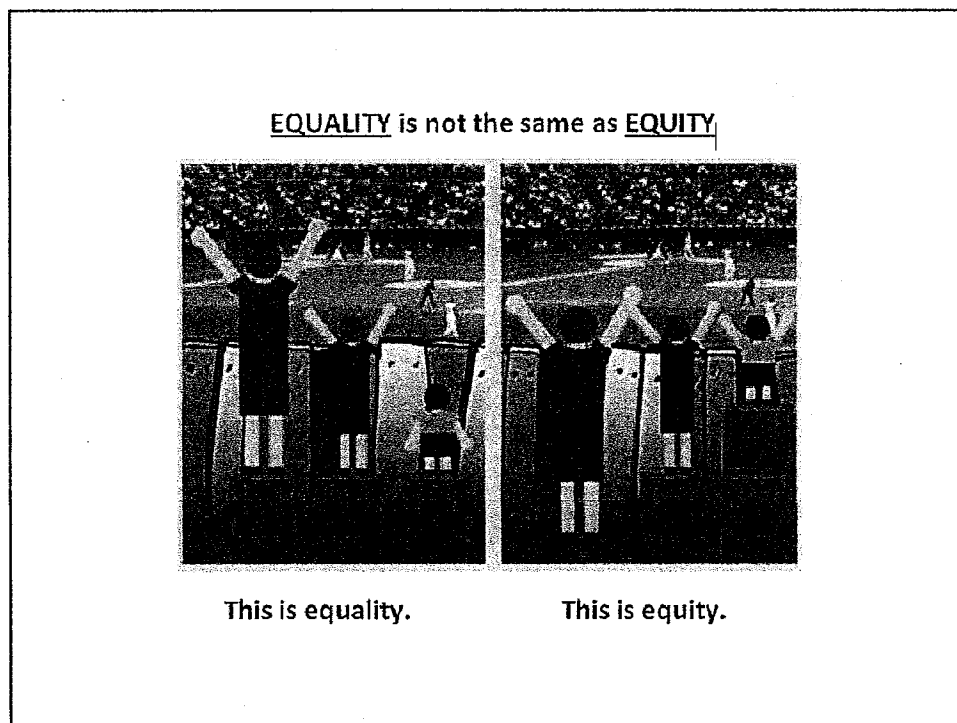
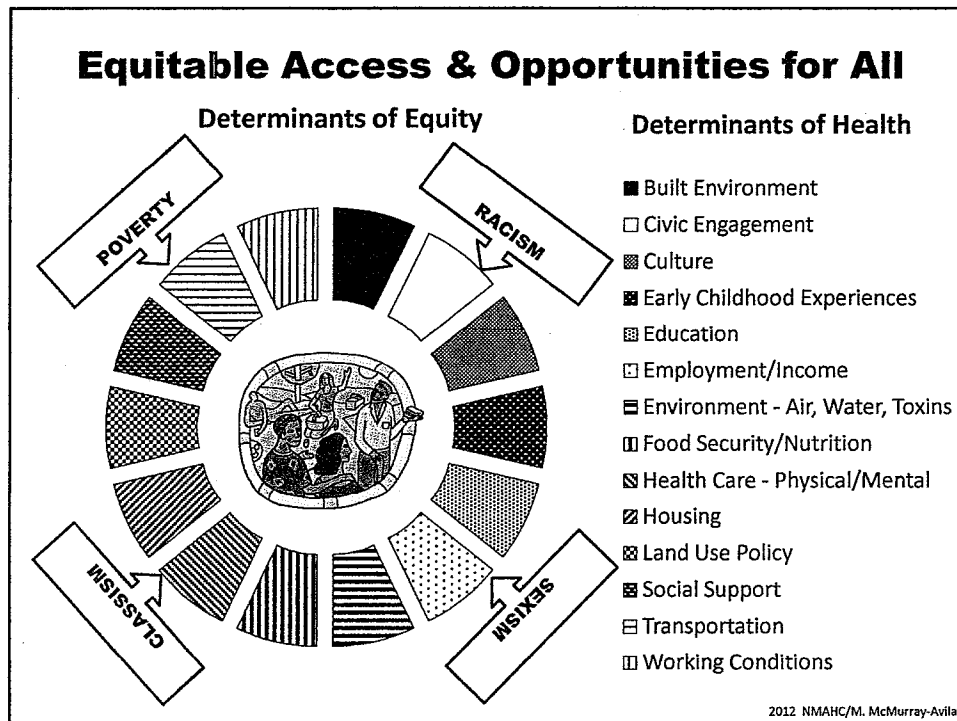
What (really) determines how healthy we are?

Social, Economic & Environmental Determinants of Health



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

2012 NMAHC/M. McMurray-Avila

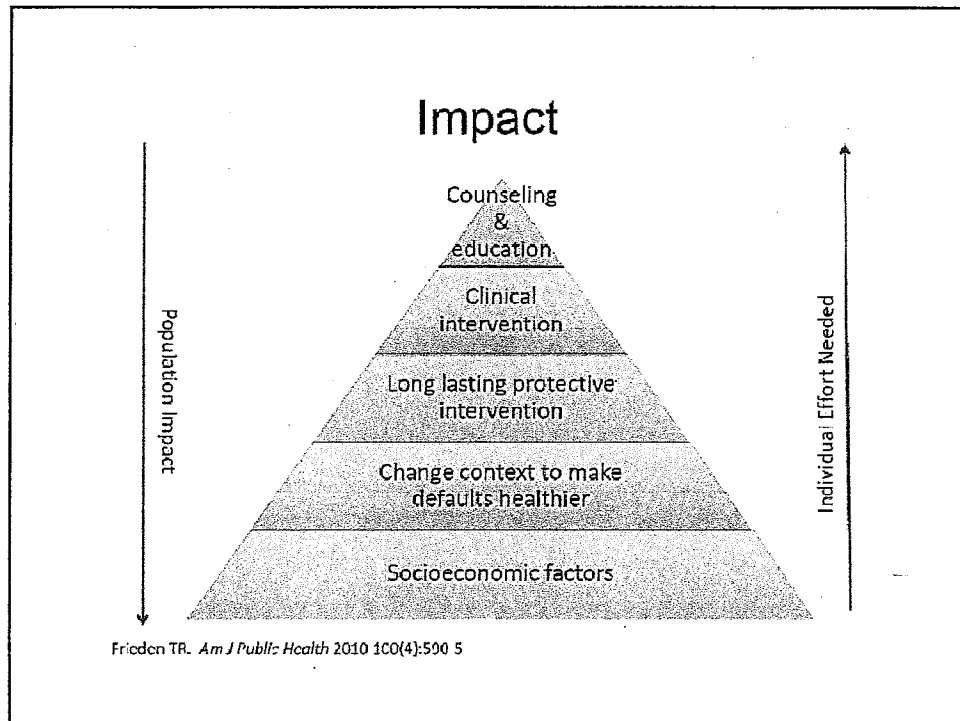


So what are health policies?

- Transportation policy is health policy
- Land use policy is health policy
- Education policy is health policy
- Tax policy is health policy
- Agricultural policy is health policy
- Economic development policy is health policy
- Criminal justice policy is health policy

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

- Health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (*World Health Organization*)
- Public health is “what we as a society do to collectively assure the conditions in which people can be healthy.” (*Institute of Medicine, 1988*)
- Those conditions can be described as the places where we live, learn, work, and play, and the social, economic and political factors that affect us in those places.

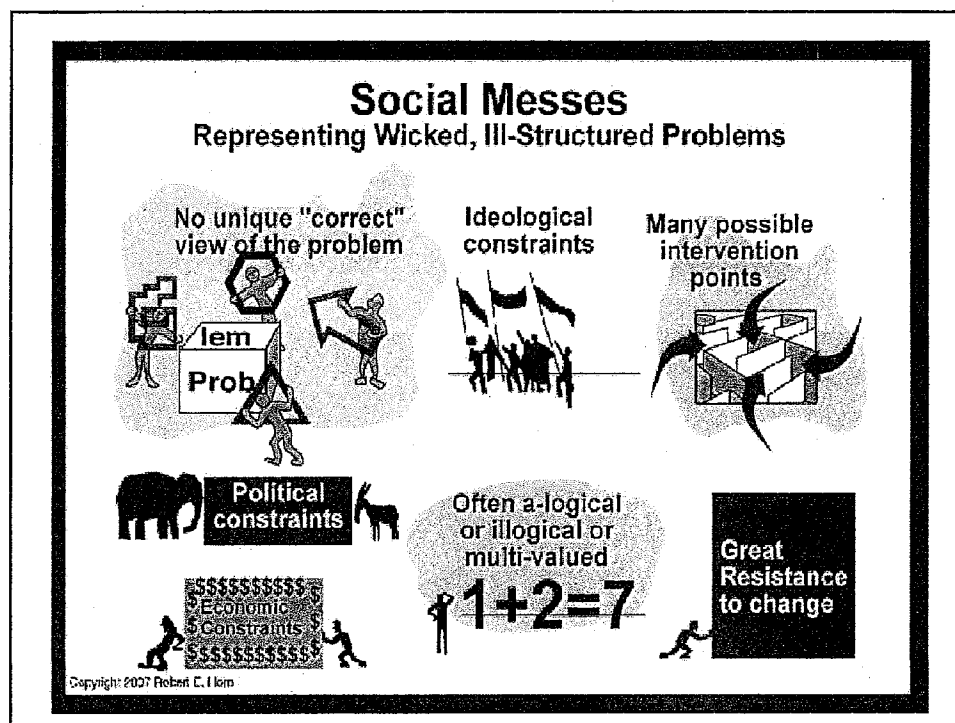


Context...



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

Messy, wicked problems



That's all great in theory...

How do we put it into practice?

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

HiAP is an approach, a process and a philosophy.

HiAP – 5 Key Elements

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

1. Promote health, equity and sustainability

HiAP promotes health, equity and sustainability through two avenues:

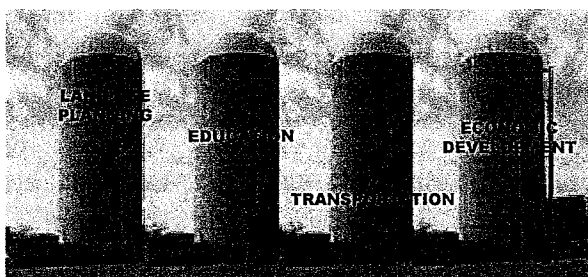
- 1) Incorporating health, equity and sustainability into specific policies, programs, and processes, and
- 2) Embedding health, equity and sustainability considerations into government decision-making processes so that **healthy public policy becomes the normal way of doing business**. Promoting equity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

2. Support intersectoral collaboration

HiAP brings together partners from many sectors to:

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

Breaking down silos...



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

The Silo Culture Impedes HiAP

Defining characteristics of silos include:

- distinct funding streams – governmental budgets directed to specific departments
- competition for funding and credit
- self-preservation within the system

3. Benefit multiple partners

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

4. Engage stakeholders

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

5. Create structural or procedural change

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

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

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

Strategies for implementation

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

- application to existing processes such as strategic planning, individual initiatives and grant-making
- creation of a new structure or group, e.g., task force
- or both

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

Examples where HiAP can contribute to current policy discussions and projects in NM

- Legalization of marijuana
- J. Paul Taylor Task Force
- Statewide Long Range Transportation Plan
- Race to the Top
- Obesity prevention projects across NM that link to other sectors

New Mexico Health in All Policies Task Force

Our HiAP Work Group requests the formation of a **Health in All Policies Task Force** consisting of multi-sectoral representatives of departments in state government, as well as multi-sectoral stakeholders from community-based organizations, either:

Legislatively through a Memorial OR
Administratively by building on the NMDOH
current long-range planning process

Examples of Formalizing Health in All Policies Work

- Rhode Island Commission for Health Advocacy and Equity (2011)
- Healthy Chicago (2011)
- Seattle/King County Equity Ordinance (2010)
- California Health in All Policies Task Force (2010)

California HiAP Task Force: *Establishment*

- 2010: Executive Order by Gov. Schwarznegger directs Strategic Growth Council (SGC) to establish Health in All Policies Task Force
 - Purpose: “to identify priority programs, policies and strategies to improve the health of California while advancing the SGC’s goals”
 - Facilitated by CA Dept of Public Health (CDPH)
 - Extensive engagement of stakeholders
- 2012: HiAP Task Force recognized by Senate Concurrent Resolution and codified within newly established Office of Health Equity in CDPH
- Task Force meetings staffed through partnership with Public Health Institute, funded by California Endowment and others

California HiAP Task Force: *Aspirations for All Californians*



Option to safely walk, bike or take public transit to school, work and essential destinations

Live in safe, healthy, affordable housing



Access to places to be active, including parks, and healthy tree canopy



Live and be active in communities without fear of violence or crime



Access to healthy, affordable foods at school/work/near home



California’s decision-makers are informed about the health consequences of various policy options in the policy development process



**California HiAP Task Force:
*What is our value added?***

“What unique role can we play as a state-level body?”

- Facilitating collaboration: convening/aligning goals across agencies
- Building cross-sectoral understanding, especially where causal relationships are not obvious
- Shaping funding streams/affecting allocations
- Providing analytic tools & guidance for local decision-making
- Gathering & sharing data, through stakeholders' engagement & otherwise

**Health in All Policies
at the local level in New Mexico:
Bernalillo County
Doña Ana County
McKinley County**

PLACE MATTERS for health:

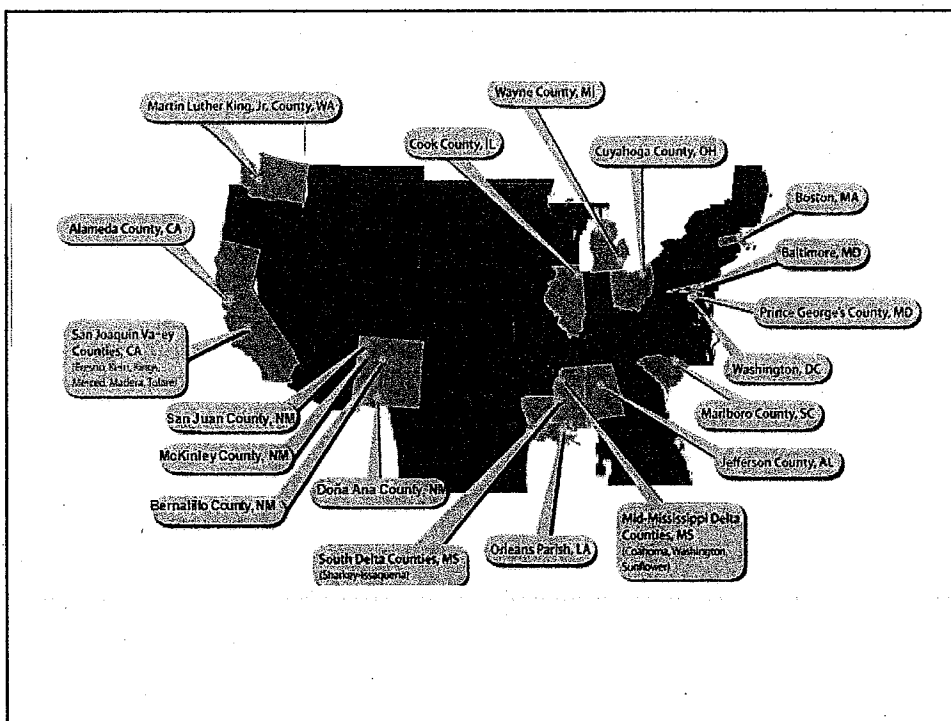
Addressing the root causes of racial
and ethnic health inequities

The Facts...

- **Many people of color have poorer health than national averages in the form of higher rates of infant mortality, chronic disease and disability, and premature death.**
- Many public health researchers believe that the fundamental problem underlying these inequities is residential segregation, which shapes health resources, risks, and life opportunities.
- **Racial and ethnic minorities are more likely than whites to live in segregated, high-poverty communities, communities that have historically suffered from a lack of health care investment.**
- **Many of these communities also face a host of health hazards – such as high levels of air, water and soil pollution, and a glut of fast food restaurants and liquor stores – and have relatively few health-enhancing resources, such as accessible healthy food or safe places to exercise or play.**

PLACE MATTERS

- ...is a national initiative of the National Collaborative for Health Equity designed **to build the capacity of local leaders around the country to identify and improve social, economic, and environmental conditions that shape health.** The objective of this initiative is to eliminate health disparities by identifying their complex underlying causes and defining strategies to address them.
- Addressing upstream causes of health (such as environmental health risks and issues related to employment, education, poverty, and housing) through community action, policy development, and measuring the indicators associated with these determinants of health are at the heart of our PLACE MATTERS work.



Bernalillo County PLACE MATTERS

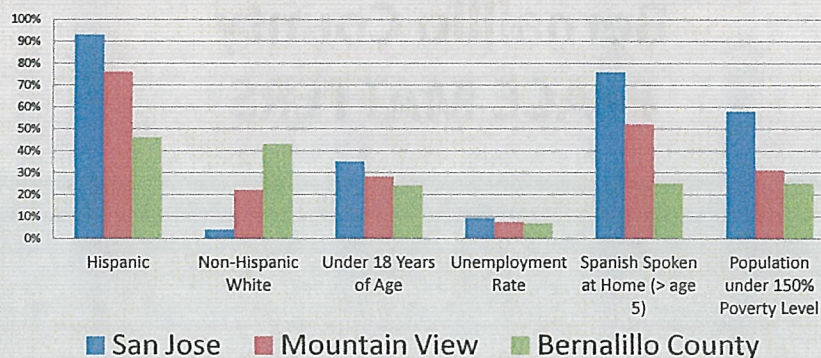
In Bernalillo County

Table 2. Bernalillo County Race/Ethnicity, 2010

RACE	Number	Percent
Total Population	662,564	100
White	459,660	69.4
Black or African American	19,652	3.0
American Indian and Alaska Native	31,744	4.8
Asian	15,525	2.3
Some Other Race and Two or More Races	135,983	20.5
HISPANIC OR LATINO		
Total Population	662,564	100.0
Hispanic or Latino (of any race)	317,089	47.9
Not Hispanic or Latino	345,475	52.1

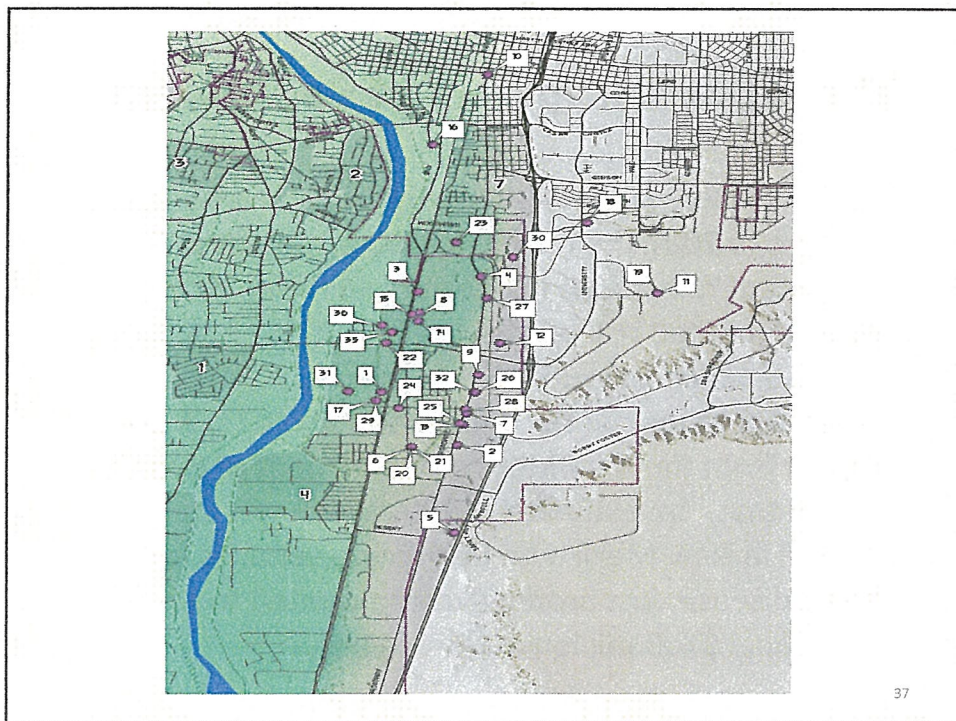
Impacted Communities in Bernalillo County

Demographics & Socio-Economic Status



Polluting Industries in Mountain View

- 31 out of 36 EPA regulated polluting industries located in the South Valley are located in Mountain View
- There are 16 major air pollutant industries
- In addition to the 16 major air pollutant
- there are 66 + smaller industries



Why are people dying?

- The five leading causes of death in Bernalillo County are:
 - Heart disease
 - Neoplasm, malignant
 - Chronic lower respiratory diseases
 - Cerebrovascular disease
 - Diabetes mellitus

The Economic Impact of Poor Health

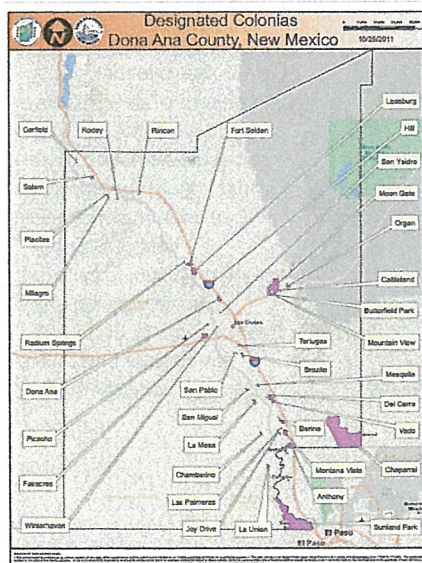
- Chronic disease has an economic impact in Bernalillo County. In 2007 the Milken Institute estimated that significant reductions in obesity and other chronic disease-related risk factors **could save New Mexico over \$6 billion in treatment-related costs as well as costs due to lost work productivity by 2023.** A 2009 report from the New Mexico Department of Health stated that, “an estimated \$390 million was spent overall in New Mexico on healthcare services for heart disease; lost productivity amounted to an additional \$780 million in New Mexico.”

So now what?

- We need to work across sectors to make sure we are creating laws with a “Health in all Policies” approach.
- We can’t have a productive population and think about economic development if we don’t have a healthy population.
- WE NEED YOUR HELP!

Doña Ana County PLACE MATTERS

Location/Demographics



210,000
County population

60,000
Live in rural and
small communities

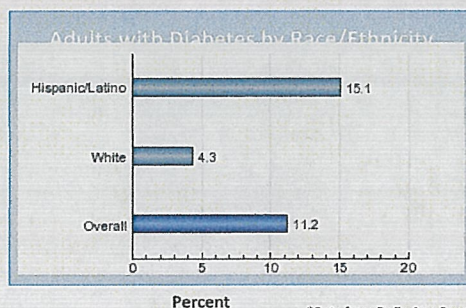
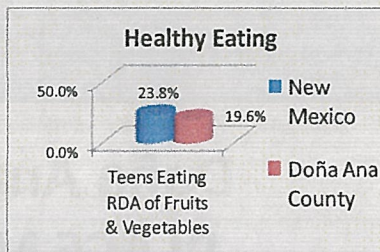
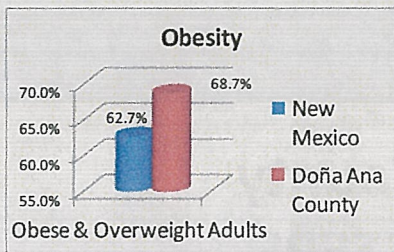


66%
Hispanic origin

51%
Speak Spanish at
home

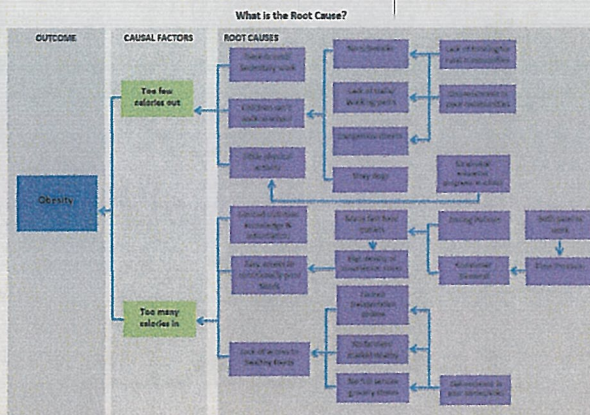
*Data from Doña Ana County Community Health Profile

Health Issues



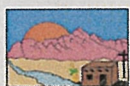
*Data from Doña Ana County Community Health Profile & NM BRFSS

Addressing the issues



The Doña Ana County Comprehensive Plan has a high degree of potential to affect environmental and social determinants that impact health outcomes. Determinants include:

- cost of housing
- transportation, access to education, jobs, and healthy food, poverty and the natural and built environment.

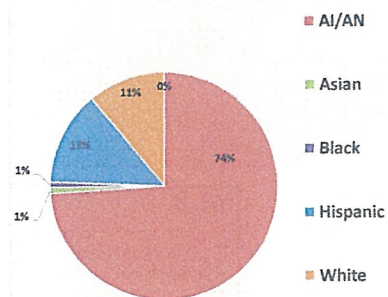


**Doña Ana
PLACE MATTERS**

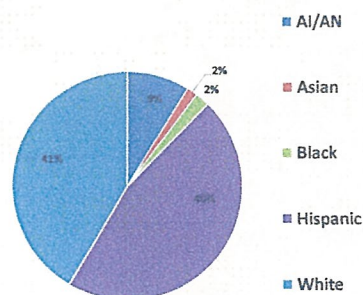
McKinley Community PLACE MATTERS

Race/Ethnicity Demographics

McKinley County Race/Ethnicity (%)



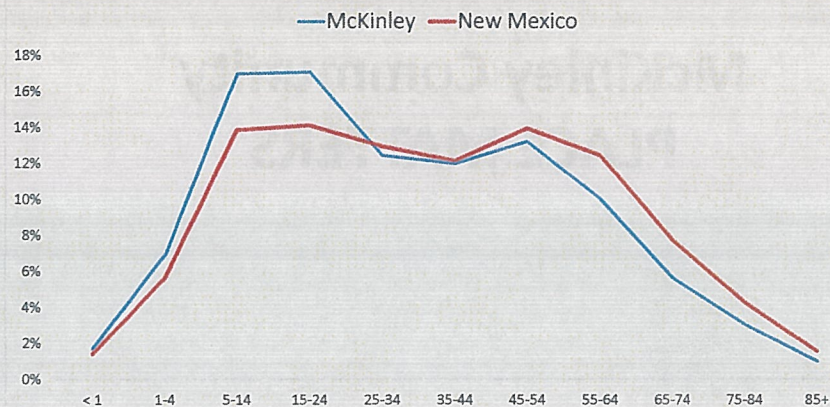
New Mexico
Race/Ethnicity (%)



* Data NM Indicator Based Information System

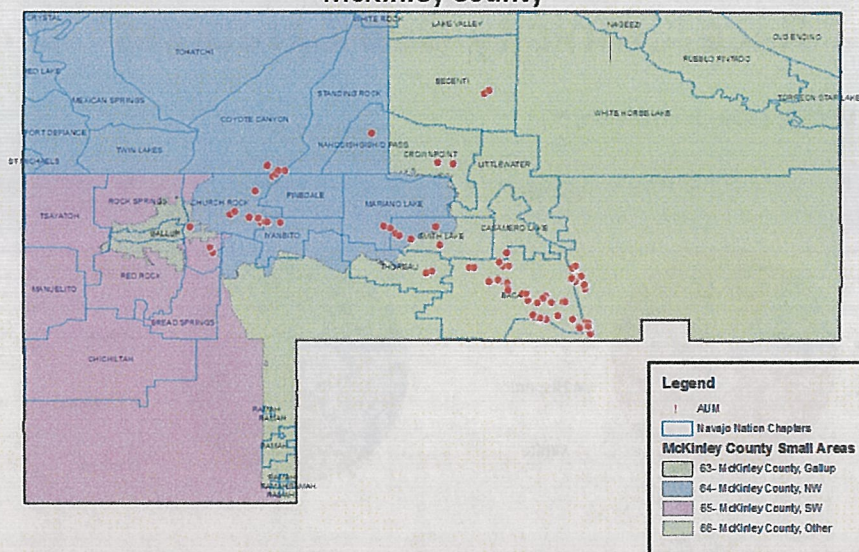
Age Demographics

Population by Age Group (%)



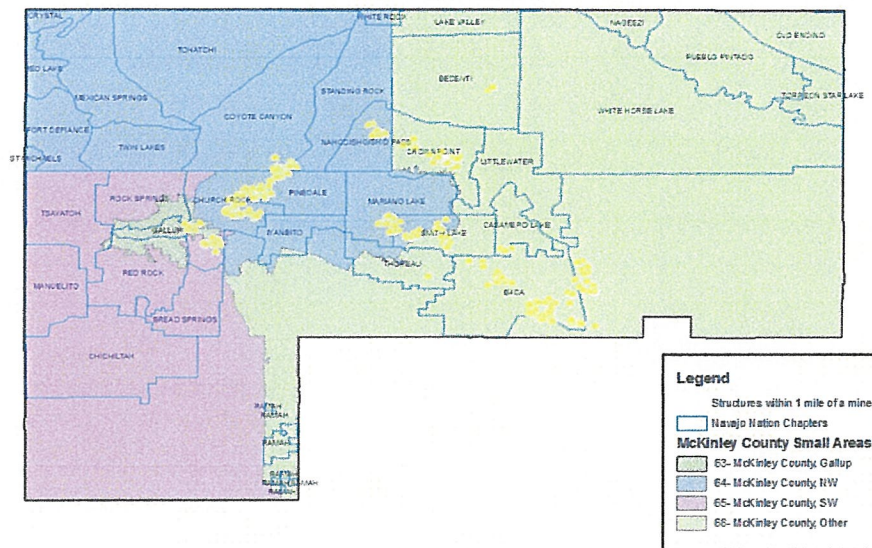
* Data NM Indicator Based Information System

Abandoned Uranium Mines McKinley County



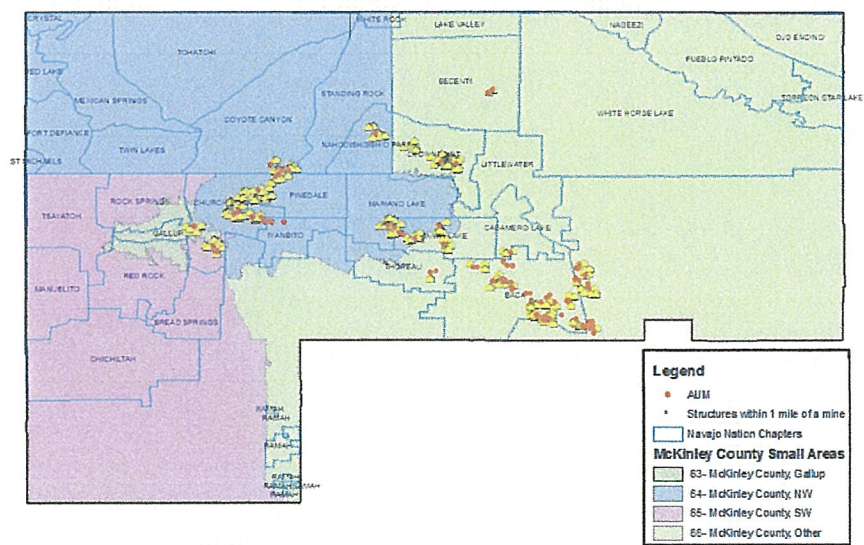
Maps created by New Mexico Community Data Collaborative Staff (<http://nmcdc.maps.arcgis.com/home/>)
 Geospatial data source: Navajo Nation AUM Screening Assessment Report and Atlas with Geospatial Data (available at: <http://yosemite.epa.gov/r9/sfund/r9sfdocw.nsf/3dc283e6c5d6056fa8257426007417a2/8ed3f74d2f55b845882573f400787a8e>)

Structures within 1 mile of an AUM McKinley County



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 Geospatial data source: Navajo Nation AUM Screening Assessment Report and Atlas with Geospatial Data (available at:
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