

A BROADER

Policies in All Sectors Make a Difference

**AS MOMENTUM
BUILDS FOR
CONSIDERING THE
PUBLIC HEALTH
EFFECTS OF
DECISIONS
OUTSIDE HEALTH'S
TRADITIONAL
PURVIEW, SPH
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LEADING THE WAY.**

Although the details were much debated during the

year-long politicking over health care reform, no one would disagree that there were major health implications to the bills under consideration – and ultimately to the law passed in Congress and signed by President Obama last March.

But what about debates over alternative energy, agricultural subsidies, and even extending the Bush tax cuts? Few would call these health issues...yet their potential impact on health is profound. Similarly, it might seem outside of health's purview when municipalities consider mass-transit systems or major commercial developments – but whether an urban environment is conducive to safely walking and biking can go a long way toward determining the health of the local population. When public schools face massive budget reductions there is concern, rightfully, about the effects on education. But this, too, is a health issue: With physical education and other health-promoting school programs becoming vulnerable, those reductions ultimately affect obesity and children's health. And formal education is a major determinant of longevity.

Dr. Jonathan Fielding, professor of health services at the UCLA School of Public Health and director of the Los Angeles County Department of Public Health, is among the leaders of a growing movement to consider health impacts across a wider range of societal discussions – a movement known as Health in All Policies. “If you look at what determines health in populations, as well as disparities in health between communities, to a considerable extent it has to do with the social and physical environment – the societal underpinnings that are typically considered issues of economic development, education, transportation and housing, to name a few, but not health issues,” Fielding says.

But Fielding concluded long ago that even prevention-oriented strategies by health departments to reduce health risk factors – though of great importance – fail to address major conditions that affect health in less-than-obvious ways. “We’ve gotten too used to segregating issues by sector,” he says. “We have to do a better job crossing over and working with people in other sectors to help them understand the effects of their decisions – whether it’s decisions on subsidizing high-fructose corn syrup production or decisions on how much is invested in the

VIEW OF HEALTH:

highway system as opposed to bikeable and walkable cities and mass transit-oriented development.”

In the same way that Health in All Policies requires educating leaders in non-health agencies about the health consequences of decisions, it also calls for more broadly trained public health professionals, contends Dr. Richard Jackson, chair and professor of environmental health sciences at the school and, like Fielding, a national leader in promoting the Health in All Policies concept. “It’s clear that if you’re graduating from a school of public health, you should have at least a basic familiarity with issues such as housing, engineering and economics,” says Jackson, who has served as California’s state health officer and as director of the National Center for Environmental Health, part of the U.S. Centers for Disease Control and Prevention.

With passage of health care reform earlier this year came tangible evidence that the voices of Fielding, Jackson and other public health leaders at UCLA and elsewhere are being heard when it comes to their argument that health impacts should be considered in a broader array of policy decisions. The law created the National Prevention, Health Promotion, and Public Health Council, composed of top government officials, to elevate and coordinate

prevention activities and design a national prevention and health promotion strategy in conjunction with communities across the country. Chaired by the U.S. surgeon general, it includes the secretaries of Agriculture, Labor, Health and Human Services, Education, and Homeland Security; the administrator of the Environmental Protection Agency; the chair of the Federal Trade Commission; and the director of the National Drug Control Policy, among others.

The movement is catching on at the state and local levels as well. In California, the state health department has established a Health in All Policies Task Force as part of the governor’s Strategic Growth Council. In Los Angeles County, Fielding’s department conducted a health impact assessment outlining the potential benefits of a proposed restaurant nutritional menu-labeling law in addressing the obesity epidemic. The assessment is believed to have played a key role in the passage of California’s first-in-the-nation menu-labeling law in 2008, which in turn led to the inclusion of menu labeling in the federal health reform law.



When public schools face budget reductions, it’s also a health issue: Physical education is jeopardized, and formal education is related to longevity.



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The idea of viewing health more broadly isn't new – in fact, Fielding notes, in some ways Health in All Policies harkens back to an earlier time for the public health field. “You would see health effects of malnutrition, or of poor housing and inadequate sanitation, and the effects of investments in other sectors on health and health disparities were obvious,” he says. The United States fell behind other parts of the developed world – particularly Europe, which has used the health impact assessment (HIA) as a widespread policy-making tool for some time. But in the last decade, the concept has gained momentum – with the UCLA School of Public Health playing an important leadership role.

Jackson, while serving as the director of CDC's environmental health center in the late 1990s, was among the first to advocate for including assessment of health impact in major policy deliberations. He notes that since passage of the National Environmental Policy Act in 1969, major federal projects have required environmental impact assessments; at the state level, the California Environmental Quality Act passed the following year, requiring environmental impact reports for projects with potentially significant environmental effects. Although the environmental studies that take place as part of the state and federal mandates often give a nod toward health impacts, thorough public health assessments for proposed policies are rare. As a result, “you can have a significant project that's outlining what will happen to endangered species but offering little analysis of what happens to children, old people, poor people and everyone

in between,” says Jackson, who is currently chairing an Institute of Medicine committee, “A Framework and Guidance for Health Impact Assessment,” on which Fielding also serves.

Recent U.S. history is replete with examples of major undertakings that would have benefited from advance consideration of health impacts, Jackson says, starting with the Interstate Highway System, an enormous expenditure undertaken by the federal government in the 1950s. “We know the built environment has major health impacts, from respiratory diseases and injuries to obesity and many other chronic diseases,” he says, “and yet transportation and other sister agencies are scarcely aware of them.”

In 2001, Fielding brought together a group of UCLA School of Public Health faculty to begin a joint endeavor with the Washington, D.C.-based Partnership for Prevention. With support from the Robert Wood Johnson Foundation, the UCLA Health Impact Assessment Project aimed to assess the feasibility of HIAs and develop prototypes, applied to specific policies. Starting by evaluating the health impacts on the Los Angeles City Living Wage Ordinance, the group crossed traditional boundaries within public health as well as seeking out researchers in other fields. “With a lot of these issues, we don't start with inherent expertise in the subject matter,” Fielding explains. “We need to partner with experts from other fields and use resources from other disciplines to determine how changes in different sectors positively or negatively affect health.”

While the HIA tradition in Europe had emphasized bringing stakeholder communities into the process of decisions with potential health consequences, the UCLA team developed methods that are more quantitative. “We wanted to show through

Transportation safety issues are also community health issues: Airports present potential noise and air quality concerns for the local population.



Health Impact Assessment of Santa Monica Airport Teaches UCLA Pediatric Residents to Broaden View of Physician's Role

For the pediatric residents training at Ronald Reagan UCLA Medical Center, it was an unusual project – but one that reflects a recognition that social and environmental conditions are every bit as important to children's health as what occurs in a clinical setting.

In response to concerns from members of the community surrounding Santa Monica Airport, the 10 pediatric residents – part of the UCLA Community Health and



Community leaders meet with officials to discuss concerns about potential health impacts from Santa Monica Airport.

Advocacy Training (CHAT) program – conducted a health impact assessment (HIA) of the Santa Monica Airport to organize, analyze and summarize existing information on the potential health impacts of the airport's activity related to three issues: air quality, noise and the lack of an airport buffer zone.

"Pediatricians increasingly recognize that environmental health is actually closer to pediatrics than it is to adult medicine, and that we need to set environmental standards to protect kids because their exposures are much higher per pound of body weight than adults," says Dr. Richard Jackson, chair and professor of environmental health sciences at the UCLA School of Public Health and a pediatrician who has specialized in the issue of children and environmental health. Jackson, who was brought in to teach part of the course, is also a longtime proponent of the need to assess proactively the impacts on health of transportation, construction, and other major decisions.

The residents conducted what's known as a rapid non-participatory HIA over two weeks last February. Their analysis was based on reviews of relevant scientific publications; regulations and guidance relevant to airport

planning and health; input from expert consultants; public comment and testimony; and participation in community forums and meetings. The group concluded, among other things, that there has been a rise in the number of jet plane operations in recent decades, potentially increasing the air and noise pollution exposure in the surrounding area. The report noted that the airport's proximity to schools, daycare centers, parks and residential homes may pose certain health risks for children and families living in the nearby community. The HIA offered recommendations for mitigating the potentially adverse health impacts.

Whether the recommendations are acted on remains to be seen, but the effort did not go unnoticed. "It had a huge political impact," says Ping Ho (M.P.H. '05), a Santa Monica resident who is a member of Concerned Residents Against Airport Pollution and Friends of Sunset Park Airport Committee, two grassroots groups that have lobbied the City of Santa Monica and airport officials on airport-related concerns. "They showed the community and our elected officials that the problem is of concern to front-line medical professionals, and their summary made it clear that there is sufficient science to justify the concerns of the community." Drawing on her own education in the school's M.P.H. for Health Professionals Program in Community Health Sciences, Ho has synthesized scientific studies and written briefings for the community-based group.

"Medical practitioners haven't been very involved in HIAs to this point," says Brian Cole (M.P.H. '90, Dr.P.H. '03), a researcher at the school who has been a leader in the HIA movement as part of the UCLA HIA Project, and who served as a consultant to the pediatric residents. "It was exciting to see that the pediatric training program recognized the importance of learning about some of the upstream determinants of health problems and using the HIA as a way of addressing that."

Dr. Alma Guerrero (M.P.H. '08), an assistant clinical professor of pediatrics and CHAT program faculty member, believes the pediatric residents benefited as much as the community. "What we try to instill in the residents is the importance of thinking broadly about health," she says. "The Santa Monica Airport is near where a lot of our patients live, and it's easy to take it for granted. By having the residents review the science and engage with the community on an important health concern, we're encouraging them to think outside the walls of the clinic in how they define their role as physicians."



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our HIAs that a more systematic approach would be a valuable tool in the policy process,” says Dr. Gerald Kominski, professor of health services at the school and a key member of the initial UCLA Health Impact Assessment Project team. “Our goal was to lay out the plausible downstream health effects of a variety of initiatives or laws that might be enacted, casting as broad a net as possible to show that virtually all public programs have potential health consequences.”

The UCLA group also argued for bringing in an evidence base. “It’s a two-step process,” Kominski explains. “The first is analytical – mapping out the possible pathways by which a policy can affect health. But the second important step is to say whether there is scientific evidence showing that these plausible effects have been measured. And the answer is that there *is* a lot of literature out there.” For an HIA of California’s Proposition 49, a successful 2002 ballot initiative to significantly expand state funding of after-school programs, the UCLA researchers found substantial evidence – in the education literature – that providing targeted after-school programs for at-risk children confers secondary health benefits, from increased physical activity and improved mental health to lower rates of substance abuse, teen pregnancy and sexually transmitted diseases. Unfortunately, notes Kominski, the initiative wasn’t designed to address the challenges facing these at-risk children.

In recent years, one leader in the HIA movement at UCLA and nationally has been Brian Cole (M.P.H. ’90, Dr.P.H. ’03), a researcher in the school’s Department of Health Services who was hired as the team’s original project director while he was a doctoral student in the Department of Community Health Sciences. Cole has led the effort to create the HIA Clearinghouse Learning and Information Center (www.hiaguide.org). In addition to providing a single online location for all ongoing and completed HIAs in the United States, the clearinghouse provides links to research used to inform the HIAs and presents different methods for preparing an HIA. “One of our goals is to lower the bar, particularly for smaller agencies, so that they can do these more easily,” Cole explains.

Meanwhile, Cole has continued to contract with municipalities and community groups to conduct HIAs. He recently served as a consultant on an HIA of the Santa Monica Airport done by a group of pediatric residents at UCLA’s David Geffen School of Medicine (see the sidebar on page 13). With funding from the

Agricultural policies can affect health by, for instance, subsidizing high-fructose corn syrup – and indirectly fueling the obesity epidemic.





Promoting decent, affordable housing reduces problems associated with allergens, increases community stability and improves mental health, to name a few.

Pew Charitable Trust, Cole and his UCLA School of Public Health colleagues are working to ensure that health concerns are addressed in the environmental impact report for the Wilshire Corridor Transit Alternatives – the so-called Subway-to-the-Sea proposed to be built on Los Angeles’ Westside. Beyond addressing health concerns, Cole says, the UCLA group is seeking to maximize potential health benefits from the development: how, for instance, the system might be able to tap into existing pedestrian and bicycle routes to encourage people to walk and bike more. In addition, with funding from Robert Wood Johnson Active Living Research, the UCLA group is conducting rapid HIAs around physical activity in schools.

HIAs related to proposed developments – from a new shopping center to a new highway or subway system – are a natural fit, Cole explains, since they can be coupled with environmental impact assessments. But he and others have also been grappling with the more challenging but no-less-important type of HIA, ones attached to policies that don’t involve bricks-and-mortar projects. “The question is how we get people thinking about the upstream determinants of public health in labor, energy or agricultural policies, for example,” Cole says.

Much of the work of the UCLA HIA project has involved building the tools and evidence base for agencies to apply to these population-level HIAs. In 2008, Cole and Fielding co-wrote a white paper published by the Partnership for Prevention on how Congress and federal agencies could incorporate HIAs into large-scale policy-making (“Building Health Impact Assessment Capacity: A Strategy for Congress and Government Agencies”).

Beyond the formal processes of analyzing the potential impacts of a project or policy, Cole

explains, the HIA as well as other tools can play a broader role by simply educating the public and policy-makers about the connections between decisions that are not primarily about health and their potential public health impacts.

Indeed, notes Fielding, the HIA isn’t an end in itself. “The HIA is a tool for operationalizing and concretizing the Health in All Policies concept,” he says. “But it does nothing unless it’s coupled with efforts to use that information to educate those who are making policy about why they should pay more attention to the health impacts of decisions in other sectors.”

Kominski points out that the Health in All Policies movement is based on a notion that has long been recognized in public health – and championed by UCLA School of Public Health faculty including Dr. Lester Breslow, dean emeritus of the school. “In public health we know that the medical care delivery system is just one determinant of the population’s health – an important component, but a relatively small one, especially when you consider the cost,” Kominski says. “There are also social determinants of health, and we are likely to reap much greater health improvements from investments in those areas than from additional medical care expenditures.”

Fielding believes many outside of public health are beginning to come around to that point of view. “When we’re spending 50-100 percent more than our developed-country trading partners and doing worse in terms of health, it becomes obvious that we can’t just work through the medical care system to improve health,” he says. “We won’t move from being 37th in the world in life expectancy until the determinants of health and health impacts of decisions become a focus of public policy at all levels.”