Creating a healthier, more vibrant and equitable Appleton

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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 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.

SOCIAL DETERMINANTS OF HEALTH AND EQUITY

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?

County Health Rankings model © 2014 UWPHI
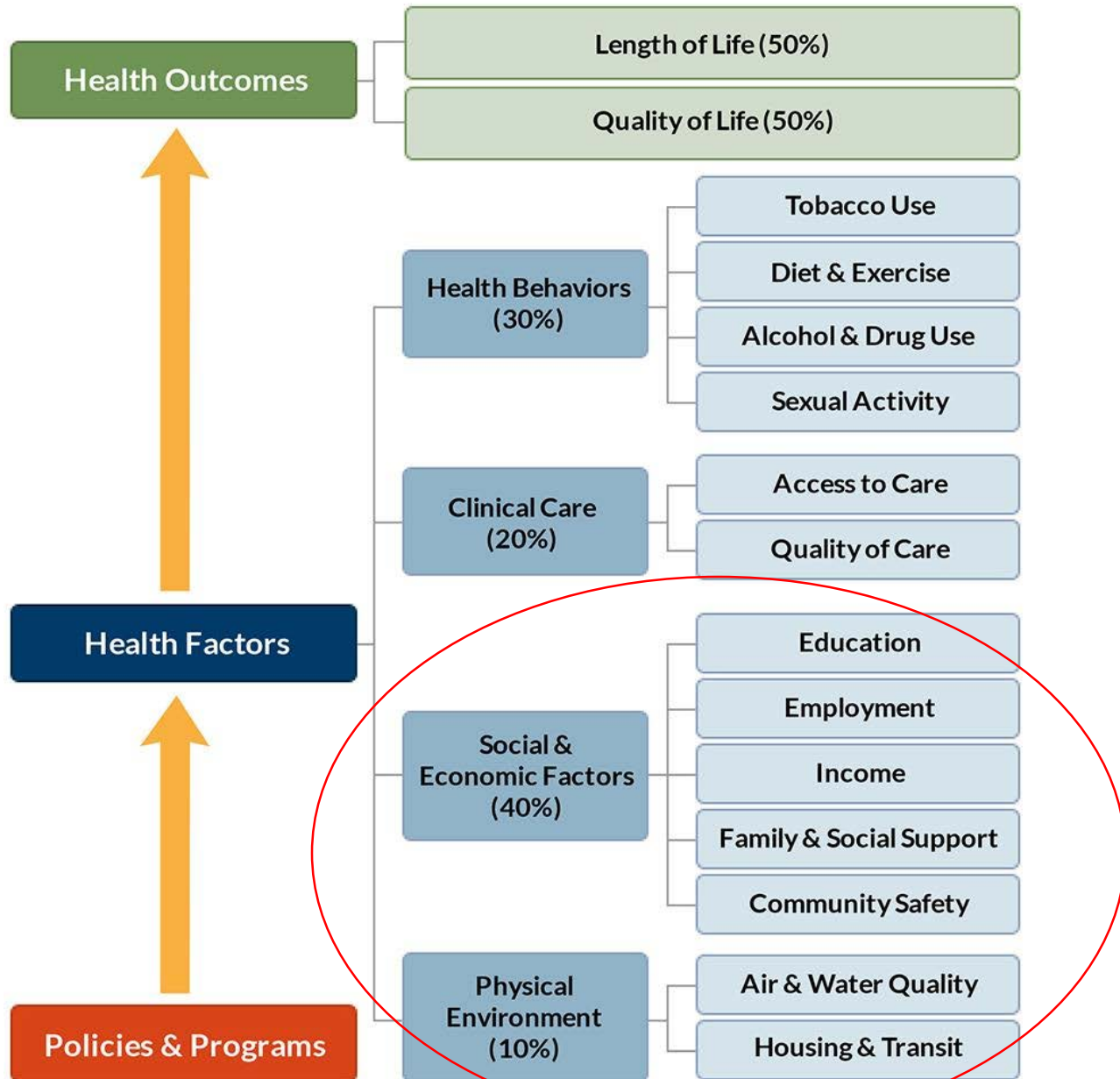
<u>**ORDINANCE NO.**</u>

AN ORDINANCE OF THE COUNCIL OF THE CITY OF APPLETON AMENDING ARTICLE IX OF THE MUNICIPAL CODE OF THE CITY OF APPLETON.

THIS ORDINANCE AMENDS THE HEALTH IN ALL POLICIES ORDINANCE.

The Council of the City of Appleton do ordain as follows:

Section I. <u>Amendment of Chapter X.XX</u>. Chapter X.XX of the Municipal Code of the City of Appleton is hereby amended to read as follows:

CHAPTER X.XX

HEALTH IN ALL POLICIES

Sections:

X.XX.010 Findings

X.XX.020 Definitions

X.XX.030 Health in All Policies Implementation

X.XX.010 Findings.

(a) Health starts where we live, learn, work and play, and everyday decisions within the City of Appleton can promote greater health and equity.

(b) All Appleton residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their job, neighborhood of residence, level of education, immigration status, sexual orientation, ethnic background or religion.

(c) Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce overall economic and social insecurity.

(d) In the City of Appleton, those at greatest risk for poor health outcomes are low-income residents, who have a shorter life expectancy than other city residents.

(e) Appleton residents are primarily affected by heart disease, cancer and stroke.

(f) Recognizing the presence of critical health disparities in the community and the opportunity to intervene on health outcomes, the City has developed and defined public health broadly in the City Comprehensive Plan.

(g) Health in All Policies is fundamentally about creating systems-level change both within City departments and in the community.

(h) In developing strategies to address health disparities, it is important to recognize that at its heart, promoting equity is not just about providing more services.

(i) It is also about how services are developed, prioritized and delivered.

(j) The Health in All Policies strategy guides the City of Appleton on how to address the social determinants of health, or the root causes of current health disparities in the development, prioritization and delivery of these services and policies.

(k) The City of Appleton's Health in All Policies is designed to be consistent with the State of Wisconsin's Health in All Policies Plan and the Wisconsin Health and Safety Code Section 131019.5.

X.XX.020 Definitions.

The definitions in this section apply throughout this ordinance unless the context clearly requires otherwise:

(a) "Health in All Policies" (HiAP) is both a process and a goal.

(1) The goal of HiAP is to address inequities at the systems, policy and structural levels to eliminate the resulting health disparities.

(2) At the root of HiAP is an approach to improving health of all people by incorporating health considerations into collaborative decision-making across sectors, agencies, and departments. HiAP brings city departments and community groups together to identify ways in which all policies can take health outcomes into consideration. The HiAP process places health at the center of all work, and through discussion and compromise, gains stakeholder buy-in from all agencies, groups, and departments.

(3) Health in All Policies works to create a new policy and organizing framework within city government and beyond in the community. It emphasizes the consequences of public policies, plans, and programs on health determinants, and aims to improve health outcomes at all levels of government within the city and those agencies responsible for serving Appleton residents.

(4) Stakeholder engagement is essential for ensuring that Health in All Policies is responsive to community needs. Community-based knowledge provides important information about opportunities and barriers for health and insight into the ways in which policies may impede or promote health.

(b) "Health" is not simply the absence of disease, but the state of complete physical, mental, cultural and social well-being. HiAP is based on the premise that good health is fundamental for a strong economy and vibrant society, and that health outcomes are largely dependent on the social determinants of health, which in turn are shaped by decisions made within the health sector and internally and externally outside of the health sector.

(c) "Health equity" refers to efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives, while respecting differences that include but are not limited to culture, language, race, gender, sexuality, economic status, citizenship, ability, age and religion.

   (1) Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

   (2) These communities include, but are not limited to women, people of color, low-income individuals and families, individuals who have been incarcerated, individuals with disabilities, individuals with mental health conditions, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and lesbian, gay, bisexual, transgender, questioning, intersex and asexual (LGBTQIA) communities, or combinations of these populations.

(d) "Health disparities" are differences of presence of disease, health outcomes, or access to care among distinct segments of the populations, including differences that occur by race or ethnicity, gender identity, sexual orientation, education or income, immigration status, age, disability or functional impairment, or geographic location, or the combination of any of these factors.

(e) "Health inequities" are health disparities resulting from factors that are systemic and avoidable and, therefore, considered unjust or unfair.

(f) Determinants of health equity include the social, economic, geographic, political, institutional and physical environmental conditions that lead to the creation of a fair and just society.

(g) "Social determinants of health" refer to everything outside of direct health care services, such as the condition in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of life outcomes and risks. The social determinants of health include but are not limited to:

   (1) The availability of resources to meet our daily needs (e.g. safe housing, access to healthy and affordable food).

   (2) Access to educational, economic, and job opportunities that lead to sustainable employment.

   (3) Neighborhood safety and communities free of crime, violence, and social disorder (e.g. presence of trash and other forms of blight); and

   (4) Accessible built environments that promote health and safety, including improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.

   (5) Social norms and attitudes (e.g. discrimination and racism), socioeconomic conditions (e.g. concentrated poverty and the chronically stressful conditions that accompany it).

(h) "Toxic stress" refers to prolonged and repeated exposure to multiple negative factors, especially in early childhood. Contributing factors include but are not limited to racial profiling, poor air quality, residential segregation and economic insecurity. Toxic stress has known physical and mental health impacts and contributes to a host of chronic conditions such as heart disease and diabetes. Toxic stress has also been shown to have negative intergenerational health effects. Toxic stress does not refer to individual stressful events, but rather the unrelieved accumulation of these events over one's life.

9.15.030 Health in All Policies Implementation.

To effectively implement and maintain Health in All Policies, the City shall:

(a) Utilize health equity and social justice foundational practices to City actions and endeavor to integrate these practices into the city's strategic, operational and business plans; management and reporting systems for accountability and performance; and budgets in order to eliminate inequities and create opportunities for all people and neighborhoods;

(b) Use the Health in All Policies Strategy Document as a guide for implementing Health in All Policies in the City. The strategy document will outline the vision, mission and goals, and identify a timeline as well as process to reach these goals. The strategy document will be a living plan that is designed to grow over time as progress is made and the needs of the community and City change;

(c) Establish the Interdepartmental Health in All Policies Team. The Interdepartmental team will be comprised of representatives from departments within the City and are responsible for:

(1) Selecting health and health equity indicators for each department to track as a way of prioritizing goals and measuring progress aligned with existing City guiding documents;

(2) Attending regularly scheduled Interdepartmental Team meetings lead by the Mayor's office;

(3) Reporting to the Interdepartmental Team on progress and challenges from his or her respective department;

(4) Working with his or her respective department to integrate and track health equity indicators for his or her department;

(5) Committing to attending ongoing health equity training, such as health equity impact assessments; and

(6) Assisting with the writing of the Tri-Annual HiAP Report and provide a report with the adoption of the City budget.

(d) Design and publish a tri-annual report on the status of health and health equity in the City of Appleton and progress of HiAP implementation for the City Council, city staff,

community organizations, residents, businesses, and other governmental agencies within the City.

(1) Implementation will be measured based on health and health equity indicators selected by the Interdepartmental HiAP Team.

(2) In addition to reporting on indicators, the Tri-Annual Report will include any updates to the HiAP strategy document.

(e) Develop and implement an ongoing community engagement plan to work directly with stakeholders throughout the process of the HiAP Strategy development and implementation to ensure that perspectives are consistently understood, considered, and reflected in decisions. The goal is to partner with stakeholders in each aspect of decision making in order to develop and implement collaborative solutions.

Section II. Severability.

If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance is for any reason held to be unconstitutional or invalid, such a decision shall not affect the validity of the remaining portions of this ordinance. The City Council hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance irrespective of the unconstitutionality or invalidity of any section, subsection, subdivision, paragraph, sentence, clause or phrase.

Section III. Effective Date.

This ordinance becomes effective 30 days after its final passage and adoption.

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First read at a regular meeting of the Council of the City of Appleton held on October 4, 2017 and finally passed and adopted at a regular meeting thereof held TBD, by the following vote:

AYES: Councilmembers…, Mayor Tim Hanna

NOES: None

ABSTENTIONS: None

ABSENT: None

KAMI LYNCH
CLERK OF THE CITY OF APPLETON
(SEAL)

Approved:

TIM HANNAH
Mayor
Approved as to form:

JAMES WALSH
City Attorney

State of Wisconsin   }

County of Outagamie   :ss.

City of Appleton   }

        I certify that the foregoing is a true copy of Ordinance No. , passed and adopted by the City Council of the City of Appleton at a regular meeting held on December 15, 2015.

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Kami Lynch, City Clerk of the City of Appleton