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THE LONG ROAD TO THE “ALL” OF HIAP

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Abstract:

The objective of health in all policies (HiAP) is straightforward: integrating health and equity considerations into policies across all sectors of government will transform systems and environments in ways that support healthier, more equitable outcomes. However, pursuing that objective is complex and achieving those outcomes takes time.

This article examines three communities (Minneapolis, MN, Seattle, WA, and Richmond, CA) which have been pursuing HiAP long enough to achieve meaningful policy, systems, and environmental change. We identify when and how each community employed five key strategies for effectively adopting and implementing HiAP. And we present policies each community has adopted with examples of outcomes these initiatives have achieved. The purpose of this assessment is to set realistic expectations for how long it may take to achieve HiAP and to identify themes that could help other communities realize this level of progress more quickly and efficiently.

Based on our assessment of these communities, we conclude that it is not uncommon for it to take ten years or more to integrate health and equity into a substantial and coordinated set of policies across government agencies and departments. However, we also see that each step taken toward HiAP makes subsequent steps easier. And as more policies include health and equity concerns, the entire system does become more effective at improving health and equity outcomes. Finally, we show that that integrating health and equity across a range of plans and policies does shape decisions, lead to actual community transformation, and improve community health outcomes.



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Introduction

What does it look like when a community has successfully integrated health *and equity* in all policies (HiAP)? And how long does it take to get there? There are countless examples of communities across the country drafting plans, adopting policies, and building projects with the intention of improving community health and equity. There are also many lessons to learn about HiAP by examining these communities; some show common ways to use planning or capital improvement projects as a vehicle for opening discussions about the importance of HiAP; some show the type of early wins that HiAP initiatives can lead to. However, the objective of HiAP is much more ambitious than just adopting a policy or building a project which addresses the social determinants of health in one way or another. HiAP is a collaborative approach to improving the health of a community by systematically incorporating health, sustainability, social justice and equity considerations into decision-making across departments, institutions, agencies and policy areas.¹

Decision making processes in local government are complex and involve a wide range of sectors and stakeholders. Communities can have hundreds or thousands of plans, policies and regulations on the books. Moving any one plan or policy from start to finish can take time. Local governments only have the capacity to work on so many plans, policies or projects at a time. Given all of this, it should not be surprising that it takes time and effort to fully operationalize HiAP and see it result in changes across any community’s decision-making processes, policies, built environment, and health outcomes.

A few pioneering communities have been working to apply HiAP long enough to have seen their efforts influence decision-making processes and result in a coordinated portfolio of policies across sectors. This article provides a brief overview of three such communities that are further along in their efforts to comprehensively integrate health and equity in all

policies. By focusing on these communities, we can identify themes of successful implementation. We can see what it looks like to have health integrated across a range of policies in a coordinated way. Because these communities have reported on some level of tracking, evaluation, or action, we can also show how their HiAP perspectives have resulted in decisions that have shaped healthy and equitable community transformation in measurable ways.

Community Review

In this section, we present three case study communities: Minneapolis, MN, Seattle, WA, and Richmond, CA (see Table 1 for case Study Community Profiles). These communities were selected for three primary reasons. First, these communities were among the first in the country to either adopt a resolution or update a comprehensive plan with a stated objective of addressing the social determinants of health across city policies. This results in a selection of communities that have been pursuing HiAP for over 10 years. Second, each community has made significant progress operationalizing health and equity in all policies as is evidenced by the fact that each community has adopted multiple plans or policies that explicitly address health in coordinated ways across multiple city departments. Third, these communities have their plans and policies online, making it possible to easily review (and link to) their content, understand their policy and planning processes, and track the progress they have made to date.

These communities’ initiatives go by different names. However, we consider them all examples of HiAP because 1) they all state that improved health outcomes are a goal, 2) they all address the social determinants of health and 3) they have all involved the local, county, and/or state health department.

Each community has done a wide spectrum of work including 1) resolutions, or similar documents committing their community to health or equity in

Table 1. Case Study Community Profiles			
	Minneapolis MN	Seattle WA	Richmond CA
Government Structure			
Mayor	Yes	Yes	Yes
City Council Election Structure	By wards	At large	At large
City Manager / Coordinator	Yes	No	Yes
Annual Operating Budget (Billions)			
Total	\$1.7	\$6.02	\$.37
Population (2010)			
Total	382,578	608,660	103,701
Race and Hispanic Origin (2017)			
White Alone, not Hispanic or Latino	59.9%	65.3%	17.9%
Black or African American Alone	18.9%	7.1%	20.6%
Asian Alone	6.0%	14.5%	14.8%
Hispanic or Latino	9.8%	6.5%	42.0%
Two or More Races	4.9%	6.6%	4.8%
Income & Poverty (2017)			
Median Income	\$55,720	\$79,565	\$61,045
Persons in Poverty	20.7%	12.5%	15.7%
Life Expectancy (2015)			
Range	67.2 - 89.4	73.2 - 88.3	73.0 - 84.5
Average	78.6	81.2	78.8

Table 1. Sources:

Government Structure: <http://www.ci.minneapolis.mn.us>, <https://www.seattle.gov/>, <http://www.ci.richmond.ca.us/>
 Annual Operating Budget: [2019 Minneapolis Budget in Brief](#), [Seattle Open Budget Website](#), [2019 Richmond Budget in Brief](#)

Population, Race and Hispanic Origin, Income and Poverty: www.census.gov/quickfacts

Life Expectancy: www.cityhealthdashboard.com

all policies 2) internal strategic plans, action plans, committees and task forces that operationalize healthy and equitable decision-making within the local government 3) inclusive and representative community engagement that has demonstrably shaped planning or budgeting decisions 4) comprehensive plans or similar long-range, multi-sector planning documents where health or equity are fundamental guiding principles 5) health and equity data which is used to inform planning processes or track progress 6) health or equity-driven prioritization of capital investments or budgeting.

For this review, we identify the genesis of each case study initiative and present how each initiative evolved over time. We highlight some of the key plan and policy milestones in each community. We map the processes they went through as their initiatives

spread across government departments and agencies over time. We summarize the resulting plans and policy changes each community has adopted to date. We show how they are tracking success. And we give some examples of how their HiAP initiatives have guided decisions or resulted in healthy and equitable investments.

We also flag where, at different points in their journeys, each community has employed the following five key strategies for effectively adopting and implementing HiAP (ChangeLab Solutions, 2015):

These key strategies were originally identified by interviewing a dozen communities and reviewing policies used to guide such initiatives. These strategies do not need to occur in a specific order. This is in part because individual planning and policy processes are

Figure 1. Five Key Strategies for communities to adapt and implement HiAP



(ChangeLab Solutions, 2015)

- [**Convene & Collaborate**]: This involves meeting, communicating, and exchanging health-promoting ideas, resources, and programs between departments, agencies, institutions, and partners
- [**Engage & Envision**]: This involves engage communities in public discussions to define what it means to be a healthy, equitable community by describing what success looks like and specifying the health equity outcomes the community is trying to achieve.
- [**Make a Plan**]: This involves coming to a shared understanding of the barriers to and opportunities for health in a community and establishing strategies, policies, and actions to remove barriers and leverage opportunities to achieve the community’s vision.
- [**Invest in Change**]: This involves looking for ways to save, repurpose, combine, and attract new resources to operationalize HiAP and fund plan implementation.
- [**Track Progress**]: This involves gathering and analyzing data to evaluate and report on progress toward planned outcomes.

not always linear. It is also because HiAP initiatives can involve many different planning, policy, and implementation actions that are at different phases and are being worked on across multiple departments simultaneously. As a result, different planning, policy, and implementation actions could be employing different strategies at any given time. However, we do believe that all five strategies must ultimately be employed for a HiAP initiative to be successful. This review shows that each community has employed all five of these strategies at multiple points during their initiatives.

[NOTE: this review attempted to highlight major milestones of each community’s HiAP journey to date. There are likely additional healthy, equitable plans and policies or collaborations with other state, regional, and local agencies that have been completed in these communities but are not included below]

Minneapolis, Minnesota

2008 Our review of Minneapolis’ journey toward health in all policies begins in May 2008 when racial disparities data related to the City of Minneapolis Employment and Training Program led the City Council - through [Resolution 2008R-184](#) - to participate in a Joint City of Minneapolis and Hennepin County “Racial Disparities in Employment Steering Committee” (Minneapolis City Council, 2008). [*convene & collaborate*] This resolution and steering committee had a relatively narrow charge (racial disparities in employment) and it did not explicitly focus on health outcomes. However, by focusing on concentrations of poverty and unemployment localized in neighborhoods of color, it established a trajectory which would ultimately intersect with policies addressing the social determinants of health.

2012 By 2012, the City had updated its Sustainability Indicators and Targets to

include eliminating racial disparities in employment for Minneapolis residents (Gordon, n.d.). [*track progress*] This action was informed in part the Minneapolis Foundation, which released a report with racial, education, jobs, housing, and other data which “shines a light on the shocking and unacceptable differences in how Minneapolis residents are faring on the most essential indicators of a healthy and productive life” (Minneapolis Department of Civil Rights, 2011). [*track progress*] In an attempt to address these challenges, the Minneapolis Foundation convened a One Minneapolis Call to Action conference to begin a conversation about how to address disparities in the city. [*convene & collaborate*]

[NOTE re: 5 Key Strategies - In Minneapolis, although a vision and plan had not yet been established, [tracking and evaluating data](#) was an effective way to influence decisionmakers about the importance of the initiative]

2012 The Minneapolis Foundation report and the Racial Disparities in Employment Steering Committee’s work had uncovered the role of institutional racism in driving inequity. This understanding led the City to declare - through Resolution (2012-456) Supporting Equity in Employment in Minneapolis and the Region - that institutional racism is a problem in Minneapolis and called on City government to “lead by example” and use a racial equity framework to inform City budget, policy and program decisions” (Gordon, n.d.).

This racial disparity work was beginning to converge with the Health Department’s increasing involvement with the City’s place-based policy and planning activities. For example, in 2012, the Health Department prepared a [Health Impact Assessment](#) (HIA) for the Park and Recreation Board’s [Above](#)

[the Falls: Master Plan for the Upper River in Minneapolis](#) (Department of Health and Family Support, City of Minneapolis, 2012). [*track progress*] And, “in fall 2013, the [City’s] Public Health Advisory Committee (PHAC) engaged in a prioritizing activity to better align its discussions, actions, and efforts with the Minneapolis Health Department and City of Minneapolis goals” (Health Department, City of Minneapolis, 2015). [*make a plan*] That process yielded housing and homelessness as one of six priorities (Health Department, City of Minneapolis, 2015). In the short term, this led to a meeting between the Residential Finance Manager from the City’s Community Planning & Economic Development office and the City Council’s Public Health Policy & Planning Sub-committee in order to discuss housing policies, funding, and development (Health Department, City of Minneapolis, 2015). [*convene & collaborate*] In the longer term, this focus on housing would create multiple points of alignment with policies and actions in the City’s upcoming Comprehensive Plan update.

2014 As the City’s commitment to racial equity expanded beyond employment, the City began to review its own historic policy context of institutional discrimination. This included studying best practices from other communities about how to address racial equity (City of Minneapolis, n.d.b).

By April 2014, the ideas and concepts the City had learned up to this point were reflected in a new City vision and set of adopted goals and strategic direction which were drafted with Public Health Department participation as well as broad public comment. [*engage & envision*] These now included values of both Equity (fair and just opportunities and outcomes for all people) and Health (the well-being of people and our environment) as well

as the goal that disparities are eliminated so all Minneapolis residents can participate and prosper (City of Minneapolis, 2019b).

Each department was directed to use these goals, strategic directions and values to create individual business plans (City of Minneapolis, n.d.d). [*make a plan*] For example, the [Community Planning and Economic Development Department Business Plan](#) includes a visions to “address equity in the planning process through effective and meaningful public processes” and “proactive coordination on planning efforts with the City’s Public Works Department and with the Park Board, School District, Police Department, Health Department, and other interested organizations” (Community Planning & Economic Development, City of Minneapolis, n.d.).

[NOTE re: 5 Key Strategies - Once Minneapolis had *convened, collaborated, and reviewed data* to define the problem as well as *engaged* the community to establish a *vision*, the City *made an internal plan* for how to operationalize the initiative]

2015 By 2015, conversations such as a One Minneapolis discussion about what was working and what wasn’t made it clear that more guidance was needed for departments to incorporate racial equity principles into their operations, programs, services and policies (City of Minneapolis, 2015). To provide this guidance, the City established a dedicated Division of Race and Equity within the Office of the City Coordinator (21 M.M., § 10). [*convene & collaborate*]

2016 With health and equity now fully committed to, Minneapolis began to see changes to their internal policies and protocols that guide government processes across

city departments. For example, a critical component of integrating health and equity in all policies is community engagement and in January 2016 the City’s Neighborhood & Community Relations Department released a [Blueprint for Equitable Engagement](#). This was “adopted by the City Council in May 2016 as a five-year plan to ensure an innovative and equitable engagement system for the City of Minneapolis” (Gordon, n.d.). [*engage & envision*]

2016 Perhaps Most importantly, in April 2016, the City Council “directed the Department of Community Planning and Economic Development (CPED) to update the policies of the City’s Comprehensive Plan in service to the values of growth and vitality, equity and racial justice, health and resilience, livability and connectedness, economic competitiveness, and good government” (City of Minneapolis, n.d.a). (emphasis added) [*make a plan*] The comprehensive plan update began with a significant amount of community engagement through a variety of methods designed to be inclusive and empowering. This included specific attention given to questions about health and an entire phase of engagement dedicated to equity as well as access to housing, jobs, and transportation equity.

[NOTE re: 5 Key Strategies - Minneapolis used the comprehensive plan update process to *make a plan* for improving community health through policies across city departments]

2018 The processes followed a typical comprehensive planning timeline, taking a little over two years for the city to engage the community about big ideas [*engage & envision*], develop a policy framework, and prepare a draft plan [*make a plan*]. The City Council adopted the [Minneapolis 2040](#)

[Comprehensive Plan](#) in December 2018. Health and equity, both major themes that came out of community engagement (City of Minneapolis, n.d.c.), are reflected in the 14 goals (Minneapolis City Council, 2017) that are the foundation for the plan. The final plan includes 28 policies related to the “Health” goal and 39 policies related to the “Eliminate Disparities” goal.

Furthermore, the implementation chapter includes a range of actions intended to ensure the plan’s health and equity goals were realized. This includes identifying the health department as a key partner agency in many activities such as updating the Transportation Action Plan as well as making changes to the City’s housing ordinance, the proactive housing inspection program, capital improvement program funding process, and rezoning study. The implementation chapter also states the City’s decision to merge its recurring strategic planning process with its race and equity planning for the first time. The initial results of this alignment resulted in a set of [goals and policies to operationalize equity](#) which were adopted in 2018.

2019 Even through the Comprehensive Plan has an implementation chapter, the City needed more detailed guidance and action steps to operationalize the health and equity-related actions in that chapter. Toward this end, the City is currently in the process of developing a Strategic and Racial Equity Action Plan (SREAP). [*make a plan*] “The Strategic and Racial Equity Action Plan builds on the City’s Comprehensive Plan and will inform the City’s budgets in 2020 and beyond” (City of Minneapolis, 2019a). “A small number of policy areas from the Comprehensive Plan will be selected as priorities for SREAP. These will provide guideposts to steer resource allocation across departments and inform

policymaker decisions” (City of Minneapolis, 2019a). The SREAP process started with a cross-department retreat [*convene & collaborate*] where participants rated all 97 Comprehensive Plan policies to establish priorities. Policy priorities as of Jan 2019 are public safety, housing, and economic development. The SREAP is in its final stages and looks to be on track for adoption at some point in 2019.

Integrating health and equity throughout the updated Comprehensive Plan was an important step in Minneapolis’ journey. Since the Comprehensive Plan has been adopted, the City has continued to expand health and equity in its policies. Two of the short-term priorities the City is pursuing with a health and equity perspective are transportation and housing.

The housing priority is aligned with the SREAP’s prioritization of housing as well as the Health Department’s prioritization of housing dating back to 2014. According to the Comprehensive Plan, the first step was to make “incremental changes [to the City’s unified housing policy] as needed to implement comprehensive plan policies” and “explore new strategies and tools to create and preserve affordable housing throughout the city, such as inclusionary zoning and naturally occurring affordable housing (NOAH) preservation” (City of Minneapolis, 2019c). The city prepared a series of reports in August-November 2018 which concluded that the City’s housing ordinance should be updated. Recommendations included tax increment financing policy and a program to support affordable housing requirements relating to the City’s interim Inclusionary Zoning Ordinance. In December 2018, the City adopted an [amended and restated](#)

[Unified Housing Policy](#) (City of Minneapolis, 2018). [*invest in change*]

To address the transportation priority, the Public Works Department has started a Transportation Action Plan and related Vision Zero Action Plan to be completed in 2020. These plans will be built on the foundation of the Comprehensive Plan with health-aligned goals including climate, safety, and equity. [*make a plan*]

[NOTE re: 5 Key Strategies - Minneapolis’s initiative has included *making multiple plans to: operationalize the initiative internally, improve community-wide health through policies across departments, and ensure health and equity goals are translated to implementation*]

The City has created extensive health and equity policy infrastructure - which includes a racial justice resolution, committee, department, strategic plan, staff trainings, departmental business plans, and comprehensive plan. The power of having established this infrastructure can be seen when we turn our focus to the City’s budgeting process. [*invest in change*] The City convenes a Capital and Long Range Improvement Committee to evaluate capital requests and develop recommendations for the City’s Capital Improvement Program (City of Minneapolis, 2019e). The committee uses alignment with the City’s adopted vision, mission, values, and goals to evaluate proposed projects. In addition, projects must support the City’s comprehensive plan policies. Among other criteria, projects score well if they have previously been deemed as a high priority in plans (such as the comprehensive plan), if they achieve equity in service delivery, if they improve environmental health, and if they enhance quality of life in neighborhoods.

[NOTE re: 5 Key Strategies - *Investing in change* can include allocating budget differently. The Minneapolis Capital and Long Range Improvement Committee’s project evaluation process shows how changing decision-making processes can lead to increased investment in health and equity.]

Budgeting Process Outcomes: Highly rated capital improvement projects whose funding has been shaped by this process include: neighborhood parks rehabilitation with a 2020-2024 budget of \$24 mill; pedestrian and bike improvements including safe routes to school, protected bikeways, and special bike boulevards with a 2020-2024 budget of \$18.6 million (City of Minneapolis, 2019e).

The City continues its pursuit of health and equity in all policies through its current policy work (City of Minneapolis, 2019d).

Seattle, Washington

2005 Similar to the City of Minneapolis, Seattle’s HiAP journey began with a focus on race. Their [Race and Social Justice Initiative](#) (RSJI) [*convene & collaborate*] developed from narratives collected during Mayor Greg Nickels’ campaign in 2001 (Race and Social Justice Initiative, 2008). Over the course of the campaign, it was reaffirmed that certain populations in Seattle felt represented, while others did not, and Mayor Nickels found the one recurring factor was race. Beginning in 2005, the RSJI was developed to address race and social justice across all City departments in pursuit of racial equity. One of the initiative’s first actions was to require all City departments to implement work plans for how each department would address key indicators of racial and social injustice including: health, education, criminal justice, environment, and the economy (Race and Social Justice Initiative, 2008). [*make a plan*]

2009 From the beginning, the RSJI has guided its work through three-year strategic plans. [*make a plan*] Over the first three years, the initiative’s work concentrated on laying groundwork. This started with building an understanding of racial and social injustice across departments. It included establishing a management structure for the initiative by creating an Office of Civil Rights as the lead department as well as “change teams” within every other City department to guide implementation. [*convene & collaborate*] The City also began transforming its community engagement processes. [*engage & envision*] [Executive Order 01-07](#) established a Translation and Interpretation Policy which required all City departments to translate government documents into all languages spoken by a substantial number of Seattle residents. The City also developed a new [Outreach and Public Engagement Policy](#). This policy requires departments to designate liaisons to coordinate and implement inclusive public engagement. Furthermore, the City created a [Racial Equity Toolkit](#) for all departments to use to assess policies, initiatives, programs, and budget issues. [*invest in change*] As a result of this early work, racial disparities considerations began shaping the practices and policies of various departments including human services, housing, and public utilities (Race and Social Justice Initiative, 2008).

[NOTE re: 5 Key Strategies - *Investing in change* includes changing internal protocols. In Seattle, an early investment involved creating toolkits to help staff integrate race and equity considerations into their decisionmaking processes]

The [2009-2011 RSJI Strategic Plan](#) focused on reducing disparities within the City as an organization, strengthening community and

access to services, and beginning to develop a shared vision and a collaborative action plan to achieve racial equity (Race and Social Justice Initiative, 2008).

Although the city had taken initial steps toward building up the internal infrastructure necessary to plan for and address racial and social justice, they had still not successfully integrated health or equity into many city policies. So, the City Council re-affirmed the City’s commitment – through [Resolution No. 31164](#), adopted on November 30, 2009 - to racial and social equity and re-directed all City departments to assist in eliminating racial and social disparities (Simmons, 2019).

2012 Following an assessment involving over 40 community meetings and a roundtable with 25 Seattle institutions and organizations [*engage & envision*], the [2012-2014 RSJI Strategic Plan](#) showed positive progress over the previous three years in equitable contracting, expanded and inclusive public engagement, and internal training and education. [*track progress*] Priorities for the next three years included the need to improve coordination and linkages both between city departments and the community, and to make better use of data to measure progress (Racial & Social Justice Initiative, City of Seattle Office for Civil Rights, n.d.b).

The City’s state-mandated deadline for a major review of its comprehensive plan was approaching in 2015. We will see how this provided an excellent opportunity to improve coordination and linkages both between City departments and the community by integrating equity and health into the new comprehensive plan. [*make a plan*] In 2011, the City began early community engagement to scope the comprehensive plan update.

[*engage & envision*] By March – May 2012, the City had an initial [Public Engagement Report](#). Health and equity-related themes identified in this initial public outreach report included: building healthy, complete communities; policies related to the City’s Climate Action Plan; and policies that encourage equitable access to healthy food (City of Seattle, Department of Planning and Development, 2012). However, the report also provides an example of the challenge of coordinating health, equity, and social justice concerns across city activities. The report shows that racial and social justice was not included in the initial questionnaire sent to the public. Despite this, it did come up as an additional community-suggested item.

2014 After a round of project planning and research, the City initiated the plan update process. The City took the next few years to translate the community’s core values of race and social equity, environmental stewardship, community, quality of life, and economic opportunity and security into a comprehensive plan document. As the City drafted the plan, it used the City’s Racial Equity Toolkit and drew from the values in the RSJI and Equity & Environment Initiative ([EEI](#)). It attempted to integrate health and equity principles across the plan’s various elements through issues such as access to jobs, education, healthy foods, parks, and affordable housing. These concepts are reflected in both the [citywide planning](#) sections and individual [neighborhood plans](#). Tying it all together is a strategy which concentrates growth, development, and investment in select “Urban Villages” (note that the urban villages strategy has its origins in Washington State’s 1990 Growth Management Act).

2015 At this time, the RSJI had achieved clear successes since the 2012 strategic plan, such as using the Racial Equity Toolkit to shape the Comprehensive Plan update process. The [2015-2017 RSJI Strategic Plan](#) also highlighted the challenges and slow pace that policy, systems, and environmental change can move. [*track progress*] Generally, the City was still struggling to see consistent implementation and measurement of the RSJI’s equity tools and processes across departments (Race and Social Justice Initiative, Seattle Office for Civil Rights, n.d.a).

[NOTE re: 5 Key Strategies - The way that Seattle has *tracked progress* through three-year strategic plans has allowed them to systematically build on successes and address gaps or barriers to implementation as their initiative has progressed]

However, Seattle’s work on the comprehensive plan update seems to have been somewhat of a tipping point for their efforts to integrate racial and social justice and health equity in policies across departments. Building the comprehensive plan on fundamental themes of racial and social justice and health required the City to engage in a wide range of analyses and to develop a suite of reports and plans to work in parallel with the comprehensive plan.

First, in response to feedback received during community outreach, City Council passed [Resolution 31577](#) in May 2015 to confirm that the city’s core value of race and social equity is one of the foundations on which the comprehensive plan is built (Office of Planning and Community Development, City of Seattle, 2016). This resolution also required an additional [Equity Analysis](#) and [Growth & Equity Analysis](#) of the draft comprehensive plan. These analyses identify how the

Comprehensive Plan’s growth scenario - as presented in the Environmental Impact Statement - could positively or negatively impact marginalized populations. The analyses also include potential strategies to mitigate negative outcomes.

[NOTE re: 5 Key Strategies - It is not uncommon to encounter sticking points in the process of *making a plan*. *Engaging and envisioning, convening and collaborating or, as Seattle did, tracking and analyzing data* are all strategies that can help get through these sticking points]

Another action that emerged during the comprehensive planning process, the Office of Sustainability & Environment initiated an [Equity & Environment Initiative](#) (EEI) in April 2015. [*convene & collaborate*] Many communities negatively impacted by the environment are also underrepresented communities with significant health disparities and poor health outcomes so the City established the EEI to connect the City’s race and social justice work with environmental justice. The EEI began by establishing an [Equity & Environment Agenda](#) (2015-2016) which sets a framework with goals and strategies to achieve environmental justice in Seattle. [*make a plan*]

The City’s RSJI, work on the comprehensive plan update, and the EEI all converged when the City focused on the Duwamish River Valley. In Feb 2015 The City established an interdepartmental Duwamish Valley Action Team. [*convene & collaborate*] The team was led by the Office of Sustainability & Environment (OSE) and the Office of Planning & Community Development (OPCD) and included 16 other City departments, including Public Health – Seattle & King County (PHSKC) & Seattle Human Services Department (HSD).

The team was tasked to better align and coordinate efforts to advance environmental justice, address racial and neighborhood-level disparities, reduce health inequities, build community capacity, create stronger economic pathways and opportunity, and build trust in government among residents of the Duwamish Valley area of the City.

- 2016 After four years of work involving all City departments, consultants, community groups, residents and stakeholders, two rounds of community engagement as well as an additional growth and equity analysis and a health and equity analysis, the City adopted the [Seattle 2035 Comprehensive Plan](#) in October 2016 (City of Seattle, Office of Planning and Community Development, n.d.). The amount of cross-departmental work surrounding the Comprehensive Plan update resulted in significantly increased alignment between departments and increased integration of health and equity in plans and policies. This work resulted in a suite of reports, plans, and policies to implement, build off, or evaluate the comprehensive plan.

For example, The Seattle and King County Public Health Department released a [Health & Equity Assessment](#) as part of the King County Public Health and Equity in Comprehensive Planning project. [*track progress*] The objective of the assessment was to identify and analyze health and equity disparities in the City in response to significant population growth and to ensure all residents can reach their full potential. Using the assessment’s findings, the Public Health Department provides policy recommendations to reduce inequities among certain populations that negatively impact health, such as access to health care, limited food choices, and home ownership. These recommendations are connected

to specific City and County plans, like the Comprehensive Plan, and existing programs and initiatives.

In addition, similar to Minneapolis, the City developed documents to provide more detailed and actionable guidance to implement the comprehensive plan. In April 2016, the City released an [Equitable Development Implementation Plan](#) with strategies to prioritize public investments, policies, and programs in locations that will reduce disparities while avoiding displacement. That was followed in June 2016 by an [Equitable Development Financial Investment Plan](#) which outlines key initiatives the City is undertaking toward racial equity. [*invest in change*]

[NOTE re: 5 Key Strategies – It is common for comprehensive plans and other planning documents to be supplemented by implementation plans. Implementation plans - such as Seattle’s equitable development and equitable financial investment plans - are good ways to ensure the community *invests in the changes* that are committed to in other planning and policy documents]

[Equitable Development Financial Investment Plan](#) Outcomes: The plan provides detailed workplans for Equitable Development Projects that have been prioritized by and are driven by the community. These projects are in neighborhoods with high levels of chronic and recent displacement risk as well as a history of disinvestment and are intended to mitigate further displacement and increase access to opportunity. Each project has been allocated at least \$40k from the City with some able to leverage up to multiple millions of dollars of outside funding for activities such as feasibility studies and site acquisition to help these projects proceed.

2017 Growing out of the EEI, the City established an Environmental Justice Committee in 2017. [*convene & collaborate*] This committee provides a space for those most-affected by environmental inequities to have ownership of Equity & Environment Agenda implementation. It also provides another opportunity for connections between City departments as well between government and community-based action.

2018 An early action that the Department of Transportation has taken towards implementing the comprehensive plan’s goals of health and equity has been to develop a [Transportation Equity Program](#) (January 2018). This program is intended to “provides safe, environmentally sustainable, accessible, and affordable transportation” to underrepresented communities, to build healthier communities, and to mitigate racial disparities in the City. Through [Resolution No. 31773](#) (January 2018) the Seattle City Council affirmed its commitment to racial equity and social justice through the work of the Department’s Transportation Equity Program.

After three years of work, the Duwamish Interdepartmental Team released its first [Duwamish Valley Action Plan](#) in June 2018. This Action Plan builds on the implementation plan of the EEI and works with communities “most affected by inequities and disparities in health, education, opportunity, and access to beautiful green spaces.” The Action Plan seeks to coordinate with City efforts to reduce health inequities, which is just one of many other objectives aligning with the RSJI and EEI work.

[Duwamish Valley Action Plan Outcomes](#) [*invest in change*]: During the two years the Plan was in development, the City took 50 actions to address community priorities,

show responsiveness, and build trust such as through a tree canopy improvement program; \$50,000 to convert an underutilized area of an elementary school into a pollinator garden; \$23,000 to increase fresh food availability; construction of high priority Shoreline Street End improvement projects; \$10,000 to improve parks amenities, and bus service changes and improvements. The Plan also specifies over \$26 million of approved funding to take over 130 mid-term actions to pursue 37 opportunities toward a healthy environment, parks and open spaces, community capacity, mobility and transportation, economic opportunity and jobs, affordable housing, and public safety.

In order to track progress toward Seattle’s long range planning goals, the City completed an [Urban Village Indicators Report](#) in June 2018. [*track progress*] This report monitors growth and progress toward the implementation of the Comprehensive Plan in urban centers and villages. The report is broken into three sections: growth, affordability, and livability. All components of the report further address equitable development to ensure a healthy Seattle. Health specific indicators include access to transportation and parks, because transit is important to a healthy life and access to parks promotes health and wellbeing.

[Urban Village Indicators Report Outcomes](#) [*track progress*]: Because this is the first report, it primarily establishes a baseline and not many conclusions can be drawn yet. However, the report finds that, despite housing and employment growing faster than anticipated during the initial years of the planning period, housing is still a burdensome cost for low-income households.

- 2019 Some of the most recent information about Seattle's progress can be found in the City's [Environmental Progress Report](#). [*track progress*] This report tracks the City's climate and environmental goals developed to support healthy people, communities, and natural environment. Progress is tracked in the categories of climate change, buildings and energy, transportation, food access, trees and green space, healthy environment, and environmental justice. Specifically, the report presents indicators of the successes of other City agendas in addition to frameworks like the RSJI, how all those frameworks align with broader environmental goals, and areas open for improvement.
- [Environmental Progress Report Outcomes](#) [*track progress*]: **Food:** Seattle's [Fresh Bucks Program](#) was used four times more in 2018 over 2014 and the percent of participants who are people of color increased 23% between 2017 and 2018 - **Transportation:** transit ridership grew by 33% and drive alone rate decreased by 25% between 2010 and 2018; bicycle and pedestrian volumes increased by between 62%-64% from 2011 to 2018 - **Parks:** In priority neighborhoods, the city dedicated 3 new parks in 2018 with 14 more in development. [*invest in change*].
- 2019 The [2019-2021 RSJI Strategic Plan](#) focuses on further refining, improving, strengthening, and expanding on the work done over the past 10 years of the initiative (Racial & Social Justice Initiative, City of Seattle Office for Civil Rights, n.d.). [*NOTE re: 5 Key Strategies - Tracking progress is about more than gathering and analyzing data. Reporting on progress is also important both for accountability and to communicate HiAP successes to elected officials and the general public*]
- Richmond, California*
- 2005 Unlike Minneapolis and Seattle, Richmond's road to HiAP began by building directly off a General Plan update (aka a comprehensive plan). With a General Plan that dated back to 1994, the Richmond City Council formally launched a general plan update process in 2005 (City of Richmond, n.d.).
- From the beginning, the City decided it would supplement the General Plan update with a Community Health and Wellness element. This would make the City the first jurisdiction in California to incorporate a Community Health and Wellness Element (CHWE) into its general plan. The City received grant funding from The California Endowment for this supplemental effort. The City created a Technical Advisory Committee consisting of all City department heads as well as a Technical Advisory Group with academic, community, and public agency representatives including Contra Costa Health Services. [*convene & collaborate*]
- 2006 The City began analyzing and understanding the needs and conditions surrounding health equity through a series of community meetings. [*engage & envision*] This existing health conditions analysis culminated in an Issues & Opportunities Paper on Community Health and Wellness completed in 2007 (City of Richmond, n.d.).
- [*NOTE re: 5 Key Strategies - While the 5 key strategies are not always done in a particular order, engaging and envisioning should generally be done early and often when making a plan.*]
- 2008 In order to identify promising frameworks and strategies to organize the CHWE, build staff awareness and capacity, draw connections to health with other sections

- of the General Plan, and build partnerships to ensure effective plan implementation, the City launched a CHWE implementation planning and pilot program team in 2008 (McLean, Wilson, and Kent, 2011). [*convene & collaborate*] The team identified four strategies for the CHWE to pursue [*make a plan*] 1) operationalize health and equity in the regular processes, daily practices, and ongoing policies of the City of Richmond 2) improve the physical environments in Richmond to improve health choices and outcomes and reduce disparities 3) track and monitor changes in community and health conditions 4) engage the community to ensure relevance and impact.
- 2009 The team also piloted frameworks and strategies from the in process CHWE to test approaches and build partnerships. This included working with the West Contra Costa Unified School District and engaging the community on safe routes to school in the City's the Iron Triangle and Belding Woods neighborhoods (City of Richmond, 2015), City of Richmond, 2013).
- 2010 Similar to Seattle, preparing the CHWE required Richmond to engage in a wide range of analyses and to develop a suite of reports and plans to implement the General Plan. Much of this work occurred in parallel with the broader General Plan update. For example, in December 2010 the City adopted a [Parks Master Plan](#) and in November 2011 the City adopted a [Bicycle Master Plan](#) and [Pedestrian Plan](#). These plans involved a health-oriented parks survey conducted by youth, pedestrian and bicycle safety assessments, community engagement, and cross-department coordination. Each plan is aligned with and informed by the health and equity goals of the CHWE.
- 2011 The City established an interagency CHWE Implementation Data Working Group, [*convene & collaborate*] to determine how to track CHWE implementation. The group included staff from the Richmond City Manager's Office, Contra Costa Health Services, and PolicyLink. The CHWE Data Working Group was part of the larger Richmond CHWE Implementation Launch Team, which included staff from the City of Richmond Planning and Building Services, the City of Richmond Redevelopment Agency, Contra Costa Health Services Public Health Division, the University of California at Berkeley, and MIG, Inc. In December 2011 the working group completed a [Health in All Policies, Health Data in All Decisions Report](#). The report includes recommendations on indicators and data collection in order to support tracking progress toward the CHWE's goals. [*track progress*]
- [NOTE re: 5 Key Strategies - *Convening and collaborating* is not an independent strategy. Richmond's interagency CHWE Implementation Data Working Group shows how *convening and collaborating* was an integral part of *tracking progress*.]
- 2012 After nine years of work involving all City departments, consultants, community groups, residents and stakeholders, extensive community engagement, and a set of supplemental plans and reports, the City adopted the [Richmond General Plan 2030](#) including the [Community Health and Wellness Element](#) in April 2012. The CHWE addresses 10 determinants that impact healthy living and how to best support the community to reduce health disparities:
- The adopted CHWE immediately began shaping city policy processes and decision-making. For example, in parallel with, but not

Figure 2. Community Factors Addresses by the Richmond Health and Wellness Element



Graphic by MIG, Inc.

directly connected to Richmond’s General Plan update, the City had been working on [Richmond Livable Corridors](#), a form-based code for several commercial corridors and surrounding areas. From 2012 to 2014, the City worked in coordination with Contra Costa Health Services (CCHS) to prepare [Toward a Healthier Richmond](#). This report presented health issues and preliminary recommendations for the Richmond Livable Corridors Project Area followed by a [Health Impact Assessment](#) (HIA) of the code. The report and HIA present recommendations to improve health through topics that will be most directly influenced by the new code. The HIA also found the code may create new health inequities, such as affordability and air quality, which will be critical to track moving forward.

Individual projects such as the Richmond Livable Corridors HIA are important. But in order to more systematically operationalize the vision of health established in the CHWE, the City began developing processes to implement health in policies beyond the comprehensive plan. In March 2012 the City established the [Richmond Health Equity Partnership](#) (RHEP). [*convene & collaborate*] The RHEP brings together the City, West Contra Costa Unified School District, Contra Costa Health Services, and community partners and organizations to advance health equity in the City. The Partnership achieves this goal through three strategies, with one strategy being HiAP.

2013 The RHEP released a [Health in All Policies Strategy](#) in 2013. [*make a plan*] This strategy provides guidance for integrating health and

equity in city decisions from budgeting to parks and from engineering to partnerships with community-based organizations (City of Richmond, 2014) The RHEP has also prepared a [Health Equity Report Card](#), which establishes a baseline to measure Richmond’s progress towards a more equitable city. *[track progress]*

2015 To effectively implement and maintain health in all policies, the City passed [Ordinance No. 27-15 N.S.](#) (adopted December 2015). Among other actions, this ordinance establishes an interdepartmental Health in All Policies Team with representatives from every department. *[convene & collaborate]* It also requires a tri-annual report on the status of health, health equity, and progress toward HiAP in the City of Richmond.

[NOTE re: 5 Key Strategies – Early in the process of pursuing HiAP, [convening & collaborating](#) may be more informal or tied to individual projects. Establishing an official interdepartmental Health in All Policies Team is a good way to ensure early wins lead to sustainable [convening & collaborating over time](#).]

The City’s first [HiAP Report](#) was released in 2015 The report provides an overview of how HiAP is making an impact at the level of City government as well as actions the City has taken to implement the HiAP Strategy. *[track progress]*

HiAP Report Investments *[invest in change]*:

- The City’s focus on health through climate change helped it secure \$5.1 mill in [California Senate Bill No.375](#) funds for affordable senior housing and creek restoration.
- The HiAP initiative’s focus on violence

as a health issue has led to a city budget increase for the Office of Neighborhood safety.

- Eight park improvement projects were completed in underserved communities with an additional \$6 mill secured for three additional community-driven park projects.
- The City approved \$3 mill in social impact bonds to rehabilitate vacant properties for future sale to low-income residents, the City brought the [Community Air Monitoring System](#) online.

HiAP Report Outcomes *[invest in change]*:

- The City exceeded its regional housing needs allocation for the past two cycles.
- Homicides in 2014 were the lowest in the City in 40 years. *[track progress]*
- Finally, based on surveys before and after the HiAP ordinance, residents felt City services, such as parks, police, street lighting, affordable and quality housing, and recreation programs, positively impacted health more after the ordinance was adopted. Across ten City services, resident ratings increased between 16% and 33%.

2019 Capital Improvement Program Outcomes *[invest in change]*: Richmond’s most recent Capital Improvement Program (CIP) reflects priorities and projects that are a direct result of the City’s healthy planning and HiAP initiatives. For example, the CHWE pilot work done in the Iron Triangle neighborhood in 2009 grew into the Yellow Brick Road: Iron Triangle Walkable Neighborhood Plan, which was adopted in 2015. As of 2019, the City has allocated \$7.3 mill in its Capital Improvement Program for projects that are part of this neighborhood plan.

[NOTE re: 5 Key Strategies - HiAP initiatives can make it easier to attract funds to invest in change. The funding Richmond received for senior housing and creek restoration is an example of how having a plan and showing coordinated commitment to health and equity can make communities more competitive for various state and federal funding sources.]

Discussion

The communities reviewed reveal the following common themes and lessons about the realities of successfully pursuing HiAP:

HiAP can start anywhere: There are many ways to start down the path toward HiAP. For example, you could start small by convening and collaborating with partners to include health as part of the design of a project such as a streetscape improvement. You could include health as part of the community engagement or envisioning for a project such as a comprehensive plan as was the case for the City of Richmond’s initiative. You could gather or analyze community data highlighting health and other inequities like Minneapolis’s initiative, which grew out of racial disparities data related to the City of Minneapolis Employment and Training Program. Or you could follow Seattle’s approach by passing a resolution committing the community to health and equity in all policies. No matter where you start, it is just the beginning.

HiAP takes ongoing commitment: Achieving health and equity in all policies requires persistence and work long past the initial project. Some policy and decision-making processes can take months, or even years to complete from start to finish (the Minneapolis 2040 Comprehensive Plan took two years to draft and adopt). Then it takes additional time and effort to operationalize that commitment. Over these long timeframes, there will likely be stops and starts. There will be successful and failed pilots. There will be

evaluation and refinement. And there will probably be staff and elected official turnover. As a result, it is not uncommon that the community may need to reaffirm its commitment to HiAP at some point (four years into its initiative, Seattle passed a resolution to re-affirm its commitment to racial and social equity).

HiAP requires changing internal protocols and processes: In addition to the ongoing process of integrating health across the spectrum of external-facing policies, communities must also do internal work to operationalize, institutionalize, and systematize health and equity across departments. This includes changes to internal government processes and protocols such as requiring all departments to develop health and equity plans or to submit regular reports about progress made toward identified healthy, equitable outcomes (ten years into its initiative, Richmond passed an ordinance which requires a tri-annual report on the status of health, health equity, and progress toward HiAP). This also includes establishing necessary internal infrastructure such as designating individuals or establishing departments that will oversee HiAP implementation (Minneapolis established a dedicated Division of Race and Equity within the Office of the City Coordinator). Even with new protocols and decisionmakers, staff may require training to understand and be sensitive to health and equity issues, especially when the issues involve racial and social justice (from the beginning, Seattle’s initiative included training and education for City employees).

Health and equity disparities analyses are powerful communication tools: Analyzing and illustrating the spatial distribution of health and equity disparities within a community is important. This type of analysis can help decisionmakers see which neighborhoods have the greatest needs and understand what those needs are. It can also reassure decisionmakers, stakeholders, and the community at large that healthy policies can address those needs and have positive health and equity outcomes (supplemental equity

analyses were integral to the City Council’s decision to adopt the Seattle 2035 Comprehensive Plan).

Inclusive and meaningful community involvement takes time, but it also makes a difference: One reason achieving HiAP takes time is that community engagement takes time. Large numbers of people must be engaged consistently over time about a wide range of topics. And many of these topics cannot be resolved after a single, short interaction. Inclusive and meaningful community involvement is necessary to identify the community’s health needs but especially the needs of structurally disadvantaged neighborhoods and populations (feedback from over 200 participants at the One Minneapolis: A Call to Action conference was an important start to the conversation about how to address disparities in the city). But this engagement can provide more than just data. It can provide stories that are a powerful way to promote HiAP initiatives. And it can build a coalition to support adoption of healthy plans and policies (Richmond partnered with the West Contra Costa Unified School District to pilot community engagement around the safe routes to school). Community engagement can also provide a means of accountability to ensure implementation over time.

Health and equity in comprehensive plans tend to accelerate the process towards HiAP: The process of creating comprehensive plans requires participation from most, if not all community departments. So comprehensive planning is an effective way to engage many departments in health and equity discussions. In addition, comprehensive plans typically guide a wide range of city decisions, investments, and actions across department. So, when health and equity become fundamental guiding principles of major policy documents such as comprehensive plans, health and equity concerns tend to spread to other related plans and policies across departments (comprehensive plans were key milestones for Minneapolis, Seattle, and Richmond’s initiatives).

Health and equity in internal protocols increases health and equity-driven decisions: Health and

equity concerns must become fundamental guiding principles in the core documents that guide decision-making in different departments or around specific topics (such as transportation plans, budgets, housing ordinances, etc.). When this occurs, a community’s actions and decisions, and the community transformation that results, will also be guided by health and equity (Minneapolis, Seattle, and Richmond all show evidence of policy decisions, investments, and outcomes guided by health and equity as a result of their initiatives).

Conclusion

Communities cannot achieve HiAP overnight. Convening and collaborating, engaging and envisioning, making a plan, investing in change, and tracking progress are processes that occur incrementally and take both time and effort. However, the communities reviewed in this article illustrate that each step taken toward HiAP makes subsequent steps easier. And as more and more policies include health and equity concerns, the entire system does become more effective at improving health and equity outcomes. Finally, these communities show that integrating health and equity across a range of plans and policies does shape decisions, lead to actual community transformation, and improve community health outcomes.

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