Selected Tools to Facilitate the Integration of Health in All Policies

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Introduction

Soon after its inception, the health in all policies (HiAP) approach advocated by the World Health Organization (WHO) was recognized as a strategy that can prevent complex health problems through action at the policy level. It is defined as *"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"* (World Health Organization [WHO], 2013).

> **Box 1. Definition of the HiAP approach**
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> Health in all policies is an intersectoral approach to public policy that **systematically takes into account** the health consequences of decisions, that seeks synergies and avoids harmful health impacts to improve population health and health equity (WHO, 2013).

This strategy represents a logical continuation of the other intersectoral action strategies for promoting health supported by the WHO, beginning with the *Health For All* strategy presented at the end of the 1970s (World Health Organization [WHO], 1981) and followed by the *Healthy Public Policy* strategy included in the 1986 Ottawa Charter (World Health Organization [WHO], 1986). Built on the experience gained through these strategies, and informed by new knowledge about the social determinants of health, HiAP reaffirms the importance of acting as far upstream as possible to actively address problems, by establishing healthy living conditions. The foundation of this approach is the need to back up to the structural causes of social inequalities in health and establish a system of intersectoral governance based on the responsibility of all sectors toward the health of the population. It represents a call for a more sustained and coherent response from governments that can ensure the sustainable well-being of societies and address the risks associated with current and upcoming epidemiological and socio-economic changes (Kickbusch & Gleicher, 2011).

> **Box 2. The 5 components of the WHO HiAP action plan**
>
> - Frame planned action
> - Identify supportive structures and processes
> - Facilitate assessment and engagement
> - Ensure monitoring, evaluation and reporting
> - Build capacity
>
> (World Health Organization [WHO], 2014)

The definition of HiAP points to two modes of action (see Box 1): 1) introducing measures to systematically take into account the effects on health (determinants of health) of various public policy decisions; and (2) implementing intersectoral policies that promote synergy between sectors leading to comprehensive action on a given health issue (Pan American Health Organization [PAHO], 2014). To date, the vast majority of documents on the implementation of the HiAP approach have focused on the second mode, providing examples of integrated policies addressing specific health topics (for example, obesity, drugs, etc.). The systematic consideration of health implications, however, is not driven by concern for a particular health issue, but rather for all of the determinants of health. To act on this level, governments must select mechanisms and procedures that are suitable for integrating health issues into regular decision-making processes (see the WHO action plan in Box 2). Health impact assessment (HIA) is often cited as an instrument of choice for ensuring that health issues are systematically taken into account during decision making (Collins & Koplan, 2009). It is, thus, one tool that can support the HiAP approach. However, it is not the only option.

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Besides HIA, several other tools are available to meet this objective, but information about them is incomplete and fragmented (Bert, Scaioli,Gualano, & Siliquini, 2015). A better understanding of the different tools is therefore needed in Canada, as elsewhere in the world (Greaves & Bialystock, 2011).

Accordingly, this briefing note presents and compares five tools[1] that promote the systematic consideration of health issues in sectoral policies, in support of the first mode of action associated with HiAP. These tools are rapid health impact assessment (HIA), the Health Matrix, the Healthy Development Measurement Tool, the Health Background Study and the Health Economic Assessment Tool - HEAT. The health lens analysis approach used in South Australia will also be discussed as an example of an ideal approach. The selected tools are part of the broad family of decision support tools, but are characterized by their focus on population health and by their applicability to sectors other than that of health.

The criteria that led to these tools being chosen are reflective of the philosophy that underpins the HiAP approach: firstly, ease of use and of adoption by decision makers, who could be expected to internalize the conceptual bases of health determinants and equity and the basis for the integration of responsibility for these into administrative decision-making processes; and secondly, a reliance on evidence. Given the paucity of information about these tools and their evaluation available in the literature, the description provided in this briefing note is general. Nevertheless, it is worthwhile to present prototypes of tools, developed in a variety of contexts by diverse actors, in the hope that they can serve as examples for those who may wish to adapt them to their own situations.

The description of the tools is preceded by a brief description of the role of decision support tools in administrative processes. It aims to shed light on the basic conditions that must be met for a tool to fulfill its expected role of helping integrate health issues into decision making in the various public policy sectors.

Finally, readers interested in HiAP more generally will find five implementation guides suggested in the Appendix with links to the documents.

The role of decision support tools

Several tools have been developed in recent years to help policy analysts and decision makers (managers and politicians) make decisions in the most informed manner possible. All of these tools, including models of multi-criteria analysis or cost-benefit analysis or any of the various decision support computer programs, allow for the comparison of several options and facilitate making choices in an uncertain and complex environment. The advantage of using these tools is they allow one to avoid personal bias and automatic responses by offering a more structured approach to incorporate evidence into policy making. Granted, even these methodologies are known to privilege certain values and are never perfectly neutral (Rozworksi & Bellefleur, 2013).

In addition to tools of a vertical nature, which focus on aspects directly related to the targeted sector, there are those with a horizontal scope, that is, those that address issues that are not within the purview of the sector engaged in decision making, but which constitute government priorities. Topics such as disabilities, sustainable development, youth or poverty are some of the aspects that may need to be considered systematically within and across public sector decision-making processes. The purpose of these transversal "impact clauses" is to promote consistency among government decisions and with respect to broad governmental priorities.

With respect to HiAP, the tools being considered here are those that help decision makers from all government policy sectors to take into account the determinants of health and equity when developing, implementing or evaluating their policies and programs. Therefore, these tools can be used at several points in the policy cycle (see Figure 1). However, most of them are conceived to be applied at the formulation stage. The same purpose is served at

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1   These tools were found using the snowballing method, based on the author's knowledge. A search using Google Scholar (Keywords: Health lens, Policy tools and health, Decision making tools and health, outils de soutien à la décision et santé), on the Ebscohost platform (AgeLine, CINAHL, Environment Complete, ERIC, Health Policy Reference Center, MEDLINE Complete, Political Science Complete, Psychology and Behavioral Sciences Collection, PsycINFO, Public Affairs Index and SocINDEX with Full Text), (keyword "Health Lens," search limited to the 2010-2016 period) allowed for confirmation of the search. Also found in the literature are the terms equity lens, intersectionality lens, ethical lens, public health lens or population health lens (lentilles équité, de lentilles intersectionalité, des cadres d'analyse éthique, cadre d'analyse de la santé publique or cadre d'analyse de santé des populations in French). These lenses were not used because their primary goal is not to establish shared governance for health, even though they partially contribute to the Health in All Policies approach.

all levels of management, both within the central administration and within local governments at the municipal level. Thus, this discussion concerns intersectoral decision-support tools that are, ideally, used at an early point in the decision-making process.

Certainly, the use of tools, even those with an intersectoral scope, is not sufficient to ensure the integration and consideration of health concerns in decisions made by other sectors. Their use is usually part of a broader institutional arrangement set up to encourage intersectoral cooperation and to overcome obstacles related to mutual lack of knowledge (Gase, Pennotti, & Smith, 2013). Thus,

these tools must be considered an adjunct of a comprehensive process that fosters the conditions conducive to an HiAP approach (Howard & Gunther, 2012). This is why the term "tool" sometimes refers to this comprehensive process which allows health to be integrated into the decision-making process (see, for example, the section below on the health lens analysis as practised in South Australia). The focus of this briefing note, however, is material tools, in the form of worksheets, grids or standards that can help various partners and the health sector draw relationships between the subject under discussion (the policy, program or project external to the health sector) and the health of the population.
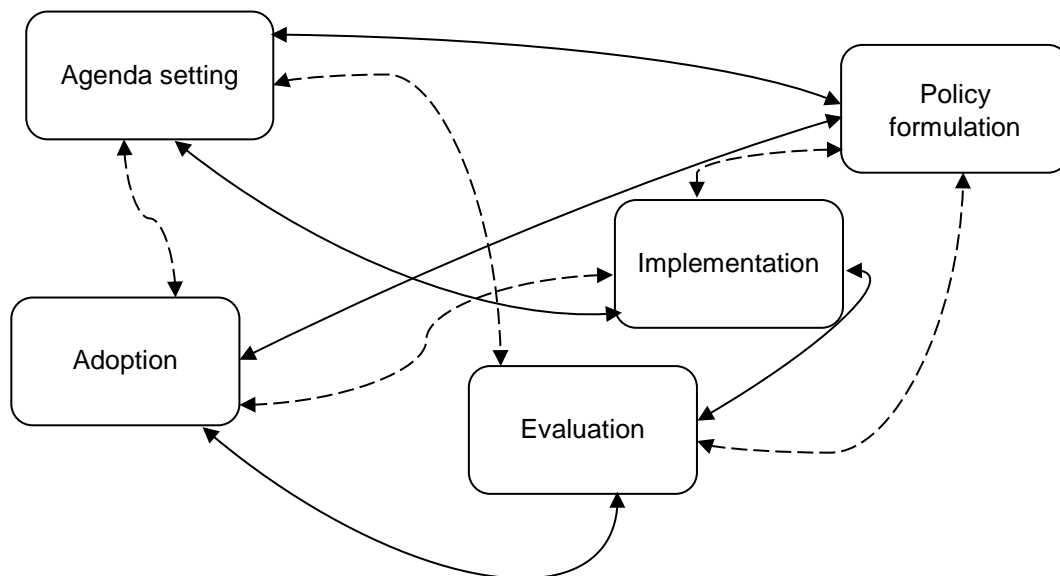

Figure 1   Stages in policy making
Adapted from Howlett & Ramesh, 2003

The tools described in this briefing note meet the criteria, listed below, that are considered important to facilitating a common understanding between the scientific universe and that of decision making (Gieryn, 1983). Tools meeting these criteria are evidence-based and aim to contextualize, to the extent possible, scientific information about population health to facilitate its use in a real situation. They are designed to be understandable to and usable by sectors other than that of health. They avoid jargon as well as the obligation to have recourse to cutting-edge expertise. In addition, they can be used without undermining achievement of the objectives of other sectors, which is one of the important values of the HiAP approach (Krech & Buckett, 2010).

Brief description of the tools analyzed

RAPID HIA

HIA is the mechanism most frequently cited among the tools promoting the systematic integration of health issues in sectoral policies (European Union, 2007; World Health Organization [WHO] and the Government of South Australia, 2010). The effectiveness of influencing decisions through the practice of HIA has been repeatedly illustrated (Dannenberg, 2016) and, conducted on a regular basis, it can lead to lasting changes in the decision-making system (Bhatia & Corburn, 2011). Standard HIA, however, is often viewed as an approach that is too cumbersome to be used systematically during the decision-making process. Therefore, some actors have opted for rapid HIA, sometimes referred to as desktop impact assessment. This is a streamlined version of the standard HIA that allows a summary analysis to be conducted with the help of two complementary tools used in the initial stages of an HIA.[2] These are the screening grid and the causal pathway diagram.

A typical screening grid consists of a list of health determinants (physical, social and economic) and of the various population subgroups that might be affected by a proposal (for a policy, program or project). In reviewing the elements included in the

screening grid, users must consider the possibility that a determinant might be affected (positively or negatively) by the proposal and, if so, estimate the degree of significance of the expected change. For each likely effect, it should then be determined whether the impact on any of the population groups affected by the proposal will be particularly great. Screening grids are developed based on existing knowledge about the factors that influence health. In general, they are conceptually easy for users to comprehend since they refer to living conditions familiar to all types of actors. To function effectively as a boundary object[3], a grid must invite discussion among all stakeholders, including decision makers, health sector actors and citizen groups, at least in theory. When they take place, such discussions serve not only to establish a diagnosis, but also to elicit consensus about which aspects of the proposal it is most important to review or modify to avoid negative consequences for health and equity. Screening grids are sometimes complemented by the development of a causal pathway diagram. This type of diagram visually depicts the relationships between a project and the health of the population, by tracing links to direct and indirect determinants. Its heuristic function is to foster understanding of the relationship between a sectoral project and the social determinants of health as well as of the links between a given sector and population health.

> To see models of screening grids and causal pathway diagrams, go to:
> http://www.ncchpp.ca/133/publications.ccnpps?id_article=1215

As with other impact assessment tools, rapid HIA tools are used at a specific point in the policy development cycle, either during formulation, which follows the government agenda-setting stage and precedes the final decision and implementation.[4] Consequently, the opportunity to integrate health concerns that were not predicted at the outset is limited. Moreover, in the absence of a detailed analysis, it is more difficult to get a clear idea of the potential impacts of a proposal on the determinants of health and to establish the required follow-up

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[2] For a complete description of the steps in a standard HIA, please refer to the following address:
http://www.ncchpp.ca/133/Publications.ccnpps?id_article=250

[3] Boundary objects refer to theories or things that are held in common and shared by different disciplinary communities, and that help the intersectoral work (Gieryn, 1983).

[4] For an illustration of the stages in the policy development cycle, please refer to the following address:
http://www.ncchpp.ca/docs/ModeleEtapesPolPubliques_EN.pdf

indicators. However, in some situations the awareness raised by discussions about determinants and at-risk groups suffices to modify the proposal being considered such that its effect on population health is improved. In addition to its ease of use, the advantage of rapid HIA is it combines flexibility with a holistic approach to health, which allows it to be applied to any type of project or policy, of either a social or a physical nature, and to all levels of decision making. Therefore, this tool is intended to be used by public health actors to inform decision makers from all government sectors including local governments.

THE HEALTH MATRIX

> To view the Swedish Health Matrix, go to:
> http://www.who.int/hia/about/en/HIA_sweden.pdf

The Health Matrix is one of the tools available to municipal decision makers in Sweden to help them consider the impacts of their decisions on the health of the population. It belongs to a set of three tools supporting varied and progressive levels of analysis which, when combined, form the framework of a process similar to that of rapid HIA. The advantage of a portfolio of tools like the one provided to local decision makers by the Swedish Association of Local Authorities and Regions is that it offers a range of tools for integrating health concerns into decision making based on the resources and time available. Thus, even when time is limited, it is always possible to incorporate concern for health issues, even if minimally.

In Sweden, the Health Matrix is one among a set of three tools. It is positioned between the tool entitled The Health Question, which briefly outlines the questions that policy makers should consider at the beginning of each new project, and the tool entitled Health Impact Analysis, which is used after the first two if the nature and scope of the potential effects require this and the resources needed to complete the analysis are available. The Health Matrix is the tool most used by local decision makers (Swedish National Institute of Public Health, 2005). It consists of a grid with eight broad categories of health determinants for which users consider the possible impacts in the short term and the long term for population sub-groups as well as for the entire population. The broad categories considered are mainly social determinants of health. They are as follows:

- Democracy / opportunity to exercise influence / equality;
- Financial security;
- Employment / meaningful pursuits / education;
- Social network;
- Access to health care and welfare services;
- Belief in the future / life goals and meaning;
- Physical environment;
- Living habits.

The advantage of the matrix is that it is easy to use and it introduces concepts that are broad enough to stimulate discussion surrounding major societal objectives about which both the health sector and other sectors are concerned. Participants can then agree on joint efforts to implement to support the development of municipal policy such that it fulfills, to the extent possible, these major societal objectives, which in fact correspond to the structural determinants of health that are key to social equity. This tool is intended to be used by decision makers themselves as early as possible in the project-development process, so as to align new projects with population health from the beginning.

HEALTHY DEVELOPMENT MEASUREMENT TOOL

> For an example of the Healthy Development Measurement Tool, go to:
> http://www.denverhousing.org/development/Marip osa/Documents/Healthy%20Development%20Me asurement%20Tool%20Report.pdf

This tool was developed by the San Francisco Department of Public Health in 2007 with the aim of integrating concern for health issues into urban development projects. The purpose of this tool is to provide project planners, public health actors and the general public with the opportunity to analyze a proposed project with reference to healthy community goals, while taking into account the health context in the community where the project will be implemented. The tool is structured around six major objectives considered essential for a healthy community. For each of these, indicators have been established based on the situation prevailing in the community. The six major objectives are:

- Environmental stewardship;
- Sustainable and safe transportation;
- Social cohesion;

- Public infrastructure / access to goods and services;
- Adequate and healthy housing;
- Healthy economy.

For each healthy community development objective, examples of evidence-based policies or strategies are proposed, allowing developers and stakeholders to quickly find alternate solutions (Farhang et al., 2008).

This is, therefore, a quite complete tool, incorporating both a global vision and healthy community indicators, a basic assessment of the actual situation with respect to these indicators, and proposals for evidence-based alternatives. However, it requires a significant investment on the part of the health sector to establish the initial profile of the population and its needs with respect to these broad objectives, and to ensure this information is updated for future use. Although this tool was designed to be applied to projects at an advanced stage of development, as was rapid HIA, it is possible to use it as a support tool for the planning of major development projects, as was done in the United States for the post-hurricane reconstruction of a city neighbourhood in Texas (Nolen et al., 2010).

HEALTHY DEVELOPMENT CHECKLIST

To view the Health Checklist, go to:
http://www.sfindicatorproject.org/resources/development_checklist

The Healthy Development Checklist is an extension of the Healthy Development Measurement Tool. It was developed as a memory aid and to facilitate the rapid identification of links between an urban development project and the health of the community in which it is to be implemented. The checklist is intended to allow decision makers to judge the relevance of proposed urban projects with respect to the community's health and well-being. It covers the broad categories of healthy community objectives, detailing the elements they comprise.

HEALTH BACKGROUND STUDY (HBS) FRAMEWORK

To view the terms of reference of the HBS, go to:
http://www.peelregion.ca/health/resources/healthbydesign/pdf/HBS-framework-3-reference.pdf

The Health Background Study Framework and its Healthy Development Index (HDI) were developed in Canada within the context of the CLASP[5] project (The Planning Parntership, 2011). The HDI tool is intended to help municipal decision makers analyze the potential health effects of proposals submitted by promoters of urban development projects (Moloughney et al., 2015). It is structured around seven central elements of the built environment for which there exists evidence-based information concerning their links to health. These elements are:

- Density;
- Service proximity;
- Land use mix;
- Street connectivity;
- Road network and sidewalk characteristics;
- Parking;
- Aesthetics and human scale.

For each of these elements, measurable indicators are proposed and current standards are communicated (see Denver Housing Authority, 2010). These are derived from best practices guidelines and were established through a consensus reached between the health sector and partners in the built environment sector (Mouloughney et al., 2005). Ideally, it is hoped that these health-related standards will be integrated into the project approval forms of municipalities.

The advantage of this tool is that it combines in a single document all the standards and recommendations that the competent authorities have deemed appropriate for a quality built environment. These quality criteria are presented in language familiar to the intended users, which include urban planners, urban engineers, developers and municipal decision makers. Moreover, the reference document for this tool provides further information demonstrating the links between health and the elements of the HBS (The Planning

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[5] Coalitions Linking Action and Science for Prevention (CLASP) project, an initiative of the Canadian Partnership Against Cancer (CPAC). (*Connaissances et actions liées pour une meilleure prévention (COALITION), une initiative du Partenariat canadien contre le cancer (PCCC)*.)

Partnership, 2011). Although exclusively focused on the physical determinants of health, and thus set apart from the holistic perspective espoused by the HiAP approach, this tool can easily be incorporated into the project approval process by municipal decision makers.

HEALTH ECONOMIC ASSESSMENT TOOL (HEAT)

To access the Health Economic Assessment Tool online, go to:
http://www.euro.who.int/__data/assets/pdf_file/0010/352963/Heat.pdf

This tool is designed to estimate potential savings in terms of mortality reduction. It is mainly used to evaluate the economic gains resulting from the inclusion of measures promoting active travel like walking and cycling (Kahlmeier, Racioppi, Cavill, Rutter, & Oja, 2010). This easy-to-use calculation tool was developed by the WHO Regional Office for Europe and its partners, and is available online. It is made up of 16 questions distributed among five successive steps. For each, elements of information are provided based on the user's responses. The WHO's 2013 assessment of its use (WHO Regional Office for Europe, 2013) demonstrated its usefulness as well as its acceptability to decision makers. This tool aims to integrate concern for active transportation into urban development planning by formulating an economic argument. This type of argument often gains the ear of decision makers and it aligns well with the search for a win-win situation for both the health sector and the urban-planning sector.

Health Lens Analysis: An inspiring example

To access a health lens example, go to:

A Health Lens Analysis across the South Australian Government's Seven Strategic Priorities :
https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/a+health+lens+analysis+across+the+south+australian+governments+seven+strategic+priorities

The most well-known application of a health lens is its ongoing use by the Government of South Australia. In this context, health lens analysis refers to a comprehensive, five-phase approach adopted by senior government authorities and piloted by the public health sector with the aim of enhancing policies and programs addressing priorities on the government agenda (Delany et al., 2014). Several tools can be mobilized in the context of this process, which begins very early in the sectoral policy development process, in fact at the very beginning. The tools are used primarily to develop a common understanding of the objectives pursued by the sector concerned and to establish the potential contribution of the health sector to the achievement of these, while identifying links to the determinants of health (Delany et al., 2014). This approach takes time, as it depends on the development of sustainable partnerships between the health sector and other sectors.

Although this initiative does not rely on a specific tool that can be described in the context of this briefing note, it is interesting to mention here because it corresponds perfectly to the ideal posited by the HiAP approach. It is included among the government's strategic objectives and allows for a basic transformation of the policy development process, by integrating health issues into decisions that lead to structural changes (Lawless et al., 2012).

Table 1   **Comparison table showing the five support tools for integrating health into sectoral policies and projects, and including the health lens approach**

Tools / Characteristics	Rapid HIA	Health Matrix	Healthy Development Measure	Health Background Study	Economic Assessment	Health Lens
Agenda setting			X	X	X	X
Policy formulation	X	X	X	X	X	X
Implementation			X		X	
Addresses all the determinants	X	X	X			x
Field of application	All	All	Urban development	Urban development	Active transportation	All
Ease of use	X	X		X		n/a
Primary users	Health sector	Decision makers	Health sector	Decision makers, promoters	Experts	Health sector
Target audience	Policy makers and decision makers of all governmental sectors	Local decision makers	Planners, local decision makers, population	Health promoters	Planners, local decision makers	Policy makers of all governmental sectors

Conclusion

The intent of this briefing note is to introduce some tools developed in recent years to facilitate the integration of health issues into the decision-making processes of sectors whose primary concern is not population health. It is not the product of a comprehensive review of the various support instruments for health-related decision making, but rather a review of tools associated with the HiAP approach that have been the subject of publications. Most of them are aimed at the municipal decision-making level and are mainly intended for use in urban areas.

The scope of the health determinants considered by each of these tools varies. Some, such as rapid HIA, the Health Matrix and the health lens approach, are more holistic and apply to all types of policies. Thus, they are perfectly aligned with the spirit of HiAP insofar as they make it possible to examine the structural determinants of health affecting health equity. Others were designed to support a particular focus, such as the practice of physical activity or sustainable transportation, or for specific areas of action, such as urban development, an area where the concept of the built environment is increasingly gaining the attention of public health actors.

However, their common characteristic is their focus on the determinants of health rather than on specific health issues. The determinants approach is more likely to bring about sustainable change in the way public policies are analyzed, through the internalization of health concepts in the decision-making system (Peters, Harting, Van Oers, Schuit, De Vries, & Stronks, 2014), whereas the attention focused on a particular health topic can vary over time, depending on government preferences and priorities.

We have sought to present tools that are easy to use, and are most likely to be incorporated in the decisional processes of the typical administrative framework, where recourse to experts is not required (Sheate et al., 2001). In the long term, one could say that their goal is to become obsolete and useless, which would reflect a real change in governance processes in favour of health.

Finally, it is important to remember that decision support tools are not an end in themselves. They are part of a process characterized by a firm commitment to take health issues into account in government decisions and, as such, they assist in the concrete realization of this goal. In addition to fulfilling this role, they can also serve as a vector for the development of a shared understanding among stakeholders, along with common goals and values. This is an important function because policy decisions are not based solely on scientific knowledge but also on the values and interests of the parties involved.

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Appendix   Some general guides on implementing the HiAP approach

The topic of Health in All Policies has given rise to a few practice guides that cover more broadly the use of a tool promoting the systematic consideration of health issues in government decision-making processes. The following five guides provide additional information, in particular about the contexts in which the proposed tools can be used.

ChangeLab Solutions. (2015). *From Start to Finish. How to Permanently Improve Government Through Health in All Policies.* Oakland, CA. Available online at:
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