Preparatory reading
Pan-Canadian meeting on Health in All Policies (HiAP)
Québec City, October 9, 2019

Context and Purpose of this document

The National Collaborating Centre for Healthy Public Policy is organizing a pan-Canadian Meeting on Health in All Policies (HiAP) in partnership with the Public Health Agency of Canada and the Ministère de la Santé et des Services sociaux du Québec. The meeting will take place in **Québec City, on October 9th, 2019**, as a side event of the Second Meeting of the Global Network for HiAP, which will be held from October 7 to 9. The pan-Canadian meeting will include representatives from governments and diverse organizations from across Canada, and will provide a unique opportunity to discuss Canadian HiAP initiatives, issues specific to Indigenous contexts, and pathways to explore for supporting HiAP practice in Canada.

This document is a preparatory reading for the pan-Canadian meeting on HiAP.

Centre de collaboration nationale
sur les politiques publiques et la santé
National Collaborating Centre
for Healthy Public Policy

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Québec

Origin

The table below shows milestones in the history of the development of the HiAP approach.

Year	Milestones of the HiAP approach	Key elements
1974	A New Perspective on the Health of Canadians – A working document, also known as the "Lalonde report"	Outlined a broad understanding of health as an outcome of four main factors: *human biology*, *environment*, *lifestyle* and *Health Care Organization*
1978	Declaration of Alma-Ata on primary health care	Idea of intersectoral action to protect and promote health emerged
1986	Ottawa Charter for Health Promotion - First International Conference on Health Promotion	Highlighted the development of healthy public policy and the role of non-health sectors in health promotion
1997	International conference on *Intersectoral Action for Health – A cornerstone for Health-for-All in the Twenty-First Century* – World Health Organization (WHO) and Canadian Public Health Association	Recognized the need for further analysis and evaluation of intersectoral action and widely disseminated lessons learned
2006	Finnish Presidency of the European Union	HiAP was put on the European agenda and was the main health issue put forward during the Finnish presidency
2008	WHO Commission on Social Determinants of Health	The final report "*Closing the gap in a generation: Health equity through action on the social determinants of health"* recommended building capacity for health equity impact assessment among policy-makers and planners across government departments and called for action among decision-makers to redistribute power, money, and resources in a more equitable manner – this would require intersectoral cooperation
2010	Adelaide Statement on HiAP – South Australia Government and WHO	The statement called for a new way for governments to engage in intersectoral action for health and well-being
2011	Rio Political Declaration on Social Determinants of Health – WHO Canada's concrete actions aligning with the Rio Declaration can be found at https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/science-	Strengthened the HiAP approach

Year	Milestones of the HiAP approach	Key elements
	research-sciences-recherches/rio/alt/rio2015-eng.pdf	
2013	The Helsinki Statement on Health in All Policies - 8th Global Conference on Health Promotion – WHO	Published a HiAP Framework for Country Action
2015	Sixty-eighth World Health Assembly - Adoption of the Framework for Country Action Across Sectors for Health and Health Equity	Assisted countries in taking action across different sectors and levels of government, on health and health equity
2015	WHO HiAP training manual	Responded to the request for training to help build capacity in HiAP
2017	Adelaide Statement II (Outcome Statement from the 2017 International Conference on Health in All Policies: Progressing the Sustainable Development Goals – South Australia Government and WHO)	A call to build on the HiAP approach to advance the Sustainable Development Agenda
2017	Global Network for Health in All Policies (GNHiAP)	Launched by the governments of Sudan, Finland and Thailand, the Province of Québec, and the State of South Australia during the Seventieth World Health Assembly to address health determinants by strengthening the Health in All Policies approach, with the aim of supporting the implementation of Sustainable Development Goals and Universal Health Coverage.

Sources: St-Pierre, 2014; Ståhl, 2018.

Definition

The Helsinki Statement, which resulted from the 8th Global Conference on Health Promotion, defines Health in All Policies (HiAP) as “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” (WHO, 2013).

HiAP can be implemented at all levels of governance (Molnar et al., 2016; Guglielmin et al., 2018), which means - in the Canadian context - that the implementation of HiAP can occur at the federal, provincial, territorial, regional and local levels.

Goals

The objectives of HiAP are to:

- Assist decision makers from all sectors and decision-making levels in taking health, equity and well-being issues into account during their policy development process;
- Support the non-health sectors in achieving their goals while taking population health and health equity into consideration;
- Promote shared responsibility among policy makers in all sectors and at all levels towards population health and health equity;
- Contribute to improving evidence-based policy making.

Components required for action

The World Health Organization (WHO) has identified six components for implementing the HiAP approach (WHO, 2013):

- Establish the need and priorities for HiAP
- Frame planned action
- Identify supportive structures and processes
- Facilitate assessment and engagement
- Ensure monitoring, evaluation and reporting on lessons learned
- Build community and organizational capacity

These components can be adjusted, based on the socio-economic situation and the system of governance in place in countries implementing the approach.

Key elements

Rudolph et al. (2013) have identified five key elements as central to the HiAP approach:

- Promotes health, equity and sustainability through integrating health, equity, and sustainability considerations into government decision-making processes
- Supports intersectoral collaboration to recognize the links between health and other issue and policy areas, to promote health and health equity, and to focus on deep and ongoing cooperation
- Benefits multiple partners through developing strategies to concurrently address the goals of public health agencies and other agencies (achieve co-benefits) and creating efficiencies across agencies (find win-wins)

- Engages external stakeholders beyond government partners, such as community members, policy experts, advocates, the private sector, and funders for ensuring, among other things, that the work meets the needs of the community
- Creates structural or procedural change to embed HiAP; this refers to the institutionalization of HiAP within the whole of government, which can involve maintaining structures to sustain intersectoral collaboration and mechanisms to ensure a health lens in decision-making processes.

Examples of HiAP implementation including FOR specific populations

- HiAP has been implemented through many initiatives in South Australia by engaging non-health departments in cross sectoral work; e.g. "Healthy Sustainable Regional Communities in the Upper Spencer Gulf," "Health Promoting Transit-oriented Developments," "Active Transport – Economic Assessment for Cycling and Walking and Cycling Strategy," "Alternative Water Supplies – Water Security," etc. (Baum et al., 2017)
- The HiAP approach applied to the Greater Christchurch Urban Development Strategy in Canterbury, New Zealand. More information available at: https://www.who.int/social_determinants/publications/progressing-sdg-case-studies-2017.pdf?ua=1
- The HiAP lens project: "Improving the mobility, safety and wellbeing of Aboriginal people in South Australia through increasing the number of Aboriginal people who obtain and retain their driver licence." More information available at: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/health+lens+analysis+projects/aboriginal+road+safety+health+lens
- The development of a Health Impact Assessment (HIA) guide (Whānau Ora HIA) which focuses on health impact assessment from a Māori perspective. The aim is to assess the potential health impacts of policies on Māori in order to improve their health and well-being and reduce inequalities. Available at: https://www.health.govt.nz/publication/whanau-ora-health-impact-assessment-2007

Examples of tools to facilitate the integration of HiAP

The table below shows some example of tools that promote the systematic consideration of health issues in sectoral policies in order to support the implementation of HiAP.

Tools	Definition	Target audience	Examples
Health impact assessment (HIA)	A combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population (WHO, 1999)	Policy makers and decision makers in all governmental sectors	http://www.ncchpp.ca/54/Health_Impact_Assessment.ccnpps

Tools	Definition	Target audience	Examples
Health equity impact assessment (HEIA)	HEIA is a specific form of HIA developed to ensure that health equity issues are considered in the development of a policy, a program or an initiative	Policy makers and decision makers in all governmental sectors	http://www.health.gov.on.ca/en/pro/programs/heia/
Health Lens Analysis (HLA)	HLA is a practical methodology used by the Government of South Australia to support the HiAP approach (Delany et al., 2014). It is a process that examines the connections between a public policy and health and how these connections could be strengthened in order to improve population health as well as help the sector concerned by the policy in achieving its objective.	Policy makers in all governmental sectors	https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/health+lens+analysis+projects

The difference between Health Impact Assessment (HIA) and Health Equity Impact Assessment (HEIA) is that at every step in the HEIA process, there is an analysis of the potential equity implications.

The main difference between Health Lens Analysis (HLA) and Health Impact Assessment (HIA) is that HLA is already incorporated into the planning and decision-making processes of government rather than being external to them (Baum et al., 2014).

The tools mentioned here are used to support HiAP goals. However, there are some areas of HiAP implementation for which tools do not yet exist – e.g. priority setting and budget decisions.

Evaluation of HiAP initiatives

Despite the growth in HiAP practice, the evaluation of HiAP initiatives is still a relatively new area (Bauman et al., 2014) where more work is needed. Here are two examples of the evaluation of HiAP initiatives.

- An evaluation of the HiAP initiative in South Australia for the period 2008-2013 has shown that this initiative has led to the development of robust policy processes to address the determinants of health and to navigate a complex and changing policy environment, and has demonstrated its sustainability for over 5 years (Baum et al., 2014).
- The Finnish experience clearly shows that the HiAP approach, as a way of working, requires long-term commitment and vision (Ståhl, 2018).

Status of HiAP in Canada

ADVOCACY

Here are some examples of advocacy for HiAP.

The Assembly of First Nations (AFN) "recommends federal, provincial and territorial governments adopt a cross-ministerial Health in All Policies approach with specific attention to the impact on First Nations health." Available at: https://www.afn.ca/uploads/files/fnhta_final.pdf

The Canadian Medical Association (CMA) "recommends that the federal government acknowledge the relationship of the social determinants of health on the health of the population as well as the demands of the health care system and that it implement a Health in All Policies approach for all cabinet decision-making" and "that the Federal Minister of Health work with Cabinet to select appropriate Ministries to begin the implementation of the health in all policies approach." Available at https://policybase.cma.ca/documents/policypdf/PD15-10.pdf

The Canadian Nurses Association (CNA) calls for HiAP implementation through a HiAP National Action Plan. Available at https://www.cna-aiic.ca/-/media/nurseone/page-content/pdf-en/hiap-national_action_plan_e.pdf

EXAMPLES OF CANADIAN INITIATIVES RELATED TO HIAP

Provincial level

Alberta (AB): The Government of Alberta has developed a Health in All Policies Toolkit to encourage policy practitioners to consider social determinants of health when developing and evaluating public policy. More information available at:

https://open.alberta.ca/dataset/4bb6bc99-ab59-47fd-a633-dfc27d7a049e/resource/7acc0ad0-bf1b-45dd-9a41-c64f3d85db04/download/Annual-Report-2017-Health.pdf

British Columbia (BC): BC has entered into a Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness, which reflects some of the preconditions for successful HiAP initiatives (i.e., high-level political leadership, dedicated resources). More information available at:

http://fnhc.ca/wp-content/uploads/MoU-Tripartite-Partnership-to-Improve-Mental-Health-and-Wellness-Services-and-Achieve-Progress-on-the-SDOH.pdf

The BC Provincial Health Officer's Annual Report recommends establishing "a legislated health in all policies approach in BC, utilizing a health impact assessment model that includes a requirement for assessing health and equity impacts for all proposed, new, or revised policy, legislation, or programming across the BC Government."

https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/pho-annual-report-2019.pdf

Manitoba (MB): Healthy Child Manitoba represents a long-term, cross-departmental example of a HiAP approach focused on a particular issue or population, and aims to develop child-centered public policy across government. More information available at:

www.gov.mb.ca/healthychild

New Brunswick (NB): The Healthy Seniors Pilot Project engages in intersectoral action for health at the local level, by supporting multi-sectoral projects that improve social and built environments for seniors. More information available at:

https://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Seniors/hspp/GuidelinesCommunityInitiatives.pdf

Newfoundland and Labrador (NL): The Government has decided to adopt a HiAP approach. The process is in the early stages of HiAP implementation across government. More information available at:

https://www.gov.nl.ca/thewayforward/action/adopt-a-health-in-all-policies-approach/

Nova Scotia (NS): Nova Scotia's Public Health Standards (2011-2016) articulates the goal of improving health through upstream action on the social determinants of health. More information available at:

https://novascotia.ca/dhw/publichealth/documents/Public_Health_Standards_EN.pdf

Ontario (ON): The Minister of Health and Long-term Care developed a health equity impact assessment (HEIA) for use by health providers and organizations within and outside of the health sector. More information available at:

www.health.gov.on.ca/en/pro/programs/heia/

Prince Edward Island (PEI): The 2017 PEI Children's Report outlines a strategic approach to addressing social determinants, including sustainable population level interventions aimed at the root causes of ill health and inequity. More information available at:

www.princeedwardisland.ca/en/publication/prince-edward-island-childrens-report-2017

Québec (QC): The Government Policy of Prevention in Health is a whole-of-government approach to improving population health and reducing health inequalities, under the leadership of the Ministère de la Santé et des Services sociaux. More information available at:

https://www.msss.gouv.qc.ca/ministere/politique-prevention-sante/

Saskatchewan (SK): The Saskatoon Health Region and Upstream developed a Health Equity Impact Assessment for Saskatoon's Growth Plan, using a health equity lens to highlight relationships between community health and municipal responsibilities. More information available at:

www.in-motion.ca/uploads/content/SaskatoonHEIA-Final.pdf

Local level

Grey and Bruce Counties (ON): The Grey Bruce Health Unit has been working on the topic of Health in All Policies for several years, supported by the launch of their municipal alignment strategy. More information available at: https://www.publichealthgreybruce.on.ca/Your-Environment/Healthy-Communities/Healthy-Public-Policy

Currently, little is known about the implementation of Health in All Policies (HiAP) initiatives at the local level. Wilfrid Laurier University, with the assistance of the National Collaborating Centre for Healthy Public Policy, is currently conducting a research study aimed at documenting HiAP approaches implemented by governments at the local level across Canada. This study will also help identify gaps to inform future research and practice.

An interdisciplinary research team is conducting a study on HiAP in Canada. The research proposal entitled "Strengthening the implementation of Health in All Policies at the local level in

Ontario and Quebec" aims to investigate the mechanisms for HiAP implementation at the local level through case studies of local government settings in Ontario and Quebec. This study will contribute to creating knowledge that will increase understanding of how HiAP is implemented within local governments.

Key resources

HiAP Advocacy

Kershaw, P. (2018). The need for health in all policies in Canada. *CMAJ*, *190*(3), E64–E65
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5780264/

WHO (2017). Adelaide Statement on Health in All Policies II - Progressing the Sustainable Development Goals.
https://www.who.int/phe/events/HiAP-conference-March2017/en/

WHO (2013). The Helsinki Statement on Health in All Policies.
https://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf

WHO (2010). Adelaide Statement on Health in All Policies - moving towards a shared governance for health and well-being.
https://www.who.int/social_determinants/publications/isa/hiap_statement_who_sa_final.pdf?ua=1

HiAP FRAMEWORK

WHO (2015). Framework for Country Action across sectors for Health and Health Equity.
https://www.who.int/nmh/events/framework-discussion-paper-rev.pdf

WHO (2013). Health in All Policies: Framework for Country Action.
https://www.who.int/healthpromotion/frameworkforcountryaction/en/

HiAP TRAINING AND TOOLS

WHO Health in All Policies Training Manual
https://www.who.int/social_determinants/publications/health-policies-manual/en/

South Australian Health in All Policies Training Manual
https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/health+in+all+policies+capacity+building/south+australian+health+in+all+policies+training+manual

Canadian Nurses Association – Health in All Policies Toolkit
https://www.cna-aiic.ca/en/nursing-practice/tools-for-practice/health-in-all-policies-toolkit/toolkit

HIA online course
http://www.ncchpp.ca/639/Online_Courses.ccnpps?id_article=922

HEIA online course

https://www.porticonetwork.ca/fr/web/heia/learn/course-english

EXAMPLES OF HIAP IMPLEMENTATION

South Australia

https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/south+australias+hiap+approach

Finland

Ståhl, T. (2018). Health in All Policies: From rhetoric to implementation and evaluation – the Finnish experience. *Scandinavian Journal of Public Health, 46*(Suppl 20), 38-46.

https://journals.sagepub.com/doi/full/10.1177/1403494817743895

California

https://www.cdph.ca.gov/Programs/OHE/Pages/HIAP.aspx#

CASE STUDIES FROM AROUND THE WORLD

Government of South Australia & World Health Organization (2017). Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world. Adelaide: Government of South Australia.

https://www.who.int/social_determinants/publications/progressing-sdg-case-studies-2017.pdf?ua=1

Other useful references

Alberta Health Services (2017). Health Equity Impact Assessments: Situational Analysis. Edmonton, AB: Population, Public and Indigenous Health, Healthy Public Policy Unit. Available at: https://www.albertahealthservices.ca/assets/healthinfo/poph/hi-poph-surv-shsa-heia-situational-analysis.pdf

Health in All Policies: Seizing opportunities, implementing policies (2013). Edited by Kimmo Leppo, Eeva Ollila, Sebastián Peña, Matthias Wismar & Sarah Cook. Available at: http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/health-in-all-policies-seizing-opportunities,-implementing-policies-2013

Intersectoral governance for health in all policies. Structures, actions and experiences (2012) Edited by David V. McQueen, Matthias Wismar, Vivian Lin, Catherine M. Jones and Maggie Davies. Available at: http://www.euro.who.int/en/publications/abstracts/intersectoral-governance-for-health-in-all-policies.-structures,-actions-and-experiences-2012

Health in All Policies: Prospects and potentials (2006). Edited by Timo Ståhl, Matthias Wismar, Eeva Ollila, Eero Lahtinen & Kimmo Leppo. Available at: http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/publications/pre-2007/health-in-all-policies-prospects-and-potentials-2006

Global Network for Health in All Policies (GNHiAP) https://actionsdg.ctb.ku.edu/gn-hiap/

Shankardass, K., Muntaner, C., Kokkinen, L., Shahidi, V. F., Freiler, A., Oneka, G., Bayoumi, A. M., & O'Campo, P. (2018). The implementation of Health in All Policies initiatives: a systems

framework for government action. Health Research Policy and Systems, 16(1), 26. https://www.ncbi.nlm.nih.gov/pubmed/29544496

Storm, I., Harting, J., Stronks, K. & Schuit, A. J. (2014). Measuring stages of health in all policies on a local level: The applicability of a maturity model. Health Policy, 114 (2-3), 183-191. Available at: https://theasthmafiles.org/sites/default/files/artifacts/media/pdf/storm_et_al._-_2014_-_measuring_stages_of_health_in_all_policies_on_a_lo_0.pdf

St-Pierre, L. (2017). Selected Tools to Facilitate the Integration of Health in All Policies. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Available at: https://www.ncchpp.ca/148/Publications.ccnpps?id_article=1642

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Molnar, A., Renahy, E., O'Campo, P., Muntaner, C., Freiler, A. & Shankardass, K. (2016). Using Win-Win Strategies to Implement Health in All Policies: A Cross-Case Analysis. *PLoS One*, *11*(2), e0147003.

Rudolph, L., Caplan, J., Ben-Moshe, K. & Dillon, L. (2013). *Health in All Policies: A Guide for State and Local Governments*. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute. Retrieved from: http://www.phi.org/resources/?resource=hiapguide

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