Health in All Policies in General Plans
This model general plan language is designed to help a city or county implement “Health in All Policies,” a collaborative approach to improving the health of a community by incorporating health, sustainability, and equity considerations into decision-making across sectors and policy areas.¹

What does “Health in All Policies” mean?

Communities around the country are using Health in All Policies approach to promote health, wellness, equity, and sustainability. While the approach may look different in different communities,²³ at its core, Health in All Policies requires that decision-making bodies and their staff consider health, alongside other important factors such as fiscal or environmental impact, when making decisions that affect the community.⁴

This approach acknowledges that the social determinants of health – those conditions in the environments in which people are born, live, learn, work, play, and age – have a profound effect on how healthy we will be over the course of our lives.⁵⁶

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

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

Many, if not all, of a planning department’s actions and policies affect health. A planning department can create and implement **general plans** (called comprehensive plans or master plans in some states) in a way that improves community health over the long term. General plans provide a broad policy framework that establishes a community’s vision, goals, and strategies for future development and growth. They address a range of important community issues, such as land use, transportation, noise, safety, housing, health, economic development, growth management, parks and recreation, natural resources and conservation, and public facilities.

**General plans affect many of the social determinants of health:**

- Clean air, water, and soil
- Access to parks and open space
- Access to healthy food
- Preservation of agricultural land
- Access to good jobs and economic opportunity
- Healthy and affordable housing
- Safe, convenient, and accessible transportation systems
- Sustainable development and climate change
- Social connection and community engagement

There are many policies that support healthy communities, and that can be included in general plans, from supporting active transportation to expanding access to quality, affordable housing. Visit ChangeLab Solutions’ website for a library of healthy general plan model policies, and ideas for engaging in the planning process.
What does this model general plan language do?

This model language shows how communities can include a commitment to Health in All Policies within a policy that is focused on the actions of a specific agency or sector (in this case, planning).

However, it focuses specifically on opportunities within the sphere of the general plan, such as land use, transportation, and development. This language is specifically targeted toward institutionalizing routine consideration of health issues and outcomes in planning practice and policy.

This general plan supports five key Health in All Policies strategies:

- **Convene & Collaborate**
- **Engage & Envision**
- **Make a Plan**
- **Invest in Change**
- **Track Progress**

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

In recognition of the important role general plans play in establishing goals and policies that support health, many communities include a health element in their general plan. Health elements explicitly make the connection between how a community plans for future growth and opportunities and how those actions can improve residents’ health. The model policies provided here are intended to be included in a health element or other section of the general plan where health is addressed.

The language is designed to be tailored to the needs of an individual community, and can be incorporated into a general plan in different ways. Language written in *italics* provides different options or explains the type of information that needs to be inserted in the blank spaces in the policy.

Including Health in All Policies in a general plan is one step in addressing the social determinants of health. In addition, communities may choose to adopt an ordinance or a resolution.
Model General Plan Policy Language

Goal: Improve health for all residents by incorporating “Health in All Policies” into policies, programs, and practices affecting all aspects of the built environment.

Objective: Engage and collaborate with community members and public agencies in the development and implementation of plans and projects that promote health.

• Policies:
  o Develop ongoing channels for cross-department collaboration, including interdepartmental task forces, cross-sector trainings, and formal and ad-hoc working groups; coordinate Plan implementation with all relevant departments.
  o Proactively and meaningfully engage community residents in the planning and development process by using culturally-appropriate and accessible channels, including: (1) providing translation services, (2) providing child care, (3) holding meetings, focus groups, and/or listening sessions at a variety of venues throughout the community, and (4) using participatory facilitation techniques.

Objective: Identify and pursue funding streams that support improved community health outcomes; implement a creative approach to ensuring new investments support community health goals whenever possible.

• Policies:
  o Explore funding an interdepartmental staff position that bridges planning and health.
  o Pursue opportunities to educate [City/County] officials and employees about how the built environment affects health equity, well-being, and quality of life.
  o Incorporate health criteria into all capital projects, such as those in the [Capital Improvement Program], to ensure that project development and prioritization promote health equity (for example, by improving safe and active transportation).

Objective: Identify and develop tools that track the health impacts of policies, programs, and capital projects.

• Policies:
  o Develop and adopt tools, such as healthy development guidelines or checklists, to routinely consider the health impact of new projects and plans; track how developments are incorporating health-promoting features (including physical activity, healthy food and drinking water, quality affordable housing, and sustainable design); and share findings widely.
o Consider conducting health impact assessments when approving new development (of 100,000 square feet or more) in order to understand and address public health implications of significant projects.

o Participate in collaborative efforts to understand how built environment policies and programs are affecting health outcomes, particularly for people most at risk for poor health (including low-income residents, children and older adults, and communities of color). Actions may include providing regular reports on the status of Plan implementation, tracking progress towards achieving goals and targets identified in this Plan, and contributing built environment data to community-wide health reports.

References


4. Rudolph, et. al., at 63, supra, note 1.

5. Id. at 8-14.