

CASE STUDY: CALIFORNIA HEALTH IN ALL POLICIES TASK FORCE

In 2010 the State of California created a Health in All Policies Task Force to build inter-agency partnerships across State government and address issues of health, equity, and environmental sustainability. This is the first formal state-level body in this country using this approach, and there are many lessons to be gleaned from this initiative.

The following case study is an excerpt from Health in All Policies: A Guide for State and Local Governments. This case study describes the creation of the California Health in All Policies Task Force as well as the process the group has used to build a shared vision, develop recommendations, engage stakeholders, and move from ideas to action. It also discusses lessons learned along the way, the resources involved, the role of staff as a “backbone team,” and some of the challenges and accomplishments as this initiative moves forward.

The authors wish to give special appreciation to the members of the California Health in All Policies Task Force for making this work possible and acknowledge all of the partners who collaborated to create the Guide.



To download *Health in All Policies: A Guide for State and Local Governments*, visit one of these websites:

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The Creation of the California Health in All Policies Task Force

Several key factors set the stage for the creation of California’s Health in All Policies Task Force, including the Governor’s strong interests in health and the environment, increasingly upstream work on the part of the public health agency, and a funding opportunity that created a venue for engaging high-level leadership.

Former California Governor Arnold Schwarzenegger’s long-standing interest in fitness and childhood obesity, as well as his commitment to addressing climate change and environmental sustainability, created a “window of opportunity” for pursuing innovative policies. During his administration, the California legislature passed a series of landmark climate laws, one of which required better coordination of land use and transportation planning (SB 375 Steinberg, 2008).^{216,217} Also in 2008, legislation established the Strategic Growth Council (SGC) to support state agencies in coordinating their work on climate change and sustainability.²¹⁸ The members of the SGC are secretaries from the California Business, Consumer Services and Housing Agency, the California Transportation Agency, the California Health and Human Services Agency, the California Environmental Protection Agency, and the California Natural Resources Agency. The SGC also includes the director of the Governor’s Office of Planning and Research and a public member appointed by the Governor.

At the same time, the chronic disease staff at the California Department of Public Health (CDPH) were increasingly aware that, along with obesity, climate change is one of this century’s biggest threats to public health. While reviewing the literature regarding obesity and chronic disease prevention strategies, as well as strategies to reduce greenhouse gas emissions, health department staff were struck with the congruence of approaches, and learned of the Health in All Policies approach.

Over a period of several months, CDPH leadership discussed the connections between obesity prevention and greenhouse gas reduction with the secretary of the Health and Human Services Agency, which oversees CDPH, specifically with respect to a “window of opportunity” for CDPH to get involved in the implementation of the aforementioned SB 375 law. In 2009, CDPH incorporated a Health in All Policies proposal into their application for Communities Putting Prevention to Work funds through the American Recovery and Reinvestment Act. The proposal identified state efforts to coordinate sustainable community development as an opportunity for public health to shape policy regarding access to safe places for physical activity. In this application, CDPH proposed that the governor convene a task force on Health in All Policies. While this piece of the proposal was not funded, the internal approval and submission process for the grant afforded an opportunity for continued discussion about the Health in All Policies approach.

In February 2010, Governor Schwarzenegger held a “Summit on Health, Nutrition and Obesity: Actions for Healthy Living.”²¹⁹ During a moderated discussion with former President Bill Clinton, he announced that he would pursue eight specific actions to support healthy living in California, one of which was to issue an executive order establishing a Health in All Policies Task Force. Executive Order S-04-10 placed the Task Force under the auspices of the SGC and identified CDPH as the facilitator.²²⁰ The SGC was identified by the governor and members of his cabinet as a natural site for this undertaking because it already included many of the agencies and departments that impact health, and because the SGC is explicitly mandated to foster coordination and collaboration of state agencies in order to promote public health and safety among other things.

Executive Order S-04-10 called for the Task Force to:²²¹

- Identify priority programs, policies, and strategies to improve the health of Californians while advancing the other goals of the SGC. The SGC’s goals include improving air and water quality, protecting natural resources and agricultural lands, increasing the availability of affordable housing, improving infrastructure systems, promoting public health, planning sustainable communities, and meeting the state’s climate change goals;
- Submit a report to the SGC recommending programs, policies, and strategies to improve the health of Californians while advancing the SGC’s goals;
- Describe the benefits for health, climate change, equity, and economic well-being that may result if the recommendations are implemented;
- Review existing state efforts, consider best/promising practices used by other jurisdictions and agencies, identify barriers to and opportunities for interagency/intersectoral collaboration, and propose action plans;
- Convene regular public workshops to present its work plan; and
- Solicit input from stakeholders in developing its report.

“[The governor understood] that if we really care about improving the health status of the people of our state, we have to care about the health of our communities. That’s why he has embraced a very broad community-based approach to prevention. [The] Health in All Policies Task Force reflects his recognition that if we’re going to make success in improving health status broadly and particularly addressing health disparities and health inequities we have got to engage the community broadly: the transportation sector, agriculture, education, economic development. That’s what the Health in All Policies Task Force is about. It’s about working in a coordinated and coherent way to improve the communities in which people live, so that the choices people make are healthy choices.”

—Kimberly Belshé, *former Secretary, California Health and Human Services Agency, November 2010*²²²

Task Force Membership

In March 2010, the SGC convened the Health in All Policies Task Force, designating 19 California state agencies, departments, and offices to participate:

- Air Resources Board
- Business, Transportation and Housing Agency
- Department of Community Services and Development
- Department of Education
- Department of Finance
- Department of Food and Agriculture
- Department of Forestry and Fire Protection
- Department of Housing and Community Development
- Department of Parks and Recreation
- Department of Social Services
- Department of Transportation
- Environmental Protection Agency
- Governor's Office of Gang and Youth Violence Policy
- Governor's Office of Planning and Research
- Health and Human Services Agency
- Labor and Workforce Development Agency
- Natural Resources Agency
- Office of the Attorney General
- Office of Traffic Safety

Each designated agency, department, and office was asked to identify a representative who was familiar with the breadth of their agency's activities, connected to staff with in-depth expertise, empowered to speak on their agency's behalf, and able to engage agency leadership in discussions and decisions about the Task Force's work. CDPH established a team of backbone staff to support the Task Force.

The Health in All Policies Task Force Process

BUILDING A SHARED VISION

Initial Task Force meetings in the spring and summer of 2010 focused on developing a common understanding of the problems at hand, identifying how each partner's work connects to public health issues, establishing a shared vision and aspirational goals for a healthy California, and exploring and developing expectations, commitments, and decision-making parameters. Five activities were particularly useful in this process:

DEVELOPMENT OF HEALTHY COMMUNITY FRAMEWORK

At the first meeting of the group in June 2010, Task Force members were asked: "When you hear the term 'healthy community,' and you think about the health of yourself and your family and kids, what comes to mind?" The responses demonstrated that the Task Force members intuitively understood that health happens in schools, neighborhoods, and workplaces, and that environments shape their own health behaviors. After several rounds of review and refinement, including discussion at the stakeholder input workshops (described below), the Task Force adopted the Healthy Communities Framework (available in Section 1.3). This framework was foundational to the Task Force's shared vision and created a map for Health in All Policies-related endeavors in California.

CREATION OF ASPIRATIONAL GOALS

Task Force members developed aspirational goals as a way of building a cohesive vision. At the first Task Force meeting, staff provided two sample goals to frame the discussion, and at subsequent meetings the group developed a total of six aspirational goals (available on page 118). Aligned with the Healthy Communities Framework, the aspirational goals focus on areas with a very clear nexus between the work of the SGC and the Task Force member agencies. The goals' simple language has made it easy for staff, other agencies, the public, and policymakers to understand and share a vision with the Task Force. Together, the Healthy Communities Framework and aspirational goals served as a good starting point for talking about the social determinants of health and the need for Health in All Policies.

ROOT CAUSE MAPPING EXERCISE

California Health in All Policies Task Force members used a root cause mapping exercise (see Sections 2.2 and 6.1 for a description and examples) to help elucidate the complexity of interrelated determinants of health and outline the need for Health in All Policies. The exercises focused on two problem statements: "Unable to walk, bike, or take public transit to school, work, play, or other essential destinations" and "Healthy and affordable food not available at school, work, or in neighborhood." The full Task Force reviewed and discussed each of the maps (drawn in real-time on large butcher paper in small groups), and then each participant noted places on the map where their agency might have a role. This process helped members visualize the complexity of the problems faced by California communities, and the necessity for and promise of intersectoral collaboration to achieve common goals.

THE CALIFORNIA HEALTH IN ALL POLICIES TASK FORCE'S ASPIRATIONAL GOALS²²³

- **Active Transportation.** All residents have the option to safely walk, bicycle, or take public transit to school, work, and essential destinations
- **Healthy Housing and Indoor Spaces.** All residents live in safe, healthy, and affordable housing
- **Parks, Urban Greening, and Places to be Active.** All residents have access to places to be active, including parks, green space, and healthy tree canopy
- **Community Safety through Violence Prevention.** All residents are able to live and be active in their communities without fear of violence or crime
- **Healthy Food.** All residents have access to healthy, affordable foods at school, at work, and in their neighborhoods
- **Healthy Public Policy.** California's decision-makers are informed about the health consequences of various policy options during the policy development process

DEVELOPING JOINT POLICY BRIEFS

California Health in All Policies Task Force staff and key policy experts worked with Task Force members to develop policy briefs that explored the links between health and the areas of responsibility of Task Force member agencies. This process helped staff and Task Force members better understand the relationships between health and other sectors, provided staff with an improved understanding of how the partner agencies see their own work, and helped staff to more fully appreciate the importance of partner agencies' work. Working on the briefs also provided many reminders about the importance of refraining from using public health jargon or framing every issue only from a health perspective. The briefs can be viewed in Appendix 4 of the *Health in All Policies Task Force Report to the Strategic Growth Council*.²²⁴

ENGAGING STAKEHOLDERS

In the first four months of the California Health in All Policies Task Force, staff held over 100 individual meetings with Task Force members and policy experts. These were essential for building relationships and gathering information that shaped recommendations. The stakeholder input workshops, described in more detail below, were also an essential part of developing a vision.

DEVELOPING RECOMMENDATIONS

The Executive Order required the Task Force to produce a report with recommended programs, policies, and strategies to improve the health of Californians while advancing the SGC's goals. The Task Force followed several steps to accomplish this deliverable.

GENERATING IDEAS

From August to October of 2010, the Task Force and staff collected over 1,200 ideas for government action to improve health. Ideas came from a variety of sources including Task Force agency members, public health practitioners, academic experts, nonprofit advocacy organizations, stakeholder input workshops (see below) and a review of published literature and compilations of recommendations such as the Institute of Medicine's report *Local Government Actions to Prevent Childhood Obesity*,²²⁵ the Robert Wood Johnson Foundation's *Action Strategies Toolkit*,²²⁶ the surgeon general's *Call to Action to Promote Healthy Homes*,²²⁷ and *The Climate Gap: Inequalities in How Climate Change Hurts Americans and How to Close the Gap*.²²⁸ Many of the ideas that were generated involved elevating projects or proposals that had been developed by community organizations, but would benefit from the endorsement and involvement of state-level agencies and leadership.

APPLYING CRITERIA

The Task Force developed criteria for the selection of recommendations, which were applied informally in November of 2010. Criteria included:

- Population health impact
- Co-benefits and nexus with other SGC objectives
- Evidence-informed
- Ability to foster collaboration among state agencies and stakeholders
- Equity impact
- Measurability
- Feasibility
- Ability to transform state government culture

A health lens was informally applied by a group of health experts from a wide variety of programs at CDPH who reviewed the recommendations and rated their potential impacts on health. Staff sorted the long list of policy ideas in several ways (e.g., by government function, sector impacted, and policy topic area) in order to cluster similar ideas and gather feedback from stakeholders. Sorting the ideas also helped the Task Force identify important health policy areas that did not initially appear on the list.

DECISION-MAKING

The Task Force explored the different types of decisions that the group would need to make, discussed various approaches including consensus decision-making and gradients of agreement, and set ground rules for making decisions as a group. Task Force members chose to use a consensus decision-making process, and agreed that Task Force members should speak up with concerns so that the group could reach the best possible decisions. During these conversations, members also discussed attendance and decided that if members send a designee in their place, they need to make sure that the designee has been briefed and can participate fully in the decision-making process.

The Task Force selected its initial set of recommendations in the fall of 2010. This involved several meetings of the whole group, meetings with individual members to discuss recommendations related to their agency, and collective editing of documents to ensure that every Task Force member (and their agency leadership) felt comfortable with the ideas and specific language of the recommendations. Any Task Force member could veto a recommendation if they did not feel comfortable with it, and many recommendations were left on the cutting room floor. Reaching consensus was time-consuming and required an iterative process of repeated review and revision. However, this process built cohesion in the Task Force and strengthened its recommendations—in terms of content, acceptability, and feasibility—in large part because the Task Force addressed the concerns of and built on ideas from staff at so many different agencies. The fact that the final recommendations were based on true consensus of all participating state agencies lends tremendous credibility to the Task Force’s work.

WRITING THE REPORT

Drafting the 2010 report, *Health in All Policies Task Force Report to the Strategic Growth Council*, with the Task Force’s recommendations proved to be a tremendous task. The report not only required a consensus process to craft exact wording of recommendations, but also included a rationale for Health in All Policies, and a discussion of the links between each recommendation, sustainability, and health. Getting all of the partner agencies to support and approve the report involved many rounds of meetings, emails, phone calls, and sometimes negotiation between multiple partner agencies that were not in agreement. However, the process was incredibly important in allowing participants to gain a better understanding of the issues and opportunities for collaborative action.

The Task Force approved 34 recommendations and presented them to the SGC in a December 2010 report.²²⁹ The recommendations were clustered in six topic areas, listed below, which align with the Task Force’s six aspirational goals:

1. **Active transportation**
2. **Housing and indoor spaces**
3. **Parks, urban greening, and places to be active**
4. **Community safety through violence prevention**
5. **Healthy food**
6. **Healthy public policy**

It is important to note that the Task Force's recommendations do not represent an overall health strategy for the state (such as the National Prevention Strategy²³⁰ or the Healthy Chicago Priorities²³¹); they are a set of policy suggestions that this group of agencies and departments felt were feasible, had co-benefits for multiple parties, and represented a consensus that was achievable at a particular moment in time. In addition, because of the connection to the SGC, all recommendations were required to align with California's sustainability goals. The recommendations set forth in December 2010 do not address a number of important health issues or determinants of health (e.g., lactation, drugs and alcohol, poverty, and economic development) that either lacked sufficiently direct environmental sustainability links or were not viewed as within the purview of Task Force members. These topics could still be addressed in the future.

PRIORITIZING RECOMMENDATIONS FOR ACTION

When the SGC approved the Health in All Policies recommendations in December 2010, it asked the Task Force to select a smaller set of initial priority recommendations and to develop implementation plans for each. The SGC requested that the Task Force focus on near-term feasibility, actions within the SGC's jurisdiction, and efforts that could have a significant impact. With input from a second series of stakeholder input workshops conducted around the state in the spring of 2011, the Task Force selected 11 priority recommendations spanning the six topic areas of the initial report. These were presented to the SGC in June 2011.

MOVING FROM IDEAS TO ACTION

In 2012, the Task Force moved to a new stage, turning its focus to implementation.

DEVELOPING IMPLEMENTATION PLANS

From July 2011 through May 2012, Task Force staff and agency members developed eight implementation plans for the 11 priority recommendations. This was done through large and small group in-person and phone meetings, and with significant input from experts and stakeholders. The implementation plans identify action steps, timelines, agencies responsible, and deliverables. In addition, the implementation plans each describe considerations related to four cross-cutting themes that emerged from the 2011 stakeholder engagement process: 1) interagency collaboration, 2) equity, 3) community engagement, and 4) data. To develop these implementation plans, Task Force members offered ideas, committed to specific action steps, and agreed to take on leadership roles in implementing specific recommendations. For example, the California Department of Forestry and Fire Prevention took the lead on the plan for urban greening.²³²

CARRYING OUT IMPLEMENTATION PLANS

As of spring 2013, the Task Force is carrying out all eight implementation plans. Backbone staff facilitate frequent interagency meetings to coordinate efforts, and Task Force members use the implementation plan action steps and timelines to track accountability. The Task Force is completing most of the actions without any additional funding, and with voluntarily support from existing staff within partner agencies. The Task Force staff has secured additional funding to support three implementation plans related to "farm-to-fork" policies, healthy and sustainable food procurement, and community safety through violence prevention.

HARMONIZING POLICY GOALS

An important ongoing role of the California Health in All Policies Task Force is to address areas in which there is a need to harmonize multiple important and health-related policy goals across agencies. The following example illustrates how multiple agencies, through the Task Force, have worked together to create alignment between important policy goals related to land use and health.

California has enacted laws promoting the integration of transportation, air quality, and land use planning to address climate change and other public policy objectives.^{233,234,235} It is challenging to implement all of these goals simultaneously, particularly in areas where many sites that might be available for affordable housing are located near busy roadways. Also, several laws, executive orders, and guidance related to land use either require or encourage state and local agencies to pursue interrelated and health-promoting goals such as:

- Promote and prioritize infrastructure, infill, and transportation-oriented development;
- Support reduction of automobile travel and vehicle miles traveled (VMT) per capita, and promote active transportation infrastructure to increase walking and bicycling;
- Keep people and goods moving, which is good for health and the economy;
- Preserve environmental and agricultural resources including land and water, which are required to feed a growing population;
- Reduce greenhouse gas emissions, to reduce catastrophic climate change impacts;
- Assure housing needs are met for all income levels;
- Mitigate known significant environmental and health impacts of projects; and
- Improve regional air quality and reduce exposure to harmful air pollutants to reduce risks for cardiovascular and respiratory disease.

In response to this challenge, the Task Force convened a multi-agency Housing Siting and Air Quality Workgroup, which seeks to increase intersectoral understanding on the part of agencies and stakeholders about the interrelatedness of these issues, the need for harmonization, and strategies to support harmonization, such as better data or more research on effective methods to improve indoor air quality in polluted areas.

ENGAGING STAKEHOLDERS

The California Health in All Policies Task Force has employed a variety of methods for engaging stakeholders and gathering their input.

STAKEHOLDER INPUT WORKSHOPS

The Task Force partnered with local health departments to host eight stakeholder input workshops across California in two rounds, in 2010 and 2011. Invitations were disseminated through partners, including Task Force members, local health departments, and the informal stakeholder group described below, and the workshops attracted between 15 and 90 attendees each. Outreach targeted community-based and health organizations and the housing, food, transportation, and environmental groups and agencies with whom they work. A professional facilitator guided staff in designing agendas and facilitated the workshops in a way that fostered solution-oriented input.

The first round of workshops introduced the Health in All Policies Task Force and engaged attendees in the “What is a healthy community?” exercise that the Task Force used early in its own process. The facilitator briefed attendees on the role of state agencies as compared to local agencies, and participants were asked to discuss how state agencies contribute to or impede their ability to advance healthy communities and to provide recommendations for state agency action. The second round of workshops gathered input on prioritization of recommendations for near-term implementation, contributing to the 11 priority recommendations described above.

The stakeholder input workshops provided several benefits including increasing awareness of and support for the Health in All Policies approach and the Task Force itself. They also provided an opportunity for people working on many different issues to meet and talk with others in their own communities, and led to broader, ongoing engagement through written and in-person public comments at SGC public meetings.

STAKEHOLDER GROUP AND KEY INFORMANT MEETINGS

Health in All Policies staff meets periodically with an informal stakeholder group of leaders from health and policy nonprofit organizations that are interested in the Health in All Policies approach and that maintain on-going engagement with local stakeholder groups in their own work to advance healthy and equitable communities. Staff also consults with experts from local health departments, community organizations, advocacy groups, academics, and others engaged in Health in All Policies efforts in the United States and abroad in order to further the work of the Task Force.

PUBLIC COMMENT AND TESTIMONY

The Task Force provides periodic progress reports to the SGC. These presentations provide an opportunity to celebrate achievements and to engage SGC members in providing additional support and guidance when needed. The SGC is subject to California law that requires state boards and commissions to publicly announce their meetings and agendas and include opportunities for public testimony and comment.

STAFFING, FACILITATION, AND RESOURCES

Task Force members devote significant time to Task Force meetings, subgroup meetings, consultation with the Health in All Policies staff team, and review of all Task Force written materials. In addition, Task Force members facilitate meetings with other staff in their departments or agencies as well as with Health in All Policies stakeholders.

The Task Force is staffed and facilitated by CDPH in partnership with the Public Health Institute. The Health in All Policies backbone staff team serves as the hub linking many concurrent projects, ensuring that the broader effort maintains coordination and momentum. To accomplish this, they develop meeting agendas, facilitate meetings, collect and compile best practices and public comments, convene public workshops, review the policy and academic literature, propose strategies for approaching tasks, and provide support for the partners engaged in implementing Health in All Policies, with continual consultation and input from Task Force members and key staff from the SGC.

EXPENSES AND RESOURCES

It is difficult to quantify the resources and expenses of the California Health in All Policies Task Force because much of the work is provided in-kind by partner agencies. The California Health in All Policies Task Force's major expenses and resources are summarized below.

Expenses.

- **Health in All Policies Task Force staff.** The current staff includes one CDPH public health medical officer who dedicates part of her time to Health in All Policies, and core staff (4.5 FTE) who are employed by the Public Health Institute. Of these, one FTE was hired through grant funding to support implementation of a specific Task Force project (healthy food procurement), while the rest address all other aspects of the Task Force's work. In-kind contributions of staff time from Task Force member agencies and the SGC are significant and vary by agency and over time. A variety of other staff at CDPH support the work of the backbone team and of the Task Force by sharing their expertise and exploring ways to align their efforts with those of the Task Force.
- **Stakeholder input workshops.** Expenses have included a professional facilitator, facility rental, food, and travel.
- **Subcontracts.** The Task Force uses subcontracts to secure input from policy experts on specific topics. For example, grant funding is allowing the Task Force to subcontract with the Local Government Commission to develop guidance materials on violence prevention through changes in the built environment.
- **Interns.** The Task Force hires two to three student interns each year to foster professional development in Health in All Policies and to support Task Force work. In 2012, the Task Force placed a summer intern in a partner agency's office, and had that intern conduct projects that involved collaboration between the host department and CDPH.

Resources.

- **California Department of Public Health.** In addition to state staff time, CDPH underwrites a portion of operational costs for the Task Force backbone staff.
- **Grants.** Primary funding for Public Health Institute backbone staff and Task Force expenses comes from The California Endowment. The Kaiser Permanente Community Benefits Foundation has also funded one staff person to implement the Task Force recommendation on healthy food procurement.

PROCESS EVALUATION OF CALIFORNIA HEALTH IN ALL POLICIES TASK FORCE²³⁶

In 2012, the Public Health Institute, with funding from the American Public Health Association, hired the independent firm Harder + Company Community Research to conduct a process evaluation of the California Health in All Policies Task Force. The evaluation involved surveys and interviews of Task Force members and key stakeholders, and focused on relationships, meeting effectiveness, reasons for and barriers to continued engagement, and lessons learned about the process. Below are some highlights from the evaluation's findings.

Measuring Success

- The top three reported "elements of success" for the Task Force:
 1. **Politically and financially feasible and actionable recommendations**
 2. **Intersectoral participation**
 3. **Establishment of a high-level directive**
- Ninety percent of Task Force members indicated that the Health in All Policies collaborative process produced recommendations that will promote the goals of their own agency.
- Fifty-nine percent of Task Force members indicated that they now have greater trust in other state agencies as a result of participating in the California Health in All Policies Task Force.
- Fifty-four percent of Task Force members reported that they collaborate more with non-governmental organizations and community-based organizations as a result of the Health in All Policies process.
- Task Force members reported that the collaborative linkages and relationships established through the Health in All Policies process have fostered intersectoral collaboration on other issues, with Health in All Policies serving as a model for "effective and improved governance."
- Task Force members' motivation to stay involved was based upon the significant statewide impact and potential to improve the health of California's residents.

Learning Opportunities

- Although they were time consuming for staff, Task Force members overwhelmingly reported that one-on-one meetings with Health in All Policies staff were important for sustaining engagement, building an understanding of how agency work impacts health, and vetting ideas.
- Task Force members requested clarification of the expected time commitment and duration of participation, so that they could secure permission from their own agency leadership to engage in this work in an ongoing manner. This is especially important because there are no funds specifically to support the staff time contributed by participating agencies.

Challenges, Accomplishments, and Looking to the Future

CHALLENGES

Key challenges for California's Health in All Policies Task Force are described below.

- **Sustaining staff and other resources.** The California Health in All Policies Task Force continues to rely upon nonprofit organizations with external foundation funding to support the work of the Task Force. The California Health in All Policies Task Force does not have specific funding for the work of partner agencies, which makes it difficult to secure commitments to long-term, labor-intensive projects or processes. Each member carves out resources where they can, knowing that this work is an executive-level priority. As Health in All Policies is increasingly recognized as a successful approach for addressing complicated and interrelated issues, requests for technical assistance at the local and federal level have increased, and current resources are inadequate to meet the increasing need for this assistance.
- **No established roadmap.** Because California is the first state in the country to take this approach, there is no roadmap for how to do this kind of work, so each step is taken with heightened deliberation and scrutiny. While breaking ground is demanding, it has also made the work exciting and particularly meaningful as others look to California to share the lessons it has learned along the way.
- **Balancing implementation activities with a larger vision.** Task Force members face a continuous tension between implementing specific and feasible policy and program ideas and pursuing big picture goals such as integrating a health lens into decision-making throughout government. While it is important for any initiative to pursue both focused short-term activity and long-term planning, there is a risk that the resources required for implementation will make it difficult for the Task Force to stay focused on the big picture of embedding health and equity into decision-making processes across government.
- **Turnover in leadership and in partners.** Turnover among leaders and partners is a continual challenge for the Task Force. In 2011 a transition between gubernatorial administrations caused high turnover among agency partners. Health in All Policies Task Force staff dedicated significant time to orienting new partners and learning about their priorities—which did not always match those of their predecessors. In some cases, new agency staff were less receptive to Task Force involvement, and in other cases, new agency staff had greater enthusiasm and new ideas that needed to be incorporated into the ongoing work of the group.

- **Measuring incremental change.** The work of transforming government culture is tremendously important but can be undervalued, especially because it is difficult to measure and may take many years to achieve. Measuring the health outcomes of this work is difficult, especially because health is influenced by so many different factors. The Task Force has documented an increase in interagency trust and collaboration as a result of its work, and is achieving policy changes as well. Health and equity outcomes resulting from the Task Force's efforts are likely to take many years to become evident, and even then it may be difficult or impossible to trace them back to specific actions.

ACCOMPLISHMENTS

While its work has been challenging, the Task Force has had some notable successes, with more on the horizon. It has not only led to a cultural shift among state agencies, as described in the evaluation outcomes above, but has led to concrete changes in state policy and programs, and has spawned an awareness of and interest in intersectoral collaboration in local communities and among decision-makers and advocates across California. Many of California's successful Community Transformation Grant applications, such as San Francisco's, incorporated a Health in All Policies approach. Twelve smaller counties across California have also incorporated Health in All Policies approaches into their Community Transformation Grant work. Local jurisdictions around California are adopting formal Health in All Policies approaches, and many have expanded intersectoral collaboration as a part of their regular business practices.

California's legislature issued a joint resolution to express its support of the Health in All Policies concept and of the Health in All Policies Task Force. Issued in June 2012, Senate Concurrent Resolution 47 encourages:²³⁷

- Task Force members to provide leadership on implementing the recommendations put forth in the Health in All Policies Task Force Report;
- Interdepartmental collaboration with an emphasis on the complex environmental factors that contribute to poor health and inequities when developing policies in a wide variety of areas;
- Consideration of both short- and long-term health impacts, costs, and benefits, where appropriate, when weighing the merits of proposed legislation; and
- Public officials in all sectors and levels of government to recognize that health is influenced by policies related to air and water quality, natural resources and agricultural land, affordable housing, infrastructure systems, public health, sustainable communities, and climate change, and to consider health when formulating policy.

The Health in All Policies Task Force has been named as a key partner for a number of state-level initiatives. For example, California's December 2012 *Let's Get Healthy California Task Force Final Report*, which provides a 10-year plan to make Californians healthier, lists Health in All Policies as a strategy for promoting healthier communities.²³⁸ In addition, the Health in All Policies Task Force has been embedded within the newly established Office of Health Equity at CDPH,²³⁹ with the recognition that achieving greater health equity is inextricably tied to the work of Health in All Policies. The Health in All Policies backbone staff are now housed within the Office of Health Equity and will be involved in developing the new Office's strategic plan.

In carrying out its implementation plans, the Task Force has seen a number of early successes. With a few exceptions, most of the early gains listed here are “low-hanging fruit” that will serve as building blocks for deeper collaboration and development of more substantial wins moving forward.

- In August 2012, the California Department of Finance executed an Interagency Agreement between the California Department of Education, the California Department of Food and Agriculture, and CDPH to develop an interagency Office of Farm to Fork, drawing resources from all three agencies. This office will promote policies and strategies to improve access to healthy, affordable food.
- The Governor’s Office of Planning and Research and CDPH have partnered to identify land use strategies to expand the availability of affordable, locally grown produce. The two agencies are now integrating this information into a range of other planning programs and guidance documents.
- The Task Force hosted an orientation workshop called *Complete Streets: Designing for Pedestrian and Bicycle Safety* for staff from nine different agencies, in order to provide an opportunity for a multi-sectoral dialogue among agencies with a stake in creating “complete streets.”
- The California Department of Forestry and Fire Protection worked with the Governor’s Office of Planning and Research to develop a webpage that provides information for local governments to use in planning for a healthy urban forest that optimizes benefits to the environment, public health, and the economy.
- Staff from the California Department of Education, the Governor’s Office of Planning and Research, the SGC, and the Task Force met to explore the linkages between health, sustainability, and school infrastructure, and to explore opportunities to promote these multiple goals through the State’s General Plan Guidelines and the section of the California Code of Regulations that relates to K–12 school facilities construction and rehabilitation.
- The SGC integrated language into their Sustainable Communities Planning Grants Program to encourage regional entities applying for funding to incorporate health into their planning and decision-making processes and to partner with local health agencies.
- The Healthy Community Framework has been incorporated into programs such as the 2010 California Regional Progress Report, which provides a framework for measuring sustainability using place-based and quality-of-life regional indicators.²⁴⁰
- The SGC has funded the development of a core set of indicators to measure and monitor each of the components of the Healthy Community Framework.
- The Southern California Association of Governments has created a public health committee to support its Regional Transportation Plan, and has invited Task Force staff to serve on that committee and help the region make links to health and equity as it develops policy proposals for the upcoming plan.

LOOKING TO THE FUTURE

While the California Health in All Policies Task Force is focused on implementing its 2010 recommendations, it continues to uncover new opportunities for growth. The SGC Strategic Plan 2012-2014 leaves open the possibility of the development of a new set of Health in All Policies Task Force recommendations, and the Task Force continues to meet quarterly, with smaller multi-agency work groups focused on specific projects as needed. As relationships and trust have deepened, and as new champions have emerged in partner agencies, some topics that did not move forward in 2010 have gained traction since. For example, a newly elected superintendent of education has prioritized health promotion in schools, which has opened the doors to not only promoting physical activity, healthy food, and drinking water, but has also launched an exploration of how schools can prioritize health and sustainability when making funding decisions about infrastructure projects.

One of the priority recommendations of the Task Force is to embed health not only in programs and policies, but in government processes, by laying out a broad, voluntary process for state agencies to promote health and equity through their guidance documents, technical assistance programs, and data collection processes. In addition, the passage of the California Senate Concurrent Resolution supporting Health in All Policies opens the door for further work with the legislature on the integration of health considerations into legislative processes. Both of these could pave the way for the Task Force to make significant strides in embedding health considerations into the way that business is conducted at the state level in California. Finally, the Health in All Policies approach has resonated around the state with many local health departments and community-based organizations. A growing number of local elected bodies are exploring ways to place health considerations more squarely into the center of the policy-making process, based on the value of having a more efficient government, which in turn yields a more equitable society and a healthier, more productive population.

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