




MINISTRY OF
SOCIAL AFFAIRS AND HEALTH

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LESSONS FROM HEALTH IN ALL POLICIES

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BASIC CONCEPTS AND PRINCIPLES

- Intersectoral action for health
 - WHO, May 1986, Technical Discussions at WHA
Based on a report by Göran Dahlgren and Alea Hamad (A39/TD/2). ISA and PHC seen as keys to HFA
 - WHO, November 1986, Ottawa Charter on Health Promotion, “Build Healthy Public Policy” as the first of five areas for action
 - ...puts health on the agenda of policy makers in all sectors and levels
 - ...combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change
 - ...identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of moving them
 - ...make the healthier choice the easier choice for the policy makers as well.

BASIC CONCEPTS AND PRINCIPLES

- Treaty of the European Union, as agreed in Amsterdam, 1997, article 152, “Health in All Policies”
- The three concepts can be used interchangeably: they all look at health from a broader perspective than health care, focusing on determinants of health
- Equity
 - Refers to the principle of fairness.
 - “...reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential”
 - Avoidable, unnecessary differences in health between individuals and population groups should be eliminated or minimized
 - Significance of key concepts and principles in health policy: Generally accepted overall goals/objectives for health policy are best possible **level of health** and its most **equitable distribution** possible

BASIC CONCEPTS AND PRINCIPLES

- In order to achieve such goals, one must tackle **determinants** of health, both outside and inside the health sector, i.e . intersectorally.
- The general notion of ISA for health applies to all *levels*: local, district/province, national, regional/economic, global, depending on where the possibilities and powers lie
- Multiplicity of **actors** are involved: ISA requires a coordinated action of all those concerned, depending on the issue at hand
- Various determinants of health can be influenced in different **settings of everyday life**: home and family, playgrounds, schools, work, canteens, transport, leisure activities, environment, technology and communication, food and drink, substance (ab)use and availability, etc.

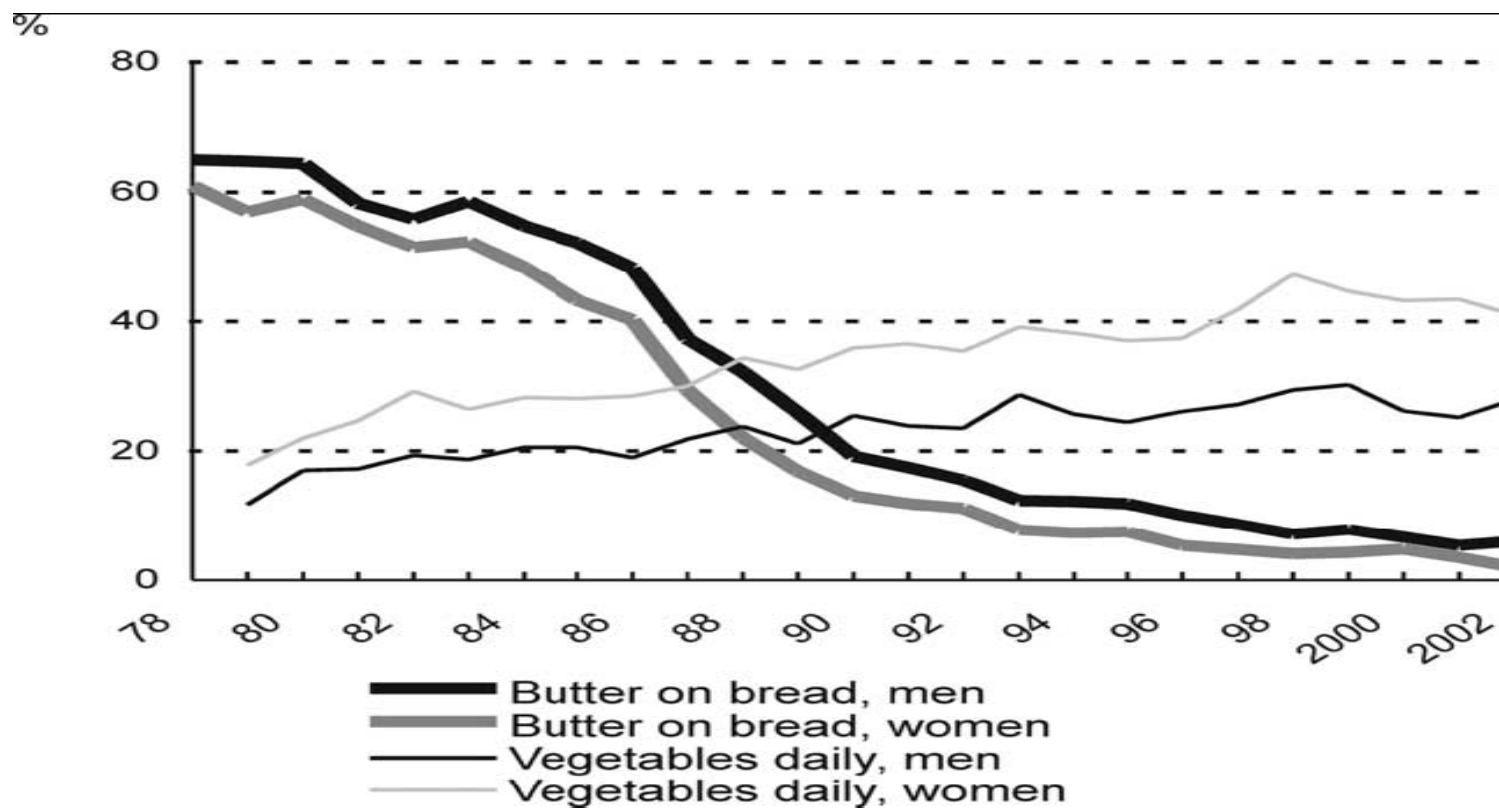
BASIC CONCEPTS AND PRINCIPLES

- Dealing with determinants of health often includes handling of different or conflicting ***interests***; one of the challenges is to work out win-win situations or brokering for interest alignment or consensus-building between those concerned
- Two cases for illustration:
Food and nutrition policy and dietary change in Finland
Introduction of “Health in All Policies” in the EU, including some aspects of food and nutrition policy

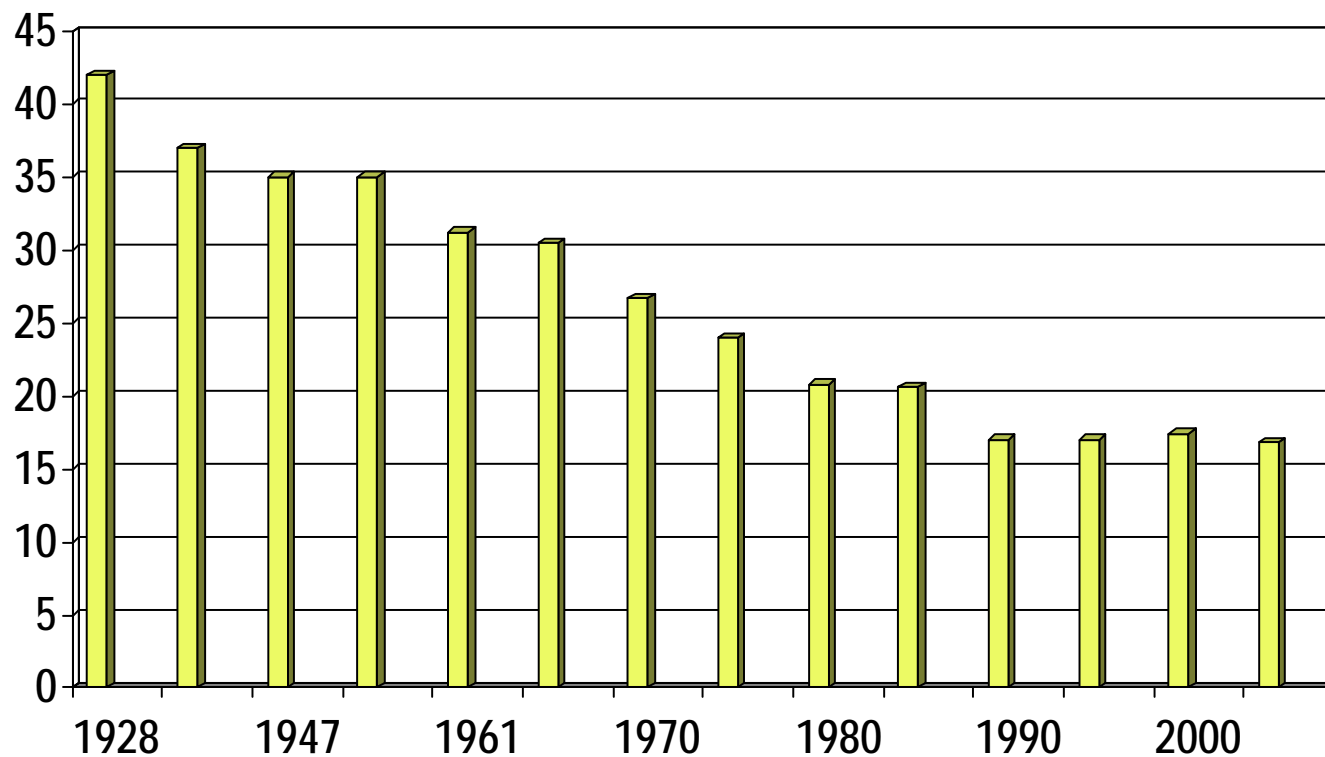
EXAMPLE 1

- Towards healthy diet in Finland 1975-2005
- Policies and guidelines
- Trends in consumption patterns
- Conflicts of interest and their gradual resolution
- Health indicators related to dietary change: levels and distributions
- Role of the industry, consumers, and other actors

EXAMPLE 1



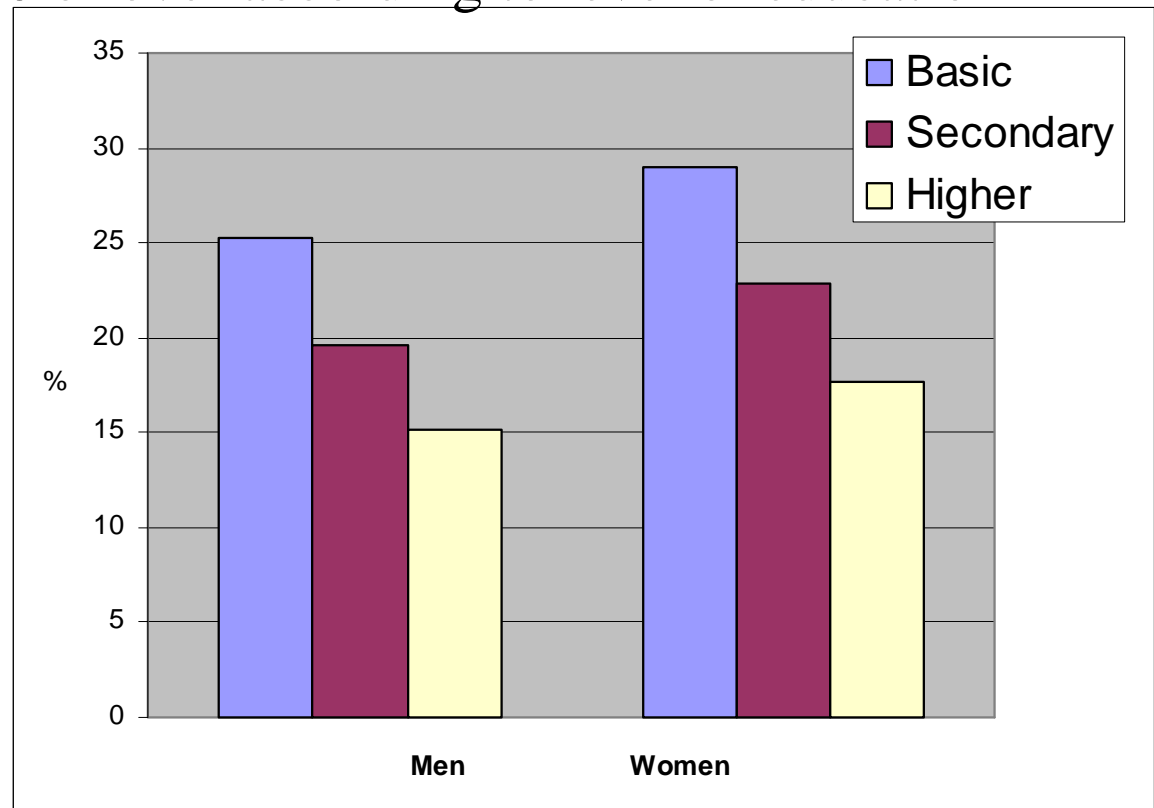
Back fat (mm) in Finnish landrace pigs 1928-2001



Differences between educational groups in health risk factors

Prevalence of obesity (BMI >30 kg/m²) among persons aged 30 or over according to level of education

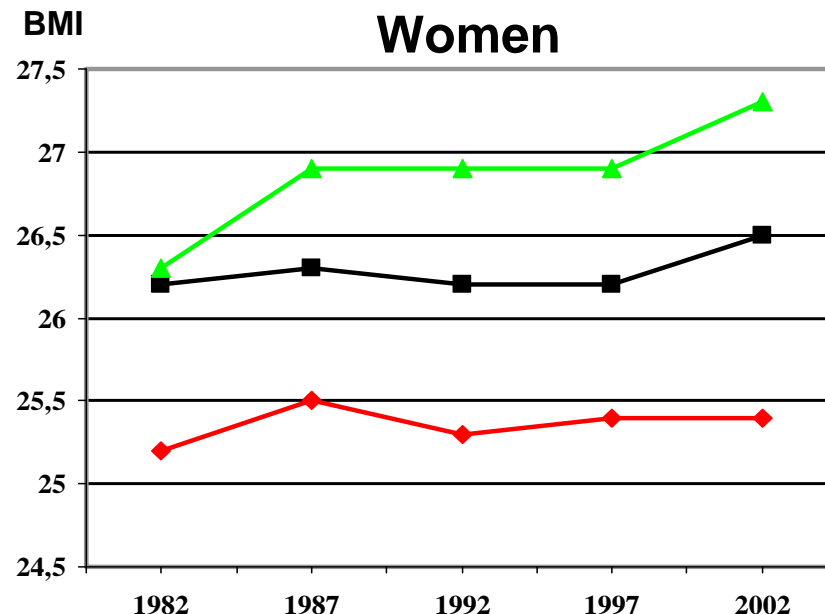
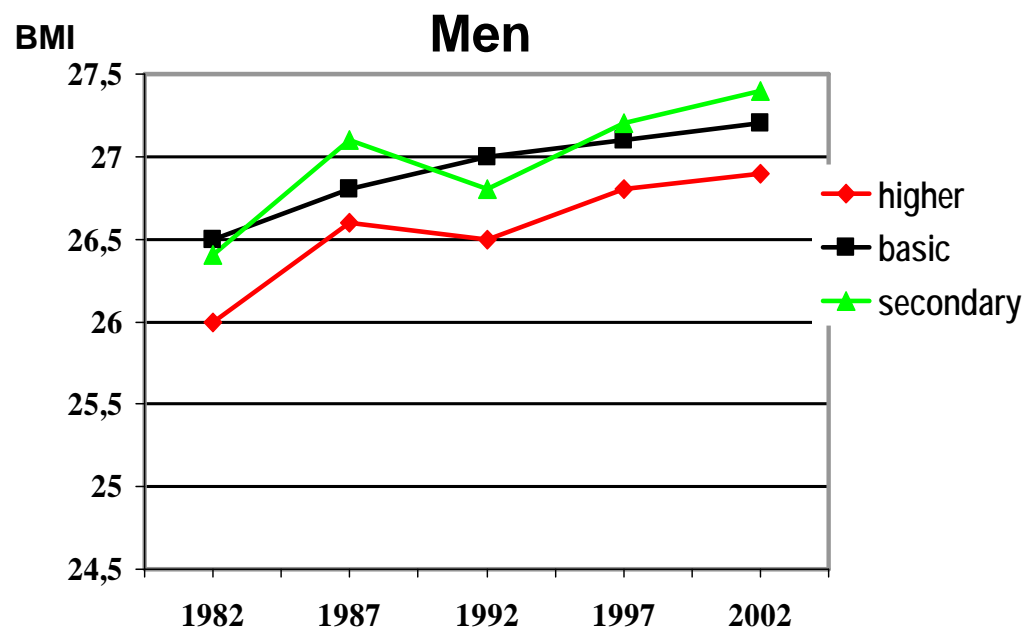
- Obesity, high cholesterol and high blood pressure are more common among those with basic education



Differences between educational groups in body mass index

- Obesity is more common among those with basic education
- Differences in body mass index according to education have grown in past years especially among women

Body mass index (BMI, kg/m²) according to level of education among men and women (Finriski 2002)

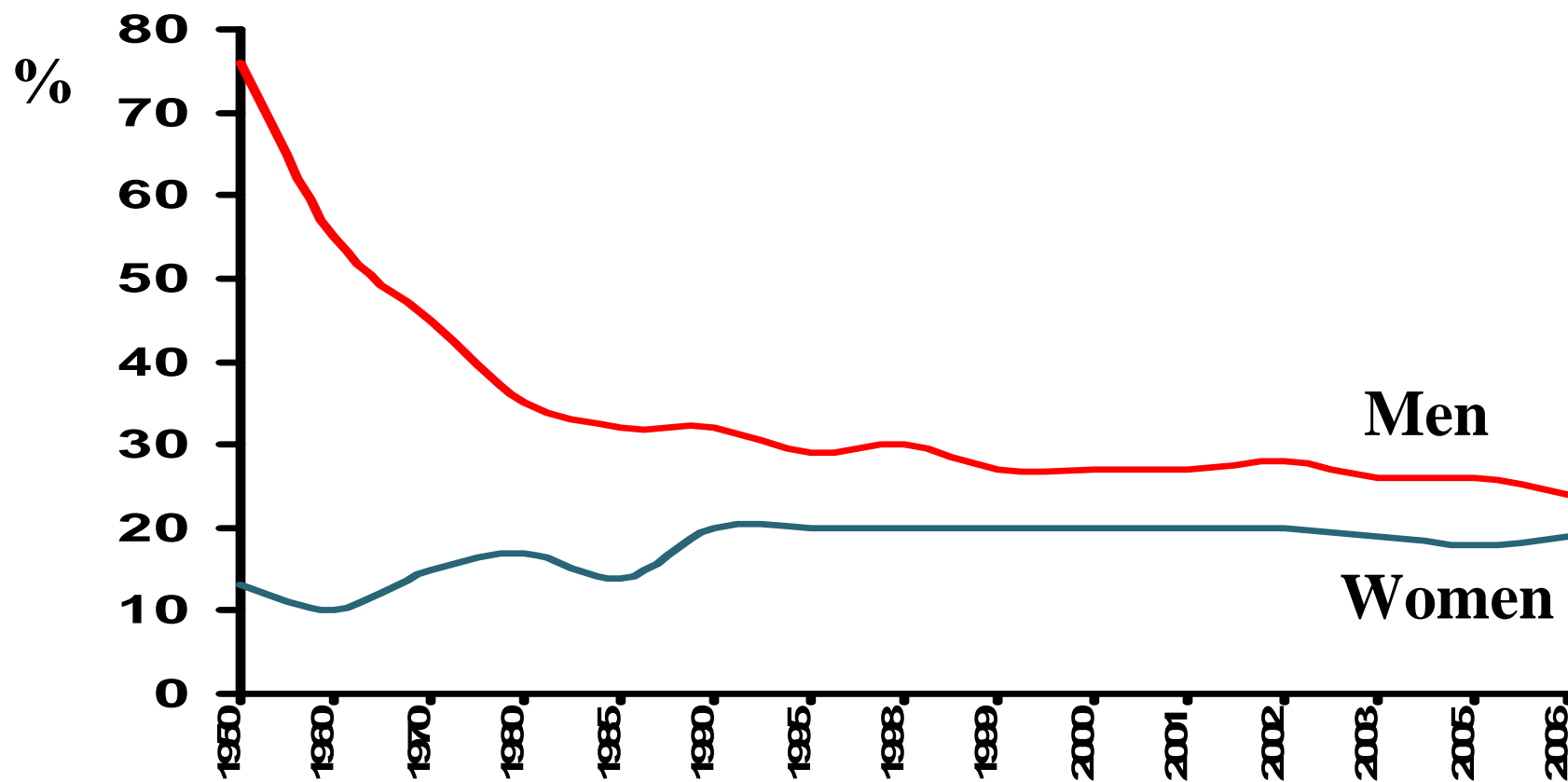


Strategy towards smoke-free environments in Finland

- 1977 smoke-free public premises and transport
- 1995 smoke-free workplaces
- 2000 smoke-free restaurants with smoking sections, classification of SHS as a carcinogen
- 2007 smoking prohibited in restaurants, bars and cafeterias (+smoking boxes)

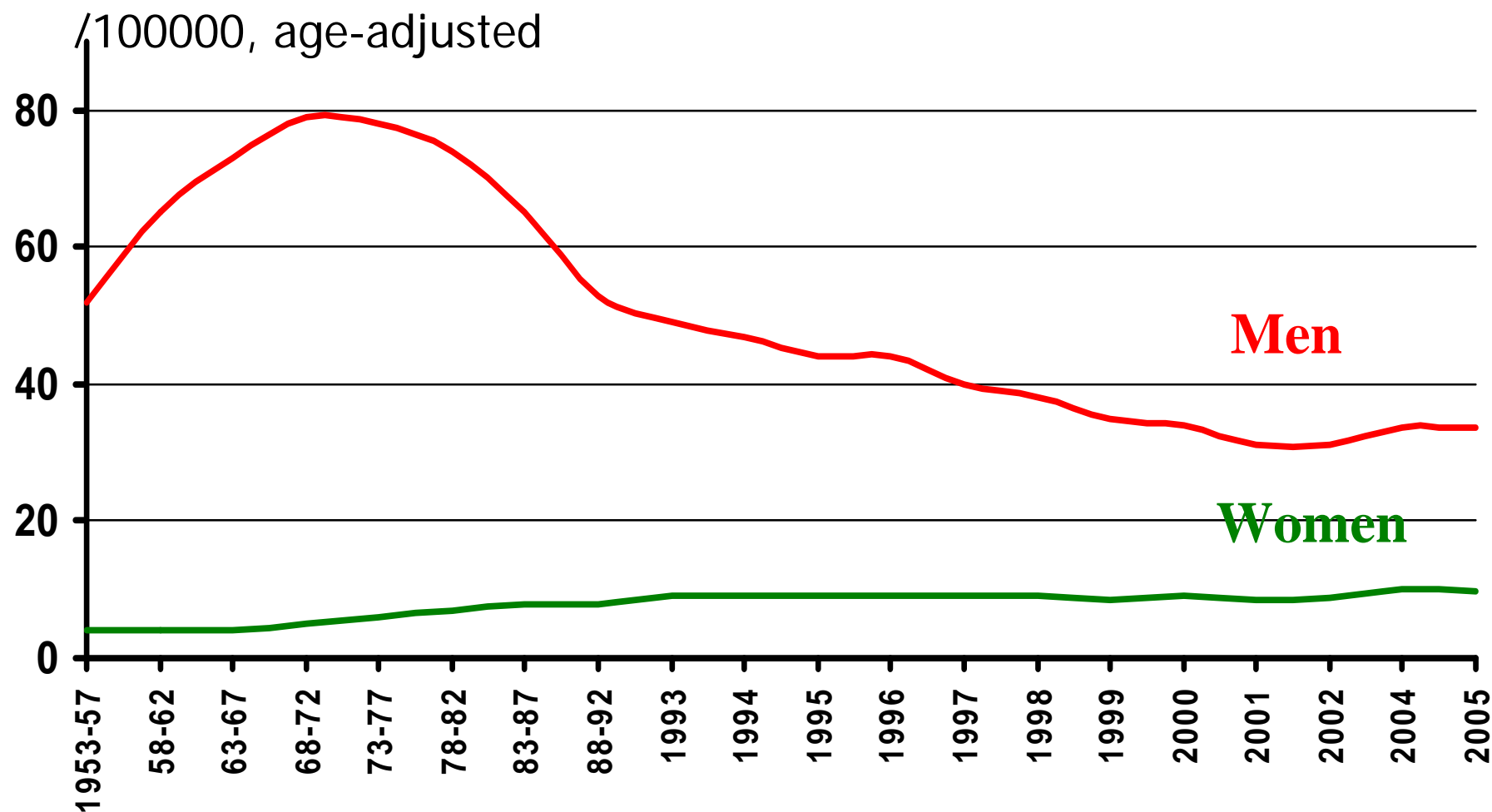
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Daily Smoking in Finland 1950-2006



Source: National Public Health
Institute

Lung Cancer in Finland 1953-2005



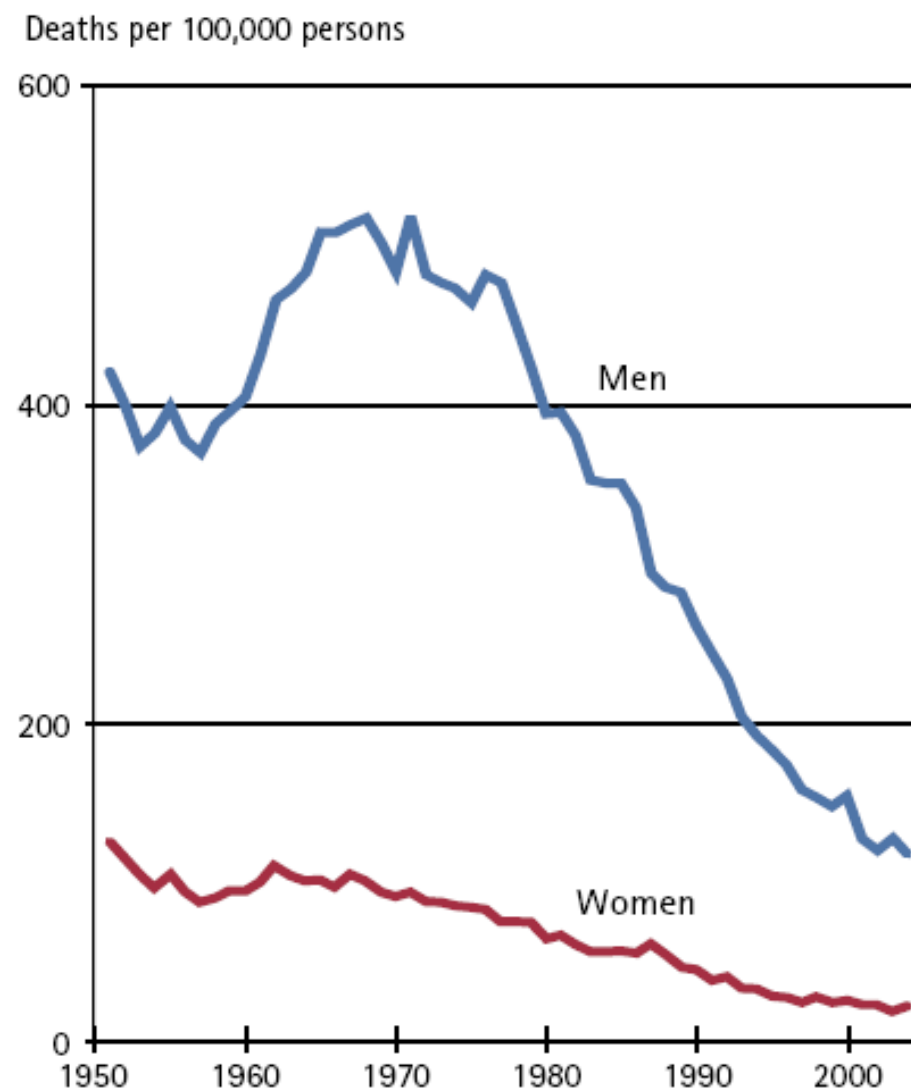


Figure 19. Age-standardised mortality from CHD in 1951–2004, population aged 35–64 (source: Statistics Finland).

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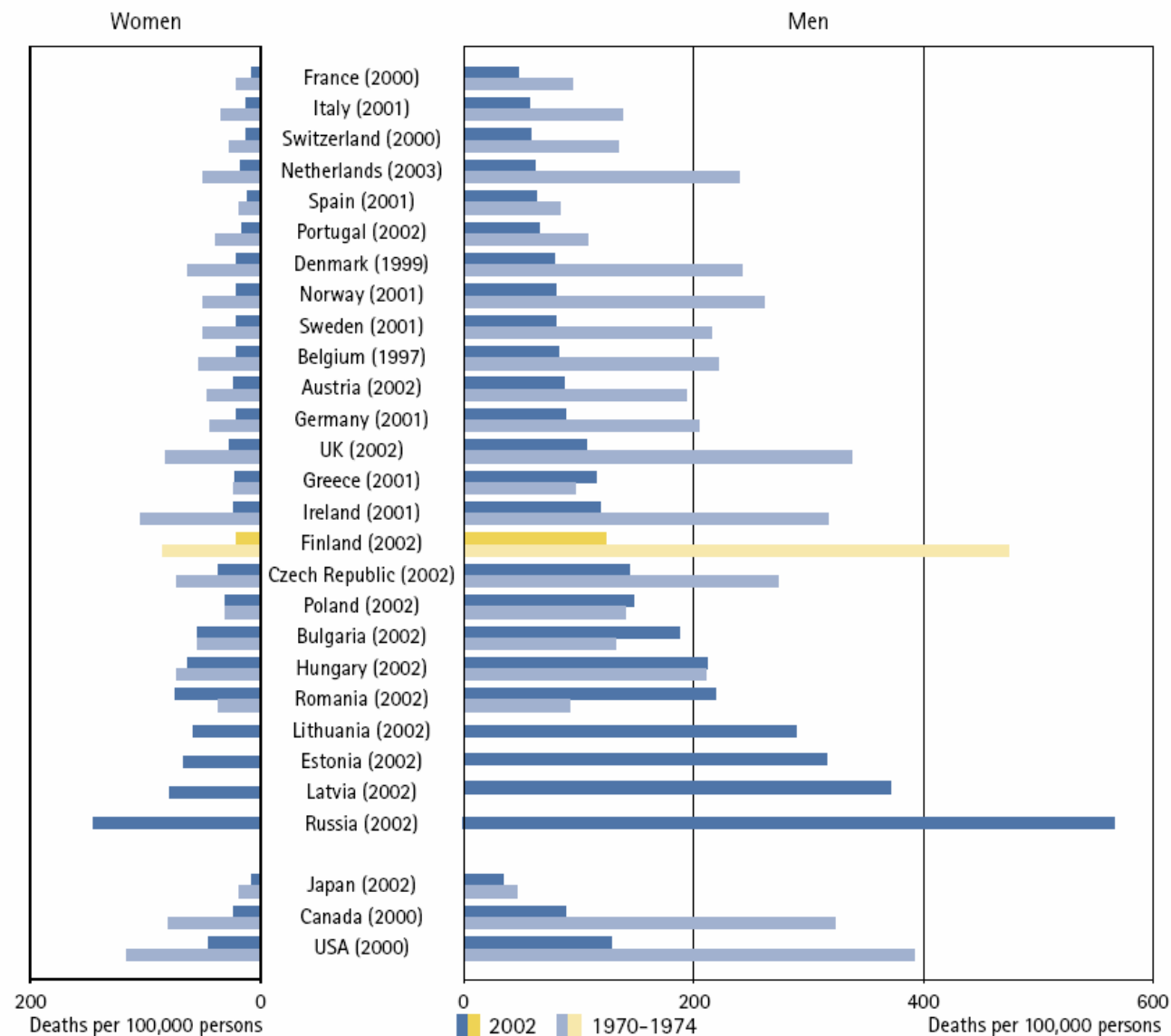


Figure 20. Age-standardised mortality from CHD in selected countries in 1970–1974 and 2002, population aged 35–64 (sources: World Health Statistics Annual 1988 and WHO database).

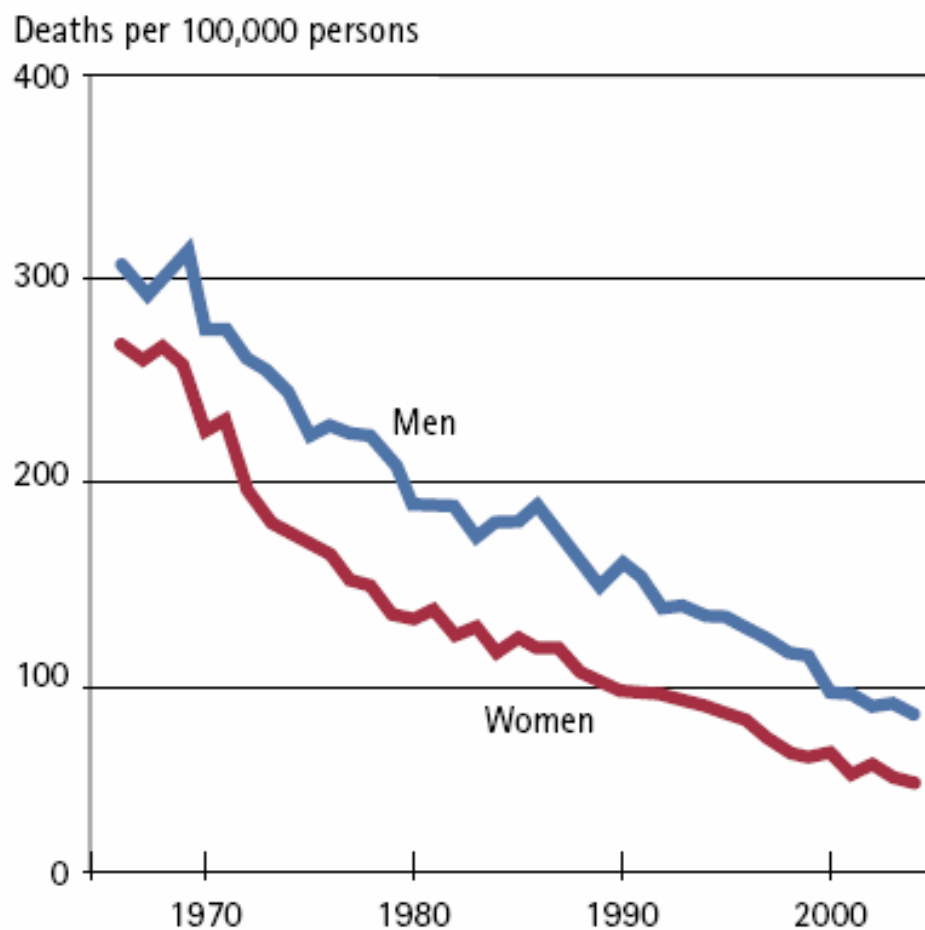


Figure 21. Age-standardised mortality from cerebrovascular disorders in 1966–2004, population aged 45–74 (source: Statistics Finland).

EXAMPLE 2

- Towards “Health in All policies” in the EU
 - Article 152 in the Treaty of Amsterdam
“A high level of human **health** protection shall be ensured *in* the definition and implementation of ***all*** Community ***policies*** an activities” (italics added)
 - A unique mandate: the legal basis is, in principle, stronger than that in Member States
 - Trying to improve putting principle into practice
 - The Finnish EU Presidency, late 2006: main health theme “Health in All Policies”
 - Building on UK Presidency theme “Health Inequalities: a challenge for Europe”, late 2005

EXAMPLE 2

- Conference in Kuopio, September, 20-21, 2006
- Topics covered:
 - Setting the scene
 - Ministerial Panel on HiAP
 - Workshops:
 - Health Inequalities
 - Nutrition and physical activity
 - Alcohol Policies
 - Transport-Environment-Health
 - Mental health and public policy

- Publication “Health in All Policies: prospects and potentials”, August 2006
- Topics covered:
 - HiAP: the wider context
 - Sectoral experiences
 - Governance
 - Health Impact Assessment
 - Conclusions and the way forward
- Most recent developments in the EU
- Consultation: “Enabling Good Health for All – A reflection process for new EU Health Strategy” – strong emphasis on HiAP

Health in All Policies

Prospects and potentials

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FINAL REMARKS

- Time and timing
- Barriers and obstacles
 - Differences in degrees of compliance and resistance (the special role of the treasury)
- Systems and mechanisms to support HiAP
 - Lessons from experiences with different formal and informal mechanisms
 - Credibility and capacity of the MOH
 - Key resource in Finland: strong R&D support and involvement (NPHI, FIOHS, STAKES)

Change in life expectancy and expected healthy life years from 1980 to 2000

