



National Institute for Public Health  
and the Environment  
*Ministry of Health, Welfare and Sport*

# Health in all Policies: a European perspective

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Tamsma FGO HiaP | Salzburg, 22 June 2015



## Outline

- EuroHealthNet and lessons from our (project) work
- International context and WHO leadership
- Examples from other countries
- European Union: competencies and allies in other policies
- Mental health in all policies

# EuroHealthNet

The European Partnership for  
Improving Health, Equity and Wellbeing

## PHASE

The European  
Platform for Action  
on Health & Social  
Equity

## HPE

### Health Promotion Europe

The European Network  
for Health Promotion

## CIRI

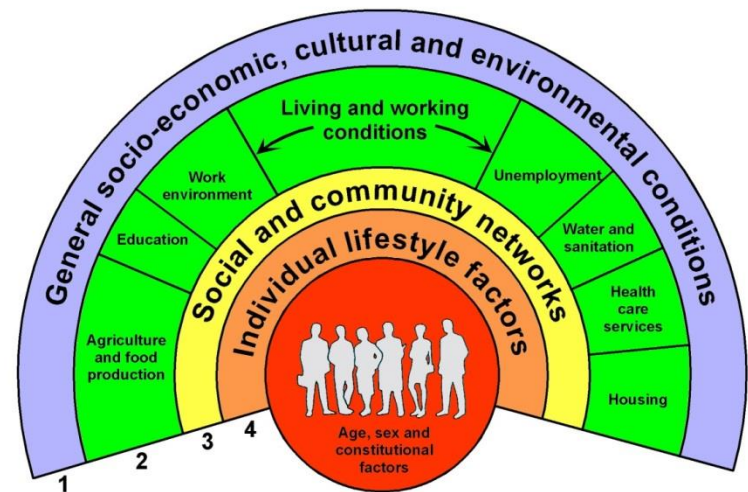
The European  
Centre for  
Innovation,  
Research &  
Implementation in  
Health & Well-being

**Secretariat, Executive Board and General Council**

# PHASE: achieving EU social objectives through HiaP approach

- Advocacy & policy
- Involving other sectors
- Wider determinants
- Europe 2020:
  - Poverty
  - Social investment
  - Social protection
- Support national work

The Main Determinants of Health



Source: Dahlgren and Whitehead, 1993

- Education
- Transport & Planning
- School fruit scheme
- Training
  - Also in Austria





A

## Mandates and Regulations

*Linked to HfAP but also on cross-cutting issues such as well-being, sustainable development, social inclusion, solidarity, equity*



B

## Evidence and Evaluation

*How other policy areas impact health  
How health impacts other policy areas*

## Building Relationships, Negotiating interests

*Sharing knowledge and skills,*



C



## Joint implementation of policies and initiatives

*Strong leadership, structures, time and resources*



D



# What may hinder good results?

- Language & culture
- Attribution & accountability
- Sharing resources
- Economic conditions
- Resistance to change
- Tension long vs short term goals



# GRADIENT: understand & level up socio-econ health gradient children & young people

- Systematic correlation between level of health and social status
- Consequences of soc. & econ. problems in childhood have long-lasting negative health impacts throughout the life course.
- ‘Whole-of-government’ approaches key in levelling up gradient:
  - single measures much less effective.
- Greatest impact:
  - Universal social welfare policies to improve family and community environments (empower parents & ensure adequate financial resources)
  - Improving social capital, particularly for disadvantaged families.
- Evaluation Framework and ‘Right Start to Healthy Life’ book





# DRIVERS

- Reducing health inequalities through
  - Early Childhood,
  - Fair employment
  - Social Protection
- New evidence
- Case studies



# What do we need?

- Universal population-wide strategies AND targeted and personalised services.
- Early preventative action at each stage in the life course
- Early childhood: tackle accumulation of disadvantages:
  - Underlying socio-econ. root causes
  - Multidisciplinary, personalised interventions
- Employment:
  - active labour market policies
  - fairer employment policies
  - that address “low control & low reward” jobs
- Social protection
  - high coverage AND more generous benefits linked to better health
  - this relationship is stronger in low SES.





# The international journey of HiaP



- Alma-Ata Declaration on Primary Health Care (1978)
- Ottawa Charter for Health Promotion (1986).
- Adelaide Statement on Health in All Policies (2010)
- Helsinki Statement on Health in All Policies (2013)



## Helsinki statement on HiaP (2013)

- Commit to health and health equity as a political priority
- Ensure effective structures, processes and resources
- Strengthen capacity Health Ministries to engage other gov't sectors.
- Build institutional capacity and skills
- Adopt transparent audit and accountability mechanisms for health and equity impacts
- Establish conflict of interest measures
- Include communities, social movements and civil society



8th Global Conference  
on Health Promotion  
HELSINKI 2013





# WHO Framework for country action across sectors for health and health equity (2015)

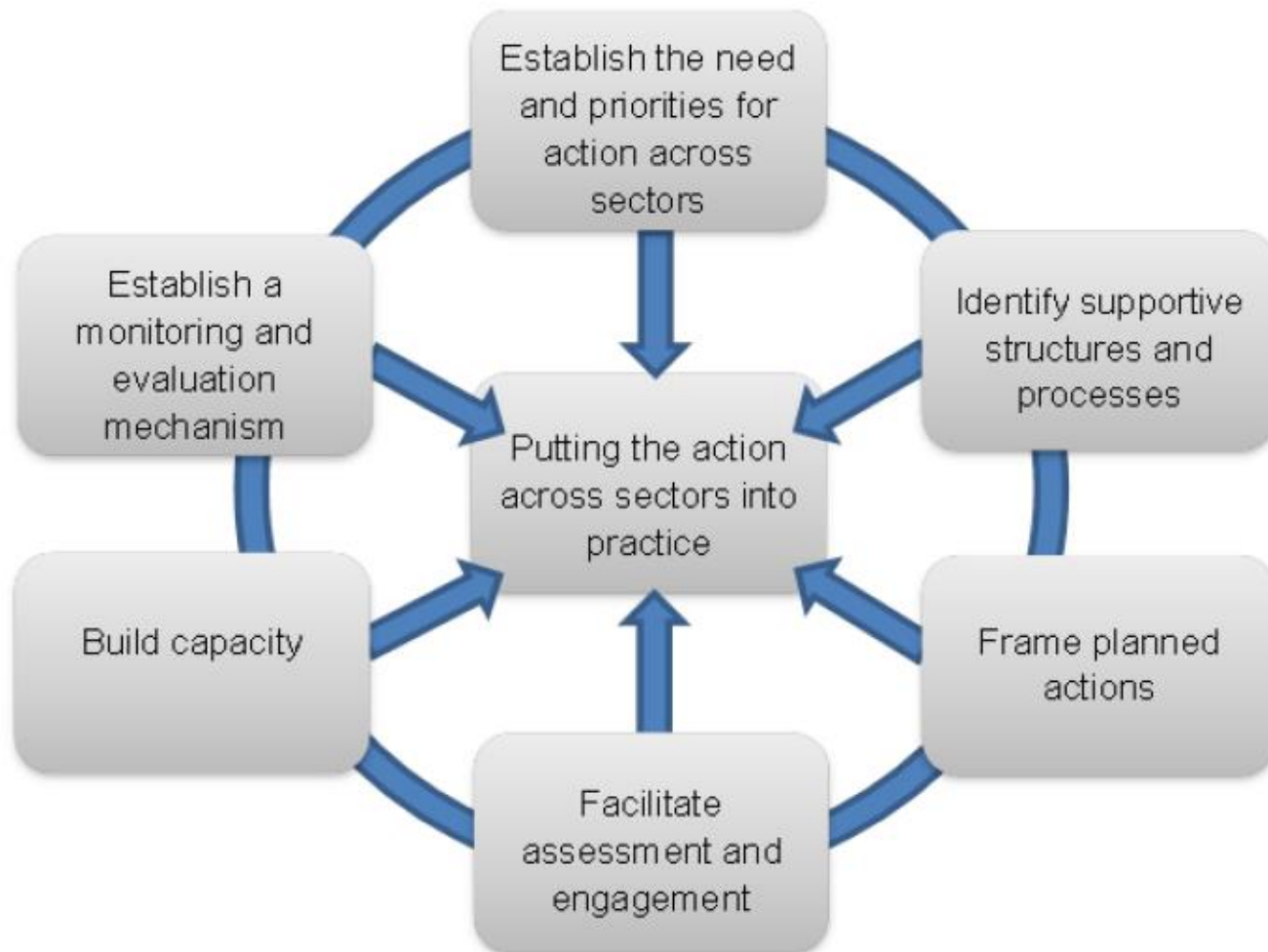
## Values and principles

- Right to health
- Health equity
- Health protection
- Good governance
- Sustainability
- Collaboration
- Safeguarding public health interest





# Implementing health actions across sectors: key components (WHO, 2015)







## WHO Europe Health 2020 strategy: goals & areas for policy action

- Improve health and well-being of populations
- Reduce health inequities
- Ensure sustainable people-centred health systems

- Tackle the health divide
- Invest in making people healthier, empower citizens and create resilient communities
- Tackle Europe's major disease burdens
- Create healthy & supportive environments for health and well-being
- Strengthen people-centred health systems, public health capacities and preparedness for emergencies
- Promote and adopt “health in all policies”, whole-of-government and whole-of-society approaches



## Health 2020: what will next few years bring?

- Governance
- Focus: synergy between 2-3 policy areas
  - Health, education, social policy
  - Health and foreign policy – link to sustainable development
  - Health, environment and transport – reduce impact of environmental pollution on health, and promote physical activity





# Healthy Ireland (2013)

## Goals

*Increase the proportion of people who are healthy at all stages of life*

*Reduce health inequalities*

*Protect the public from threats to health and wellbeing*

*Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland*

## Ethical Principles

*Equity*

*Fairness*

*Proportionality*

*Openness and Accountability*

*Solidarity*

*Sustainability*

## Framework of Actions

**Theme 1**  
*Governance and Policy*

**Theme 2**  
*Partnership and Cross-Sectoral Work*

**Theme 3**  
*Empowering People and Communities*

**Theme 4**  
*Health and Health Reform*

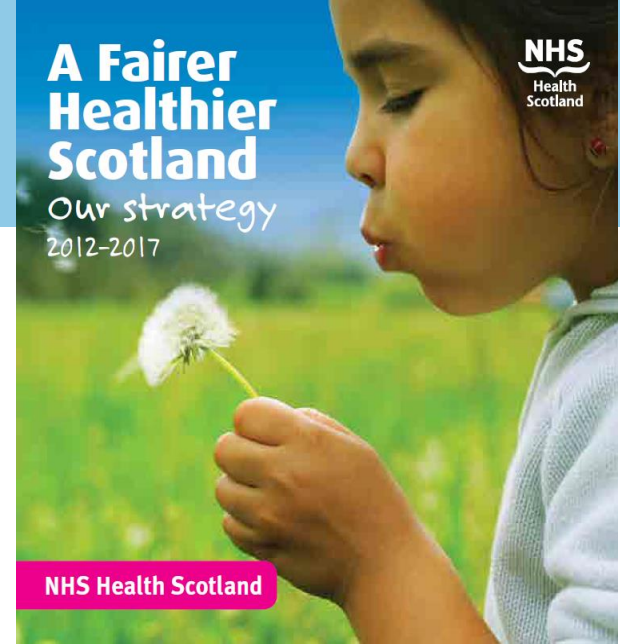
**Theme 5**  
*Research and Evidence*

**Theme 6**  
*Monitoring, Reporting and Evaluation*



**A Fairer  
Healthier  
Scotland**  
*Our strategy*  
2012-2017

**NHS**  
Health  
Scotland



## Scotland

- Ministerial (8) Task Force Health Inequalities
- Equally Well strategy (2008).
  - early years and young people
  - tackling poverty and increasing employment
  - physical environments and transport
  - harms to health and wellbeing: alcohol, drugs and violence
  - health and wellbeing
- National government and local authorities support
- A Fairer, Healthier Scotland (2012)



## Norwegian Public Health Act (2012)

'Only by integrating health and its social determinants as an aspect of all social and welfare development through intersectoral action, can good and equitable public health be achieved'

- To contribute to societal development that promotes public health and reduces social inequalities in health
- Five principles:
  - Health equity, HiaP, sustainable development, precautionary principle, participation
- Horizontally across sectors and actors and vertically between authorities at local, regional and national level
- Planning cycle (data-goals-policies-implement-evaluation)
- Mental health integrated in the public health strategy



# Sweden (via Cristina Mattsson Lundberg - Public Health Agency of Sweden)

## National Commission on Health Equity

### Starting points:

- Broad multisectoral approach
- Focus on health disparities among different socioeconomic groups in society
- Disparities among men and women shall specifically be taken into account
- The Commission shall come up with suggestions for short-term, middle-long- and long term actions to reduce health inequalities in society.



Gabriel Wikström,  
Minister for Health Care, Public Health and Sport





# Finland

- Leading the way.....
  - 1986: European pilot country for WHO Health for All
  - 2006: EU Presidency: HiaP main health theme
  - 2013: WHO Global conference Health Promotion: HiaP theme
- *Health and Social Well-being* in All Policies
  - Incorporated in broad government programme
  - Various cross-governmental advisory boards
  - Advisory board Public Health
    - > HiaP subdivision
- Ongoing action plan to promote welfare and health and reduce inequality in all societal decision-making
  - Process monitoring and evaluation



## The Netherlands

- HIA mandatory in regional spatial planning
- 'Being Healthy, Staying Healthy' (2007):
  - Preventing ill health, health promotion, tackling inequalities
  - Integrated health policies & healthy alliances
- National Action Plan Sports & Physical Activity (2008)
- Interdepartmental Committee 'Healthy living environment and HiaP'
  - 'Beyond well-trodden paths' (2009): integrated HiaP vision
- 'Everything is health' programme (2014):
  - School – work – healthcare- community
  - Engaging stakeholders through pledges

Alles is gezondheid...



# Healthy Municipality eManual

- Health in all policies
- Cross-sectoral collaboration
- Overview preventive interventions

## Loketgezondleven.nl

[Home](#) [Interventies](#) [Gemeente en Wijk](#) [School](#) [Werk](#) [Advies en ondersteuning](#) [Over ons](#)

[Loket Gezond Leven](#) > [Gemeente en Wijk](#) > Gezondheidsbeleid maken

> Nieuw in de handreiking

✓ Gezondheidsbeleid maken

- > Wettelijke kaders
- > Wijkgezondheidsprofiel
- > Integraal beleid
- > Leefomgeving en gezondheid
- > Prioriteiten kiezen
- > Doelen formuleren
- > Draagvlak
- > Burgerparticipatie

## Gezondheidsbeleid maken voor wijk en gemeente



Voor het maken van gezondheidsbeleid en het werken aan een Gezonde Wijk kunt u versc handreiking gebruiken. We hebben de belangrijkste voor u samengevat



## Case study transport policy NL: don't be too complacent!

Lea den Broeder, Eline Scheepers, Wanda Wendel-Vos, Jantine Schuit, RIVM



- No HiAP approaches remaining
- Cycling no longer transport policy priority
- Health no transport policy goal or driver, except for accident prevention
- Cycling policy decentralised: less visible
- Positive health impacts occur (e.g. train stations), but unintentionally
- Health policies promote physical activity, yet cycling not included as active mode
- Intersectoral policies do exist but without health sector engagement.



## What about the EU?



A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities

*Art 168 Lisbon Treaty*

We need a "whole of society", cross-policy approach in which many policies are channelled to promoting good health

*EU Health Commissioner Vytenis Andriukaitis, April 2015*



## Background document

- HiaP at centre of EU competency: article 168
- Protecting David against Goliaths
  - Environment, food safety, agriculture
- But what about improving health??
- Or protection against new Goliaths
  - Internal market, trade, ecfm
- Other policies as allies
  - ‘Upstream’ health determinants
  - Specific health objectives





## Social Investment

- Developing human capital gives people the skills and capabilities to participate in society
- Empowering and support people in crucial stages of their lives, starting in childhood
- Prevention keeps larger economic and social costs from arising in the future
- Package includes:
  - Investing in health
  - Long-term care for older people
  - Child poverty, homelessness, active inclusion
- To help Member States 'National Reform Programmes' EU Semester



# Boriana Goranova DG EMPL (social protection)

## Investing in health

- Health is a **value in itself** and can be a **growth-friendly** type of expenditure: a healthy population and sustainable health systems are decisive for economic growth.
- Addresses three key objectives:

### Health Systems

- Reforms aiming at sustainable investments and cost-effective spending can bring savings and secure better health outcomes.

### Human Capital

- Health can boost economic growth by enabling people to remain active longer and in better health.

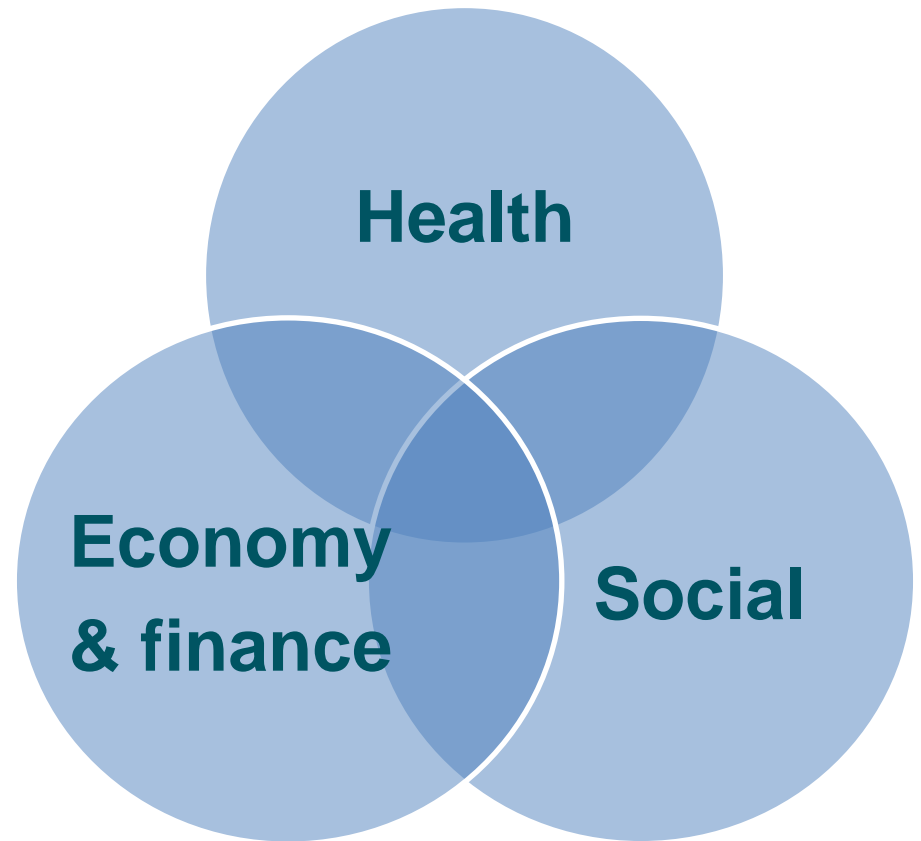
### Health Inequalities

- Reducing inequalities in health contributes to social cohesion and helps reducing poverty and social exclusion.



# Developing national healthy ageing strategy

**NIJZ** Nacionalni inštitut  
za javno zdravje





# Mental health??



RAHMEN**GESUNDHEITSZIELE**

**GESUNDHEIT** IN ALLEN POLITIKFELDERN



# Long-term intersectoral efforts essential

(Knapp, McDaid et al, 2011)

- Economic case for investment in prevention & health promotion
- To be made by health service, municipalities, schools, employers, police ...
- Pay-offs may happen in different sector/ budget than where investment made
- May take many years to emerge

Biggest challenge? 'Diagonal accounting'

...and often over many years

Commitment, spending & action must be **DIAGONAL**

Impacts span many different budgets...

# Cost savings

Intervention	Cost of programme or money spent	Net savings or returns
Anti-bullying programme in schools	€18 per child	Net cost saving of €1280
Interventions to reduce depression in the workplace	For every €1 spent	Net economic benefits during a 1-year period ranges between €0.81 to €13.62
Befriending programme for older people	€100 for 12 hours of contact	Yields a return of €320 per person

(Matrix Insight, 2012; Knapp et al 2011)





## Norway: mental health in Public Health Act (2012)

- Public mental health from equity perspective
  - Also focusing on social determinants
- Collaborative effort five ministries:
  - Health & Care Services; Children, Equalities and Social Inclusion; Culture; Education & Research; Labour and Social Affairs
- Action across sectors, e.g.
  - Social security and benefits
  - Housing and the built environment
  - Work
  - Preschool (nurseries), primary and secondary school
  - Services for families
- Reduce impact parents' educational & income levels on children's mental health and wellbeing



# JOINT ACTION

## MENTAL HEALTH AND WELLBEING



Co-funded by  
the Health Programme  
of the European Union

- Depression, suicide and eHealth
- Community-based approaches
- Mental health at workplaces
- Mental health at schools
- **Mental health in all policies:**
  - **Four policy briefs**
    - > **MH in education policies**
    - > **MH in labour policies**
    - > **Role of local authorities**
    - > **Whole-of-Government Policies**



## Policy brief on education

- Affordable, available and accessible high quality public day-care centres for all children
- Anti-bullying programs and whole-school based interventions to promote MH and prevent disorders in school
- Routine assessment day-care centres and schools
- Include children, adolescents and their families in planning
- Collect data on children's and adolescents' mental wellbeing
- Train school staff to support children's psychosocial development
- Include mental health promotion in national school curriculum



Co-funded by  
the Health Programme  
of the European Union



# Healthy Workplaces Manage Stress campaign 2014





## A new European alliance.....

“Good working conditions and prevention of mental health disorders contribute to a healthy workforce, which contributes to sustainable Social Protection and strengthen social cohesion across MemberStates.”

*AEIP –AIM Joint Position on Mental Health and Well-Being Promotion*

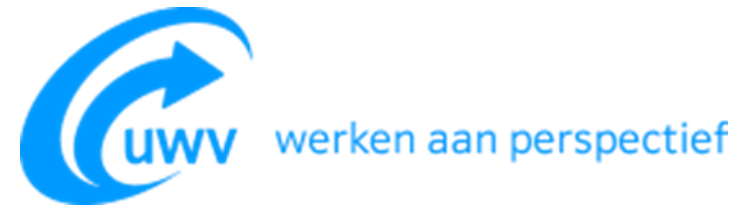


### European Alliance Mental Health in all Policies





## Example: Netherlands



- Aims to keep people at work or get them to work
  - Collaboration care providers/EIA at regional level
  - To help clients retain job or optimise re-integration
- Key areas for collaboration:
  - Share knowledge on role of work as part of effective treatment
  - Increase knowledge EIA staff about (severe) mental ill-health
  - Tailoring efficient interventions that facilitate job retention and effective reintegration
- Fit-4-Work pilot
  - Social assistance beneficiaries with multiple psychosocial problems in 5 major municipalities in the Netherlands
  - Outflow 40% compared to 13% control group



Thank you!



Also to Caroline Costongs, Chris Nas, Lea den Broeder