

# Health in all policies as a health promotion strategy

**This webinar is  
being recorded**

October 23, 2018

1:00 – 2:30 pm ET

## Health Promotion Canada

**Webinar Series 2018**

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# Today's facilitators

**Dianne Oickle**  
Knowledge Translation Specialist

[doickle@stfx.ca](mailto:doickle@stfx.ca)



**Jaime Stief**  
Communications Assistant

[jstief@stfx.ca](mailto:jstief@stfx.ca)



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# Land Acknowledgement

The NCCDH is in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People.

This territory is covered by the “Treaties of Peace and Friendship” which Mi'kmaq and Wolastoqiyik (Maliseet) peoples first signed with the British Crown in 1725. The treaties did not deal with surrender of lands and resources but in fact recognized Mi'kmaq and Wolastoqiyik (Maliseet) title and established the rules for what was to be an ongoing relationship between nations.



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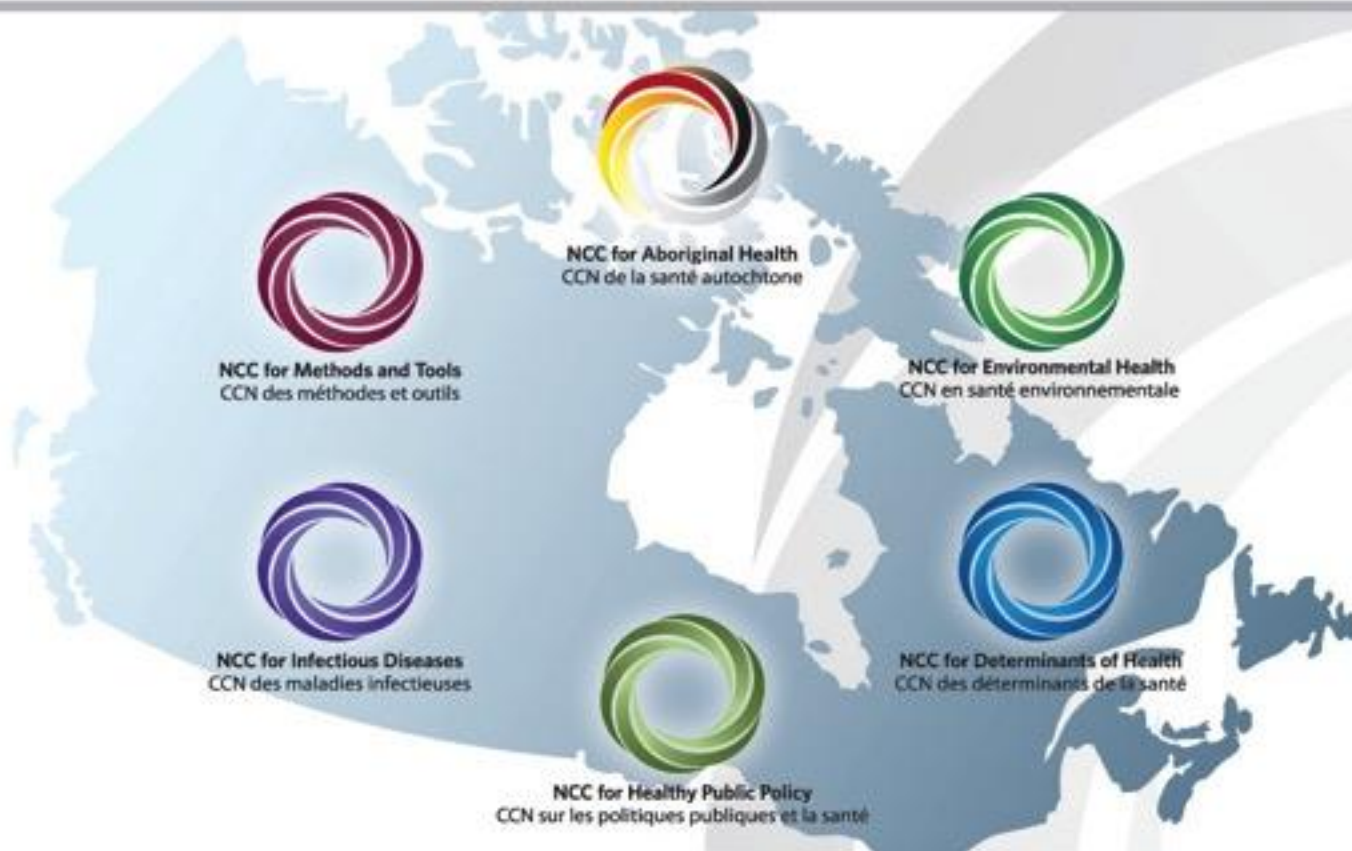
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# National Collaborating Centres for Public Health



## Centres de collaboration nationale en santé publique



# National Collaborating Centre for Determinants of Health

**Our focus:** Social conditions that influence health & narrowing the gap between the least and most healthy

**Our audience:** Canadian public health organizations & practitioners.

**Our work:** Explain and share what's known to help public health positively influence health for *EVERYone* through their work.



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WEBINAR EVALUATION  
Health in all policies as a health  
promotion strategy



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# Today's speakers



**Ketan Shankardass**  
**Chair, Department of Health Sciences**  
**Wilfrid Laurier University**



**Victoria Barr**  
**Program Manager**  
**BC Healthy Communities**



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# Health Promotion in Canada

**Webinar Series 2018**

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# HPC volunteers:

## **Irv Rootman**

Retired professor, University  
of Victoria and University  
of Toronto

Member of HPC Executive Committee



## **Josée Lapalme**

Doctoral candidate  
School of Public  
Health. University of  
Montreal  
Executive Committee  
member, HPC



## **Lesley Dyck**

Health Promotion  
Consultant  
Executive Committee  
member, HPC



# Health Promotion Canada

**Mission** - to advance the practice of health promotion in Canada.

HPC seeks to advance the practice of health promotion by supporting and uniting: students, researchers, practitioners and employers from across Canada in their efforts to collectively enhance health and create healthy and supportive settings.

# Structure

- Executive Committee
- Working Groups
- Committees
- Provincial Chapters/Networks

# Resources

- Website [www.healthpromotioncanada.ca](http://www.healthpromotioncanada.ca)
- Newsletter
- Competencies Toolkit
- Member Contact List

# Health Promoter Competencies

## 34 Statements in 9 Domains



# Current Activities

- Quality assurance survey
- Awards program
- Webinar series

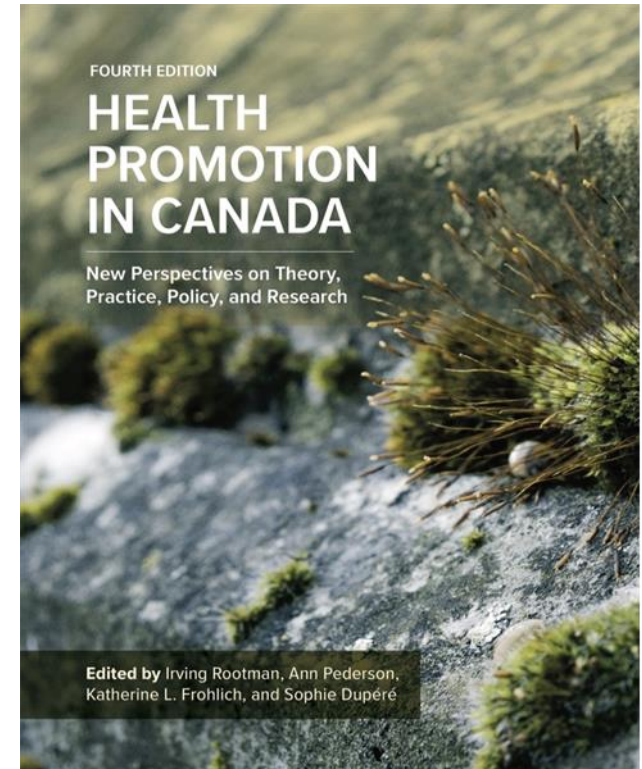


# Webinar Series 2018

- Based on the 4<sup>th</sup> edition of Health Promotion in Canada

## What's new?

- New editor
- Fifteen new chapters and new “Afterword”
- Instructors Manual



# Chapters Covered in this Webinar Series

**Ch. 6** - Contrasting Entry Points for Intervention in Health Promotion Practice (*Katherine L. Frohlich, Blake Poland and Martine Shareck*)

**Ch. 10** - Indigenous Community Health Promotion (*Charlotte Loppie*)

**Ch. 21** - Participatory Practice and Health Promotion (*Jane Springett & Jeff Masuda*)

**Ch. 18** - Health in All Policies (*Ketan Shankardass, Lorraine Greaves & Natalie Hemsing*)

# Some other Chapters of Possible Interest

- Ch.8- Implications of Inequities for Health Promotion (*Dennis Raphael*)
- Ch.11-Identifying Appropriate Health Promotion Practices for Immigrants (*Mashira Khan and Karen Kobayashi*)
- Ch. 16 – Digital Media and Health Promotion Practice (*Laura Struik, Rebecca Haines-Saah and Jean Bottorff*)

# Sponsors thank you!

To the **National Collaborating Centre on the Determinants of Health** for sponsoring and organizing and conducting this series of webinars.

**Canadian Scholars' Press** for their donation of copies of *Health Promotion in Canada, 4<sup>th</sup> Edition* to each of the practitioner presenters in this webinar series.





**Ketan Shankardass**  
**Chair, Department of Health Sciences**  
**Wilfrid Laurier University**



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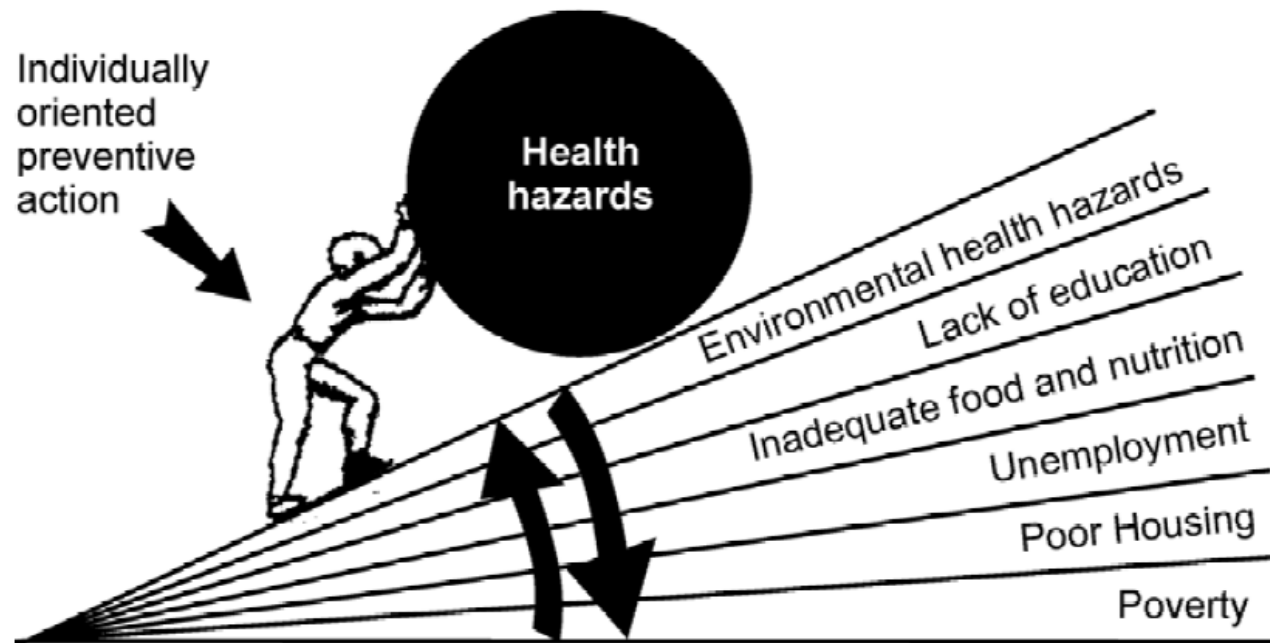
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## The Health Gradient



Source: *Making Partners: Intersectoral Action for Health* 1988 Proceedings and outcome of a WHO Joint Working Group on Intersectoral Action for Health, The Netherlands.



## The Health Gradient

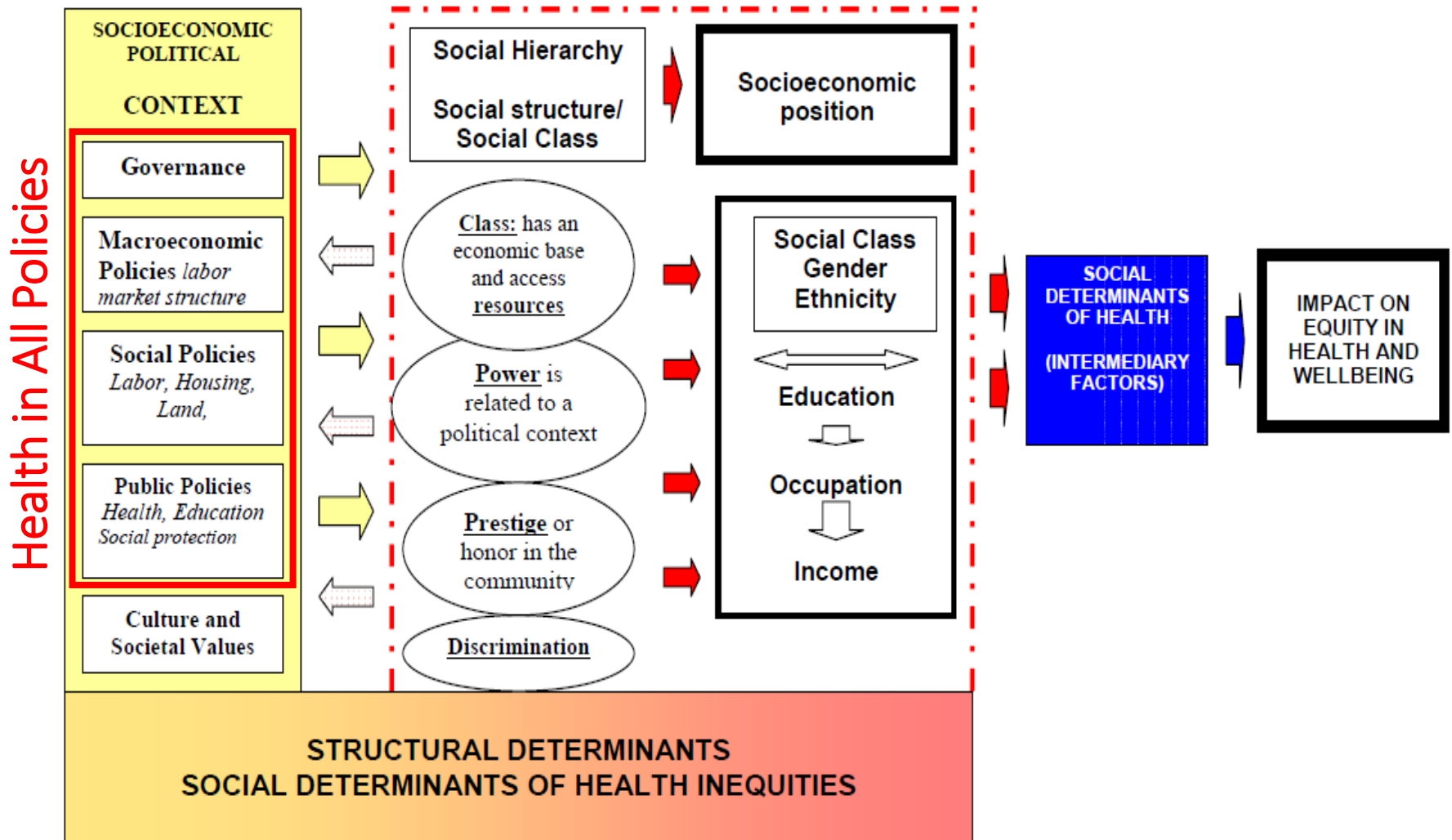


Source: *Making Partners: Intersectoral Action for Health* 1988 Proceedings and outcome of a WHO Joint Working Group on Intersectoral Action for Health, The Netherlands.



1. Intersectoral action for health and health equity that is durable and possibly systematic
2. Policy coordination within and, ideally, across government levels
3. Focus beyond the *healthcare* sector
4. Evidence-informed policy-making

# Health in All Policies addresses the structural determinants of health

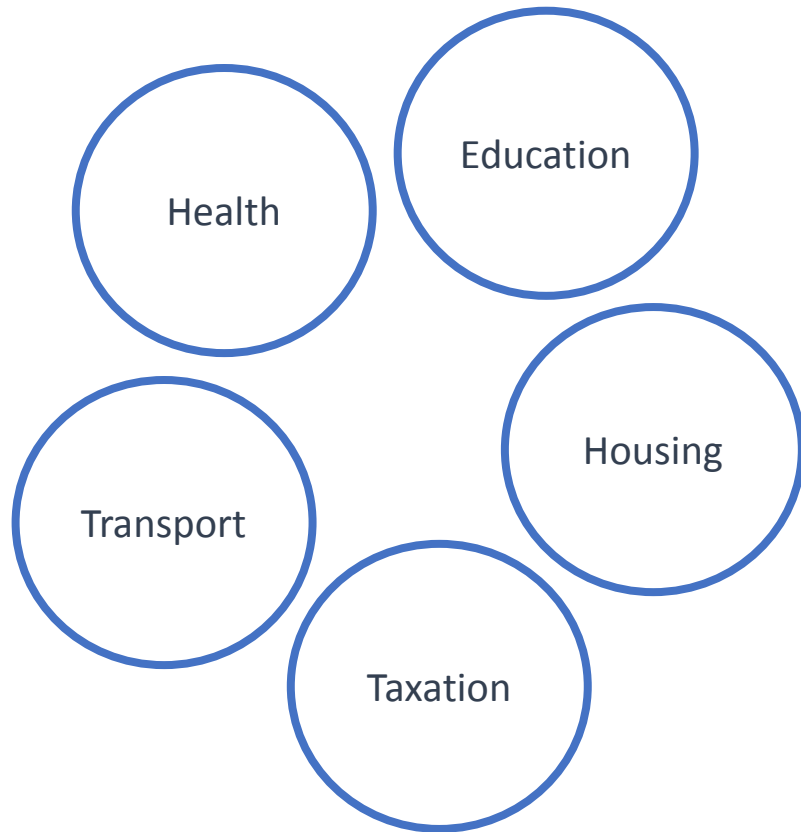


(Solar and Irwin, 2007)

# HiAP as integrated governance

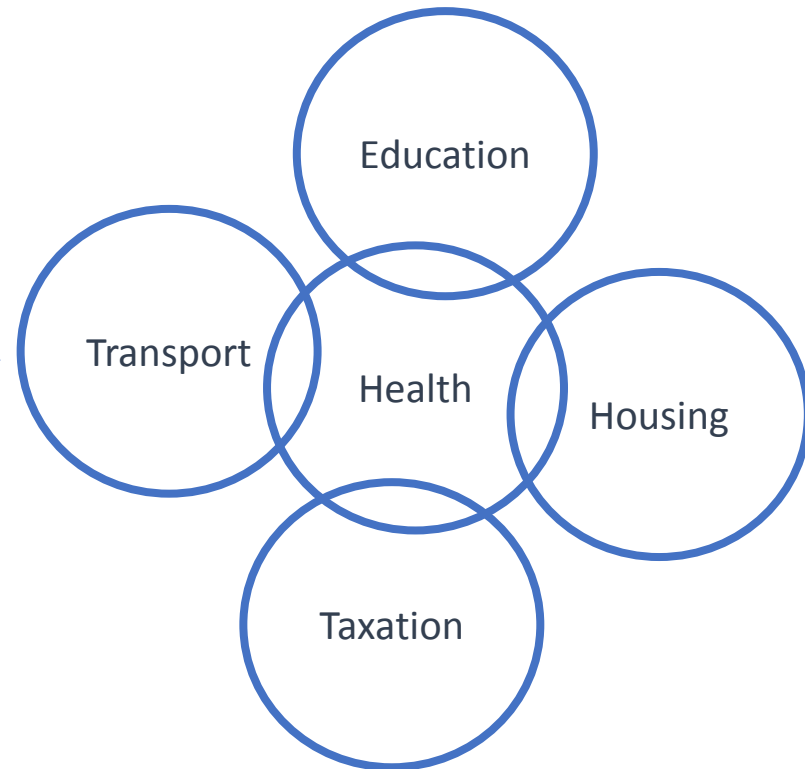
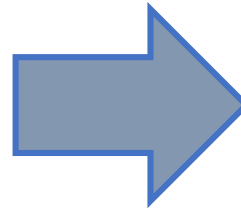
## **Policy “silos”**

- Unique budgets
- Unique mandates



## **“Integrated governance”**

- Shared budgets
- Overlapping mandates



# Some HiAP health governance approaches

<b>Jurisdiction</b>	<b>Initial Mandate for HiAP (Year of Initiation)</b>	<b>Health Governance Approach of HiAP</b>
Quebec	Public Health Act (2003)	Use of health impact assessment tools to embed intersectoral action on new, potentially harmful policies/projects
Thailand	National Health Act (2007)	
Sweden	Swedish Public Health Objectives Bill (2003)	Coordinating intersectoral action on strategic health objectives over a fixed period
Finland	Health 2015 Strategy (2001)	
California	HiAP Task Force Executive Order (2010)	Coordinating intersectoral action on health objectives to achieve other strategic objectives, e.g., growth, sustainability, quality of life
Ecuador	Buen Vivir (2009)	
Iran	Supreme Council for Health and Food Security (2006)	Community-driven needs-based strategy for coordinating intersectoral action

Adapted from Shankardass et al, 2017

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# Implementation challenges

- Technical
- Political
- Evaluation





HiAP Analysis using Realist Methods  
ON International Case Studies

*harmonics-hiap.ca*



# Technical challenges of using HiAP

- How to structure and support the civil service?
- “Supportive architecture” for sustained intersectoral action
  - Long-term mandates
  - Dedicated staffing and resources
  - Awareness raising
  - Policy- and decision-making processes
  - Governance tools, e.g., HEIA

# Evaluation of HiAP

- Health equity and economic evaluation
- Impacts on health equity are mid- to long-term
  - What changes in social, health and economic outcomes in the short-term?
  - Logic models are your friend
- Untangling the web of causation given multiple interventions
  - E.g., Collective impact models

# Political challenges of using HiAP (I)

- HiAP implies an ideological commitment to collective responsibility for social determinants of health and social justice.
- *What if a conflicting ideology is the norm in some sectors?*
  - *E.g., economic growth*
  - *E.g., healthcare, genetics and lifestyle choices as the key determinants of health*

# Political challenges of using HiAP (II)

- HiAP challenges traditional jurisdictional boundaries of a sector (i.e., allocation of responsibility, authority, funding).
- *What if a sector is protective of their resources and their power over certain interests?*
  - *E.g., growth of industry partners*
  - *E.g., control of process and budgets*

# Looking for dual outcomes in HiAP

Health	Education
Having schools participate in building parenting and family capacity improve well-being in children, while improving school attendance, retention and graduation.	
Health	Transport
Building public transport and cycling infrastructure improve opportunities for physical activity, while easing traffic congestion and pollution	
Health	Treasury
Investing in housing for the homeless will reduce hospitalizations, while reducing the demand on other social services	
Health	???
???	

# Community participation?





**Victoria Barr**  
**Program Manager**  
**BC Healthy Communities**



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# Healthy Communities Work in B.C.: Health in All Policies on the Ground

Victoria Barr, MHSc, PhD (Planning)

National Collaborating Centre on Determinants of Health Webinar  
October 23, 2018



BC Healthy Communities  
People. Place. Potential.



# TODAY'S AGENDA

1. Who Are We?
2. HiAP in Action: Examples from B.C. Communities
  - Healthy City Strategies
  - Housing Needs Assessments
3. Challenges & Potential Solutions
4. Resources & Follow-up



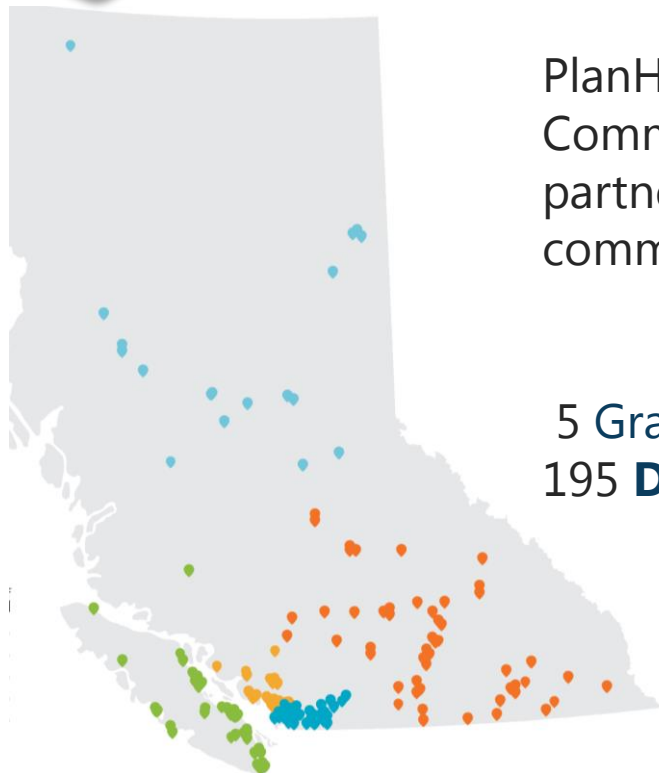
# BC HEALTHY COMMUNITIES SOCIETY

- Launched in 2005
- Not-for-profit society serving the province of British Columbia
- We provide services, programs, and resources to create healthy, thriving and resilient communities
- Collaborative team, working across sectors

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## PlanH PROGRAM



PlanH (provincial initiative) implemented by BC Healthy Communities Society, facilitates local government learning, partnership development and planning for healthier communities where we live, learn, work and play.

5 Grant Rounds  
195 **Diverse** Communities

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# BRITISH COLUMBIA: TOWNS, VILLAGES, & CITIES







# HiAP IN ACTION: EXAMPLES FROM B.C. COMMUNITIES





# 1. HEALTHY CITY/COMMUNITY STRATEGIES

# WHAT IS A HEALTHY CITY STRATEGY?

A healthy city strategy:

- Is a comprehensive, integrative plan
- Puts health at the top of agenda
- Shows a commitment to health & well-being
- Ensures that all policies are healthy policies!



# FOUR PRE-CONDITIONS FOR CHANGE

- Political commitment at the highest level;
- Shared vision, understanding and commitment;
- Organizational structures and processes to coordinate, manage and support change; and
- Opportunities for partnership-building and networking with statutory and non-statutory bodies and community groups.





# 10 KEY COMPONENTS OF A HEALTHY CITIES PROCESS

1. Create a compelling vision based on shared values.
2. Embrace a broad definition of health and well-being.
3. Address quality of life for everyone.
4. Engage diverse citizen participation and be citizen-driven.
5. Multi-sectoral membership and widespread community ownership.
6. Acknowledge the social determinants of health and the interrelationship of health with other issues (housing, education, peace, equity, social justice).
7. Address issues through collaborative problem-solving.
8. Focus on systems change.
9. Build capacity using local assets and resources.
10. Measure and benchmark progress and outcomes.

# HEALTHY CITY STRATEGIES: COMPREHENSIVE & INTEGRATIVE

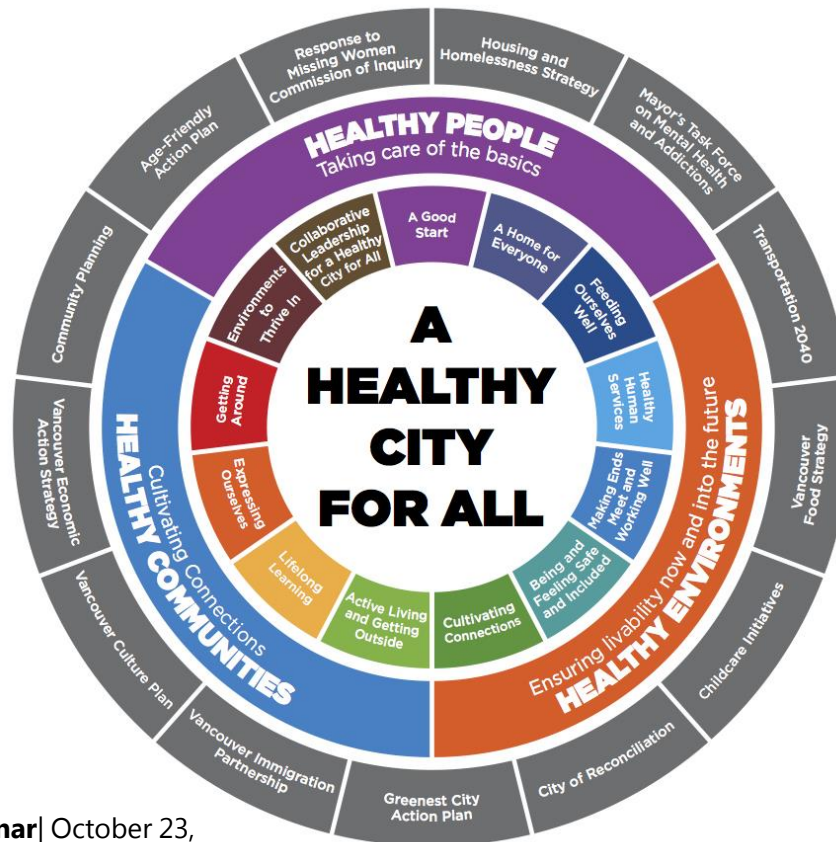


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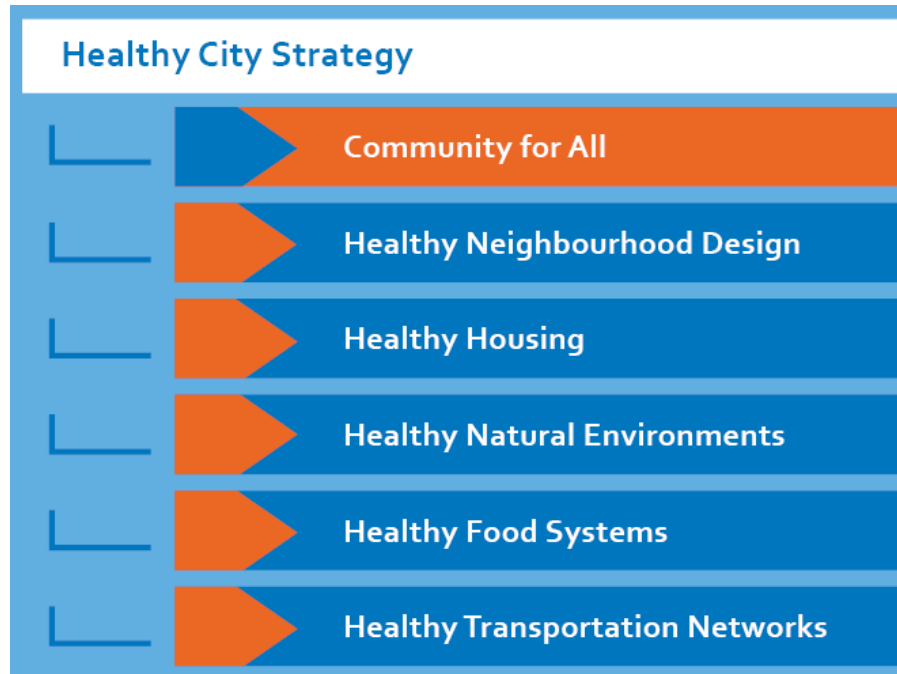
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# HEALTHY CITY STRATEGIES: CITY OF VANCOUVER



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# HEALTHY CITY STRATEGIES: CITY OF KELOWNA



## PLANH COMMUNITY SUPPORT PROGRAM: COMMUNITY WELLNESS STRATEGIES



For 2018/19, one of the PlanH Healthy Communities Fund special focuses is on **Community Wellness Strategies**. These strategies, also known as Healthy Community/City Strategies, are long-term plans that integrate a number of areas of local public policy, which might include transportation, land use, recreation, and housing.





## 2. HOUSING NEEDS ASSESSMENTS

# WHAT IS A HOUSING NEEDS ASSESSMENT?

**Housing needs reports are a means for communities to better understand current and future housing needs.**

- Identify existing and projected gaps in housing supply by collecting and analyzing quantitative and qualitative information about
  - local demographics
  - economics,
  - housing stock and,
  - other factors
- Sometimes part of a larger housing action plan or strategy.



# STRATHCONA REGIONAL DISTRICT HOUSING NEEDS ASSESSMENT



**STRATHCONA  
COMMUNITY**  
HEALTH NETWORK

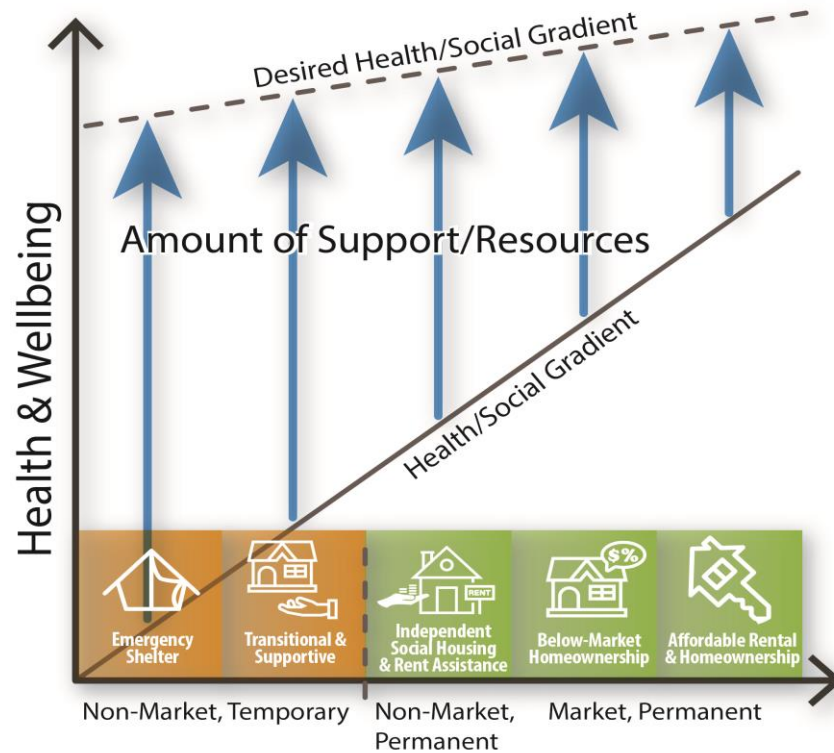


## Goals

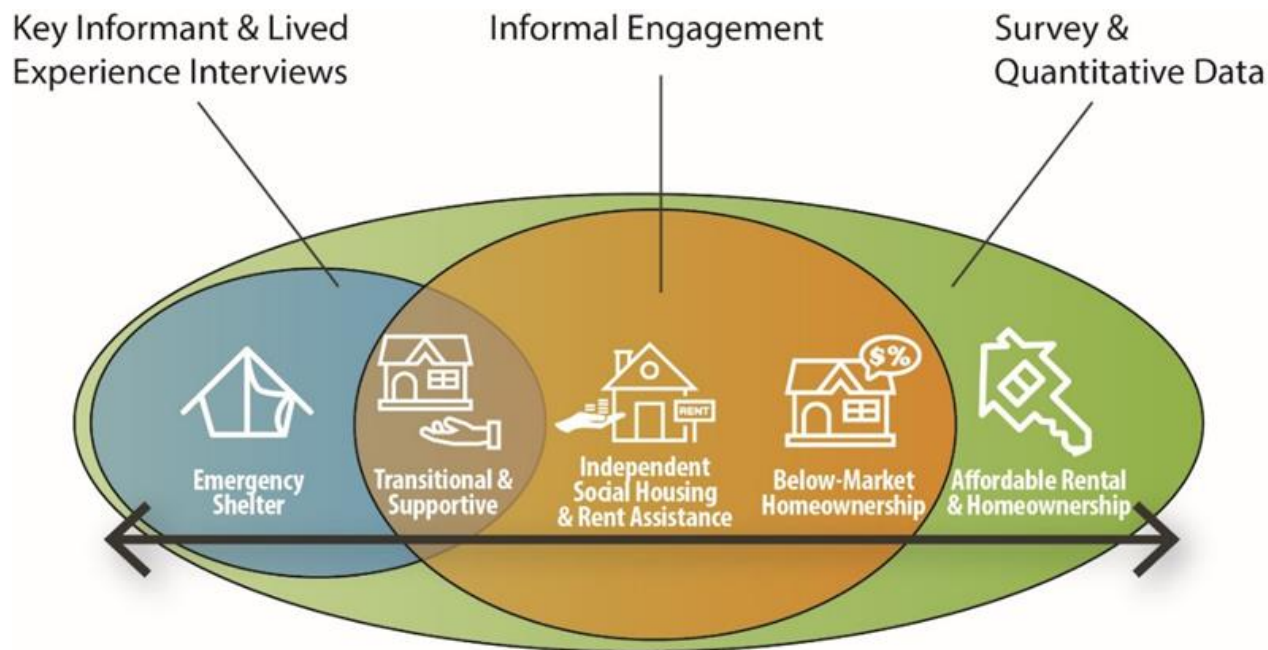
- To take stock of housing needs across the region
- To position communities and housing stakeholders to implement collaborative projects and leverage funding opportunities



# EQUITY ACROSS THE HOUSING SPECTRUM



# INTEGRATING HEALTH/EQUITY: COMMUNITY ENGAGEMENT



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# INTEGRATING HEALTH/EQUITY: COMMUNITY

- Localized information for actors in communities
- Visuals and quotes
- Accessible language

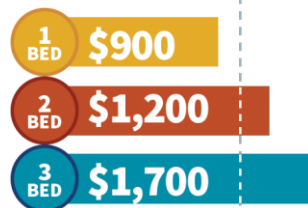


RENTS HAVE BEEN RISING SIGNIFICANTLY IN CAMPBELL RIVER BETWEEN 2007 AND 2017



VERY LOW VACANCY RATES PUT THE MOST PRESSURE ON THE LOWEST INCOME HOUSEHOLDS, AND CREATE OPPORTUNITIES FOR DISCRIMINATION

LONE PARENT AFFORDABLE RENT = \$1,100



ESTIMATED AVERAGE MONTHLY RENT (ROUNDED)



LONE PARENTS AND INDIVIDUALS FACE THE MOST SIGNIFICANT AFFORDABILITY CHALLENGES



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# CHALLENGES & (POTENTIAL) SOLUTIONS TO IMPLEMENTING HiAP





# 1. CHALLENGES

## Relationships

- Different partners (especially from difference sectors) often have very different takes on a project + a different set of values & principles

## Politics

- We need to understand how politics works and how we can use political processes to our advantage

## Collaboration

- Bringing partners together can be very difficult – but it's worth the effort.

## Messaging

- There are a number of other approaches or visions people have for communities, which might or might not be consistent with a HiAP approach & our

emphasis on health equity

## Equity

- As a field, we are still working out how to work with other sectors to make it happen on the ground.

## Evaluation

- It is really difficult to figure out the ways in which these types of HiAP are having an impact on people's lives.







## 2. POTENTIAL SOLUTIONS

## TACKLING THE CHALLENGES: POTENTIAL SOLUTIONS

- Be cognizant of every community's unique context, needs, & priorities
- Be political!
- Spend significant time and energy building and nurturing relationships
- Identify community champions who can act as on the ground leaders
- Be flexible!
- Practise patience and perseverance
- Scope – its OK to take small steps



## ONE WAY TO INTEGRATE HiAP: THE HEALTHY COMMUNITIES APPROACH



**POLITICAL  
COMMITMENT**



**MULTI-SECTORAL  
COLLABORATION**



**COMMUNITY  
ENGAGEMENT**



**ASSET-BASED  
COMMUNITY  
DEVELOPMENT**



**HEALTHY PUBLIC  
POLICY**



# Let's Connect!

We'd love to hear from you  
& share ideas



Victoria Barr, MHS, PhD

**[victoria@bchealthycommunities.ca](mailto:victoria@bchealthycommunities.ca) | 250-590-1845**



A photograph of a brick building with a corrugated metal roof. Green foliage is visible on the left and right sides. A blue semi-transparent rectangle is overlaid on the left side of the image, containing the text "Thank you." and two website URLs.

# Thank you.

[www.bchealthycommunities.ca](http://www.bchealthycommunities.ca)

[www.planh.ca](http://www.planh.ca)



# DISCUSSION

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WEBINAR EVALUATION  
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# Upcoming webinars in this series.....

## Health in all Policies (Chapter 18)

October 23, 2018

1:00–2:30 p.m. (ET)

Check our workshops & events page for future webinars

<http://nccdh.ca/connect/workshops-events/>

Recordings available on our YouTube channel

<https://www.youtube.com/user/TheNCCDH>



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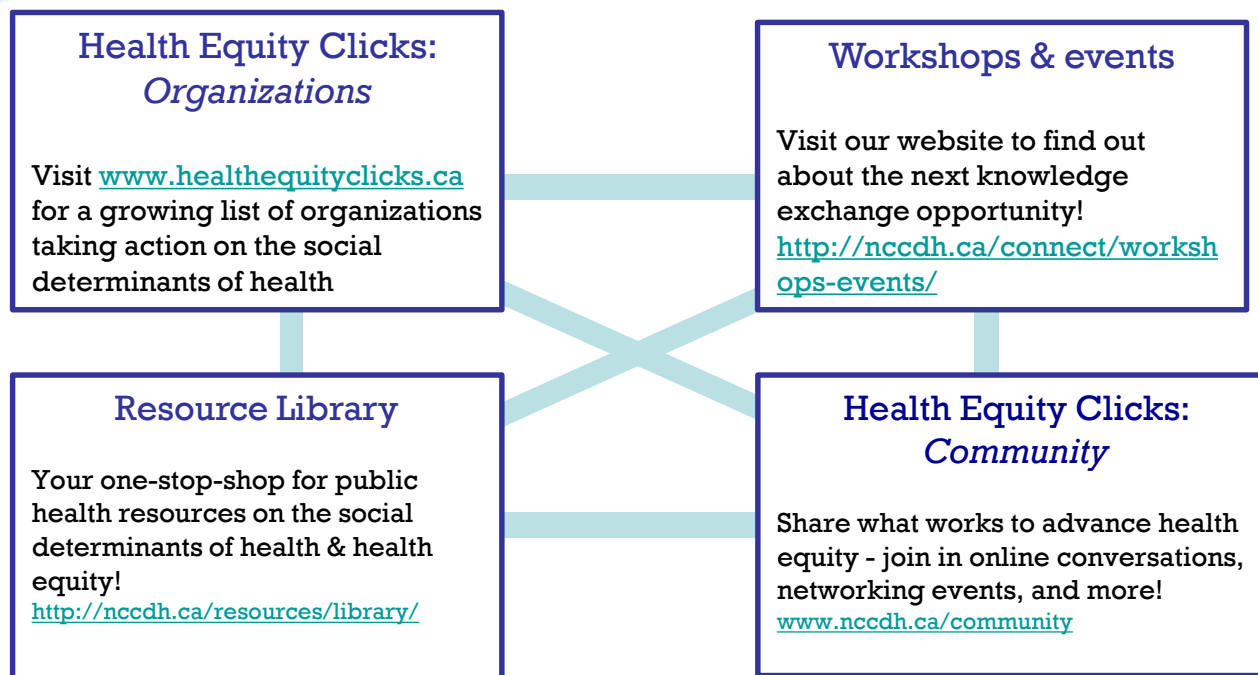
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