Julia Caplan, MPP, MPH

Program Director, Public Health Institute
Health in All Policies (HiAP) Task Force,
Office of Health Equity, California Dept. of Public Health

Julia Caplan shares California's Health in All Policies (HiAP) Task Force initiative, the correlation of environmental factors on public health, and the role of data in preventing disease.

What is Health in All Policies in connection to public health and what is the HiAP Task Force and its relationship with the California Department of Public Health?

I lead the facilitation team for the California HiAP Task Force, created by the governor in 2010, which brings together 22 agencies and departments to build collaborative approaches to including health priorities in decision-making across fields as diverse as transportation, education, land use, forestry, social services, and agriculture, among others.

Healthcare is absolutely essential for health and it is in all of our best interest to keep people from getting sick in the first place so that they don't need much healthcare. HiAP is really a strategy to not only to prevent disease but to promote truly healthy communities by ensuring that people have access to good education, healthy and affordable housing, good transportation, social connectivity, healthy foods, greenery and parks– all of the things that we think of when we think of an ideal community. If we want to tackle those issues, then we have to step outside of healthcare and even outside of public health and really partner deeply and closely with other sectors. HiAP is about creating a vision for a healthy and equitable communities that is embraced by all of government regardless of policy area, with everyone working towards these goals. It deals with the complex issues that usually do not fall under any one department so it requires thinking much bigger and really out of the box.

Why are you passionate about public health and Health in All Policies? What motivates you to go to work every day?

I have worked on a wide variety of social justice and public interest issues. I am deeply committed to the values of equity and the underlying values of public health, which is about creating environments in which people can live their lives to their full potential. I have always recognized that achieving that goal requires a multi-sectorial approach and so I have been really interested in a wide variety of public issues and the intersection between them.

Some of our greatest successes have been bringing together really unlikely partners in finding new solutions. For example, in California, our Department of Corrections was having a difficult time in meeting the federal nutrition guidelines in the foods served to inmates. The food was too high in sodium and it was putting inmates at risk for a variety of health issues. This is not only bad for health but also bad for the healthcare costs that are paid by the state. It turned out that part of the problem was that the Department of Corrections had to purchase food through state contracts and the only foods available through those contracts were high in sodium. So by building relationships between agencies we were able to support a relationship between the Department of Corrections and our Department of General Service where they revised the food purchasing contracts to imbed nutritional criteria, which had never been done before. Corrections was able to reduce sodium in their food and now other agencies have access to healthier food options through those contracts as well.

This was a success where the implementation was not that complicated but it would have never happened had we not convened these partners in the same room and help them build partnerships.

How do you think Electronic Health Records (EHR) and other new technologies have improved public health and the Health in All Policies initiative?

We are truly focused on prevention and having good records and good data is absolutely essential to be able to identify which populations are facing particular issues.

Accurate data, from an equity standpoint, will help us identify differences between populations and uncover inequities that need to be addressed, whether they are by race, gender, geography and also help us track progress. What we have also found in Health in All Policies work is that it is really important to take health data and overlay it with data that is coming from non-health sectors, or the social determinants of health.

For example: if we are noticing we have a lot of people who have diabetes, if we can overlay that with data on those who have food access, or the location of liquor stores, or walkability indexes in communities, we may find correlations that might be illuminating in terms of what some of the possible solutions might be.

How do you feel the data from EHRs can be used to help inform policy at local health departments and in government?

If we are using GIS Health Mapping tools to map out where certain risk factors are more prevalent, we then look at the social conditions in those areas. It is also important in terms of measuring change. We may decide we are going to a dress food access issues in a community and it may not be possible to see a change in disease rates and outcomes in that community over a short period of time. If we can make and evidence based link between food access and disease risk factors and we can show improvements and make causal links between health and the social determinants of health. It is really important with the rise of EHRs to figure out ways to overlay and share data in order to uncover the underlying root causes of poor health, and to be able to track progress. Eventually EHR data can help us focus on eliminating the environments that create poor health and not just on treating diseases.

EHR vendors and organizations that specialize in data and record keeping might be able to help by looking at some of the barriers to data sharing and collaborations and provide support on how to work through some of those issues.

Where do you see, or hope to see, the public health field five years from now?

The field of public health is moving more and more towards prevention. I think we are also moving outside the four walls of our buildings and truly moving into a cross sectional collaborative environment. Public Health is rapidly recognizing the importance of working on these social determinants of health issues. The future of public health is about being leaders, conveners and facilitators around shifting all of government into putting human well-being at the center of decision making.

What do public health organizations need in order to be successful with Health in All Policies? What actions can they take to move toward success?

The simplest way of starting the process is to build relationships with people in other departments. Calling up someone in the department of Education or your Public Works or Land Use and ask if you can get coffee so you can learn about what they do and what their priorities are. It is very likely that in doing that you will uncover areas with shared interests and shared goals. This is the easiest way to start seeing where you can collaborate or where your goals may benefit from collaboration with other departments.

Are their resources or websites that you can recommend for Public Health departments to learn more about the work that you are doing?

We currently have a few links that would be beneficial for public health departments looking for more information on Health in All Policies. First, the HiAP Task Force Website is a good resource for the specific work we are doing and how we are bringing stakeholders together. We also have a HiAP Guide for State and Local Governments that is a helpful starting point for public health departments.

About Julia Caplan, MPP, MPH

Program Director, Public Health Institute, Health in All Policies (HiAP) Task Force, Office of Health Equity, California Department of Public Health

Ms. Caplan leads the facilitation team for the HiAP Task Force, which brings together 22 agencies and departments to build collaborative approaches to including health priorities in decision-making across fields as diverse as transportation, education, land use, forestry, social services, and agriculture, among others. The HiAP Task Force is staffed by a joint team from the Public Health Institute and California Department of Public Health, with support from The California Endowment and Kaiser Permanente Community Benefit.