



Legislation Details (With Text)

File #: 230189 **Version:** 1 **Name:**
Type: Ordinance **Status:** Passed
File created: 2/22/2023 **In control:** Council
On agenda: 4/6/2023 **Final action:** 4/6/2023
Title: Sponsor: Councilmember Melissa Robinson

Amending the Code of Ordinances by creating a new Chapter 37 entitled "Health in All Policies," consisting of Sections 37-1 through 37-5, to create a Health in All Policies Interdepartmental Task Force that will be a collaborative approach to improving the health of all people by incorporating health, sustainability, and equity considerations into decision-making across various sectors and policy areas.

Sponsors: Melissa Robinson, Ryana Parks-Shaw

Indexes:

Code sections:

Attachments: 1. Ordinance Docket Memo 230189_MJ, 2. Authenticated Ordinance 230189

Date	Ver.	Action By	Action	Result
4/6/2023	1	Council	Passed	Pass
4/5/2023	1	Neighborhood Planning and Development Committee	Adv and Do Pass	Pass
3/22/2023	1	Neighborhood Planning and Development Committee	Hold on Agenda	
3/15/2023	1	Neighborhood Planning and Development Committee	Hold on Agenda	
3/1/2023	1	Neighborhood Planning and Development Committee	Hold on Agenda	
2/23/2023	1	Council	referred	

ORDINANCE NO. 230189

Sponsor: Councilmember Melissa Robinson

Amending the Code of Ordinances by creating a new Chapter 37 entitled "Health in All Policies," consisting of Sections 37-1 through 37-5, to create a Health in All Policies Interdepartmental Task Force that will be a collaborative approach to improving the health of all people by incorporating health, sustainability, and equity considerations into decision-making across various sectors and policy areas.

WHEREAS, the health and well-being of the residents of City of Kansas City is critical for a prosperous and sustainable City.

WHEREAS, the social determinants of health affect chronic disease rates, mental illness, injuries caused by accidents and violence, and 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, policies implemented by City departments 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, 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; NOW, THEREFORE,

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. Amending the Code of Ordinances by creating a new Chapter 37 entitled “Health in All Policies,” consisting of Sections 37-1 through 37-5, that recognizes that all departments have a role to play in improving health outcomes and reducing health inequities, said sections to read as follows:

Sec. 37-1. Title.

This Chapter shall be known as the “Health in All Policies,” and will be referred to herein as “this chapter.”

Sec. 37-2. Definitions.

The following words and phrases, whenever used in this chapter, shall have the meanings defined in this section:

(a) “*Health equity*” means the attainment of the highest level of health for all people. 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.

(b) “*Health in All Policies*” means a collaborative approach to improving the health of all people by incorporating health, sustainability, and equity considerations into decision-making across sectors and policy areas.

(c) “*Health inequities*” means 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.

(d) “*Social determinants of health*” means those conditions in the environments in which people are born, live, learn, work, play, worship, and age.

Sec. 37-3. Purpose.

In order to eliminate health inequities and attain health equity, it shall be the policy of the City to apply a Health in All Policies approach and health equity practices to the City’s decision-making, including policy development and implementation, budgeting, and delivery of services.

Sec. 37-4. Health Framework.

The City shall use the following framework to measure health equity and improve the health of our community:

(a) The City of Kansas City meets the basic health needs of residents as measured by the availability of the following:

- (1) Affordable, accessible, and nutritious foods;
- (2) Safe, drinkable water;
- (3) Affordable, safe, and healthy housing;
- (4) Access to affordable and safe opportunities for physical activity; and
- (5) Affordable, accessible, and high-quality health care, including mental health and substance abuse prevention and treatment.

(b) The City of Kansas City residents live in a healthy, sustainable and equitable environment as measured by the availability of the following:

- (1) Clean air, soil, and water;
- (2) Parks and open spaces, including agricultural lands;
- (3) Affordable and sustainable energy sources;
- (4) Accessible-built environments that promote health and safety through a mix of land uses;
- (5) Active transportation enabling safe travel for people walking, biking, driving, and taking transit;
- (6) Safe and socially cohesive neighborhoods;
- (7) Job opportunities for all residents;
- (8) A thriving economy; and
- (9) Opportunities for high-quality and accessible early childhood education, primary and secondary education, and higher education.

Sec. 37-5. Health in All Policies Interdepartmental Task Force.

(a) There is hereby established a Health in All Policies Interdepartmental Task Force for the implementation of this chapter.

(b) The Kansas City Health Department shall lead the Task Force. All City department offices and officials shall fully cooperate with the Health Department and members of the Task Force in meeting the

provisions and purposes of this chapter.

(c) *Task Force Composition.* The Task Force shall be composed of the directors or their designees of the following departments: City Manager's Office, Civil Rights and Equal Opportunity, Finance, Housing and Community Development, General Services, Parks and Recreation, Planning, Public Works, Human Resources, Neighborhoods, Aviation, Water Services, Auditor's Office, Convention and Entertainment Facilities, Law, Municipal Court and Fire. The City shall encourage and welcome the Kansas City, Missouri Police Department to participate on the Task Force.

(d) The Task Force is authorized to establish subcommittees of stakeholders as needed to assist in developing the Strategic Plan.

(e) *Task Force Duties.*

(1) The Task Force shall engage the community in carrying out its duties by systematically gathering broad input from stakeholders, including community members, the Health Commission, policy experts, the health care community, the school districts, community-based organizations, members of the private sector, and philanthropists to identify and assist the City in addressing areas of health inequities, support the Community Health Improvement Plan and ensure that multiple perspectives are understood, considered, and reflected in decisions to achieve health equity.

(2) *Strategic Plan.* The Task Force shall Develop a Strategic Plan to integrate a Health in All Policies approach into City decisions and operations and provide the Strategic Plan to the City Council by December 1, 2023. Once the Task Force has developed the Strategic Plan, they shall lead the City's implementation of the Strategic Plan. The Strategic Plan shall do the following:

- (a) incorporate Community Health Improvement Plan baseline data, demographic, and environmental data relevant to the City's health framework, and identify existing health inequities;
- (b) identify health equity indicators and targets for each department to measure progress;
- (c) identify the analytical tools needed to assist departments in identifying the health impacts of policies;
- (d) identify barriers to and opportunities for interdepartmental cooperation;
- (e) identify the need for and sources of funding to implement the Health in All Policies approach;
- (f) recommend changes to laws, regulations, policies, or procedures to eliminate barriers to interdepartmental cooperation and implement a Health in All Policies approach; and
- (g) recommend changes to training for City officials and employees to integrate a Health in All Policies approach into City's decision-making, operations, financial allocations, and delivery of services.

- (3) The Task Force shall oversee the development of analytical tools needed to collect data and analyze the health impacts of policies.
- (4) The Task Force shall oversee training for City officials and employees.
- (f) *Bi-Annual Report.*
- (1) The Task Force shall prepare and provide to the City Council a bi-annual report on: 1) the status of health and health equity in City; 2) progress in implementing the Strategic Plan; 3) any changes to the Strategic Plan; and 4) any new recommendations for changes to laws, regulations, policies, or procedures, to ensure that this chapter is fully implemented and that departments consider short-term and long-term economic, social, economic, or other consequences when making decisions.
- (2) Each department or office identified in the Strategic Plan shall report to the Task Force on a bi-annual basis the status of health equity indicators and its progress in meeting its health equity benchmarks.
- (3) The Task Force shall ensure ongoing community engagement in developing the bi-annual report

Approved as to form:

Joseph A. Guarino
Senior Associate City Attorney