Health in All Policies: Evaluating the South Australian Approach to Intersectoral Action for Health

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ABSTRACT

Objectives: Health in All Policies (HiAP) has been promoted as a means of embedding concern for health impacts in the policy-making process. In South Australia, specific structures and processes to achieve this have been developed and tested.

Participants: The HiAP approach is designed to engage policy officers and managers in all sectors of government.

Setting: South Australia, one of six Australian states, which operates under a system of cabinet government. There are 15 government departments.

Intervention: The primary mechanism of the South Australian HiAP approach is the health lens analysis (HLA) – an intersectoral, partnership process drawing on public health research methods. It has been applied to three separate public policy issues: water security, digital technology and migration.

Outcomes: Evaluation findings to date suggest that the HLAs have resulted in the following: increased understanding by policy-makers of the impact of their work on health outcomes; changes in policy direction; development and dissemination of policy-relevant research; greater understanding and stronger partnerships between health and other government departments; and a positive disposition toward employing health lens analyses in future work.

Conclusion: There have long been calls for intersectoral action in order to achieve public policy supportive of positive health outcomes. Evaluation to date suggests that the HLA is a promising means of moving the agenda from policy rhetoric to policy action.

Key words: Health policy; public policy; public sector

La traduction du résumé se trouve à la fin de l'article.

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Health in All Policies (HiAP) traces its roots to public health's longstanding concern with health determinants while incorporating 21st century understandings of health governance.¹ Calls for intersectoral action to achieve healthy public policy can be tracked from the Ottawa Charter for Health Promotion in 1986 and the Adelaide Recommendations on Healthy Public Policy in 1988, to the 2006 European Union promotion of HiAP. In South Australia (SA) there has been resurgence of interest and activity around integrated policy-making.² Most recently, Adelaide hosted an international meeting on HiAP that resulted in the Adelaide Statement on Health in All Policies.³

Although there is consensus about the need for intersectoral approaches, previous attempts to implement this type of intervention have often failed.⁴ Nevertheless, public health has continued to take on the challenge to “establish cooperation between different sectors in society to make health an issue on the agenda of all society sectors”.⁵

The challenges of 21st century societies have added impetus to efforts to address health issues through policy innovations. New policy approaches based on an understanding that “health is everywhere” are required.⁶ A HiAP approach is characterized by “common goals, integrated responses and increased accountability across government departments”.³ It moves beyond the boundaries of the health sector to promote “effective and systematic action for the improvement of population health, using genuinely all available measures in all policy fields”.⁷

INTERVENTION

In 2008, the SA Government committed itself to a HiAP approach to building healthy public policy. Its introduction was promoted by Professor Ilona Kickbusch during her term as Adelaide Thinker in Residence.⁸ An important factor in the adoption of HiAP was the demonstration of its applicability to a key policy driver, South Australia's Strategic Plan (SASP).⁹ SASP sets targets across portfolios and makes chief executives accountable to the Premier for their achievement. This is monitored through a subgroup of Cabinet, the Executive Committee of Cabinet Chief Executives Group (ExComm CEG). Linking HiAP with SASP highlighted the interconnections between health and SASP targets, and engaged the most senior levels of government.

Considerable developmental work had been undertaken to pave the way for such an approach. SA Health and the Department of the Premier and Cabinet led the creation of a number of strategies used

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Figure 1. The SA Health Lens Analysis process

Ex-comm CEG=Executive Committee of Cabinet Chief Executives Group, SASP= South Australia's Strategic Plan

to raise awareness of HiAP. A desktop analysis exploring the potential health impacts of a sample of SASP targets was undertaken. Intersectoral workshops explored the interrelationships between health and strategic plan targets, and tested methods of collaboration. A state conference brought together policy makers from across government and highlighted the interactions among sectoral agendas.^{1,10}

From these beginnings, an SA HiAP model has been developed, a small HiAP unit established within SA Health, and a series of intersectoral policy projects completed with a number of others underway. Governance structures have been determined, and the ExComm CEG now provides cross-sectoral oversight of both HiAP and SASP.

The key mechanism in the SA model is a process termed “health lens analysis” (HLA). HLA examines connections among policy, strategies and health in a systematic manner and aims to deliver evidence-based recommendations that support sound policy and health outcomes.¹⁰ The process aims to identify how to not only ameliorate the negative health impacts of policy proposals but also promote the ways in which health can be developed and supported, a perspective sometimes neglected.⁵ The HLA is designed to shift the policy frame and inform policy at the conceptual stage rather than towards the end of decision-making processes, as is more typically the case with the traditional Health Impact Assessment.¹¹

The HLA model (see Figure 1) describes a practical set of processes to support intersectoral policy development. A “how-to” guide details five stages in the process: engagement, evidence gathering, generating, navigating and evaluating.¹² A defining feature of the SA HiAP approach is the notion of mutual benefit: equal emphasis is placed on achieving the objectives of other sectors as well as improving health.

SA Health has demonstrated a strong commitment to evaluation of the HLA, recognizing that methods are being tested and are likely to evolve. Evaluation has sought to examine both processes and short-term impacts in terms of changes in the knowledge, skills and attitudes of participants and the incorporation of health considerations in resulting policies. The evaluation did not track implementation of project recommendations or assess the extent to which policy changes influenced health outcomes.

The evaluation was conceived of as action research, whereby evaluation findings informed the development of HLA processes and structures. This was facilitated by ongoing interaction between evaluators and HiAP unit staff, in keeping with evidence that partnership between researchers and other stakeholders is critical in establishing research transfer.¹³

Each HLA has a project proposal that details the scope and focus of the analysis and agreed-on aims and outcomes. This paper deals with the impacts associated with the first three HLA projects completed (see Box 1).

PARTICIPANTS, SETTING AND INTERVENTION

The evaluation was commissioned by SA Health and conducted by researchers from the South Australian Community Health Research Unit at Flinders University. The evaluation design was developed with HiAP unit staff, but activities were undertaken independently and confidentially. A total of 31 participants from nine separate government departments or agencies were involved. Of these, 13 were from SA Health. Only one HLA project participant was unable to participate in the evaluation. It should be noted that HiAP unit staff were involved in more than one HLA. Evaluation participants were a mix of project and policy staff, middle managers, executive-level staff and university researchers. Group and individual interviews were used to gather feedback in a semi-structured format. Questions covered project development and impacts, explored how steps in the HLA model worked in practice and sought participants' views on whether their specific HLA objectives had been achieved. Interviews were recorded, noted and partially transcribed. A primary descriptive analysis of each HLA project was undertaken led by one researcher and checked by a second. Draft reports of findings were circulated among those informants who requested this, and feedback and clarification resulted in minor adjustments. A second stage of analysis was then undertaken identifying themes, categories and relationships in the data across the three projects. This paper reports cross-cutting findings identified in the analysis of the projects.

Ethics approval for the research was granted by the Social and Behavioural Research Ethics Committee of Flinders University.

Box 1. The First Three Completed HLA Projects

Water Sustainability HLA focused on the potential health impacts associated with increasing use of alternative water sources – rainwater, stormwater and greywater.

Regional Migrant Settlement HLA examined the interplay among the social, economic and health factors affecting migrant settlement in three regional areas of South Australia.

Digital Technology HLA aimed to support increased use of digital technology by low socio-economic status groups in ways that promote positive health outcomes.

OUTCOMES

Each HLA dealt with a discrete policy focus and differed in the scope of the project and the size and complexity of the partnership and reporting structures. Many participants were aware of the HiAP concept from the developmental work described above. The HLAs were viewed by participants as establishing proof of concept. While the HLAs generally followed the processes outlined in the SA model, in reality the process was more organic.

The analysis identified common themes related to increased understanding of the social determinants of health, evidence to inform policy-making, changes in policy direction and a positive disposition to the HLA as a method of intersectoral collaboration.

Increased understanding by policy-makers of the impact of their work on population health and health equity

Projects were underpinned by a broad conception of health and a commitment to attend to the priorities of both health and the other agencies involved in the HLA. Project teams comprised members from sectors not normally involved in collaborative enterprises with health. Participants reported that the HLA resulted in new perspectives being brought to bear on the issues.

“...the process is a different way of going about things, moves from a narrow focus, it broadened the view, broadened exposure to other departments and...the partnering with health broadens the reach.” (Digital Technology HLA informant)

The process of describing links between the project focus and health was critical in providing a basis for the collaboration. This occurred primarily in the “gather evidence” step of the model. In the case of the Water Security HLA this was relatively easy, given the obvious connection between health and the water supply. However, the HLA process enabled consideration of the issue in terms other than quality and safety. The notion was also raised of community amenity dependent on water supply contributing to both physical and psychological well-being. One respondent suggested that modern policy development was about “human adaptation”, and this frame encouraged broader thinking than a more traditional frame, such as resource management.

Participants in the Digital Technology HLA project found the links between digital technology and health and well-being more difficult to articulate and agree upon. In this project, an iterative process whereby evidence was commissioned and fed back to the project team enabled an understanding of the causal pathways between digital technologies as a determinant, and health and well-being as an outcome to be built.

Participants in the Migrant Settlement HLA all reported a broadening of their understanding of settlement issues. Processes ensured that the knowledge and expertise of project team members were used and their agency's perspective was considered. Perspectives

not usually canvassed in a “settlement” project were incorporated, allowing the interrelationships between health, well-being and settlement to be examined. One informant commented that the project became as much “migration in all policies” as it was health in all policies.

It is important to note that the HLA resulted not simply in non-health sectors gaining a better understanding of how their activities affect health but also in a shared and more sophisticated understanding of how health and other sectoral agendas are inter-related. Thus, health sector policy-makers also gained new insights into their own work. This is illustrated by this comment from a health sector participant in the Migrant Settlement HLA:

“I wasn't expecting the issues for skilled migrants – seemed to be parallel [to humanitarian migrant] or in some cases worse – we thought we knew but we clearly didn't.” (Migrant Settlement HLA informant)

The new understanding raised awareness within the health sector that new health responses to migration issues were required.

Changes in policy direction as a result of a health lens analysis

The navigate step of the health lens process (assisting the progression of recommendations through the decision-making process) was seen as essential in realizing strategic outcomes from the process. Although it appears as a discrete step in the HLA model, there was, in fact, ongoing communication with senior bureaucrats who would have to sign off on any recommendations in all three HLAs. Central government endorsement of both the process and the recommendations of the HLAs was seen to increase the likelihood of policy change.

The first HLA undertaken focused on water security and took place during the development of the state's water security plan. This represented a significant policy opportunity but also meant there were competing demands on participants. The scope of the HLA was narrowly focused on use of alternative water sources, which was only a small portion of the policy territory. Nevertheless, decision-makers responsible for the *Water for Good*¹⁴ policy document reported that the HLA influenced the policy through the way the issues were framed and through the language used.

“[the HLA report and recommendations] certainly informed our narrative in Water for Good... if you look at the work that was done in terms of focus groups and the research that was done into it, it came up with some opinions from people about what they were or weren't prepared to drink and have in their water supply system.” (Water Security HLA informant)

The Migrant Settlement HLA addressed a key aim of government – the promotion of population growth in regional areas of SA through overseas migration programs. The HLA developed recommendations for policies and programs for each of the agencies involved in the project (Department of Trade and Economic Development, SA Health and Multicultural SA) in order to improve settlement outcomes for migrants and the communities they settle in. Recommendations were endorsed by chief executives and will inform future policies and programs.

“The recommendation made for the department to implement an integrated settlement strategy which looks at broader than the individual skilled worker coming to work here – it looks at other family members and a range of other issues so (if implemented) that's an impact on policy development.” (Migrant Settlement HLA informant)

The importance of governance arrangements was also highlighted in the Digital Technology HLA. The final project report made a number of recommendations about ways in which government could work toward greater digital inclusion. Having the ExComm CEG endorse the HLA report was seen as giving weight and momentum to its recommendations.

Development and dissemination of policy-relevant research

With the current emphasis on evidence-based policy, bureaucrats were well acquainted with the use of data and research evidence to inform decisions. However, the HLA brief to examine inter-relationships between health and other sectoral agendas led policy-makers to frame issues in different ways, ask different questions of the data and seek different sources of evidence.

Gaps in data and evidence were noted in all HLAs. The need for policy-relevant research led to productive partnerships between bureaucrats and researchers. For example, there was a paucity of information about where migrants settled, leading the HLA to engage the National Centre for Social Applications of Geographical Information Systems at the University of Adelaide in providing advice regarding settlement patterns. Likewise, a partnership was formed with researchers from the Southgate Institute of Health Society and Equity at Flinders University to assemble evidence regarding digital technology and health.

An important part of these HLAs has been the use of focus groups to provide community perspectives on the issues (for example the Digital Technology HLA commissioned a series of focus groups involving people from lower socio-economic backgrounds, to explore their interest in and use of digital technology). This was an untried strategy for most bureaucrats involved in the HLAs, and initial support for its use was guarded. Bureaucrats felt that such exercises could be politically risky, particularly in areas such as water security, which is a highly visible and politically charged issue in a state known as “the driest state in the driest continent”. Independent facilitation of these was considered important to ensure that they were not perceived by community members as pushing a particular option. However, the results were seen as a useful means of capturing community perspectives and resulted in such perspectives being incorporated into HLA considerations. This comment captures the way in which community feedback challenged assumptions held by policy-makers:

“People in government are somewhat disconnected from user patterns in the community, particularly in this target group. I think there’d be a lot of assumptions about how people worked with the technology that were wrong so this data was important.” (Digital Technology HLA informant)

Participants felt that the rigorous approach to evidence gathering provided HLAs with credibility and noted that the research supported other areas of their work.

Participants from the HLAs also commented on the visibility and value of being involved in the 2010 Health in All Policies international meeting held in Adelaide.

Greater understanding and stronger partnerships between health and other government departments

Respondents noted that intersectoral collaboration, especially between departments without a history of interaction, can be time-

consuming and difficult. The “engage” step, during which the project’s scope and focus were determined, was often lengthy but considered fundamental to the project’s success.

“There were lots of discussions trying to develop a common language, a common understanding of values, a common purpose and roles... we’ve all got very different models, languages and cultures within organizations and they can present barriers.” (Migrant Settlement HLA informant)

This appears to have contributed to a sense of joint ownership, exemplified in the observation that the project became as much about “migration in all policies” as health. The importance of the health sector attending to the agendas of other sectors was emphasised in all projects.

Some participants were unaccustomed to working in inter-sectoral partnerships and noted the positive nature of the collaboration. Comment was made that the groups were in general very productive:

“It’s quite uncommon to get a lot of agencies around the table for more than a one-off meeting and...it’s been quite enlightening for people to... share information and get different perspectives.” (Migrant Settlement HLA informant)

“The outcomes beneficial to us were the collaboration with health and other strong policy and program areas of government, the link up to cabinet committee which is something we don’t get a lot of and the link up to academic research. It certainly broadens the credibility of what we’re doing. It allowed us to examine and clarify our thoughts and our directions and our understandings.” (Digital Technology HLA informant)

A positive disposition toward employing health lens analyses in future work

Common to all projects was agreement by participants that the project had been worthwhile, even when difficulties in the process had been identified.

“I think it’s an excellent approach... there were aims and objectives which were about examining [HLA] as an approach and certainly those aims and objectives were met and I think we could learn from that.” (Water Security HLA informant)

There was consistent endorsement of the process when respondents were asked if they would recommend participation in an HLA to others. Two agencies involved have approached the Health in All Policies Unit regarding undertaking a second HLA focusing on a different area of policy.

There are currently four HLAs underway examining Healthy Weight, Aboriginal Road Safety, Literacy Outcomes for Schools in Low Socioeconomic Areas, and Wellbeing of Overseas Students.

Evaluation to date has primarily been formative with a focus on process and short-term impacts to document and inform development of the HLA model. A comprehensive 5-year program of work has now been funded by the National Health and Medical Research Council. Detailed assessment of the policy impacts of HLAs and the mechanisms that enabled these will be undertaken. The research will employ theory-based evaluation methods that examine the mechanisms responsible for social change by articulating and testing the links between program activities and the changes they are aiming to bring about.¹⁵ Kingdon’s¹⁶ agenda-setting framework will be used as a theoretical lens to analyze how evidence, theory and political processes respond to a range of influences – ideas, interests and institutions.

DISCUSSION

O'Neill et al.⁴ concluded that one of the main reasons for the failure of intersectoral initiatives was the failure of the health sector to attend to the legitimate agendas of other sectors. As Nutbeam¹⁷ notes, such "health imperialism" often led to other sectors withdrawing from partnerships that defined problems only from a health perspective. The SA model of HiAP is predicated on the notion of mutual benefit, and health sector participants in the HLAs were well aware of the dangers of health imperialism. While SA Health has been a driving force, it has also been mindful of the need not to dominate partnerships and has sought to take "a respectful and collaborative approach".¹⁸ Ollila¹⁹ refers to this as a "cooperation strategy" whereby health aims are advanced through a systematic approach to cooperation.

Case studies of countries' intersectoral action to reduce inequities²⁰ suggest that how the issue was framed had an impact on strategies employed, partners identified and the definition of outcomes. Defining health broadly and bringing health into the policy frame early facilitated engagement of all sectors and implementation of intersectoral actions. This appears to have been one of the successes of this HiAP approach, with a sense of shared ownership of both process and product emerging.

As Lindström and Eriksson⁵ note, development of healthy public policy should not only identify potential health problems and address them but should also identify resources and mechanisms that support positive health. HLAs were successful in not only identifying possible negative impacts but in also identifying salutogenic factors that support positive health and well-being.

Reflections of participants suggest that the HLA process has resulted in a shift in policy-makers' thinking. Both conceptual learning (redefining goals, problem definitions and strategies) and social learning (dialogue and interaction between stakeholders) appear to have taken place.²¹ As Harris and Harris-Roxas²² suggest, these types of learning require sustained and significant involvement by stakeholders and may well be contingent on a process that provides time for substantial interaction and relationship-building. Kickbusch⁶ believes that an understanding of the social determinants of health and development of a strategy that takes into account the range of factors over which the health system has no control require a change in the mindset of decision-makers. The evaluation of these HLAs suggests that this process has considerable promise in achieving such a shift in mindset.

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RÉSUMÉ

Objectifs : La santé dans toutes les politiques (l'approche HIAP) est promue comme un moyen d'inscrire dans les processus décisionnels un souci des effets des décisions sur la santé. En Australie-Méridionale, on a créé et testé des structures et des processus spécifiquement à cette fin.

Participants : L'approche HIAP vise à mobiliser les agents de politiques et les gestionnaires de tous les secteurs du gouvernement.

Lieu : L'Australie-Méridionale, un des six États australiens, qui fonctionne selon un système de gouvernement de cabinet. On y trouve 15 ministères.

Intervention : Le principal mécanisme de l'approche HIAP en Australie-Méridionale est « l'analyse dans une optique de santé » (HLA) – un processus intersectoriel mené en partenariat qui fait appel aux méthodes de recherche en santé publique. Ce mécanisme a été appliqué dans trois dossiers de politiques publiques : la sécurité de l'eau, la technologie numérique et la migration.

Résultats : Les résultats de l'évaluation jusqu'à maintenant montrent que les analyses HLA ont entraîné : une compréhension accrue, chez les responsables des politiques, des incidences de leur travail sur les résultats sanitaires; des changements dans les orientations stratégiques; l'élaboration et la diffusion de recherches pertinentes pour les politiques; une meilleure compréhension et des partenariats plus forts entre la Santé et les autres ministères; et une tendance favorable à employer les analyses de type HLA dans les travaux futurs.

Conclusion : On réclame depuis longtemps des actions intersectorielles pour obtenir des politiques publiques qui favorisent les résultats sanitaires positifs. Les données d'évaluation obtenues jusqu'à maintenant montrent que la méthode HLA est un moyen prometteur pour passer de la théorie à la pratique dans les politiques.

Mots clés : politique sanitaire; politique publique; secteur public