Challenges to Health in All Policies Initiatives

As has been pointed out, a wide range of policies can influence health, ranging from employment and social protection strategies to how we transport, access, or price food we eat to how much we walk rather than drive. The concept of Health in All Policies (HiAP) is utilized to convey this idea. A central notion of HiAP is that the benefits of considering health when making policy decisions should extend beyond traditional understandings of health to include economic and social paybacks, as well as increases in equity.

For example, a state policy to speed up foreclosures on vacant, abandoned lots may spur redevelopment in a low income community and simultaneously increase the sense of safety, decrease crime and support more physical activity in the neighborhood eventually impacting obesity. State and local regulations, policies, and rules shape many of the key HiAP policy areas, and this underlines how vital it is to ensure the integration of health protection into all policies and actions at most levels of government across sectors. The result is a cross-cutting health agenda that subsequently underscores a series of challenges to be considered in an effort to launch a HiAP strategy.

First, it should be evident that this is not just the work of the health sector. After all, while health researchers might highlight the problem and provide data, proposals for action that cross into other sectors require involvement from regulatory agencies and policymakers from those sectors to determine how to make them work and how to integrate them into workable practices. Ensuring the integration of health protection into a wide range of policies beyond the health sector therefore depends on informed leadership and inter-sectoral collaboration among members from many varied spheres.

Another challenge to be taken into account is related to data, monitoring, and evaluation. Even if all the best efforts are made to integrate the health dimension into other policy sectors, health is a complex topic, and it is not always possible to anticipate, track, and evaluate all the impacts of new policies and how they will interact with different populations.

Various studies have examined HiAP in other state, local, and international governments.  

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3 Intersectoral Governance for Health in All Policies, Structures, actions and experiences. Edited by David V. McQueen, Matthias Wismar, Vivian Lin, Catherine M. Jones, Maggie Davies World Health Organization 2012, on behalf of the European Observatory
A summary of some of the challenges for a formal HiAP strategy includes:

1. Covering the determinants of health inequalities in a balanced way linked to concrete objectives and visible results;

2. Enhancing high level political agreement or ensuring alignment between HiAP principles and the broader priorities and aims of governments;

3. Making the case for understanding the importance of health implications of other policies and taking these into consideration in policy-formulation and implementation at all areas and levels of policy-making;

4. Placing health criteria on the agendas of policy-makers who have not previously considered health as part of the policy agenda they focus upon;

5. Developing regularized and formal mechanisms for multi-sectored collaboration;

6. Identifying planning tools and instruments that facilitate integration of health into the strategic planning of other sectors;

7. Accessing data or information that projects the health outcomes or impacts of different policies;

8. Finding ways to achieve mutual gains or outcomes for all policy actors involved in the process so you achieve health gains but not diminish the primary intention of various sectors or agencies;

9. Access to information and data that depicts the equity impact of policies on different populations. i.e., elderly, youth, low income; and

10. Securing a legal mandate to address the social determinants of health through an HiAP strategy.

Most likely, there are more challenges in an effort to Implement HiAP than those listed here. The transferability of the way that HiAP is implemented in a state, city, county or nation is contextual and should be examined carefully. There in no one-size-fits-all solution due to the variations in political, social, economic and institutional contexts. However, close analysis reveals the emergence of some conceptual commonalities that may apply in general. Accordingly, we may be able to group HiAP challenges into four major categories: Knowledge & Awareness, Process & Systems, Socio-Political, and Data & Evidence. An effort to classify the ten challenges in this paper using meta-categories is depicted in Table 1 below.

[Additional information or references as needed]
Table 1: Health in All Policies, Challenges by Category

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Knowledge &amp; Awareness</th>
<th>Process &amp; Systems</th>
<th>Socio-Political</th>
<th>Data &amp; Evidence</th>
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Discussion Questions & Topical Survey

After reading through and considering the following questions, please visit our T-HiAPP Challenges topical survey and record your responses online. The T-HiAPP Challenges survey is available by visiting: https://www.surveymonkey.com/s/8BVP28M

1. Of the ten challenges to HiAP discussed in the briefing please rank them in order of importance as key challenges for Texas using the numbers 1-5 with one being the most significant.

   — Covering the determinants of health inequalities in a balanced way linked to concrete objectives and visible results;

   — Enhancing high level political agreement or ensuring alignment between HiAP principles and the broader priorities and aims of governments;

   — Making the case for understanding the importance of health implications of other policies and taking these into consideration in policy-formulation and implementation at all areas and levels of policy-making;

   — Placing health criteria on the agendas of policy-makers who have not previously considered health as part of the policy agenda they focus upon;

   — Developing regularized and formal mechanisms for multi-sectored collaboration;

   — Identifying planning tools and instruments that facilitate integration of health into the strategic planning of other sectors;

   — Accessing data or information that projects the health outcomes or impacts of different policies;

   — Finding ways to achieve mutual gains or outcomes for all policy actors involved in the process so you achieve health gains but not diminish the primary intention of various sectors or agencies;

   — Access to information and data that depicts the equity impact of policies on different populations. i.e., elderly, youth, low income; and

   — Securing a legal mandate to address the social determinants of health through an HiAP strategy.
2. Health expenses often make up the greatest single expenditure of government spending. Do you think non-health sectors may reject HiAP efforts due to a fear of having funds consumed by health outcomes?
   — Yes
   — No
   — Not Sure

3. What are some reasons you can think of why non-health sectors would want to work collaboratively in an HiAP approach—how do they benefit?

4. What is a key factor or issue that you believe will allow HiAP to work in Texas?

5. What is a key factor or issue that you believe will make it most difficult for HiAP to work in Texas?

6. Who, or what organization, do you think should take the lead on HiAP in Texas to ensure that all sectors work together, and what form might that take? Would it be an executive order, a funded pilot, a legislative act, etc.?

This document was prepared by Dr. Lauri Andress, Ph.D. on behalf of the Texas Health Institute.