The EveryONE Project™

Advancing health equity in every community

Health in All Policies

Key Messages

- **The American Academy of Family Physicians (AAFP) supports Health in All Policies as a strategy to improve population health and advance health equity.**

- **Government policies affect health. As such, policymakers should consider their health implications.**

- **Advocating for the Health in All Policies approach presents an opportunity for family physicians to engage policymakers and health officials in developing policies and legislation that benefit the health of patients, families, and communities.**

GOVERNMENT POLICIES AFFECT HEALTH

Social determinants of health (SDOH) are the conditions under that people are born, grow, live, work, and age, and include factors which can affect health outcomes, such as socioeconomic status, education, employment, social support networks, and community characteristics. Social and economic factors have a larger impact on health (40%) than other factors, including behavior (30%), clinical care (20%), and environmental factors (10%).[1]

"Understanding the linkages between health equity and government policies is essential to ensuring that health is truly addressed."

– Family physician and AAFP Member

Government policies affect health by shaping the SDOH.[2] However, health outcomes are rarely considered when making social and economic policies.[3] To improve health considerations in public policy, the Health in All Policies approach was developed to provide policymakers with community input and evidence-based information to help them make decisions about how laws, regulations, and policies affect health outcomes and health equity.[4]

WHAT DOES HEALTH IN ALL POLICIES MEAN?

Health in All Policies refers to a collaborative approach that incorporates health considerations into policies that shape and influence SDOH. It aims to help policymakers make informed decisions about policies and services across all levels of government that will improve the health of the population.[5] The approach incorporates scientific evidence and community input to achieve this goal.[6] For example, a Health in All Policies taskforce may develop policy recommendations based on a review of current research on the topic and community engagement sessions held with the public.

To recommend effective policies, communities, and public health advocates should ensure their Health in All Policies strategies:

- Promote health, equity, and sustainability;[4]
- Support collaboration across sectors;[4]
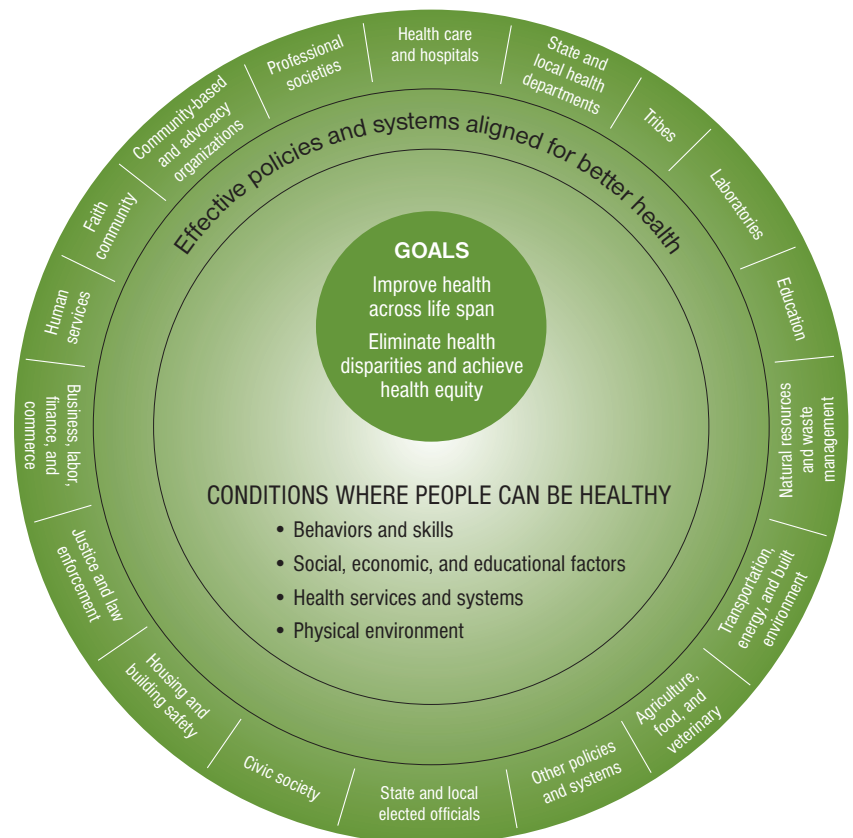
The circle graphic is adapted from the Health in All Policies framework from Healthiest Wisconsin 2020. It includes the potential partners, stakeholders, and community groups that can influence policies that impact health.

- Benefit multiple partners that create win-win solutions;[4]
- Engage communities and stakeholders;[4]
- Create structural or procedural change;[4] and
- Provide resources that support collaboration, analysis, community engagement, and reporting.[7]

"Health care needs to be active in the non-health agenda. Education, housing, poverty, and racism are all important drivers of health."
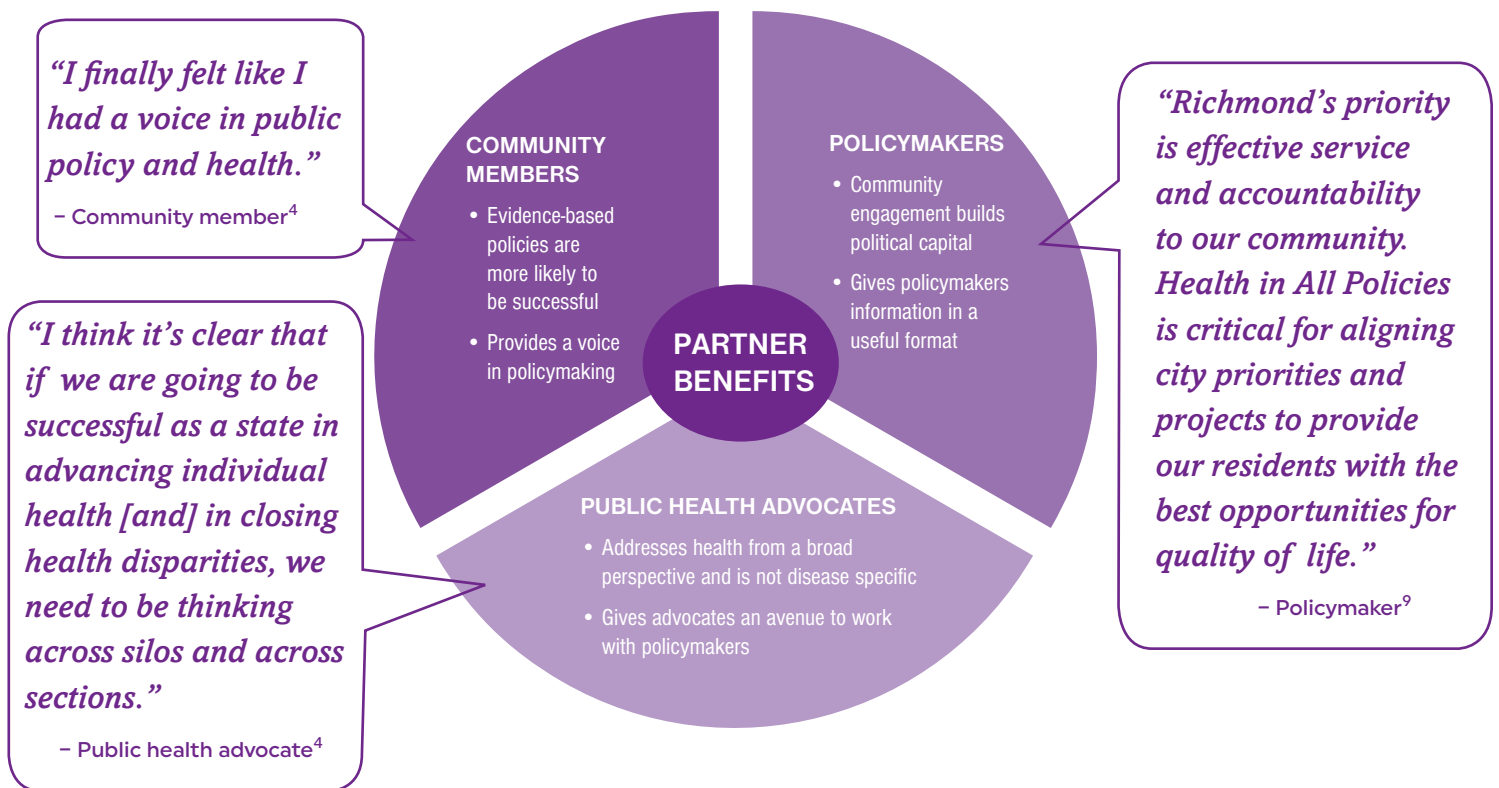
— Family physician and AAFP Member

As of 2016, Health in All Policies laws have been enacted in California, Michigan, Minnesota, New Hampshire, New Jersey, Ohio, Rhode Island, Vermont, and Washington, DC.[8]

BENEFITS OF HEALTH IN ALL POLICIES

When it's most effective, Health in all Policies provides beneficial outcomes for multiple stakeholders, including community members, policymakers, and public health advocates. Through Health in All Policies, communities can flourish and become resilient to public health threats and positively impact health outcomes. The graphic below illustrates some of the partner benefits that can occur when Health in All Policies is most effective and provides beneficial outcomes for all parties involved.

AAFP RECOMMENDATIONS

- Family physicians provide health care in many disadvantaged communities. As health care providers to much of America's vulnerable populations, the AAFP supports the use of Health in All Policies by governments and policymakers to address patients' SDOH and to improve the well-being of the broader community.
- Scientific evidence and community input should be incorporated into policy recommendations. Due to their medical training, evaluation of scientific research, and strong ties to communities, family physicians are ideal candidates to lead or participate in Health in All Policies taskforces or committees.
- Models exist for implementing Health in All Policies strategies. The AAFP supports the use of essential elements in the process of developing laws, ordinances, and executive orders for Health in All Policies. Model Health in All Policies resources are listed below. They are designed to help cities or counties implement Health in All Policies.

"I finally felt like I had a voice in public policy and health."

— Community member[4]

"I think it's clear that if we are going to be successful as a state in advancing individual health [and] in closing health disparities, we need to be thinking across silos and across sections."

— Public health advocate[4]

PARTNER BENEFITS

COMMUNITY MEMBERS
- Evidence-based policies are more likely to be successful
- Provides a voice in policymaking

POLICYMAKERS
- Community engagement builds political capital
- Gives policymakers information in a useful format

PUBLIC HEALTH ADVOCATES
- Addresses health from a broad perspective and is not disease specific
- Gives advocates an avenue to work with policymakers

"Richmond's priority is effective service and accountability to our community. Health in All Policies is critical for aligning city priorities and projects to provide our residents with the best opportunities for quality of life."

— Policymaker[9]

Model Health in All Policies Resources

- Ordinance: www.changelabsolutions.org/sites/default/files/HIAP_ModelOrdinance_FINAL_20150728.pdf

- Resolution: www.changelabsolutions.org/sites/default/files/HIAP_ModelResolution_FINAL_20150728.pdf

- General Plans: www.changelabsolutions.org/sites/default/files/HIAP_ModelGeneralPlans_FINAL_20150728.pdf

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