Model Health in All Policies Resolution

ChangeLab Solutions

This model resolution is designed to help a city or county implement "Health in All Policies," a collaborative approach to improving the health of a community by incorporating health, sustainability, and equity considerations into decision-making across sectors and policy areas.[1]

What does "Health in All Policies" mean?

Communities around the country are using Health in All Policies approach to promote health, wellness, equity, and sustainability. While the approach may look different in different communities,[2,3] at its core, Health in All Policies requires that decision-making bodies and their staff consider health, alongside other important factors such as fiscal or environmental impact, when making decisions that affect the community.[4]

This approach acknowledges that the **social determinants of health** – those conditions in the environments in which people are born, live, learn, work, play, and age – have a profound effect on how healthy we will be over the course of our lives.[5,6]

More information on developing a Health in All Policies effort is available in Health in All Policies: A Guide for State and Local Governments.

This understanding has led to a call for public policy that can shape social, economic, and physical environments in ways that are more conducive to health. Decisions that local governments make about many issues, including food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development, can and should be directed toward improving health outcomes.

To achieve Health in All Policies, local governments must adopt a new approach to decision-making. This approach requires the various agencies and departments whose policies and actions affect the social determinants of health to recognize shared goals, collaborate and coordinate their efforts. In addition, public agencies must engage with residents, community-based organizations, and experts to gather data and ensure that the changes in decision-making are responsive to the community's needs.

What does this model resolution do?

This model resolution is designed to help cities and counties that are ready to take initial steps to institutionalize Health in All Policies:

1. The model formally commits a city or county to use a Health in All Policies approach to improve community health and reduce health inequities.

2. It establishes an interagency or interdepartmental Health in All Policies Task Force and identifies a lead agency or office.

3. It directs agencies and departments to identify ways in which their work affects health outcomes as well as steps to take to improve health and reduce health inequities.

4. It requires the Task Force to submit a report to the legislative body addressing short-term, medium-term, and long-term recommendations to improve community health and reduce health inequities.

This model resolution supports five key Health in All Policies strategies:

Convene & Collaborate

Engage & Envision

Make a Plan

Invest in Change

Track Progress

To learn more, see From Start to Finish: How to Permanently Improve Government Through Health in All Policies.

In developing this model, we reviewed a variety of laws, policies, and strategic plans from state and local governments that were used to establish cross-collaborative initiatives dedicated to improving health, equity, and/or sustainability. We reviewed laws and policies from California;[7] Denver;[8] King County, WA;[9] Massachusetts;[10] Richmond, CA;[11] Richmond, VA;[12] and Washington, DC.[13] In addition, we spoke with the California Health in All Policies Task Force and individuals involved in local Health in All Policies efforts in Baltimore; Chicago; Denver; Jefferson County, CO; as well as several California cities and counties, including Del Norte County, Monterey County, Richmond, and Riverside.

Resolutions, ordinances, and executive orders

When institutionalizing Health in All Policies, communities have a variety of policy options to choose from, including resolutions, ordinances, and executive orders. Communities should consider the legal strength of each option, as well as local political will and support, when pursuing an approach.

Resolutions and ordinances are policies that are adopted by local legislative bodies, such as city councils or boards of supervisors:[14]

- **Resolutions** are generally used to set official government policy; issue commendations; direct internal government operations; establish a task force or committee to study an issue and propose next steps; suggest actions for those not subject to city directives; or accomplish other short-term tasks. Usually, a resolution is procedurally easier to enact than an ordinance.[15] While resolutions do not become part of a municipal code, they do memorialize government intent on a particular issue.

- **Ordinances** are binding legislative acts. In general, local governments use ordinances when required by state law or charter to impose laws that are binding on their citizens or to appropriate funds. The benefit of enacting an ordinance is that the regulation will be binding and have the force of law until the ordinance is repealed or amended.[16,17] An ordinance may offer a more permanent way to institutionalize Health in All Policies in a jurisdiction's operations and its decision-making structure. As a legally binding policy, an ordinance can demonstrate to council members, city officials and employees, and residents the community's enduring commitment to the initiative. In some jurisdictions, an ordinance may be necessary to authorize the lead agency or department to direct other departments' actions.

Finally, communities may consider adopting Health in All Policies using an executive order:

- **Executive orders** or directives may be used to bind agencies, departments, and appointed officers to certain methods of implementation in the execution and enforcement of laws, rules, and policies.[18] The Model Health in All Policies Resolution could be adapted and used as an executive order.

Adopting a Health in All Policies resolution is one step in addressing the social determinants of health. In addition, communities may choose to adopt an ordinance or include Health in All Policies language in other plans and policy documents, such as a general plan. See From Start to Finish: How to Permanently Improve Government Through Health in All Policies for more guidance on implementing Health in All Policies.

How to adapt this resolution

The language in the model resolution is designed to be tailored to the needs of an individual community. The language written in *italics* provides different options or explains the type of information that needs to be inserted in the blank spaces in the ordinance (e.g., [*black/white*] or [_____]). The "comments" boxes provide additional information and explanation, and should be deleted before the policy is adopted. One purpose of including a variety of options is to stimulate broad thinking about the types of provisions a community might wish to explore, even beyond those described in the model. We encourage you to visit www.changelabsolutions.org for more healthy policy ideas or to share your community's questions and stories.

For an editable version of this model resolution, please contact ChangeLab Solutions.

Resolution No._____ Committing [*Municipality*] to Implement Health in All Policies

Comment: We have used the term Health in All Policies for the title of this resolution. However, the actual title of a jurisdiction's policy may depend on the emphasis of the approach. San Diego, for example, uses "Live Well San Diego." King County focuses its efforts on equity and social justice principles, using the title "Fair and Just Principle."[19] Denver calls its initiative the "Citywide Sustainability Policy,"[20] while Washington, DC, calls its effort "Sustainable D.C."[21]

The structure of this Resolution (including its preamble and actions) focuses on achieving health equity. If a community wishes to use a different frame or emphasis, they should consider editing this model accordingly.

PREAMBLE

WHEREAS, the health and well-being of the residents of *[City/County]* are critical for a prosperous and sustainable _____ *[City/County]*;

[WHEREAS, in _____ [City/County], the rates of injury are _____, chronic disease rates are _____ and the costs of preventable illness are _____:

Comment: Before adopting the Health in All Policies resolution, a jurisdiction should complete a baseline health assessment of the community. If an assessment already exists, the jurisdiction can refer to that data. Baseline information will help a jurisdiction identify health inequities and set priorities for improving health. Local health departments and nonprofit hospitals can provide or help identify baseline assessment data. Most health departments routinely collect a range of health data, and more than two-thirds of local health departments have conducted a Community Health Needs Assessment within the last five years.[22] Nonprofit hospitals are also required to conduct a Community Health Needs Assessment every three years.[23] These sources of data, along with other public data sets, such as County Health Rankings, Community Health Status Indicators, the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, Environmental Public Health Tracking, and the U.S. Census American FactFinder, are good places to start.

The jurisdiction can use this section of the Preamble to summarize health data and costs and highlight particular areas to be addressed. The community will likely want to focus initial efforts on the needs those measurements reveal.

WHEREAS, there is growing awareness that health is influenced by the interaction of many factors and not simply by genetics, individual behavior, or access to medical care. It is now widely accepted that conditions in the environments in which people are born, live, learn, work, play, and age, known as the social determinants of health,[24] have the greatest influence on health outcomes across populations;

WHEREAS, the social determinants of health affect chronic disease rates, mental illness, as well as injuries caused by accidents and violence. They also influence the adoption of healthy lifestyles by making it more or less difficult for individuals to choose behaviors that either promote or diminish health;

WHEREAS, the social determinants of health further contribute to health inequities, defined as differences in health associated with individual or group specific attributes (e.g. income, education, or race/ethnicity) that are connected to social disadvantage, historical, and contemporary injustices, and which can be minimized through changes to policy, programs, and practices;[25]

Comment: Throughout this resolution, we use the term "health inequities" (as defined above). This definition is drafted to closely follow the State of California's definition of health inequities,[26] as well as definitions used by authoritative public health organizations, such as the Centers for Disease Control and Prevention.[27]

The terms "health disparities" and "health inequities" are often used interchangeably, but each has slightly different implications. The term "health disparities" focuses mainly on differences in disease risk, incidence, prevalence, and mortality across different groups of people. The term "health inequities" also takes into account the underlying systemic causes of those differences. Since this resolution is intended to help government agencies work together to improve population health by changing policies, programs, and practices (e.g., systems), we have chosen to use the term "health inequities." Communities that are contemplating adopting a Health in All Policies resolution may wish to consider if there is existing community support for a specific term before selecting a definition for their policy.

For those communities that prefer to use the term health disparities instead of health inequities, we offer the following optional definitions. The term "health disparities" should be substituted for "health inequities" throughout the remainder of the ordinance.

- **The State of California:** "Health and mental health disparities" means differences in health and mental health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.[28]

- **Virginia Department of Health:** "Health disparities" means differences in health status among distinct segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.[29]

- **U.S. Department of Health and Human Services:** "Health disparities" means "a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion."[30]

WHEREAS, policies implemented by [*City/County*] [*departments/agencies*] outside of the traditional health sector significantly affect the social determinants of health, including policies related to food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development, and _____.

WHEREAS, interagency collaboration can lead to improved decision-making and outcomes and greater efficiencies in service delivery;

WHEREAS, addressing the social determinants of health can lead to reduced health care costs;

WHEREAS, by adopting a "Health in All Policies" approach, the [City/County] recognizes that all [departments/agencies] have a role to play in achieving health equity, defined as the attainment of the highest level of health for all people;

WHEREAS, achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities; [31]

[WHEREAS, California Health and Safety Code section 131019.5 sets as state policy to achieve the highest level of health and mental health for all people and to reduce health and mental health disparities, and this resolution is designed to be consistent with this approach.]

Comment: The clause above can be included in resolutions in which the jurisdiction wishes to align local policies with California state law, which established an Office of Health Equity tasked with achieving health equity and reducing health disparities.[32] As other states develop policies promoting a Health in All Policies approach, local jurisdictions should ensure that their resolutions refer to and are consistent with state policies.

THEREFORE BE IT RESOLVED that it shall be the policy of the [*City/County*] to apply a Health in All Policies approach to the [*City/County*]'s decision-making, including policy development and implementation, budgeting, and delivery of services;

BE IT FURTHER RESOLVED that the [*City/County*] establishes a Health in All Policies Task Force to identify and pursue opportunities to improve health, including but not limited to affordable, safe and healthy housing; active living and transportation; access to healthy food; clean air, water, and soil; parks, recreation, and green spaces; economic opportunity; safety and violence prevention; and _____.

The Health in All Policies Task Force shall be composed of the directors or their designees of the following departments [*branches/agencies/offices*]: Community/Economic Development, Environment, Finance, Housing, Human Services, Parks and Recreation, Planning, Public Health, Public Works, Public Safety, Small Business, Transportation, and _____. _____ [*identify lead agency*] shall lead the Task Force.

Comment: Jurisdictions may choose to call their guiding body ("Task Force") a team, council, or committee (or another similar name) based on local precedent and practice. Whatever the nomenclature, the membership should include all departments whose operations affect the health issues outlined above. Richmond, CA, for example, requires all City departments to participate, but uses a flexible attendance policy to allow departments to excuse themselves from meetings that cover topics not relevant to their operations.[33] Washington, DC, established a green cabinet composed of deputy mayors or agency heads from a wide variety of city agencies, but allows the City Administrator (designated to lead the effort) to name additional members.[34]

It is essential to identify a lead agency or official and ensure that the lead has the authority to carry out the tasks identified in the resolution. In many jurisdictions, the mayor's or city manager's office may need to lead the effort. In addition, the jurisdiction should provide a budget, staff, and other resources to support the council's activities.

All participating departments [*branches/agencies/offices*] shall report to the Task Force on how their policies, practices, and procedures affect health outcomes.

The Task Force shall also solicit broad input from residents, [*hospitals or other major health care providers*], [*universities*], and community-based and private sector organizations about how [*City/County*] policies, practices, and procedures could be improved to benefit health outcomes and reduce health inequities.

Comment: For a Health in All Policies approach to be successful, the jurisdiction must receive input from a variety of stakeholders, including community members, the health care community, policy experts, advocates, members of the private sector, and funders. Some communities may want to allocate seats on the council to nongovernmental stakeholders; others may wish to provide opportunities for community participation in other ways, such as convening a subcommittee of stakeholders to address specific issue areas.

BE IT FINALLY RESOLVED that the Task Force shall submit a report to the [*City Council/County Board*] by _____ [*date*] on the Task Force's findings. At a minimum, the report shall address the following: i) existing community health needs and priorities; ii) short-term, medium-term, and long-term recommendations for changes to policies, practices, and procedures that will result in improvements to community health and reductions in health inequities; and iii) the need for and sources of funding to implement Health in All Policies. The report may also identify how such changes will provide environmental, economic, or other benefits.

Comment: The statement above sets a specific timeline and outcome for which the Task Force will be accountable. Communities should provide enough time for the Task Force to undertake sufficient resident and stakeholder engagement.

References

1. 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, p.8.
2. Wernham A, Teutsch SM. Health in All Policies for Big Cities. *J Public Heal Manag Pract*. 2015; 21:S56–S65. doi:10.1097/PHH.0000000000000130.
3. Polsky C, Stagg K, Gakh M, Bozlak C. The Health in All Policies (HiAP) Approach and the Law: Preliminary Lessons from California and Chicago. *J Law, Med Ethics*. 2015; Special Su(l):52–55
4. Rudolph, et. al., at 63, *supra*, note 1.
5. *Id.* at 8-14.
6. U.S. Office of Disease Prevention and Health Promotion. (n.d.). Health People 2020: Social Determinants of Health. Retrieved May 25, 2015, from www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health.
7. California, Exec. Order S-04-10 (February 23, 2010).
8. Denver, Col., Exec. Order No. 123 (March 11, 2013).
9. King County, Was., Ordinance 2010-0509.2 (Oct. 11, 2010).
10. Mass. Gen. Laws Ann. 6C § 33.
11. Richmond, Cal., Ordinance No. 07-14 N.S. (April 15, 2014).
12. Richmond, VA, Resolution No. 2014-R262-2015 (Jan 12, 2015).
13. Washington, DC, Exec. Order No. 2013-209 (Nov. 5, 2013).
14. 5 McQuillin Mun. Corp. § 15.3 (3rd ed.).
15. *Id.*
16. *Id.* at §15.2.
17. The local legislature must pass an ordinance in accordance with prescribed procedures in state law or in its charter. These generally include formal introduction, notice, and opportunity for public comment, various readings of the proposed ordinance, final vote, and the mayor's signature or veto. *Id* at §§ 15.17, 16.27, 16.39 & 16.46.
18. *See*, e.g., City of Los Angeles Charter Art. II Sec. 231(j) (executive orders "binding on all departments, commissions, appointed officers and employees of the City"). Officers executing this authority should be careful to review their charter to ensure their actions do not encroach upon legislative powers — while local governments are not subject to a comparable separation of powers rule, there is debate surrounding whether executive orders can be used to quasi-legislate or to pronounce binding policies.
19. King County, Washington, Code or Ordinances §§ 2.10.210 - 2.10.230.
20. Denver, Colo. Executive Order No. 123 (March 11, 2013).
21. Washington, D.C. Mayor's Order 2013-209 (Nov. 5, 2013).
22. National Association of County and City Health Officials (NACCHO). 2013 *National Profile of Local Health Departments*.; 2014. Available at: http://nacchoprofilestudy.org/wp-content/uploads/2014/02/2013_National_Profile021014.pdf.
23. 26 U.S.C. § 501 (r).
24. 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, p.8.

25. Whitehead, M. (1990). The Concepts and Principles of Equity and Health. Retrieved from http://whqlibdoc.who.int/euro/-1993/EUR_ICP_RPD_414.pdf.

26. Cal. Health and Safety Code § 131019.5 (2012).

27. Centers for Disease Control and Prevention. A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. 2013. Available at: www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf.

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29. Virginia Department of Health. (2012, January). What is health inequity? Available at: www.vdh.virginia.gov/healthpolicy/healthequity/unnaturalcauses/healthequity.htm.

30. National Partnership for Action to End Health Disparities, U.S. Dept. of Health and Human Services, Office of Minority Health website, available at: www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34.

31. National Partnership for Action to End Health Disparities, U.S. Dept. of Health and Human Services, Office of Minority Health website, available at: www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34

32. Cal. Health & Safety Code § 13109.5.

33. Richmond, Cal. Municipal Code § 9.14.030.

34. Washington, D.C. Mayor's Order 2013-209 (Nov. 5, 2013).

Support for this document was provided by a grant from The California Endowment.

Design by Wick Design Studio
Illustrations by Ethos3