Model Health in All Policies Ordinance

ChangeLab Solutions

This model ordinance is designed to help a city or county implement "Health in All Policies," a collaborative approach to improving the health of a community by incorporating health, sustainability, and equity considerations into decision-making across sectors and policy areas.[1]

What does "Health in All Policies" mean?

Communities around the country are using Health in All Policies approach to promote health, wellness, equity, and sustainability. While the approach may look different in different communities,[2,3] at its core, Health in All Policies requires that decision-making bodies and their staff consider health, alongside other important factors such as fiscal or environmental impact, when making decisions that affect the community.[4]

This approach acknowledges that **the social determinants of health** – those conditions in the environments in which people are born, live, learn, work, play, and age – have a profound effect on how healthy we will be over the course of our lives.[5,6]

More information on developing a Health in All Policies effort is available in Health in All Policies: A Guide for State and Local Governments.

This understanding has led to a call for public policy that can shape social, economic, and physical environments in ways that are more conducive to health. Decisions that local governments make about many issues, including food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development, can and should be directed toward improving health outcomes.

To achieve Health in All Policies, local governments must adopt a new approach to decision-making. This approach requires the various agencies and departments whose policies and actions affect the social determinants of health to recognize shared goals, collaborate and coordinate their efforts. In addition, public agencies must engage with residents, community-based organizations, and experts to gather data and ensure that the changes in decision-making are responsive to the community's needs.

What does this model ordinance do?

This model ordinance is designed to help a jurisdiction fully implement Health in All Policies:

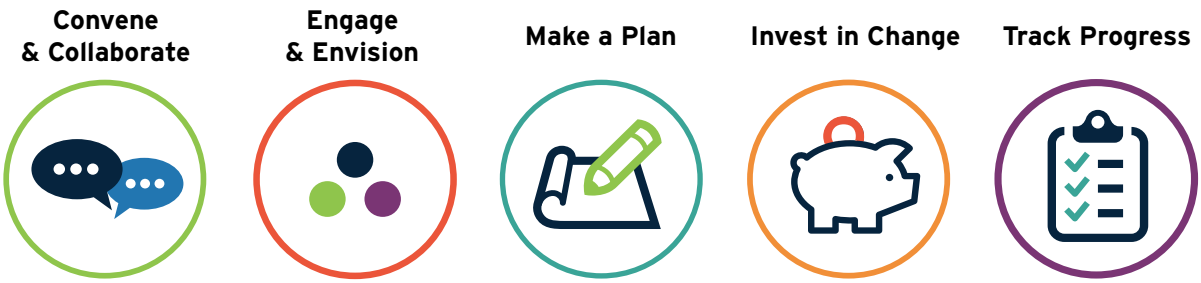
1. The model formally commits a city or county to using a Health in All Policies approach to improve community health and reduce health inequities.

2. It provides a framework of key issues related to the social determinants of health for the jurisdiction to refer to as they develop and implement the policy.

3. It establishes an interagency or interdepartmental Health in All Policies Task Force and identifies a lead agency or office.

4. It requires the Task Force to develop a Strategic Plan to integrate a Health in All Policies approach into city or county decisions and operations, and to provide regular reports on the status of health and health equity in the city or county.

This model ordinance supports five key Health in All Policies strategies:



To learn more, see From Start to Finish: How to Permanently Improve Government Through Health in All Policies.

In many communities, the collaborative work necessary to develop the systems change and implement the approach will begin before the legislative body passes an ordinance. In those communities, the ordinance could be used to institutionalize the work. In other places, the ordinance might be used to spur action

In developing this model, we reviewed a variety of laws, policies, and strategic plans from state and local governments that were used to establish cross-collaborative initiatives dedicated to improving health, equity, and/or sustainability. We reviewed laws and policies from California;[7] Denver;[8] King County, WA;[9] Massachusetts;[10] Richmond, CA;[11] Richmond, VA;[12] and Washington, DC.[13] In addition, we spoke with the California Health in All Policies Task Force and individuals involved in local Health in All Policies efforts in Baltimore; Chicago; Denver; Jefferson County, CO; as well as several California cities and counties, including Del Norte County, Monterey County, Richmond, and Riverside.

Resolutions, ordinances, and executive orders

When institutionalizing Health in All Policies, communities have a variety of policy options to choose from, including resolutions, ordinances, and executive orders. Communities should consider the legal strength of each option, as well as local political will and support, when pursuing an approach.

Resolutions and ordinances are policies that are adopted by local legislative bodies, such as city councils or boards of supervisors:[14]

- **Resolutions** are generally used to set official government policy; issue commendations; direct internal government operations; establish a task force or committee to study an issue and propose next steps; suggest actions for those not subject to city directives; or accomplish other short-term tasks. Usually, a resolution is procedurally easier to enact than an ordinance.[15] While resolutions do not become part of a municipal code, they do memorialize government intent on a particular issue.

- **Ordinances** are binding legislative acts. In general, local governments use ordinances when required by state law or charter to impose laws that are binding on their citizens or to appropriate funds. The benefit of enacting an ordinance is that the regulation will be binding and have the force of law until the ordinance is repealed or amended.[16,17] An ordinance may offer a more permanent way to institutionalize Health in All Policies in a jurisdiction's operations and its decision-making structure. As a legally binding policy, an ordinance can demonstrate to council members, city officials and employees, and residents the community's enduring commitment to the initiative. In some jurisdictions, an ordinance may be necessary to authorize the lead agency or department to direct other departments' actions.

Finally, communities may consider adopting Health in All Policies using an executive order:

- **Executive orders** or directives may be used to bind agencies, departments, and appointed officers to certain methods of implementation in the execution and enforcement of laws, rules, and policies.[18] The Model Health in All Policies Ordinance could be adapted and used as an executive order.

Adopting a Health in All Policies resolution is one step in addressing the social determinants of health. In addition, communities may choose to adopt a resolution or include Health in All Policies language in other plans and policy documents, such as a general plan. See From Start to Finish: How to Permanently Improve Government Through Health in All Policies for more guidance on implementing Health in All Policies.

How to adapt this ordinance

The language in the model ordinance is designed to be tailored to the needs of an individual community. The language written in *italics* provides different options or explains the type of information that needs to be inserted in the blank spaces in the ordinance (e.g., [*black/white*] or [_____]). The "comments" boxes provide additional information and explanation, and should be deleted before the policy is adopted. One purpose of including a variety of options is to stimulate broad thinking about the types of provisions a community might wish to explore, even beyond those described in the model. We encourage you to visit www.changelabsolutions.org for more healthy policy ideas or to share your community's questions and stories.

For an editable version of this model ordinance, please contact ChangeLab Solutions.

An Ordinance of the [City/County Of _____]

The [*Municipality*] does ordain as follows:

SECTION I. Findings. The [*City/County*] hereby finds and declares as follows:

Comment: Cities and counties usually include in new legislation "findings" of fact that support the purposes of the legislation. The findings section is part of the ordinance and legislative record, but it usually does not become codified in the municipal codes. The findings contain factual information supporting the need for the law – in this case, documenting the need for and benefits of the ordinance. A city or county may select findings from this list to include in its legislation, along with additional findings addressing specific conditions in the community.

WHEREAS, the health and well-being of the residents of *[City/County]* are critical for a prosperous and sustainable _____ *[City/County]*;

[WHEREAS, in _____ [City/County], the rates of injury are _____, chronic disease rates are _____ and the costs of preventable illness are _____:

Comment: Before adopting the Health in All Policies ordinance, a jurisdiction should complete a baseline health assessment of the community. If an assessment already exists, the jurisdiction can refer to that data. Baseline information will help a jurisdiction identify health inequities and set priorities for improving health. Local health departments and nonprofit hospitals can provide or help identify baseline assessment data. Most health departments routinely collect a range of health data, and more than two-thirds of local health departments have conducted a Community Health Needs Assessment within the last five years.[19] Nonprofit hospitals are also required to conduct a Community Health Needs Assessment every three years.[20] These sources of data, along with other public data sets, such as County Health Rankings, Community Health Status Indicators, the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, Environmental Public Health Tracking, and the U.S. Census American FactFinder, are good places to start.

The jurisdiction can use this section of the Findings to summarize health data and costs and highlight particular areas to be addressed.

WHEREAS, there is growing awareness that health is influenced by the interaction of many factors and not simply by genetics, individual behavior, or access to medical care. It is now widely accepted that conditions in the environments in which people are born, live, learn, work, play, and age, known as the social determinants of health,[21] have the greatest influence on health outcomes across populations;

WHEREAS, the social determinants of health affect chronic disease rates, mental illness, as well as injuries caused by accidents and violence. They also influence the adoption of healthy lifestyles by making it more or less difficult for individuals to choose behaviors that either promote or diminish health;

WHEREAS, policies implemented by [*City/County*] [departments/agencies] outside of the traditional health sector significantly affect the social determinants of health, including policies related to food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development;

WHEREAS, interagency collaboration can lead to improved decision-making and outcomes and greater efficiencies in service delivery;

WHEREAS, addressing the social determinants of health can lead to reduced health care costs;

[WHEREAS, California Health and Safety Code section 131019.5 sets as state policy to achieve the highest level of health and mental health for all people and to reduce health and mental health disparities, and this ordinance is designed to be consistent with the California's Health in All Policies Plan;]

Comment: The clause above can be included in ordinances in which the jurisdiction wishes to align local policies with California state law, which established an Office of Health Equity, tasked with achieving health equity and reducing health disparities.[22] As other states develop policies promoting a Health in All Policies approach, local jurisdictions should ensure that their ordinances refer to and are consistent with state policies.

NOW THEREFOR, by adopting a "Health in All Policies" approach, the [*City/County*] recognizes that all [*departments/agencies*] have a role to play in improving health outcomes and reducing health inequities.

SECTION II. [*Chapter*] of the [*City/County*] Municipal Code is hereby amended to read as follows:

Section ___1. Title. This Chapter shall be known as the [*"Health in All Policies Ordinance,"*] and will be referred to herein as "this chapter."

Comment: We have used the term Health in All Policies for the title of the policy. However, the actual title of a jurisdiction's policy may depend on the emphasis of the approach. San Diego, for example, uses "Live Well San Diego." King County focuses its efforts on equity and social justice principles, using the title "Fair and Just Principle."[23] Denver calls its initiative the "Citywide Sustainability Policy,"[24] while Washington, DC, calls its effort "Sustainable D.C."[25] The structure of this ordinance (including its definitions, framework, and actions) focuses on achieving health equity. If a community wishes to use a different frame or emphasis, it should consider editing this model accordingly.

Section ___2. Definitions. The following words and phrases, whenever used in this [*article / chapter*], shall have the meanings defined in this section:

(a) "Health equity" means the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.[26]

Comment: The definition above is from the U.S. Department of Health and Human Services. Cities and counties in California may prefer to use to the California state definition: *"Health equity" means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.*[27]

(b) "Health in All Policies" means a collaborative approach to improving the health of all people by incorporating health, sustainability, and equity considerations into decision-making across sectors and policy areas.[28]

(c) "Health inequities" means differences in health associated with individual or group specific attributes (e.g. income, education, or race/ethnicity) that are connected to social disadvantage, historical, and contemporary injustices, and which can be minimized through changes to policy, programs, and practices.[29]

Comment: Throughout this ordinance, we use the term "health inequities" (as defined above). We drafted this definition to closely follow the State of California's definition of health inequities,[30] as well as definitions used by authoritative public health organizations, such as the Centers for Disease Control and Prevention.[31]

The terms "health disparities" and "health inequities" are often used interchangeably, but each has slightly different implications. The term "health disparities" focuses mainly on differences in disease risk, incidence, prevalence, and mortality across different groups of people. The term "health inequities" also takes into account the underlying systemic causes of those differences. Since this ordinance is intended to help government agencies work together to improve population health by changing policies, programs, and practices (e.g., systems), we have chosen to use the term "health inequities." Communities that are contemplating adopting a Health in All Policies ordinance may wish to consider if there is existing community support for a specific term before selecting a definition for their ordinance.

For those communities that prefer to use the term health disparities, we offer the following optional definitions. The term "health disparities" should be substituted for "health inequities" throughout the remainder of the ordinance.

- **The State of California:** "Health and mental health disparities" means differences in health and mental health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.[32]
- **Virginia Department of Health:** "Health disparities" means differences in health status among distinct segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.[32]
- **U.S. Department of Health and Human Services:** "Health disparities" means "a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion."[34]

(d) "Social determinants of health" means those conditions in the environments in which people are born, live, learn, work, play, worship, and age.[35-37]

Comment: The definition above is drawn from a variety of sources, including the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, and the State of California. Jurisdictions in California may wish to be consistent with California's definition: "*Determinants of equity" means social, economic, geographic, political, and physical environmental conditions that lead to the creation of a fair and just society.*[38]

Section ___3. Purpose. In order to eliminate health inequities and attain health equity, it shall be the policy of the [*City/County*] to apply a Health in All Policies approach and health equity practices to the [*City/County*]'s decision-making, including policy development and implementation, budgeting, and delivery of services;

Section 4. Health Framework. The [*City/County*] shall use the following framework to measure health equity and improve the health of our community.

(a) _____ [*City/County*] meets the basic health needs of residents as measured by the availability of the following:

(1) Affordable, accessible, and nutritious foods;

(2) Safe, drinkable water;

(3) Affordable, safe, and healthy housing;

(4) Access to affordable and safe opportunities for physical activity; and

(5) Affordable, accessible, and high-quality health care, including mental health and substance abuse prevention and treatment.

(b) _____ [*City/County*] residents live in a healthy, sustainable and equitable environment as measured by the availability of the following:

(1) Clean air, soil, and water;

(2) Parks and open spaces [*and agricultural lands*];

(3) Affordable and sustainable energy sources;

(4) Accessible built environments that promote health and safety through a mix of land uses;

(5) Active transportation enabling safe travel for people walking, biking, driving, and taking transit;

(6) Safe and socially cohesive neighborhoods;

(7) Job opportunities for all residents;

(8) A thriving economy; and

(9) Opportunities for high-quality and accessible early childhood education; primary and secondary education; and higher education.

Comment: The framework above addresses the major social determinants of health, and can be used as the basis for identifying specific health indicators. For example, Live Well San Diego established a Top Ten Indicators Dashboard, which considers health, knowledge, life expectancy, living standard, and safe and clean neighborhoods, along with other factors.[39] Denver has identified 12 sustainability "Resources" (e.g., food, energy, housing, and health), which the city uses to set and track goals over time.[40] This framework should be tailored to meet the jurisdiction's needs and health equity goals.

Section ___5. Health in All Policies Implementation.

(a) There is hereby established a Health in All Policies Interdepartmental Task Force for the implementation of this Chapter. _____ [*identify lead agency*] shall lead the Task Force. All [*City/County*] departments [*branches/agencies/offices*] and officials shall fully cooperate with _____ [*identify lead agency*] and members of the Task Force in meeting the provisions and purposes of this chapter. The Task Force shall be composed of the directors or their designees of the following departments [*branches/agencies/offices*]: Community/Economic Development, Environment, Finance, Housing, Human Services, Parks and Recreation, Planning, Public Health, Public Works, Public Safety, Small Business, Transportation, _____.

Comment: Jurisdictions may choose to call their guiding body ("Task Force") a team, council, or committee (or another similar name) based on local precedent and practice. Whatever the nomenclature, the membership should include all departments whose operations affect the health framework outlined in Section 4. Richmond, CA, for example, requires all City departments to participate, but uses a flexible attendance policy to allow departments to excuse themselves from meetings that cover topics not relevant to their operations.[41] Washington, DC, established a green cabinet composed of deputy mayors or agency heads from a wide variety of city agencies, but allows the City Administrator (designated to lead the effort) to name additional members.[42]

It is essential to identify a lead agency or official and ensure that the lead has the authority to carry out the tasks identified in the ordinance. In many jurisdictions, the mayor's or city manager's office may need to lead the effort. In addition, the jurisdiction should provide a budget, staff, and other resources to support the council's activities.

(b) The Task Force shall:

(1) Engage the community in carrying out its duties by systematically gathering broad input from stakeholders, including community members, policy experts, the health care community, the school district, community-based organizations, members of the private sector, and philanthropists to identify the [*City/County*]'s areas of health inequities, determine priorities for improving health, and ensure that multiple perspectives are understood, considered, and reflected in decisions to achieve health equity. The Task Force is authorized to establish subcommittees of stakeholders as needed to assist in developing the Strategic Plan.

Comment: For a Health in All Policies approach to be successful, the jurisdiction must receive input from a variety of stakeholders, including community members, the health care community, policy experts, advocates, members of the private sector, and funders. Some communities may want to allocate seats on the council to nongovernmental stakeholders; others may wish to provide opportunities for community participation in other ways, such as convening a subcommittee of stakeholders to address specific issue areas.

(2) Develop a Strategic Plan to integrate a Health in All Policies approach into [*City/County*] decisions and operations. The Task Force shall provide the Strategic Plan to the [*City Council/County Board*] by _____ [*date*]. The Strategic Plan shall do the following:

(A) Provide a baseline assessment of health, demographic, and environmental data relevant to the [*City/County*]'s health framework and identify existing health inequities;

(B) Identify health equity indicators and targets for each department to measure progress;

(C) Identify the analytical tools needed to assist departments in identifying the health impacts of policies;

(D) Identify barriers to and opportunities for interdepartmental cooperation;

(E) Identify the need for and sources of funding to implement the Health in All Policies approach;

(F) Recommend changes to laws, regulations, policies, or procedures to eliminate barriers to interdepartmental cooperation and implement a Health in All Policies approach; and

(G) Recommend changes to training for [*City/County*] officials and employees to integrate a Health in All Policies approach into [*City/County*]'s decision-making, operations, financial allocations, and delivery of services.

Comment: Not every community relies on a complex strategic plan. Denver officials have simplified their plan to two goals for each of 12 important resources (e.g., food, climate, energy, and health): one goal related to government operations and one related to the community. To ensure that these goals are achieved, Denver has tasked a coordinating agency with overseeing each resource. This agency is responsible for working with all the relevant departments and agencies to develop and implement a set of actions that will collectively help the city achieve the goals for each resource.

Other communities have updated existing community health improvement plans, which many local health departments and hospitals are completing. For example, instead of developing a whole new plan from scratch, Chicago leveraged their health department's strategic planning document, "Healthy Chicago," and added additional strategies.

(3) Once the Task Force has developed the Strategic Plan, they shall lead the [*City/County*]'s implementation of the Strategic Plan.

(A) The Task Force shall oversee the development of analytical tools needed to collect data and analyze the health impacts of policies;

(B) The Task Force shall oversee training for [*City/County*] officials and employees;

(C) The Task Force shall prepare and provide to the [*City Council/County Board*] an [*annual/bi-annual*] report on the status of health and health equity in [*City/County*]; progress in implementing the Strategic Plan; any changes to the Strategic Plan, and any new recommendations for changes to laws, regulations, policies, or procedures to ensure that this chapter is fully implemented and that departments consider short-term and long-term economic, social, economic, or other consequences when making decisions. Each department [*branch/agency/office*] identified in the Strategic Plan shall report to the Task Force on an [*annual/bi-annual*] basis the status of health equity indicators and its progress in meeting its health equity benchmarks. The Task Force shall ensure ongoing community engagement in developing the [*annual/bi-annual*] report.

Comment: This model ordinance is designed to help jurisdictions create the foundation necessary for an effective Health in All Policies approach. It focuses on establishing a health framework; establishing the collaborative structure for gathering community input and data, developing health indicators; and finding and addressing knowledge gaps and barriers that may make policy implementation more difficult.

Once the Task Force has done this initial work and developed its Strategic Plan, the jurisdiction will focus on implementation. In the course of implementing the Strategic Plan, the Task Force may identify the need for changes to specific policies or procedures within the jurisdiction to allow for more effective collaboration and implementation. For example, the State of Massachusetts enacted a Healthy Transportation Compact requiring the Transportation and Health and Human Services departments to establish a healthy transportation policy and decision-making framework.[43]

SECTION III. STATEMENT OF GENERAL WELFARE

It is the intent of the [*City Council/County Board*] that this ordinance is a general statement of [*City/County*] policy that cannot form the basis of a private right of action.

Comment: Some jurisdictions may be concerned that a Health in All Policies ordinance could be interpreted as entitling residents to "rights" (for example, to safe housing) under the ordinance, and therefore, the right to sue the government if a "right" is violated. This statement in the ordinance makes clear that the ordinance is intended as a statement of city/county policy and should not give rise to a private right of action.

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4. Rudolph, et. al., at 63, *supra*, note 1.
5. *Id.* at 8-14.
6. U.S. Office of Disease Prevention and Health Promotion. (n.d.). Health People 2020: Social Determinants of Health. Retrieved May 25, 2015, from www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health
7. California, Exec. Order S-04-10 (February 23, 2010).
8. Denver, Col., Exec. Order No. 123 (March 11, 2013).
9. King County, Was., Ordinance 2010-0509.2 (Oct. 11, 2010).
10. Mass. Gen. Laws Ann. 6C § 33.
11. Richmond, Cal., Ordinance No. 07-14 N.S. (April 15, 2014).
12. Richmond, VA, Resolution No. 2014-R262-2015 (Jan 12, 2015).
13. Washington, DC, Exec. Order No. 2013-209 (Nov. 5, 2013).
14. 5 McQuillin Mun. Corp. § 15.3 (3rd ed.).
15. *Id.*
16. *Id.* at §15.2.
17. The local legislature must pass an ordinance in accordance with prescribed procedures in state law or in its charter. These generally include formal introduction, notice, and opportunity for public comment, various readings of the proposed ordinance, final vote, and the mayor's signature or veto. *Id* at §§ 15.17, 16.27, 16.39 & 16.46.
18. *See*, e.g., City of Los Angeles Charter Art. II Sec. 231(j) (executive orders "binding on all departments, commissions, appointed officers and employees of the City"). Officers executing this authority should be careful to review their charter to ensure their actions do not encroach upon legislative powers — while local governments are not subject to a comparable separation of powers rule, there is debate surrounding whether executive orders can be used to quasi-legislate or to pronounce binding policies.
19. National Association of County and City Health Officials (NACCHO). 2013 *National Profile of Local Health Departments*.; 2014. Available at: http://nacchoprofilestudy.org/wp-content/uploads/2014/02/2013_National_Profile021014.pdf
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22. Cal. Health and Safety Code § 131019.5.
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26. National Partnership for Action to End Health Disparities, U.S. Dept. of Health and Human Services, Office of Minority Health website, available at: www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34.

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35. Rudolph, et. al., at 134, *supra* at 8-14.

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37. U.S. Department of Health and Human Services, Healthy People 2020, available at: www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health

38. Cal. Health & Safety Code § 131019.5.

39. Live Well San Diego Top Ten Indicators Dashboard, available at: www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/10_Indicators.pdf

40. Denver Office of Sustainability, "2020 Sustainability Goals," available at: www.denvergov.org/sustainability/OfficeofSustainability/2020SustainabilityGoals/tabid/445247/Default.aspx

41. Richmond, Cal. Municipal Code § 9.14.030.

42. Washington, D.C. Mayor's Order 2013-209 (Nov. 5, 2013).

43. Mass. Gen. Laws Ann. 6C § 33.

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