Health in All Policies

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Future challenges

- People live longer, population is ageing
- Health inequalities between and within countries have remained or even increased
- Health challenges:
 - obesity, rise in chronic diseases, mental health problems, increasing use of alcohol and other substances, health care systems: equal access and quality, cost-constraints
- Confronting these challenges can not be done by the health sector alone, as health is mainly determined by factors outside the health sector

What is meant by the Health in All policies approach

- Horizontal policy-related strategy
- Complementary to public health measures and health care services
- Considers impacts of other policies on health through health determinants
- Relevant in the context of policy-making at all levels of governance (European, national, regional and local)
- Aim is to improve decision-making by clarifying the links between policies and interventions, health determinants and the consequent health outcomes

Main determinants of health



Health in all policies - improving health through health determinants

- Health determinants as a link between policies and health outcomes
- Policies can have positive or negative impacts on health determinants and thus health of the people
- Many health determinants are regulated by policies other than health
- Same health determinants are related to all major diseases and major public health problems
- Impacts of health determinants are unequally distributed among population groups
- Changes in health determinants can be observed earlier than those in health outcomes

How to create health

Health is created in the context of everyday life: where people live, love, work and play.

Ottawa Charter 1986

Health promotion action means

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

Ottawa Charter 1986

Health 2015 Public Health Programme

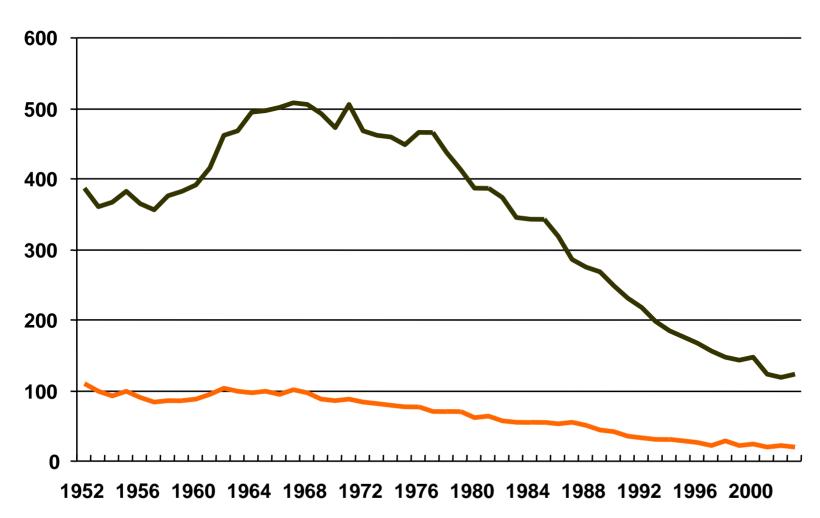
- The Government resolution in May 2001
- Co-operation programme that aims at health promotion in all sectors of the society
- Eight targets and 36 statements concerning the lines of action underlined by the Government
- Common challenges for diverse actors:
 - municipalities (all administrative sectors), health care services, business and industry, NGOs and civil action, research and education
- "Mainstreaming" health as a principle guiding choices -> health impact assessment
- Settings of everyday life giving better preconditions for promotion of the population's health

Health impact assessment – a tool for implementing HiAP

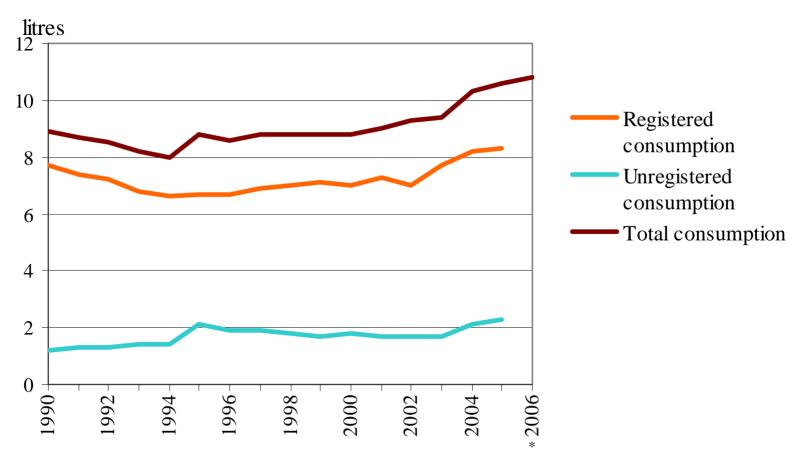
- A process by which a decision, policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population
- Attempts to predict health consequences of different options
 - Clarifies the objectives, enables handling of conflicts and concretizes how to reach the objectives
- Intended to influence and assist planning and decision making
 - Increases transparency and awareness of the impacts of the decisions

Mortality in cardiovascular diseases in Finland

Rate/ 100 000

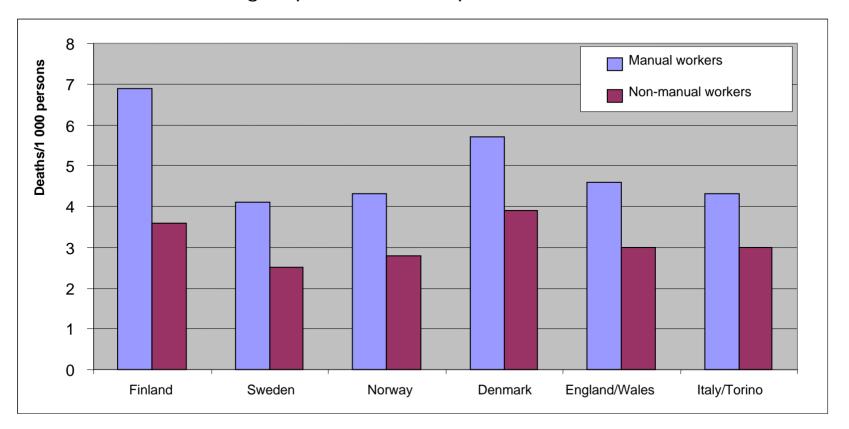


Total consumption of alcohol in Finland, 1990-2006



Health inequalities in international comparison

Age-adjusted mortality (per 1000 persons) of men aged 30-59 by socioeconomic group in some European countries 1991–95

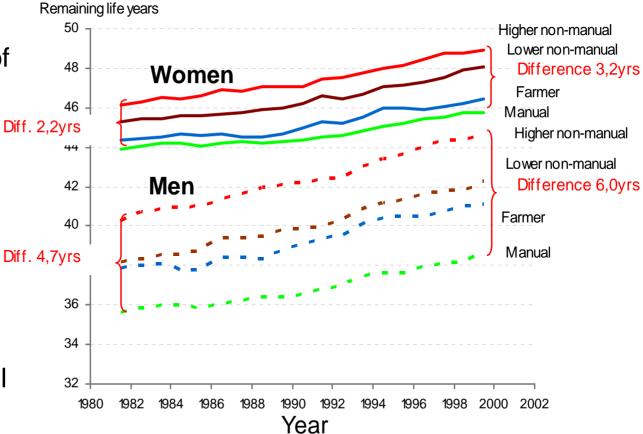


Health inequalities in Finland: remaining life years of a 35-year-old in different social groups

Life expectancy has grown in all social groups, but the improvement has been slower among manual than upper non-manual workers.

Life expectancy of a 35-year-old male manual worker today is 74 years.

A 35-year-old male in a leading position can expect to live until 80.



Main strategic lines of action to diminish health inequities in Finland

- Strengthening HiAP-theme, perspective of health inequity included
- Strengthening activities in municipalities
- Alcohol and smoking policy
- Increasing equity in health services
- Preventing exclusion of children and adolescents
- Promoting occupational health
- Monitoring of health inequities

Health in All Policies in EU

- Article 152 of the Nice Treaty:
 High level of human health protection in all Community policies and activities
- Commitment to intersectoral health policies
- Impact assessments already a routine procedure, but not allways thorough and extensive
- Impact assessments are not sufficiently (if at all) addressed by the law-making institutions

Council Conclusions on Health in All Policies

Commission, Member States, European Parliament

Health in the development of EU legislation and policies by i.a. health impact assessment

Commission

- Plan for work in Health in All Policies with emphasis on equity in health, also included in the new Health Strategy
- Equity and the influences of other policies on public health in future initiatives
- Coordination mechanisms to ensure that health considerations are taken into account in decision-making across sectors
- Knowledge base and methodology for better understanding of health determinants, with WHO
- Reporting on Commission practices in health impact assessment

Member states

- Knowledge base on health and its determinants and in health inequalities
- Health impact assessment of major policy initiatives
- 16 Efforts to tackle health inequalities, improved intersectoral policies

Implementation

- Political leadership in Ministry of Health
- Demonstrate the links between health and key policies / issues
 - The understanding of health arguments is a challenge to us, not to them
- Knowledge base
- Intersectoral structures and mechanisms
 - horizontal committees, formal consultations
 - intersectoral policies and programmes, intersectoral targets
 - public health reporting with other sectors
 - health impact assessment
- Effective partnership
- Raise awareness and public support
- Building capacity
 - human resources, financial resources