



# AIM

Healthcare and  
social benefits  
for all

## AIM Declaration on Health in all Policies

### Introduction

In its Constitution, the WHO defines health as “a state of **complete physical, mental and social well-being** and not merely the absence of disease or infirmity”. From this definition, one can already imply that good health does not solely depend on healthcare. It is nowadays widely recognised that other aspects of everyday life such as education, societal inclusion, housing standards, or meaningful employment, determine individuals’ health and wellbeing.

The idea of health in all policies is far from being a new one. Article 9 of the very Treaty of the Functioning of the European Union already includes it. The idea behind it is quite straightforward: health is not created by health service provision alone but also and mostly by other broader determinants which affect the circumstances in which people are born, study and age, determinants which can turn to be far from beneficial to citizens’ health.

21<sup>st</sup> century ways of life and use of energy are indeed detrimental to our health and well-being. Obesogenic environments are to be addressed as seriously as climate change. Together with mental health issues, obesity is a symbolic disease of “our global consumer society”. The way our lifestyles have evolved, influenced by new and mostly sedentary ways of working and communicating, has led us to issues around work-life balance, which in turn impact our mental and physical well-being, to new forms of behavioural addictions, and to eating and food shopping patterns which endanger our health and our environment. A strong focus on environmental change approaches, which take into account all risk factors, are needed to efficiently tackle those issues.<sup>1</sup> Future policies are to efficiently address those ailments if public health is to be improved and preserved. All sectors, from health, education, agriculture, environment, to industry, consumer affairs and sports are to be involved. Interconnected forms of government and new partnerships are necessary.

In view of these statements, AIM underlines the urging need to fully apply Health in all Policies for the benefit of citizen’s health and well-being, but also of economies as a whole. Healthy populations positively influencing growth and productivity, such an implementation would help increase economic outcomes and ensure the sustainability of healthcare systems.<sup>2</sup>

For Health in all Policies to be properly implemented, AIM proposes the following series of recommendations to Member States and European Institutions.



1. Kickbusch, 6-7

2. The Finnish North Karelia Pilot Project which was later scaled up at a national level constitutes a good example of the benefits which community-based prevention and health in all policies approaches can bring. The Project enabled a considerable decline in cardio-vascular diseases across the country and subsequently of the costs related to the treatment of those diseases. [More information.](#)



We invite Member States' Policies and European Regulation to address **ALL determinants of health.**

The rise of chronic diseases, obesity and mental health problems call for a shift of mind-set in the way healthcare is conceived and health preserved. Our environment and broad social determinants influence our health. Causes of ill-health thus go well beyond the efficiency and availability of healthcare services. Policies and actions which solely target healthcare systems are useless. Efficient and sustainable results can only be achieved by working across sectors and by addressing all determinants of health, which include, amongst others, food security, housing, education, purchase power, social support, social status, literacy and physical environment. The 2010 "Council Conclusions on Equity and Health in all Policies" already highlighted those aspects as reasons for poor health and recognised the importance of actions across sectors in order to maximise the health potential of European citizens.<sup>3</sup> The limits of economic efficiency should be taken into account. While it may seem efficient to cut down on staff in enterprises and in public services and to outsource production, the societal costs are taking other forms: more un- or underemployment, more workload for the remaining workers, more job and economic insecurity. All of this generates more stress and burn-outs, more diseases and a further environmental degradation. Economic efficiency is to be aimed at but not at all costs. If limits are overcome, the burden for society and public health will be heavier. Public policy is considered one of the most powerful tools to create healthier societies. Greater attention thus needs to be devoted to health when developing or reviewing existing policies. Health and environmental issues need to be lifted onto political agendas and political will generated.

We call for a greater **cross-sector cooperation** for both policy making and implementation.



Governmental policies alone will not help create healthier environments and societies. Health should become part of approaches of other societal actors, including the private sector. All stakeholders should be involved and increase their commitment to public health (above profit). Partnerships should be established between the different levels of government, academia, professional organisations, businesses, non-governmental organisations, mutuals, healthcare funds, etc. For this cooperation to be possible, awareness of other actors' specific policy-making cycles

and other processes is required. Capacity needs to be built as the implementation and promotion of health in all policies requires new knowledge and skills from a wide variety of individuals and institutions including health professionals, ministries and institutions.<sup>4</sup>

*A key role for social economy enterprises*

While the private for-profit sector can be an important partner in realizing health and has an increasing role in policy-making, its involvement

3. Council, 4  
4. WHO, 16-17

should be carefully considered in order to prevent private for-profit interests taking precedence over public interests. Moreover, appropriate measures to manage conflicts of interest are necessary.<sup>5</sup> As for the scale to work on, the concept “Think globally, act locally” has not lost its significance: a healthy environment and a healthy lifestyle are both everyone’s preoccupations: mutuals, volunteers, corporations, government officials, education system and local communities.<sup>6</sup> Finally, the impact of all major policies and policy proposals from the health perspective should be measured, and their impact on determinants of health, once they are implemented, should be followed up. An evaluation of the effectiveness of impact assessments is also to be carried out.



We highlight the need for **new financing models**.

21<sup>st</sup> century health issues require long-term budgetary commitments. Health in All Policies can only be achieved by creating new forms of “across-portfolio budgeting and accountability”. Such a financing should be based on a proper assessment of health impacts. New ways of resourcing and financing joint government initiatives as well as new partnerships for health need to be explored.<sup>7</sup> On the other hand, when a State decides to decentralise its health promotion and disease prevention policy, financial accountabil-

ity structures should be put in place for decentralised authorities to be able to carry out the necessary activities. When planning budgets, it should be accepted that health and wellbeing have their price. These costs should not be borne by the victims of unhealthy work conditions and unhealthy environments, but by society as a whole with fair tax paying of all economic actors as a preliminary condition.

We stress the paramountcy of **local level involvement**.



Health starts right where people live. Their direct environment is highly influential and should therefore facilitate healthy lives and wellbeing. All local government activities are relevant to health from “rubbish collection to development planning, which are already playing a critical role in the creation of a healthy society”.<sup>8</sup> Strategies and policies at local level should embrace the idea of health in all policies and should be developed together with citizens themselves. Local environments ought to be supportive to health and wellbeing. At local level too, impact assessments should be carried out in order to evaluate the impact of policies on local populations. Local governments should also be supported financially and capacity should be built where necessary.

5. Leppo, 10

6. [Think globally, act locally.](#)

7. Kickbusch, 10

8. Kickbusch, 33



We put emphasis on the importance of **prevention and primary care**.

A shift in mind-set in the way health is perceived should prioritise disease prevention, chronic disease management and early intervention. The focus is to be moved from patients to citizens and societies/communities as a whole. Services are to be further integrated and cooperation within and beyond institutions is to be fostered. Prevention should be understood in its broad sense, from proper staff planning, to sexual health education in schools or the establishment of high taxes

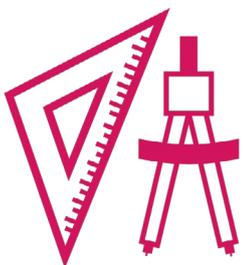
on unhealthy products and promotion of recycling and energy reduction. Moreover, new behavioural science and more specifically the method of “nudging” should be taken into account when making policies and developing health promotion and disease prevention actions. This newly emerged and non-compelling way of behavioural control respects the freedom of choice of consumers while at the same time encouraging or “marketing” the healthier choice.<sup>9</sup>

We call for an improvement of populations' **health literacy**.



Research shows clear links between levels of health literacy and the overall health and well-being of citizens. It is therefore vital to empower populations to make healthier choices and to become actors of their own health. 21<sup>st</sup> century societies require new health competences and call for more efforts in achieving better rates of health literacy and in creating literacy-friendly environments.<sup>10</sup>

Reducing inequities allows to increase health literacy and consequently patient empowerment. To do so, all actors are to be committed to enhance citizens' knowledge. Some actions which would help in this sense include the strengthening of the commitment to children's health literacy in schools, the inclusion of health literacy in the medical and health science curricula or the transformation of hospitals into literacy-friendlier environments.



We suggest a change in the way **health and health outcomes are measured**.

The way health is measured should be expanded in order to include social, mental and emotional as well as physical health. A nation's wellbeing is not solely measured by economic aspects such as GDP. New indices which take other essential aspects such as education, environmental sustainability or income distribution are increasingly used<sup>11</sup> and should be further developed in order to establish mean-

9. [More information.](#)

10. Kickbusch, 7

ingful international comparisons and measure national progress. A more holistic picture will allow to highlight successful policies and actions in different areas and consequently encourage their further implementation in different Member States. Such comparisons can only be based on meaningful and comparable data.

*We emphasize the potentials of **Big Data** for Health in all Policies.*



Big data encompasses large amounts of data produced very quickly by a high number of diverse sources and covers many sectors, from healthcare to transport and energy. It represents a huge opportunity for the improvement of public health amongst others. Anonymised administrative data can be linked across government sectors and geocoded. This valuable information, combined with other data gathered by sensors or individuals, can enable new research to see the light which will bring together epidemiology, social sciences and spatial information sciences as never before.<sup>12</sup> Such an enhancement of the potential of data will promote a greater understanding of the links between broader determinants and a population's health and wellbeing and allow the development of more efficient actions and policies for better health.



*We encourage the European Commission and Member States to further investigate the potential benefits of a **settings approach** to health in all policies.*

In order to reach health in all policies, a methods which integrates action across risk factors is necessary. The settings-based approach to health promotion and disease prevention involves a holistic and multi-disciplinary method. Rooted in the Ottawa Charter<sup>13</sup>, such an integrated approach definitely has the potential to “develop personal competencies, act in various ways on different policies, re-shape environments, build partnerships, bring about sustainable change through participation, and develop empowerment and

ownership of change”. While those potentials are unneglectable, the very “context-related” nature of the approach makes it highly difficult to potentially “homogenize” a solution, to develop a “one-size-fits-all” answer. Furthermore, working in settings could threaten to exacerbate health inequalities by leaving some groups outside the scope of action (e.g. the unemployed). When developing such an approach, Member States should pay a particular attention to that danger. A bottom-top approach, which ensures, from the

11. The Human development Index of the United Nations for example combines “long and healthy living”, “knowledge” and “standard of living”. Others include inequality, gender- inequality, etc. ([more information](#))

12. Kickbusch, 57

13. [More information.](#)

very beginning the involvement of all relevant actors, including citizens themselves, seems the most appropriate to reach health in all policies.

As healthcare mutuals and health insurance funds, AIM members are of course committed to look for cooperation with actors from other “branches” in order to improve the health of their affiliates. For example, some already collaborate with the educational sector, a collaboration which enables the development of more efficient health promotion and disease prevention campaigns targeting children. Healthcare mutuals also have the responsibility to lead by example. Indeed, they are also employers and entrepreneurs. As such, they create working conditions for their employees and cooperation conditions for their business partners which should likewise reflect the idea of health in all policies. Furthermore, AIM members are willing to put more emphasis on preventive and primary care and on local level interventions. In the same vein, they work actively for the improvement of their affiliate’s health literacy. AIM members are committed to continue working in order to unleash the full potential of health in all policies and hope that EU Institutions and Member States will share their commitment.

## Sources

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AIM is the umbrella organisation of health mutuals and health insurance funds in Europe and in the world. Through its 58 members from 30 countries, AIM provides health coverage to 230 million people in the world and around 200 million in Europe through compulsory and/or complementary health insurance and managing health and social facilities. AIM strives to defend the access to healthcare for all through solidarity-based and non-for profit health insurance. Its mission is to provide a platform for members to exchange on common issues and to represent their interests and values in the European and international Institutions.



**AIM**

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