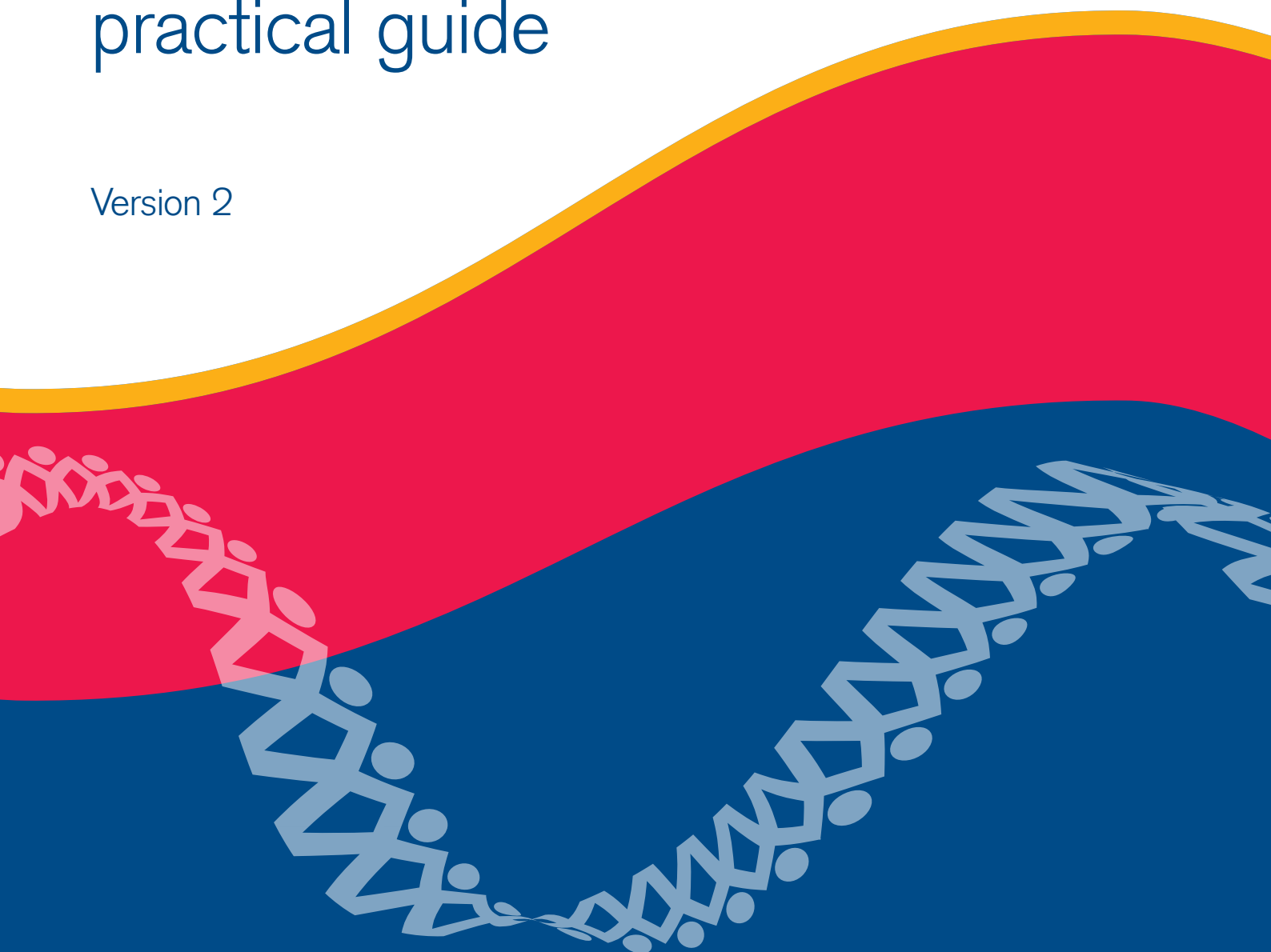


The South Australian approach to

# Health in All Policies: background and practical guide

Version 2



Government  
of South Australia

The South Australian approach to Health in All Policies: background and practical guide

Version 2, November 2011

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- Multicultural SA
- The Department of Further Education, Employment, Science and Technology
- The Department for Transport, Energy and Infrastructure
- The Department of Planning and Local Government
- The Land Management Corporation
- City of Marion
- Health Promotion Branch, DH

## Abbreviations

ABS	Australian Bureau of Statistics
C&WS	Cycling & Walking Section
CE	Chief Executive
CEO	Chief Executive Officer
COAG	Council of Australian Governments
DECS	Department of Children's Services
DFC	Department for Families and Communities
DFEEST	Department of Further Education, Employment, Science and Technology
DH	Department of Health
DPA	Development Plan Amendment
DPC	Department of the Premier and Cabinet
DPLG	Department of Planning and Local Government
DTED	Department of Trade and Economic Development
DTEI	Department for Transport, Energy and Infrastructure
DTF	Department of Treasury and Finance
DWLBC	Department of Water, Land and Biodiversity Conservation
EU	European Union
ExComm	Executive Committee of Cabinet
ExComm CEG	Executive Committee of Cabinet Chief Executives Group
FUSA	Flinders University of South Australia
HIA	Health Impact Assessment
HiAP	Health in All Policies
HLA	Health Lens Analysis
HPB	Health Promotion Branch
LMC	Land Management Corporation
MOU	Memorandum of Understanding
MP	Member of Parliament
OWS	Office for Water Security
SA	South Australia
SASP	South Australia's Strategic Plan
SDH	Social Determinants of Health
TOD	Transit-oriented Development
WHO	World Health Organization

## Introduction

*Health in All Policies aims to improve the health of the population through increasing the positive impacts of policy initiatives across all sectors of government and at the same time contributing to the achievement of other sectors' core goals.*

It is intended that this guide will be used to assist agencies interested in engaging in Health in All Policies (HiAP) to familiarise themselves with the elements of the HiAP process and to provide an opportunity for discussion about how best to commence this process. It will also be used to build capacity within both SA Health and across government, including local government, to undertake HiAP projects either independently or with support from staff in the Department of Health's (DH) HiAP Unit.

The guide aims to:

- describe the concept of HiAP broadly as it exists internationally and in more detail within South Australia (SA)
- assist in building HiAP partners' knowledge and understanding of the SA HiAP health lens process
- promote the SA HiAP model across all levels of government, the academic sector and internationally.

### The structure of this guide

**Section 1** provides an overview of the background, theory and principles underpinning HiAP. It aims to provide a summary of the history of HiAP and a list of further resources is provided at the back of the document for those who wish to learn more.

This has been provided in response to requests from agencies we have worked with who have indicated a strong interest in learning about the concepts underpinning the South Australian HiAP approach.

**Section 2** outlines the development and implementation of SA's approach to HiAP, including the governance model and the health lens analysis (HLA) process. It aims to provide a step-by-step guide to the HiAP HLA process in SA.

### What is HiAP?

HiAP is about promoting healthy public policy. It is a way of working across government to encourage all sectors to consider the health impacts of their policies and practices, and at the same time it examines the contribution that a healthier population can make towards achieving the goals of other sectors. The SA HiAP approach can contribute to the achievement of cross sector goals through applying a 'health lens' to broader policy and strategy considerations.

Many of the problems facing our society today require collective government and community action. These complex issues can only be effectively resolved through joined-up processes of government. HiAP is an innovation which offers a new way of working together.

The processes and methods used in HiAP can be applied to other policy areas of government (e.g. 'education in all policies' or 'sustainability in all policies'). Health is clearly an issue that demands an all-of-government and community response. The health care sector is good at responding to, and treating people with, illness and injury—but in order to effectively prevent illness and injury and to improve the conditions which promote health, a partnership between the health sector and other sectors of government who have more influence over these conditions is needed.

The SA HiAP approach recognises the opportunity for mutual benefit—that the health of the population contributes to other agencies achieving their goals, and in achieving their goals, improved health and wellbeing is supported.

Professor Ilona Kickbusch, an internationally recognised expert in public health, health promotion and global health, was the 2007 Adelaide Thinker in Residence. ‘Health in All Policies’ was the principal recommendation arising out of her residency. Professor Kickbusch proposed that HiAP would provide a strategic mechanism to achieve improved health and wellbeing outcomes and at the same time assist other sectors in achieving the targets of South Australia’s Strategic Plan (SASP). The SA government has mandated HiAP as a process to enable more effective partnerships, and its implementation is overseen by the Executive Committee of Cabinet Chief Executives Group (ExComm CEG).

### What is the health lens analysis process?

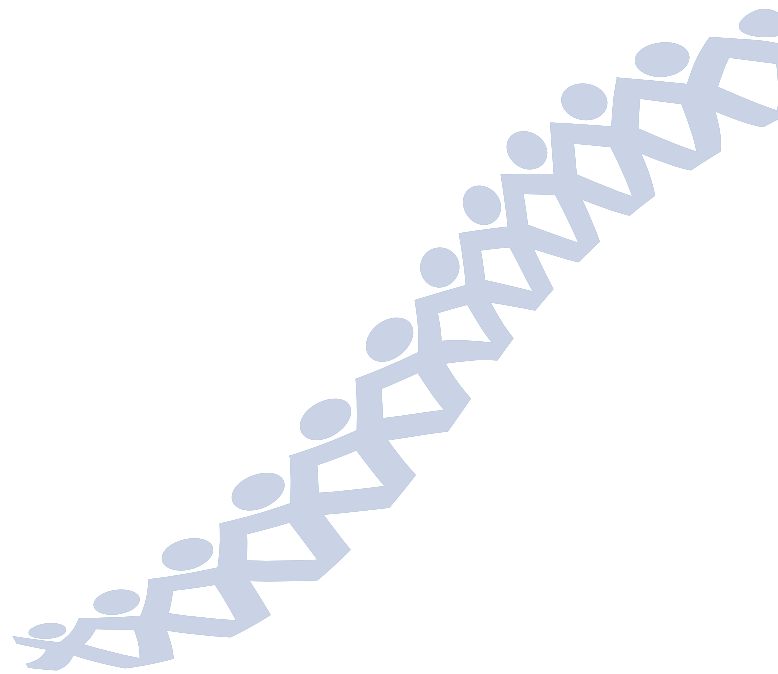
The HiAP Unit within DH works collaboratively with representatives of other government agencies (partner agencies) on HLA projects. The projects are based around SASP targets or other key government priorities which have been identified as having strong links to health and wellbeing. A specific focus for the HLA project is agreed between agencies before a project commences. Briefly, a HLA project involves five stages:

- **Engage**—establishing and maintaining strong collaborative relationships with partner agencies, including understanding of organisational culture and language variations.
- **Gather evidence**—establishing impacts between health and the policy area under focus, and identifying evidence-based solutions or policy options.
- **Generate**—producing a set of policy recommendations and a final report that are jointly owned by all agencies with responsibility for the target/policy area.
- **Navigate**—helping to steer the recommendations through the decision-making process
- **Evaluate**—determining the effectiveness of the HLA.

Members of the partner agency and the HiAP Unit are involved at each of the five steps. This process is described in detail in Chapter 5 of this guide.

### What is the role of the health sector in HiAP?

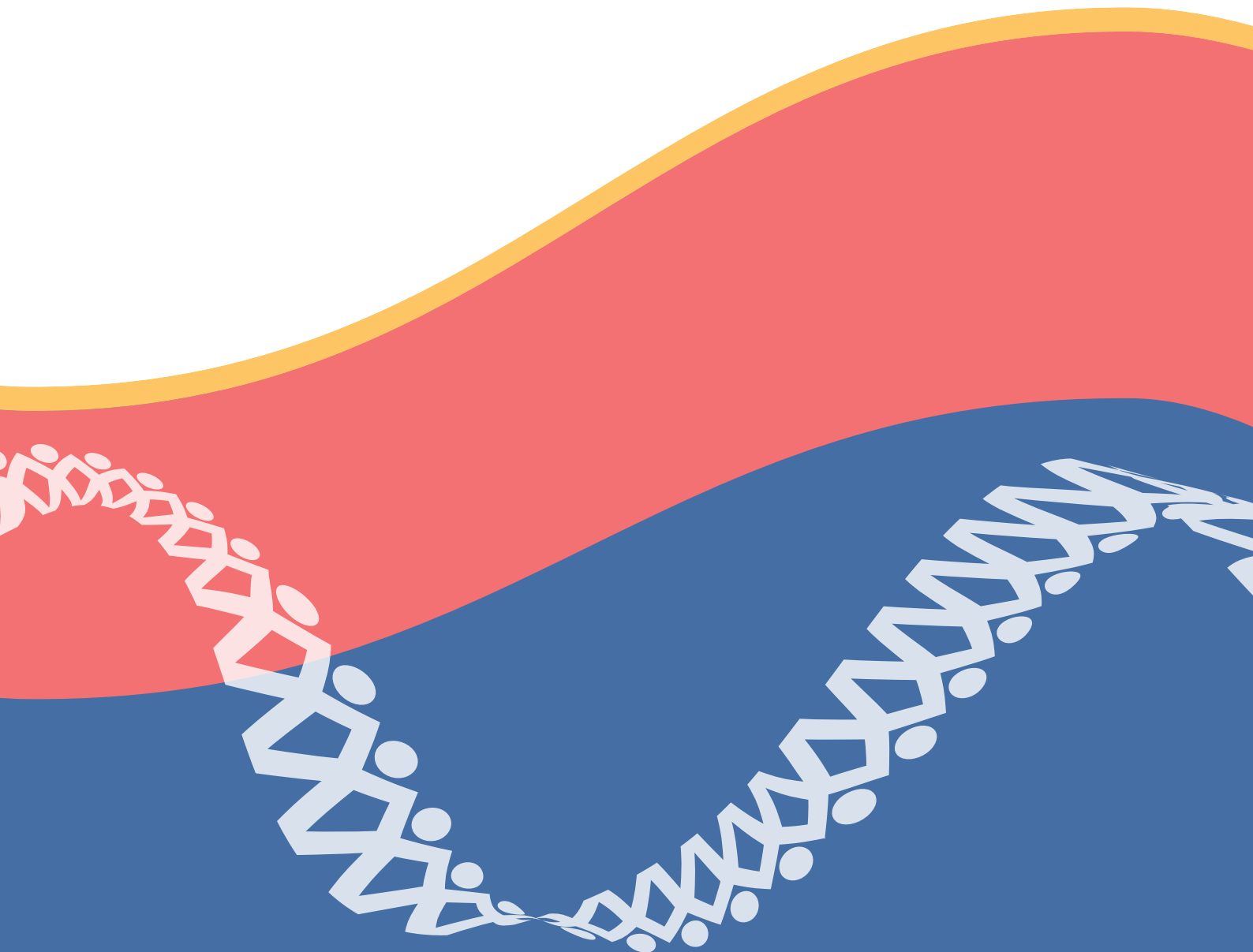
DH has established a small HiAP Unit to support the HiAP program. The key role of the unit is to support the collaborating government agencies through the steps of the HLA process and begin to draw the connections between the SASP target and health and wellbeing, with a particular focus on the social determinants of health.





Section 1

# Health in All Policies: background, theory and principles



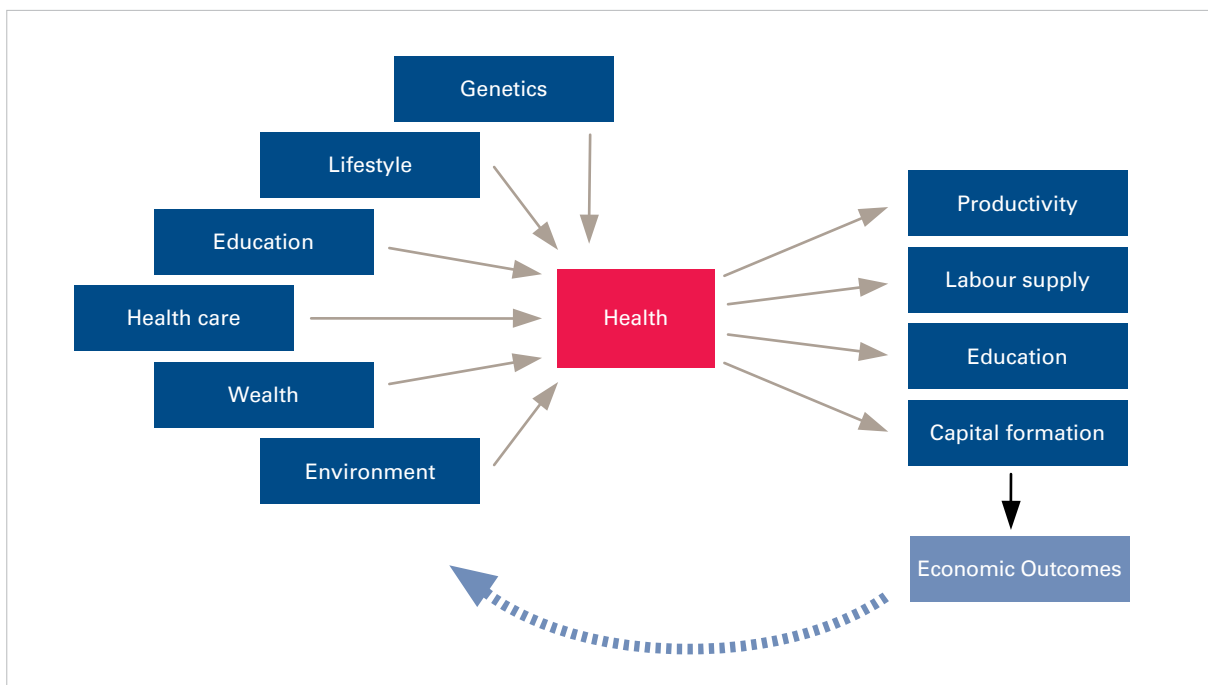
## Chapter 1

# Why we need a Health in All Policies approach

## Health and wellbeing are not created by the health sector

A core concept in HiAP is that the health and wellbeing of the population is shaped by the broad social, economic and physical factors—collectively called the social determinants of health (SDH)—most of which are outside the control of the health sector. Housing, transport, education and the environment are all examples of factors that affect health and wellbeing which lie outside of the core function of health systems. The most significant improvements in health and life expectancy over the past 150 years are due to changes in these broader areas, and are not directly attributed to improvements in health care.

It is now recognised that the health of the population has a significant impact on the functioning of our economy. A policy that has negative consequences for the health and wellbeing of the population will impact on the economy, both through lost productivity and the increasing costs of the health care system. As a result, improving health and wellbeing needs to become a shared goal across all sectors of government, with integrated policy responses that cross portfolio boundaries. Influencing the wide range of factors which determine health is likely to benefit all sectors of government as increasing the health of the population will have positive impacts on productivity, the economy, sustainability and society as a whole. The SDH and their interconnections with the building blocks of sustained prosperity are shown in Figure 1.1 below.



**Figure 1.1: Health as a major economic and social driving force**

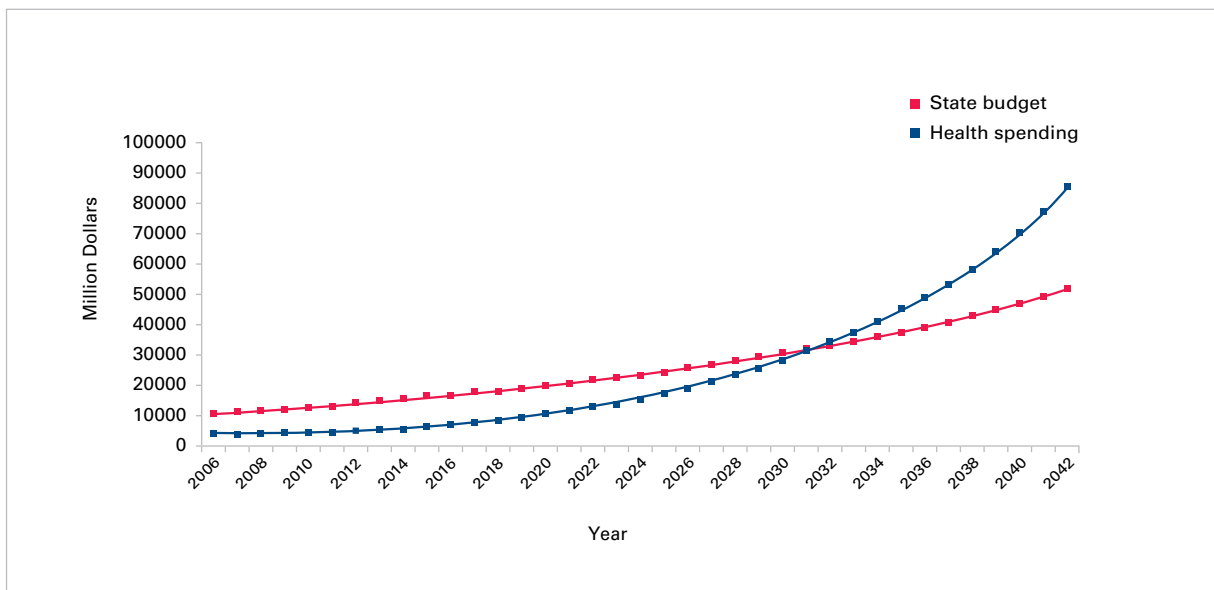
Source: [http://europa.eu.int/comm/health/ph\\_determinants/healthdeterminants\\_en.htm](http://europa.eu.int/comm/health/ph_determinants/healthdeterminants_en.htm)

## Crisis in health expenditure

Twenty first century societies, in both the developed and the developing world, are experiencing an epidemic of chronic disease (those diseases that are related to preventable risk factors, such as diabetes and heart disease). The World Health Organization (WHO) has warned that the global burden of chronic disease is such that by 2020 chronic disease will account for three quarters of all deaths. The burden of chronic disease is increasing demand on health services, which is particularly a problem for health systems that are also encountering the effects of ageing populations. At the same time health care costs are growing through the increasing use of expensive technological procedures.

Governments are becoming increasingly concerned that these health care costs are consuming an ever increasing proportion of their country's gross national product, while their revenue base is being eroded through demographic developments such as the ageing of the population. These factors are driving an urgent need to contain the growing cost pressure of ill-health on the limited financial resources of countries.

The SA health budget currently consumes close to 30% of the total state budget. In ten years this will be 50% and without change, health will consume the entire state government budget in less than 25 years (see Figure 1.2). Much of the increase in health expenditure is related to the rising prevalence of chronic illness conditions. This is clearly unsustainable and a new approach to improving the health and wellbeing of the population is needed.



**Figure 1.2: Total state budget compared to health sector expenditure**

Source: Department of the Premier and Cabinet, South Australia

Many chronic conditions can be prevented or at least improved, but this cannot be achieved by the health system alone. The health systems primary function is to treat people who are ill and then often it returns them to the very circumstances which contributed to their ill-health in the first place. This is counter productive. Therefore, effective illness prevention and health promotion requires changes in our social, physical and economic environments and activities, in other words it requires action on the SDH.

HiAP provides an opportunity for government agencies to work together to try to improve the health of the population through addressing the SDH and helps to create a cost effective, sustainable health system.

## Human capital and economic development

A healthy and skilled population is critical to workforce participation, productivity and better economic health—all factors that impact future living standards. People in good health are more productive and can participate more effectively in the labour market and education. The extent of the impact of the ageing population will depend on our ability to keep people healthy and active throughout their longer lives.

An HiAP approach strengthens the complementary policy links between health and other sectors. It considers the effects on the health of the population across all policy domains, for example agriculture, fiscal policy, education, environment, housing and transport, and at the same time contribute to population health, wellbeing and wealth.

A critical feature of HiAP is the two way dynamic: how can better health support the achievement of other sectors' goals? and in achieving these goals how can we optimise population health outcomes? This dynamic is explored through an examination of the interconnections and synergies between the actions required to achieve improved health, and the action required to achieve the goals and targets of other sectors. Wherever possible, actions are identified that deliver both improved health and the realisation of the other agency's policy goals and targets, with an equal focus of efforts placed on each.

## Health equity and social determinants of health

Even in affluent countries people who experience social and economic disadvantage experience more ill health and shorter life expectancy compared with those who are more economically and socially privileged. Economic disadvantage impacts upon a person's ability to exercise choice such as where they live and what food they eat, to access services and fully participate in the life of the community.

Economic disadvantage not only impacts on the individuals and families affected, but also the wider economy through social impacts such as welfare support and through reduced productivity and participation. Improvement in the health of the population is dependent upon addressing the causes of economic disadvantage and poverty and other factors that contribute to inequities in health. An HiAP approach provides an opportunity to look for joined up policy solutions; it forms the basis of concerted action on the SDH—above all, education, employment and the environment; and it has the ability to influence the distribution of these health determinants across population groups.

Conceptualising health through its determinants is important because determinants can often be more directly influenced through policies and interventions in other arenas of policy-making, as they address problems at their cause, such as in the settings in which people live and work. Individual health problems are typically a product of a variety of determinants. This means that policies, interventions and actions outside the health sector can address determinants of health more directly. The improvement in health through acting on determinants can therefore be made easier and more straightforward than through more traditional disease- or health problem-based approaches.

Incorporating a focus on health impacts into the policy development process of all sectors and agencies allows government to address the key determinants of health in a systematic manner. It takes into account the benefit of improved population health for the goals of other sectors. It enables sectors to work collaboratively, breaking down the boundaries agencies traditionally face when attempting to work across different policy areas.

## Chapter 2

# Underlying principles of Health in All Policies

The HiAP approach is based on the principles underpinning the fields of health promotion and public health, including recognition of the influence that the determinants of health have on the health of the population. The concepts and methodology behind HiAP build on these principles and the key ones are described below.

## The determinants of health

*'Lack of health care is not the cause of the huge global burden of illness; waterborne diseases are not caused by lack of antibiotics but by dirty water, and by the political, social and economic forces that fail to make clean water available to all; heart disease is not caused by a lack of coronary care units but by the lives that people lead, which are shaped by the environments in which they live; obesity is not caused by moral failure on the part of the individuals but by the excess availability of high fat and high sugar foods. The main action on social determinants of health must therefore come from outside the health sector.'*<sup>1</sup>

Health and wellbeing are determined by a range of factors from age, sex and hereditary factors, through to individual behaviours and to the social, cultural and economic contexts within which people live their lives. These societal contexts have the greatest impact on the health of populations. An outline of these determining factors and their impacts is shown in Figure 2.1.

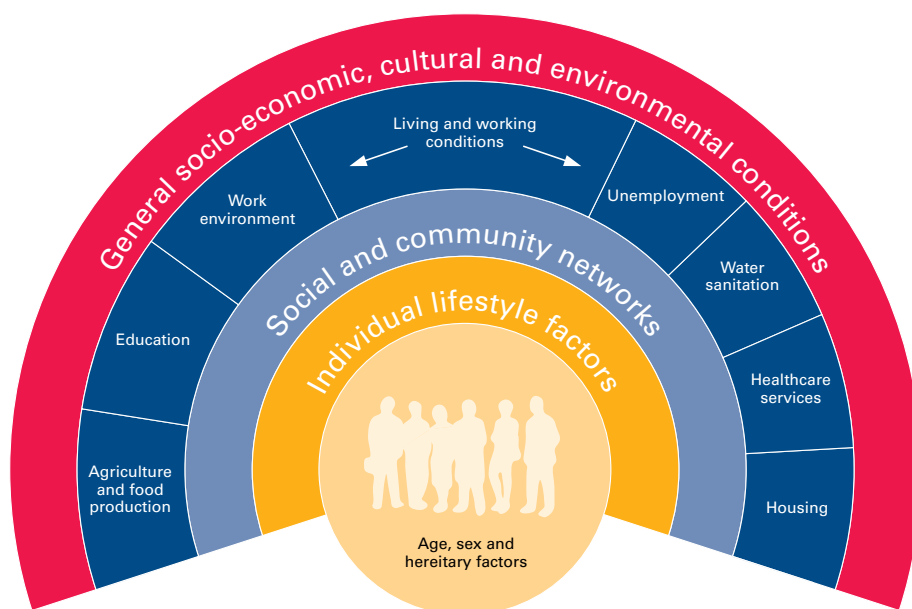


Figure 2.1: The main determinants of health

Source: Dahlgren and Whitehead 1992<sup>2</sup>

The basic biology and organic makeup of the human body are a fundamental determinant of health, accounting for 15% of health outcomes. In some instances genetics appear to predispose certain individuals to particular diseases or health problems.<sup>3</sup>

The broader factors contributing to the health of individuals or populations are known as the social determinants of health. Approximately 50% of the health of the population can be explained by these socioeconomic factors. Examples of these are outlined in Table 2.1.

**Table 2.1: The social determinants of health and their impacts on health and wellbeing**

Source: adapted from *The Solid Facts*<sup>4</sup>

Determinant	How it impacts on health
The social gradient	<ul style="list-style-type: none"> <li>• Poor social and economic circumstances affect health throughout life.</li> <li>• Life expectancy is shorter and most diseases are more common further down the social ladder in each society.</li> </ul>
Stress	<ul style="list-style-type: none"> <li>• Social and psychological circumstances can cause long-term stress.</li> <li>• Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death.</li> </ul>
Early life	<ul style="list-style-type: none"> <li>• Observational research and intervention studies show that the foundations of adult health are laid in early childhood and before birth.</li> <li>• A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime.</li> </ul>
Social exclusion	<ul style="list-style-type: none"> <li>• Poverty, relative deprivation and social exclusion have a major impact on health and premature death, and the chances of living in poverty are loaded heavily against some social groups.</li> <li>• Poor quality of life caused by hardship and resentment, poverty, social exclusion and discrimination can reduce life expectancy.</li> </ul>
Work	<ul style="list-style-type: none"> <li>• In general, having a job is better for health than having no job. But the social organisation of work, management styles and social relationships in the workplace all contribute to health.</li> <li>• Stress in the workplace increases the risk of disease. People who have more control over their work have better health.</li> </ul>
Unemployment	<ul style="list-style-type: none"> <li>• Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. Higher rates of unemployment cause more illness and premature death.</li> <li>• Job security increases health, wellbeing and job satisfaction.</li> </ul>
Social support	<ul style="list-style-type: none"> <li>• Social support and good social relations make an important contribution to health.</li> <li>• Friendship, good social relations and strong supportive networks improve health.</li> </ul>
Addiction	<ul style="list-style-type: none"> <li>• Drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health.</li> <li>• Individuals turn to alcohol, drugs and tobacco and suffer from their use, but use is influenced by the wider social setting.</li> </ul>
Food	<ul style="list-style-type: none"> <li>• A good diet and adequate food supply are central for promoting health and wellbeing. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Excess intake contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental caries.</li> <li>• Because global market forces control the food supply, healthy food is a political issue.</li> </ul>
Transport	<ul style="list-style-type: none"> <li>• Cycling, walking and the use of public transport promote health in four ways. They provide exercise, reduce fatal accidents, increase social contact and reduce air pollution.</li> <li>• Healthy transport means less driving and more active forms of transport combined with increased use of public transport options.</li> </ul>

## Health equity and equality

There are many types of inequality—age, gender, culture/ethnicity, social and economic position, disability, geographical area and remoteness to name a few. Some of these are unavoidable and not able to be influenced, such as age. Other inequalities occur as a result of difference in an individual's ability to access educational and employment opportunities, material resources, effective services, living conditions particularly during childhood, racism and discrimination, and so on.

These potentially avoidable inequalities occur as a consequence of unjustifiable differences in opportunity, which subsequently result in unequal access to the determinants of health, including health services, nutritious food, adequate housing, safe transport, secure employment, etc.<sup>5</sup> Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health.<sup>6</sup>

Inequalities in health exist as a result of inequities in society—in the conditions in which people are born, grow, live, work and age.<sup>6</sup> Closing the health gap between socially and educationally disadvantaged people and more advantaged people requires policies that will improve access to health-enhancing goods and services, and create supportive environments. This may mean focusing activities on underprivileged and vulnerable groups to address previous inaction on the issues that most significantly affect them.

To tackle the issue of inequalities, a rigorous approach needs to be adopted. When planning and implementing programs and projects, the impacts they may have on reducing or exacerbating inequality should be considered.

## South Australia's 10 HiAP principles

In November 2007, following the second part of Professor Ilona Kickbusch's Residency as Adelaide's thirteenth Thinker in Residence, an across-government HiAP Conference was held to discuss the opportunity to apply an HiAP approach in SA. During this conference Professor Kickbusch led the development of a series of principles which emphasised the importance of across-government work in addressing the determinants of health. These principles have played a pivotal role in underpinning the SA approach to HiAP.

An HiAP approach reflects health as a shared goal across government. In particular it:

1. Recognises the value of health for the wellbeing of all citizens and for the overall social and economic development of South Australia—health is a human right, a vital resource for everyday life and a key factor of sustainability.
2. Recognises that health is an outcome of a wide range of factors—such as changes to the natural and built environments and to social and work environments—many of which lie outside the activities of the health sector and require a shared responsibility and an integrated and sustained policy response across government.
3. Acknowledges that all government policies can have positive or negative impacts on the determinants of health and such impacts are reflected both in the health status of the South Australian population today and in the health prospects of future generations.
4. Recognises that the impacts of health determinants are not equally distributed among population groups in South Australia and aims at closing the health gap, in particular for the Aboriginal peoples.
5. Recognises that health is central to achieving the objectives of South Australia's Strategic Plan (SASP)—it requires both the identification of potential health impacts and the recognition that good health can contribute to achieving SASP targets.
6. Acknowledges that efforts to improve the health of all South Australians will require sustainable mechanisms that support government agencies to work collaboratively to develop integrated solutions to both current and future policy challenges.

7. Acknowledges that many of the most pressing health problems of the population require long-term policy and budgetary commitment as well as innovative budgetary approaches.
8. Recognises that indicators of success will be equally long-term and that regular monitoring and intermediate measures of progress will need to be established and reported back to South Australian citizens.
9. Recognises the need to regularly consult with citizens to link policy changes with wider social and cultural changes around health and wellbeing.
10. Recognises the potential of partnerships for policy implementation between government levels, science and academia, business, professional organisations and non-governmental organisations to bring about sustained change.<sup>7</sup>



## Chapter 3

# Underpinning concepts and frameworks

The HiAP approach, as developed in SA, builds on the key concepts and frameworks outlined in progressive WHO documents—beginning with the Declaration of Alma Ata, through to the Adelaide Statement on Health in All Policies.

This section briefly describes the evolution of HiAP and the concepts and frameworks from which the current model used in SA has been derived.

## Progression from Alma Ata to the Adelaide Statement on Health in All Policies, and beyond

The concepts behind HiAP have their origin in the Declaration of Alma Ata of 1978<sup>8</sup>, where the importance of intersectoral action for health was first acknowledged. It recognised that health and wellbeing is influenced by the decisions and policies of other sectors and that to achieve significant health gains the health sector needs to work in partnership with other sectors. Alma Ata set the scene for the future development of key global policy statements from WHO including the now classic Ottawa Charter for Health Promotion.<sup>9</sup>

The Ottawa Charter was developed during the 1986 WHO International Conference on Health Promotion and is still considered the foundation document underpinning health promotion practice today. It details the key concepts, principles and actions required to promote health and wellbeing. The five key action areas are intended to provide a framework upon which health promotion action is delivered.

1. **Build healthy public policy** to ensure that policy developed by all sectors contributes to health-promoting conditions (e.g. healthier choices of goods and services, equitable distribution of income).
2. **Create supportive environments** (physical, social, economic, cultural, spiritual) that recognise the rapidly changing nature of society, particularly in the areas of technology and the organisation of work, and that ensure positive impacts on the health of the people (e.g. healthier workplaces, clean air and water).
3. **Strengthen community action** so that communities have the capacity to set priorities and make decisions on issues that affect their health.
4. **Develop personal skills** to enable people to have the knowledge and skills to meet life's challenges and to contribute to society (e.g. life-long learning, health literacy).
5. **Reorient health services** to create systems which focus on the needs of the whole person and invite a true partnership among the providers and users of the services.

The first action area of the Ottawa Charter 'build healthy public policy' aims, among other things, to:

- put health on the agenda of policy makers in all sectors and at all levels
- identify obstacles to the adoption of healthy public policies in non-health sectors, and ways of overcoming them.

While all five action areas of the Ottawa Charter are considered important, building healthy public policy is understood as one of the key actions to promoting healthier populations and at the same time is one of the more challenging areas to influence. WHO convened the second International Conference on Health Promotion in Adelaide in 1988 which focussed on building healthy public policy. The conference produced a series of recommendations highlighting the important influence that other sectors' policy impacts have on health.

While this work was extremely valuable, it has proven difficult to move this action beyond the theory and, in particular, beyond the health sector and into the policy domains of other sectors.

Efforts to redress this problem re-emerged in 2006 during the Finnish Presidency of the European Union (EU). It was during the Finnish Presidency that HiAP was first formally introduced to elevate health concerns into the policy considerations of other EU sectors. Since 2006, the HiAP approach has been endorsed as a lead theme and incorporated into the EU health strategy.<sup>10</sup>

A common concept underpinning all of these approaches—from Alma Ata to HiAP—is a strong recognition of the link between health outcomes and the need to address the SDH. Unfortunately, most of what influences the SDH lies outside the control of the health sector. The SDH are shaped by the distribution of money, power and resources at the global, national and local levels, which are themselves influenced by policy. This makes the intersectoral nature of HiAP particularly important.

This theme was further explored by the WHO Commission on the Social Determinants of Health 2005–2008. The Commission's final report documents the evidence for action on the SDH and sets out recommendations designed to increase health and health equity. It highlights the need for intersectoral action and cooperation, and calls for all government agencies to examine the health impacts of their policies and programs.

The three principles mentioned above—intersectoral action for health, building healthy public policy, and HiAP—are similar concepts. All three concepts take a broader view of health and wellbeing, and focus on working with other sectors to influence the level and distribution of health determinants. Over time, subtle changes in their application have strengthened the approaches and this increased understanding and knowledge has led to the development of HiAP as it exists in SA, which is a more robust concept that has been designed to enhance effective engagement with other sectors and develop practical policy for implementation across government.

It should be noted, however, that an important and significant difference between HiAP and these other concepts is that HiAP not only considers how the work of other agencies can improve the health of the population, but also how the benefits of improved health and wellbeing can contribute to the achievement of the goals of those agencies. As such, one of the main aims of an HiAP approach is a win-win outcome for all agencies involved.

## Healthy public policy

*'Healthy public policy is characterised by an explicit concern for health and equity in all areas of policy and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes the social and physical environments health enhancing.'*<sup>11</sup>

*Healthy public policy* differs from *health policy*, which deals with those policies that determine the financing and operation of health services, primarily for illness care. Healthy public policy is concerned with health in its broadest sense and ensuring that the public policy impacts on health and wellbeing are considered in policy decisions across all sectors of government.

The main aim of healthy public policy is to create supportive environments to enable people to lead healthy lives. Such policy makes healthy choices possible or easier for people. It promotes health-enhancing social and physical environments. In the pursuit of healthy public policy, government sectors concerned with agriculture, trade, education, industry, and communications are encouraged to take health into account when formulating policy.

SA has been prominent in the international development of healthy public policy. Recommendations from the second international conference on health promotion in 1988 set an agenda that remains relevant today. The conference identified four key areas as priorities for healthy public policy for immediate action:

1. Supporting the health of women
2. Food and nutrition
3. Tobacco and alcohol
4. Creating supportive environments.

## Health in All Policies

Health in All Policies is about promoting healthy public policy. HiAP is based on the understanding that health is not merely a product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants. Healthy public policy therefore needs to engage with and mobilise agencies that have the policy levers and programs to influence action in these sectors.

HiAP is a way of working across government to better achieve public policy outcomes and simultaneously improve population health and wellbeing outcomes. Good population health has positive impacts on productivity, sustainability and the economy, therefore it benefits all sectors and society as a whole.

The HiAP concept originated in Europe. It has been incorporated into the European Health Strategy and forms of it are progressively being implemented by all Member States of the EU. The Government of South Australia has adapted this concept to meet the needs of South Australians and, more specifically, to address targets within SASP. Importantly, the South Australian HiAP approach extends the European HiAP work to strengthen the focus on improving health and wellbeing through the achievement of the goals of other sectors.

## The Adelaide Statement on Health in All Policies

*'Taking account of health means more effective government: More effective government means improved health'<sup>12</sup>*

In April 2010, the Government of South Australia, in partnership with the World Health Organization, hosted an International Meeting on Health in All Policies. The meeting focused on examples of successful implementation of a HiAP approach and other similar joined-up government initiatives. Particular attention was given to South Australia's approach to HiAP which is emerging as an early example of how governments can work across sectors to improve the social, economic and environmental determinants of health. The main aim of the meeting was to move the agenda forward by identifying key principles and pathways that contribute to action for health across all sectors of government, and that also engage the health sector in contributing to the goals of other sectors.

The key outcome of the meeting was the development of the Adelaide Statement on Health in All Policies: moving towards a shared governance for health and well-being. It emphasises that government objectives are best achieved when all sectors include health and wellbeing as a key component of policy development and, as such, is targeted not only at health professionals, but also at policy and program leaders beyond the health system.

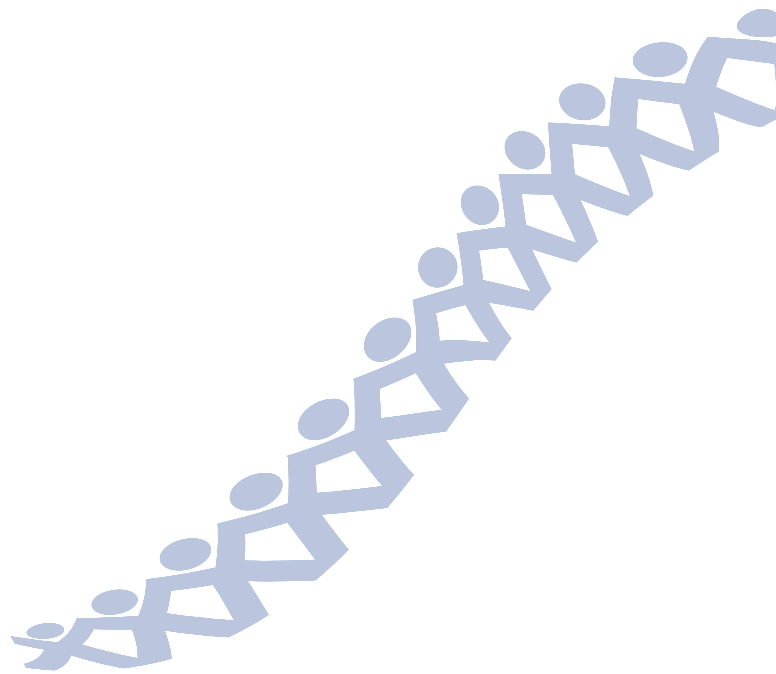
The Adelaide Statement outlines the need for a new social contract between all sectors to advance human development, sustainability and equity, as well as to improve health outcomes. This requires a new form of governance where there is joined-up leadership within governments, across all sectors and between different levels of government. It also entails a different role for the health sector, one of facilitator and enabler, rather than being the self-appointed leader of change. To harness health and well-being, governments need institutionalized processes which value cross-sector problem solving. This includes providing the leadership, mandate, incentives, budgetary commitment and sustainable mechanisms that support government agencies to work collaboratively on integrated solutions.

The Adelaide Statement draws on the experience of those countries that have been attempting to implement a HiAP approach to address the social determinants of health. It identifies the conditions that best support such collaborative across-government work, as well as the drivers of such work. It has to date, and will continue to be used to engage leaders and policy-makers at all levels of government—local, regional, national and international.

The Adelaide Statement can be found at: [http://www.who.int/social\\_determinants/hiap\\_statement\\_who\\_sa\\_final.pdf](http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf)

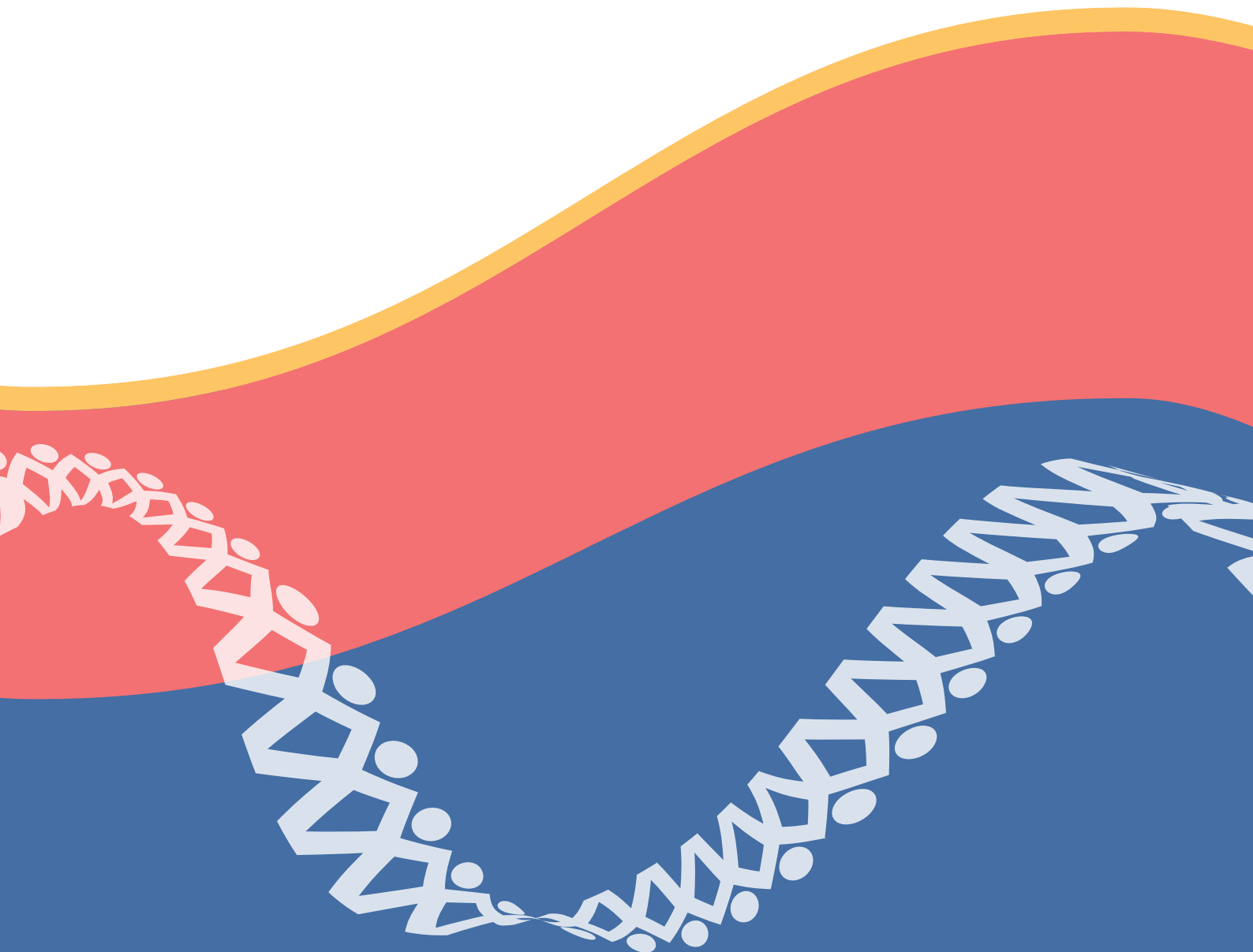
### Next steps in the development process

The Adelaide Statement is part of a global process to develop and strengthen a HiAP approach. It contributes to a critical debate in which Member States and Regions of the WHO are now engaged. The statement provided valuable input into the World Conference on Social Determinants of Health in Brazil 2011, the 8th Global Conference on Health Promotion in Finland 2013, and preparations for the Millennium Development Goals post-2015.



Section 2

# South Australia's Health in All Policies model: a practical guide



## Chapter 4

# Introducing Health in All Policies to South Australia

South Australia began to explore the introduction of HiAP in 2007 when Professor Ilona Kickbusch was Adelaide's Thinker in Residence. HiAP was the principal recommendation arising out of her residency. This proved to be an important catalyst for action. Other government agencies started to consider the health implications of their work and the Department of Health (DH) began to consider its role in supporting these agencies to apply the HiAP approach. SA was in an ideal position to adopt Professor Kickbusch's recommendation, as a broad intersectoral policy framework was in place to guide and track the state's progress—SASP.

There is a strong commitment across the SA government to support the Adelaide Thinkers and their recommendations, and this was an important factor in preliminary consultations with other sectors. It ensured initial high-level commitment and helped to translate early success with HiAP into a model that could be applied across SA.

This chapter will explore the introduction of HiAP to SA and will detail the SA approach. It includes a detailed description of the SA HiAP model, including the governance structures underpinning the approach and the HLA process which is used to implement the model with other government sectors.

## Linking SASP and HiAP

A critical part of Professor Kickbusch's recommendation was that HiAP in SA should be applied to the targets contained in SASP. SASP is an ambitious whole of state plan consisting of 98 targets for six interrelated objectives. SASP objectives and targets are aligned to the factors commonly described as the SDH—factors such as work, employment, education, food, transport, housing, environment, early life and social support.

Like the principles of HiAP, SASP recognises the interdependence and interconnections of the targets and the need for concerted action across multiple sectors of SA society. Individual targets do not stand alone. As such, SASP calls for 'joined-up' government to work across traditional departmental silos to achieve specified targets and objectives. SASP enables the SA Government to formally acknowledge and respond to the links between economic development, productivity and the health and wellbeing of its citizens and is therefore an ideal basis for applying the HiAP model.

HiAP also benefits SASP as it provides the opportunity and a mechanism to explore the interconnections between SASP targets and to identify joint areas of work. In this way it contributes to a win-win situation—whereby opportunities to enhance the achievement of SASP targets through interagency collaboration are identified and, through their achievement, health outcomes for the population are improved.

Linking HiAP with SASP provided the opportunity to establish HiAP as a whole-of-government concern, which has been a missing link in previous attempts at joined-up policy approaches.

## Moving from theory to practice

The work to implement HiAP in SA has occurred in three phases. The first was a *preparatory and awareness-raising phase* that informed other government agencies about HiAP and prepared the groundwork for implementation. During the second phase—*proof of concept*—the HiAP leadership and governance structures were established and the initial health lens projects were conducted. HiAP is now moving into the next phase—implementation—where strategies are being put into place to ensure its ongoing sustainability.

### Preparatory and awareness raising

In the first phase of her residency Professor Kickbusch recommended that the DH and the Department of the Premier and Cabinet (DPC)—which has responsibility for driving whole-of-government implementation of SASP—investigate the feasibility of implementing an HiAP approach. This work was conducted in three distinct but related stages, namely:

- a desktop analysis of selected SASP targets
- case studies—examining the interaction between policy issue and health
- HiAP conference—an across government state based conference.

These activities provided an opportunity for all sectors to become more familiar with the key HiAP concepts and helped move the concept from theory to practice.

#### The desktop analysis<sup>13</sup>

DPC undertook a rapid desktop analysis of the key interactions and synergies between health and wellbeing outcomes and 14 selected SASP targets. This was referred to as casting a 'health lens' over the targets. This analysis provided a mechanism for the integration of health considerations across a wide range of policy areas that affect the SDH, such as the environment, education, child development, social capital, housing, transportation and employment.

#### The case studies

A series of discussion papers were developed presenting case studies on seven of the 14 targets identified in the desk top analysis. This provided government departments with the opportunity to experience HiAP in action. Stakeholders from relevant agencies and disciplines were invited to attend workshops which aimed to consider the interactions between the target and health outcomes. The discussion papers provided a focal point at each of the workshops, prompting discussion and debate amongst participants. Proposals were developed which identified where effort could be focused to meet the target and improve the health of the population.

This process aided policy-makers and decision-makers outside the health sector to recognise the connections between health and the core business of other government agencies, and consider the important role that non-health policies have in promoting health.

#### HiAP conference

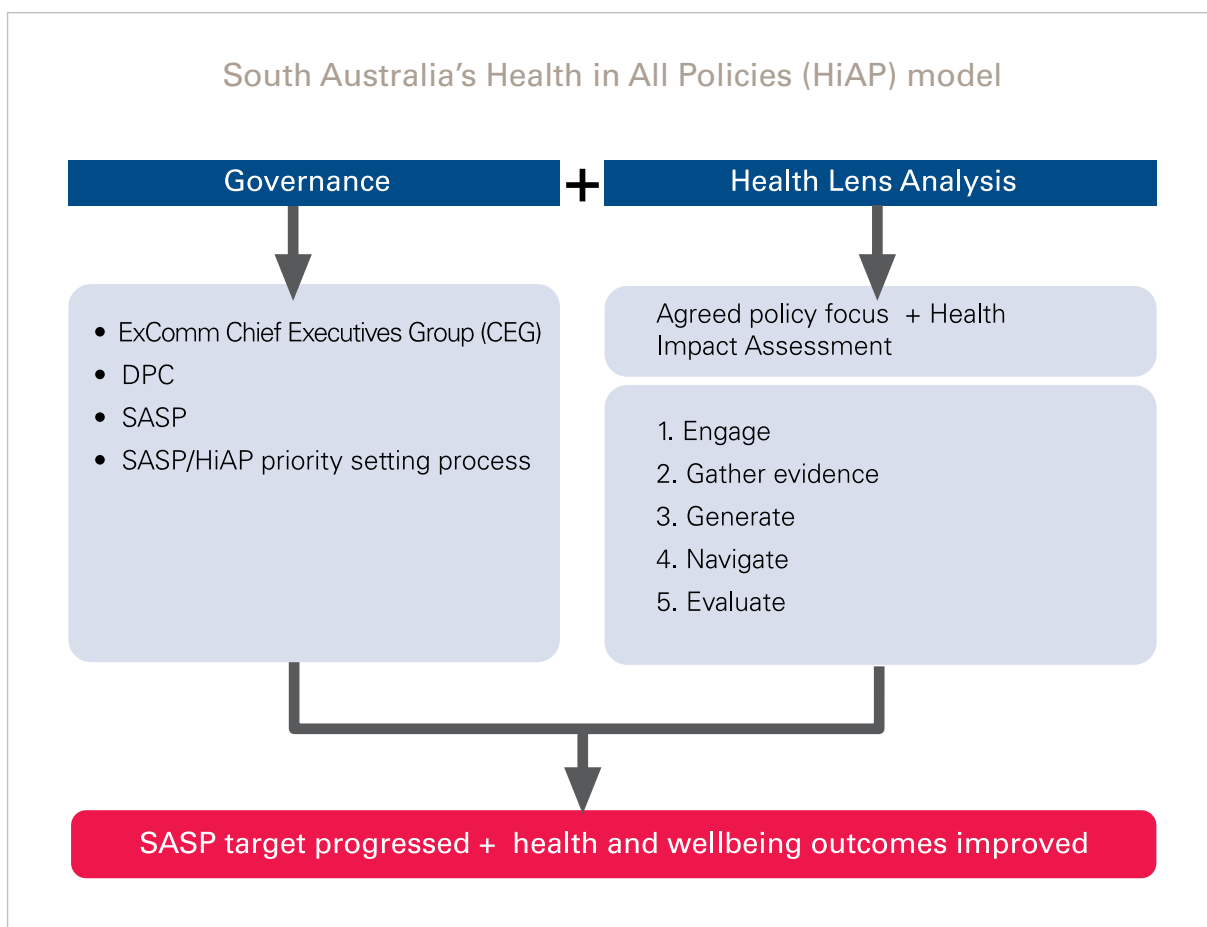
In November 2007 DPC and DH jointly convened an HiAP conference. It was attended by executive and senior officers from across state government, and included consideration of the implications of the work from the desk top analysis and workshops. The conference focused on issues of relevance to all of government and moved well beyond the health agenda, demonstrating the connection between the health and wellbeing of the population, the economy and achieving the SASP targets.

The key message at the conference was that HiAP is a viable solution to assist government to address a range of complex issues and at the same time improve population health. This was reflected in the 10 HiAP principles as presented in Chapter 2.

These three elements of the strategy provided the opportunity to actively engage with other sectors around HiAP and frame discussions directly linking individual agencies' core business with health outcomes through a SDH pathway.

### Proof of concept

Once the SA Government endorsed the application of HiAP to SASP, DH and DPC worked together to develop an approach to support the implementation of HiAP. This included establishing a central governance structure and trialing the application of HiAP to SASP targets. The experience gained during this proof of concept phase led to the drafting of the SA HiAP model (discussed further in the next section). The model has developed incrementally and while it is still open to refinement, the key elements have been determined, including i) central governance and accountability, and ii) a health lens analysis process. See Figure 4.1.



**Figure 4.1: South Australia's original Health in All Policies model**

*Issues of governance are discussed in the following section and South Australia's health lens analysis process is explained in detail in Chapter 5.*



## Governance

It is widely acknowledged that an important feature of successful intersectoral work is to establish clear governance arrangements and accountability structures that cut across all sectors of government and create joint responsibility. A range of different approaches have been used by various national and international governments to go beyond traditional departmental boundaries to create joint responsibility. SA has benefited from this work and adapted it to help support the implementation of HiAP.

In SA four critical elements have helped HiAP's early success. These include:

- a whole of government mandate
- leadership from the centre
- a small but dedicated strategic HiAP Unit within DH
- a clear priority setting process.

### An across government mandate

SASP provides the across government mandate for HiAP. SASP is an important framework for all SA Government departments as they are required to achieve and report on the targets relating to their portfolio and department. Chief Executives (CEs) are responsible to the Premier for achievement of the targets. By linking HiAP to SASP, HiAP benefits from the across government commitment already established to deliver on SASP targets and provides the legitimacy or mandate for HiAP.

*'It is vitally important to ensure that the HiAP approach retains its momentum. Mainstreaming HiAP within the SASP framework will ensure that it is not diluted—the linkages between the targets will provide the impetus to retain the momentum.'*<sup>14</sup>

### Central leadership

Following the 2007 HiAP conference and other activities conducted during the awareness raising phase, the government supported the adoption of HiAP within SA and agreed for it to be applied to the SASP targets.

There was also strong support for the leadership of the HiAP initiative to come from central government and not from the health sector. Leadership from the centre was seen as providing a clear statement of commitment that HiAP would be supported by all of government, not just the health sector, and provided partner agencies the impetus to engage in HiAP. It also addressed possible perceptions that the HiAP initiative was an opportunity for health to have other sectors work on the health sector's business. It was proposed that the governance structures established to support SASP could be used to support the implementation of HiAP.

SASP is overseen by the ExComm, which is chaired by the Premier and includes the Treasurer, three other Ministers and the chairs of the government's two most powerful advisory bodies—the Economic Development Board and the Social Inclusion Board. ExComm serves as a strategic policy committee of Cabinet and, among other things, undertakes annual appraisals of CE's performances against SASP and other whole-of-government objectives.

ExComm charged the Executive Committee of Cabinet's Chief Executive Group (ExComm CEG) with overseeing the development, implementation and evaluation of HiAP across government. This group also oversees the implementation of SASP on behalf of ExComm. DPC supports the ExComm CEG fulfil its role in overseeing both SASP and HiAP.

The ExComm CEG, with support from DPC has overarching responsibility for the implementation of HiAP and it does this through clear monitoring and accountability processes which include:

- approving priority areas for HiAP
- inviting CEs from other government departments to partner with DH in applying a HiAP health lens analysis to the nominated SASP targets under their responsibility
- endorsing project proposals and final reports.

A Memorandum of Understanding (MOU) was developed between DPC and DH to describe the relationship, roles and functions required to support the ExComm CEG to oversee the effective implementation of HiAP across SASP. The MOU outlines a summary of expectations and responsibilities, governance, reporting and planning, evaluation and promotion.

### **Health commitment**

Formal endorsement of HiAP by DH was another important factor in the development and implementation of HiAP. DH supported Professor Kickbusch's HiAP recommendations and established a small HiAP Unit to support the central governance structures in partnership with DPC, and apply the health lens to agreed SASP targets alongside other government departments.

A high-level DH governance structure has been established to support the HiAP Unit and prioritise access to the resources required. DH has committed staff and financial resources to support the development of HiAP and, in particular, consolidate the technical expertise required to support other government agencies in applying HiAP to their targets.

The adoption of HiAP across government has not required significant new investment of resources. Rather it has relied on the HiAP Unit and the commitment of partner agencies to determine how existing resources can be more effectively deployed.

### **The role of the Health in All Policies Unit**

Within the DH, a dedicated HiAP Unit is responsible for implementing the HiAP approach and conducting HLA projects. The prioritised SASP targets provide the starting point for engagement and negotiation between the HiAP Unit and other relevant government agencies. Content expertise and technical support for the projects is provided by the partner agencies and the relevant areas of DH. In this sense, the HiAP Unit is seen more as a facilitator of the process, acknowledging that its members are not experts in the content area the HLA project is focusing on.

The HiAP Unit, works across government to promote the health and wellbeing of the South Australian population by addressing the determinants of health.

The HiAP Unit achieves this through:

- Partnering with government agencies on the policy imperatives that underlie their core business
- Operating under the directive of central government (through DPC)
- Leveraging from existing government decision-making structures
- Jointly generating evidence-based solutions with partnering organisations
- Integrating qualitative and quantitative research methodologies, including social science methodologies, into solutions.

The function of the HiAP Unit is to apply a health lens to SASP targets and other key government priorities, and to build capacity across government to apply this methodology. Specifically, the HiAP Unit:

- Develops skills and knowledge within the health sector and across state and local government to improve health and wellbeing within the population
- Supports the organisational infrastructure across government that enables a joined-up approach
- Promotes and positions the role of the social determinants of health within the health system and beyond
- Partners with organisations by facilitating the HiAP process, brokering the relationships, translating the evidence, and partnering on solutions
- Documenting our processes to demonstrate its impact and effectiveness
- Building the profile of the HiAP approach and its impact at local, national and international levels.

#### HiAP priority setting process

A priority setting process is undertaken each year to ensure effective balance between existing work commitments and emerging priorities. This is a collaborative process between DPC and the HiAP unit and draws on the existing decision-making structures of the two oversight groups; namely ExComm Chief Executive Group and the HiAP Internal Coordinating Group.

From time to time, a more detailed wider consultation process is undertaken to ensure that all government agencies can influence and shape the HiAP agenda. This process is outlined below.

- **Consultation within DH: HiAP Internal Coordinating Group.** This first step is aimed at identifying the SASP targets that have the strongest links and greatest potential for improving health outcomes. The group includes high-level members representing areas across DH.
- **Consultation with key SASP Contact Officers/Policy Officers.** The purpose of this is to allow other SA Government departments to inform the SASP target selection process and to identify those departments which would like to work with DH in applying a health lens to their target.
- **Consultation within DPC.** This step allows the central government agency to identify SASP targets that may benefit from additional support in the form of a health lens and/or are important policy imperatives.
- **Consultation between ExComm, DPC and DH.** This key step aims to synthesise the information gained through the previous consultations and to determine which SASP targets are to be presented to ExComm CEG.
- **Provide an overview of consultation process and detail of SASP targets to ExComm CEG for decision.**

Following approval of the HiAP priorities, the identified lead agency (or agencies) is officially invited to partner with DH in the HiAP process. The lead agency is generally the agency with lead responsibility for the SASP target or policy area under investigation. However, in some cases it may be appropriate for two or more agencies to lead together, where the policy area under consideration crosses portfolios in a significant way. The HiAP Unit and the lead agency then begin discussions around the broad scope of the HLA, and to identify other relevant agencies to become involved (partner agencies).

## Implementation

The South Australian approach to HiAP has continued to develop and evolve throughout the five years the initiative has been operating. Recently, with the successful completion of another three HLA projects, the SA model has been revised to better capture the interactive and fluid nature of the approach. The revised model incorporates all of the elements of the earlier proof of concept model, but attempts to create a stronger sense of purpose and movement beginning with clear governance and accountability, through the HLA process which is both flexible and iterative, leading to improved policy or outcomes.

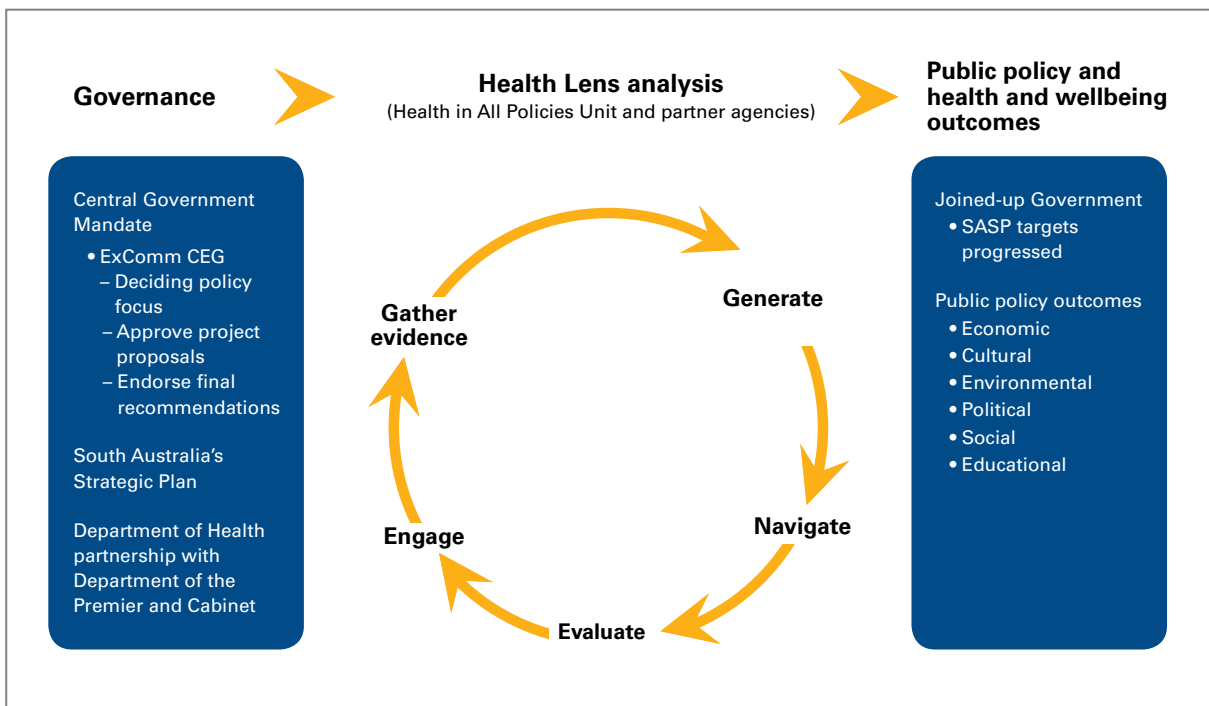


Figure 4.2: South Australia's revised Health in All Policies model.

There has also been a growing recognition in SA that the governance structure which underpins the HiAP work is more complex than was originally thought. As stated previously, central government, through ExComm and DPC, provides a mandate for horizontal collaboration and joined-up policy making. South Australia's HiAP Unit has been actively working across government to establish strong collaborative partnerships with state government agencies, and more recently with local government, with the aim of developing improved public policy and health outcomes.

The benefits of the horizontal governance arrangements have always been well understood. The new insights about SA's HiAP governance structure have come with an improved understanding of the value of the project approval processes. The approval process utilises the traditional vertical decision making structure of individual government agencies, maintaining the authority and policy responsibility of individual CEs and agency executive decision making teams.

Partner agency CEs are explicitly involved in the endorsement of recommendations resulting from the project and, as such, are making a commitment to the implementation of those recommendations. It is therefore essential that CEs are adequately briefed and are familiar with the recommendations and their development.

This has been an important but under-valued feature of the South Australian approach, as it simultaneously supports the horizontal collaborative policy making process, while maintaining the executive oversight and control of individual agencies business. Instead of the horizontal policy making process challenging the decision making authority of executive teams within individual agencies, the HiAP approval process reinforces the importance of these vertical decision making structures.

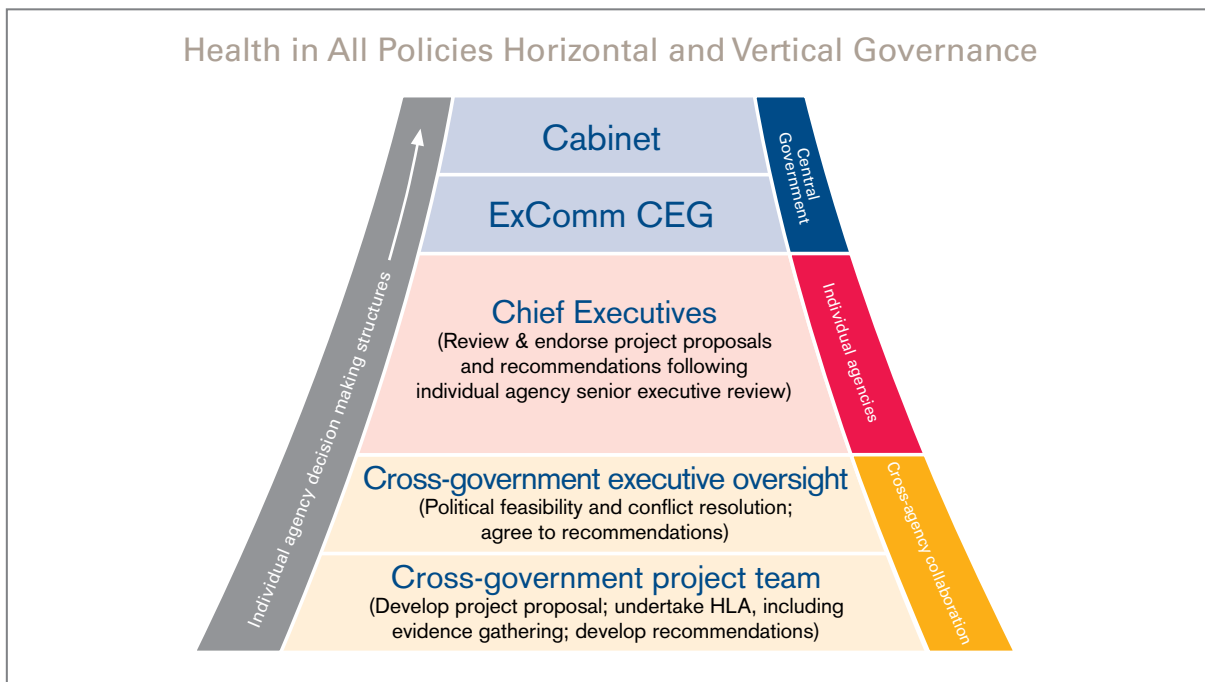


Figure 4.3: South Australia’s Health in All Policies Horizontal and Vertical Governance Structures.

## Chapter 5

# The South Australian health lens analysis

The HLA is a key feature of SA's HiAP approach. The HLA aims to identify key interactions and synergies between SASP targets, government policies and strategies, and the health and wellbeing of the population.

The HLA process uses a range of methodologies and tools, including the internationally recognised Health Impact Assessment (HIA) framework, to examine these connections in a rigorous and systematic manner.

The HLA is essentially a project which aims to develop systemic change through evidence-based recommendations. It is an iterative process and uses flexible methodologies to ensure that the approach fits with the project proposal in question, the resources available and the local populations affected this flexibility has led to the development of a range of methodologies some of which are outlined in Appendix C. Importantly, equal emphasis is placed on both achieving the goals and objectives of the partner agencies and improving health and wellbeing outcomes.

An HLA project aims to deliver evidence-based recommendations that inform decision-making, to maximise gains in health and wellbeing and to reduce or remove negative impacts or inequalities. It also seeks to support the development of sound policy outcomes for all agencies involved, in particular the lead agency. To this end, a win-win outcome is sought in all cases.

## Applying HIA in HiAP

Health Impact Assessment emerged out of the Environmental Impact Assessment movement which began in the 1970s in response to concerns about the impact that major developments were having on the natural environment.

The 1999 definition of HIA by WHO<sup>15</sup> was reworked by the International Association of Impact Assessment to be: 'A combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects'.<sup>16</sup>

The purpose of an HIA is to provide decision-makers with a set of evidence-based recommendations about a policy or plan. The decision-makers can then decide to accept, reject or amend the policy or plan, in the knowledge that they have the best available evidence before them.<sup>17</sup>

HIA methods have been an important part of the practical development process used to shape the health lens process. These methods continue to have an influence, however as the health lens process has been applied to a wider and more diverse set of policy issues, the methodology has evolved and now includes a range of additional methods and approaches including desktop analysis, targeted policy review and rapid assessment workshops.

A key difference between the traditional HIA approach and that adopted in the SA HiAP approach, is that where traditional HIA is most effective when applied to an existing policy or project proposal, the HiAP approach considers the potential health impacts earlier in the policy development cycle. Also, while HIA traditionally adopts a deficit model, the HiAP approach seeks to identify opportunities to enhance potential health gains. Therefore relying solely on traditional HIA methods may restrict the opportunities to consider the broader health implications of policies at every stage of the policy development cycle.

## The role of the HiAP Unit and the partner agency

The South Australian HLA is a collaborative process between staff from the HiAP Unit and the lead agency and, where relevant, partner agencies.

Rather than directing the process, the HiAP Unit staff are primarily *resources*, providing support and advice related to the health lens process and health-related subject matter as required. The HiAP Unit supports other agencies to develop and undertake HLAs, acting as facilitator of the process, guiding the lead agency through each of the health lens steps, with the lead agency providing the content expertise.

HiAP Unit staff spend time at the beginning of each HLA project familiarising themselves with the lead agencies area of responsibility, in particular learning about the issue under investigation. They recognise that they are on another agency's policy terrain and seek to understand and respect their policy drivers. It is important that this understanding is developed and maintained throughout the process to ensure that there is shared ownership of the outcomes at the completion of the process.

At the same time the lead agency begins to consider the connections between their work and health. Both the health personnel and the lead agency continue to learn about each other business throughout the entire HLA process.

A critical role for the HiAP Unit is to link the issue under investigation with the SDH and then to improved health and wellbeing and finally to support the partner agency to explore which policy solutions have the best capacity to achieve their business goals and deliver improved health.

As the HLA is a collaborative process, both the HiAP Unit and the lead agency allocate project staff to complete the work arising out of the HLA and in some circumstances jointly fund part of this work.

An outline of the South Australian HLA process is shown in Figure 5.1 and a more detailed description of each step is given in the following sections.

## The South Australian HLA process

The South Australian HLA process involves five stages. As it is a developmental process the stages of the process are both sequential and at the same time overlapping. Stage 1, the 'engage' stage, tends to continue throughout the entire project. The five stages are:

- **Engage**—establishing and maintaining strong collaborative relationships with partner agencies.
- **Gather evidence**—identifying the relationship between health outcomes and the policy area under focus, and formulating evidence-based solutions or policy options.
- **Generate**—producing a set of policy recommendations and a final report that are jointly owned by all agencies with responsibility for the target.
- **Navigate**—helping to steer the recommendations through the decision-making process.
- **Evaluate**—determining the effectiveness of the HLA.

## Engage

In many ways, the engagement phase of the HLA is the most important as relationships are established or strengthened, forming a firm basis for the conduct of the project. Strong engagement with all relevant agencies and members at this stage is critical to the success and 'smooth running' of the project.

### Establishment of across-government executive oversight group and project team

- A cross-government executive oversight group is established early in the development of each HLA project following discussions between the lead agency and HiAP staff.
- It is important that the members of the executive oversight group are:
  - are representative of their agencies
  - have a sound understanding of the policy area under investigation
  - are in a position to make decisions relating to policy change or development (where possible)
  - are likely to have a role in implementing the recommendations.
- Other agencies may be invited to join later in the process when it is determined that their input is necessary or that it is possible that the anticipated recommendations may impact on their core work.
- A subgroup of the executive oversight group (the project team) comprising members of key agencies is usually established to undertake the majority of the work.
- The project team relies heavily on the executive oversight group for advice and direction.

### Role of the cross-government executive oversight group and project team

The role of the executive oversight group is to:

- Work with the project team to develop a HLA project proposal, with a focus on optimising outcomes for both the SASP target and improving health and wellbeing.
  - Determining the scope of the policy focus for the SASP target under investigation is often a lengthy process, particularly where the lead agency does not initially have a specific focus in mind. However this provides an opportunity for a joint decision to be made about where to focus the HLA and where there is most potential to achieve a win-win outcome.
  - Once the project proposal has been agreed upon by members of the executive oversight group it is approved by the CEs of the lead agency and DH.
- Provide project oversight and contribute expert information and advice throughout the process, in particular relevant and up to date evidence where available.
- Formulate the final project recommendations, in conjunction with the project team.

The role of the project team is to:

- Draft a project proposal following advice from the executive oversight group.
- Undertake the HLA, including evidence gathering.
- Draft recommendations following advice from the executive oversight group, for consideration by individual agency senior executives and CEs.



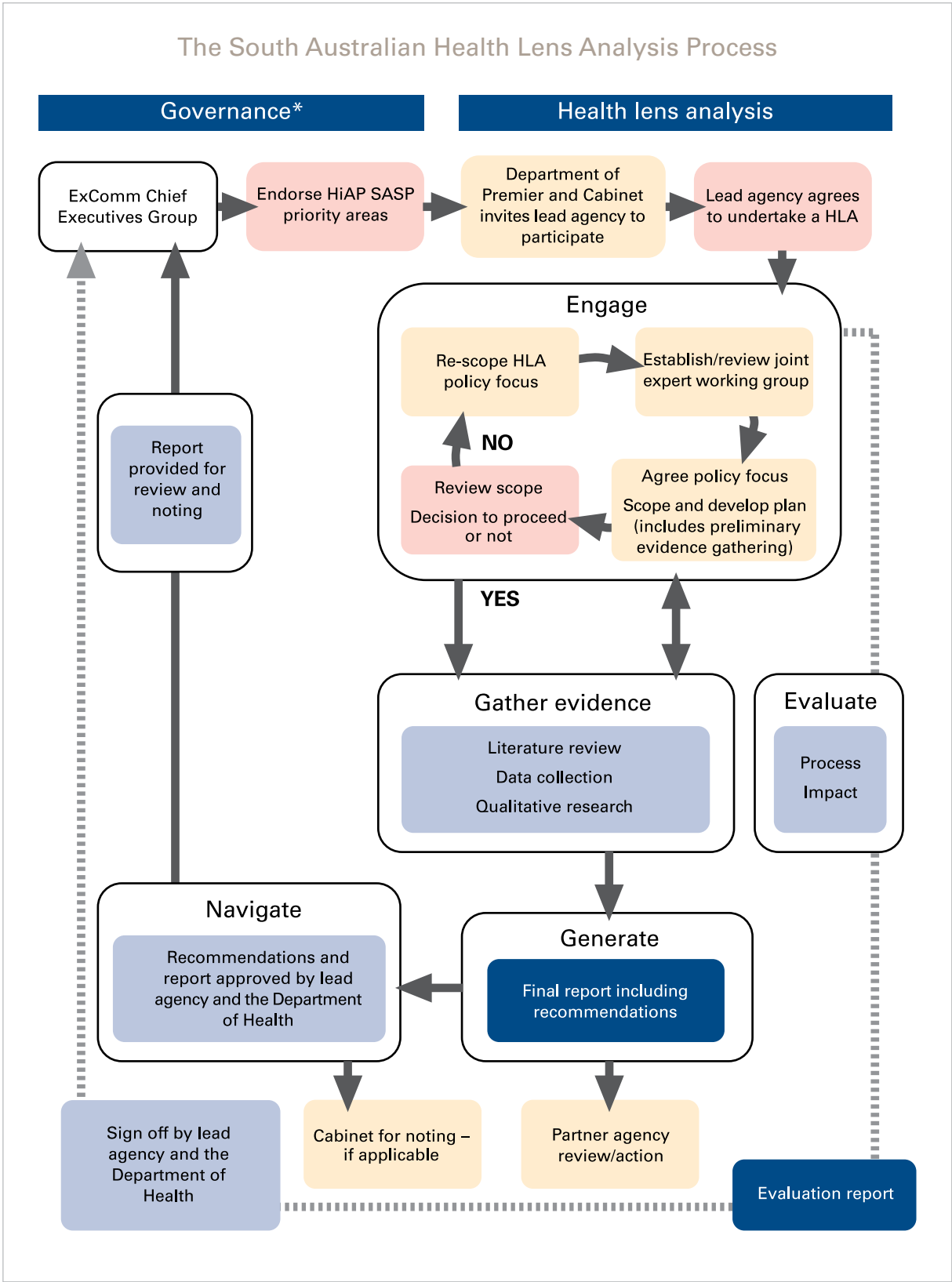


Figure 5.1 The South Australian health lens analysis process\*

\* The governance structure is discussed in Chapter 4.

## Gather evidence

An important aspect of the HLA is its strong evidence-based approach to the development of recommendations, in particular in understanding the potential health and wellbeing implications of a policy, program or initiative related to achieving the SASP target being investigated.

### Gathering evidence

- The collation and development of an evidence base is generally conducted by the project team with advice about sourcing and gathering information provided by the executive oversight group.
- It is important that the executive oversight group reviews the evidence before the project moves forward. This allows for input of expert advice, and the development of a common understanding of process and outcome.

### Types of evidence gathered

Evidence can come from a range of sources, which can be either qualitative or quantitative in nature. These are shown in Table 5.1.

- Qualitative evidence, including social research such as focus groups or interviews, is used in many of the HLA projects.
- Quantitative evidence may include research or administrative data sourced from government agencies or universities.
- Some forms of evidence, such as literature reviews, may be considered either qualitative or quantitative in nature.

It is very important that the evidence gathering be systematic and that the inclusion or exclusion of evidence be explicitly justified.

**Table 5.1: Examples of commonly used evidence and sources in an HLA project**

Type of evidence	Source
Academic research	Gathered from academic research studies funded by educational institutions, national and local government and international bodies like WHO, and carried out by professional and academically qualified researchers and reviewed by their peers.
Census and other routine sources of information	Gathered by local and national institutions whose sole responsibility is to collect accurate and reliable data on a range of health, social, economic and environmental issues either through quantitative questionnaire surveys or through qualitative focus groups and interviews.
Specific local research evidence	Research and reports undertaken by local authorities where the research is carried out by expert professionals delivering the service as part of their work.
Local sources of routine information	Gathered by local authorities, local education institutions and the voluntary sector.
Views, perspectives and judgements of stakeholders	These can be from professional stakeholders delivering or potentially working alongside an initiative, and/or the views of local residents and potential users of an initiative.
Grey literature	This includes documents such as other government policy documents, information pamphlets etc.

### How evidence is collected

- The first step of a HLA project is to conduct a scan of available literature, paying particular attention to Australian and SA literature where available.
- In many cases local evidence is not available and it is necessary to draw on international literature.
- Analysis of existing data (i.e. relevant administrative data) may also be required and can generally be carried out alongside the literature scan.
- This preliminary evidence is often used by the executive oversight group to help focus the project scope (i.e. selection of a more specific population group or region) and identify areas where more research needs to be undertaken.
- Following advice from the executive oversight group, a more detailed literature review will be completed. In some cases this has been undertaken by commissioned researchers, and in other instances members of the executive oversight group or project team have conducted the reviews.
- In many cases gaps will be identified in the literature, so it may be necessary to also undertake some qualitative research in order to provide more detailed and contextual evidence which is relevant to the SA population and policy setting. From experience, this will generally include a series of focus groups and/or interviews with key stakeholders about aspects of the policy area.

### Linking the evidence to health outcomes

- While it is ideal to be able to draw clear links between health outcomes and the policy area under focus (e.g. smoking and lung cancer), it is not always this clear. It is therefore important that the links are made evident by providing clear descriptions or pathways which are supported by good evidence.
- The links between the health outcomes and the area under investigation should also be tied to their impact on the determinants of health.
- Time needs to be built into the project to support the members of the executive oversight group and the project team to develop a deeper understanding of the determinants of health and their relevance to the policy area under consideration.

While the executive oversight group will not generally be involved in the intensive evidence gathering it is important to keep all members engaged to ensure they have a clear understanding of where the evidence has come from and what it means. In most cases the executive oversight group will convene quarterly so the project team is able to provide an update on progress and findings to date.

## Generate

In this phase the evidence is compiled to inform the development of the recommendations.

- The evidence is collated, analysed, and then compiled into a draft report, or series of reports by the project team.
- The report(s) are then reviewed by the executive oversight group.
- Input from members of the executive oversight group at this stage is critical to ensure that all aspects of the relevant, available evidence have been included as this evidence will be used to inform the development of a series of recommendations.
- The executive oversight group provides comments and edits which will then be collated into a final report. However, if there are any contentious issues or points which require clarification or debate, the executive oversight group will reconvene to negotiate these issues.
- The executive oversight group produces the final recommendations, informed by the findings from the evidence gathering phase, which will be owned by the lead agency.

It is important during this stage that the entire executive oversight group remains engaged and actively involved, particularly those members from the lead agency who will own the final project outcomes.

## Navigate

The navigation phase focuses around getting the recommendations and final report through the HiAP governance structures, specifically those within each partner agency and then through the central government agency.

### Approval of the recommendations

- Once recommendations have been drafted and agreed on by members of the executive oversight group, key stakeholders are briefed on the HLA findings and the draft recommendations.
- The recommendations are then forwarded to the CE of the lead agency for approval.
- A summary of the evidence and a brief description of the process are provided to demonstrate the development of the recommendations and to show they are supported by a strong evidence base.
- Following approval of the recommendations by the CEs of DH and all partner agencies, they are provided to the ExComm CEG for final approval.
- Support, if required, is offered to the partner agencies to ensure smooth transit through the approval process—in particular with agencies who have not been directly involved with the project but whose work may be affected by the recommendations.

## Evaluate

It is important that each HLA is evaluated to determine whether it has influenced the policy decisions of the other government agencies, whether the outcomes of the project have contributed to the achievement of their SASP target, and which determinants of health were influenced. This is particularly crucial as the HLA process is continually evolving.

In addition, it is also important to gauge whether the process has resulted in new relationships being developed, or a strengthening of existing relationships between government agencies. The ongoing evaluations also ensure that the HLA process can be refined, making it flexible and adaptable to the needs of all government agencies, as well as able to deliver policy options that contribute to improved health and wellbeing outcomes.

Built into the HiAP model is a commitment to undertake joint evaluation of the HLA projects by both DH and the lead agency. This is agreed at the project outset. The three dimensions for evaluation are:

- process evaluation—did the process sufficiently meet the needs of all agencies involved and did it help establish and maintain the appropriate collaborative climate?
- impact evaluation—is there documentary or other evidence that the health lens recommendations have been adopted?
- outcome evaluation—what measures or proxy measures can be observed that indicate the likelihood over the medium to long term that the other agencies' policy goals have been enhanced and that health impacts have been positive?

## South Australia's HiAP program evaluation

As the methodology is developmental, it has been important that each SASP health lens be evaluated to determine its success. Has the HLA influenced the policy decisions of the partner agencies? Did their goals benefit from the process? What determinants were influenced through this work? The evaluation will also ensure that the analysis process can be refined to be flexible and adaptable to all government agencies' needs as well as deliver policy options that contribute to improved health outcomes.

Evaluation is built into the HiAP model with commitment to undertake joint evaluation by both DH and the partner agencies.

The evaluations are commissioned by DH and conducted by researchers from one of SA's universities. Evaluation design is developed with HiAP Unit staff but activities are undertaken independently and confidentially. The researchers use qualitative methods to collect feedback from participants including senior level decision-makers who receive the HLA final reports and recommendations.

To date four of the completed HLA projects have been evaluated. Common themes have been emerging 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.
- Changes in policy direction as a result of a HLA.
- Development and dissemination of policy relevant research.
- Greater understanding and stronger partnerships between health and partner agencies.
- A positive disposition toward employing the HLA process in future work.

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 the South Australian HiAP approach with a sense of shared ownership of both process and product emerging. Reflections of health lens participants suggest 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. The evaluation of these HLAs suggests that this process has considerable promise in achieving such a shift in mindset.

In addition, DH and DPC have recognised the need to evaluate the entire HiAP model. Plans are underway to identify how best to effectively conduct an evaluation of policy changes that will necessarily be wide ranging, with significant health impacts only emerging in the longer term.

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## Appendix B: Adelaide Statement on Health in All Policies *moving towards a shared governance for health and well-being*

Taking account of health means more effective government  
More effective government means improved health

### Report from the International Meeting on Health in All Policies, Adelaide 2010

*The Adelaide Statement on Health in All Policies* is to engage leaders and policy-makers at all levels of government—local, regional, national and international. It emphasizes that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. This is because the causes of health and well-being lie outside the health sector and are socially and economically formed. Although many sectors already contribute to better health, significant gaps still exist.

The Adelaide Statement outlines the need for a new social contract between all sectors to advance human development, sustainability and equity, as well as to improve health outcomes. This requires a new form of governance where there is joined-up leadership within governments, across all sectors and between levels of government. The Statement highlights the contribution of the health sector in resolving complex problems across government.

### Achieving social, economic and environmental development

A healthy population is a key requirement for the achievement of society's goals. Reducing inequalities and the social gradient improves health and well-being for everyone.

Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports sustainable habitats and environments, and contributes to security, poverty reduction and social inclusion. Yet escalating costs for treatment and care are placing unsustainable burdens on national and local resources such that broader developments may be held back.

This interface between health, well-being and economic development has been propelled up the political agenda of all countries. Increasingly, communities, employers and industries are expecting and demanding strong coordinated government action to tackle the determinants of health and well-being and avoid duplication and fragmentation of actions.

### Need for joined-up government

The interdependence of public policy requires another approach to governance. Governments can coordinate policy-making by developing strategic plans that set out common goals, integrated responses and increased accountability across government departments. This requires a partnership with civil society and the private sector.

Since good health is a fundamental enabler and poor health is a barrier to meeting policy challenges, the health sector needs to engage systematically across government and with other sectors to address the health and well-being dimensions of their activities. The health sector can support other arms of government by actively assisting their policy development and goal attainment.

To harness health and well-being, governments need institutionalized processes which value cross-sector problem solving and address power imbalances. This includes providing the leadership, mandate, incentives, budgetary commitment and sustainable mechanisms that support government agencies to work collaboratively on integrated solutions.



## Health in All Policies approach

The approach described above is referred to as 'Health in All Policies' and has been developed and tested in a number of countries. It assists leaders and policy-makers to integrate considerations of health, well-being and equity during the development, implementation and evaluation of policies and services.

Health in All Policies works best when:

- a clear mandate makes joined-up government an imperative;
- systematic processes take account of interactions across sectors;
- mediation occurs across interests;
- accountability, transparency and participatory processes are present;
- engagement occurs with stakeholders outside of government;
- practical cross-sector initiatives build partnerships and trust.

### Tools and instruments that have shown to be useful at different stages of the policy cycle include:

- inter-ministerial and inter-departmental committees
- cross-sector action teams
- integrated budgets and accounting
- cross-cutting information and evaluation systems
- joined-up workforce development
- community consultations and Citizens' Juries<sup>1</sup>
- partnership platforms
- Health Lens Analysis<sup>2</sup>
- impact assessments
- legislative frameworks

## Drivers for achieving Health in All Policies

Building a process for Health in All Policies requires using windows of opportunity to change mindsets and decision-making cultures, and to prompt actions. Key drivers are context specific and can include:

- creating strong alliances and partnerships that recognize mutual interests, and share targets;
- building a whole of government commitment by engaging the head of government, cabinet and/or parliament as well as the administrative leadership;
- developing strong high-level policy processes;
- embedding responsibilities into governments' overall strategies, goals and targets;
- ensuring joint decision-making and accountability for outcomes;
- enabling openness and full consultative approaches to encourage stakeholder endorsement and advocacy;
- encouraging experimentation and innovation to find new models that integrate social, economic and environmental goals;
- pooling intellectual resources, integrating research and sharing wisdom from the field;
- providing feedback mechanisms so that progress is evaluated and monitored at the highest level.

<sup>1</sup> Citizens' Juries - [www.jefferson-center.org/](http://www.jefferson-center.org/)

<sup>2</sup> Health Lens Analysis - [www.health.sa.gov.au/pehs/HiAP/health-lens.htm](http://www.health.sa.gov.au/pehs/HiAP/health-lens.htm)

It is not unusual that such a process can create tensions within government as conflicts over values and diverging interests can emerge. Resolution can be achieved through persistent and systematic engagement with political processes and key decision-makers.

### New role for the health sector

To advance Health in All Policies the health sector must learn to work in partnership with other sectors. Jointly exploring policy innovation, novel mechanisms and instruments, as well as better regulatory frameworks will be imperative. This requires a health sector that is outward oriented, open to others, and equipped with the necessary knowledge, skills and mandate. This also means improving coordination and supporting champions within the health sector itself.

New responsibilities of health departments in support of a Health in All Policies approach will need to include:

- understanding the political agendas and administrative imperatives of other sectors;
- building the knowledge and evidence base of policy options and strategies;
- assessing comparative health consequences of options within the policy development process;
- creating regular platforms for dialogue and problem solving with other sectors;
- evaluating the effectiveness of intersectoral work and integrated policy-making;
- building capacity through better mechanisms, resources, agency support and skilled and dedicated staff;
- working with other arms of government to achieve their goals and in so doing advance health and well-being.

### Next steps in the development process

The Adelaide Statement is part of a global process to develop and strengthen a Health in All Policies approach based on equity. It contributes to a critical debate that Member States and Regions of the World Health Organization (WHO) are now engaged in. The Statement reflects the track record of countries that have already gained experience in implementing such an approach.

The Statement provides valuable input into the World Conference on Social Determinants of Health in Brazil 2011, the 8th Global Conference on Health Promotion in Finland 2013, and preparations for the Millennium Development Goals (MDGs) post-2015.

### Background and acknowledgements

Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy lifestyles to well-being and supportive environments.

The Adelaide Statement was developed by the participants of the *Health in All Policies International Meeting, Adelaide 13–15 April 2010*. The Government of South Australia together with WHO invited 100 senior experts from a wide range of sectors and countries to discuss the implementation of the Health in All Policies approach. The main aim of the meeting was to move the agenda forward by identifying key principles and pathways that contribute to action for health across all sectors of government, and engage the health sector in contributing to the goals of other sectors.

The 2010 meeting drew on the report of the WHO Commission on Social Determinants of Health 2008 and other significant documents from the ILO, OECD, UNDP, UN-ECOSOC, UNESCO, UNICEF, World Bank and the World Economic Forum. It was also able to build on earlier work by WHO including the Declaration of Alma-Ata on Primary Health Care 1978; the Ottawa Charter for Health Promotion 1986; the Adelaide Recommendations on Healthy Public Policy 1988 and subsequent global health promotion conferences; the Gothenburg Consensus Paper on Health Impact Assessment 1999; and the Declaration on Health in All Policies, Rome 2007.

Since 2007 the State Government of South Australia has been playing a leading role in promoting knowledge exchange on Health in All Policies within Australia and internationally. Their initiatives have included holding a Health in All Policies conference in 2007 to launch their work; providing continuing support to central and other agencies across their State Government; publishing guidance materials on their methods for Health in All Policies; and holding the International Meeting on Health in All Policies, co-sponsored with WHO, in April 2010.

### Examples of joined-up government action

Sectors and issues	Interrelationships between health and well-being
Economy and employment	<ul style="list-style-type: none"> <li>• Economic resilience and growth is stimulated by a healthy population. Healthier people can increase their household savings, are more productive at work, can adapt more easily to work changes, and can remain working for longer.</li> <li>• Work and stable employment opportunities improve health for all people across different social groups.</li> </ul>
Security and justice	<ul style="list-style-type: none"> <li>• Rates of violence, ill-health and injury increase in populations whose access to food, water, housing, work opportunities and a fair justice system is poorer. As a result, justice systems within societies have to deal with the consequences of poor access to these basic needs.</li> <li>• The prevalence of mental illness (and associated drug and alcohol problems) is associated with violence, crime and imprisonment.</li> </ul>
Education and early life	<ul style="list-style-type: none"> <li>• Poor health of children or family members impedes educational attainment, reducing educational potential and abilities to solve life challenges and pursue opportunities in life.</li> <li>• Educational attainment for both women and men directly contributes to better health and the ability to participate fully in a productive society, and creates engaged citizens.</li> </ul>
Agriculture and food	<ul style="list-style-type: none"> <li>• Food security and safety are enhanced by consideration of health in food production, manufacturing, marketing and distribution through promoting consumer confidence and ensuring more sustainable agricultural practices.</li> <li>• Healthy food is critical to people's health and good food and security practices help to reduce animal-to-human disease transmission, and are supportive of farming practices with positive impacts on the health of farm workers and rural communities.</li> </ul>

Infrastructure, planning and transport	<ul style="list-style-type: none"> <li>• Optimal planning for roads, transport and housing requires the consideration of health impacts as this can reduce environmentally costly emissions, and improve the capacity of transport networks and their efficiency with moving people, goods and services.</li> <li>• Better transport opportunities, including cycling and walking opportunities, build safer and more liveable communities, and reduce environmental degradation, enhancing health.</li> </ul>
Environments and sustainability	<ul style="list-style-type: none"> <li>• Optimizing the use of natural resources and promoting sustainability can be best achieved through policies that influence population consumption patterns, which can also enhance human health.</li> <li>• Globally, a quarter of all preventable illnesses are the result of the environmental conditions in which people live.</li> </ul>
Housing and community services	<ul style="list-style-type: none"> <li>• Housing design and infrastructure planning that take account of health and well-being (e.g. insulation, ventilation, public spaces, refuse removal, etc.) and involve the community can improve social cohesion and support for development projects.</li> <li>• Well-designed, accessible housing and adequate community services address some of the most fundamental determinants of health for disadvantaged individuals and communities.</li> </ul>
Land and culture	<ul style="list-style-type: none"> <li>• Improved access to land can support improvements in health and well-being for Indigenous peoples as Indigenous peoples' health and well-being are spiritually and culturally bound to a profound sense of belonging to land and country.</li> <li>• Improvements in Indigenous health can strengthen communities and cultural identity, improve citizen participation and support the maintenance of biodiversity.</li> </ul>

**Suggested Citation:** Adelaide Statement on Health in All Policies. WHO, Government of South Australia, Adelaide 2010.

## Appendix C: South Australian Case Studies

This section provides a range of case studies which demonstrate the flexibility and variation in the application of a HiAP approach. While some projects, particularly those completed earlier on, follow the traditional HLA methodology, others have utilised a slightly modified approach.

Examples of completed HiAP projects:

- Alternative Water Supplies
- Regional Migrant Settlement
- Increased Broadband Use
- Active Transport – A HiAP Targeted Policy Review
- Transit-oriented Developments
- Local Government application: Castle Plaza Transit-oriented Development—a Rapid Sustainability and Wellbeing Assessment workshop
- Healthy Weight: A Desktop Analysis

For more information on the projects described in these case studies, including project reports and evaluation reports (where available) as well as more recent project information, please visit the HiAP website:

<http://www.sahealth.sa.gov.au/healthinallpolicies>

## Alternative Water Supplies

The Water Security Health Lens project was the first in a series of health lens analyses (HLAs) to be implemented by the Department of Health (DH). It was a collaborative project between DH and the Office for Water Security (OWS) to consider the potential health impacts associated with increasing the reuse of three alternative water sources.

### Lead agency

*Office for Water Security*

### Partner agency

*Department of Health*

## Policy issue under investigation

South Australia (SA) continues to experience limited access to water supplies due to unprecedented dry weather patterns. The state has a long history of water conservation and is a leader in water innovation—leading the nation in stormwater capture and reuse, irrigation practices, wastewater recycling and rainwater tank ownership.

OWS was established in March 2008 in recognition of the complex and significant water issues facing SA, and was charged with the responsibility of developing a long-term water security plan for the state. This plan would contribute significantly to the achievement of South Australia's Strategic Plan Target 3.9: *Sustainable water supply—South Australia's water resources are managed within sustainable limits by 2018.*

## Prompt for initiating the health lens project

The Health in All Policies (HiAP) concept was viewed by OWS as an opportunity to participate in a cross-sectoral strategy that could assist in the development of a sustainable water security plan for SA. It also provided an opportunity for a health perspective to directly inform the plan, although it would clearly be only one of many perspectives shaping the plan.

Following discussions between DH and OWS it was agreed that a collaborative HLA project would be undertaken that would inform the development of the SA water security plan—later to be called *Water for Good*. An important aspect of the project was that it considered the health outcomes, both positive and negative, in a very broad context—relating to aspects of physical, psychological and social wellbeing—of increasing the use of alternative water sources.

## Brief outline of the process

As the first HLA to be undertaken in SA, this project was very much a 'learning by doing' exercise. The process was facilitated by having a clear purpose for the project—that the recommendations would be used to inform the development of SA's water security plan, *Water for Good*. The stages of the process are outlined below.

### Engage

- A joint expert working group (executive oversight group) was formed, including staff of both DH and OWS who were experts in areas of water security and policy, water quality and wastewater management, as well as members of DH's HiAP Unit, who would facilitate the process.
- International experts in Health Impact Assessment were commissioned to facilitate a screening and scoping exercise with the executive oversight group to construct a more specific focus for the project.
- The use of alternative water supplies was identified as an appropriate focus for the health lens. The project explored affordability and cultural acceptability, as well as concerns relating to the potential health risks associated with the use of these alternative water supplies.

### Gather evidence

- A detailed review of the available literature was undertaken. The literature was summarised in three reports covering both negative and positive health impacts. The reports identified a number of key issues associated with the following themes (i) consumer compliance, acceptance and behaviour change; (ii) health risks associated with an increased use of greywater, stormwater and rainwater; and (iii) the potential health effects of using alternative water sources.
- Significant gaps were identified in the literature, particularly in terms of SA-based evidence, so a social science researcher was commissioned to undertake focus group research with three different population groups (elderly, parents of young children, and youth). From the available evidence and using the expertise of members of the executive oversight group, hypothetical scenarios were developed around potential reuse options, and these scenarios were then explored in each of the focus groups.

### Generate

- Information gathered from the literature review, reports and focus groups was analysed and used to inform a series of recommendations to inform the development of the water security plan. The recommendations proposed both short- and long-term water reuse options, which provide what are considered to be the most secure environmental and health outcomes.
- A final report was also written, including a detailed description of the process undertaken, the findings of the evidence gathering stage, and the finalised recommendations.

### Navigate

- A presentation of the draft recommendations and the supporting evidence was made to the SA Water Customer Council (representatives of industry and business) and was well received.
- The final report, including strategic recommendations, was provided to the Independent Commissioner for Water Security and OWS for consideration in the development of future water security policy.
- These recommendations were also approved by the CE of DH and were noted by the Executive Committee of Cabinet Chief Executives Group.

### Evaluate

- On completion of the HLA a researcher was commissioned to undertake an evaluation of the project.
- The process consisted of a focus group discussion with members of the project team, as well as key informant interviews with a senior policy manager within OWS and the Commissioner for Water Security.
- An analysis of *Water for Good* was also conducted to determine whether aspects of the recommendations had been taken up.
- Overall, the HLA project was seen as a constructive initiative, building capacity and adding value to the work of both OWS and DH.

## Implications of project outcomes

By interviewing senior decision-makers within OWS and analysing *Water for Good*, it was shown that some of the recommendations from the HLA contributed to the statements and positions taken in the water security plan. The recommendations included those related to increased stormwater reuse for non-drinking purposes, such as greenspace irrigation. This is likely to contribute to improved health and wellbeing outcomes as strong links were made between the availability of useable and aesthetically pleasing greenspace areas and physical, psychological and social wellbeing.

Testament to the success of the HLA project and the ongoing relationship between the agencies is the interest OWS has expressed in conducting a second HLA project relating to potable water supplies in regional communities. Initial discussions have commenced and are continuing.

## Regional Migrant Settlement

### Lead agency

*Department of Trade and Economic Development*

### Partner agencies

*Multicultural SA and Department of Health*

### Policy issue under investigation

In recent years regional South Australia (SA) has faced an escalating number of challenges to sustainability, such as a declining population, an ageing population and the movement of young people away from the regions to pursue career paths in Adelaide, interstate and overseas. The government recognises the valuable contribution regional SA makes to the state's economy and quality of life and is actively working to promote population growth in regional SA through overseas migration programs. As a result, migration has grown significantly in recent years, with a particular focus on skilled migration to counter persistent skill shortages. Successful settlement is an important factor in the attraction and retention of migrants to these areas and will play an important role in increasing the local population and the overall state population.

### Prompt for initiating the health lens project

Relatively little is known about the settlement experiences of migrants in regional areas, however through policies that promote migration schemes, migrant numbers have been increasing. Building sustainable regional communities is one aspect of the Department of Trade and Economic Development's (DTED) core business, and increasing the net overseas migration gain is a key strategy for achieving this, as reflected in South Australia's Strategic Plan Target 1.24: *Overseas Migration: Increase net migration gain to 8,500 per annum by 2014.*

The aim of the Regional Migrant Settlement Health Lens Project was to develop a deeper understanding of the relationship between settlement and health and wellbeing for migrants in regional areas of SA. It was proposed that applying a Health Lens Analysis (HLA) to settlement services, programs and processes would help to identify the complex interplay between the social, economic and health factors impacting on migrant settlement and the associated health and wellbeing outcomes.

### Brief outline of the process

The HLA project comprised three stages:

**Stage 1: Project development**—explored the general issues of migrant settlement through a preliminary literature scan and development of a migrant settlement wellbeing framework.

**Stage 2: Preliminary investigation**—included baseline data collection, the development of settlement pathways for skilled and humanitarian migrants and the development of profiles of two regional areas of SA. This included the key issues for migrant service providers.

**Stage 3: Regional research**—employed qualitative research methods with community members, employers and migrants. This stage of the project built on findings from the previous stages to explore the more specific interaction between migrant settlement experiences and health and wellbeing.



### Engage

- A joint expert working group (executive oversight group) was created early on in the project, including representatives from DTED, Multicultural SA, Department of Health (DH), Department of Further Education, Employment, Science and Technology (DFEEST), and Department of Education and Children's Services (DECS).
- A preliminary scan of national and international literature on migrant settlement and key settlement issues was undertaken.
- A framework outlining the key indicators of migrant settlement wellbeing was developed using the preliminary literature scan and the expertise of the executive oversight group.
- This information was used to focus the scope of the project and inform the development of a project brief which was approved by the Chief Executives (CEs) of both DTED and DH.

### Gather evidence

- A more extensive literature review was completed and baseline data about the location of migrants was collected. DTED commissioned research to develop and test spatial demographic methods to describe recent patterns of migrant settlement and distribution across regional SA.
- It was clear from both the literature and data collection that there was little evidence on the location and settlement experiences of migrants in regional SA. The executive oversight group concluded that an in-depth point-in-time qualitative research study would need to be conducted to gather a more comprehensive and complete picture of migrant settlement.
- In addition, a 'typical pathway through the services' for migrants in SA was developed to highlight the key services involved in settlement.
- Workshops were undertaken with regional service providers to provide them with an overview of the project and to identify what they perceived as the key issues for migrants. The project team also sought assistance in shaping the approach to be taken for the next stage of the project, particularly the most appropriate means of engaging with the migrant groups, employers and community members.
- An experienced qualitative researcher was commissioned to facilitate focus groups with migrants and community members, as well as three interviews with employers of migrants.
- The research explored the settlement experiences of migrants to SA from the perspectives of the three groups to identify the factors that influence settlement outcomes.

### Generate

- The qualitative researcher commissioned to undertake the final stage of the project work submitted a report to the executive oversight group.
- Members of the executive oversight group analysed the evidence from the researcher's report along with the evidence gathered earlier by the project team. Members of the project team then collated all of the information collected throughout the course of the project into a final report.
- A series of recommendations was drafted by the executive oversight group based on the evidence provided by the project.

### Navigate

- Support for the recommendations was verified by each of the relevant agencies before they were forwarded for approval.
- The recommendations were approved by the CEs of DTED and DH and the Executive Director of Multicultural SA. These senior decision makers had received briefings (both verbal and written) throughout the project.
- The recommendations have been forwarded to the Department of the Premier and Cabinet (DPC) ready to be presented to the Executive Committee of Cabinet Chief Executives Group for final approval.

### Evaluate

- To date, the researchers have conducted a focus group with members of the executive oversight group to gauge whether the HLA process was successful in engaging agencies and producing recommendations that were considered useful.
- Further evaluation, including document analysis and outcome assessment, is planned for the future.

### Implications of project outcomes

The recommendations will inform future decisions by DTED and potentially other government departments on ways to improve policies and programs, thus influencing positive settlement outcomes for migrants and the regional communities that they settle in. Improving settlement outcomes for migrants will have significant economic, social and health and wellbeing outcomes for the migrants, their employers and the community in which they live. Specifically, improving migrant settlement services and access to health, English language, and other vital community services will reduce the negative experiences and stress associated with migration and lead to improved health and wellbeing outcomes.

## Increased Broadband Use

### Lead agency

*Department of Further Education, Employment, Science and Technology*

### Partner agency

*Department of Health*

### Policy issue under investigation

A core responsibility of the Information Economy Directorate, in the Department of Further Education, Employment, Science and Technology (DFEEST) is to create online opportunity for South Australians. In South Australia (SA), as in other developed societies, traditional methods of accessing information, services and resources are being replaced by digital technology. South Australia's Strategic Plan Target 4.8: *Broadband usage in South Australia to exceed the Australian national average by 2010, and be maintained thereafter* reflects this change. DFEEST is responsible for supporting the national roll-out of broadband infrastructure in SA. DFEEST recognised the importance of considering the digital divide as part of this responsibility and identified that the Health Lens Analysis (HLA) process could help them do this.

### Prompt for initiating the health lens project

Increasingly there are indicators that for the average citizen in Australia the ability to access and use digital technology is becoming increasingly vital to being able to fully participate in the economic, social, educational, political and cultural spheres of modern society. There are many recognised barriers to engagement with digital technology and this digital divide threatens to have increased impact as the use of online resources becomes more pervasive. Digital participation is directly related to broader socioeconomic determinants, and is an indicator of health and wellbeing. Inequity of access to online information and services, and variations in capacity to effectively engage online, will exacerbate divisions in society by increasingly disenfranchising low socioeconomic status population sectors.

### Brief outline of the process

#### Engage

- A project team was formed comprising staff from the Information Economy Directorate, DFEEST; the HiAP Unit, DH; and researchers from the Flinders University of SA. The project team was joined by representatives from the Office of the Chief Information Officer (under the Department for Transport, Energy and Infrastructure) and the Department for Families and Communities to form the joint expert working group (executive oversight group).

#### Gather evidence

- The project included two phases of evidence gathering. This was not the intention at the outset, however at the completion of the first phase, it became clear that a secondary phase would be necessary in order to address some of the issues which became apparent.
- An initial literature search into the relationship between health and wellbeing and access to digital technology was conducted. National and international evidence was considered, with an emphasis on Australian information wherever possible.
- Researchers were funded to conduct a series of focus groups with participants aged 25 to 60 years, to explore their interest in and use of digital technology.

- A scoping meeting, using the findings of the phase 1 evidence gathering, mapped out the health and wellbeing impacts of increasing use of digital technologies.
- The findings clearly indicated that the barriers to increasing internet use through personal computers were real and significant; however the findings also found that most participants at least owned a mobile phone, even if they could not access a computer.
- After discussions with technical experts around the future of internet technology on mobile phones, the executive oversight group agreed a second phase of research was necessary to further explore this issue.
- A detailed literature review was undertaken on the use of the mobile phone technology, particularly in conjunction with the internet.
- Additional focus groups were undertaken to identify barriers and opportunities to increasing internet use amongst low SES groups and highlight strategies that aim to optimise their use of the internet through the mobile phone.

### Generate

- Two reports detailing the findings from each phase of research were completed and were used in conjunction with the literature reviews to inform the development of the final report.
- The executive oversight group was convened and presented with a summary of the evidence. These findings were used to inform the development of a series of recommendations for DFEEST, DH and other key agencies.

### Navigate

- The recommendations have been approved by the Chief Executives of DFEEST and DH.
- The recommendations have been forwarded to the Department of the Premier and Cabinet ready to be presented to the Executive Committee of Cabinet Chief Executives Group for final approval.

### Evaluate

- Evaluation of this project is scheduled for the middle of 2010.

## Implications of project outcomes

Low SES can be directly linked to the health divide, the social divide and the digital divide. Evidence supports the concept that people of lower SES are more likely to have lower health status and least likely to access and use digital technology. Thus, the use of digital technology can be seen both as an indicator of socioeconomic wellbeing and an enabler that will assist populations and individuals to achieve better health outcomes.

DFEEST recognises that failure to adequately address the digital divide, particularly resulting from inequity of access to online information and services, and variations in digital literacy, will exacerbate divisions in society by further disenfranchising low SES population sectors. The recommendations resulting from this health lens project aim to provide short- and long-term solutions to reducing the gap in mobile broadband use for lower SES population groups in SA.

## Active Transport – A HiAP Targeted Policy Review

A HiAP approach was applied to active transport in 2010. This project followed a targeted policy review, which involved a more focussed process than a full HLA. It used the first two stages in the HLA process: engagement and gather evidence. In particular, the project engaged with key government personnel and drew on evidence based research as a means of shaping the state and national agendas.

### **Lead Agency**

*Department of Health*

### **Partner Agency**

*Department for Transport, Energy and Infrastructure*

### **Policy issue under investigation**

The aim of this project was to strengthen economic arguments for investment in cycling and walking infrastructure.

### **Prompt for initiating the health lens project**

The ExCommittee CEG called for the HiAP approach to be applied to cycling and walking, and for there to be a comprehensive and coordinated approach to support appropriate and safe infrastructure for cycling.

DTEI's Cycling and Walking Section (C&WS) provides policy and investment advice regarding cycling and walking for DTEI projects. Staff within C&WS have the relevant experience, knowledge and skills to support the development and implementation of appropriate and safe cycling and walking infrastructure.

C&WS advised that while cycling and walking have both transport and health benefits, and were recognised and promoted by the South Australian Government, often bids for funding for cycling and walking infrastructure did not successfully compete with other transport projects.

Accordingly, C&WS identified the need for a recognised methodology to quantify the economic benefits of cycling and walking to make a strong case to win funding for such projects. Previously projects had been argued for on their strong strategic fit rather than their economic merit.

It was also noted that a focus on the economic benefits of cycling and walking was not well developed at a national and international level and hence there was no easily adaptable methodology to apply to the South Australian context. It was agreed that the HiAP Unit and C&WS would conduct a project on developing an economic assessment for cycling and walking infrastructure projects in SA.

### **Brief outline of the process**

The project team undertook an initial scoping search of the existing national and international literature with a focus on the economic analysis of cycling and walking.

A discussion paper was produced, identifying the main benefits of cycling and walking discussed in the literature and summarising examples where economic models had been developed to account for transport, environmental and health benefits. Broad health benefits are not usually included as part of the economic analysis for cycling and walking infrastructure projects and so this investigation was a relatively new field of interest.

In summary, it was recognised that there were benefits from transport, health and environmental perspectives, including reduced congestion, reduced air and noise pollution, increased physical activity, savings in vehicle operating costs, savings in costs associated with parking, savings in infrastructure cost, reduced mortality and absenteeism savings.

This discussion paper was then reviewed at a meeting with C&WS, HiAP and DTEI economists. DTEI economists oversee DTEI project bids to Infrastructure Australia and SA Treasury.

The literature review and discussions between DTEI and HiAP have influenced and informed the national agenda. Infrastructure Australia has called for a nationally accepted methodology for evaluating the economic benefits of cycling and walking.

DTEI had significant involvement in Infrastructure Australia reaching this decision. It will continue to be involved in the development of a nationally accepted methodology for evaluating cycling and walking projects through on-going roles with Austroads' Australian Bicycle Council and the Project Evaluation Guideline's Review Panel.

### Implications of project outcomes

The HiAP unit and C&WS worked productively and efficiently together to identify the need to undertake a rigorous economic appraisal of cycling and walking and to monetise the benefits of cycling and walking. This work has directly shaped the national agenda and will be beneficial for South Australia in bidding for Infrastructure Australia's funding and in making strong economic cases for cycling and walking project submissions to SA's Treasury.

C&WS has expressed a desire to continue working collaboratively on future projects and expressed gratitude to HiAP for undertaking "truly collaborative work"<sup>1</sup> by taking the time to understand and having a genuine interest in C&WS's business.

<sup>1</sup> Manager, Cycling and Walking Section, DTEI, pers comm.

## Transit-oriented Developments

### Lead agency

*Department of Planning and Local Government*

### Partner agencies

*Department for Transport, Energy and Infrastructure*

*Department of Health*

*Land Management Corporation*

With valuable input from the following agencies

- *Environment Protection Authority*
- *Government Planning and Coordination Committee*

### Policy issue under investigation

The *30-year Plan for Greater Adelaide*, released in 2010, is SA's key planning document for the Adelaide region over the next three decades.

Within the 30-year Plan there is a focus on concentrating development growth in both existing and new suburbs around dedicated public transport corridors in higher density, mixed-use commercial and residential hubs. These are commonly referred to as transit-oriented developments or TODs.

The Plan seeks to address the issues which have arisen as a result of over dependence on the motor vehicle, by creating more walkable neighbourhoods, developing higher density areas of good-practice, sustainable urban design, and creating a network of public space precincts to absorb local carbon emissions and provide sheltered, cooler places for people to use – all of which will lead to improved health and wellbeing outcomes for community members.

In addition to addressing a key component of the 30-year Plan, as described below, the project also provided the opportunity to address a number of targets in SASP. The project specifically considered how to directly support the achievement of three key SASP targets: T3.6 *Use of Public Transport*; T1.21 *Strategic Infrastructure*; and T1.8 *Performance in the Public Sector; government decision making as part of the process*.

### Prompt for initiating the health lens project

At the December 2008 meeting of the ExComm CEG, it was proposed that the HiAP Unit undertake a piece of work related to the directions within the *30-year Plan for Greater Adelaide* (despite the fact the 30-year Plan was still under development).

The scope of this project was determined through discussions between senior decision makers within the Health, Transport, Planning and Land Management portfolios of the SA Government. As the concentration of growth of both new and existing suburbs around transit corridors and in Transit-oriented Developments was set to be one of the key directions of the 30-year Plan for Greater Adelaide, it was determined that this would be the focus.

### Brief outline of the process

The TODs Health Lens project followed the more traditional HiAP HLA approach early on in the process, however it did not adopt the same type of evidence gathering methodology as previous projects. In addition, unlike the projects to date, the main instigator for the project was the 30-year Plan rather than SASP.

## Engage

The engagement phase included the establishment of a clear governance structure, for the first time incorporating a two-tiered model where there were representatives from all 4 partner agencies on both the working group and the high-level steering group.

The working group were responsible for providing content expertise and for undertaking the project work, whereas the steering group provided strategic advice and guided the project direction where necessary. This group also played an important mediation role when issues arose through the working group processes, particularly around evidence.

## Gather evidence

A comprehensive literature review was undertaken by the project partners, drawing on national and international literature related to issues such as the urban form, transport and open space, and their relationship with community health and wellbeing. Local literature was used wherever possible; however as there are currently no established TODs in SA and few in other areas of Australia, the group needed to rely more strongly on international literature and literature not specifically related to TODs.

## Generate

The key outcome of the TODs Health Lens project was the development of 'Transit-oriented Developments... through a health lens – A Guide for Healthy Urban Development'. The document reflects a cross-agency approach to the development of liveable TODs and provides a consistent set of principles for their delivery.

The TODs Guide will be used as a resource by state and local government agencies involved in the implementation of the 30-year Plan. It provides planners, public and environmental health professionals, designers and engineers with an agreed evidence base which links the quality and form of the built environment with the health and well-being of the community.

A series of recommendations were also developed to accompany the document. As part of the project recommendations, a public document, titled 'Healthy Connected Communities' was developed to complement the Guide. This document is written in plain language and is intended for a broader audience, including community members.

Both documents are publicly available on the HiAP website:

<http://www.sahealth.sa.gov.au/healthinallpolicies>

## Navigate

The Guide and the project recommendations were approved by the CEs of the four partner agencies before being provided to the ExComm CEG at their December 2010 meeting for endorsement.

Following advice from the ExComm CEG, the Guide was taken to a meeting of the Government Planning and Coordination Committee (which has responsibility for supporting the implementation of 30-year Plan) where it was noted. It was also provided to key staff in the Environment Protection Agency for comment, who were supportive of the Guide, requesting minor amendments which were incorporated into the document.

The Guide was noted by Cabinet in July 2011 and was launched in September 2011 by Hon John Rau MP, Deputy Premier and Minister for Urban Development, Planning and the City of Adelaide, with support from Hon John Hill MP, Minister for Health.

The navigation phase was quite complex and required more time than previous projects, reflecting the complexity and sensitivity of the policy area being addressed. Despite the additional time required, the process achieved benefits that otherwise may not have occurred, including high-level strengthened support from across government.



## Evaluate

An evaluation of the project has commenced and it is expected that a final evaluation report will be available in early 2012.

Preliminary feedback on the documents have indicated that they are being used in both state and local government settings and are already informing the implementation of the 30-year Plan.

## Implications of project outcomes

One component of the Guide is a series of 'Healthy TODs Principles' which were developed to summarise the key findings in the literature around how healthy, sustainable TODs can be developed in SA. The Principles are quite high-level and are not intended to be systematically applied to stages of the planning process.

However, following the drafting of the 'Healthy TODs Principles', the City of Marion and the DH partnered on a project which explored the applicability of the Principles through the development and application of a Sustainability and Wellbeing Assessment Framework.

This is described in a subsequent case study.

## Local Government application: Castle Plaza Transit-oriented Development—a Rapid Sustainability and Wellbeing Assessment workshop

The Castle Plaza Transit-oriented Development project provided the first example of how a Health in All Policies (HiAP) approach could be applied in a local government setting. The project trialled and employed a new methodology – a Rapid Sustainability and Wellbeing Assessment Workshop.

The collaborative project between the Department of Health (DH) and the City of Marion aimed to contribute to the development of a vibrant, liveable, healthy, sustainable, attractive, and economically successful Transit-oriented Development (TOD) in Edwardstown, South Australia.

### Lead agency

*City of Marion*

### Partner agency

*Department of Health*

With key stakeholder input from the following agencies

- Department of Planning and Local Government
- Department for Transport, Energy and Infrastructure
- Department for Families and Communities
- Land Management Corporation
- Colonial First State (developers)
- Quigley and Watts Pty Ltd and Martin Ward (Health Impact Assessment experts)

### Policy issue under investigation

The *30-year Plan for Greater Adelaide*, released in 2010, is South Australia's key planning document for the Adelaide region over the next three decades.

Within the 30-year Plan there is a focus on concentrating development growth in both existing and new suburbs around dedicated public transport corridors in higher density, mixed-use commercial and residential hubs. These are commonly referred to as transit-oriented developments or TODs.

The Plan seeks to address the issues which have arisen as a result of over dependence on the motor vehicle by creating more walkable neighbourhoods, developing higher density areas of good-practice, sustainable urban design, and creating a network of public space precincts to absorb local carbon emissions and provide sheltered, cooler places for people to use – all of which will lead to improved health and wellbeing outcomes for community members.

The City of Marion and the South Australian Government recognised the need to translate actions outlined within The Plan to the local government level – whilst also recognising that local government needs assistance from state government agencies in achieving these actions.

## Prompt for initiating the health lens project

The City of Marion had an increasing focus on community wellbeing and sustainability, and were keen to build on their involvement as a partner in the Professor Kickbusch's residency (as 2007 Adelaide Thinker in Residence) and as a Healthy City through undertaking a project in partnership with HiAP.

This coincided with the opportunity to trial the newly developed Healthy TOD Principles, and the proposed release of the Castle Plaza Development Plan Amendment (DPA) for consultation. The Castle Plaza TOD is one of the first to be planned and constructed within the context of the 30-year Plan.

The Healthy TOD Principles were a key outcome of a collaborative TODs Health Lens Analysis project (see case study on Transit-oriented Developments) which was undertaken by DH, DPLG, DTEI, and LMC.

## Brief outline of the process

The project did not strictly follow the format and methodology of a traditional health lens analysis but the project process can still be mapped against the 5 steps described earlier in this book.

### Engage

After a number of discussions regarding where to focus the health lens, the City of Marion identified the Castle Plaza Redevelopment as a unique opportunity. A decision was made to cast a 'health lens' over the Development Plan Amendment (DPA) for the site which was due to be consulted on, exploring the links between health and urban planning.

A project proposal was developed and it was identified that existing HiAP methodologies were not as relevant in this project (i.e. it would not be necessary to undertake a literature review or formal data analysis). The project proposal was endorsed by the CE SA Health and CEO City of Marion.

### Gather evidence

It was determined early in the process that a new methodology would be required to undertake the type of assessment required. DH and the City of Marion jointly commissioned HIA experts, who had worked on HiAP projects previously, to develop and facilitate a "rapid sustainability and wellbeing workshop" to assess the potential health and wellbeing impacts of the proposed redevelopment of the Castle Plaza site.

Using the Healthy TOD Principles as a starting point, the HIA experts drafted an assessment tool which took the format of a "Sustainability and Wellbeing Assessment Framework". The framework identified the different factors that impact on community health and wellbeing (i.e. housing, transport, energy efficiency, social inclusion) and key indicators under each area (i.e. affordable housing, diversity of housing types).

A Rapid Sustainability and Wellbeing Workshop was convened with City of Marion staff and representatives from stakeholder agencies which allowed participants to identify what they considered to be the key indicators and indicator measures, and to assess how the Castle Plaza DPA rated against these indicators. It identified areas which were covered well by the DPA and areas where the DPA needed strengthening.

There are well-established practices for assessing the impact of developments across multiple indicators, however they are typically not undertaken using a single tool or framework, or in a single comprehensive process, and instead are undertaken as separate assessments (e.g. Environmental IA, Social IA, Health IA, cost-benefit).

The framework which was reviewed and ultimately developed by participants in the workshop can be described as a sustainability and wellbeing assessment tool, due to its positive nature and breadth of indicators.

### Generate

The process resulted in the development of a series of recommendations which were targeted at the DPA, at other stages in the planning process, and at a higher policy level, a range of agencies including local and state government and the developers.

A final report from the workshop facilitator was produced, describing the project context, the methodology and the outcomes.

### Navigate

The recommendations resulting from the workshop were endorsed by CEO City of Marion.

The City of Marion has been liaising directly with key state government agencies and the developer to progress actions that arose as a result of the workshop.

### Evaluate

An evaluation of the workshop was undertaken to gauge workshop participants' response to particular aspects of the workshop, including the process for developing and applying the sustainability and wellbeing assessment framework. Participant response to the workshop was extremely positive and most indicated that they thought it was a valuable process.

An evaluation of the project is scheduled for early 2012.

## Implications of project outcomes

The project resulted in a number of key outcomes for both the HiAP Unit and the City of Marion. Firstly, it resulted in the development of a new HiAP methodology which can be adapted and applied not only to other local government settings, but also to other stages in the planning process.

The project also provided the opportunity to strengthen partnerships between state government agencies and a local government. These partnerships will be important in providing a strong basis for future work in a local government setting, including in the roll-out and implementation of the Public Health Act 2011.

A second phase of the project has been proposed and a formal project proposal is currently under development. This second phase will include undertaking a Social Needs Assessment to determine the likely impacts on the local and adjacent communities arising from the intensification of development around the Castle Plaza site.

In addition, the City of Marion has committed to applying a 'health lens' over the next stages of the Castle Plaza Redevelopment - the community consultation and the review of critical design elements.

## Healthy Weight: A Desktop Analysis

### Lead Agency

*This project was a collaboration between the HiAP unit and Health Promotion Branch, Department of Health.*

### Policy issue under investigation

A healthy population benefits SA as a whole and contributes to the State's productivity. In recent years the proportion of South Australians considered overweight or obese has been rapidly increasing. Encouraging individuals and communities to eat healthily and be physically active is part of the Department of Health's focus on prevention, as reflected in SASP Target 2.2 Healthy Weight: *Increase the proportion of South Australians 18 years and over with healthy weight by 10% points by 2014.*<sup>1</sup> The DH is responsible for supporting the achievement of this target through the implementation of the *Eat Well Be Active Strategy 2006-2011.*<sup>2</sup> Despite action to address overweight and obesity, the achievement of T2.2 Healthy Weight has proven difficult.

### Prompt for initiating the healthy weight project

The cost of overweight and obesity to the health system and government expenditure in developed countries is well documented and is the focus of global prevention efforts. There is also increasing recognition that opportunities to address overweight and obesity through government policy often sit outside the health sector. Applying the HiAP approach to T2.2 was one of the priorities identified by Professor Ilona Kickbusch during her residency and was revisited in 2010 when Health Promotion Branch (HPB) began developing the next iteration of the *Eat Well Be Active Strategy*. HPB recognised the need to identify policy opportunities beyond the health sector which contribute to healthy weight and that the HiAP approach could be applied to identify these opportunities.

### Brief outline of the process

The HiAP approach has typically addressed the core business of other sectors and has involved the application of a HLA methodology to the SASP target of interest. The healthy weight project was the first time the HiAP approach had been applied to a DH led SASP target. During the scoping of the project, it was identified that the traditional HLA methodology was inappropriate for the healthy weight target due to the large number of possible partner agencies and an alternative methodology, the desktop analysis, was proposed. Although an alternative methodology was used, it broadly followed the steps outlined in the HLA process in chapter 5 of this guide.

#### Engage

- A project team was formed comprising staff from the HiAP unit, Health Promotion Branch and researchers from Flinders University of SA.

#### Gather evidence

- A literature review was conducted to identify policy levers for healthy weight and revealed a number of areas in which policy levers exist, including: food and drink, infrastructure and planning, transport, sport and recreation, and education.
- A review of existing audit tools was conducted to identify existing frameworks and tools for translating evidence for healthy weight policy levers into policy and practice in an across-government approach.
- The Healthy Weight Desktop Analysis tool was developed to identify causal pathways from obesity evidence to the policy areas of government departments, and identify the strategic directions and key drivers (e.g. SASP targets & COAG) of government departments.

- Scoping of 44 SA government departments was conducted using the Healthy Weight Desktop Analysis tool, followed by an in-depth analysis of 19 departments and divisions which were identified as having the greatest potential and interest in the healthy weight agenda.
- The Healthy Weight Desktop Analysis mapped healthy weight policy opportunities by:
  - Collecting evidence for healthy weight policy levers
  - Reviewing core business and strategic directions of departments and divisions
  - Identifying healthy weight policy opportunities
  - Linking healthy weight benefits to departments’ target audience
  - Mapping benefits to departments’ core business and goals
  - Identifying long term healthy weight benefits to the population.
- As mapping was conducted for multiple departments, it was identified that many of the recommendations were common across the public sector workforce and as a consequence, a separate document mapping healthy worker strategies for the public sector workforce was developed.

### Generate

- The outcome of the Healthy Weight Desktop Analysis was the development of a series of department and division specific recommendations which supported the achievement of T2.2 Healthy Weight by facilitating cross-government collaboration between DH and other government agencies.
- Forty-four departments and divisions were identified for potential inclusion in the desktop analysis. A high level decision making group within DH prioritised the departments and divisions for in-depth review by relevance to evidence and policy coherence with the healthy weight agenda.
- The desktop analysis documents were used as a ‘discussion starter’ with senior level policy and decision makers from 10 departments and divisions to check the accuracy of the content and feasibility of the proposed policy recommendations.
- Policy recommendations were negotiated and refined using feedback from department contacts and, in some cases, other senior decision makers in the departments.
- The outcome of the mapping for healthy weight policy opportunities for the public sector was a suite of recommendations which align with the COAG National Partnership Agreement on Preventive Health.

### Navigate

- Departments and divisions were supported in gaining executive level endorsement for the policy recommendations.
- Endorsement was obtained from the CEs and/or Executive Leadership Teams of:
  - Department for Further Education, Employment, Science and Technology – TAFE SA
  - Department of Justice – Department for Correctional Services
  - Department for Families and Communities – Community Connect
  - Department for Families and Communities – Housing SA
  - Department for Families and Communities – Disability, Ageing and Carers
  - Department for Transport, Energy and Infrastructure
  - Department of Environment and Natural Resources
  - Department of Primary Industries and Resources of SA
  - Attorney-General’s Department – Consumer and Business Services
  - Department of Planning and Local Government

- The department and division specific policy commitments have been incorporated into and will be implemented under the *Eat Well Be Active Strategy 2011-2016*. The Strategy was endorsed by Cabinet in September 2011 and will be launched in December 2011.
- Departments and divisions will be supported by the HiAP unit and HPB to implement the policy commitments under the *Eat Well Be Active Strategy 2011-2016*, with support tailored to departments' and divisions' individuals needs and capacity.
- The healthy worker strategies will be implemented by HPB under the COAG National Partnership Agreement on Preventive Health.

#### Evaluate

- The evaluation of this project is scheduled to be completed in early 2012.

#### Reference

- 1 In September 2011, a revised edition of the South Australia's Strategic Plan was released. Under the revised plan, healthy weight is captured in Target 82: Healthy weight – *Increase by 5 percentage points the proportion of South Australian adults and children at a healthy body weight by 2017.*
- 2 The revised *Eat Well Be Active Strategy 2011-2016* was endorsed by Cabinet in September 2011 and will be launched in December 2011.

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