Southgate Institute for Health, Society & Equity

Briefing Paper

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DOES A HEALTH IN ALL POLICIES APPROACH IMPROVE HEALTH, WELLBEING AND EQUITY IN SOUTH AUSTRALIA?

What is the South Australian Health in All Policies (HiAP) approach?

HiAP is a horizontal, cross-sectoral, policy approach that facilitates intersectoral relationships and policy development to address health, wellbeing and equity issues while also contributing to other sectors' policy goals. It is well recognised that many of the factors that contribute to health and wellbeing sit outside of the control of the health system, such as access to housing, education, employment and transport. The intersectoral focus of HiAP recognises the importance of these factors to population health, wellbeing and equity, and positions health as a shared goal of SA Government departments. HiAP commenced in South Australia in 2007 as a key recommendation of Professor Ilona Kickbusch, an Adelaide Thinker in Residence.

For further information on:
- the SA HiAP approach, including the Health Lens Analysis approach and the evolution of the SA HiAP model, visit: http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies
- the international context of HiAP, visit: http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/policy/entry-points-for-addressing-socially-determined-health-inequities/health-in-all-policies-hiap

Information about research undertaken to examine HiAP and its outcomes in SA, including academic papers, is available here: http://www.flinders.edu.au/medicine/sites/southgate/research/health-equity-and-policy/hiap.cfm

NHMRC HiAP research project

In 2012 a five year research project commenced to examine the adoption and implementation of Health in All Policies (HiAP) in SA, to determine its effectiveness in motivating action across sectors to improve population health and health equity. (Health equity means that everyone should have a fair opportunity to attain their full health potential and no one should be disadvantaged from achieving this potential if it can be avoided. Inequity implies systematic differences within and between groups that are avoidable and considered unfair or unjust.) This briefing paper presents key messages from the research project. Further detail about the research project and the data collection activities is provided at the end of the paper.

The changing South Australian context

The research revealed that the political and economic context within SA changed considerably during the course of the research. HiAP commenced in the context of a supportive political climate including a government mandate for innovation and intersectoral collaboration to achieve key strategic directions identified in South Australia's Strategic Plan. South Australia's economy was buoyant and anticipating a mining boom. However, during the research period (2012-2017) the economy contracted significantly, health promotion lost support from SA Health and was cut, and the Government became increasingly concerned with economic priorities and goals, and budget saving strategies. Government agencies increasingly sought to focus on their defined 'core business'. Despite these challenges, HiAP has continued to play a key, although changing, role in promoting and supporting the development of healthy public policies in state and local government.

Key messages from the project

Engagement of partner sectors with the health sector required a dedicated and skilful team with sufficient authority and effective governance mechanisms

1. A strong formal mandate through the support and partnership of the Department of the Premier and Cabinet and high level governance framework through Cabinet gave credibility and legitimacy to HiAP across government, supporting and authorising its engagement with other agencies.
2. A skilled team to support and advise other agencies on HiAP as a cross government approach was critical to effective implementation. Evidence showed that without a team to negotiate with participating sectors, a HiAP approach would be unlikely to succeed.
3. Building partnerships and seeking co-benefits were key drivers for SA HiAP. These cross sector relationships and networks were time consuming to establish. However, the focus on co-benefits was an innovative and effective feature of SA HiAP.
4. The focus on co-benefits brought significant benefits to participants from a range of sectors by broadening perspectives, informing thinking, building understanding and creating alliances and networks. This led to new, spin-off projects by policy actors. Policy actors championed the development of a strong supportive network in the SA Government and saw opportunities to continue to apply the HiAP approach in their work as they moved into new roles. However, pursuing a co-benefits agenda was also found to make it difficult to focus on areas where the strongest health benefits were likely to emerge if these areas were not being prioritised equally by agencies involved in a project. Compromise was usually required.
5. HiAP operates in a crowded and changing policy environment, with multiple layers of both competing and overlapping strategic objectives. It can be challenging, but not impossible, for public servants to focus on broader agendas when the focus of their projects needs to be continually realigned with changing priorities.
6. Sometimes the HiAP Health Lens Analysis engagement and negotiation process frustrated participants. Some saw HiAP projects in which they were involved as part of their organisation's normal business that could have been progressed more quickly and easily without using a Health Lens Analysis process. Overall however, participants found the involvement of the HiAP team and the use of the Health Lens Analysis process to be beneficial.
7. Networks and relationships led to a convergence of ideas from HiAP and other places, although data collection across sectors indicated that HiAP was not always acknowledged for its contribution to these ideas.

Change to whole of government actions to improve health equity is challenging

8. Health equity was an initial focus of HiAP and evident in its authorising documentation, such as the SA Strategic Plan and the SA HiAP principles. In practice, health equity did not remain an explicit priority for HiAP. Data analysis indicated that this was in part attributed to the changing economic climate in SA and the consequent shifting of government focus to overwhelmingly economic priorities, which reduced support for a social policy agenda. Furthermore, the data indicated that an equity agenda was positioned outside of narrow definitions of what constituted departmental 'core business'. Addressing health inequity requires political will.
9. Participants readily understood and accepted the importance of social determinants and action to promote health and wellbeing in all Government agencies. However, there was no similar understanding of the role of health equity and of the need for intersectoral policy to address the social gradient that creates health inequities.

Evidence of short term change is encouraging for the longer term: success is possible

10. A project-based approach using the Health Lens Analysis process built knowledge and skills among those directly involved with HiAP. It had some broader impact when 'champions' then moved into different roles and continued to apply the approach in their work.
11. The Health Lens Analysis projects led to some action on social determinants that may not have happened without HiAP.
12. There is evidence of the development of a new and changing mindset in agencies that have been involved with HiAP, showing a broadened understanding of the social determinants of health and other sectors' contributions to health.
13. For sustainability and wider implementation into the future the HiAP approach will need to be systematised.
14. The South Australian Public Health Act 2011 explicitly encourages action on social determinants. The Act gives defined roles and responsibilities to the Health Minister and Health Department in advising on the health implications of the policy development and planning of all government agencies. It also mandates local government to develop Regional Public Health Plans framed by a HiAP approach.
15. Implementation of HiAP has used limited resources, including a small and varying number of staff (6FTE at full complement). In Health, staff costs in 2016 were approximately $550,000 pa, with other sectors conducting their normal business in an adapted way and some providing in-kind support and contributing limited additional resources. To illustrate the scale of investment, the SA Health budget for 2015-16 was $5.8 billion. HiAP totalled 0.00948% of that budget.
16. Relative to its size, HiAP produced some changes in the policy environment. Our program logic model (see p6) predicts these changes will flow through to improved health outcomes. However, it is not feasible to expect HiAP to achieve systemic change given the timeframe and relatively small level of resources in a constantly changing political context and difficult economic environment. The evidence in our program logic model does not predict any discernible impact on flattening the health gradient in life expectancy.

Overall, the research found that SA's HiAP approach contributed to building knowledge and understanding among participants from other government departments that considering the health and wellbeing implications of their policies and strategies was relevant to their business. The establishment of an authorising environment for HiAP through the political support of the SA Premier and Cabinet, and the strong central agency support of the Department of the Premier and Cabinet were very important to the establishment and continuation of HiAP, and its acceptance by other agencies, as was external endorsement

from the World Health Organization EU. The experience of working with a supportive team of skilled experts was widely valued. Many participants stated that their experience with HiAP and the resulting networks that were established enhanced their own capacities for intersectoral collaboration.

The strong network of senior supportive public servants assisted in increasing the reach of HiAP beyond its original project-based focus, and in giving it legitimacy and credibility in other agencies. Despite its limited size and resourcing, HiAP produced many process related outputs at both an individual Health Lens Analysis project level and more generally. Our data suggests that HiAP has made a contribution to long term health outcomes through encouraging policies and interventions that will contribute to long term health benefits. However, because government economic priorities were dominant, action to achieve health equity has not been a major focus of HiAP.

Further details about the research project

The research project "Does a Health in All Policies approach improve health, wellbeing and equity?" was a five year (2012-2017) $1m NHMRC funded project conducted by the Southgate Institute for Health, Society and Equity, Flinders University. Prof Fran Baum led the research team, which included academic researchers and public servants from the Southgate Institute, SA Health and other South Australian, interstate and international institutions.

The research drew on policy theory to study the implementation of a complex cross-government approach through a retrospective and prospective systematic evaluation of the SA HiAP initiative. A theory based program logic model was developed as an innovative mechanism to evaluate HiAP as a complex intersectoral policy process, and to assess its contributions to longer term outcomes. The research was participative and iterative, and involved building and maintaining collaborative relationships between researchers and policy actors to facilitate the co-production of knowledge.

Research activities

Methods:

- 144 interviews undertaken 2013 - 2016: 74 interviews with senior policy staff, political and other non-bureaucratic key informants; and document analysis and 70 interviews on 6 specific HiAP case studies.
- 2 online surveys of public servants at different levels of seniority undertaken in 2013 and 2015 to assess and track awareness and attitudes regarding the HiAP process
- 2 workshops with key policy staff in health and other sectors in 2013 to develop and validate a program logic model to describe the SA HiAP approach.
- Ongoing observation to map and document changing context.

Case studies:

- 5 case studies of HiAP Health Lens Analysis projects:
  - Aboriginal road safety
  - Raising parental engagement with literacy to improve outcomes for children in the early years of schooling
  - Healthy sustainable regional development – Upper Spencer Gulf
  - International student health and wellbeing
  - Healthy weight
- Additional case study of local government regional public health planning, considering how HiAP has been operationalised through regional public health planning under the South Australian Public Health Act 2011

- PhD project – The social determinants of health and psychological wellbeing: Improving the mental health of all through broad based policy and intersectoral action.

Forums:

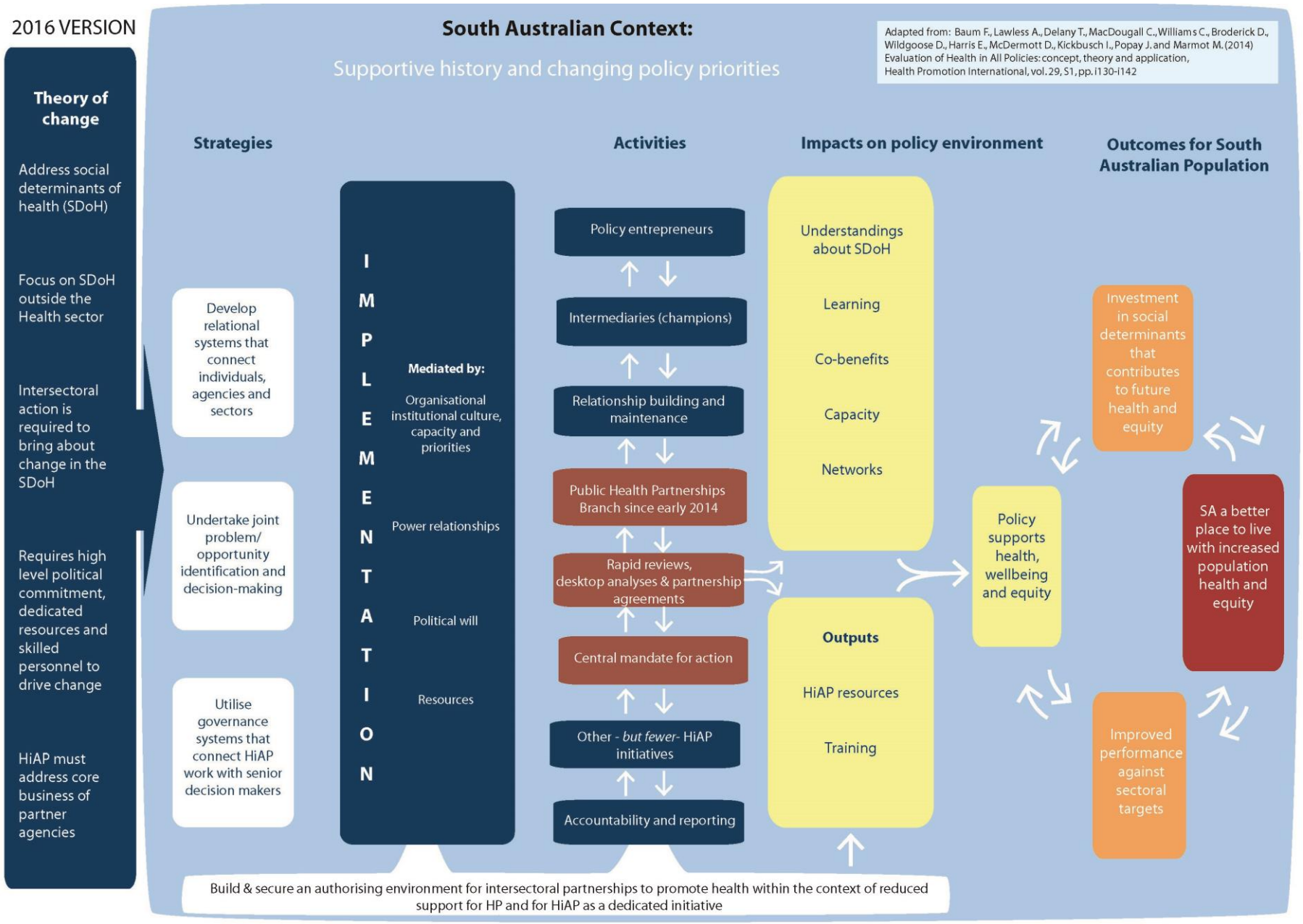
- HiAP Research Forum in 2013 to present the emerging research findings and the international context of Health in All Policies
- Local Government Forum in 2016 to discuss regional public health planning in SA and present research findings to councils that had participated in the case study.
- Final HiAP research symposium on Policies for Health Equity in 2017, with keynote address by Sir Michael Marmot to discuss research findings with public servants and academics, and to further inform the final findings of the project.

Recommendations

1. A more systematic and mandated response to promoting health and wellbeing in other sectors is required for the future to protect and build on Health in All Policies gains and to maximise South Australia's opportunities to promote health, wellbeing and equity.

2. Equity should become a prominent aspect of the government's agenda, with a strong focus on closing the gap in life expectancy between Aboriginal and Torres Strait Islander Australians and other Australians, and reducing the socio-economic status gradient.

3. Greater priority attention and further work is required of government to address health equity and flatten the social gradient in health.


2016 VERSION
South Australian Context:
Supportive history and changing policy priorities
Adapted from: Baum F., Lawless A., Delany T., MacDougall C., Williams C., Broderick D., Wildgoose D., Harris E., McDermott D., Kickbusch I., Popay J. and Marmot M. (2014) Evaluation of Health in All Policies: concept, theory and application, Health Promotion International, vol. 29, S1, pp. i130-i142
Theory of change
Address social determinants of health (SDoH)
Focus on SDoH outside the Health sector
Intersectoral action is required to bring about change in the SDoH
Requires high level political commitment, dedicated resources and skilled personnel to drive change
HiAP must address core business of partner agencies
Strategies
Develop relational systems that connect individuals, agencies and sectors
Undertake joint problem/ opportunity identification and decision-making
Utilise governance systems that connect HiAP work with senior decision makers
IMPLEMENTATION
Mediated by:
Organisational institutional culture, capacity and priorities
Power relationships
Political will
Resources
Activities
Policy entrepreneurs
Intermediaries (champions)
Relationship building and maintenance
Public Health Partnerships Branch since early 2014
Rapid reviews, desktop analyses & partnership agreements
Central mandate for action
Other - but fewer- HiAP initiatives
Accountability and reporting
Impacts on policy environment
Understandings about SDoH
Learning
Co-benefits
Capacity
Networks
Outputs
HiAP resources
Training
Policy supports health, wellbeing and equity
Outcomes for South Australian Population
Investment in social determinants that contributes to future health and equity
SA a better place to live with increased population health and equity
Improved performance against sectoral targets
Build & secure an authorising environment for intersectoral partnerships to promote health within the context of reduced support for HP and for HiAP as a dedicated initiative