



WHATCOM COUNTY COUNCIL

SPECIAL COUNCIL MEETING AS THE HEALTH BOARD

10:00 a.m. Tuesday, July 30, 2019
Council Chambers, 311 Grand Avenue

A G E N D A

| <u>Meeting Topics</u> | <u>Pages</u> | <u>Time</u> |
|---|---------------------|--------------------|
| 1. Public Session | no ppr | 10:00-10:10 |
| 2. Director/Health Officer Report | no ppr | 10:10-10:25 |
| 3. Air Quality and Wildfire Smoke Planning | 1-5 | 10:25-11:05 |
| 4. Public Health Advisory Board (PHAB) Update | 6 | 11:05-11:20 |
| 5. Health Board/PHAB 2019 Joint Session Follow-up | 7-15 | 11:20-11:40 |



HEALTH BOARD Discussion Form

July 30, 2019

AGENDA ITEM #1: Air Quality and Wildfire Smoke Planning

PRESENTER: *Mark Buford, Northwest Clean Air Agency
John Wolpers, Health Department*

| | | | |
|----------------------|-------------|------------|--|
| BOARD ACTION: | Action Item | Discussion | <input checked="" type="checkbox"/> FYI - Only |
|----------------------|-------------|------------|--|

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

As warmer weather and dry conditions approach, the potential for unhealthy air quality from wildfire smoke increases. Northwest Clean Air Agency (NWCAA) will provide background information about air quality in Whatcom County, potential impacts to air quality from wildfire smoke and efforts in east Whatcom County to reduce air quality impact from wood burning stove emissions. Health Department staff will present information about the health impacts of wildfire smoke and planning efforts to prepare for wildfire smoke impacts.

In August of 2018, there was significant and unprecedented air quality impact in Whatcom County and other western Washington counties from wildfire smoke originating in British Columbia and eastern Washington. Public Health did not have coordinated messaging and plans in place to address health impacts. In order to better address health impacts during the 2019 fire season the state convened a statewide taskforce. The taskforce was charged with developing a uniform and consistent approach to addressing the health impacts of wildfire smoke. The taskforce developed recommendations and reference materials which we are using for preparedness messaging and for response planning. Staff will provide information about our local preparedness outreach efforts to date and public health recommendations for limiting exposure should air quality reach hazardous levels.

BOARD ROLE / ACTION REQUESTED

Information provided about preparedness and response planning efforts.

ATTACHMENT(S)

Wildfire Smoke Information



Steps to protect health from smoke

1. Stay informed about air quality

- Check the air quality hazard level

2. Limit exposure

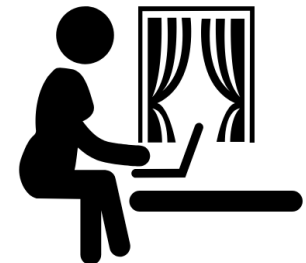
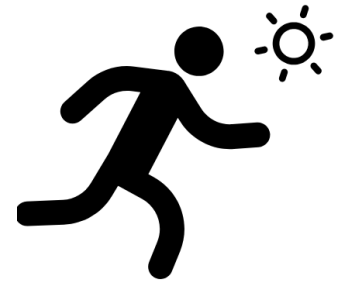
- Avoid strenuous outdoor activity
- Limit time outdoors
- Stay indoors

3. Keep indoor air clean

- Keep windows and doors closed
- Don't contribute to poor air quality
- Set AC on recirculate
- Use an air cleaner with a HEPA filter

4. Pay attention to symptoms

- Seek medical help if needed



Target Audiences

General Public

Healthcare Providers

Facility Managers for outdoor camps and athletic activities

School K-12 Principals, superintendents & administrative staff

School nurses & school health team

Child care providers







Long-term Care and Assisted Living Facilities

Planners of Public Events

Adult Outdoor Activity Guide

Air Quality Conditions

Check your local air conditions at <https://fortress.wa.gov/ecy/enviwa/>

|  Good |  Moderate |  Unhealthy for Sensitive Groups |  Unhealthy for Everyone |  Very Unhealthy for Everyone |  Hazardous for Everyone |
|---|---|---|--|--|--|
| Washington Air Quality Advisory (WAQA) Concentration Levels (PM2.5 μm^3) | | | | | |
| 0 to 12.0 | 12.1 to 20.4 | 20.5 to 35.4 | 35.5 to 80.4 | 80.5 to 150.4 | Greater than 150.4 |
| Air pollution is low, so there is little health risk. It's a great day for everyone to be outdoors. | People with health conditions should limit spending any time outdoors and avoid vigorous outdoor activities. They may begin to have worsened symptoms. | All sensitive groups should limit spending any time outdoors. People with health conditions may have worsened symptoms. Healthy people may start to have symptoms. | Everyone, especially sensitive groups, should limit time spent outdoors, avoid vigorous activities outdoors, and choose light indoor activities. | Everyone should stay indoors, avoid all vigorous activity, close windows and doors if it's not too hot, set your AC to recirculate, and use a HEPA air filter if possible. | People with heart or lung disease, or those who have had a stroke, should consult their healthcare provider about leaving the area and wearing a properly-fitted respiratory mask if they must go outdoors. Follow burn bans and evacuation orders. |

Sensitive Groups Include

- People with health conditions such as:
 - Asthma
 - COPD
 - Diabetes
 - Other heart/lung diseases, respiratory illness and colds
 - Stroke survivors
- Children under age 18 and adults over age 65.
- Pregnant women.
- People who smoke.

Activity Levels

- Light Activities** are things that **do not** increase your heart rate. This may include things like playing catch, taking in scenery at a park, leisurely walking, or light gardening/yard work.
- Moderate Activities** are things that **do** increase your heart rate, these activities may cause you to sweat. When doing these activities you can talk but not sing. This might include things like walking fast, sprinting, playing Frisbee, or intense yard work.
- Vigorous Activities** are things that increase heart rate and cause you to sweat. During these activities, your breathing is so fast that you have difficulty talking. This may include activities like running, jogging, playing sports like basketball, football or soccer, swimming laps, jumping rope, and hiking.

Groups sensitive to smoke from fires

- People with Pre-Existing Diseases
 - Especially lung and heart diseases
- People with respiratory infections
- Children & Infants
- People 65 years and older
- Pregnant women & fetus

Growing evidence for other sensitive groups



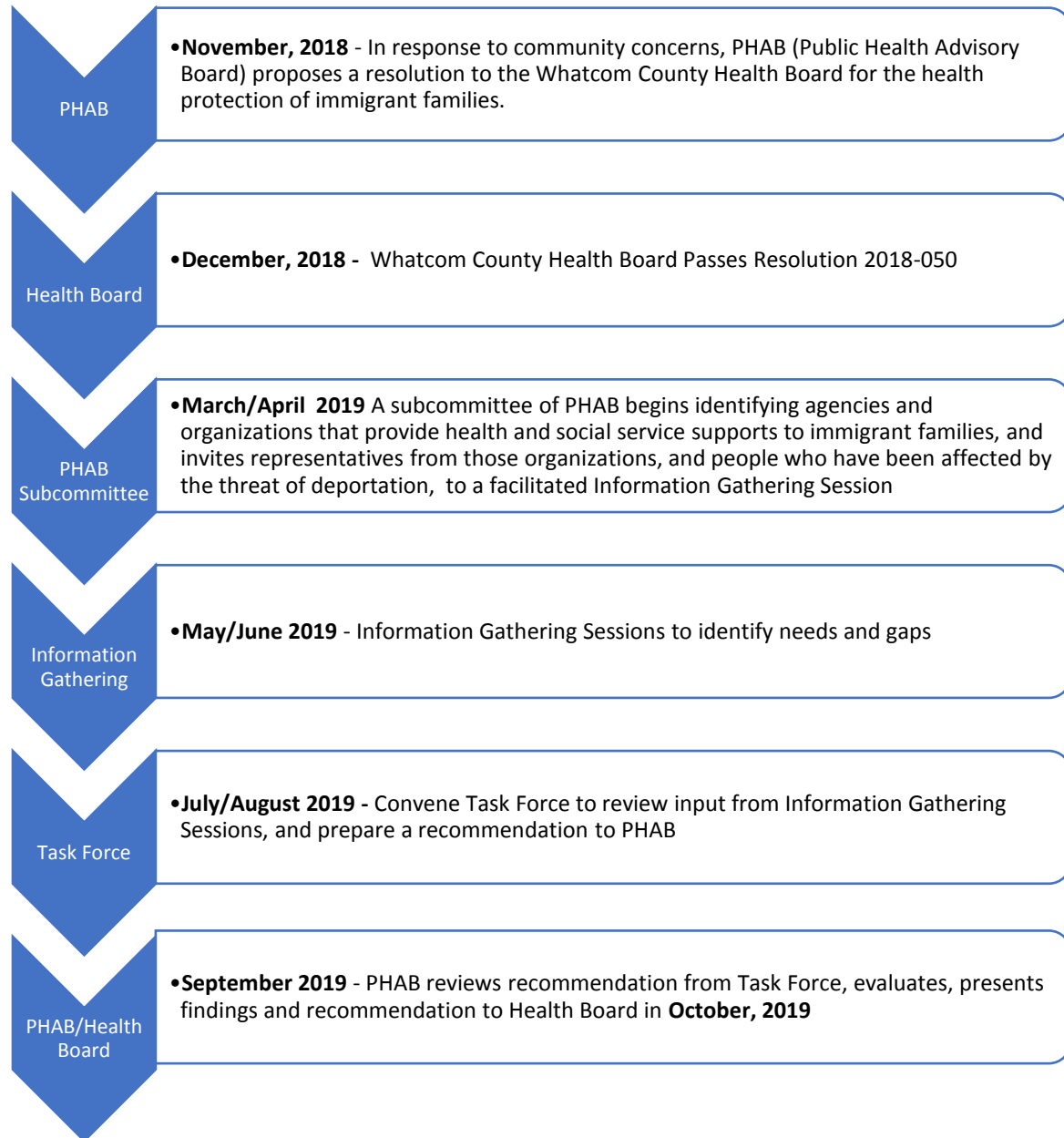
Photo credits: CDC/Dawn Arlotta 2009, www.pixabay.com

Whatcom County Health Board Resolution 2018-050

Health Protection for Immigrant Families

SUMMARY OF OBJECTIVES:

- Ensure that the health and social service needs of citizens and immigrants of all statuses are met.
- Increase awareness and promote the integration of a "compassionate" or "trauma sensitive" approach to services.
- Evaluate existing systems and support services for families impacted by the threat of deportation, and identify cultural, safety and language barriers preventing access.



Note: On May 21st, 2019, after our first Information Gathering Session, Governor Jay Inslee signed into Washington State Law ENGROSSED SECOND SUBSTITUTE SENATE BILL 5497. ("Sanctuary State Law")



HEALTH BOARD Discussion Form

July 30, 2019

AGENDA ITEM #5: Health Board/PHAB 2019 Joint Session Follow-up

PRESENTER: Regina Delahunt

| | | | |
|----------------------|-------------|--|------------|
| BOARD ACTION: | Action Item | <input checked="" type="checkbox"/> Discussion | FYI - Only |
|----------------------|-------------|--|------------|

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

The Whatcom County Health Board, the Public Health Advisory Board (PHAB) and the Health Department met for their 2nd annual Joint Meeting on June 11, 2019. A summary of the meeting is attached. The meeting outcomes included:

- Ensuring that we have a solid, foundational understanding of policy
- Expanding our understanding of how policy can work, and how we could do more
- Continuing to build alignment between the PHAB and the Health Board in advancing our 2019 Health Priorities.

The policy discussion led to a list of considerations for PHAB to explore when developing and recommending policy to the Health Board. PHAB reviewed the list at the July 16th meeting and drafted a Policy Toolkit (attached) to guide future policy discussions. This is an opportunity to translate discussion into action and deepen our understanding of policy development and alignment the goals of the Health Board and the PHAB.

BOARD ROLE / ACTION REQUESTED

- Discuss summary report from June 11th Joint Meeting
- Discuss and provide input on PHAB Policy Toolkit.

ATTACHMENT(S)

- June 11, 2019 Joint Meeting Report
- PHAB Health Policy Toolkit



Joint Session of the Whatcom County Health Board and PHAB June 11, 2019

Summary Report



Purpose:

- Ensure that we have a solid, foundational understanding of policy
- Expand our understanding of how policy can work, and how we could do more
- Continue to build alignment between the PHAB and the Health Board in advancing our 2019 Health Priorities.

Present:

| | |
|-----------------------------------|---|
| Health Board Members: | Barry Buchanan (also on PHAB), Barbara Brenner, Carol Frazey, Satpal Sidhu, Todd Donovan, Tyler Byrd |
| PHAB Members: | Sterling Chick, Lindsey Karas, Rachel Lucy, Chi-Na Stoane |
| Health Department Managers/Admin: | Regina Delahunt, Kathleen Roy, Anne Deacon, Greg Stern, Astrid Newell, John Wolpers, Cindy Hollinsworth, Tammy Axlund |
| Facilitator: | Holly O'Neil, Crossroads Consulting |
| Panelists: | Andrea Northey, Emily O'Connor, Chris Wiebe |
| Guests: | Kelly Molaski, Aly Robinson, Taylor Lewis, Ali Jensen, Ann Beck, Jennifer Johnson, and Kristen Ekstran (Skagit Public Health Dept.), Cindy Coltee |

Agenda:

1. Welcome and Introductions
2. Year in Review
3. 2019 Health Policy Agenda Priorities
4. Panel: Stories from the Community
5. Policy: Why it matters, and how we can do more
6. Policy Road Map for the year ahead
7. Closing and Public Comment

1. Welcome and Introductions

Council Member Barry Buchanan convened the joint session of the Health Board and PHAB at 9:00 am and opened the floor for introductions. Each participant responded, shared a little about their professional background, and were asked to share a health issue they are feeling passionate about today:

- How public health and policy can merge to really do great things
- Homelessness
- Services for elders
- Birth to three, and disparity in readiness for school for young children
- Health equity and accessibility
- Mental health – reducing stigma and increasing access to services
- East Whatcom food access; no funding for staffing new food bank
- Climate change – impact on future generations
- Stigma around behavioral health, lack of adequate funding for those services
- Prevention, prevention, prevention – as far upstream as we can
- Countering mis-information
- Housing for people we are trying to divert from jail (and importance to mental health). Dental health
- Need for universal health care, need to be thinking long-term about health issues
- Climate change impacts on environmental health, as well as wildfire smoke, vectors, algae blooms, etc.
- Opioid epidemic, education about syringe exchange, and workforce education to alleviate poverty
- Health equity, and the need for systems for people to get the resources they need
- Children and families – and systems of support for families getting off to the best start
- Data, being able to measure the impact, and listening to community to inform our work

Regina Delahunt, Director of the Whatcom County Health Department, welcomed everyone and thanked them for sharing their thoughts about health priorities. Regina offered this quote to inspire the work of today:

“The well-being of our children is a barometer for the future. In one short generation, they will be the parents, workers, volunteers, leaders, and changemakers determining the social and economic vitality of Washington State (or Whatcom County). If we want a better future for all of us, we need better results for kids now.”

The Health Board and Public Health Advisory Board’s focus on children and families reflects our understanding of this reality. Today, our goal is to focus on policy, our role in making policy for the community, and how those policy changes really do make a difference.

2. Year in Review

PHAB Member Chi-Na Stoane reflected on our accomplishments in 2018, and 2019 to date:

In 2018:

- **A Food System Committee was established** by ordinance and officially formed in early 2019. The Committee will develop a Food System Plan for the county, identify and confirm with Council the actions needed to implement this plan and oversee the implementation of programs to strengthen our food system.
- The **Community Health Assessment (CHA) was completed**. Priority issues included Child Care, Youth Mental Health, and Housing for Families. The CHA will be used to develop the CHIP, and WCHD staff will seek input from PHAB and the Health Board in developing the CHIP.
- The **GRACE Project was implemented** (Ground-Level Response and Coordinated Engagement). This is a community-based effort to offer intensive, coordinated services to people who frequently interface with crisis services and the criminal justice system. GRACE is creating a system to improve communication, care management, and supportive services across agencies to improve the health and wellness of these vulnerable residents.

In 2019, to date:

- The Health Board passed resolutions in 2017 and in 2019 requesting **increased state support for funding Foundational Public Health Services (FPHS)**. The state budget included \$22 million to be used across the state for FPHS. Support for increased FPHS funding was one of the three focus areas agreed upon by PHAB and the Health Board.
- **The Health Board approved the 2019 Policy Agenda recommended by PHAB.** In addition to securing FPHS funding, two other policy goals were established: Child and Family Health and Housing and Homelessness.
- In 2016, the Health Board passed a **Tobacco 21 resolution**, and in 2019, Tobacco 21 passed at the state level. This resolution expands the prohibition of smoking to include the use of vapor products in public places and places of employment.
- The Health Board passed a resolution for the **Health Protection of Immigrant Families**, promoting compassionate approaches to health-related services. PHAB was tasked with establishing a Task Force to evaluate systems and support services for families impacted by the threat of deportation.
- The Health Board passed a resolution for **full funding of Crisis Stabilization Facility Program Services**.
- The **Needle Exchange program was expanded**. The Health Department has added Monday morning services in Bellingham, in addition to Thursday afternoons, and is working to establish mobile exchange services in other parts of the County.
- The **Secure Medicine Return Site was opened**. This was preceded by adoption of an ordinance in 2017 to establish Secure Medicine Return in Whatcom County Code, to increase convenience for residents to safely dispose of unused medicine, thus reducing risks of medicine poisonings and misuse, and reducing pollution from waste pharmaceuticals. Financial sustainability for the program was secured through a pharmaceutical industry-financed system.

3. 2019 Health Policy Agenda Priorities – What the Data Tells Us

The Health Board's 2019 Priorities are Child and Family Health and Housing and Homelessness. In the packet, there were two handouts with data relevant to this conversation: Whatcom Working Towards Well-Being, and a Housing and Homelessness Overview which was used in the recent CHA data carousel. The data shows us that many children and their families are struggling. These struggles primarily tie back to poverty. Regina highlighted a few of the key data points, which reaffirmed that focusing on children and families is the right thing to do, and that working upstream on prevention is essential.

- 50% of births are paid for by Medicaid
- 30% of births are single mothers
- 44% of families are facing economic insecurity (below 200% of federal poverty limit)
- For housing - over 50% of renters are cost burdened
- Low income women have less pre-natal care and lower birthweight babies
- Low-income children have lower kindergarten readiness
- Child abuse and neglect in Whatcom are much higher than state levels, especially in low-income areas of the county

Comments:

- It would be interesting to know rates of mental illness in Whatcom County.
- In working on incarceration prevention, it has become clear that working upstream on prevention is critical.
- Question about prenatal care data and Maternity Support Services (MSS). Astrid explained that around 2008, federal changes made MSS so minimal that it wasn't worth the clients' time, or the providers' time. This definitely has had an impact. A Councilmember would like to know more about how prenatal care impacts long term health outcomes.
- At a recent Community Collaboration Committee meeting with PeaceHealth, there was agreement that every woman in our community should receive follow up after birth.

- We have a lot of gaps in care in Whatcom County. As leaders, we have a lot of work to do.
- Child abuse happens in households of any income, and abuse has a major impact on the well-being of children.

4. Panel: Stories from the Community related to Families and Children and Homelessness/Housing.

Three panelists were invited to share their experiences today:

Andrea Northey – Homeless Outreach Team of the Opportunity Council.

Emily O'Connor – Executive Director of Lydia Place

Chris Wiebe – East Whatcom County parent, currently residing in Bellingham

Panelists were asked to speak to four questions:

- *What has your experience been, related to Families and Children and Homelessness/Housing?*
- *What do you think the Council may not know about this situation?*
- *What do you think is, or has been helpful?*
- *What do you think could be changed, to make a difference?*

Andrea Northey: Homeless Outreach Team of the Opportunity Council (OC)

The OC's Outreach Team has a van that drives out early each morning to connect with people on the streets and help them access services. It is important to understand that there are a lot of reasons people can become homeless. Simple tasks can be challenging, so coordination of care is vital to helping people who are homeless. An example was offered of one homeless woman who is disabled, and has been on the street for two years after a divorce. Her health continues to deteriorate.

What could be changed to make a difference? We need more types of housing, more types of shelter, more low-income senior housing, and more places for people to medically recover (e.g. from surgery). We need more beds at the detox center (there are only 8 beds, and they receive an average 250 calls a month).

Emily O'Connor – Executive Director of Lydia Place

Lydia Place serves 250-300 homeless families every year. What these families experience in lack of childcare, housing, food, transportation, documentation, disposable income, social supports, etc. was likened to "death by 1000 cuts." Everyone has hard times, but if people don't have a network of friends and family to help them out, they can fall through the cracks.

Young mothers at Lydia Place are trying to create a new life, but in this housing climate, the only places they can afford to live are right back in neighborhoods where they had trouble in the first place. They can have housing there, or not have housing at all. Examples of current situations: one woman is living in her car, and raising three kids there. She works nights, and her employer lets her park in the parking lot, where the kids sleep. She gets her kids off to school in the morning then she sleeps while they are at school. Another family can't find housing where they can stay together, so each child, the mom, and the dad are living in separate places. The father can't find work because of a criminal record, and one of the daughters was abused at the place she was housed. Emily noted that she can tell us a hundred more stories that evidence the broken system.

What could be changed to make a difference: The data tells us that when kids who are low-income grow up in a segregated community, they will do worse than low-income kids that grow up in a mixed income community. We currently have a lot of segregated housing, and we need more mixed income housing. We need creative, flexible supports coming from many angles.

Chris Wiebe – mother of three

Chris shared about her struggles as a single parent with four kids, ages 3-11, in rural Whatcom County. She was diagnosed with a serious illness, and her eldest daughter was disabled and in a wheel chair. Chris was on the list for housing with the Housing Authority for over five years. She is now living in a home beyond her means, and

her family helps pay for it. When her daughter died, just over three years ago, Chris had a hard time re-entering the workplace. She spoke of her loss of dignity, courage, and hope.

What could be changed to make a difference: Chris shared her concern about too much time spent in meetings, and the need for action and increased community engagement. Though the joint meeting today is open, she suggested it could have been held in a neighborhood, more accessible for the public to attend. Chris recommended that for long-term affordable housing, we build mixed income co-housing communities with support services on-site. She said we have property in Bellingham that could be appropriate for creating that kind of housing.

Comments:

- We need to create more people-to-people support, rather than assuming that agencies or non-profits can fix this system. Societies that are poorer are actually more supportive of each other.
- We need representation from the cities to create solutions regarding housing. With the changes in the PHAB charter, we will have more representation from the cities soon.
- Appreciated the idea about co-housing, and how childcare can be integrated into co-housing.
- Re-affirmed the importance of engaging the community in this conversation to create real change.

5. Policy: Why it matters, and how we can do more



Rachel Lucy opened the discussion around policy by asking, "How do we prepare ourselves to move and act in the health policy space in a really effective way? What do we need to learn, and how can we really take action?" Rachel shared that in her work at the hospital, they are *downstream* of so many kinds of health issues and it is often overwhelming. Making real changes in community health requires many tools and approaches, focusing in the preventative space as much as possible.

Key definitions

Policy refers to **decisions, plans, and actions undertaken to achieve specific health goals within a society** (World Health Organization (WHO))

Health Policy: national, state, or local regulation or financial appropriation that creates a structure, environment, system, incentive, or penalty related to health. Typically, the **goal of health policy is to make healthy choices easier.**

Health policy can:

- ☐ Define vision for future which
- ☐ Establishes targets and points of reference for short and midterm
- ☐ Outlines priorities and expected role of various groups
- ☐ Builds consensus and informs people

Rachel asked the group, ***why does policy matter, in relation to the stories we just heard?***

- Working with farm working families, I have seen the suffering every day, for years. Having the ability to convene community to talk about how we support these families enables a whole different level. It allows me to rise up above the work I'm doing with families and look at the whole, otherwise we would have just stayed huddled and siloed.
- Developing policies allows us to build a consensus – to pull people together and use our resources wisely.
- Policy is a way to bring people together to move forward to take things from an idea to an action.
- Policy allows us to determine a pathway to an end goal.
- When we work at the policy level and make a difference for many people, rather than one person at a time.
- Think about the process we use to get there – avoid working in an echo chamber and broaden our outreach.
- Policy is the one thing that public health can do that other organizations cannot do. The impact is powerful.
- It can helpful to think about policies both as guidelines (suggestions) and standards (where you set the bar).
- In creating our Child and Family Action Plan, we can think about what a menu of policy options might look like. There can be a smorgasbord of options.

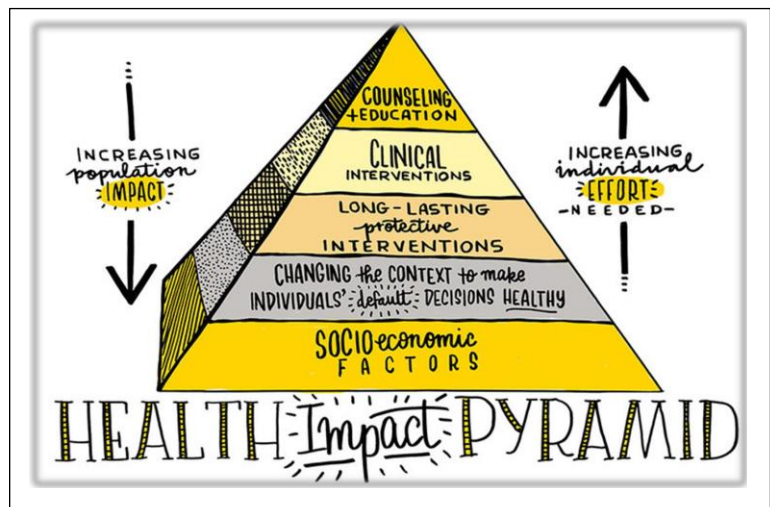
- Important to not get caught up in just thinking about policies as rules and regulations or forget about individual people's needs and how we can help people.
- We do not have unlimited resources, so policy helps us prioritize what we do with our limited resources.
- It may be helpful to think of policies as resolutions that establish priorities, and then what we spend money on; programs which translate intention into action.
- We need both kinds of policy, and we need a blend. In the transformational domain, we want to rock the boat enough to produce outcomes.
- Our policy about considering health in all policies is an important expression of our values, and impacts a lot of specific actions, and how we coordinate across county government.
- Policy is the one thing that we do that is distinct, as leaders in government – that other groups cannot do to help impact the system.
- Important to clarify what the intended outcome of a policy is. It needs to be well thought-out, respect personal freedom and honor people's rights.
- Policymaking can become political, which is why it is important to build those policy pathways together.

Rachel focused our attention on the **Health Impact Pyramid** - a model that PHAB uses to think about the levels of intervention in a system. In policy, we are generally looking at how we can change the context so that people can (by default) make healthier choices. But if you listen to the panelists, it is much more complex than just choices. The systems we have set up in our community have made it much more difficult for people to succeed. **In groups of three, participants had a chance to discuss three questions:**

What are examples where we've made healthy choices easier as a county? (think broadly)

Locally, what kinds of public policy interventions are we open/closed to pursuing?

How can we improve the way we advance policy through formulation, implementation, and modification?



Small groups reported out with these insights:

- It was easier to think of achievements, but harder to think about bigger changes to make healthy choices easier.
- How do we look into the future in our policy making, and think beyond the here and now.
- Importance of creating public trust in government, policy makers out in the community listening and including public in the process, and showing how that input results in action. The “how” is as important as the “what”.
- “Explanation drives intervention” – important to create agreement about the nature of the problem, and how language is important, especially in diverse groups. We need to be very clear about causes and intended results. What do we really care about?
- Making healthy choices easier – recreation, youth mentoring, and education. Don't get stuck in the way it's been or politics – focus on shared goals.
- WCHD staff rely on policy to plan and focus our energy and attention, and to articulate the vision.
- Idea for increased engagement – hold meetings at libraries, provide childcare, etc., and be mindful of using plain language and avoiding jargon.

6. Policy Road Map for the year ahead

a. Child and Family Resolution Action Plan January 2020

- Carol will join us as the representative from the Health Board
- Build the framework this summer, and have a full day work planning session in the fall
- Build on Generations Forward
- Bring it to the PHAB in the fall, then the Health Board in January
- Report out in the meantime
- Overlap in the Community Health Plan priorities

b. Health for Immigrant Families Resolution

- The purpose is to ensure that the health and social service needs of citizens and immigrants of all statuses are met, increase awareness and promote the integration of a "compassionate" or "trauma sensitive" approach to services, evaluate existing systems and support services for families impacted by the threat of deportation
- We hosted an Information Gathering Session in May to identify needs and gaps. 30 people attended – a mix of service providers and families who had been affected by deportation. We identified three main issues:
 - First responders – how to help families get help when a family member is detained (example)
 - Community partners – making sure that there are adequate and accessible (trusted) service providers to meet basic needs
 - Policy – making sure that providers understand policy and changes in policy such as the Washington State Sanctuary Law Governor Inslee just signed
- We will convene the Task Force (August and September) to prepare the report for presentation to the Health Board in October

Comments:

- Example offered of program in Bothel to enable people to come to a safe space in a temple to get all kinds of services
- The situation is severe – families are facing extreme economic hardship when parents cannot work or get services.
- Noted that our goal is that all people are well – not some groups at the expense of others.

c. Community Health Improvement Plan Priorities: Child Care, Housing for Families, Youth Mental Health

- The CHA is complete! (we update this every five years)
- A data carousel was hosted recently – invited 100 people to help prioritize issues. Three priorities that emerged were
 - Housing and homelessness (especially how it impacts children)
 - Economic security and opportunity, especially childcare availability
 - Youth mental health (why are our rates of depression, suicide increasing)
- We will now look at how to focus our community planning efforts and coordinate with existing processes
- We are aiming for a completed Community Health Improvement Plan by the end of the year

Comments:

- What about seniors? Amy responded that there is an effort to gather more data on populations that we know less about. Astrid mentioned that there is a collaborative working on healthy aging.

7. Closing and Public Comment

- Jennifer Johnson from Skagit County Public Health applauded the work of the group, and the value of community engagement
- Each member of the group went around and shared their appreciation for the good work of the day!

Whatcom County Public Health Advisory Policy Toolkit

Defining Health Policy:

Policy refers to decisions, plans, and actions undertaken to achieve specific health goals within a society (World Health Organization (WHO)). Health Policy can be a local regulation or financial appropriation that creates a structure, environment, system, incentive, or penalty related to health. Typically, the goal of health policy is to make healthy choices easier. (Source: https://www.who.int/topics/health_policy/en/)

The Health Impact Pyramid demonstrates that by focusing on policies that improve socio-economic factors and on policies that make healthy choices easier, we can have the greatest impact on improving health for the greatest numbers of people.

Establishing health policy for the community is the unique responsibility of the Health Board. While many other partners make up the public health system, the Health Board's policy role is critically important and distinct.

Health policy can:

- ☐ Define our vision for the future
- ☐ Establish targets and points of reference for short and midterm
- ☐ Outline priorities and expected roles of various groups
- ☐ Build consensus and inform people

Forms Health Policy can take:

- | | | |
|----------------|---------------|------------------------|
| • Regulate | • Tax & Spend | • Conduct Research |
| • Incentivize | • Privatize | • Board Resolutions |
| • Subsidize | • Charge fees | • Issue Prioritization |
| • Contract out | • Educate | |

When developing policy recommendations for Health Board, the following should be taken into consideration:

- Ensure that a clear, shared understanding of the problem has been established.
- Focus on prevention/socioeconomic policy that make healthy choices easier.
- Communicate the elements of health in all policies.
- Ensure that the intended health outcomes have been clearly defined and that change can be measured.
- Engage in a community process to build consensus, create public trust, and foster engagement.
- Ensure that there is political/public will for the proposed change.
- Explore ways to maximize existing resources.
- Research scale and propose use of evidence based practices to drive policy whenever possible