*Health in All Policies Workshop*

*the case of air pollution, urban health and sustainability*

GAME SHOW TABLE TEST

# Day 1 Sandra Whitehead, NEHA (Chair)

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| 8:30-10:30 | Session 1.1. Introduction to the Social Determinants of Health, Sustainable Cities and Health in All Policies – core concepts  *Nicole Valentine (WHO), Laura Magana (ASPPH), Aleksandra Kuznanovic (WHO), Julian Fisher (Hannover University)* |
| Test questions | 1. Which of these were overarching recommendations of the Global Commission on Social Determinants of Health?    1. An apple a day keeps the doctor away    2. Inequality is killing on a grand scale    3. Improve daily living conditions    4. Tackle the unequal distribution of power, money and resources    5. Understanding the goals and interests of other sectors 2. What are some of the key solutions/recommendations of the CSDH to address SDH challenges in the urban setting?    1. Provide access to affordable housing    2. Provide fuel subsides    3. Establish local participatory governance mechanisms for healthier cities    4. Raise awareness about air quality and health impacts 3. A policy champion has the displays the following characteristics:    1. Willingness to manage meetings    2. Willingness to manage the policy process    3. Promote planting trees, especially red maples    4. Ability to frame issues, build consensus and move reform forward |
| 10:30-11:00 | BREAK |
| 11:00-12:30 | Session 1.2. Evidence on Determinants of Health with a focus on Air Pollution  *Marcelo Korc (PAHO)* |
| Test questions | 1. How many premature deaths are caused by air pollution in the United States?    1. 2.77 million    2. 3 % of all premature deaths    3. 78,000    4. 13% of all premature deaths 2. How many premature deaths are caused by air pollution globally?    1. 2.77 million    2. 3 % of all premature deaths    3. 7 million    4. 13% of all premature deaths 3. Which of the following are common, key sources of air pollution?    1. Large plantations of oak trees    2. Transport    3. Household energy    4. Industry and energy supply    5. Waste Management 4. Children are more vulnerable to air pollution because ..    1. Their lungs are in development    2. They play outside    3. They like to run a lot |
| 12:30-13:30 | BREAK |
| 13:30-15:00 | Session 1.3. Health in All Policies - implementation and case studies  *Anneta Arno (Washington DC), Lianne Dillon (California Health in All Policies Task Force), Nicole Valentine (WHO)* |
| Test questions | 1. Why do we need to use a HiAP approach?    1. Sectoral policies need tweeking every now and then    2. Owing to increased technology, increased population size, policy challenges are increasingly complex    3. To help to estimate burden of disease    4. Many factors across society have significant impacts on health but cannot be addressed by the health sector without collaboration from others    5. Health expenditures are increasing and HiAP can help to reduce that. 2. The WHO definition of the Health in All Policies approach refers to it as an approach to public policies that does the following:    1. Systematically takes into account the health implications of decisions    2. Seeks to ensure that all sectors have health goals    3. Seeks synergies between other sectors goals and improving population health    4. Acknowledges that some health impacts are unavoidable. 3. What are important characteristics of HiAP implementation?    1. Addressing single health issues    2. Demonstrating understanding of the goals and interests of other sectors    3. Designing solutions for health to be implemented in other sectors    4. Co-designing and navigating the solutions (co-delivery)    5. Starting with the health problem 4. What will practitioners need to think about when setting up a HiAP approach?    1. Ensuring appropriate high level governance    2. Encourage staff to work more overtime    3. Providing space and mechanisms for dialogue and partnership    4. Evidence and evaluation |
| 15:00-15:30 | IA1. HiAP Skills and education (linked to individualised action plan)  *Julian Fisher (Hannover University), Sandra Whitehead (NEHA), Nicole Valentine (WHO)*  *UN High-level Commission on Health Employment and Economic Growth (ComHEEG) calls for a health workforce that should be geared towards the social determinants of health, health promotion, disease prevention, primary care and people-centred, community-based services.* |
| Test questions | 1. UN High-level Commission on Health Employment and Economic Growth (ComHEEG) calls for a health workforce that should be    1. Earning better wages    2. geared towards the social determinants of health    3. geared towards health promotion, disease prevention, primary care and people-centred,    4. geared towards community-based services 2. The Lancet Commission on Education for Health Professionals for the 21st Century e nvisaged    1. Transforming education to ensure professionals could respond to local needs    2. The health system and education system as two important, but separate pillars for developing strong health systems    3. Ensure doctors in public health receive health in all policies trainings as part of their lilfe-long learning    4. Encourage trans and multidisciplinary learning |
| 15:30-16:00 | BREAK AND GROUP PHOTO |
| 16:00-18:00 | Session 1. 4. Public Health Communication and Campaigns – Breathelife  *Elaine Fletcher (WHO),Aleksandra Kuznanovic (WHO)* |
| Test questions | 1. The BreatheLife campaign targets at least..    1. General Public    2. Oil company executives    3. Policymakersat city & national levels    4. Health sectoras champions 2. Which is most true..A SOCO..    1. Is part of the World Cup games in Russia    2. A Single Overarching Social Outcome    3. Is part of important air filtration divises distributed by the WHO BreatheLife campaign    4. A Single Overarching Communication Outcome |

# Day 2 Laura Magana, ASPPH (Morning Chair)

# Day 2 Elizabeth Weist, ASPPH (Afternoon Chair)

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| 8:20- 8:30 | RECAP FROM DAY 1  *Nicole Valentine (WHO)* |
| 8:30-10:00 | Session 2.1. Urban Health and Air Pollution  *Jonathan Patz (University of Wisconsin-Madison)* |
| Test questions | 1. Climate change will affect all of the following air quality issues except- 2. Smog ozone 3. **Lead levels** 4. Allergens like pollen 5. Moulds and fungi 6. Policies directed at climate change mitigation can potentially benefit health by    1. Improving air quality    2. Promoting physical fitness    3. Reducing exposure to heat (via green spaces)    4. **All of the above** |
| 10:00-10:30 | BREAK |
| 10:30-12:00 | Session 2.2. The Role of Government in HiAP  *Kira Fortune (PAHO)* |
| Test questions | 1. What are the key roles government should play in the HiAP approach?    1. Single health issues    2. Starting with the health problem    3. Understanding the goals and interests of other sectors    4. Designing solutions for health to be implemented in other sectors    5. Understanding the goals and interest of other sectors and co-designing 2. What could be impediments to a HiAP approach?    1. Siloed budgets    2. Changing representatives on multisectoral committees    3. Shared values    4. Sustainable Development Agenda    5. Restricted policy space and limited resources |
| 12:45-13:45 | BREAK |
| 13:45- 15:10 | Session 2.3. The leadership role of the health sector and the role of non-governmental stakeholders  *Lianne Dillon (California Health in All Policies Task Force)* |
| Test questions | 1. What is the role of the health sector in effective HiAP implementation?    1. Build partnerships across sectors    2. Elevate equity impacts of policy scenarios    3. Increase collaboration within the health sector    4. All of the above 2. What is the role of non-government stakeholders in HiAP?    1. Serve as experts in identifying community driven solutions that are both effective and sustainable    2. Bring new resources and skills to the table    3. Neither    4. Both 3. What principles contribute to effective non-governmental stakeholder engagement?    1. Community workshop, one-one-discussion, advisory group    2. Empowerment, accountability, transparency    3. Crowd, observer, influencer    4. None of the above |
| 15:10-15:40 | BREAK |
| 15:40-17:30 | Session 2.4. Negotiating for Health  *Nicole Valentine(WHO), Lianne Dillon (California Health in All Policies Task Force)* |
| Test questions | 1. What are the main negotiation styles/approaches?    1. Straggler    2. Haggler    3. Competitive    4. Avoider    5. General trouble-maker    6. Cooperater |

# Day 3 Nicole Valentine, WHO (Chair)

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| 8:00-8:15 | RECAP FROM DAY 1, 2  *Nicole Valentine (WHO)* |
| 8:15-9:45 | Session 3. 1. Evaluating Progress in Health in All Policies  *Nicole Valentine (WHO), Eric Friedman (Georgetown Law), Lianne Dillon (California Health in All Policies Task Force), Marcelo Korc (PAHO), Elaine Fletcher (WHO)* |
| Test questions | 1. Evaluating Health in All Policies approaches could draw on the following types of approaches and indicators to evaluate the effectiveness of HiAP:    1. Programme logic as a basis for attribution    2. SDGs    3. Surveys of policy makers knowledge of the latest World Cup results in Russia    4. Organization learning including key informant interviews to assess policy-makers understanding of the determinants of health    5. Reviews of policies across government    6. Retrospective health impact assessment methodologies   BONUS QUESTION – ASK NICOLE |