WHAT IS HEALTH IN ALL POLICIES?

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

The goal of Health in All Policies is to ensure that decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A Health in All Policies approach identifies the ways in which decisions in multiple sectors affect health, and how better health can support the goals of these multiple sectors. It engages diverse governmental partners and stakeholders to work together to promote health, equity, and sustainability, and simultaneously advance other goals such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, and educational attainment. There is no one "right" way to implement a Health in All Policies approach, and there is substantial flexibility in process, structure, scope, and membership.

FIVE KEY ELEMENTS OF HEALTH IN ALL POLICIES

Promote health, equity, and sustainability. Health in All Policies promotes health, equity, and sustainability through two avenues: (1) incorporating health, equity, and sustainability into specific policies, programs, and processes, and (2) embedding health, equity, and sustainability considerations into government decision-making processes so that healthy public policy becomes the normal way of doing business.

Support intersectoral collaboration. Health in All Policies brings together partners from the many sectors that play a major role in shaping the economic, physical, and social environments in which people live, and therefore have an important role to play in promoting health, equity, and sustainability. A Health in All Policies approach focuses on deep and ongoing collaboration.

Benefit multiple partners. Health in All Policies values co-benefits and win-wins. Health in All Polices initiatives endeavor to simultaneously address the policy and programmatic goals of both public health and other agencies by finding and implementing strategies that benefit multiple partners.

Engage stakeholders. Health in All Policies engages many stakeholders, including community members, policy experts, advocates, the private sector, and funders, to ensure that work is responsive to community needs and to identify policy and systems changes necessary to create meaningful and impactful health improvements.

Create structural or process change. Over time, Health in All Policies work leads to institutionalizing a Health in All Policies approach throughout the whole of government. This involves permanent changes in how agencies relate to each other and how government decisions are made, structures for intersectoral collaboration, and mechanisms to ensure a health lens in decision-making processes.



The Healthy Community Framework was developed by the California Health in All Policies Task Force, based upon discussion with community, government, and public health leaders in response to the question, "What is a healthy community?"

A Healthy Community provides for the following through all stages of life:

Y	Meets basic needs of all
0	· Safe, sustainable, accessible, and affordable transportation options
	 Affordable, accessible and nutritious foods, and safe drinkable water
>	 Affordable, high quality, socially integrated, and location-efficient housing
>	Affordable, accessible and high quality health care
HEALTHY COMMUNITY FRAMEWORK	 Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
4	 Access to affordable and safe opportunities for physical activity
2	· Able to adapt to changing environments, resilient, and prepared for emergencies
正	Opportunities for engagement with arts, music and culture
>	Quality and sustainability of environment
-	· Clean air, soil and water, and environments free of excessive noise
=	• Tobacco- and smoke-free
4	Green and open spaces, including healthy tree canopy and agricultural lands
\supseteq	· Minimized toxics, greenhouse gas emissions, and waste
\geq	Affordable and sustainable energy use
5	Aesthetically pleasing
5	
Ó	Adequate levels of economic and social development
0	Living wage, safe and healthy job opportunities for all, and a thriving economy
>	Support for healthy development of children and adolescents
I	· Opportunities for high quality and accessible education
-	Health and social equity
	Social relationships that are supportive and respectful
A	Robust social and civic engagement
Ш	Socially cohesive and supportive relationships, families, homes and neighborhoods
I	• Safe communities, free of crime and violence
	Sale communities, free of crime and violence

California Health in All Policies Task Force. (2010, December 3). Health in All Policies Task Force Report to the Strategic Growth Council. Retrieved from: http://sgc.ca.gov/hiap/docs/publications/HiAP_Task_Force_Report.pdf. Used with permission.

1.3 What is a Healthy Community?

Because community and social factors drive health outcomes and health equity, it is important to ask, "What is a healthy community?" The framework below provides an answer to this question. The framework was developed by the California Health in All Policies Task Force, and was an important step in developing a shared vision for the group. The California Health in All Policies Task Force case study at the end of this guide gives more information about how the framework was developed as well as other details about implementation of Health in All Policies in California.

"Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

—World Health Organization⁷⁵

What is a Healthy Community?

A Healthy Community provides for the following through all stages of life:

MEETS BASIC NEEDS OF ALL

- Safe, sustainable, accessible, and affordable transportation options
- Affordable, accessible and nutritious foods, and safe drinkable water
- Affordable, high quality, socially integrated, and locationefficient housing
- · Affordable, accessible and high quality health care
- Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
- · Access to affordable and safe opportunities for physical activity
- Able to adapt to changing environments, resilient, and prepared for emergencies
- Opportunities for engagement with arts, music and culture

QUALITY AND SUSTAINABILITY OF ENVIRONMENT

- Clean air, soil and water, and environments free of excessive noise
- · Tobacco- and smoke-free
- Green and open spaces, including healthy tree canopy and agricultural lands
- Minimized toxics, green house gas emissions, and waste
- · Affordable and sustainable energy use
- · Aesthetically pleasing

ADEQUATE LEVELS OF ECONOMIC AND SOCIAL DEVELOPMENT

- Living wage, safe and healthy job opportunities for all, and a thriving economy
- Support for healthy development of children and adolescents
- · Opportunities for high quality and accessible education

HEALTH AND SOCIAL EQUITY

SOCIAL RELATIONSHIPS THAT ARE SUPPORTIVE AND RESPECTFUL

- Robust social and civic engagement
- Socially cohesive and supportive relationships, families, homes and neighborhoods
- · Safe communities, free of crime and violence



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1.4 The Five Key Elements of Health in All Policies

There is no one "right" way to implement a Health in All Policies approach. While all Health in All Policies initiatives are based on the concept that population health and equity depend upon collaborative, intersectoral action, there is substantial variation in process, structure, scope, and participation in the initiatives. These variations depend upon many factors, including the needs of a particular community, available resources, and relationships with key partners.

Regardless of how a Health in All Policies initiative is structured, there is a wide range of activities that governments can use to promote consideration of health in decision-making. These activities can be seen as falling along a spectrum, ranging from one-time opportunities for stakeholder input to activities that fully embed health considerations into all aspects of government decision-making. Where an activity falls on this spectrum will depend on how much the activity incorporates the five key elements described below. Organizers of initiatives will choose activities depending on capacity, resources, and support from decision-makers, and they may engage in a variety of different activities at the same time or over time. These activities can include jointly sponsored conferences or trainings, providing input on documents or rules, joint research projects, sharing data or new data metrics, health impact assessments, the organization of interagency offices, collaborative decision-making, and many more.

Based on experiences in California, and through a review of Health in All Policies work around the nation and globe, five key elements of Health in All Policies have emerged as vital to the success of this work:

- 1. Promote health, equity, and sustainability. Health in All Policies promotes health, equity, and sustainability through two avenues: (1) incorporating health, equity, and sustainability into specific policies, programs, and processes, and (2) embedding health, equity, and sustainability considerations into government decision-making processes so that healthy public policy becomes the normal way of doing business. Promoting equity is an essential part of Health in All Policies, given the strong ties between inequity and poor health outcomes for all members of society.
- 2. Support intersectoral collaboration. Health in All Policies brings together partners from many sectors to recognize the links between health and other issue and policy areas, break down silos, and build new partnerships to promote health and equity and increase government efficiency. Agencies that are not typically considered as health agencies play a major role in shaping the economic, physical, social, and service environments in which people live, and therefore have an important role to play in promoting health and equity. A Health in All Policies approach focuses on deep and ongoing collaboration, rather than taking a superficial or one-off approach.

- 3. Benefit multiple partners. Health in All Policies is built upon the idea of "co-benefits" and "winwins." Health in All Polices work should benefit multiple partners, simultaneously addressing the goals of public health agencies and other agencies to benefit more than one end (achieve cobenefits) and create efficiencies across agencies (find win-wins). This concept is essential for securing support from partners and can reduce redundancies and ensure more effective use of scarce government resources. Finding a balance between multiple goals will sometimes be difficult, and requires negotiation, patience, and learning about and valuing others' priorities.
- 4. Engage stakeholders. Health in All Policies engages a variety of stakeholders, such as community members, policy experts, advocates, members of the private sector, and funders. Robust stakeholder engagement is essential for ensuring that work is responsive to community needs and for garnering valuable information necessary to create meaningful and impactful change.
- 5. Create structural or procedural change. Over time, Health in All Policies creates permanent changes in how agencies relate to each other and how government decisions are made. This requires maintenance of both structures which can sustain intersectoral collaboration and mechanisms which can ensure a health and equity lens in decision-making processes across the whole of government. This can be thought of as "embedding" or "institutionalizing" Health in All Policies within existing or new structures and processes of government.

The State of South Australia, an international leader on this approach, has also developed ten principles for Health in All Policies, which can be viewed in Appendix III, on page 139.