

Health *for All Policies*



Working together for Health
and Well-being



Authors

This final report of Crossing Bridges (2011-2012) was written by Ingrid Stegeman, Yoline Kuipers and Caroline Costongs from EuroHealthNet, on behalf and with the input of the Crossing Bridges project partners. We would like to thank all those who contributed examples and their experiences to the Crossing Bridges Focus Area Group work and to the development of the Capacity Building Trainings, who are listed in the relevant publications reflecting the outcomes of this work. All Crossing Bridges publications are available on www.health-inequalities.eu.

Crossing Bridges

This publication presents outcomes of the Crossing Bridges project (Jan 2011 –June 2012). Crossing Bridges is an EU co-funded initiative that aims to address the question of how the health sector could work more closely with other sectors to ensure that their policies and actions contribute to improved health and well-being. The initiative brought together 16 organisations from 13 EU countries. Crossing Bridges partners identified examples of collaboration between the health and other sectors (Education, Urban Planning and Transport, Agriculture) and analysed these to draw learning about effective processes of cross-sectoral collaboration for health. In addition, a framework for a capacity building training workshop “Achieving a Win-Win for Health and Health Equity” was developed and delivered to trainers in participating countries, who adapted the module to their national settings and delivered it to public health professionals in their countries. Further information on Crossing Bridges and its outcomes are available on www.health-inequalities.eu

EuroHealthNet

EuroHealthNet coordinated the work of the Crossing Bridges project. EuroHealthNet is a not for profit network of organisations, agencies and statutory bodies working to promote health and equity by addressing the factors that determine health directly or indirectly. EuroHealthNet offers advice and information for policy makers, promotes good practices and innovations, and seeks to practice ethical and sustainable methods to achieve the aims and objectives set by its members and partners. For further information please visit www.eurohealthnet.eu.

Project Partners

The following organisations were involved in the Crossing Bridges project:

Austria – **Gesundheit Österreich GmbH (GÖG)**

Belgium – **Flemish Institute for Health Promotion and Disease Prevention (VIGeZ)**

Czech Republic – **National Institute of Public Health (SZU)**

England – **NHS Sefton**

Germany – **Federal Centre for Health Education (BZgA)**

Greece – **Institute of Preventive Medicine, Environmental & Occupational Health (PROLEPSIS)**

Hungary – **National Institute for Health Development (OEFI)**

Ireland – **Institute of Public Health in Ireland (IPH)**

Italy – **Verona University Hospital (Azienda Ospedaliera Universitaria Integrata Verona)**

Netherlands – **Netherlands Institute for Health Promotion (NIGZ)**

Netherlands – **National Institute for Public Health and the Environment (RIVM)**

Poland – **National Institute of Public Health - National Institute of Hygiene (NIPH-NIH)**

Slovenia – **National Institute of Public Health (NIPH-IVZ)**

Wales – **Public Health Wales (PHW)**

International Union for Health Promotion and Education (IUHPE)

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I. Rationale

Health promotion and disease prevention to reduce the incidence and prevalence of people suffering from illness and disease is key to sustaining health systems and improving quality of life in the EU. Effective health promotion and disease prevention cannot be achieved simply through clever campaigns to encourage people to adopt healthier behaviours and lifestyles. It is for example difficult to respond to messages to eat more fresh fruits and vegetables and to exercise when heavily processed foods are, in many areas, less expensive and easier to obtain, or when urban environments are crowded, unsafe and polluted.

It is becoming increasingly clear to the public health community that: 1) health is not only the responsibility of the citizen, but also of society as a whole, and 2) that health cannot be dealt with by the health sector alone, since policies in many sectors have an impact on health. This requires a radical reorientation in approaches to ensuring good and equitable population health and well-being, which engages a wide range of sectors and actors in this objective. Modern conceptions of policy development involving horizontal leadership and pan-governmental approaches, or a so called joint-up government, mean that governments must establish the structures that hold sectors accountable to achieving over-riding national goals, including those relating to health, well-being and quality of life outcomes. Public health and health promotion professionals must in turn work more closely with other sectors to ensure that health considerations are taken into account and addressed in relevant policy making processes and initiatives and engage more with other sectors to achieve improved health outcomes.

This is not simply an issue of joint responsibility – everyone benefits from good health, as it improves workforce productivity, increases capacity to learn, strengthens families and communities, supports sustainable habitats and environments and contributes to security, poverty reduction and social security.¹ In the words of Martin Seychell, Deputy Director of the EU Directorate General Health and Consumer Affairs: *“All countries should have a growth agenda in which health has a central role.”*²

The idea of working together for health and well-being is not new. It is one that has been around since the 1970's, in the form of the concepts of 'inter-sectoral-action for health', 'Healthy Public Policy', and 'Health in All Policies' (HiAP). Recently, the work of the WHO Commission on the Social Determinants of health (CSDH) has given strong impetus to these concepts. Yet, while they are not new, these concepts are still not being translated into action in a systematic way. This is because while there is broad consensus around the need for this approach, there is still uncertainty amongst public health professionals on *how* to achieve this.

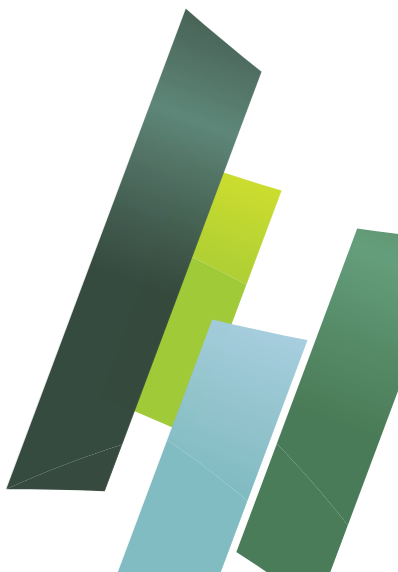
¹ Adelaide Statement on Health in All Policies. Geneva, World Health Organization, 2010 (www.who.int/social_determinants/en/, accessed 6 June 2012)

² Martin Seychell at Crossing Bridges Final Conference “Working Together for Health and Well Being”. Brussels, May 29, 2012

Taking action on concepts like HiAP means that public health and health promotion professionals must step out of their 'silo view' of health and examine the more general policy context in view of potential implications for health determinants.³ They must become more specialized in persuading, negotiating and working with other sectors to achieve better outcomes for health.

Analysis of Crossing Bridges outcomes reflects that there is no over-riding approach or methodology that public health practitioners can take to achieve this. The following however identifies some broad strategies and key factors or entry points to engaging with other sectors, illustrated by examples that emerged from Crossing Bridges work on how public health professionals can engage with other sectors to improve health outcomes. This information emerged from an analysis of Crossing Bridges outcomes, including the three Crossing Bridges Focus Area Group reports on Transport, Planning and Health, the EU School Fruit Scheme and Education and Health, as well as the report on the Crossing Bridges Capacity Building Training Module. These reports and additional related resources are available on www.health-inequalities.eu.

³ Ollila, E. Health in All Policies: From rhetoric to action. Scand J Public Health 2011 39:11



II. Strategies and Approaches

The examples of cross-sectoral initiatives to improve health that were identified by the Crossing Bridges project can be categorized according to the following four types of strategies, identified by *Sitho et al.*⁴

1. **Health Strategy**
2. **Win-win Strategy**
3. **Cooperation Strategy**
4. **Damage Limitation Strategy**

While there can be overlapping elements amongst these strategies, they help to illustrate that health professionals can have varying objectives and take different approaches when it comes to engaging with other sectors to improve health outcomes. Further information on the initiatives included in this report can be found in the Good Practice Database of the Health Inequalities Portal www.health-inequalities.eu

1. Health Strategy

The health sector may seek to gain the support of other sectors to ensure that policies and measures beyond the scope of health contribute to the achievement of specific health-related goals. The WHO for example applied the 'health strategy' when working with governments and the tobacco industry to achieve their goal of reducing levels of tobacco consumption-related disease. There are many other examples where the health strategy has been employed:

Guadagnare Salute ("Gaining Health" – making healthy choices easy), Italy



The National program "*Guadagnare salute*" aims to prevent and change unhealthy behaviour as the main risk factors for major non-communicable diseases (e.g. cardiovascular diseases, cancer, diabetes and mental health problems)

which have the highest epidemiological relevance and strongest impact on public health. The project aims amongst other things to: 1) develop efficient and sustainable initiatives to combat sedentary lifestyles that can be adopted by different social actors; 2) identify simple ways and techniques to modify the environment by involving local administrations in efforts to facilitate healthier choices; 3) implement information campaigns that create a cultural climate to adopt healthy lifestyles and that provide citizens with the instruments they need to make healthy choices.

⁴ Sihto, M. Ollila, E. and Koivusalo, M (2006). "Principles and challenges of Health in All Policies" in Stahl, T., Wismar, M., Illila, E., Lahtinen, E. and Leppo, K. Health in All Policies: Prospects and potentials. Ministry of Social Affairs and Health, Finland.

In terms of specific actions "*Guadagnare salute*" focuses on reducing harmful behaviours related to smoking, alcohol abuse, physical activity and diet. This requires collaboration with various relevant Ministries (Health; Agricultural, Food and Forestry Policies; Family; Education; Economy and Finance; Transportation; Economic Development; Youth Policies and Sports Activities; University and Research) as well as with business associations representing producers and distributors (e.g. Bakers Associations for salt reduction), Public Service Operators (e.g. the State Railway for the no smoking policy in train stations) and other relevant parties. Taking effective action means working together in a coordinated way with other relevant sectors.

Integrated Educational pack on Prevention of AIDS and STIs in secondary schools, Italy



Another regional initiative from Italy that engages other sectors in efforts to improve health and wellbeing is one that aims to prevent AIDS and STIs among secondary school students. The overall objective of the project is to reduce the incidence of HIV and STIs among school-going adolescents (14-18) by providing a targeted education programme that addresses risk perception. The project is currently being adapted to integrate a new training module to include an in-depth understanding of anatomy, physiology, sexual and emotional life. The training module entitled "The Integrated Educational Package" consists of two meetings conducted by specifically trained health professionals (psychologists, GPs or trained nurses). It uses interactive communication and information tools to improve knowledge about sexual and reproductive health, to reduce stereotypes and prejudice, to increase assertiveness and to better understand prevention options. The project was developed by the Veneto Regional Department of Prevention and implemented in partnership with the Local Health Trusts and with the secondary school administrations involved in the project.

2. Win-win Strategy

The aim of the win-win strategy is to engage other sectors in initiatives that benefit all parties involved, e.g. health promotion programmes in schools or environmental programmes to reduce pollution:

Food Dudes: A primary education initiative to promote healthy eating, Ireland

Food Dudes is a win-win programme being implemented in Ireland that represents a collaboration between health and education to promote sustained healthy diets and a healthy eating culture in young children in school to address obesity throughout the life course. The EU Commission provides

50% of the funding, the fresh produce industry provides 30%, and the Department of Agriculture and Food provide the remaining balance of 20% of the funding. The programme is managed by Bord Bia – the national food board. It provides fruit and vegetables to clustered schools over a short intensive period, which is supplemented by cartoon figures promoting nutritionally beneficial options. Children are rewarded for fruit and vegetable consumption, and the programme is extended by encouraging children to bring their own fruit and vegetables to school every day in Food Dudes containers. This preferred behaviour is monitored and encouraged through wall charts, certificates and further rewards.

Healthy eating can also be incorporated into other areas of the primary curriculum alongside this programme. National roll-out began in March 2007 and Food Dudes is now serving approximately 1,400 schools. Early evaluations were positive and national evaluations are ongoing. In 2006 Ireland's Food Dudes programme won a WHO award for best practice at a European Ministerial Conference on Counteracting Obesity.

National Center on Early Prevention, Germany

This nationwide programme in Germany aims to protect children against neglect and abuse by improving parenting skills while at the same time promoting children's health. The programme targets all parents-to-be and parents with small children but is focused in particular at children in troubled families living in adverse social settings. It was initiated by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, and represents a collaboration amongst pregnancy and parenting advisory services, women's support services, child and youth services and health services. All of these parties 'win' by engaging in effective programme to reduce child neglect and abuse in Germany. The cooperation of the health sector in this programme is considered to be of utmost importance since it allows access to families at risk.

10.000 Steps: Health Promotion, Sports for all, Sustainability and Tourism, Belgium

'10.000 steps' is a campaign initiated by health promotion actors in Flanders that gained the interest of many other stakeholders soon after its launch. Various cities and municipalities have introduced small signposts within the living environment of their inhabitants, indicating the number of steps it would take to, for example, walk from the park to the library, or from the station to the city hall. Pedometers are being distributed by the local governments and regional health networks ("Logo's"), to encourage people to walk 10.000 steps every day and to be more physically active.

Besides the health sector, others, such as the sports, sustainable mobility and tourism sectors, are now involved in this campaign. '10.000 steps' provides the sports sector with the opportunity to increase sports participation (which is one of the objectives of the Flemish "Sports for All" policy), and it is a 'win-win' for the tourism sector as various walking tours have been developed that cross local hotspots and other places of interest. As a next step, companies will be approached to encourage their involvement in this campaign to promote healthy lifestyles among their employees.

3. Cooperation Strategy

The health sector can also aim to establish long term, systematic and cooperative relationships with other sectors to help them achieve their goals. By applying a 'cooperation strategy', they position themselves to provide health-related expertise to ensure that the goals of other sectors are achieved in ways that also contribute to health and well-being.

M@ZL project, the Netherlands

In the M@ZL project, which is being implemented in 12 schools in the city of Breda, the Netherlands, secondary school boards and municipal education services work in cooperation with health services to reduce early school leaving. The reasons for excused absences from school are often medical, while infrequent school attendance is often associated with early school leaving. The health sector contributes to the goal of reducing school related absence and preventing early school leaving, thereby optimizing youths' future chances. Under the project, when a pupil misses a significant number of schooldays, s/he must have a compulsory consultation with a physician. Should the pupil fail to show up for the consultation, the school attendance officer can undertake further action. The school attendance officer provides the legal framework that enables the physician to intervene and to provide support and advice to the pupil, the parents and the school, to avoid early school leaving. The initiative is being evaluated by the Universities of Maastricht and Tilburg.

4. Damage Limitation Strategy

Under this strategy, the health sector identifies the negative effects of policies and measures that are being taken by other sectors and undertakes actions to mitigate these. This strategy represents one of the most frequent ways that the public health sector traditionally works with other sectors to improve population health outcomes.

Cycling Masterplan, Austria

The Cycling Masterplan is a national strategy being led by the Ministry for Environment in Austria to promote cycling as a means of transport. The strategy was established in 2006 and includes seven areas of action (Cooperation between stakeholders; improvement of cycling infrastructure; cycling friendly transport organisation; mobility management; intermodal networking; awareness raising and transport education; and general cycling-friendly environment) with 17 measures. Initial monitoring and evaluation of the strategy was focused mainly on infrastructure impacts but new measures for 2011 -2015 include the increase in cycling as a health promotion activity. Initial development and implementation of the strategy did not engage other sectors since there was a fear that consultation would act as a barrier to effective implementation. However, in its further development, and particularly in reviewing the evaluation, other sectors including health were engaged, enabling them to draw attention and help mitigate the adverse effects on health due to air pollution (inhaled on bike) and accidents.

National Cycling Strategy, Czech Republic

In the Czech Republic, the Minister of Health initiated ratification of a Charter on transport, environment and health that was launched in London in June 1999. This led to the development of the National Cycling Strategy under responsibility of the Ministry of Transport as part of the National Transport Strategy 2005-2013. Nowadays it is supported by the government in its official programme priorities. The strategy is national with implementation at regional and local level co-financed through the EU Structural Funds (regional operational programmes and programmes of cross border collaboration).

III. Language

As evident from the different strategies outlined above, engaging with other sectors to improve public health does not necessarily mean that health should become a predominant concern in their policy objectives. In some cases the preferred strategy would be a “laissez faire” approach where good health promoting actions are already taken without any involvement from the health sector.

Language is an important issue in efforts to engage with other sectors. The term ‘Health in All Policies’ can be off-putting, since it implies an ‘imperialist’ attitude and approach, in which health sector considerations prevail. A subtle but significant change in language, from ‘HiAP’ to ‘Health for All Policies’ (HfAP) would reflect that the health sector is not commanding other sectors to include health. While other sectors should take into consideration their potential health effects, the term ‘Health for All Policies’ suggests that they are likely to benefit from doing so and from engaging with health, as this can strengthen the outcomes of their policies and measures. It is up to the health sector to understand the agendas, perspectives and approaches of other sectors, so that they can make the case for this.

In addition, since the scope of ‘health’ is often interpreted as being bio-medical and understood as ‘health-care’, it may be difficult for public health professionals to engage with other sectors by stressing this term. It may be more effective to emphasise concepts like ‘well-being’, ‘quality-of-life’ or ‘sustainable development’.

Health sector engagement in Vienna’s Urban Development Plan, Austria

The political tradition in Vienna is strongly sectoral. The health sector was therefore initially not included in the development of the Urban Development Plan Step05 (see below), since the initial designers were concerned that including specific health indicators would encroach on the territory of health. The health sector however eventually became involved as they demonstrated that they could contribute to the underlying ethos of the plan, which was to improve ‘quality of life’ and ‘wellbeing’ in the city. Explicitly formulated health indicators were not included in the plan.

IV. Entry Points

The interrelated factors outlined in Figure 1 below, which are relevant across different context, emerged in Crossing Bridges outcomes as being key to achieving the objectives of concepts like ‘Health for All Policies’.

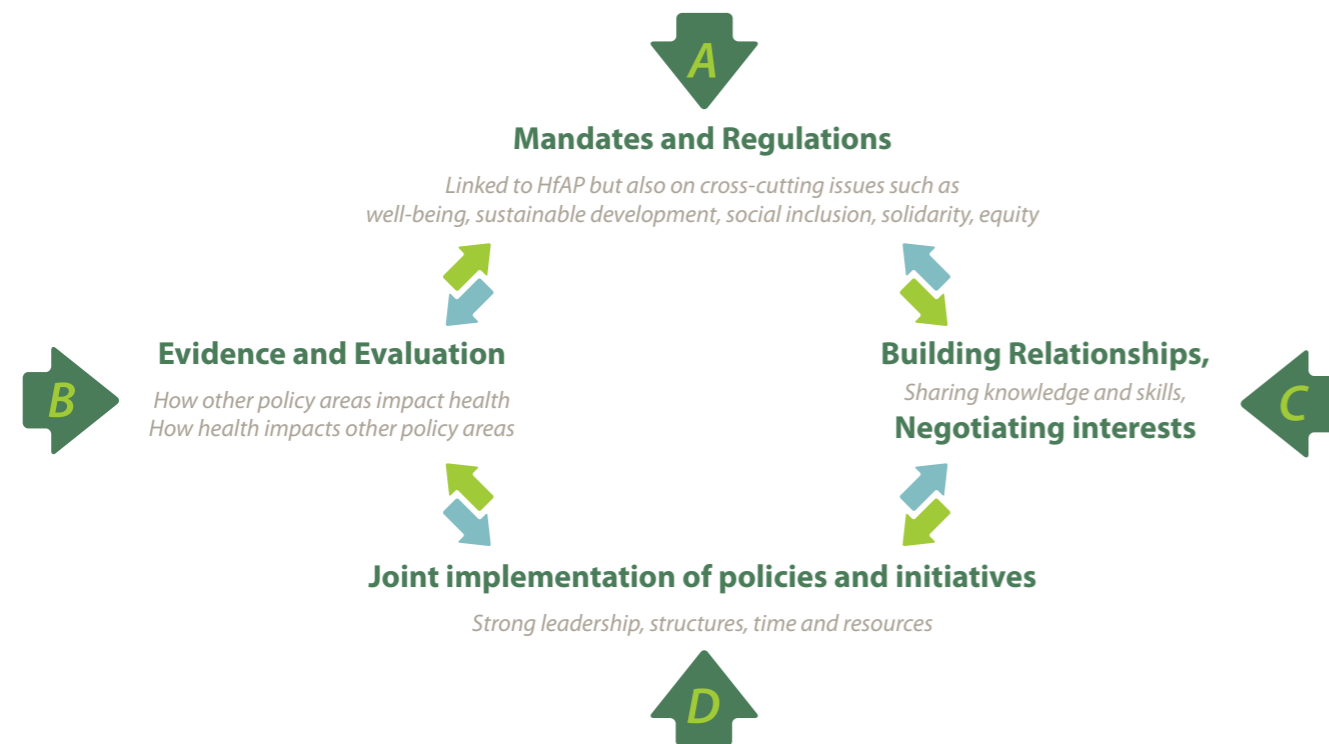


Figure 1: Four interrelated key elements that need to be in place to facilitate and ensure successful cross-sectoral collaborations

Crossing Bridges outcomes have confirmed that developing a systematic approach to engaging others for health is facilitated by strong leadership at government and organisational level in terms of relevant mandates and regulations. It also depends on well informed, committed people that champion the approach and on professionals with good communication, negotiation and relationship building skills as well as strong management skills, who can steer cross-sectoral processes and build trust and competencies amongst the actors involved. All of this depends on a strong evidence base, which must be employed to raise awareness of how health benefit other sectors as well as of how other sectors’ impact on health and to hold them accountable.

A Mandates and Regulations

Strong leadership at government and organisational level in terms of relevant mandates and regulations greatly facilitates efforts to work across sectors in practice. Leadership, mandates and regulations to encourage sectors to work together to achieve common goals can for example come from the **highest levels of government**.

One Wales: Connecting the Nation, Wales

‘One Wales’ refers to the approach by the coalition government in Wales that all policy areas are interconnected and that they are all responsible for achieving the government’s aims and overriding objectives.

‘One Wales: Connecting the Nation’ (2008) is the transport strategy for Wales. The strategy is explicit in identifying the links between transport and health, both in relation to healthcare and in its broader context as a contributor to wellbeing. At the same time the strategy describes the ways in which it can contribute to ensuring equity. The target population is the people of Wales and the stated aim is “to enable the Welsh Government, working in partnership with local government and other stakeholders, to maximise the positive role of transport in shaping 21st century Wales.” The policy links decisions on the location of housing, education, health and social care services, employment, retailing and planning with the impacts they will have on the way people travel.

Resolution No. 49 and the National Health Programme, Poland

In Poland, the Council of Ministers passed Resolution No. 49 (March 2002), requiring every kind of legislation (e.g. new acts, changes in law) to be assessed in terms of their potential socio-economic impact. This is done through cross-ministerial discussions as well as consultations with relevant research bodies.

In addition, the Polish National Health Programme 2007-2015 (Resolution of the Council of Ministers No. 90/2007), which is an integral part of the Healthcare Development Strategy, aims “to improve the health and related quality of life of the population and reduce health inequalities by: promoting a healthy lifestyle, creating a work and learning environment conducive to health, activating local government bodies and non-governmental organisations to take joint actions for health.” This provides the Ministry of Health with a mandate to influence activities in other sectors that may impact on health and to integrate health policies across all sectors. Many representatives, such as the Chancellery of the Prime Minister and the Ministries of Agriculture, Culture, Finance, Social Policy, Education, Environment, Construction and Transport are involved.

Leadership, mandates and regulations can also come in the form of government programmes that aim to achieve **specific but cross-sectoral objectives** such as poverty reduction, social inclusion or sustainable development that require and therefore provide opportunities for collaboration across sectors.

Opportunities generated through strong leadership, mandates and regulations can also be available at the municipal or city level. It is important for public health practitioners to seize these opportunities for involvement.

Urban Development Plan Step05 – Vienna, Austria

The Urban Development Plan STEP 05 was drawn up in 2002 by the Municipal Department for Urban Development and Planning in Vienna. It is an ongoing instrument of general, forward looking urban planning, following the principles of sustainability, participation, gender mainstreaming and diversity. STEP 05 was developed in cross-sectoral cooperation with other relevant municipal departments. It also included working groups for housing, green space, employment, social affairs, culture & quality of life, as well as health. The ethos underpinning the development of the plan is 'quality of life' and 'wellbeing' and the methodology placed a premium on participatory techniques to ensure optimum public engagement in developing the plan. As a result, many potential positive health impacts were identified relating principally to lifestyle, mobility, housing and social inclusion. Negative health impacts were also identified, as the locations of some businesses were found to reduce quality of life by e.g. leading to greater levels of traffic.

Evidence and Evaluation

Evidence and evaluation are crucial to fuelling the interrelated factors and entry points mentioned above and below that can advance efforts to engage other sectors in health and well-being. All of this depends on a strong evidence base, which must be employed to raise awareness of how other sectors' impact on health and to hold them accountable, and on how health can add value to other sectors' goals.

Impacts of education on health and vice versa

A WHO literature review⁵ of the impacts of health and health behaviours on educational outcomes in high-income countries found that overall, child health status positively affects educational performance and attainment. For example, the reviewed studies turned up evidence that good health in childhood was linked to more years in education, that sickness significantly affected academic success and that sickness before the age of 21 decreased education by on average 1.4 years. Secondly, there appears to be a significant positive relationship between physical exercise

5 Suhrcke M, de Paz Nieves C (2011). The impact of health and health behaviours on educational outcomes in high-income countries: a review of the evidence. Copenhagen, WHO Regional Office for Europe

and academic performance. And obesity and being overweight are negatively associated with educational outcomes. Finally, sleeping disorders, anxiety and depression may impact on educational outcomes.

Evidence on the impact of vegetable intake on obesity and chronic disease

Inadequate fruit and vegetable (F&V) consumption is responsible globally for 31% of ischemic heart disease, 19% of gastrointestinal cancers, 11% of strokes every year and the deaths of 2.7 million people⁶. Although there is currently no long-term causal evidence indicating a link between increased F&V consumption and reduction of BMI⁷, it does seem to have an impact on lowering BMI and decreasing consumption of high-fat and sugar-rich foods^{8,9} through a process of substituting high-calorie ingredients for lower-calorie F&V.

Research indicates that school fruit schemes (SFS) are effective at increasing intake of F&V and knowledge about F&V's nutritional value. A recent review of 30 studies looking at F&V schemes in schools found that some schemes increased F&V intake by as much as 70%, increased long-term (>1 year) F&V intake, and helped reduce dietary inequalities.

The impacts of urban planning on health

Research indicates that school fruit schemes (SFS) are effective at increasing intake of F&V and knowledge about F&V's nutritional value. A recent review of 30 studies looking at F&V schemes in schools found that some schemes increased F&V intake by as much as 70%, increased long-term (>1 year) F&V intake, and helped reduce dietary inequalities¹⁰.

The evidence base supporting the association between Health and Urban Planning is well established. Elements related to Urban Planning such as Pollution, Green/Open Space, Transport, Food, Housing, Community participation and social isolation have been identified as having a significant impact on health¹¹. The WHO report 'Socio-environmentally determined health inequities among children and adolescents' for example applied case studies from around Europe. The report

6 Azagba and Sharaf: Disparities in the frequency of fruit and vegetable consumption by socio-demographic and lifestyle characteristics in Canada. Nutrition Journal 2011 10:118

7 Reicks et al: Associations of Decisional Balance, Processes of Change, and Self-Efficacy with Stages of Change for Increased Fruit and Vegetable Intake among Low-Income, African-American Mothers', Journal of the American Dietetic Association Volume 106, Issue 6, Pages 841-849, June 2006

8 World Health Organization. Diet, Nutrition and the Prevention of Chronic Diseases. Geneva, World Health Organisation. 2003

9 Epstein, J. L. (2001). School, family, and community partnerships: Preparing educators and improving schools. Boulder, CO: Westview Press

10 Joia De Sa, Karen Lock, 2007: School-based fruit and vegetable schemes: A review of the evidence. Department of Public Health and Policy London School of Hygiene and Tropical Medicine

11 Allen, J., Allen, M., Geddes, I., Morrissey, L. (2011). The Marmot Review: Implications for Spatial Planning. London: NICE

focuses particularly on the environmental impacts on childhood accidents and levels of physical activity, and demonstrates substantial and alarming differences resulting from the socio-economic gradient, with children from disadvantaged communities suffering disproportionately more than those from more privileged backgrounds.

Whilst it was once sufficient to stimulate governments or organisations to take action to improve public health on the basis of evidence showing health benefits, in the present climate, the economic case also needs to be well articulated and evidenced. In recent years there have been significant improvements in both the economic evidence base and the tools available to gather such evidence.

Making the economic case

A recent UK report 'Value for Money: An Economic Assessment of Investment in Walking and Cycling' details the health benefit to cost ratios based on both UK and International examples. Amongst the conclusion of the report is "almost all of the studies report economic benefits which are highly significant, with benefit to cost ratios averaging 13:1 (UK and non-UK)."¹²

Negotiating Interests, Building Relationships

While strong mandates and regulations for joined-up policy making and collaborative action greatly facilitate the process of engaging other sectors for health, these opportunities must be seized in practice. This depends upon well informed, committed people that champion the approach and recognize and develop available opportunities through good persuasion, negotiation and relationship building skills.

Emphasis on negotiation skills in Crossing Bridges Capacity Building Programmes

The importance of good communication and negotiation skills as a key element of moving HfAP from theory into practice is apparent in the Crossing Bridges Capacity Building Training Module (see section 8), which places a strong emphasis on the need for public health professionals to develop their skills in these areas. The Module contains exercises that encourage trainees to identify and consider their own communication and influencing styles and how these can be developed to more effectively engage other sectors for health. The National Institute of Public Health in Slovenia developed this segment further in their National Training. In a publication that they prepared on cross-sectoral collaboration for health, resulting in part from Crossing Bridges, they include a chapter on "Negotiation Skills for Reaching Health Goals". The chapter discusses the importance of

¹² Davies A (2010) -Value for Money: An Economic Assessment of Investment in Walking and Cycling. Pub Department of Health: Government Office South West, March 2010.

persuasive communication and provides guidelines and principles on how to engage in successful negotiations. Some of these principles are: preparation –understanding the interests, motives, factual and personal opinions of the other side; distinguishing between the person and the problem; creating a good atmosphere by treating the other person as a partner, not an enemy. The Crossing Bridges Capacity Building Module and the chapter from the Slovenian publication are available on www.health-inequalities.eu

Joint Implementation of Policies and Initiatives

Achieving improved health and well-being through a HfAP approach essentially rests on involvement in and/or the implementation of concrete programmes and initiatives involving various parties. This may require a reformulation of organisational policies and structures, and a reorganisation and reorientation of the workforce (see section 7 on "HfAP friendly organisations").

In addition it requires integrated strategies that have clear and realistic objectives, underpinned by sustained resources and an evaluation process to measure outcomes. Those strategies need to be well coordinated to ensure systematic action, be sensitive to different "modus operandi" in sectors, and be efficient in dealing with a multiplicity of partners and stakeholders. Care must be taken that actions are feasible and planned within appropriate timeframes.

Outcomes of the EU School Fruit Scheme process analysis

The European Union's School Fruit Scheme (EU SFS) is a policy under the Common Agricultural Policy that has an explicit public health goal. European funds are allocated to purchase fresh fruit and vegetables, and to distribute these to school children with the aim of advancing their health and their knowledge of fruits and vegetables. The EU SFS involves three sectors which do not usually work closely together: agriculture, education and health. As such, the EU SFS is a new and mainstreamed example of the Health in All Policies (HiAP) approach, with potential lessons for other HiAP initiatives.

Overall, the outcomes of a Crossing Bridges investigation into the processes of this collaboration reflect that despite the inherent challenges of working with sectors that have different priorities, the EU SFS increased the skills and competences of those involved to work on future cross-sectoral initiatives. The analysis of collaboration processes in the EU School Fruit Scheme indicate that even in the best organisational structures, the 'human factor', which cannot be addressed through laws or regulations, is key to the success of joint-initiatives. It is very important to build good feelings, well-being and to enhance the enthusiasm of all involved. In practical terms this means good

management skills, having enough time to be involved, regular meetings, e-mail and informal communication, networking and developing relationships, but also stimulation and awards. The report on the EC SFS indicates that respondents that were positive about their involvement in the scheme mentioned the importance of time, the need to build trust and common understanding and democratic decision-making structures, and the importance of some element of ownership (and therefore a stake) in its success.

LOGO – Complex Youth Service System, Hungary

The MMIK LOGO Youth Service (LOGO) was established in Hungary's Vas County in 2002 following the analysis of the health situation of young people in the area. It is a multi-faceted low-threshold service that provides primary care-like services and information to young people aged 12-30. It also provides young people with a common space to meet and organise events and to develop themselves through e.g. international youth projects and transnational exchanges. The service was developed by amongst others the local government (city and county), NGOs, youth institutes, student governments and the regional public health services.

The success of the initiative has been attributed to the broad range of stakeholder involved, to good communication at monthly meetings during its development, and to the unique and successful cooperation between local and county governments, despite political differences. Although all parties involved have their own agendas, these are sufficiently addressed, making a collaborative environment feasible; this is credited to the commitment and the capacities of the individuals involved.

V. Useful Tools and Mechanisms

Tools like Health Impact Assessments (HIA), or incorporating elements of HIA, can provide a basis for engaging with other sectors, raising awareness of their actions' impact on health and encouraging them to modify policies and interventions so that don't undermine and where possible even enhance health related outcomes. Such tools are still however only being used sporadically, and there is little or no evidence of their effective application in the field of policy development.

Welsh Government's Policy Impact Assessment process, Wales

The Welsh Government has a policy impact assessment process. It has established a One Wales Policy Gateway Tool that aims to ensure that policies from all sectors deliver not only their own specific objectives, but also contribute to addressing the Welsh Government's broader objectives setting out the One Wales Programme.

Organising, taking part in or collaborating with relevant inter-sectoral committees, coordinators or in action groups is also an important way to collaborate with other sectors for health.

Inter-Ministerial Coordinator for the promotion of bicycle use, France

In France, an inter-ministerial coordinator for the development of bicycle use was created in 2006 by the Prime Minister as a function within the Ministry for Transport, which supports it financially. The coordinator examines, in conjunction with the relevant departments, all issues related to the promotion of bicycle use, such as the organisation of travel, roads, sports, tourism and industrial policy, including sustainable development. The coordinator is called to make proposals in these areas, building on best practices in France and abroad. He/she promotes the dissemination of useful information and good practices among various stakeholders, particularly local authorities.

Local Health and Well-Being board in Blackburn with Darwen, England

In England, municipalities develop Local Strategic Partnerships that include representatives from public, private, voluntary and community sector organisations. For example, the municipality of Blackburn with Darwen developed a Local Strategic Partnership with a Health and Well-Being board.

The role of this board is to promote integration across public health, local government, the local National Health Services and the third sector. They provide an opportunity to join-up local services, create new partnerships with general practitioners, and deliver greater democratic accountability.

Staff with a good understanding and/or experience of working in other sectors can also be a good 'tool' to engage that sector for health. Where possible it is important to encourage professional exchanges and training placements between public health agencies and other policy area institutes to promote knowledge transfer, generate mutual understanding and engender collaborative opportunities. One approach that public health organisations could take is to employ a part-time person that works simultaneously in another sector and who can thereby act as a 'cultural bridge'. A Crossing Bridges Expert Group participant with experience of this however warned that this can be very difficult for the individual concerned, as they risk having a double work-load with potentially conflicting priorities, while being regarded as part-time staffer by colleagues in the two respective sectors.

VI. Action Points and Challenges to Overcome

Crossing Bridges outcomes led to the development of the following action points and challenges that must be addressed and overcome in order to progress a more systematic implementation of 'Health for All Policies' (HfAP):

Language: As mentioned earlier, the language of engagement is very important to success. Rather than expecting other sectors to understand health, the health sector must improve its ability to understand the language, culture and priorities of other sectors and to see from their perspective 'what is in it for them'. Health 'for' all policies more appropriately reflects the approach that should be taken to achieve the desired objective. In many cases it may also be better to avoid the term 'health' altogether and to refer well-being, or 'quality of life'.

Attribution and Accountability: Evidence of a successful intervention cannot be evaluated in the short to medium term and causal relationships may not be reasonably established. This means that health professionals will sometimes need to be flexible in their role and accept that wins must be shared. The health sector may have to give headline credit to another sector. Those from the health sector that are trying to achieve HfAP objectives must therefore identify what success looks like to them.

Sharing resources: Linked to the challenges of attribution and accountability, is that of obtaining and justifying health sector expenditures to advance the explicit objectives of other sectors. While acting on the social determinants of health will implicitly improve health and well-being, these correlations are not easy to establish and health related improvements complex to quantify. As a result, it is difficult to know whether the human and financial resources applied by the health sector to e.g. reduce crime levels or to contribute to the content of community development plans, have any real impact on health, and are therefore justified. There is therefore a need for more and better evidence on how social determinants impact on health. This requires collaborative approaches to data collection and analysis to try and identify health outcomes from actions taken within other policy domains.

Economic conditions: Crossing Bridges outcomes indicate that declining resources, both financial and human, risk reversing the gains made in developing cross-sectoral approaches. It could lead to retrenchment as budget cuts in fact mean that organisations and individuals become more possessive of their budgets and find their professional influence confined to immediate imperatives within their domains. However, the current economic crisis has been considered by some as an opportunity for HfAP, since it provides an impetus to rationalizing and restructuring the use of resources (for more efficient, joined-up work) and encourages more cross-sectoral collaboration.

Resistance to change: Another challenge to the implementation of HfAP is a resistance amongst public health actors to move away from traditional (lifestyle focused) approaches to health promotion, since change is not easy and many actors have vested interests in existing approaches and structures. This was reflected for example in the Case Study Report on Transport and Planning, which identified that it was often health professionals themselves who appeared more reticent in engaging with other sectors and who are the obstacles to effective HfAP. Public Health education therefore needs to incorporate training to address these issues.

Tension between the need for long term approaches and short term results: The outcomes of Crossing Bridges highlighted that developing approaches to meet HfAP approaches requires long term approaches to for example build up the knowledge and skills of the workforce, to build and maintain strong relationships with actors in other sectors and to establish the structures that are needed to facilitate HfAP. At the same time, maintaining a momentum in efforts to expand this approach and to convince politicians, policy makers and organisational leads of the need to take action requires short term evidence of its success. The exchange of knowledge and information on effective actions on social determinants that proved beneficial to health and health equity is therefore crucial.

VII. Supportive HfAP organisations

Crucial to addressing the above-mentioned action-points and challenges relating to HfAP is to ensure that all organisations working on public health, health promotion and disease prevention are supportive of this approach. Crossing Bridges work has reinforced that while levels of awareness and action on 'intersectoral action for health' and 'HiAP' in the EU Member States and regions that participated in the project differ, there is in most cases some level of understanding of these concepts. Governments and the health sector in particular are not however displaying a readiness to act on this understanding and to change their approach.

Outcomes of a survey amongst public health professionals participating in Crossing Bridges Capacity Building trainings reflect that although they note their organisations understand the importance of concepts like HiAP, many do not feel supported in their efforts to act on this. Below is a list of key elements, which emerged through discussions amongst a Crossing Bridges Expert Group, of what a "HfAP supportive" organisation could look like.

- To begin with, HfAP has to be an acknowledged value of the organisation and recognised as a key approach to improving public health (HfAP as a strategic priority and objective).
- A supportive context is important not only to the efficiency and effectiveness of the staff working on HfAP, but also to that of the organisation as a whole.
- To ensure sustainability, it is crucial to build up (financial) structures and put mechanisms in place that allow for a long term perspective. Sustainability is crucial for HfAP to be effective.
- In order to ensure that an organisation's strategic priorities and approaches are not too influenced by (changes in) government priorities and policy (sustainability), their funding bases should be varied.
- A possible motivation for institutes to embrace HfAP is the need to diversify partnerships to stretch finances (e.g. partnering to obtain Structural Funds). It is important that institutes are able to work effectively with small budgets; even in times of prosperity cost-effectiveness is crucial.
- HfAP friendly organisations should employ people with multi-sectoral skills and competences, who can engage with other sectors. These people should have a good insight into the 'culture' and priorities of other sectors and they should have strong negotiation, communication and management skills. This could mean engaging people that were previously employed by a different sector and thus have the knowledge and experience of the work environment and priorities of other departments, and are able to speak the 'language' of the other sector. It can also entail employing people who work part-time for the health sector and part-time for another sector (joint appointments / job sharing). Finally, staff in HfAP

friendly organisations could make contact with health desks or health ‘hubs’ in other departments, that report systematically back to the health sector, or they could be seconded to work in other sectors.

- The HfAP approach is greatly facilitated and operationalized through the establishment of a specialised HfAP and/or Health Impact Assessment (HIA) unit or ‘task force’ with a clear responsibility to engage in cross-sectoral cooperation. The core competences and tasks of the unit and its staff should be pre-defined and clear from the start.
- HfAP friendly organisations and staff should take a targeted approach to HfAP. This means that rather than trying to engage with and/or build evidence in all sectors, they should analyse what sectors to engage with, based on their specific contexts, capacities and where they are likely to have the biggest potential impact on health outcomes. They should then develop action plans on the bases of these analyses, which link their priorities with those of the selected sectors, that apply the language of other sectors and that identify the win-win scenarios.
- A HfAP approach often means that the interests of the health sector and those of other sectors must be negotiated. This signifies that health interests may not necessarily predominate in these exchanges. Person’s engaged in HfAP may therefore need to be protected if health interests do not seem to prevail or are not clearly evident as an outcome of cross-sectoral work. People can be placed under a lot of pressure when different sectors have different priorities and conflicting interests. Organisations and their staff should nevertheless be willing to face such conditions, and to take risks. It is important to work with incentives and rewards to keep motivation high and to encourage people to persevere even under difficult circumstances.

VIII. Capacity Building Trainings



Photo 1: Crossing Bridges Capacity Building Training in Slovenia, organised by the National Institute of Public Health

Providing training to public health professionals on how to engage with other sectors is crucial to advancing efforts to becoming a HfAP friendly organisation and to engaging other sectors for health. The Crossing Bridges project developed a Capacity Building Training Module (“Achieving a Win-Win for Health and Health Equity”) that serves as a framework for a training module to raise awareness amongst targeted groups of public health and health promotion professionals of approaches that they can take to engage with other sectors. It points trainers to theoretical materials that they can use to develop the course, and provides examples of practical exercises to engage trainees in ‘experiential learning’.

The training components focus on helping public health professionals identify opportunities and priorities to engage with other sectors and on developing the skills necessary to negotiate. While providing a theoretical overview of HfAP is important, the concept is difficult to convey without practical application. Those who participated in the training emphasized the importance of basing them on practical, interactive exercises that led to ‘learning by doing’. In addition, they highlighted the importance and need for real-life, practical examples of HfAP, such as those that Crossing Bridges’ has aimed to identify.

A two day ‘Train the Trainer’ course was provided to National Trainers from eight participating countries, who adapted the course to suit their specific national context, and delivered it to health professionals in their countries. The Crossing Bridges Capacity Building Training Module, as well as information on the National trainings provided in participating countries and supporting resources are available on www.health-inequalities.eu.



Photo 2: Crossing Bridges Capacity Building Training in Austria, organised by Gesundheit Österreich GmbH

Other Capacity Building Trainings

- The Centers for Disease Control and Prevention in the US run an annual residential course “Physical Activity and Public Health” that brings together both practitioners and researchers from public health, planning, transport, leisure, sport and other sectors who learn about and share experience and information from each others’ domains based on the social and ecological model of behaviour as applied to physical activity. The course has been replicated across other continents and countries and is helping to break down the professional silos that may previously have hampered effective multi-sectoral working in this arena.
- The University of Manchester and NTTX are developing a series of short dynamic on-line distance learning courses to support policy makers and practitioners that aim to strengthen capacity for and technical cooperation in implementing health and health equity in all policies. These courses draw on current best practice and evidence in the development of Health in All Policies and addresses health equity from around the world.

IX. Other Cross-sectoral Initiatives

While much work remains to be done to ensure that concepts like Health for All Policies are translated into action in a systematic way, there is information available from across the EU that can be used for guidance and evidence. Advancing action on HfAP requires sharing and building upon this knowledge. The Health Inequalities Portal (www.health-inequalities.eu), which incorporates Crossing Bridges outcomes, provides resources with links to further information. Some of these additional resources, which emerged through Crossing Bridges work are listed below:

Plan Health Cymru, Wales



Planet Health Cymru (Planning for Environment, Transport and Health) is a website targeted at public health professionals, transport and urban planners, designers, civil engineers, architects, regeneration and sustainability professionals, play and leisure professionals etc. It provides access to information, policies, case studies, tools (including HIA), research, links, news, events, training and technical documents that inform or contribute to better health outcomes. To quality assure the information there is an ‘advisory board’ made up of national organisations representing the sectors and professions targeted. It aims to encourage closer collaboration in ensuring health outcomes are considered in both policy and practice related to transport and urban and rural planning. www.planethealthcymru.org

Healthy Transport website and Guide to Health in Spatial Planning, the Netherlands

The Healthy Transport website (‘The PEP-Toolbox’) – available in English - was developed to help policymakers and local professionals solve transport problems that affect health and the environment. The website provides guidance on transport-related health impacts and sustainable solutions with a focus on issues such as road-traffic injuries, air pollution, noise, climate change and physical activity. It gives an overview of relevant (upcoming) events, includes briefings and background information on, for example, the impact of transport noise on health, and describes several tools (e.g. the HEAT tool). The website also contains a database of promising practices focusing on transportation measures, which are implemented in Europe. <http://www.healthytransport.com/promising-practices/>

The Institute of Public Health and Environment (RIVM) in the Netherlands has also developed a Guide to health in spatial planning. <http://www.gezondheidinmer.nl/isurveyuk/>



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