

Addressing Equity Challenges Using a Health in All Policies Approach

California and Minnesota health agencies use a Health in All Policies framework to address equity concerns in communities with health disparities.

Introduction

Health in all Policies (HiAP) is a participatory approach for integrating public health considerations into policies, programs, and processes. The HiAP framework focuses on collaboration with partners across sectors, and at varying levels, to define mutually beneficial goals and improve community health outcomes. For example, state health agencies (SHAs) may choose to establish coalitions comprised of other state agencies, local health departments, and community organizations. The partnerships developed by these kinds of initiatives allow SHAs to identify opportunities and pool resources with similar-minded stakeholders who are also interested in improving community health and equity.

Equity in Public Health Practice

The heightened awareness of systemic racism in the United States and understanding of its impact on public health has spurred an increased focus on equity as a principal endpoint for HiAP practice. Equity is tied closely to health and underpins many of the social determinants that affect community health outcomes, such as socioeconomic factors, social capital, and access to health-related resources. In a HiAP framework, systemic racism and social inequity are seen as root causes for the health disparities between populations of different racial and ethnic groups. In many jurisdictions, public health's role in addressing these challenges is shifting from remedying communities' health issues to mobilizing coalitions to uproot the systemic issues that perpetuate health disparities.

States Centering Equity through HiAP

Over the course of the pandemic, SHAs have made strides in responding to concerns of health disparities and prioritizing racial equity as a key consideration in public health planning and response. In addition to incorporating an equity approach into their COVID-19 response, SHAs in California and Minnesota have implemented HiAP strategies to address concerns of racial inequity in their jurisdictions.

The California Department of Public Health (CDPH) leads with discussions on race when having conversations with stakeholders about equity issues. Addressing racism is required by California's HiAP framework, which has evolved over the past decade, shifting from a narrowed focus on raising awareness of social determinants of health to addressing broader social challenges. In cross-sectoral work, leading with conversations about race creates opportunities to have conversations about other equity-related issues, such as health and education.

In response to the COVID-19 pandemic, CDPH released the [COVID-19 Health Equity Playbook](#) with strategies for actively incorporating HiAP to address systemic oppression, racism, and other injustices that impact well-being. California's model places an emphasis on collaboration across sectors, as well as in public health. CDPH convenes local health departments (LHDs) within the state and promotes engagement between jurisdictions to identify upstream challenges that impact communities of color.

CDPH also identifies capacity-building tools and trainings to support LHDs and community stakeholders in implementing HiAP at the local level. This includes building skills to conduct a health impact assessment, perform an equity analysis, or apply a health equity lens when considering important policy decisions. Lastly, CDPH works with LHDs in rural areas to identify specialized needs and gaps in these regions. Facilitating regional coalitions among rural public health professionals promotes collective action and advocacy efforts that address health disparities associated with limited access.

The Minnesota Department of Health (MDH) created a coalition dedicated to equity, known as the [Health Equity Leadership Network](#) (HELN). The coalition is comprised of individual members from MDH, community organizations, and local universities. HELN is developing a formal health assessment to understand equity challenges related to social determinants, racial disparities, and environmental justice. Using broader themes of opportunity, belonging, and nature, the coalition connects deep-rooted systemic public health challenges to everyday concepts and experiences that are tangible and easy to conceptualize.

HELN also supports the state's COVID-19 response by addressing equity issues and working closely with state leaders to implement equity-driven public health policies. Given the structural barriers in place, MDH has made a concerted effort to increase its engagement with communities of color, LGBTQ communities, rural communities, and communities with vulnerable populations. This includes holding regular virtual calls with partners and community leaders during the pandemic, as well as providing technical assistance and developing resources to support specialized community needs. Using the lessons from HELN's collaborative work, MDH was able to increase COVID-19 testing access in communities that are particularly vulnerable to impacts of the disease.

Conclusion

The increased awareness of systemic racism in the United States and understanding of its impact on public health encourages focusing on equity as a principal endpoint for HiAP practice. Equity is tied closely to health and underpins many of the social determinants that affect community health outcomes, such as socioeconomic factors, social capital, and access to health-related resources. In the HiAP framework, systemic racism and social inequity are seen as root causes of the health disparities between populations of different racial and ethnic groups. In many jurisdictions, public health's role in addressing these challenges is shifting from remedying communities' health issues to mobilizing coalitions that uproot the systemic issues perpetuating health disparities.