What is Health in All Policies?

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

Why we need Health in All Policies:

Health in All Policies is a response to a variety of complex and often inextricably linked problems such as chronic illness epidemics, growing inequality and health inequities, rising healthcare costs, an aging population, climate change and related threats to our natural resources, and lack of efficient strategies for achieving governmental goals with shrinking resources. Addressing these complex problems requires innovative solutions, a new policy paradigm, and structures that break down the siloed nature of government to advance trans-disciplinary and intersectional thinking.

How do we know that Health in All Policies works?

Public health professionals have known for a long time that we need to consider the environment and circumstances in which we live to help ensure optimal health. Appleton and other local, state and national governments worldwide have been using a Health in All Policies approach (even before it had a name) in order to devise creative solutions to seemingly intractable health problems. Public health worked with public works agencies to build sewage and sanitation systems that reduced infectious disease and simultaneously reduced rodent populations and prevented flooding. Public health also worked with transportation agencies to introduce seat belts, safer road designs, and other innovations that together have led to major declines in rates of automobile crash deaths. Health in All Policies applies the lessons learned from those experiences to today’s key health challenges.
We’re all so stressed out and busy already—why should other city departments and agencies get involved in health when that’s the job of the Appleton Health Department?

Of course, the Health Department has a big role to play. But we’ve known for a long time that community environments have a huge impact on health—even more than the effect of medical care. In the Health Department, we don’t have the expertise or authority to change those environments. We can only do this with all departments working together. We all have a role to play in creating healthy environments to solve some of our most pressing health problems. If we work together, we can find solutions that will be win-wins and move us all toward shared goals. For example, we know that building bike and pedestrian infrastructure creates more jobs, decreases air pollution and greenhouse gas emissions, and increases physical activity which improves both health and academic performance for students. And we know that “farm-to-fork” activities help to protect agricultural lands, support local economies, and increase healthy eating. Leadership and innovation aren’t always easy, but we owe it to the people we serve to work together to find the best ways to solve complex problems, and Health in All Policies is one strategy that will help us do this.

Won’t Health in All Policies be expensive? Why should other city departments and agencies spend their precious resources on issues outside their purview?

We can’t afford not to use a Health in All Policies approach. These days, social and environmental problems are so complex that lasting solutions require everyone in government to work together. The consequences of city planning, sanitation, transportation, or food systems policies can include lifelong effects on the health of the whole communities. In part, siloed approaches got us into this problem in the first place, and the poorest communities have borne the brunt of this inefficient approach. We can do better. By investing the time and creativity now to consider how health will be impacted, we can prevent expensive problems from happening in the first place. It is not only in our best interest to consider how all policies affect health, but it is our job.

Aren’t these health problems really just the result of people making bad decisions?

People in the United States have always believed in the idea of opportunity, but some people don’t have many opportunities for health. It makes sense that it’s easier to exercise if you have a safe park or playground nearby, or nice, well-lit sidewalks to walk on. Government does have a role in protecting and serving its people, especially when it’s hard for people to do something by themselves. One way Appleton is already affording all people opportunities for health is by building safe places to play, like Erb Pool, inviting in new food sources, like Downtown Appleton farmers’ markets and creating safer routes to work and school. Using a Health in All Policies approach gives all government agencies the opportunity to think big-picture about how their work will have lasting impacts, and to find the best possible solutions that serve everyone.
At its core, Health in All Policies represents an approach to addressing the social determinants of health, which are the key drivers of health outcomes and health inequities. It is founded in the recognition that public health practitioners must work with partners in the many realms that influence the social determinants of health, which are largely outside the purview of public health agencies.

Health is influenced by the interaction of many factors including:

- Genetics, biology, individual behavior;
- Access and barriers to health care; and
- Social, economic, service, and physical (natural and built) environments.

While clinical care is vitally important, only a small portion (20%) of overall health and longevity can be attributed to clinical care. Social, physical, and economic environments and conditions, collectively referred to as the “social determinants of health”, have a far greater impact on how long and how well people live than medical care. The interaction between health, social factors, and environmental factors is complex.
What Shapes Health?

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
- Physical Environment (10%)

Policies & Programs

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