Policies from the Field

Promising Food Policies from Other Places



HEALTH IN ALL POLICIES

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ABSTRACT:

A wide range of policies can influence health, ranging from employment and education strategies to promoting healthy eating and active lifestyles. This short paper will offer examples from Finland, South Australia, and the World Health Organization to illustrate how innovative thinking around health can be used to increase the health of the population while also reducing health care costs.

In 2008-2009, Ontario's health care costs reached \$44.6 billion, 46% of the province's total operating budget. A growing population, an ageing demographic, and increasing rates of major diseases (both new and emerging) are posing major challenges to public health.

Since many of the determinants of health are affected not only by Health Departments but also by policies and programs from across government, many countries around the world are shifting toward a Health in All Policies (HiAP) approach. This approach takes a broader view of societal health determinants, focuses on health promotion, and uses all available measures in government policy to increase opportunities for healthy choices and ultimately healthy lifestyles.

Finland, the European Union, and South Australia serve as three examples of how innovative thinking around health can be used to increase the health of the population while also reducing health care costs. Moreover, it reflects a growing recognition among nations that a healthy population is a key to maintaining a healthy, competitive, and sustainable economy.

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I. FINLAND

Finland overcame high rates of chronic disease to become a model for cost-effective and disease-preventing healthcare during the 1990s when it spearheaded what's now known as Health in All Policies (HiAP). The HiAP approach highlights the fact that a wide range of factors influences health, ranging from government decisions on taxation, transportation, education, and agriculture. The Finnish government recognized that it was only logical that government as a whole, rather than solely the health department, look through a health lens before finalizing policy decisions that affect the wellbeing of the population.

Prior to incorporating health in all its government policies, Finland's health and medical expenditures were above average for the EU and other Nordic countries and chronic disease trends were on the rise.

Since changing course during the 1990s, Finland has extended life expectancy for women by seven years and for men by nine years. The death rate from circulatory diseases during the 1960s, one of the highest in the world, was cut in half by 2000. More recently, Finland was evaluated as spending below the EU average on health for slightly better results. According to Dr. Liisa Hyssala, Minister of Health and Social Services, "these outcomes are not only based on advancing preventive and curative health care services, but, in particular, on the creation of and support for healthy living conditions and ways of life."

Today, Finland is recognized worldwide as a leader in getting various ministries to champion the cause of health promotion, becoming a model for the European Union and South Australia. In the EU, all policies are required by the EU treaty to follow the HiAP approach.ⁱⁱ The HiAP approach has also been acclaimed by the World Health Organization and promoted as a model to best inform policy making in other countries.

II. SOUTH AUSTRALIA

South Australia has achieved global prominence in public health circles because it incorporated the HiAP approach into its strategic plan. This integrated approach to health is expected to lead to improved economic, environmental, and social impacts.

To give an example, this new approach of putting health on the to-do list of all government departments in South Australia is expected to pay off economically. Pro-active health policies are money-makers because healthier workers are absent from work less often and for shorter time periods, rely on less expensive drug and medical plans, and will be able to choose part-time work until later in life. This is an especially important consideration for areas of the world (of which Ontario is one) where large bulges of the population are either too young or too old to participate in the fulltime mainstream workforce. South Australian government officials also anticipate that HiAP will be a catalyst to a strong local food economy; one that is heavily spiced with serious job-creating, community-based, health-promoting businesses.

III. WORLD HEALTH ORGANIZATION

Support for Health in all Policies has garnered the attention of the United Nations' World Health Organization (WHO). In 2010 the WHO published the *Adelaide Statement on Health in All Policies*, which emphasized the links between having a healthy population and achieving multiple social, economic and environmental goals. According to the WHO:

Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports sustainable habitats and environments, and contributes to security, poverty reduction, and social inclusion.^v

Since the determinants of health and well-being lie for the most part outside the health sector and are instead socially and economically formed, the WHO has called on all governments to press forward with inter-connected healthy public policy that will bring proactive policies to the fore.

IV. CLOSING REMARKS

Ontario can learn a lot from the thinking advocated by the WHO and others around an integrated health agenda that connects health issues to all agencies. In particular, this kind of approach can be used to inform the province's approach to food. Kevin Morgan, an expert in this trend, calls it the *New Food Equation*. A new equation comes from looking beyond the narrow bureaucracies that divvy food up into separate silos—one for jobs, one for environment, one for health, one for agriculture, one for fisheries, one for workplace wellness, and so on. When people from one food sector come to see how their issues and interests intersect with others—particularly how much they can help and be helped working collaboratively—a new equation emerges that is bigger than the sum of its parts.

REFERENCES:

ⁱ National Public Health Institute, Finland, /'Health in All Policies'', Annual Report, 2006, available online: www.ktl.fi/attachments/english/organization/annual report 2006.pdf

European Commission, "Health in All Policies: Prospects and Potentials", Public Health Report, 2006, available online: http://ec.europa.eu/health/health policies/publications/index en.htm

iii Government of Canada, "Ontario Labour Market Bulletin, August 2012," Government of Canada, 2012, available online: http://www.servicecanada.gc.ca/eng/on/offices/2012/08-olmb-aug.shtml

iv World Health Organization, "Adelaide Statement on Health in All Policies: Moving towards a shared governance for health and well-being." Report from the International Meeting on Health in All Policies, Adelaide, 2010, available online: www.who.int/social_determinants/hiap_statement_who_sa_final.pdf
v Ibid.