



Health in All Policies Task Force Strategic Planning and Stakeholder Engagement Summary Fall 2020-Summer 2021

Background

The Health in All Policies (HiAP) Task Force, established in 2010 through a Governor's Executive Order with accountability to the California Strategic Growth Council (SGC), facilitates engagement across California State agencies and departments on the topics of health, racial equity, and sustainability. The HiAP Task Force is staffed through a partnership between SGC's Health and Equity Program, the California Department of Public Health (CDPH), and the Public Health Institute (PHI), a nonprofit organization.

Stakeholder Engagement Process

In partnership with the UC Berkeley Othering & Belonging Institute (OBI), SGC's Health and Equity Program (HEP) team led a multi-phase stakeholder engagement process from August 2020 to June 2021 to inform opportunities for the HiAP Task Force to more effectively address challenges faced by local and regional stakeholders.

This overview compiles information about the engagement process and key findings. You can view a recorded presentation of these findings in full here:

<https://www.youtube.com/watch?v=G917r8Q7P7w>.

The HiAP stakeholder engagement process consisted of:

- **Key Informant Interviews (KII)** among 26 stakeholders from 11 State agencies and state agency partners;
- An **online survey**, with 128 respondents from across California (including local, regional, and state agencies, and nonprofits) on HiAP focus areas based on 20 health and equity indicators from the [CDPH Healthy Communities Framework](#); and
- Four online, regional **listening sessions** with over 30 participants (including from government and nonprofit organizations) from four key regions in California (Bay Area, Central Valley, Northern CA, Southern CA) to supplement information collected from the survey.

As this work has evolved, it has become increasingly clear from stakeholders, State agency partners, and data that a health in all policies approach must start with addressing racial inequities. Moving forward, the HiAP Task Force will continue to embed racial equity as a key priority and outcome in its policy focuses and collaborative initiatives.

Key Findings

In the online survey, respondents were prompted with a list of community features – or indicators – that are essential to a healthy community, as identified by the [CDPH Healthy Communities Framework \(HCF\)](#). Among respondents, the HCF indicators most frequently listed as the highest priority for a healthy community included **housing, healthcare, employment, climate change, and safety**. However, when respondents were asked about recommendations for future HiAP Task Force work, the most recommended priority areas included: **housing, healthcare, and climate change**.



PRIORITY	Count	Partnership & Communications	Direct Support	Policy	Data & Research
Housing	26	13	8	8	2
Healthcare	24	9	11	8	7
Climate change mitigation, adaptation, and resilience	21	14	11	8	4
Child and adolescent development	10	3	7	3	2
Transportation	10	5	5	2	2
Food	9	1	7	5	1
Safe communities	9	9	4	4	1
Education	7	2	4	4	1
Employment	7	1	3	5	1
Emergency preparedness	5	2	2	4	2
Open spaces	4	1	2	1	1
Decreased pollution	3	1	0	1	2
Water	3	2	2	0	0
Physical activity	2	0	2	0	0
Energy use	1	1	0	0	1
Tobacco- and smoke-free communities	1	0	0	1	0
Total	142	64	68	54	27

When asked about the key actions the HiAP Task Force could take to advance health and equity over the next five years with respect to the HCF indicators, the most common themes and topics were **partnership and communications, policy, direct support, and research and data**. Various strategies emerged within these four overarching themes, shown below.

Partnership & Communications	Policy	Direct Support	Research & Data
Partnership Building & Coordination Bridging Issues Strategic Communications Community Engagement	Advocacy & Policy Change Policy Implementation & Enforcement Policy Design	Guidance & Technical Assistance Funding & Resources Programmatic Support Strategy Development	Metrics & Data Collection Research

Additionally, respondents identified the following factors as persistent barriers to achieving health and equity in the communities they serve:



1. **Funding limitations and siloes:** For instance, one respondent described, “The categorical and siloed nature of funding sources... [and how] Sectors don't work together to coordinate their resources.”
2. **Funding and contracting rules, restrictions, and policy barriers:** One respondent described a “lack of implementation of policies that allow the most vulnerable to access resources without barriers.” Respondents also noted that the State poses restrictive criteria that prevent smaller entities, such as local non-profit organizations, from receiving State funding or resources.
3. **Lack of coordination across agencies, issue areas, and priorities:** One respondent described that, “Health and equity are often not mentioned or directly included in guidelines and program initiatives. If both health and equity were items included in all guidelines, programs, and reports then it would be required all state departments are aware and discuss the connection of their departments and these topics.”
4. **Information gaps:** Information gaps on the topic of health and equity were identified. One respondent noted, “Not everyone who works within [state government] is sufficiently trained to think along health & equity lines in their day-to-day work.”
5. **Lack of data and assessment:** One participant explained that data collected can be insufficient or inadequate in illustrating existing health and racial disparities that prevail in communities across California, stating, “So many health disparities get hidden in the data when it's not disaggregated...” Relatedly, another respondent emphasized, “Data silos and (perceived) data privacy issues.”
6. **Language access:** One respondent explained, “We need a new way to determine which languages are spoken by a given community and an intentional effort to staff offices in a way that reflects the racial, ethnic, and linguistic makeup of the community.”

Next Steps

This stakeholder input will shape the topics and policy areas the HiAP Task Force may address once it reconvenes in 2022. Findings from this work will help HiAP Task Force staff from SGC, CDPH, and PHI – and the state employees that will join the Task Force as contributing members – better understand their role in promoting a healthier and more racially equitable California.

Moving forward, SGC's Health and Equity Program, in collaboration with CDPH and PHI, will:

1. Disseminate these findings to state agencies and departments to further inform potential priorities and gather additional information on existing initiatives related to these recommendations;
2. Engage directly with state agencies and departments to identify opportunities for further alignment; and
3. Work with Task Force members and other State agency partners to operationalize goals and identify actionable steps to address stakeholder recommendations.