GRANTMAKERS IN HEALTH

# Health in All Policies

## What It Is and What It Means for Health Grantmaking

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Health in All Policies (HiAP) is an emerging approach to public policymaking, grounded in recognition that the most important determinants of health are outside the reach of the formal health care system. This Issue Focus describes the HiAP concept, its history and evolution, and explores how this approach is poised to influence priorities and programs in the field of health philanthropy.

### ORIGINS OF THE HiAP APPROACH

The term "Health in All Policies" was originally coined by the World Health Organization (WHO) as a label for a set of ideas and proposed actions gaining traction in public health and health policy discussions. The term has come into usage since about 2006, taking root first in European policy discussions and more recently in the United States.

Experts have long appreciated that population health depends not only—not even mostly—on medical care, but also on environmental, behavioral, social, and genetic factors, and on the complex interactions of these health determinants through channels such as stress (Gottlieb et al. 2012). Chronic conditions, such as asthma; health risks, like obesity; and a range of diseases and disabling conditions are affected by the circumstances in which people live, work, learn, and play.

Reflecting an understanding that the policies that affect our social environment and living conditions also affect health, the HiAP approach calls for decisionmakers in all relevant policy sectors and at all levels of government to cooperate in addressing complex health challenges and to consider the prospective impact of their decisions on health-related outcomes, benefits, harms, and costs. In other words, HiAP entails looking at prospective policies and programs in fields such as education, environment, agriculture, employment, social support, transportation, and trade through the lens of likely health impact, and breaking down traditional silos to develop and implement the policies and programs that support and promote health.

Advocates of the HiAP approach see it not only as key to making strides in improvement of public health, but also as instrumental in reducing inequities in health status between advantaged and disadvantaged population groups. In fact, the HiAP approach first took hold in the context of European health systems, where national health service programs and social insurance schemes have yielded universal access to health services, but where, nonetheless, persistent disparities in health between economically advantaged and disadvantaged population groups are viewed as fundamentally unfair and a risk to social solidarity (Docteur and Berenson 2014).

WHO has advocated the adoption of HiAP by government decisionmakers (WHO 2006, 2013, 2014). In 2013 it convened a meeting in Helsinki, Finland, to develop and flesh out an action plan. Meeting participants called for government authorities to adopt an approach to public policymaking across sectors that systematically takes into account the health implications of decisions, avoids harmful health impacts, and seeks synergies in actions to improve population health and health equity. Noting that governments have a range of priorities in which health and health equity do not have automatic precedence, the statement prescribed use of transparent processes for considering health impact. The statement further called for governments to include communities, social movements, and civil society in the development, implementation, and monitoring of HiAP.

#### FIVE KEY ELEMENTS OF HiAP

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

Sources: Rudolph et al. 2013

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## EMERGENCE OF HiAP IN THE UNITED STATES

In the United States, authorities of several federal, state, and local governments are taking steps to implement HiAP. Cities including Houston, Baltimore, and San Diego have adopted the HiAP approach. In Baltimore, for example, promotion of physical activity was adopted as a citywide goal, and each city government agency was charged with identifying ways in which the built and social environments could be adapted to support increased activity. At the federal level, the Action Plan to Reduce Racial and Ethnic Health Disparities, issued by the U.S. Department of Health and Human Services (HHS) in 2011, explicitly called for adoption of HiAP as a means to address health disparities. In the action plan, HHS proposed to engage other federal departments, the private sector, and community organizations in cross-sectoral actions to close health gaps, and to investigate the use of impact assessments that would evaluate the potential effects of certain policies and programs on health disparities.

At the same time, increasing awareness of the sizeable shortfall in U.S. health status as compared to that of international peers has spurred the appetite for understanding which health determinants are most critical, and which are most amenable to being addressed through policy intervention and other channels. Health spending itself does not appear to be among the most important drivers of outcomes. In fact, a recent landmark study by the U.S. National Research Council and Institute of Medicine (2013) reported that countries with the best health outcomes were characterized by significantly higher levels of spending on social programs and services (like early childhood education and parental leave) than is seen in the United States, although all of the countries had significantly lower per capita health spending.

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## HEALTH GRANTMAKERS SUPPORT HiAP

A core component of HiAP is the emphasis on collaborative approaches across government and nongovernment organizations in efforts to safeguard and improve population health. This focus on collaboration means that the role of health grantmakers as conveners and organizers will be more important than ever in a changing policy landscape.

Already, health philanthropy is assisting the adoption of the HiAP approach by government authorities. In 2013 the American Public Health Association, the Public Health Institute, and the California Department of Public Health collaborated to produce *Health in All Policies: A Guide for State and Local Governments*, with funding support from the U.S. Centers for Disease Control and Prevention and The California Endowment. The guide distills lessons from the experience of the California Health in All Policies Task Force—an entity whose work was supported by health grantmakers, including The California Endowment and Kaiser Permanente Community Benefit, as well as the Centers for Disease Control and Prevention through its Community Transformation Grants program—and draws upon expert interviews, as well as information from other published works on the subject.

Health grantmakers are also lending support to developmental work on the use of health impact assessments, which are instrumental in implementing HiAP. The Health Impact Project, a joint effort of The Pew Charitable Trusts and the Robert Wood Johnson Foundation, is a national initiative designed to promote the use of health impact assessments as a decisionmaking tool for policymakers. Studies funded by the project include one that is examining the health impact of New Jersey policy decisions relating to rebuilding in the wake of Hurricane Sandy.

Health grantmakers are supporting the HiAP approach both directly and indirectly through the programs they fund and the priorities they establish. Through its "Culture of Health" approach to grantmaking, the Robert Wood Johnson Foundation has put nonmedical determinants of health in the spotlight, reinforcing the notion that improving health requires a holistic and cross-sectoral approach. Many other health grantmakers are funding work that focuses on nonmedical health determinants and community-oriented health improvement. For example, Blue Cross and Blue Shield of North Carolina Foundation is funding work to support collaboration by local actors to promote healthy communities through its community-centered health home initiative, which seeks to manage and prevent chronic health conditions. Many other funders provide support for social services and other investments in nonclinical primary prevention.

Looking to the future, health grantmakers are uniquely positioned to implement the principles of HiAP by seeking opportunities to work with nontraditional partners, including other grantmakers working to achieve social goals that are not directly health-related. By ensuring that the health perspective is taken into account at all levels of social and public decisionmaking, health grantmakers can and are helping empower and support individuals to achieve their fullest health potential.

## SOURCES

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