What is Health in All Policies (HiAP)?

Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being.

There are two parts to HiAP work including the:

**Strategic** – new forms of governance/leadership, shared budgets, key relationships, new understanding of decision-making and processes of different organisations, identifying and working with allies and opponents, reframing of issues for shared understanding.

**Technical** – screening skills, Health Impact Assessments (HIA), sustainability assessments, training in Social Determinants of Health, training in Resource Management Act and Local Government Act planning processes, and negotiation skills.

HiAP explicitly:

- uses a model that acknowledges the social determinants of health
- describes how an initiative or project contributes to the goals of multiple stakeholders (trying to solve ‘wicked’ and complex problems)
- needs to address a health goal even if the health sector is not involved
- links to a form of structured governance and initiatives at the local, state, regional or national level
- prioritises joined up working together to address the social determinants of health

Why do we need Health in All Policies?

HiAP understands that a healthy population is a key requirement for society’s goals. It highlights that many of the factors that affect health and wellbeing are multiple and lie beyond the reach of health services and policies. This is illustrated in different ways in both Figure 1 and Figure 2.
HiAP helps policy and decision makers respond to complex or ‘wicked’ problems. Some key characteristics of wicked problems are that they:

- are difficult to clearly define
- may have interdependencies and are often multi-causal
- usually have no clear solution
- hardly ever sit conveniently within the responsibility of any one organisation
- are often not stable or fixed and can be evolving at the same time as the policy makers are trying to address the policy

**When does HiAP work best?**

HiAP works best when there:

- is a clear mandate and imperative for cohesive government
- are accountability, transparency and participatory processes present
- is engagement with stakeholders outside of government
- are practical cross sector initiatives which build partnerships and trust
- is effective timing as “near to the beginning of the planning or policy-making process as possible as the early stage is more influential and more likely to be more positive”
- is an explicit population health focus in the planning/policymaking
- is an evidence base used to assess options and inform decision-making

**What are some of the challenges for HiAP?**

Some challenges include:

- ensuring that people, including policy makers working in sectors not involved in medical services/health “understand that their activities influence the health and wellbeing of the community”
- using a common language – local government uses the term wellbeing’s whereas the health system uses the term health
- understanding that “inequalities is often seen as a political issue and promotion of equity as a political position”
- always looking for opportunities to do HiAP work – HIAP relies on champions or key staff looking to introduce or do HIAP work
- trying to cover the determinants of health inequalities in a balanced way linked to concrete objectives and visible results
- trying to get high level agreement and coordinated mechanisms from government and Ministry of Health Costs can also be a challenge as any health policy measures that impact negatively on other public policy may be difficult to implement.

**For more information on:**

- The Alma Ata at http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
- The Ottawa Charter for Health Promotion at http://www.who.int/hpr/NPH/docs/ottawa Charter_hp.pdf

**What are some key HiAP messages?**

- Health begins long before illness where we live, learn, work, and play
- HiAP is an approach that acknowledges that the causes of health and wellbeing lie outside the health sector and are socially and economically formed
- HiAP highlights the connections and interactions between health and other sectors and how together the sectors can contribute to better health outcomes
- HiAP aims to address health inequalities
- HiAP highlights that many of the factors that affect health and wellbeing are multiple and multi-layered and lie beyond the reach of health services and health policies
- HiAP desires to generate a “win-win” situation such as promoting the message that “taking account of health means more effective government: more effective government means improved health”
**HIAP Checklist**

<table>
<thead>
<tr>
<th>Is the work:</th>
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<tbody>
<tr>
<td>1</td>
<td>Aiming to ensure health, wellbeing, sustainability and equity issues are explicitly addressed in policy or decision making process?</td>
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<tr>
<td>2</td>
<td>Aiming to improve the health outcomes associated with policies?</td>
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<td>3</td>
<td>Aiming to mitigate health disparities?</td>
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<td>4</td>
<td>Using a model or framework that acknowledges the social determinants of health?</td>
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<tr>
<td>5</td>
<td>Addressing a health goal, even if the health sector is not involved?</td>
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<td>6</td>
<td>Giving priority to joined up working together to address the social determinants of health?</td>
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<td>7</td>
<td>Working with partner agencies to achieve their goals and in so doing advance health and wellbeing?</td>
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<td>8</td>
<td>Assessing comparative health consequences of options within the policy development process?</td>
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<td>9</td>
<td>Creating regular platforms for dialogue and problem solving with other sectors?</td>
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<tr>
<td>10</td>
<td>Evaluating the effectiveness of intersector work and integrated policy-making?</td>
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<tr>
<td>11</td>
<td>Building capacity (in social determinants work) through better mechanisms, resources, agency support and skilled and dedicated staff?</td>
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</table>

**Does the work include:**

- Cross-sector action teams or interagency committees or partnership platforms?
- Community consultations and engagement?
- Integrated or cross sectoral visions, objectives and programmes?
- Integrated or cross sectoral budgets and accounting?
- Joint development of strategies, plans, policies and workforce development?
- Integrated or cross sectoral data collection, analysis and sharing of information?
- Health lens analysis / Health Impact Assessment methodologies?

**References**

Canterbury Health In All Policies Partnership (CHIAPP) Information Sheet Series

Overview of CHIAPP

CHIAPP Information Sheet 1:
Background Information on Health in All Policies (HiAP)

CHIAPP Information Sheet 2:
Background Information on Health Impact Assessment (HIA)

CHIAPP Information Sheet 3:
International Literature on Health in All Policies (HiAP) and Health Impact Assessment (HIA) activity

CHIAPP Information Sheet 4:
Local New Zealand examples of Health Impact Assessment (HIA) activity

CHIAPP Information Sheet 5:
Best Practice Guidelines for Collaborative working

CHIAPP Information Sheet 6:
Health in All Policies Tools and Concepts

CHIAPP Information Sheet 7:
Impact of Canterbury earthquakes on the work of CHIAPP

CHIAPP Information Sheet 8:
CHIAPP Self Evaluation / Monitoring Tool

The CDHB would like to acknowledge the contribution that Libby Gawith made to the initial development of the CHIAPP Information Sheets.