WHAT IS HEALTH IN ALL POLICIES?

Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. HiAP is centered around five core elements: promoting health and equity, supporting intersectoral collaboration, creating co-benefits for multiple partners, engaging stakeholders, and creating structural or process change.

HiAP can be adopted at all levels of government, and jurisdictions that adopt HiAP approaches do so to ensure that all decision-makers and stakeholders work together to improve the health of their communities.1

The Policy Surveillance Program collected and analyzed state HiAP bills and laws that were introduced, enacted, or amended between January 1, 2012 and December 31, 2016.

Between 2012 and 2016:

- 28 HiAP bills were introduced across 13 jurisdictions: California (3 bills), Connecticut (1 bill), Florida (2 bills), Maryland (2 bills), Massachusetts (7 bills), Nebraska (1 bill), New Jersey (2 bills), New York (2 bills), Ohio (1 bill), Oklahoma (1 bill), Tennessee (2 bills), Washington (2 bills), West Virginia (2 bills)
- Nine jurisdictions enacted or amended 19 laws: California, the District of Columbia, Michigan, Minnesota, New Hampshire, New Jersey, Ohio, Rhode Island, and Vermont

WHO INTRODUCED THE LEGISLATION?

- 65 individual state legislators were named as the primary drafters on the 28 HiAP bills collected.
- 57 legislators were Democrats, and eight were Republicans.
- The eight Republicans who drafted bills were from New York, Ohio, Washington and West Virginia.
- 10 HiAP laws were enacted or amended by Democratic legislators or administrations. Four HiAP laws were enacted or amended by Republican legislators or administrations. Five HiAP Laws were enacted or amended through bipartisan efforts.
**HOW DO STATES IMPLEMENT HIAP?**
The state legislature calls for an organizing body to be formed or directed to manage and evaluate HiAP implementation in the state.

**REPORTING REQUIREMENTS FOR HIAP**
Almost all the bills and laws analyzed required that the organizing bodies report their progress to the governor, health department and/or the legislature. The time periods for reporting varied widely:

![Bar chart showing reporting requirements for HiAP]

**WHO IS REQUIRED TO COLLABORATE?**
HiAP requires collaboration and coordination from a diverse group of organizations and offices in and out of government. These are the sectors required to collaborate on HiAP:

- Governor (10 bills / 8 laws)
- Senate (12 bills / 6 laws)
- House of Representatives (9 bills / 5 laws)
- Local government (10 bills / 9 laws)
- Dept. of Health (23 bills / 16 laws)
- Dept. of Agriculture (6 bills / 5 laws)
- Dept. of Transportation (12 bills / 5 laws)
- Health disparity organizations (16 bills / 0 laws)
- Dept. of Housing (3 bills / 5 laws)
- Dept. of Environment (12 bills / 6 laws)
- Dept. of Education (19 bills / 3 laws)
- Law enforcement (8 bills / 2 laws)

For more information about Health in All Policies, and to explore the characteristics of HiAP bills and laws between 2012 and 2016, visit:

http://lawatlas.org/datasets/hiap-bills
http://lawatlas.org/datasets/hiap-laws

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