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A HEALTH IN ALL POLICIES APPROACH TO LARGE-SCALE REDEVELOPMENT:

The Fort McPherson BRAC Case Study

Health in All Policies

“Health in All Policies” is a concept that aims to strengthen the link between health and policies from other sectors such as housing, transportation, education, labor, and land use to create an environment that enables people to lead healthy lives.

Fort McPherson Base Realignment and Closure

Fort McPherson is a 488-acre Army base in Atlanta, Georgia. The base is scheduled to close in 2011 as part of the Department of Defense’s Base Realignment and Closure (BRAC) program. The redevelopment requires design and implementation decisions that could impact the health and quality of life of incoming residents and existing residents in surrounding communities.

Case Study

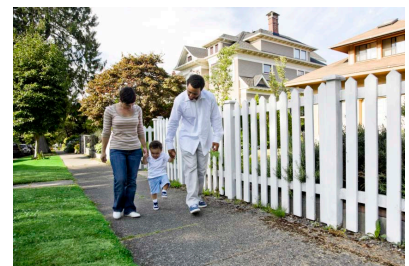
The Fort McPherson BRAC redevelopment was explored as a case study of a Health in All Policies approach to large-scale redevelopment. Background research, community engagement, and participant observation revealed the following key findings:

There are discrete “windows of opportunity” for incorporating health considerations into decision making, such as:

- redevelopment plans
- zoning guidelines, and
- developer’s agreements.

Health Impact Assessment is an effective tool to engage stakeholders and put Health in All Policies into practice.

The Health Impact Assessment process engages stakeholders and allows the community to voice their concerns. The method provides evidence-based information on the health impacts of an impending decision from another sector (land use, transportation, etc.) and combines this with stakeholder input to make recommendations for options that promote health. Public Health Institutes can inform such complex decision-making processes by serving in a neutral role to convene subject matter experts and stakeholders, facilitating the sharing of trustworthy information.



Implications for Federal Agencies

Federal agencies relevant to large-scale redevelopments such as military base closures and realignments include the Departments of Agriculture, Commerce, Defense, Education, Health and Human Services, Interior, Justice, Labor, Transportation, and Housing and Urban Development. Key informant interviews and a federal stakeholder expert meeting identified strategies for promoting a Health in All Policies perspective at the federal level.

Health in All Policies occurs when there is mutual benefit for the involved parties:

Inclusion of health considerations can be valuable in redevelopment and other projects; however, agency staff must first focus on the deliverables for which they are accountable, which may not include health concerns. When those concerned with the inclusion of health can offer something of value (such as workforce, prestige, or access to additional funding sources) to the outside agency, it often fosters a “win-win” situation in which new partnerships can be made and health can be incorporated.

Health in All Policies can occur at different levels:

- Information-sharing – This can range from a member in one federal agency knowing whom to call for health statistics, to marketing health information in a manner relevant to another agency’s mission.
- Collaboration – This can occur informally through social networks or formally through Interagency Agreements, Coordinating Councils, Presidential Directives or other mandates.
- Integration – This occurs when an aspect of health becomes part of an agency’s primary mission or goals.

Cross-cutting agencies such as the Office of Management and Budget can foster collaboration by serving as a conduit of information between agencies and viewing the combined outcomes of multiple agencies’ actions from a broader perspective.

Federal agency collaboration toward Health in All Policies can be hindered or facilitated by a number of factors:

- Barriers include lack of time, fear of giving up control of a signature issue, changing priorities of leadership, and different organizational cultures and values
- Facilitators include leadership, internal incentives, external pressure, funding, and “win-win framing” of the issues

Despite barriers, Health in All Policies collaborations already exist at the federal level:

Examples include the President’s Council on Food Safety; the National Prevention, Health Promotion and Public Health Council; the Coordinating Council on Juvenile Justice and Delinquency Prevention; and the White House Task Force on Childhood Obesity. Each of these collaborations includes a diverse range of agencies that represent multiple sectors.

Strategies for Federal Agencies to Strengthen Health in All Policies

- Reframe the concept of health to align with the missions of other agencies or sectors
- Develop communication mechanisms to provide evidence on health to relevant sectors
- Facilitate relationship-building across sectors
- Create internal incentives such as criteria in performance evaluations and promotions that reward intersectoral efforts
- Identify “win-win” opportunities across sectors and promote collaboration to achieve them
- Offer grants or technical assistance to state agencies to work across sectors for common goals
- Incorporate intersectoral knowledge and values in professional education trainings and programs
- Capitalize on external pressures such as media attention and advocacy to stimulate support for intersectoral goals