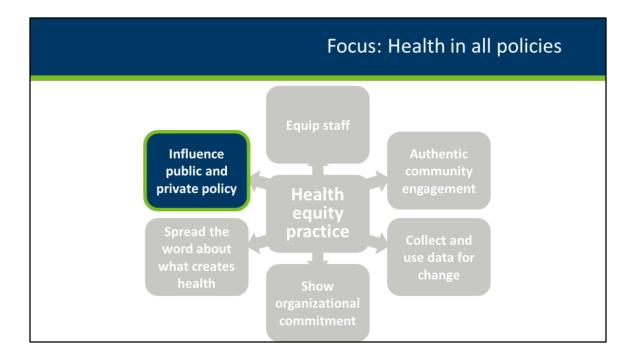Health in all policies as a health equity practice

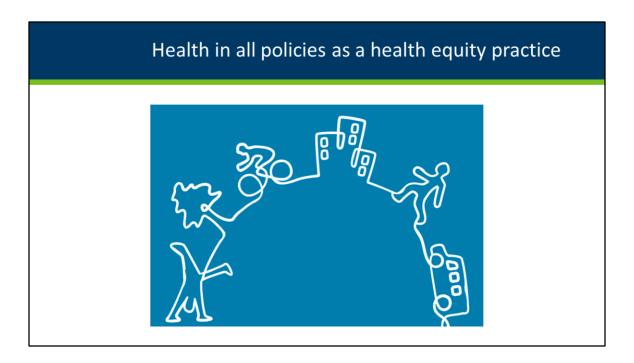Health Equity Learning Community

September 2018

Our focus today is Health in All Policies. We've talked about the health equity practices before, shown here in the circles. Over the course of the past year, we have touched on many of these, but we haven't yet talked about policy. You've done Health In All Policies work through the State Health Improvement Partnership, so this isn't completely new territory, but we are going to build on that foundation by adding some focus specifically on *advancing equity* through policy and by expanding the universe of what "policy" is.

So our meeting objectives today are to 1) Connect health issues with the relevant polices that affect them; 2) Understand public health's role as a policy influencer and the assets needed to be effective; and 3) Share helpful resources with each other.

Let's pause here and take a minute to think about what it means to advance equity by influencing policy and why it's such an important practice when it comes to advancing equity. First, the root causes of inequities – the social conditions that shape health – are complex, and they are baked into our social, economic, and political systems. It's hard to create equity without this practice. Policies shape our social conditions and determine the distribution of

resources. Working with individual clients is important work—it can't and shouldn't be discounted—**AND** we also need to move upstream to improve conditions for populations experiencing inequities. If we don't, we'll continue to pull people out of the river one at a time. To truly advance equity for more people we need to be working on policies that shape the conditions of our lives.

I'd like to show you a short video describes what we mean by Health In All Policies. Some of the policies they describe will sound familiar to you because they reflect your SHIP work. While noting those areas that you have some familiarity with, I'd encourage you to be open to and consider any new areas of policy that you might not have thought about before.

https://www.youtube.com/watch?v=thYj8AlB3ms

What is a policy?

A policy is a **law, regulation, procedure, administrative action, or voluntary practice** of **government or private sector** that **affects groups or populations and influences resource allocation**.

Let's talk about the word "policy," because it can mean a lot of different things.

A policy is…

So that means policies can be laws, rules, or procedures. They can be formal or informal, and set by the public sector – by government – or they can be private sector policies, like those in a workplace. They can be formal or informal. Sometimes we think of policy in a really narrow way, but that then limits the options available to us for action. For our purposes, "policy" is broadly construed.

How do we identify a policy opportunity?

Today we're going to talk about two paths you can take to policy work. One is to start from a health issue, and consider the policies that shape it, and the other is to consider strategic opportunities that might exist in the local or state policy environment and ways you can influence that effort.

Starting from a health issue

Outcomes	Relevant policies	Partners
Example: Improved rates of breastfeeding	• Baby-friendly hospitals (private) • Building codes (public) • Workplace policies (private/public) • Paid leave/parental leave (public/private) • Health insurance policies (private/public)	

This is a tool I learned about when I participated in a national Maternal and Child Health Conference

They asked us to think about an outcome we cared about, and then asked us to brainstorm all of the different policies that might affect that issue. For the purposes of the exercise, brainstorming rules apply: there's no right/wrong, and you should not limit your thinking with any constraints, challenges, or other barriers or considerations. Just stream of consciousness thinking about what policies affect the outcome.

So I started with breastfeeding, and thought through the relevant policies. You can see here that I identified… [Describe.]

Does anyone have any questions about this worksheet, or about my process?

Work in your group

- Find your worksheet that was sent to you for the meeting today.

- Work through the first two identified health outcomes, and then add one of your own.

- Create your own list of the relevant policies that affect outcomes for groups or populations. Note if they are private or public policies.

- Identify some partners you could work with on those policy issues.

Which of the policies might have the most powerful impact on health equity?

Debrief

What would be the most powerful influencer on your goal?

What were the policies that your team thought of?
Take a minute to review: Do your policy lists include both public and private?
Do they address root causes and social/economic conditions? What partners did you identify?

- Are there things you are already doing?
- Where do you have existing partnerships?
- Who would could be new partners? Who could you reach out to?
- Would this be something that you could do on your own? Or would you join an existing effort?

Another Example

Here's an example that I like from the World Health Organization. They created an infographic about addressing air pollution as a health issue.

One in eight deaths is linked to air pollution exposure – mostly from heart and lung disease, and stroke.

http://www.who.int/social_determinants/publications/health-policies-manual/HiAP_Infographic.pdf?ua=1

Who are the partners/sectors that public health would have to collaborate with?

Reducing air pollution: Cross-sector partnerships

- Household energy
- Energy
- Transportation
- Urban planning
- Housing
- Waste management
- Industry

- Global agreements
- Municipalities
- Forestry

For me, one of the most important takeaways is about the different sectors that public health would need to collaborate with on this issue. Here's my list.

Now take a minute to revisit the health issues you identified in your worksheet. Do any new partners come to mind?

http://www.who.int/social_determinants/publications/health-policies-manual/key-messages-en.pdf?ua=1

Another path: Identifying strategic opportunities

MDH staff describe how the Healthy Minnesota Partnership identifies strategic priorities and potential action steps.

Team discussion

- What are the local or regional policy discussions in your area that could have a potential impact on health?

- What are the statewide policy discussions that could have an impact on the health of people in your jurisdiction?

- What could LPH bring to these policy discussions?

Have people type into Chat box

Who else in your community is working on issues? How could you amplify their efforts? Strengthen their efforts?

Before we wrap up, I want to say a few things about the assets and competencies that you need to do health in all policies work effectively.

Cross Sector Partnerships

Data – qualitative and quantitative

Relationships

Health expertise

Organized people
Organized resources – data
Organized narrative

Moving into health in all policies

- Collect and share data on health determinants

- Monitor the activities of other sectors that impact on health

- Include policy change in your CHIP

- Create opportunities to talk to community and governmental partners across sectors

  - One-on-ones

  - Regular check-ins

  - Coalitions or committees

http://www.who.int/social_determinants/publications/health-policies-manual/key-messages-en.pdf?ua=1

Resource: MDH request for proposals

ELIMINATING HEALTH DISPARITIES INITIATIVE | 2018 REQUEST FOR PROPOSALS

RFP Part 5: Appendices

Appendix A: Root Causes/Conditions for Health

For those working in Level of Change 3, the following list of root causes/conditions for health (also known as the social determinants of health) may help applicants think about the many complex and interconnected root causes of health disparities. Please note tha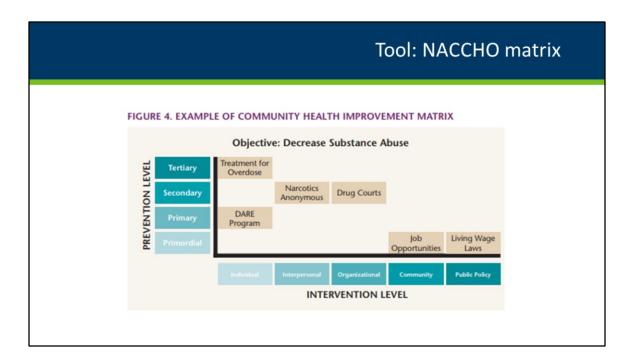t the following list is not exhaustive. There are many different ways of thinking about and classifying the root causes of disparities or the conditions needed to achieve health and health equity. The social determinants listed below are also not in order of importance.

Social Determinants or Root Causes

Education
Income
Employment
Housing
Neighborhood Conditions
Transportation
Access to Health Care
Racism and Discrimination
Social Connections and Support

Education

Education opens the doors to opportunities and resources that lead to a higher socioeconomic status[15,16]. More education is associated with higher-paying jobs and the benefits that come with those jobs, like financial security, health insurance, healthier working conditions and social connections. Education also gives us the tools we need to make choices about our health. People who have more years of education tend to live longer and have better health. Education also affects health across generations, because children of more educated parents tend to be healthier and do better in school.

Resource: MDH Request for Proposals
Eliminating Health Disparities Initiative
http://www.health.state.mn.us/divs/che/funding/rfp2018/rfp.pdf

Tool: NACCHO matrix

FIGURE 4. EXAMPLE OF COMMUNITY HEALTH IMPROVEMENT MATRIX

Objective: Decrease Substance Abuse

http://www.health.state.mn.us/communities/practice/resources/equitylibrary/naccho-chimatrix.html

Resource: Moving upstream

Determinant	Upstream	Midstream	Downstream
Income	Advocate for living wage policies, wage capping, progressive taxation	Link clients with welfare, social assistance, or back-to-work programs	Ensure that chronic disease prevention programs are accessible to low-income people
Education	Create opportunities for educators, law enforcers, and employers to work together to reduce barriers to education for youth	Support adult high school completion programs	Expand mental health promotion and early intervention programs
Housing	Meet with elected officials and citizen groups to push for more affordable housing	Bring stakeholders together to improve the enforcement of regulations to improve substandard housing	Increase the availability of allergy and asthma treatment to vulnerable populations

http://nccdh.ca/images/uploads/Moving_Upstream_Final_En.pdf
6 page document from Canada
Helpful grid on the SDOH

Main points

- Policy has a powerful impact on health
- There are a lot of ways to think about "policy"
- Consider different pathways into working at the policy level
- LPH has some key assets and competencies for this work
- Public health can't go it alone

Policy can have a powerful impact on health
Public health has data, cross sector partnerships and other assets to bring to collective efforts to impact policy
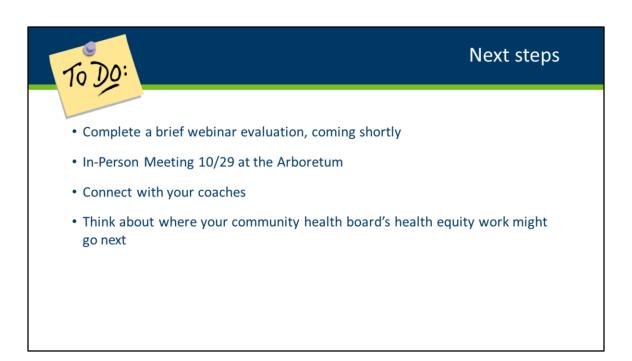Starting places and pathways
Public health cannot "go it alone" – it takes relationships and partnerships

Before we wrap up, let's take some time to share any tools, videos, readings, or other things about advancing equity that you might have seen since the last webinar. What have you see, heard, or read that made an impression on you, or that might be helpful to others to know about?

Thanks everyone – we'll see you in next month. Have a great rest of your day.