HEALTH IN ALL POLICIES: A PRIMER

Why do we need Health in All Policies?

- Health needs are growing faster than available healthcare resources.
- Healthcare is not the main contributor to population health - other policy areas play a greater role.
- To improve future health and reduce future demand it is important that decisions in all policy areas are designed to support good health.
- Health in All Policies aims to understand these links and influence policies accordingly.

What is Health in All Policies?

'Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies and avoids harmful health impacts, in order to improve population health and health equity. A HiAP approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on health determinants, and aims to improve the accountability of policy-makers for health impacts at all levels of policy-making.'   (WHO Helsinki Statement on HiAP, 2013)

It is very similar to 'Healthy Public Policy' and 'Governance for Health'. HiAP is preventative and aims to create the social, physical and economic environment in which people can have the best health outcomes. It involves partnership with other sectors but differs from most partnership work that concerns planning and delivery of joint projects, services or interventions. It aims to influence policy but goes further than advocacy or lobbying for or against specific policies. Rather, HiAP should enable a holistic understanding of how policies affect health and influence accordingly.

What does HiAP mean in practice?

HiAP can range from using a formal approach like Health Impact Assessment or Health Lens Analysis to assess the health impacts of a policy area, to a more fluid approach that focuses on building relationships between health and other policy areas – being 'at the table' to ensure the health issues are considered. Other tools for HiAP include inter-departmental committees or partnerships, policy briefs, joint budgets, joint training and joint information systems.

Health Impact Assessment	Health Lens Analysis
Screening: decide if an HIA is appropriate **Scoping**: identify potential impacts and set terms of reference for the HIA **Appraisal**: gather evidence on potential impacts and possible recommendations **Recommendations**: make recommendations to mitigate adverse and enhance positive impacts **Reporting**: report to decision makers **Monitoring and Evaluation**: monitor recommendations and outcome of HIA	**Engage**: establish collaborative relationships with other sectors **Gather evidence**: establish impacts between health and the policy area **Generate**: produce policy recommendations - jointly owned by all partner agencies. **Navigate**: help steer recommendations through the decision-making process. **Evaluate**: determine the effectiveness of the health lens.
Assess a specific policy proposal once it has been defined but not finalised. Make recommendations to improve impacts.	Engage with a policy area at all stages of policy formulation. Focus on synergies.

What is needed to enable HiAP?

- Political will – willingness in other policy areas to engage and potentially change policies to maximise health; willingness among public health professionals to work in this way.
- Skills – to understand and engage with other policy areas; to appraise links between policy area and health; to understand policy processes and opportunities.
- Resources – relevant data, evidence and processes; time to commit to HiAP.
- Long term vision and commitment.

Experience of HiAP in Scotland

Scotland has many examples of an HiAP approach, but they tend to be in just a few places and/or in selected policy areas. There is not yet an overall commitment to HiAP. Examples include:
Scottish Health and Inequalities Impact Assessment Network (SHIIAN) – has supported and promoted HIAs, and produced evidence guides showing links between health and areas such as housing, transport, greenspace, rural development.
Recent work on **Housing and Health** – highlights links, encourages joint work, included an HIA of the policy to deliver 50,000 affordable homes.
The **Place Standard** - a good example of joint work between health and planning.
Local **work with local authority planners** – in Lothian this has included several HIAs, involvement in Area Development Frameworks in Edinburgh and the development of West Lothian Council Planning Guidance in that requires HIAs for selected planning applications.

International examples of HiAP

Finland has a long history of promoting Healthy Public Policy and first used the term HiAP as part of its Presidency of the EU in 2006. It has evolved from focusing on determinants of a few high priority health issues to a more holistic approach that integrates health into all policy making. This includes trying to find 'win:wins' as well as using formal methods like HIA.
South Australia has implemented HiAP since 2007, with a mandate from central government, a high level governance structure, a dedicated team that conducts Health Lens Analysis of policies identified by an Executive Committee.
California set up an HiAP Task Force in 2010 with 22 state departments or agencies which has action plans on topics including active transportation, violence prevention, parks and community greening, healthy housing, healthy food, and health public policy including equity in government practices.
Wales has a new Public Health Act that will require public bodies to complete, and publish HIAs.
There are many international examples of HIA, but most are opportunistic rather than systematic.

Issues to consider

- The benefits to health will be seen over a long timescale. How to prioritise this work in the face of current funding constraints? Who should do it and what do they stop doing, to focus on HiAP?
- How to identify the policy areas and levels where HiAP could achieve greatest benefits?
- How to determine the most appropriate approach(es) in each case?
- How to secure political will – this may mean health is prioritised against other outcomes such as economic growth, and other interests?
- How to avoid pitfalls: perception of 'health imperialism'; being either overly critical or not challenging enough of policies; being drawn into 'nice projects'?

Margaret Douglas, November 2017