



Resolution No 3 Committing Georgia to Implement Health in All Policies

WHEREAS, Georgia and its residents face a growing burden of largely preventable chronic illnesses such as heart disease, stroke, obesity, and diabetes, many of which disproportionately affect racial minorities, low-income families, and individuals with less education;<sup>1</sup> and

WHEREAS, the most and least healthy counties in Georgia have significant differences in mortality rates and the gap between them is widening;<sup>2</sup> and

WHEREAS, infant mortality increased by 9% from 2015-2016, from 6.6 to 7.2 deaths per 1,000 live births, and the infant mortality rate among blacks that is nearly two times that of whites (9.5 vs. 5.0 infant deaths before age 1 per 1000 live births, respectively);<sup>3-4</sup> and

WHEREAS, an estimated 14.9-20% of Georgians lack health insurance coverage, and as of 2014, individuals of Hispanic ethnicity, adults aged 18-64 years with household income less than \$15,000, and adults with less than a high school education, were significantly less likely to have health insurance when compared to other subgroups;<sup>3,5</sup> and

WHEREAS, the shortage of safety net providers that have historically served the uninsured population is increasing;<sup>6-7</sup> and

WHEREAS, insufficient access to regular preventive care disproportionately affects Hispanics and non-Hispanic Blacks, adults without health insurance, adults with less than a high school education, and adults with low family income;<sup>1</sup> and

WHEREAS, the number of children living in poverty increased 75%, from 16.4% to 28.7% over the past 15 years; and the gap between rich and poor in Georgia has been increasing since 1979; and income inequality disproportionately affects workers of color, whose median wage was \$5 less than that of white workers in 2012;<sup>5</sup> and

WHEREAS, people in disadvantaged communities often have fewer resources for health, which is reflected in significantly higher burdens of chronic illness, worse health outcomes, and shorter life expectancies; and

WHEREAS, the health and well-being of all people is a critical element in supporting a healthy and prosperous Georgia, including economic sustainability, increasing workforce participation and productivity, and slowing the ongoing rise in medical care expenditures; and

WHEREAS, there is growing awareness that health is influenced by the interaction of many factors and not simply by genetics, individual behavior, or access to medical care. It is now widely accepted that conditions in the environments in which people are born, live, learn, work, play, and age, known as the social determinants of health,<sup>8</sup> have the greatest influence on health outcomes across populations; and

WHEREAS, the social determinants of health affect chronic disease rates, mental illness, as well as injuries caused by accidents and violence. They also influence the adoption of healthy lifestyles by making it more or less difficult for individuals to choose behaviors that either promote or diminish health; and

WHEREAS, the social determinants of health further contribute to health inequities, defined as differences in health associated with individual or group specific attributes (e.g. income, education, or race/ethnicity) that are connected to social disadvantage, historical, and contemporary injustices, and which can be minimized through changes to policy, programs, and practices;<sup>9</sup> and

WHEREAS, these environments are significantly influenced by policies developed by various state agencies and departments relating to housing, transportation, education, air quality, parks, criminal justice, employment, and other policy areas; and

WHEREAS, policies implemented by Georgia State Departments and Agencies outside of the traditional health sector significantly affect the social determinants of health, including policies related to food access, housing, transportation, public safety, education, sustainability, climate change, parks, air and water quality, criminal justice, and economic development; and

WHEREAS, public health agencies alone cannot change these environments, but must work collaboratively with the many other governmental agencies, businesses, and community-based organizations that are best positioned to create healthy communities; and

WHEREAS, collaborative strategies to create healthy communities create co-benefits by simultaneously improving air and water quality, protecting natural resources and agricultural lands, increasing the availability of affordable housing, improving infrastructure systems, planning sustainable communities, and addressing climate change; and

WHEREAS, interagency collaboration can lead to improved decision-making and outcomes and greater efficiencies in service delivery; and

WHEREAS, addressing the social determinants of health can lead to reduced health care costs; and

WHEREAS, Health in All Policies is an integrated approach that is being used internationally and in U.S. state and local municipalities to achieve better health outcomes and greater sustainability by incorporating a health aspect into policy development across all government sectors; and

WHEREAS, the Georgia Society for Health Education supports a Health in All Policies approach that uses health as a linking factor in bringing people together from across sectors to address major societal issues, focuses on co-benefits and win-win strategies, and harnesses the power that agencies and departments can bring through their areas of individual expertise; and

WHEREAS, by adopting a “Health in All Policies” approach, the State of Georgia recognizes that all State Departments and Agencies have a role to play in achieving health equity, defined as the attainment of the highest level of health for all people; and

WHEREAS, the Georgia Society for Health Education understands that achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities;<sup>10</sup>

WHEREAS, the Georgia Society for Health Education supports adopting, implementing and enforcing policies that will influence health outcomes for all members of the community;

THEREFORE BE IT RESOLVED that the Georgia Society for Health Education will support local coalitions, public health agencies, schools, worksites, hospitals and the community-at-large in applying a Health in All Policies approach to the State of Georgia's decision-making processes, including policy development and implementation, budgeting, and delivery of services;

BE IT FURTHER RESOLVED that the Georgia Society for Health Education will support local coalition groups /task force who will focus on Health in All Policies to identify and pursue opportunities to improve health, including but not limited to affordable, high quality healthcare; affordable, safe and healthy housing; active living and transportation; access to healthy food; clean air (tobacco use prevention), water, and soil; parks, recreation, and green spaces; economic opportunity; safety and violence prevention.

Partnership from the following state agencies will be supported in reaching healthy equity for all: Department of Agriculture, Department of Behavioral Health and Developmental Disabilities, Department of Community Affairs, Department of Community Health, Department of Corrections, Development Authority, Department of Early Care and Learning, Department of Economic Development, Department of Education, Department of Natural Resources, Environmental Protection Division, Commission of Equal Opportunity, Department of Human Services, Commission on Family Violence, Department of Banking and Finance, State Accounting Office, Georgia Fiscal Management Council, Georgia Forestry Commission, Georgia State Games Commission, Office of Highway Safety, Department of Labor, Land Conservation Program, Department of Natural Resources, Georgia Board for Physician Workforce, Governor's Office of Planning and Budget, Georgia Public Broadcasting, Department of Public Health, Department of Public Safety, Public Service Commission, Georgia Regional Transportation Authority, Georgia Soil and Water Conservation Commission, and Department of Transportation. The Department of Public Health shall lead the Task Force. The Task Force shall also solicit broad input from residents, hospital and health care institutions, universities, and community-based and private sector organizations about how Georgia's policies, practices, and procedures could be improved to benefit health outcomes and reduce health inequities.

## References

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