



Steps to a Healthier You!

Moving Toward Shared Responsibility for Population Health; Incorporating Health in All Policies

Policy Brief No. 1 | 2015 - 16

Summary of Recommendations

- Adopt a paradigm whereby individuals of multiple disciplines contribute their respective expertise.
- Collaborate across sectors – education, health, municipal planning, transportation, and others – in the development of land use and transportation plans and policies.
- Integrate health-related priorities and criteria into plans so that progress can be measured.
- Educate each other about creating healthier communities – planners and public health professionals alike.
- Support public policy to enhance the built environment and in support of active – “ped/bike” – transportation.



If there's one thing we've learned about catalyzing changes that prevent illness in the first place, it's that passage of a single policy can be like lighting a match — illuminating the way towards strategies with greater impact and igniting the energy of leaders.

– Larry Cohen and Juliet Sims (Prevention Institute, 2015)



The focus of this policy brief is on the importance and value of institutionalizing health considerations into decision-making with specific focus on physical activity.

- Integrating health into transportation and land-use policies and plans and, thereby, expanding the availability of, safety for, and access to a variety of transportation options has the potential to save lives by preventing chronic diseases, reducing and preventing motor-vehicle-related injuries and deaths, and improving environmental health – all while stimulating economic development and ensuring access for all people.
- Regular physical activity is one of the most important things one can do to maintain or enhance one's health. It can help control weight, reduce risk of cardiovascular disease as well as type 2 diabetes and some cancers, and improve mental health.
- Less than one-half of all Americans meet the physical activity guidelines of 150 minutes per week of moderate physical activity for adults and 420 minutes per week for children and adolescents.¹
- In 2013, the most recent year for which data are available, Pennsylvania was one of 18 states that had a prevalence of obesity between 30 percent and 35 percent; only two states – Mississippi and West Virginia – had a prevalence of greater than 35 percent.²
- For each six-tenths of a mile that an individual walks per day, his/her risk of obesity is decreased by 5 percent.³
- One hour of brisk walking, every day, can cut a woman's risk of developing type 2 diabetes in half.⁴
- A daily 20-minute walk can cut the risk of dementia by 40 percent.⁵



What is Health in All Policies?

Health in All Policies (HiAP) is a response to a variety of complex and inextricably linked issues including, though not necessarily limited to: chronic diseases – many for which obesity is an indicator; increasing health inequities; health care costs; an aging population; and threats to natural resources, coupled with the lack of efficient strategies for achieving goals with shrinking means to do so. It is a collaborative approach that integrates and articulates health considerations into policy-making across sectors, at all levels, to improve the health of all communities and people. Further, it engages diverse governmental partners and stakeholders to work together to improve health and simultaneously advance other goals, such as promoting economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and educational attainment.⁶

What does HiAP aim to accomplish?

It is not enough to add years to our lives. We must, also, add healthy life to our years. The goal of HiAP is to ensure that decision-makers are informed about the health, equity, and sustainability of consequences or enhancements during policy development processes. A wide range of policies can help to influence health – ranging from transportation and land use to the food we eat and how much we walk rather than drive. While the health sector has gradually increased its cooperation with other government sectors, other sectors are increasingly taking health and the well-being of citizens into account in their policies. The key factor enabling such a development has been that health and well-being are shared values across the societal sectors.

What is the issue that requires attention?

A healthy population is a key requirement for the achievement of society's goals. Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports sustainable environments, and contributes to security, poverty reduction, and social inclusion. The increased prevalence of sedentary lifestyles, which contributes to rising obesity rates, is related to changes in patterns of land use and transportation, increased distances from homes to schools and work, parental fears about children's safety, shifts in the nature of work, and cultural changes. The Task Force on Community Preventive Services recommends using community and street-scale design and land use policies to promote physical activity as local governments have the ability to use their zoning and sub-division authority to facilitate walking, bicycling, and other opportunities for physical activity.⁷ Walking and bicycling, as modes of transportation (or "active" transportation), are low cost, low-polluting, calorie-burning, health improvement alternatives to driving, that warrant attention.

HiAP in Action

The vision statement of the Boston Region Metropolitan Planning Organization (MPO) calls for sustaining a "healthy and pleasant environment"; further, its short-term Transportation Improvement Plan aligns its transportation planning activities with other planning activities, including the Massachusetts Healthy Transportation Compact, which aims to "achieve positive health outcomes through the coordination of land use, transportation, and public health policy." Additionally, in 2013, in partnership with the Boston Society of Architects, the Boston Public Health Commission launched the Fit City Boston initiative, which brings together planners, architects, developers, public officials, academics, and residents to explore how physical activity can be supported by the design of our streets and buildings.

After Tennessee ranked fourth highest in the nation for obesity, the Nashville Area MPO took steps to develop active environments – including walking and bicycling. They formed policy, directed funding, and conducted research that facilitates positive health outcomes for their residents by developing a transportation plan that incentivized active living by prioritizing constituent health and developed criteria measures for their 2035 Regional Transportation Plan. Under their Active Transportation Program, which targets 15 percent of available Urban Surface Transportation Program resources for walking, bicycling, or transit-supportive projects, the Nashville Area MPO funded projects that promote public health by awarding \$2.5 million in 2012.

In 2012, staff at the Oregon Health Authority, Public Health Division (OHA-PHD) reached out to peers at the Oregon Department of Transportation (ODOT) to identify prospects for partnership as a part of their health in all policies approach. Also, emerging in part from interest in the Oregon Governor's office in having non-traditional representatives serve on the Oregon Transportation Commission, a Memorandum of Understanding (MOU) was drafted in 2013. Both the transportation and public health leaders at these organizations were seeking opportunities to connect; the timing was serendipitous, as both were aligned in their thinking. The leader-to-leader discussions coupled with receptive audiences among the staff at both agencies drove the success of the MOU. Further, the ODOT has been active in including health in planning processes and safety projects, while OHA-PHD has been encouraging statewide pedestrian safety for children and leveraging a health impact assessment as a tool to help apply public health considerations to transportation planning and design.

What is the evidence that makes this an issue?

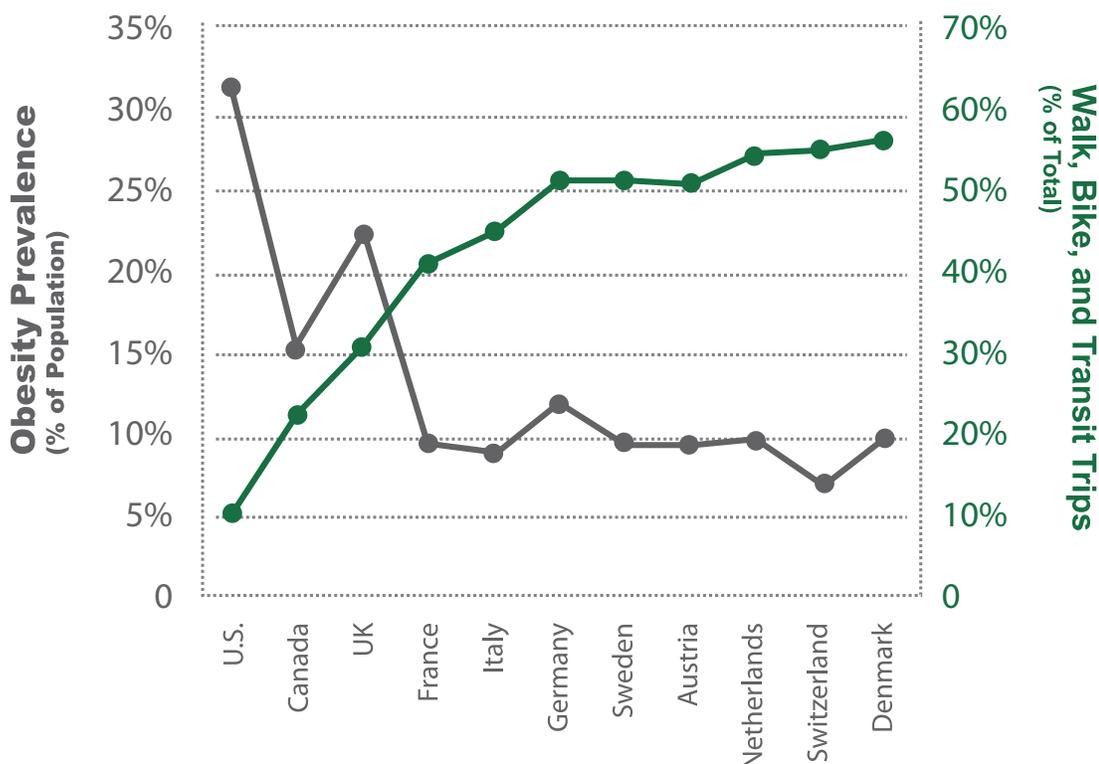
[There is consistent epidemiological evidence that demonstrates that physical activity is a major modifiable risk factor in the reduction of mortality and morbidity from many chronic diseases. “Obesity contributes to over 300,000 deaths per year, principally through its association with cardiovascular disease, type 2 diabetes, and several cancers... obesity currently is the second leading cause of preventable deaths and will soon surpass cigarette smoking, the leading cause.] Health economists estimate that obesity costs our nation approximately \$100 billion a year. And these figures say nothing about the personal suffering of those affected by obesity.”⁸

Research indicates that physical activity interventions of regular moderate-intensity activity – including using walking or cycling for transportation – can provide similar benefits as vigorous activity. Physical activity guidelines recommend 30 minutes per day, five days per week, of moderate-intensity physical activity (such as brisk walking) for adults and 60 minutes per week for children.⁹ Despite the well-established health benefits of regular physical activity, only one in five adults in the United States meet the 2008 Physical Activity Guidelines for Americans.^{10,11} In response to those low levels, promotion of physical activity has expanded from individual-based approaches to promoting policies and environments that support active living. Approximately, two-thirds of Americans are overweight.¹² Countries in which walking and cycling are most common have the lowest obesity rates, whereas countries with the highest rates of car use for travel have the highest rates of obesity; see table below.

According to The Surgeon General’s Vision for a Healthy and Fit Nation, the social, cultural, physical, and economic foundations of a community support a healthy lifestyle for its citizens. For example, stairwells, bicycle paths, walking paths, exercise facilities, and swimming pools that are available, accessible, attractive,

and safe, may play a role in how much and the type of physical activity people engage in.¹⁴ The physical layout of communities can promote or limit opportunities for physical activity. There is growing research and policy interest in active living, defined as “a way of life that integrates physical activity into daily routines.” Under this principle, by establishing communities that support an active lifestyle, neighborhood design can promote physical activity patterns that are sustainable and important to health. Building new communities that are less car dependent and increasing the density of existing communities are strategies that can make it easier for people to walk to their destinations of daily life. Higher land-use mix encourages more utilitarian trips among residents and increases their ability to reach their destinations on foot rather than by automobile. Proximity of neighborhood shops to residences promotes trips on foot or by bicycle. In addition to mixed-land use, other measures, such as higher residential density, smaller street blocks, and access to sidewalks have been reported to translate to an increase in walking for adults. Increased urban sprawl, by which farther distance between destinations decreases walkability, has been associated with less physical activity and with more obesity in adults, as well as higher automobile passenger and pedestrian fatality rates.¹⁵

Transportation and Obesity Rates¹³



What can policy-makers do?

Rather than modify the individual behavior of one person at a time, public policy to enhance the built environment and in support of active transportation is an obvious strategy that can have profound impact on improving population health. Although the process is complex, it is clear that a more effective means of modifying individual behavior is an approach that requires the commitment of diverse sectors and organizations such as, though not necessarily limited to: public health; municipal planning; schools; parks and recreation; transportation; the business community; residents of respective communities; and the media.

Issue: Governments, at all levels, are challenged by declining revenues and shrinking budgets.

Response: Collaboration across sectors – utilizing Health in All Policies – can promote efficiency by identifying issues being addressed by multiple organizational entities and fostering discussion of ways in which agencies can work collaboratively to improve outcomes.

Issue: Developers of comprehensive or master transportation plans cannot be expected to know or conduct research or collect data on the health-related issues.

Response: Develop and implement bicycle and pedestrian master plans, which aim to increase opportunities for active transportation. Such plans should outline policies, street classifications, design guidelines, and projects. They should include a long-range vision for active travel infrastructure and policies. They should identify and support evidence-based policy changes that improve health outcomes and address related environmental and equity issues, such as increased physical activity, reduced obesity, improved air quality, and lower rates of roadway-related death and injury. Complete Street policies, which define how transportation planning, design, construction, and maintenance will serve all users, should also be included in bicycle and pedestrian master plans. While often produced at the regional level, bicycle and pedestrian master plans may also be produced at the state, county, or municipal level.

Issue: While the relationship between urban environments and health is well-recognized in the public health field, this is not necessarily the case in the wider community, the mass media, other sectors of government, and private industry. These sectors and others need to be involved in the wide-ranging efforts required to ensure a healthier population. For example, creating awareness of the environmental determinants of health is a particular challenge for obesity prevention, which until recently has been framed as a problem caused by the unhealthy food and activity choices of individuals.

Response: HiAP is about institutionalizing health considerations into decision-making – proactively embedding health considerations into programs and policy development – rather than considering health and equity after decisions are made. It is about adopting a new paradigm whereby individuals of multiple disciplines – intra- and inter-organization – contribute their expertise/respective knowledge to possible solutions. While a radical shift in how government functions, collaboration across sectors – health, municipal planning, transportation, education, parks, criminal justice and others – will be critical in an effort to achieve long-term, sustainable impact. See table on page five, for potential cross-collaborations between health and other sectors.



Options for Cross-Sector Collaboration ¹⁶

Sectors / Issues	Interrelationships with Health
Economy and employment	<ul style="list-style-type: none"> • Economic resilience and growth is stimulated by a healthy population. Healthier people can increase their household savings, are more productive at work, can adapt more easily to work changes, and can remain working for longer. • Work and stable employment opportunities improve health for all people across different social groups.
Education	<ul style="list-style-type: none"> • Poor health of children or family members impedes educational attainment, reducing educational potential and abilities to solve life challenges and pursue opportunities in life. • Educational attainment for both women and men directly contributes to better health and the ability to participate fully in a productive society; it also creates engaged citizens.
Infrastructure, planning and transport	<ul style="list-style-type: none"> • Optimal planning for roads, transport, and housing requires the consideration of health impacts, as this can reduce environmentally costly emissions and improve the capacity of transport networks and their efficiency with moving people, goods, and services. • Better transport opportunities, including walking and cycling opportunities, build safer and more livable communities and reduce environmental degradation, enhancing health.



Providing people with options for getting around is really an investment in health.

- Trails for runners, bike lanes for commuters, and sidewalks for a stroll to the store all provide opportunities to incorporate exercise into everyday life, combating obesity while cutting air pollution
- And a healthy community saves money – it makes good business sense to consider issues like obesity, diabetes, safety, and air quality when we make transportation decisions





Recommendations for Decision Makers

Transportation policies and plans, shaped without consideration of health and equity outcomes, cost taxpayers hundreds of billions of dollars. In a recent letter, signed by numerous formidable and well-respected national organizations (May 13, 2015), Secretary Foxx of the U.S. Department of Transportation was urged to integrate health into transportation planning by:

- Developing performance measures relating to the impact of transportation infrastructure on public health – especially, physical activity. Such measures include, though are not necessarily limited to: miles of active transportation facilities; percent of commuters relying on foot or bicycles at least once a week for even part of their trip; and percent of trips by foot or bike.
- Enabling planners to better measure progress and facilitate healthier outcomes by requiring state, metropolitan, and regional transportation planning organizations to collect and aggregate data about the presence and use of active transportation infrastructure.
- Calling for programmatic mitigation plans to include an active transportation plan. Many communities are beginning to enact bicycle and pedestrian plans, in part, as a means to reduce carbon emissions by increasing walking and bicycle routes.

The World Health Organization’s Adelaide Statement on Health in All Policies calls for the engagement of leaders and policy-makers at all levels of government — local, regional, national, and international. It emphasizes that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. This is because the means to health and well-being lie outside the health sector and are socially and economically formed. Although many sectors already contribute to better health, significant gaps still exist. The Adelaide Statement outlines the need for a new social contract between all sectors to advance human development, sustainability, and equity, as well as to improve health outcomes. This requires governance whereby leaders, across all sectors and between levels of government, join together. All must contribute to resolve complex issues across governmental agencies. Taking account of health means more effective government; more effective government means a healthier population.¹⁷

Decision makers are encouraged to:

- Adopt a “Health in All Policies philosophy” by systematically identifying and seizing opportunities to incorporate health in plans and policies resulting in a lasting legacy of increasing physical activity and reducing related chronic diseases.
- Integrate health-related priorities, as identified in community health needs assessments – specific to your community, into your comprehensive and transportation plans. Include measurable objectives so that progress can be measured.
- Collaborate across sectors – education, health, municipal planning, transportation, and others – in the development of land use and transportation plans and policies.
- Consider policies that require enhanced connectivity in all future developments. Support active transportation, including ease of pedestrian and bicycle movement, and enrich the quality of the public realm by increasing connections; require sidewalks and implement a walkable grid in all new communities.



This policy brief presents the basis for “why” HiAP. A future brief will address “How to introduce HiAP” and answer “How do we know it works?,” citing examples in which HiAP has been implemented. It will cite successful examples and provide suggestions pertaining to possible structures, processes, participants, and cost effectiveness of introducing health into policies as well as in plans that address transportation matters.

End Notes:

¹ US Department of Health and Human Services. Physical Activity Guidelines for Americans. Fact Sheet for Professionals. <http://health.gov/paguidelines/factsheetprof.aspx>

² Behavioral Risk Factor Surveillance Systems, Centers for Disease Control and Prevention, 2013

³ American Heart Association. Start Walking Now. “The benefits of walking.” www.startwalkingnow.org/whystart_benefits_walking.jsp.

⁴ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

⁵ Mayo Clinic

⁶ Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute)

⁷ <http://www.thecommunityguide.org/pa/index.html>

⁸ Thomas A. Wadden Ph.D. Testimony Of The North American Association For The Study Of Obesity (NAASO) Before The U.S. House Of Representatives Committee On Government Reform Subcommittee On Human Rights And Wellness The North American Association for The Study Of Obesity September 15, 2004

⁹ U.S. Department of Health and Human Services. Physical activity and health: A report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion; 1996.

¹⁰ Harris CD, Watson KB, Carlson SA, Fulton JE, Dorn JM, Elam-Evans L. Adult participation in aerobic and muscle-strengthening physical activities – United States, 2011. *MMWR* 2013; 62(17): 326-330

¹¹ U.S. Department of health and Human Services. 2008 Physical Activity Guidelines for Americans.

¹² Impact of the Built Environment, Centers for Disease Control and Prevention – National Center for Environmental Health, 2011

¹³ Vision for a Healthy and Fit Nation 2010 (PDF - 840 KB)

¹⁴ American Journal of Pediatrics Vol. 123 No. 6 June 1, 2009 pp. 1591 -1598

¹⁵ Promoting Safe Walking and Cycling to Improve Public Health: Lessons from the Netherlands and Germany, 2003. http://hsph.harvard.edu/healthdesign/ppt-pdf/pucher_revised.pdf

¹⁶ Adelaide Statement on Health in All Policies, WHO 2010

¹⁷ http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf (Adelaide Statement on Health in All Policies, WHO, Government of South Australia, 2010)

Defining the Terms:

Active Transportation: any form of human-powered transportation – walking, cycling, using a wheelchair, in-line skating or skateboarding

Built environment: all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure) that are deliberately constructed, as well as outdoor spaces that are altered in some way by human activity. The built environment influences a person’s level of physical activity

Epidemiology: the incidence, distribution, and possible control of diseases and other factors relating to health

Equity/health equity: a key strategy for addressing major population health issues rooted in socioeconomic inequalities facing the United States

Health in All Policies: a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas

Healthy community: a community that embodies economic, physical, social, and service environments that are known to promote health

Public policy: the sum of government activities that have an influence on residents and communities

Sustainability: the need of society to create and maintain conditions so that the population can fulfill social, economic, and other requirements of the present without compromising the ability of future generations to meet their own needs



Steps to a Healthier You!

Principal writing and research of this policy brief was performed by Carol Reichbaum of the University of Pittsburgh Graduate School of Public Health.

Funding was provided by the Pennsylvania Department of Health through the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention.



University of Pittsburgh

Graduate School of Public Health
Center for Public Health Practice