



*Lakes District Health Board is committed to improving and protecting the health of the communities in the Lakes district.*

## **Position Statement – Health in All Policies**

Health outcomes cannot be achieved through the efforts of the health sector alone, but rely on the collective efforts of the wider community. Lakes District Health Board supports the Health in All Policies approach.

Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across all sectors and policy areas.

### **Introduction**

The Lakes District Health Board (Lakes DHB) is required under its enabling legislation, the New Zealand Public Health and Disability Act 2000, Section 22, Objectives of DHBs:

- to improve, promote, and protect the health of people and communities;
- to promote the inclusion and participation in society and independence of people with disabilities;
- to reduce health disparities by improving health outcomes for Maori and other population groups;
- to exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services;
- to exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations.

In addition, under Section 23, Functions of DHBs:

For the purpose of pursuing its objectives, each DHB has the following functions:

(a) to actively investigate, facilitate, sponsor, and develop co-operative and collaborative arrangements with persons in the health and disability sector or in any other sector to improve, promote, and protect the health of people, and to promote the inclusion and participation in society and independence of people with disabilities.

(b) to collaborate with relevant organisations to plan and co-ordinate at local, regional, and national levels for the most effective and efficient delivery of health services.

(c) to issue relevant information to the resident population, persons in the health and disability sector, and persons in any other sector working to improve, promote, and protect the health of people for the purposes of paragraphs (a) and (b).

(d) to promote the reduction of adverse social and environmental effects on the health of people and communities.



## Health in All Policies

Good health outcomes begin with healthy policies that create healthy environments which support people to adopt healthy behaviours.



Figure 1: Policies to People Continuum<sup>i</sup>

This requires different sectors working together to ensure all people have equal opportunities to achieve the highest level of health. It is the role of the Lakes DHB to drive conversations within all sectors to keep good health at the top of everyone's mind.

### 1. The Lakes DHB affirms the following:

- 1.1. It is committed to building the capacity of the health sector to deliver a Health in All Policies approach and thereby positively influence the social determinants of health. It will raise awareness amongst the Lakes community about its population health status and how this is shaped by the social determinants of health.
- 1.2. It will contribute to building the knowledge and evidence base of healthy policy options and strategies, and will identify and prioritise emerging health issues resulting from changes in society.
- 1.3. It will collaborate with different sectors and with the Lakes community at governance and operational levels to tackle improvements in the social determinants of health. It will facilitate and/or contribute to negotiations between sectors and with non-government stakeholders.
- 1.4. It will oversee and/or contribute to the implementation, monitoring and evaluation of policy with respect to health outcomes, health determinants and equity. It will monitor the activities of other sectors that impact on health and assist other sectors to assess health impacts of their policies.

### 2. The Lakes DHB notes that:

- 2.1. Health in All Policies 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<sup>iv</sup>.
- 2.2. Health in All Policies emphasises that government objectives are best achieved when all sectors include health and wellbeing as a key component of policy development. This is because the causes of health and wellbeing lie outside the health sector and are socially and economically formed<sup>v</sup>.
- 2.3. Health in All Policies is based on the recognition that our greatest health challenges—for example, non-communicable diseases, health inequalities, climate change, and spiralling health care costs—are highly complex and often linked through the social determinants of health. The social determinants of health (see figure 2 below) are the circumstances in which people are born, grow up, live, work and age, and the wider set of forces and



systems affecting these circumstances: e.g. economic and development policies, social norms, social policies, and political systems<sup>iv</sup>.



Figure 2: Health Map<sup>vi</sup>

- 2.4. In this context, promoting healthy communities and health equity across different population groups, requires that we address the social determinants of health, such as public transportation, education access, access to healthy food, economic opportunities, and more. While many public policies work to achieve this, conflicts of interest may arise. Alternatively, unintended impacts of policies are not measured and addressed. This requires innovative solutions, and structures that build channels for dialogue and decision-making that work across traditional government policy silos<sup>iv</sup>.
- 2.5. Health is not the only sector to benefit from Health in All Policies as health and health equity despite being values in their own right, are also important prerequisites for achieving many other societal goals<sup>v</sup>, such as building a more competitive and productive economy.
- 2.6. Further support for acting on the social determinants of health is illustrated in the health pyramid (figure 3) below. It shows the relative impact of five different approaches to improving population health. As illustrated by their placement at the broad base of the pyramid, changing socioeconomic conditions, such as income, education, and housing, have the largest effect on population health. Strikingly, the approaches society usually associates with health improvement – clinical care as well as health education and counselling – although clearly important have the least impact on population health<sup>vii</sup>.



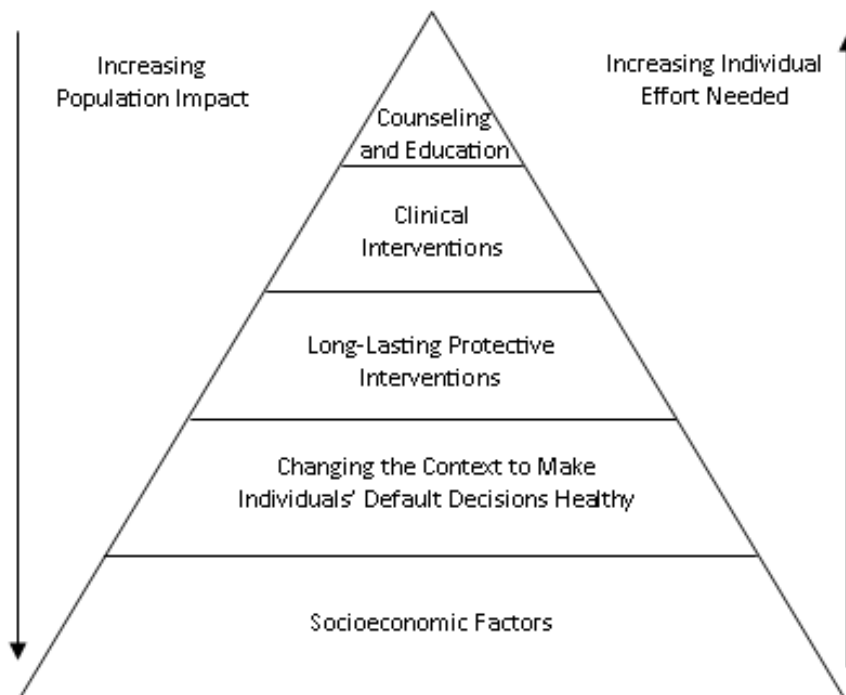


Figure 3: Health Impact Pyramid<sup>viii</sup>

- 2.7. Health in All Policies approaches include five key elements: promoting health, equity and sustainability, supporting intersectoral collaboration, creating co-benefits for multiple partners, engaging stakeholders, and creating structural or process change<sup>ix</sup>.
- 2.8. Health in All Policies encompasses a wide spectrum of activities and can be implemented in many different ways<sup>ix</sup>.
- 2.9. Health in All Policies initiatives build on an international and historical body of collaborative work<sup>ix</sup>.

## References

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**Review Date:** This position statement will be reviewed in three years, or as necessary.

