

Health in All Policies (HiAP): Frequently Asked Questions

1. What is Health in All Policies (HiAP)?

HiAP is a strategy to assist leaders and policymakers in integrating considerations of health, well-being, and equity during the development, implementation, and evaluation of policies and services. HiAP strategies are meant to ensure that all policies and services from all sectors have beneficial or neutral impacts on the determinants of health.¹

2. How does HiAP differ from health impact assessment (HIA)?

HIA is a tool that local health departments and others can use to assess a single proposed decision and its potential impact on health.² HiAP is an approach that uses multiple strategies to systematize and integrate the governmental decision-making process across agencies so that health is considered.¹ HIA is *one* tool that can be used as part of a larger array of tactics to address the determinants of health through HiAP.

3. What is the difference between HiAP and Healthy Public Policies?

“Healthy public policies” is a precursor to HiAP that emerged in the 1980s to put health on policymakers’ agendas. Healthy public policies tended to focus on the process of policymaking and achieving incremental change.¹ HiAP is a paradigm shift of whole-of-government, horizontal health governance, where health becomes systemized as a standard part of the policy-formation process, and agencies are driven to integrate the policy formation process under a health lens.¹

4. What is the history of HiAP?

Emerging in 2006, HiAP was a major theme during the Finnish Presidency of the EU with the aim of strengthening existing legislation that required ensuring human protection in the formation and implementation of policies.³ It sought to create large, horizontal systems change that changed how all of government functioned. This was a stronger approach than the earlier, project-based efforts of intersectoral action of the 1970s and the incrementalist, process-driven efforts of the healthy public policies movement. Since 2006, HiAP has begun to spread across the globe. HiAP approaches are now seen in the United States at the federal, state, and local levels.⁴

5. What role does health equity play in HiAP?

While most governmental policies have some effect on health, the effects of these policies are often not felt equitably among the individuals in a given community. For example, well documented research demonstrates that existing policies have resulted in unequal access to healthy food options and safe spaces for physical activity and unfair placement of polluting facilities in low-income neighborhoods and communities of color. Therefore, communities using HiAP strategies should look at the impact policies have on health inequities and carefully consider how to craft policies to minimize risk factors that exacerbate health inequities.

6. How might environmental health be considered in a HiAP approach?

The physical environment plays a crucial role in the health and well-being of people. When considering the impact of policies on health, policymakers should look at all aspects of the policies' effects on the relationship between the environment and health. Significant attention has been paid to addressing the environment's role in obesity by using food and community design policies to expand access to healthy food and improve opportunities for physical activities. However, when assessing the impact of policies on environmental public health, policymakers should look at the impact the policies have on other environmental risk factors and associated health outcomes. For example, what health impacts will a policy impacting the placement of a power plant have on the levels of toxins in the environment and with their associated health and health equity outcomes? Or, what impacts do proposed ordinances related to the expansion of roadways have on air pollution and associated asthma rates? Policymakers can use an environmental public health lens when applying HiAP to assess how policies might affect children, food, water, land, air, and exposure to toxic substances.

7. What are some examples of HiAP approaches?

Here are a few examples of HiAP early adopters in the United States:

- **Federal level:** [The National Prevention Strategy](#);
- **State level:** [California's Health in All Policies Task Force](#); and
- **Local level:**
 1. [King County's Equity and Social Justice Ordinance](#) in Washington State;
 2. [Denver's Environmental Public Health Policy](#) in Colorado; and
 3. [San Francisco Department of Public Health's Program on Health, Equity, and Sustainability](#), which "supports San Franciscans working together to advance urban health and social and environmental justice through ongoing integration of local government and community efforts and through valuing the needs, experiences, and knowledge of diverse San Francisco residents."⁵

8. What are some tactics for implementing HiAP?

NACCHO is developing a HiAP framework to guide local decision-makers in implementing HiAP using a wide variety of tactics meant to effect change in the decision systems that shape the determinants of health. These involve, for example, new cross-sector government structures, integrated accounting and budgets, workforce development, cross-sector research and evaluation, and communications and messaging. In addition, multiple policy levers are available to strengthen the effectiveness of these tactics at addressing the determinants of health.

9. What is the role of local health departments in HiAP?

Local health departments are uniquely positioned to be a champion for HiAP and be a resource to other governmental and non-governmental sectors who seek assistance with assessing policies for their health impacts.

10. Why are non-health sectors of the economy the focus of HiAP?

The World Health Organization defines the social determinants of health to be "the conditions in which people are born, grow, live, work and age, including the health system.

These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status.”⁶ Decisions made in a range of areas, such as transportation, community design, education, employment practices, and criminal justice procedures, contribute to the social determinants of health and have a profound effect on health. Policy decisions that affect the social determinants of health are often made outside of the local health department or by other government agencies and the private sector. These decisions often result in negative and sometimes unintended health consequences. HiAP seeks to focus on non-health sectors so that health is considered when policies are being formed and during the duration of the policy process.

11. Isn't HiAP a form of health imperialism?

Health imperialism is the concept that “all policy areas [are] subordinate to health”⁷ and that the health sector “places such a focus on attaining the best possible health outcomes that it ignores or seeks to dominate the policy priorities and concerns of other sectors.”⁸ However, certain problems are so endemic and cross so many sectors that they require coordinated government action to address them. For example, air pollution is caused by the emission of pollutants from numerous sources such as power plants, motor vehicles, controlled burning in agriculture, paint, hair spray, and landfills. No single agency in government has jurisdiction for all the sources of air pollution. To address air pollution or other similar multisectoral problems, an approach like HiAP is required because it entails a coordinated, whole-government response.

12. What is systems change?

Systems change is a shift in the way that a community decides about programs, projects, policies, service provision, and the allocation of resources.⁹

13. Is HiAP a policy or systems change?

HiAP is a systems change meant to ensure that decisions made by other sectors have a positive or neutral impact on the environments where people live, learn, work, and play. It is a strategy to address the determinants of health by cultivating healthy public policies. However, HiAP can be strengthened using a wide variety of policy levers (e.g., ordinances, memoranda of agreement). Incorporating a policy mandate is one additional tactic to help achieve the ultimate systems change of HiAP.

14. What is meant by “non-health” sectors?

“Non-health sectors” refers to governmental agencies, companies, or organizations that have policy impact on the determinants of health such as transportation or education but are not generally considered a traditional health department or health organization. Examples of non-health sectors include agriculture departments, transportation departments, chambers of commerce, legal authorities, and planning departments.

15. Why is it important to address the policy formation process?

Assessing the health implications of alternative policies as they are being formed is an upstream approach to addressing the determinants of health.

16. What are the determinants of health?

The determinants of health are the summation of all the factors that influence an individual's or a community's health. They include "the social and economic environment, the physical environment, and the person's individual characteristics and behaviors."¹⁰ Some examples of factors that impact an individual's health include the following:⁴

- Income and social status;
- Education;
- Physical environment;
- Social support networks;
- Genetics;
- Health services; and
- Gender and race and ethnicity.

17. What is children's environmental health?

Given children's developing immune systems and smaller body size, in many cases, they are more susceptible to harmful environmental health risk factors. Children's environmental health aims to minimize harmful environmental public health risk factors to protect children from adverse health outcomes.

18. What are core environmental health services?

Core environmental health services include those programs that ensure that communities have safe food, air, and water. Other environmental programs such as efficient or functional waste management systems and effective vector control programs are included if they impact the ability of a community to ensure safe food, safe water, and clean air.

19. What are toxic chemical exposures?

Human beings come into contact with chemicals every day. In many instances, exposure to chemicals is safe and does not affect the human body. However, some chemicals make people sick if they breathe, eat, or drink them or if they are absorbed into the skin. Examples of toxic chemicals may include radiation, mercury, arsenic, Polychlorinated biphenyls (PCBs), and lead. The amount of exposure necessary to cause illness depends on what type of chemical an individual is exposed to, on the quantities of the substance an individual is exposed to, how frequently an individual is exposed, how the chemical enters the body, and what an individual's biological response is to the toxin.¹¹

20. What is a health lens?

There are many ways to look at a proposed policy. A decision-maker can consider any number of factors such as the economic impact of a policy, the social implications, the feasibility, and the political will. A health lens means considering the health implications of the proposed policy. It "uses a range of methodologies and tools to examine the connections" between "policies and population health and well being."¹ It relies on "evidence-based recommendations to inform the decision-making process to maximize gains in health and well-being."¹

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