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FRAMING HEALTH IN ALL POLICIES: TERMS THAT RESONATE



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BACKGROUND

ASTHO has been involved in health in all policies (HiAP) work for over 10 years, and has developed two policy [statements](#) on the topic in addition to a [suite](#) of resources. During a recent environmental health policy committee discussion, members discussed sensitivities around the term “health in all policies” and how some states may wish to use alternative framing to accommodate varying viewpoints on the terminology while keeping the same goals in mind. To address this concern, in October 2020 ASTHO partnered with the [Kansas Health Institute](#) (KHI) to engage state and territorial health agency (S/THA) staff who had a self-selected interest in HiAP via a virtual listening session. The goals of this session were to:

- ✓ Better understand state terminology and framing around HiAP.
- ✓ Explore lessons learned, challenges, and alternative framing for HiAP terminology.
- ✓ Assess how HiAP framing and associated efforts have evolved over time, especially in the context of COVID-19 and the increased spotlight on the importance of racial equity.

PARTICIPANTS

To gather diverse perspectives, ASTHO invited members of its state HiAP group, which includes S/THA staff with experience working on HiAP efforts or interest in launching this work, as well as staff from public health institutes involved in the field. The meeting included 25 participants from 13 states: California, Delaware, Idaho, Kansas, Massachusetts, Minnesota, Nevada, New York, North Carolina, Tennessee, Vermont, Virginia, and Wisconsin.

POLL QUESTION

If you were launching a HiAP program today, what would you name it?

FINDINGS

Throughout the session, ASTHO and KHI administered polls to get a sense of the group’s perspective on HiAP framing, including naming and terminology. There were also two breakout sessions that followed a pre-determined set of discussion questions to maintain consistency across both groups (see [Appendix B](#)). The poll results indicated that most participants (13/14)

would not use “health in all policies” in the group name if they launched it today. Almost half of the participants (6/14) indicated that they would include the word “equity” in the title of the HiAP program. Respondents also suggested using the terms “cross-sector,” “well-being,” and “livability” in a proposed HiAP program title (Figure 1, page three).

In the breakout sessions, most states indicated that they use alternative terms to describe HiAP efforts to avoid misinterpretation of the term by other sectors or a perception of the “public health hegemony” or “health imperialism.” Figure 2 (page four) includes the combined list of alternative terms from both the poll and the breakout sessions. One S/THA staff member indicated that the agency does not use the word “health” because it does not always resonate with other sectors and often can be misconstrued as related to healthcare.

To address these issues, another S/THA staff member reported success with weaving the principles of HiAP into any work that they do rather than using the term “health in all policies” in their title or mission. Several participants also highlighted the importance of incorporating “equity terminology” in HiAP framing.

Conversely, two participants noted that they do use the term “health in all policies” in their states. One noted that the term seems to be accepted by partners due to the existing HiAP framework and supporting resources, and another noted that using “health in all policies” lends legitimacy to the effort, as this term is being used by the World Health Organization and broadly in public health literature. (See [Appendix A](#) for a full list of findings from the polls and breakout sessions.)

Figure 1: Participants were asked which term(s) would resonate with audiences in states that use alternative framing to the term “HiAP”. “Equitable communities” was the top term selected (nine responses). “Quality of life,” “well-being,” and “livability” were also listed by a handful of states. “Equity alliance” received one response.

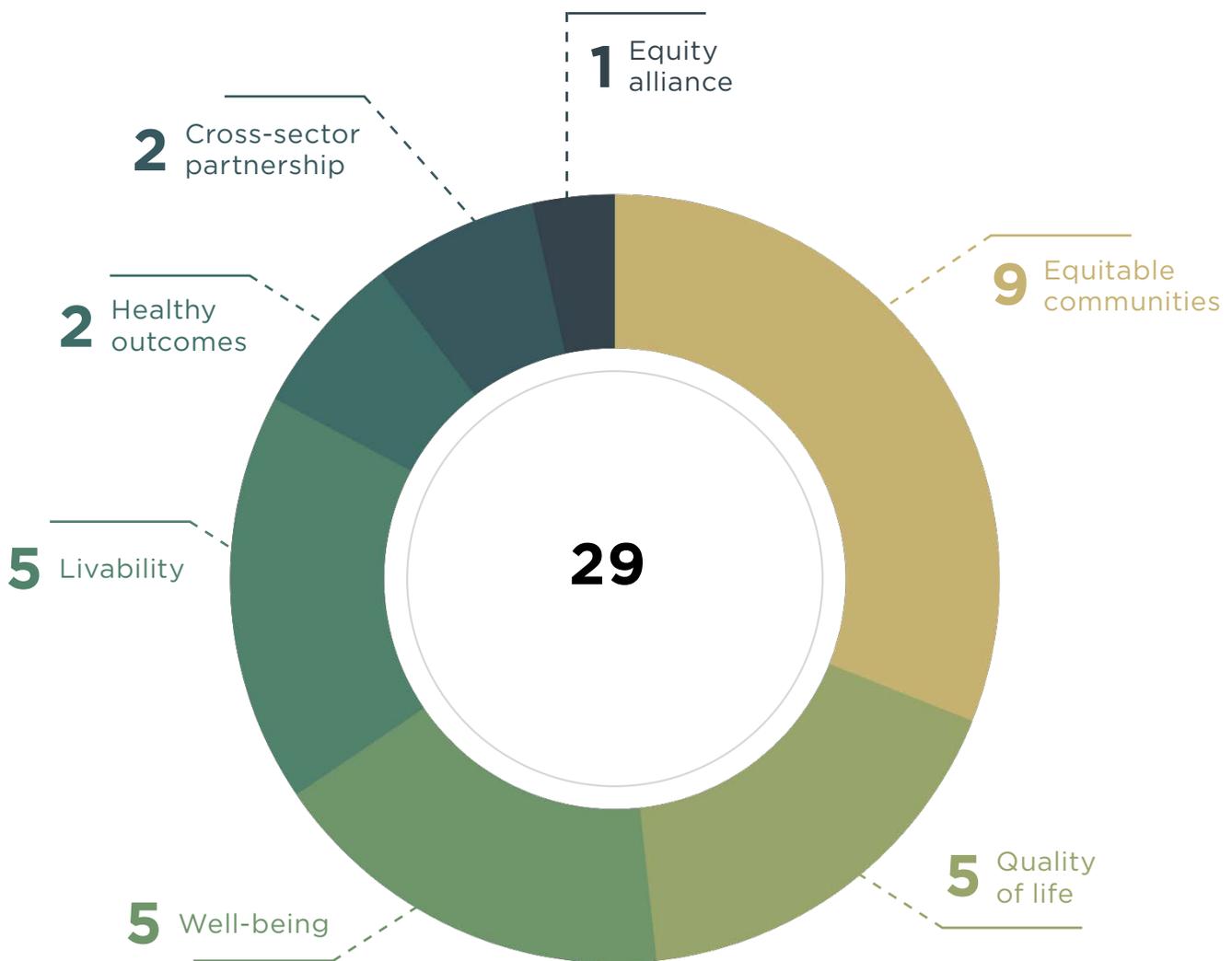


Figure 2: *Alternative Terms to “Health in All Policies”*

Alternative Framing of HiAP	<ul style="list-style-type: none"> ✓ Wealth in All Policies ✓ Healthy Environment ✓ Health Across All Policies 	<ul style="list-style-type: none"> ✓ Health Lens ✓ Putting Human Well-Being at the Center of Decision-Making
Equity-Related Terms	<ul style="list-style-type: none"> ✓ Equitable Communities ✓ Equity Alliance ✓ Equity and HiAP 	<ul style="list-style-type: none"> ✓ Health Equity Policy ✓ Racial Justice Framing
Alternative Health Terms	<ul style="list-style-type: none"> ✓ Well-Being ✓ Quality of Life ✓ Livability 	<ul style="list-style-type: none"> ✓ Social Determinants of Health ✓ Healthy Living ✓ Healthy Outcomes
Cross-Sector Terms	<ul style="list-style-type: none"> ✓ Cross-Sector Partnership 	<ul style="list-style-type: none"> ✓ Cross-Sector Work
Community-Specific Framing	<ul style="list-style-type: none"> ✓ The Delaware Way ✓ Healthy Minnesota Partnership 	<ul style="list-style-type: none"> ✓ North Carolina Healthy Environments Collaborative ✓ The Tennessee Livability Collaborative

EVOLVEMENT OF HEALTH IN ALL POLICIES TERMINOLOGY: HEALTH IN ALL POLICIES AND RACIAL EQUITY

Finding: Framing HiAP has evolved over time to more explicitly focus on issues of equity and racial justice.

The COVID-19 pandemic and racial justice conversations have changed partners' language, discussions, and resource prioritization.

There was a consensus among the participants that the framing for HiAP has evolved over time. One S/THA staff member indicated that they now focus on the concepts of “equity” and “racial equity” as much as on “health” in their HiAP programming. Participants cited the ability to have more open conversations with state partners across sectors about “equity” and “racial equity” as a key benefit of the HiAP concept transformation. Participants

mentioned that [the Bay Area Regional Health Inequities Initiative](#) model is one of the resources they use to inform work around HiAP and equity.

One S/THA noted that raising awareness about social determinants helped to build the foundation for their current equity work. As the result of these efforts, equity became a key priority and tackling racism became a required component of how equity should be addressed through the HiAP framework. Furthermore, the launch of the S/THA's anti-racism initiative received a much stronger response than its previous equity-focused efforts. This initiative also resulted in a more focused integration of anti-racism framing in the S/THA's work.

Another S/THA noted that to help people better understand and connect with the concept of equity, the agency framed its state health assessment through the lens of opportunity, belonging, and nature. These broad themes made it easier to connect with health equity issues like social determinants, racial disparities, and environmental justice. Additionally, several attendees highlighted the importance of explicitly incorporating a racial equity focus in HiAP efforts and conversations with partners. However, they recognized that this approach might pose some challenges to addressing other equity-related issues (e.g., gender, age, or geography). One respondent noted that it was a challenge to properly train government staff on how to best frame conversations around racial justice and equity.

Leading with discussions on race opens opportunities to have conversations about other equity issues.

COVID-19 AND EXPERIENCES WITH HEALTH IN ALL POLICIES

Finding: COVID-19 cast a spotlight on the issues of social determinants of health, equity, and racism, and helped non-health sectors start engaging in HiAP activities.

Sometimes partners forget about the impacts their programs and policies have on health until they are reminded of it.

In one state, COVID-19 created the opportunity to start a HiAP collaborative and build relationships with new partners, such as schools. However, respondents noted that ongoing challenges include helping partners to think more holistically about the connections between COVID-19 and social determinants of health (beyond providing personal protective equipment at schools).

Other actions spurred by COVID-19 included states developing task forces that focus on equity and COVID-19. Participants noted that as partners continue to integrate equity and racial justice into their HiAP work, utilizing existing HiAP resources will be helpful.

HEALTH IN ALL POLICIES TERMINOLOGY CHALLENGES

Finding: One of the key challenges to using HiAP-related terminology is utilizing the right framing that resonates with audiences and reflects their needs.

Several challenges to using HiAP terminology also surfaced during the listening session, including:

- ✓ Difficulty operationalizing HiAP.
- ✓ The inability of HiAP to fully capture the co-benefits for non-health sectors, which has likely led to many missed opportunities for collaboration.
- ✓ Limited public understanding of the distinction between public health and healthcare and the diverse nature of the social determinants of health.
- ✓ Multiple interpretations of the policy definition and limited understanding about the differences between “big P” (governmental) and “little P” (organizational) policy approaches.
- ✓ Challenges assessing the impact of state-level partnerships on local interventions, especially for non-health sectors.

Resiliency and recovery from COVID-19 are pathways to communication about HiAP right now.

STRATEGIES TO ADDRESS HEALTH IN ALL POLICIES TERMINOLOGY CHALLENGES

To address the challenges of using HiAP terminology, participants' strategies ranged from tailoring framing to the needs of non-health sectors to building HiAP champions among non-health partners. Other strategies that participants discussed included:

- ✔ Use an influential narrative of the health issues that resonates with non-health partners.
- ✔ Frame HiAP in the context of processes rather than policies. Using the term “process” can help to operationalize HiAP, especially for non-health partners.
- ✔ Encourage non-health partners to take a leadership role in HiAP rather than putting the S/THA in the leadership role.
- ✔ Bring healthcare into conversation by developing tools for evaluating partnerships and outcomes of collaborative efforts with healthcare partners.

CONCLUSION

HiAP can be a successful strategy to expand collaboration between S/THAs and other partners, but the terminology used in programs focused on these efforts can differ. While some states use the term “health in all policies” to name these programs, others shy away from the terminology to avoid a feeling of health imperialism and other agencies' limited understanding of what HiAP means. Equity is often a prominent part of these efforts, but is not always included in the program title.

Based on our listening session covering the work in 13 states, there is no right or wrong way to name S/THA HiAP programs, and no consistent terminology. States choose program titles that work for their own leadership and communities, and many states have changed the way they talk about their programs over time. Over the past year, COVID-19 and a heightened awareness of the importance of racial equity have also helped shape HiAP programs, their elements, and their partnerships.

Each of the participating HiAP-focused programs aim to promote collaboration with non-health partners and bring health considerations to the table when state and local jurisdictions propose new policies and processes. Although a lack of consistent naming makes it difficult to pinpoint all of the state and territorial programs that utilize a HiAP approach to guide their missions, ASTHO is working to better identify these innovative programs and share successes, challenges, and lessons learned to help build S/THA HiAP capacity across the country.

APPENDIX A: KEY FINDINGS

FINDING 1:

- ✔ Only one of the 14 poll respondents indicated that they would title their program “Health in All Policies” if they launched it today.

FINDING 2:

- ✔ Six of the 14 poll respondents indicated that they would include the word “equity” in the title of the HiAP program.

FINDING 3:

- ✔ Respondents also suggested using the following words in the HiAP program title: cross-sector, well-being, and livability. (For additional information, see Figure 1, page three.)

FINDING 4:

- ✔ Garnering nine out of 29 total responses offered by 12 individuals, “equitable communities” was considered the term that would best resonate with respondents’ audiences. “Quality of life,” “well-being,” and “livability” received five responses each, while “equity alliance” received one response.

FINDING 5:

- ✔ The majority of respondents indicated that they use alternative terms to describe HiAP efforts to avoid misinterpretation of the term by other sectors or a perception of the “public health hegemony.”

FINDING 6:

- ✔ The framing of HiAP has evolved over time to more explicitly focus on issues of equity and racial justice.

FINDING 7:

- ✔ One of the key challenges of using HiAP terminology is utilizing the framing that resonates best with audiences and reflects their needs.

FINDING 8:

- ✔ Strategies to address challenges to using HiAP terminology ranged from tailoring framing to the needs of non-health sectors to building HiAP champions among non-health partners.

APPENDIX B: SESSION GUIDE

ASTHO, KHI HEALTH IN ALL POLICIES LISTENING SESSION

OCT. 1, 2020

GOAL:

Better understand state terminology and framing for HiAP to enable ASTHO to better support state health agencies in their HiAP efforts and development of new resources.

SECTION 1. LESSONS LEARNED

1. What term do you use to refer to HiAP efforts in your state? Why?
2. What terminology resonates with your audiences when you talk to them about HiAP?
3. Do you talk about this work differently with various sectors (e.g., transportation, housing, education)? If so, how?
4. [Alt question] Do you have a sector-specific approach when you talk about HiAP?
 - a. Any successful framing from each sector? (e.g., education/whole child)
 - b. Any other lessons learned regarding communicating about HiAP?
5. How has the way you talk about HiAP changed over time?
 - a. How do you talk about HiAP differently in the context of COVID-19?
 - b. How do you talk about HiAP differently in the context of racial justice?
6. How do you communicate about HiAP within the state health agency? With other agency partners in your state? With the public broadly?

SECTION 2. CHALLENGES

1. What challenges have you experienced using the term “Health in All Policies”?
2. Why do you think these challenges occurred?
3. How have you tried to address these challenges?
4. What audiences or sectors have experienced challenges with the term “Health in All policies” more often than others?
 - a. Why do you think these audiences or sectors have experienced more challenges with the term “health in All Policies” compared to others?



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