

Health in All Policies:

What will it take?

Linda Rudolph, MD, MPH
Public Health Institute

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Presenter Disclosures

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

- No relationships to disclose

Key elements: Institutionalization

Spread of Health in All Policies

- EU, S. Australia, Finland, Thailand, Quebec
- U.S.
 - National Prevention Council
 - California Health in All Policies Task Force
 - California: Richmond, Sonoma, Los Angeles, Monterey, Crescent City
 - Baltimore, Chicago, King County
 - Massachusetts, Minnesota, Texas

Back to the Future

- Alma Ata Declaration, 1978
- Ottawa Charter for Health Promotion, 1986
- Rio Political Declaration on SDOH, 2011



Rudolph 9/13



Key Elements of HiAP

- Health, equity, and sustainability
- Co-benefits
- Intersectoral collaboration
- Create structural or procedural change
- Engage community & stakeholders



ZIP CODE 95219
Life Expectancy

73



88

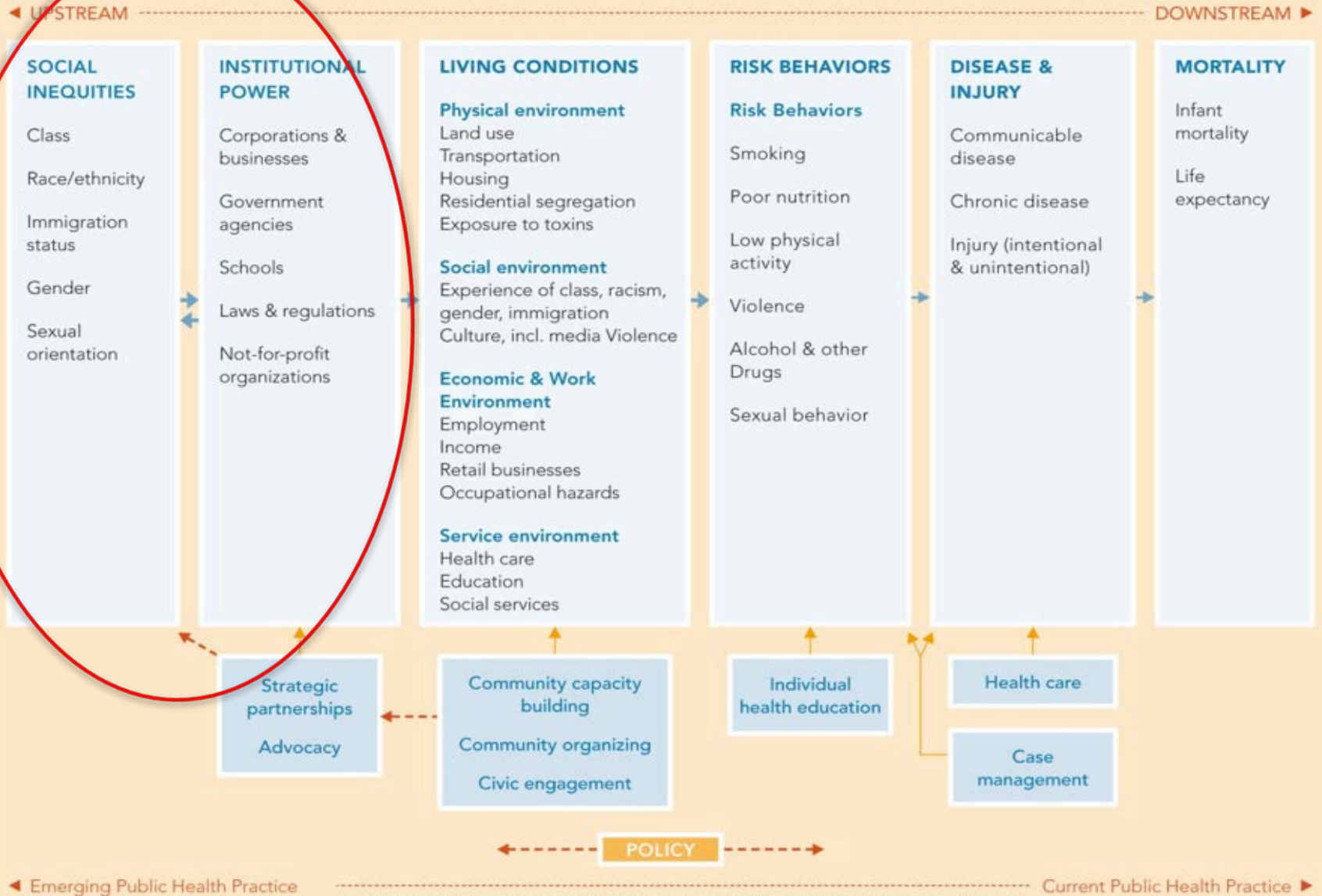
ZIP CODE 92657
Life Expectancy

health
happens
here



A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES

BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



Key elements: Health, Equity, & Sustainability

Sustainability

- “...the ability to meet the needs of the present without compromising the needs of the future”
(United Nations World Commission on Environment and Development, 1987)
- Human biology has a fundamental need for food, water, clean air, shelter and relative climatic constancy .”
(Millennium Ecosystem Assessment)
- “...environmental sustainability must itself be a key health goal, particularly because all forms of ecosystem collapse will have grave impacts on health equity, with greater impacts on the most vulnerable communities”
(Poland et al., 2011)



“Climate change is the biggest global health threat of the 21st century... The impacts will be felt all around the world – and not just in some distant future but in our lifetimes and those of our children.”

The Lancet



USDA, Wikimedia Commons

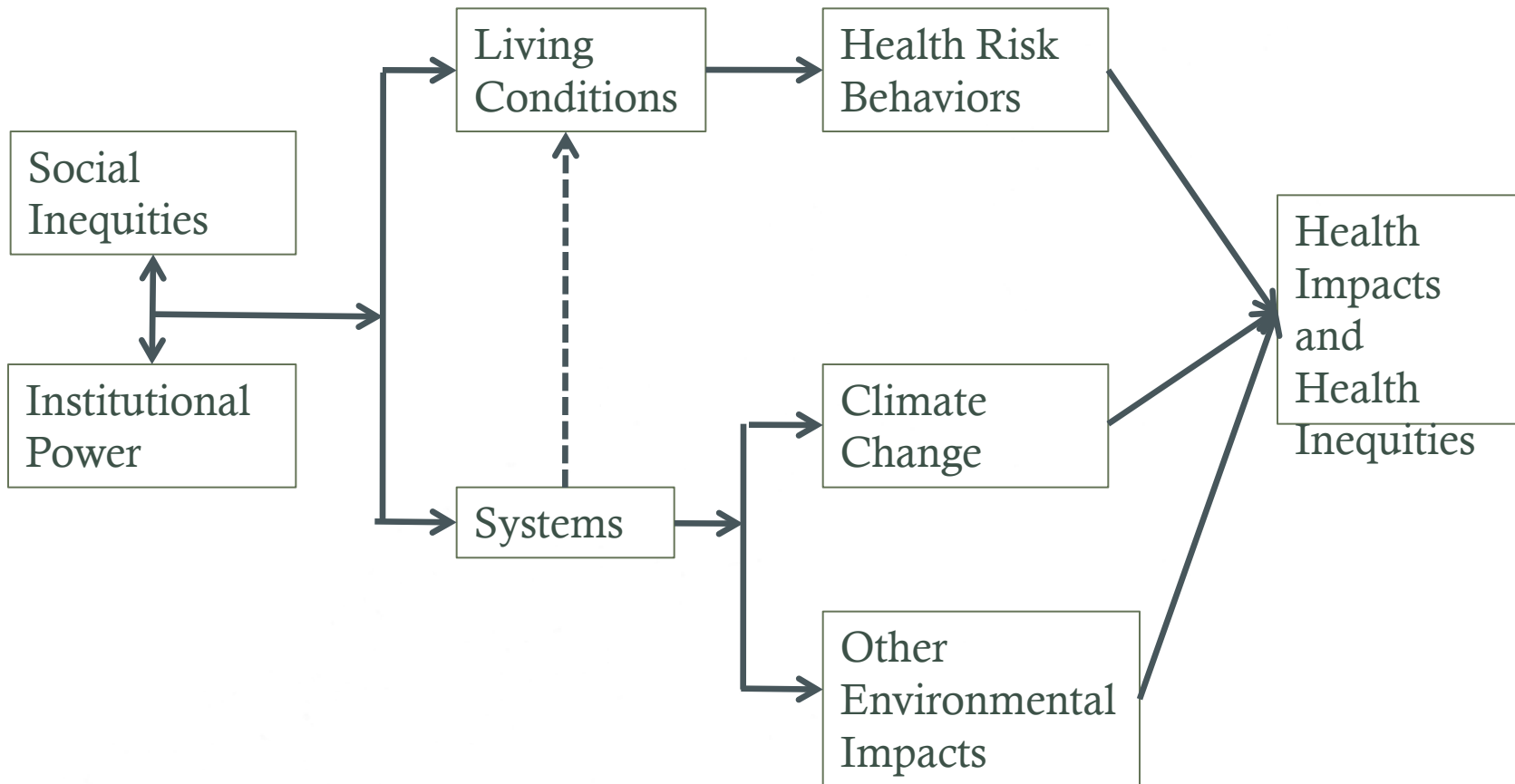


NOAA, Wikimedia Commons

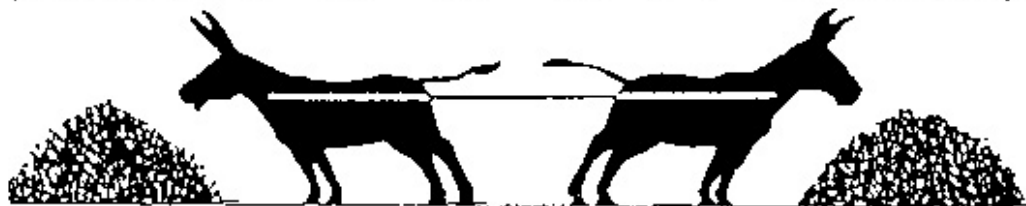


Suat Emri, freedigitalphotos.net

Health, Equity, & Sustainability



Key elements: Co-benefits

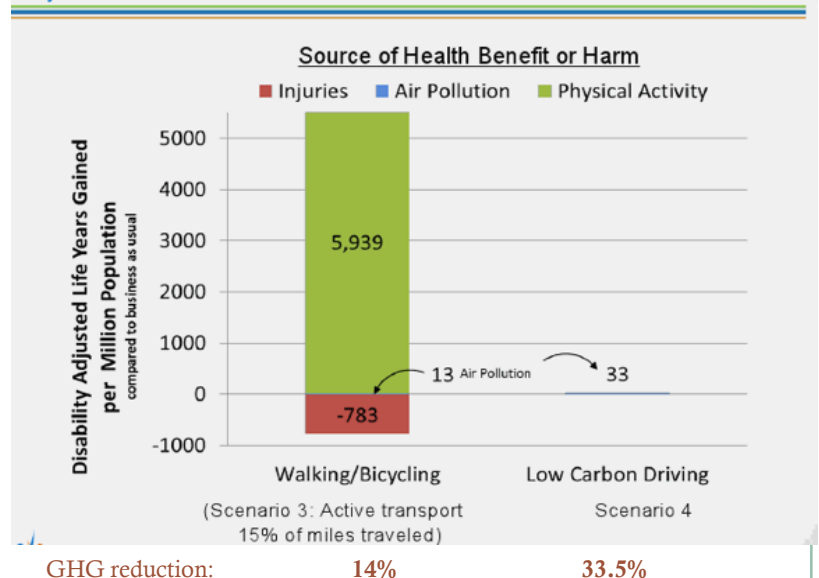


Key elements: Co-benefits

Active Transportation, Health, & GHG

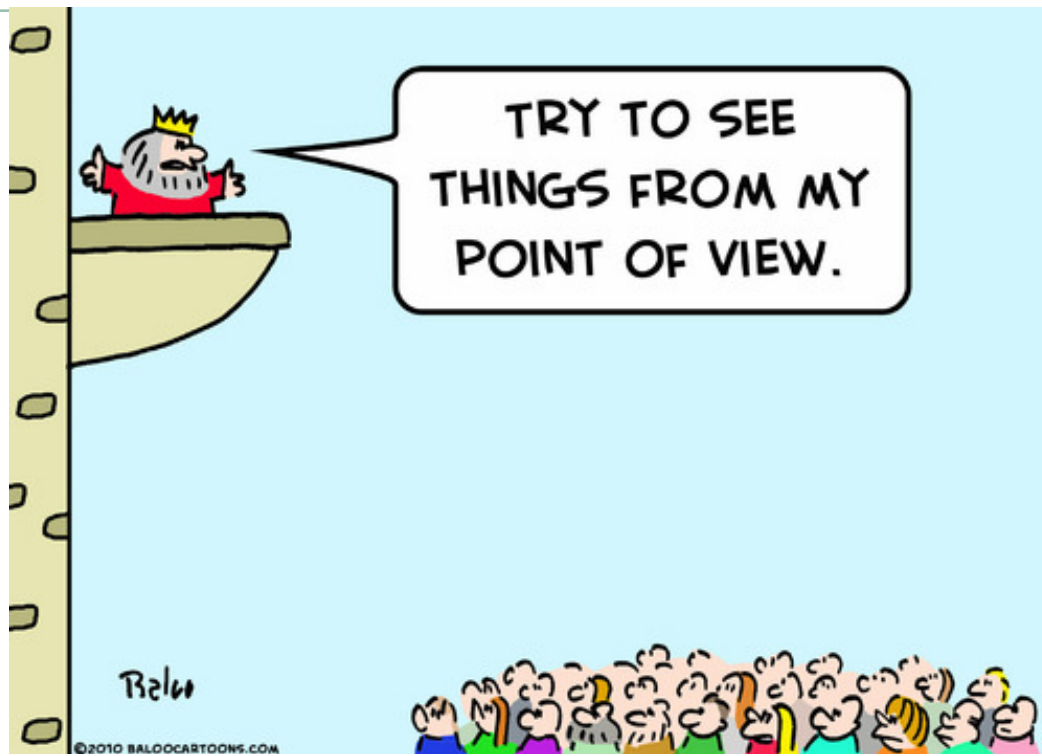
- Shift in active transport from <5 to 22 minutes/day (2% to 15% mode share) in Bay Area:
 - >14% reduction in GHG emissions
 - 14% reduction heart disease, stroke, diabetes
 - 6-7% reduction depression, dementia
 - 5% reduction breast and colon cancer
 - Added 9.5 months life expectancy
 - 19% increase bike/ped injuries
 - \$1.4 to \$22 billion annual Bay Area health cost savings

Annual Health Benefits of Active Transport and Low Carbon Driving in the Bay Area: Predictions from the ITHIM Model



Key elements: Co-benefits





Key elements: Collaboration



Key elements: Structural and Procedural Change

Institutionalization

- Structures, processes, resources to enable timely analysis of health consequences
 - Where should HiAP be placed within government?
 - How should it be funded?
 - When is it appropriate to conduct a health analysis? Who will do it? How?
 - How will government build capacity for HiAP?

What will it take?

- Institutionalization
 - Resources, organizational structures, legal mandates
- Substantive community and stakeholder engagement
- Societal and government prioritization of health, equity, and sustainability
- Leadership and political will
- Robust democracy & social movements

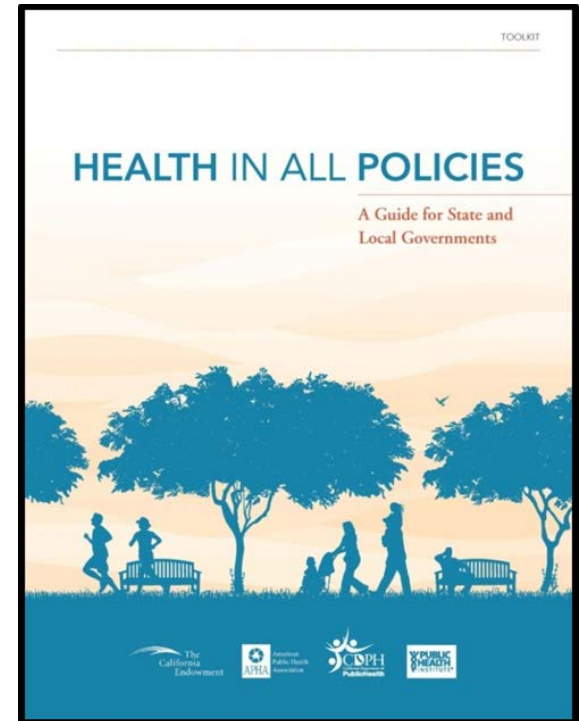


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Thank you.

Linda Rudolph, MD, MPH
Public Health Institute
linda.rudolph@phi.org



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