



CANADIAN FEDERATION  
OF NURSES UNIONS  
LA FÉDÉRATION CANADIENNE  
DES SYNDICATS D'INFIRMIÈRES  
ET INFIRMIERS

## POSITION STATEMENT

### Health in All Policies

#### OVERVIEW

“Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. As a concept, it reflects the principles of: legitimacy, accountability, transparency and access to information, participation, sustainability, and collaboration across sectors and levels of government.” (World Health Organization, 2014)

The WHO constitution states that “Governments have a responsibility for the health of their peoples...” and also that “...health is one of the fundamental rights of every human being...” (World Health Organization, 2006). The health of a person is affected by their environment. As governments are responsible for the health of the nation, they are also responsible for the environments in which people live. The social determinants of health are the living conditions people experience. They revolve around the impact income, education, housing, nutrition, water and other social or societal privileges have on the health of individuals (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013).

The World Health Organization has identified six key components needed to successfully actualize HiAP (World Health Organization, 2014):

1. Establish the need and priorities for HiAP
2. Frame planned action
3. Identify supportive structures and processes
4. Facilitate assessment and engagement
5. Ensure monitoring, evaluation and reporting
6. Build capacity

#### POSITION

The Canadian Federation of Nurses Unions (CFNU) represents almost 200,000 frontline nurses across Canada. It is our belief that health care exists outside of hospitals and is a part of everyone’s day-to-day lives. The CFNU believes that health care is a human right and that every Canadian should have the right to equal and equitable access to health care services. Canada deserves a whole-of-government approach to health care – not a fractured one bounded by provincial and territorial borders. Our current health care system focuses on treatment, rather than prevention, which leads to avoidable diseases and conditions,

significantly increasing health care costs. Peoples' environments have substantial impacts on their overall health. Failing to address the social determinants of health and poverty impacts government spending. Health needs should be approached from the top down, starting with a cross-sectoral, systematic and evaluative approach to federal policies to determine their health impacts.

Through the *Canada Health Act*, the Canadian government is responsible for health; by proxy, they are responsible for the social determinants of health further upstream as well. Preventable and chronic ailments are increasingly prevalent in Canada. Ignoring the underlying causes of health issues and only treating symptoms adds to health system costs.

CFNU's extensive consultation process with 50 national health care stakeholders during 2015 and 2016 led to the development of the document *Towards a Health & Social Accord*. It advocates for a more coordinated approach to tackling health and social issues, involving federal and provincial governments, and all related sectors. An effort across all levels and areas of government to increase the overall health of individuals and the community is required. The federal and provincial ministers of health must reach out to other ministers to integrate health considerations into other areas of government, and into all policymaking and administrative decisions. Adopting a Health in All Policies (HiAP) approach would lead to a Canada with better mental and physical health.

Continuing to run our health care system by solely treating the symptoms of disease is inefficient. A Health in All Policies approach to health would not only reduce stress on the health care system but also pay significant dividends in reduced costs. The CFNU calls upon the federal government to address these concerns within our nation's policy-making process. The Canadian government has a mandate to ensure all citizens have equal opportunity to pursue health, and a Health in All Policies approach will bring Canada closer to fulfilling that duty. Integrating health into all policy-making decisions is essential in maintaining Canada's reputation as a global leader and role model in health care.

## BACKGROUND

### Examples of National and Regional Governments That Have Implemented Health in All Policies:

- Finland: In the early 1970s, the Finnish government began to take a multi-sectoral health approach. Recognizing that an alarming number of North Karelia's physically active men were dying prematurely of heart disease, the project aimed to improve regional lifestyle habits. The government started awareness programs which led to a 76% decrease in the number of men who ate bread with butter (Institut National de Santé Publique du Québec, 2013). Due to the program's regional success, resulting from the project's focus on long-term objectives, after five years it was implemented nationwide. Over 30 years, among men, the age-standardized CHD mortality rate dropped by 82% in North Karelia and by 75% in the whole country. The Finnish government worked closely with a wide range of organizations, including government, media, community leaders and the community itself. Finland later expanded its healthy eating programs to the HiAP (Stahl, Wismar, Ollila, Lahtinen, & Leppo, 2006).
- New Zealand: As an early global adopter of HiAP, more than 11 years ago, the nation has the potential to serve as a model for other countries. New Zealand has integrated health concerns into diverse sectors, including urban and regional planning, housing, alcohol regulation, power, transport, air quality, water and education. As part of its HiAP policy, New Zealand ensures that there are working partnerships with the native Maori. To achieve HiAP goals, different interest groups must understand and engage with each other. While working in unison with numerous organizations, a tool is used to

ensure that projects are completed in a fair and manageable way. This approach allows health to be effectively integrated into policy (Community & Public Health, 2016).

- Québec: Quebec's *Public Health Act (Loi sur la santé publique)* was adopted in 2002, and its objective is: "...the health of the population and the establishment of conditions favourable to the maintenance and enhancement of the health and well-being of the general population." It mandates provincial departments and agencies to ensure new bills and regulations do not harm the health of Quebecers, grants public health authorities the right to engage in public monitoring activities when there is a threat to the public (includes disease prevention, trauma and social problems negatively affecting health), and promotes trans-sectoral coordination (Légis Québec, 2016). Health Impact Assessments are routinely undertaken. As a result, Québec has passed legislation banning the advertisement and use of tanning beds to minors because research shows that artificial tanning accelerates skin aging and can cause skin cancers. The *Québec Consumer Protection Act* also places restrictions on marketing unhealthy food and beverages to children to avoid poor nutritional outcomes (Coalition québécoise sur la problématique du poids, 2016).

Other governments (at both the state and national levels), including California, South Australia, Thailand and the EU, have all adopted some healthy policy making. Their results prove that inter-sectoral collaboration could have significant positive impacts on the overall health of Canadian citizens. Adopting "a health lens approach to all policies" was recommended by the Senate of Canada's Subcommittee on Population Health in 2009. The report stated: "Passively waiting for illness and disease to occur and then trying to cope with it through the health care delivery system is simply not an option. Hence, we must address all of the factors that influence health and through a population health approach, overcome inequities and foster well-being and productivity." In other words, as the Chief Medical Officer of Health of Ontario contended, the conversation needs to be expanded to speak about "health" rather than solely focusing on "health care" by "applying a health lens to every policy that is implemented in the province" (Annual Report of CMO of Health of Ontario, 2010).

Notably, in describing healthy public policy making, the term "policies" can be understood in its broadest sense. As the examples above show, policies can include laws, regulations, programs, strategies, and specific projects at different levels of government. As suggested in the WHO's definition, and by the examples provided, inter-sectoral collaboration and coordination, utilizing different policy levers, are integral to HiAP's successful implementation within a formalized whole-of-government approach to reducing population health inequities. Health equity goals may include improving the health of a vulnerable group, reducing health gaps between the most and least vulnerable groups, and flattening the social gradient in health across the entire population (Whitehead & Dahlgren, 2006).

## **BENEFITS OF HEALTH IN ALL POLICIES**

Health in All Policies is the next step towards giving citizens an opportunity to achieve a healthy lifestyle and better quality of life. The Public Health Agency of Canada has acknowledged the need to "address the root causes of health problems" (Public Health Agency of Canada, 2006). Preventing health conditions at the source, instead of only treating diseases after they arise, would lessen the burden on our current health care system. Great strides could be made in Canadian health care if it were to move beyond its traditional focus on hospitals and clinics. This approach has the potential to improve Canadians' overall well-being, while resulting in lower health care costs for governments and a more efficient use of taxpayer money.

HiAP would also help to reduce health disparities between socio-economic groups. There is a long-term correlation between low incomes and diminished well-being. Obesity, smoking, mental illness, diabetes and infant mortality all disproportionately affect the lowest-income Canadians (Canadian Institute for Health Information, 2015). One in seven Canadians lives in poverty. Indigenous Canadians are overrepresented among the poor with one in two First Nations children living in poverty (Canada Without Poverty). It is evident that these issues need to be addressed, instead of solely dealt with once negative health outcomes have occurred. Assisting Canadians to achieve healthier lifestyle options by funding public health initiatives would allow individuals to take responsibility for their own health without sacrificing their financial security.

Governments across Canada could draft legislation, regulations, policies and public health measures to positively influence the lives of millions of Canadians and reduce stress on our health care system. Obesity rates would drop due to more active choices being adopted by the public, and as obesity rates decline, so would those for diabetes, cancer, cardiovascular disease, depression and respiratory disease among other conditions (Harvard School of Public Health, n.d.), (Stanford Healthcare, n.d.). Reduced pollutants would reduce the rates of asthma and other lung-related issues. A healthier population means cost savings for the entire health care system. Some examples of potential HiAP initiatives:

- Energy: Incentivize clean energy solutions and work towards replacing outdated methods of combustion-based power.
- Industry: Implement technologies that reduce the output of industrial waste and emissions.
- Transportation: Offer more options for commuters to use public transit, as well as providing walking and cycling paths to reduce reliance on automobiles. Grant more options for low- and/or zero-emission transportation.
- Housing: More widely available, affordable housing would allow more people to live within their means and have more money to put towards other needs. Home air quality controls and ventilation, enforcing building codes to reduce hazards like radon or arsenic on the property, regular maintenance to mitigate mold, allergens mites or pests are some of the measures that could be taken.
- Urban Planning: Ensure zoning codes leave ample space between industrial areas and communities. Numerous green spaces, parks, walking paths and bike trails are essential to a healthy urban environment.
- Water and Nutrition: Introduce national marketing restrictions on unhealthy food and beverages, similar to ones in Quebec. Offering children healthier food choices in schools, alongside nutrition/healthy food prep education programs, would help establish a lifelong habit of healthy eating. In addition, ensuring clean drinking water through regulatory efforts and providing adequate nutrition information would help consumers make informed choices. Specifically, Indigenous Peoples, and those living in isolated communities, could benefit immensely from access to clean water and improved nutrition.
- Sanitation and Waste Management: Promoting recycling and composting programs would reduce waste that ends up in landfills. Garbage, including toxic and chemical waste, must be isolated from human activity and disposed of without environmental impacts.
- Employment and Labor: Occupational health and safety is the responsibility of the employer, and employees need to be provided with a safe work environment. To avoid physical injuries, risks must be managed and reduced. To reduce stress and safeguard mental health, workplaces must ensure that breaks are taken and people move around sufficiently during the workday.

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