



Health in All Policies

Health in All Policies in South Australia: lessons from 10 years of practice

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Introduction

Health in All Policies is about promoting healthy public policy and is based on the understanding that health is not merely the product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health. The concept of Health in All Policies (HiAP) originated in Europe and has been applied, in various forms, in a number of countries. In South Australia (SA)ⁱ, Health in All Policies has been adopted as an approach to working across government to better achieve public policy outcomes and simultaneously improve population health and well-being through 'joined-up' policy development. The South Australian Health in All Policies approach utilises a model specific to the Government's organisational structure to address the overarching strategic objectives. By incorporating a focus on population health into the policy development process of different agencies, the Government is better able to address the social determinants of health.

Health in All Policies was first introduced to South Australia by Professor Ilona Kickbusch, in her role as the 2007 Adelaide Thinker in Residence, when she proposed that South Australia adopt a Health in All Policies approach and that this approach be applied to the Government's strategic priorities and policy imperatives.¹

Since that time HiAP practice in South Australia has undergone a number of transitional phases. However, from the beginning, the implementation of HiAP has been supported by a high-level mandate from central government, an overarching framework supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The adaptive nature of HiAP practice in South Australia has enabled it to survive changing

political and bureaucratic circumstances and it remains part of the State's strategic approach to improving the health and well-being of South Australians.

South Australia's HiAP approach has now been underway for 10 years. This achievement is largely due to the commitment of senior decision-makers and policy officers across government in supporting collaboration for policy-making and delivery in ways where mutually beneficial outcomes are achieved.

The South Australian HiAP model is built upon two foundational pillars: strong governance and flexible partnership practices and processes, including Health Lens Analysis. The two pillars provide scope for the approach to apply new methods and tools in response to particular policy issues or changing contexts. The methodology used is matched to the needs of the policy environment. It provides robust assessment and analysis, exploring the links between the policy area and the health and well-being of the population. While the key elements of the two pillars have remained constant, there have been changes in the way they are achieved.

Importantly, the South Australian Health in All Policies model focuses on improving population health and well-being outcomes through action on the policies of other sectors that impact on the social determinants of health, rather than starting from a health policy focus. To date, the Health in All Policies approach has been applied to a diverse range of policy areas of importance to South Australia, many of which are beyond the usual purview of the health sector.

ⁱ South Australia is the southern, central state of mainland Australia. It has a total land area of 983,482 square kilometres (379,725 square miles), which is similar in size to Egypt, or the combined areas of France and Germany. Adelaide is the capital city of South Australia. The state has a population of more than 1.7 million people, 77% of whom live in Adelaide and surrounding metropolitan areas.

Vision

Public policy creates the social, economic and environmental conditions to promote population health, well-being and equity.

Aim

Improve the health and well-being of South Australians by strengthening cross-government action on the social determinants of health through a Health in All Policies approach to government priorities and public policy.

Governance and Reporting Structures

The South Australian HiAP initiative is jointly overseen by the Department of the Premier and Cabinet (DPC) and the Department for Health and Ageing (DHA), with DPC providing the central authority and mandate for the initiative across government.² This partnership has been a key feature of the South Australian approach and while the relationship between the departments has remained strong, the mechanisms that underpin the partnership have changed and evolved over time. When Health in All Policies first started, the initiative reported to the formal governance structure established to oversee the implementation of South Australia's Strategic Plan (SASP), a whole of government plan to guide the action of government.³ As government priorities changed so did the governance and reporting structures for HiAP.

The history of SA HiAP governance and accountability mechanisms are listed below:

- **Premier's endorsement:** As Thinker in Residence, Professor Kickbusch's recommendation to apply a HiAP approach to Strategic Plan targets was endorsed by the then Premier of South Australia Hon Mike Rann.
- **Executive Committee of Cabinet (ExComm):** Following the Premier's endorsement, Health in All Policies operated under the same governance and accountability mechanisms established to oversee the implementation of South Australia's Strategic Plan targets. Each agency Chief Executive is required to report to the Cabinet on the achievement of targets allocated to their department, and HiAP offered a framework through which activities to assist in achieving the targets could be progressed.
- **First Health in All Policies Memorandum of Understanding (MOU):** In 2009, a formal agreement was developed between the DHA and the DPC to acknowledge the collaborative partnership and shared responsibility for HiAP.
- **Seven Strategic Priorities Cabinet Taskforce:** The Seven Strategic Priorities⁴ became the policy focus of the new Premier, Hon Jay Weatherill and he established a Cabinet Taskforce and a Senior Officers Group for each of the seven priorities. In line with the MOU, Cabinet Office supported the inclusion of HiAP as part of these new governance arrangements.
- **The South Australian Public Health Act 2011:** The Public Health Act provided an additional governance mechanism and a legislative basis for HiAP, through its principles and powers within the Act that provided additional levers to address the determinants of health and to formalise cross-sector partnerships.⁵
- **Second Health in All Policies Memorandum of Understanding:** The Second MOU, endorsed in 2014, reinforced the strong partnership between DPC and DHA, acknowledged the important role of the Public Health Act and extended its focus to systematising HiAP across government.
- **Public Sector Reform and Public Value:** Health in All Policies principles and practices are now shaping the across-government approach to strengthen joined-up policy, which has been endorsed by all government departments' Chief Executives and forms part of the Government's public sector reform agenda.
- **Performance Agreement of Chief Executive of the Health Department:** To further embed the commitment to HiAP within the Department for Health and Ageing, the Chief Executive has added HiAP as one of the measures

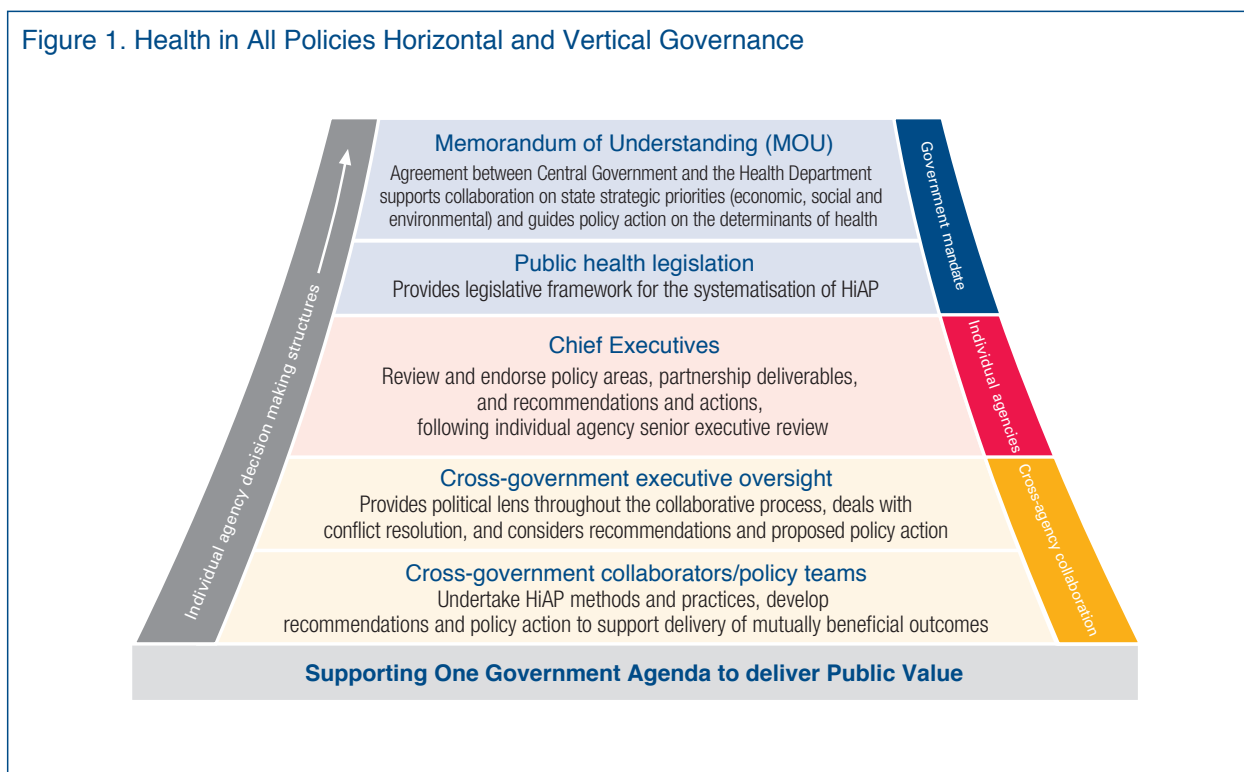
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of accountability within the performance agreement, providing another layer of governance and accountability.

Central government leadership has been essential to the success of HiAP in South Australia and provides a clear statement of the Government's commitment to the initiative. It also provides a mandate to work across government, and has provided partner agencies such as other departments, with the impetus and motivation to engage with Health in All Policies. In addition to the horizontal governance structure, the South Australian HiAP model utilises the traditional vertical decision-making structures of individual government agencies in project approval processes. These vertical governance structures are important as they maintain the authority and policy responsibility of individual department Chief Executives and executive leadership teams. The structures have ensured that when policy recommendations are made, there is high-level understanding and commitment to their implementation. Figure 1 shows how the vertical and horizontal structures intersect in HiAP processes and outlines how

the HiAP team navigates the recommendations through these multiple decision-making processes. At every adaptation of the HiAP approach, consideration has always been given to how to maintain or re-form the horizontal and vertical governance structures – be they across the whole HiAP approach, individual programs of work, or on a project-by-project basis.

At the present time the central mandate and governance for HiAP is provided through the implementation of the MOU between DPC and DHA, with further legitimacy and accountability provided through the legislative framework of the *South Australian Public Health Act 2011* (the Act).⁵ Importantly, these mechanisms are not time bound and so provide enduring, overarching governance and reporting structures for HiAP, and contribute to HiAP being systematised within the South Australian government. Ten years of HiAP implementation has contributed to the changing culture within the public sector, where cross-sector collaboration is valued and the benefits of working together as 'One Government' are recognised throughout the public service.



Staffing and Funding

A dedicated HiAP function within the Department for Health and Ageing was established to support the implementation of the HiAP initiative. The position for a HiAP program manager was drawn from the existing public health and health promotion budgets and positions to support the work also came from existing resources within the Health Department.

Implementation of HiAP has used limited resources, including a small and varying number of staff, which at full complement included six full-time staff. To illustrate the scale of investment, the SA Health budget for 2015-16 was \$5.8 billion. HiAP totalled 0.00948% of that budget.⁶ The initiative relies on HiAP project partners providing in-kind support and contributing limited additional resources where possible and adapting their normal business to accommodate the needs of the HiAP work.

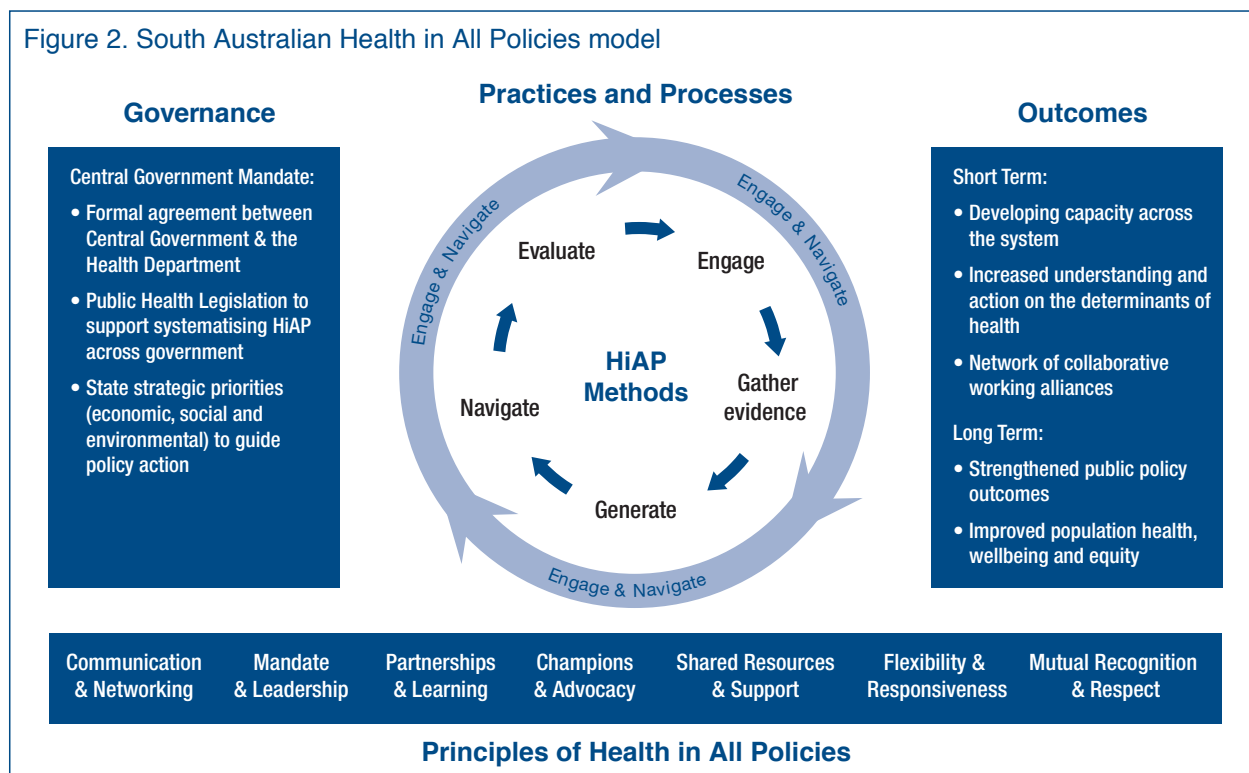
Mechanisms for the South Australian HiAP approach

The South Australian HiAP methods aim to provide a robust assessment and analysis to explore the links between the policy area and health and well-being of the population. Figure 2 shows the current South Australian HiAP model.

Practices and Processes

The practices and processes that underpin the HiAP approach have a strong focus on building and sustaining relationships in line with the collaborative approach. Co-design and co-benefit direct effort towards establishing trust, a shared understanding and common purpose amongst partners. Five stages guide the co-design process and form the cornerstone of practice helping deliver shared outcomes or co-benefits:

The **Engage** stage begins the process and continues throughout the life of the partnership. This stage develops relationships, clarifies contextual issues, and establishes a shared work plan and processes.



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Gather evidence is the next stage and is an essential feature of the approach. It includes review of both quantitative and qualitative data and literature helping to ensure the evidence is inclusive of all perspectives, while maintaining rigour.

Identifying solutions and developing shared recommendations for action forms the basis of the **Generate** stage. This stage includes documenting both the processes used to gather the evidence and the findings arising from the evidence. In most situations the co-design process used during the two previous stages results in the partners comfortably arriving at agreed solutions.

Guiding the recommended solutions through the decision-making processes of partner agencies forms the **Navigate** stage. This stage needs to account for any strategic and/or political imperatives that may compromise or confirm the decision to endorse and act on the solutions. The navigate stage influences the collaboration throughout the life of the partnership, in much the same manner as the engage stage.

Accountability and recognition are important drivers of long term initiatives and the **Evaluate** stage enables the South Australian HiAP approach to demonstrate its impact and ultimately its value to the public sector and the wider South Australian community.

Methods

These practices and processes are applied to policy issues using a range of key methods. The methods have expanded in response to feedback, legislative and strategic opportunities and direct requests for evidence from partner agencies. The four primary methods are briefly summarised below.

Tight timeframes can dictate the policy process, and in these circumstances **Desktop Analysis** can provide a rapid response, reviewing and analysing existing evidence and sharing with partners. This approach is only applied when time constraints do not permit more robust methods.

90-Day Projects bring a sharper focus to the policy issue under investigation as the dedicated timeframe focusses effort and resources. The 90-day project concept was initiated by the Office for the Public Sector (OPS) and is strongly based on the Health Lens Analysis methodology. These projects are usually run by the OPS, however, specific HiAP 90-day projects follow a more co-facilitated approach between the HiAP team and the OPS. The 90-day project cross-agency teams (partners) work through a co-design process, explore the policy issue from multiple perspectives and identify solutions that deliver co-benefits to the public sector and the community.⁷

The establishment of **Public Health Partner Authorities** (PHPAs) is a mechanism under the the Act that provides for formalised partnerships between the Department for Health and Ageing and partnering agencies to enable joint action across sectors, levels of government and community.⁸ These partnerships are formalised through an agreement that documents a long-term shared work agenda (up to five years), ways of working and expected outcomes of the partnership. HiAP has negotiated PHPAs with several state government departments, universities, the non-government and community sector and also has potential to partner with the private sector. PHPAs have expanded the reach of the HiAP approach beyond the government sector.

The **Health Lens Analysis** (HLA) has been the primary method of South Australia's HiAP approach and continues to be applied to issues requiring more intensive analysis and when time permits a greater level of exploration.⁹ Usually a mix of tools is used, which are fit for purpose, including: literature reviews/scans, pathway analysis, stakeholder mapping, qualitative and quantitative research, and economic modelling. It is an iterative process and uses flexible methodologies to ensure that the approach fits with the policy issues in question, the resources available and the local populations affected. Importantly, HLA provides the opportunity to identify knowledge and evidence gaps for a particular issue and then work systematically with partners to resolve these gaps, creating new evidence where required.

Evolution of Health in All Policies practice in South Australia

There were a number of factors which coincided to create the political environment and will within the Government of South Australia to adopt the Health in All Policies approach which has continued to evolve in response to a variety of challenges and opportunities.¹⁰ These changes have occurred in five distinct phases or transitions:

1 Proof of concept and practice (2007-2008)

The concept of Health in All Policies was introduced to South Australian government decision-makers as an innovative approach to addressing health system pressures, the escalating incidence of chronic disease, and the growing burden of an ageing population. The growth of the health budget was a major concern to the Government of South Australia and leaders realised that new approaches were required. The political environment was receptive to adopting a HiAP approach, and South Australia's Strategic Plan provided the necessary framework to establish Health in All Policies as a whole of government concern.

Since South Australia's Strategic Plan was first introduced in 2004, the Government has maintained a strong commitment to achieving the targets outlined in the Plan. In 2007, the plan was updated, coinciding with the timing of the establishment of Health in All Policies.¹ The targets included in the plan mirrored the social determinants of health covering issues related to employment, education, housing, food, transport, early life and social support, and it recognised that concerted and cooperative action across multiple sectors of South Australian society is required to achieve them.

It was within this context that Professor Ilona Kickbusch, in her role as the 2007 Adelaide Thinker in Residence, proposed that South Australia adopt a HiAP approach and that this approach be applied to the government's strategic priorities and policy imperatives. Further, Professor Kickbusch proposed that South Australia could develop and implement

a Health in All Policies approach that would complement the government's organisational structure, so that HiAP worked within the policy development process of different agencies.¹¹ Linking Health in All Policies with the Plan provided the opportunity to establish HiAP as a whole of government response, a missing link in previous attempts at joined-up approaches.

A preliminary mapping process was undertaken to document the evidence linking health with other government policy priorities, and identify interested policy officers across government to test ideas and potential processes for HiAP. These early adopters were critical for helping to shape HiAP from the concept phase to a practical approach.

2 Establish and apply method (2008-2009)

The South Australian HiAP model sought to build strong intersectoral relationships across government and help to develop policy that delivered co-benefits to the health sector and the partnering sector. The focus on co-benefits was established as a critical feature of the HiAP model, as the aim was to deliver a win-win outcome, not just a win for the health sector. This has remained integral to South Australian HiAP practice.

A strong feature of South Australia's HiAP is the clarity of description regarding implementation. During the *establish and apply method* phase, a model of HiAP implementation was developed, and has been updated throughout the life of the initiative to reflect changes in governance and the different methods applied to HiAP. The model was designed to capture the two key elements underpinning the approach at the time: governance and the Health Lens Analysis (HLA) methodology. To trial and test the method, a small number of policy issues (e.g. water security and regional migrant settlement) were explored using the HLA methodology. This enabled an iterative process to begin to shape and strengthen the model.

In addition, a dedicated HiAP function was created within the Department for Health and Ageing and was resourced with a HiAP program manager and intermittent policy staff to provide support to the first set of HLA projects.

3 Consolidate and grow (2009-2013)

This phase saw the HiAP Unit grow to a small sustainable team. The HLA process was applied to multiple policy issues and the methods expanded to provide increased flexibility. The policy areas were selected based on a number of priority setting processes which occurred as part of the governance arrangements for HiAP, including considerations of where HiAP could best support the targets under South Australia's Strategic Plan. These policy issues included: broadband access and use; active transport; urban planning; determinants of obesity¹²; education; overseas students' health and wellbeing; sustainable regional development; and mobility (drivers' licensing). In each case the relationship between the policy (a social determinant of health) and health outcomes was mapped to detail interactions and synergies. This pathway analysis helped to explain to decision-makers, including within the health sector, why partner agencies were working together, and helped to maintain a focus on the co-benefits.

In 2012, the Government of South Australia released the *Seven Strategic Priorities*ⁱ, which identified new areas of focus for the state; these complemented the targets contained in the SA Strategic Plan. As a consequence, governance for HiAP shifted to operate through the Seven Strategic Priorities mechanisms for relevant matters or through the Senior Management Council (SMC), a group comprised of the Chief Executives of all government departments, and finally Cabinet itself. The HiAP Unit undertook a Health Lens Analysis across the seven strategic priorities to identify the health and well-being connections to each of the priority areas.¹³ Through this process, opportunities for new collaborations were identified, and relationships between the HiAP team and senior government decision-makers were expanded.

To reflect the changing context in which HiAP was operating and the growing recognition that the process was very interactive, the HiAP model was updated in 2011 and then again in 2012, to better capture the dynamic and fluid nature of the approach.

The early success of South Australia's HiAP approach was shared through the Adelaide International Meeting in 2010¹⁴ and the first HiAP Summer School in 2011.¹⁵ Both these occasions highlighted the supportive relationship with the World Health Organization (WHO). This phase also saw the development of the first Adelaide Statement on Health in All Policies – an outcome of the 2010 International Meeting.¹⁶

The monitoring and evaluation of Health Lens Analysis projects was built into the South Australian model in the early stages of the HiAP initiative. Each Health Lens Analysis project included an evaluation component. Process and impact evaluations were undertaken by the Southgate Institute, Flinders University of South Australia, and demonstrated the early policy impact and the value of the approach to partners.¹⁷

4 Adapt and renew (2014)

Significant political and organisational changes during the *adapt and renew* phase presented both challenges and opportunities for South Australia's HiAP approach. This phase tested the flexibility of HiAP processes and demonstrated the adaptable nature of the approach within a changing political and policy environment. Within the Health Department, the HiAP Unit merged into the newly established Public Health Partnerships Branch as the Strategic Partnerships team, and the HiAP work shifted to incorporate a stronger focus on supporting the implementation of the *South Australian Public Health Act 2011*.⁵

ⁱ When released in 2012, the priorities were: creating a vibrant city; an affordable place to live; every chance for every child; growing advanced manufacturing; safe communities, healthy neighbourhoods; realising the benefits of the mining boom; premium food and wine from our clean environment.⁴

The Act provided an opportunity to strengthen HiAP as it had an expanded focus – on illness prevention and health promotion. Importantly, the Act recognises the determinants of health as the underlying causes of health and well-being and includes principles and mechanisms designed to increase partnerships and strengthen action on the determinants.

A State Public Health Plan 'South Australia: A better place to live' was developed to guide the implementation of the Act.¹⁸ The Plan identifies HiAP as an important driver in the development of systems that build partnerships across and between state and local government. The Act provides (among many other functions) two important mechanisms:

1. Section 17, which involves the Minister for Health's role in providing expert advice to the South Australian Government on matters which may impact on public health. This is being planned through the design of instruments and mechanisms so the Minister for Health can provide health advice and consider health impacts of government policy.
2. Section 51, which involves the establishment of Public Health Partner Authorities. Agreements are negotiated between the DHA and the partnering agency. The voluntary agreements are developed with the intention of improving population health and well-being through action on the social determinants of health, whilst achieving the goals of the partnering organisation.

While the Public Health Act provided a good opportunity for HiAP to adapt and renew, changes underway within the prevention and health promotion functions across South Australia presented significant challenges. At this time, South Australia was in the midst of an economic transition, with health care costs continuing to escalate creating pressure for the health system to deliver major budget savings. This fiscal pressure led to a number of organisational re-alignments designed to ensure prevention efforts were optimised through the new mechanisms provided by the Act.

The HiAP Unit, renamed the Strategic Partnerships Team, worked through the implications of all these changes on HiAP action. The Department of the Premier and Cabinet reconfirmed the commitment of the Cabinet Office by renewing the 2009 DPC – DHA MOU. The updated MOU sets out how DPC will play an on-going role in supporting the DHA to establish cross government partnerships and governance arrangements to further support HiAP and action on the determinants of health.

5 Strengthen and systematise (2015-2017)

The *strengthen and systematise* phase saw the governance mechanism underpinning the HiAP approach diversify and consolidate. Public Sector Reform and Public Value provides a new authorising environment for strengthening joined-up approaches, drawing on HiAP principles and practices. The Premier's priorities have offered expanded policy opportunities in areas such as:

- A focus on 'One Government'
- Planning reform (urban built environment)
- Economic priorities
- Reinvigoration of the Safe Communities, Healthy Neighbourhoods Strategic Priority and Taskforce (one of the Seven Strategic Priorities) with a related focus on the urban built environment and health.

There has been continued effort to implement Section 17 of the Act through the principles and practices that underpin the HiAP approach, to support across government health advice.

The health system is not the only government agency that struggles to address complex multi-faceted problems and policy imperatives that require collaborative approaches and processes. The structural and cultural barriers to cross agency collaboration are a significant challenge. Given the positive disposition towards HiAP among many executive and senior officers across government, the HiAP team was supported to explore mechanisms and processes that would strengthen cross government collaboration and joined-up policy processes for the whole public sector through the Working Together Strategy, which is led by Cabinet Office.

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In August 2016, the Government of South Australia released the *Working Together for Joined-Up Policy Delivery Report*.¹⁹ It summarises the barriers and outlines the strategies that will be required to influence and shape the policy development culture within the public sector. These changes include governance and structural supports; new processes and tools; and identification and support for Joined-up Policy Champions.

The Report recognises HiAP as an existing practical example of how to achieve joined-up policy development. The lessons of governance and a focus on people and relationships, including co-design and co-benefits that are explicit in South Australia's HiAP approach have been embedded in the Working Together Strategy. The implementation of the Working Together Strategy is now attempting to change the culture and hence deliver greater public value.

During the *strengthening and systematising* phase, 10 years of HiAP practice in South Australia was also celebrated through the International Conference *Health in All Policies: Progressing the Sustainable Development Goals* held in Adelaide in March 2017 in partnership with the WHO. This meeting resulted in the development of the Second Adelaide Statement on HiAP, which positions HiAP for the first time in the context of the 2030 Sustainable Development Agenda.²⁰ South Australia has also signed on as one of the foundational members of the Global Network for Health in All Policies (GNHiAP), which aims to strengthen capacity for HiAP implementation.²¹

Each new phase has been informed by the lessons of the previous transitional stages, and a more detailed understanding of the needs for HiAP practice applied as a result. These transitions have been 'fluid' to optimise the strategic opportunities, whilst navigating the challenges. In this context, changing structures and processes have emerged as part of a continuous development cycle – never static, responding to the political and policy-making environments, and changing windows of opportunity.

Monitoring and Evaluation

Monitoring and evaluation is built into the South Australian HiAP model.^{22,23} As the HiAP model has expanded to include new methods, different approaches to evaluation have been required in order to demonstrate the impact of newer practices, for example Public Health Partner Authorities. Building on the successful process and impact evaluations of the Health Lens Analysis projects, the HiAP team is considering how best to progress individual project-based evaluation, to capture the outcomes of more recent HiAP activities.

In 2011, the Southgate Institute for Health, Society and Equity, Flinders University of South Australia was awarded a National Health and Medical Research Council (NHMRC) grant to conduct an overall evaluation of the South Australian HiAP initiative. The research aimed to determine the effectiveness of the initiative in motivating action across sectors in order to improve population health and health equity.⁶ The evaluation of the initiative is expected to be finalised at the end of 2017.

Outcomes

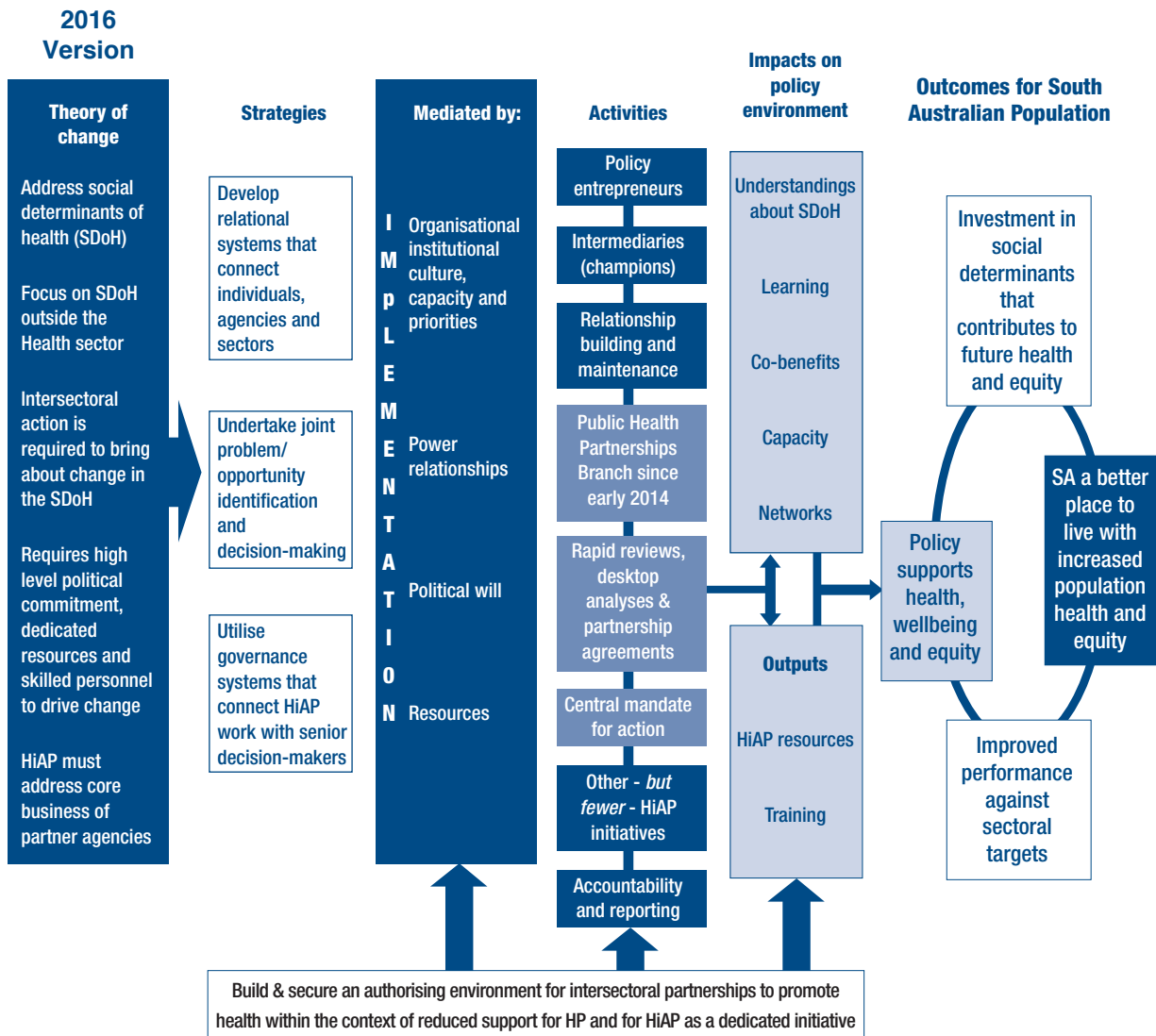
The evaluation of the Health Lens Analysis projects and the broader evaluation of South Australia's HiAP initiative have identified key messages and themes. These often refer to less tangible outcomes, which are more difficult to measure and track over time; for example, relationship building and knowledge transfer between HiAP partners. The program logic model (Figure 3) presents a sound framework to examine HiAP processes and policy impacts. It is through this evidence-based logic that the evaluation demonstrated that HiAP has encouraged policies and interventions that will, in the long-term, improve health and well-being in South Australia.

Common messages and themes identified in the evaluation included:

- Greater understanding and stronger partnerships between health and partner agencies with a focus on co-benefits has

Figure 3. Program logic model (2016 version)

South Australian Context: Supportive history and changing policy priorities



Adapted from: Baum F., Lawless A., Delany T., MacDougall C., Williams C., Broderick D., Wildgoose D., Harris E., McDermott D., Kickbusch I, Popay J. and Marmot M. (2014) *Evaluation of Health in All Policies: concept, theory and application*, Health Promotion International, vol.29, S1, pp. i130-i142

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built trust, recognition of shared interests and goals, and respect. The partnerships have provided the HiAP Unit with the opportunity to 'hook' onto emerging policy agendas, which may not have been possible without these partnerships. They have also been important for the continuity of HiAP and maintaining it on the government agenda.

- Enhanced capacities for intersectoral collaboration – the HiAP experience has informed new ways of thinking, built understanding of differing policy perspectives, and created alliances across sectors, allowing traditional organisational processes to open-up to more collaborative practices. HiAP partners are able to speak about the benefits of the approach and apply HiAP principles and intersectoral collaboration to their work beyond that of the original HiAP project focus.
- Increased understanding by policy-makers of the impact of their work on population health and well-being and the importance of social determinants.
- Limited understanding of partners of the role of health equity and the need for intersectoral policy to address the social gradient that creates health inequities. It is acknowledged that the South Australian HiAP model did not always place equity at the centre of the approach. However, equity issues were regularly raised with partners and wherever possible these were included in the evidence gathering and generate stage of the model. It is recognised that equity needs to become a greater focus of the South Australian HiAP approach moving forward.
- Development and dissemination of policy relevant research – interpreting and applying qualitative and quantitative research to policy problems to find evidence-based solutions is at the core of South Australian HiAP practice. At times new research has needed to be generated as part of the evidence gathering process, where significant gaps have been identified. Staff in other agencies often approach the HiAP team, as they

are recognised as a resource with content expertise and experience in policy research and translation.

- Strengthened policy-research partnership – the focus on evidence-based policy-making and a strong evaluation component has enabled policy actors and academic researchers to share knowledge and facilitate an improved policy-research translation interface.
- Conceptual learning (redefining goals, problem definitions and strategies) and social learning (dialogue and interaction between stakeholders) have been beneficial for all involved.

Community of Practice

A significant outcome of the South Australian HiAP initiative has been the development of an informal Community of Practice (CoP), which continues to grow as new partners are exposed to and undertake HiAP related activities. This network of engaged policy actors has contributed to the government's recent public sector reform agenda, which is founded on a co-design methodology to improve public policy-making and delivery and enhance public value. By translating and 'championing' HiAP principles into new contexts, the CoP is able to infiltrate new policy landscapes – at times without the involvement of the HiAP Unit – further contributing to and supporting the systematisation of HiAP across government.

Policy impacts

Reflecting on the less tangible outcomes has supported the evolution of the HiAP initiative, and through a constant 'learning by doing' approach strengthened the methodologies used to ensure outcomes in a changing policy environment. Box 1 shows a sample of policy impacts that have been achieved throughout the ten years of HiAP in South Australia, drawing on the different methodologies that have been applied to particular policy issues.

Box 1. Practical examples of the impact of HiAP in South Australia

1. Health Lens Analysis (HLA)

1.1 Method/policy focus: Healthy Sustainable Regional Communities (2012-2014)

Determinant/policy issue: Sustainable regional development, including employment

Partner agency: Department of State Development (DSD)

During a period of mining-led economic development it was important to examine the overall health and well-being of regional communities, their sustainability, and ability to capitalise on the expansion of the resources sector in South Australia.

Policy impact: The development of the 'Regional Atlas of Community Health and Wellbeing' in the Upper Spencer Gulf (Far North Region of South Australia) was developed to inform evidence-based planning, policies and service delivery in the region using a triple-bottom line approach (environment, social, economic).²⁴ The analysis found the existing economic focus needed to be complemented by greater attention to the social and environmental aspects of regional development. The development of the Atlas enabled a broad assessment of needs in regional development and planning, and demonstrated a new approach to engagement, data collection and analysis, and planning for often remote and sparse communities with complex needs. The Atlas continues to inform emerging challenges for regional areas, including optimising community assets and strengths.

1.2 Method/policy focus: Aboriginal drivers' licensing (2009 - 2014)

Determinant/policy issue: Mobility and road safety

A HiAP priority setting process identified a focus on addressing fatal vehicle accidents, given their significant contribution to Aboriginal mortality and morbidity. Aboriginal people have lower drivers' licensing rates and face a range of barriers in the licensing system. Evidence demonstrates the strong correlation between unlicensed driving and being involved in fatal motor vehicle crashes. In addition, having a driver's licence is important for mobility and access to services, education, employment and family/community activities, which ultimately supports health and well-being.

Partner agencies: Department of Planning, Transport and Infrastructure (DPTI), Attorney-General's Department, SA Police, Department for Correctional Services and Department of State Development

Policy impact: The most significant outcome of this collaborative project was the introduction of legislative change to assist Aboriginal people in remote communities to obtain their licence. This provided an exemption for Aboriginal people in remote areas, enabling them to progress from a 'learner' to 'provisional' licence more quickly and in doing so obtain their licence sooner. This change has maintained standards within the licensing system, whilst providing greater flexibility to enable more Aboriginal people to obtain a licence. Bringing about such systemic change in the licensing process was a goal of the Health Lens project from the outset. The HiAP approach allowed for a breadth of evidence and perspectives to inform a robust process and the development of policy recommendations.

The work also informed a 90-Day project, which built on the recommendations of the Health Lens Analysis to further explore Aboriginal road safety issues in remote communities and potential solutions.

2. Public Health Partner Authorities (PHPAs)

2.1 Method/policy focus: Healthy Parks Healthy People South Australia (2015 – current)

Determinant/policy issue: The environment - increasing access to parks and supporting the health and well-being benefits of contact with nature

Exposure to natural green spaces, such as parks and reserves, has the potential to provide significant benefits for physical and mental health, particularly places that are easy to access, have multiple uses and have little or no cost. The presence of a diverse natural environment in South Australia, supported by a newly formalised partnership with the environment sector, provided an opportunity to strengthen the connections of nature to health. There was an emerging policy window to explore how health promotion and prevention approaches could be used to deliver nature-based strategies and help tackle policy challenges on issues such as chronic disease, climate change, child development, social exclusion and disadvantage and land degradation.

Partner agency: Department of Environment, Water, and Natural Resources (DEWNR)

Policy impact: The Healthy Parks Healthy People South Australia (HPHPSA) approach was launched in 2015 as a partnership between the health and environment sectors. It is guided by the vision of ensuring all South Australians experience the health and well-being benefits of being connected to nature.

A HPHPSA Framework²⁵ was developed in 2016 to guide policy action in seven key focus areas, and a Leadership Team consisting of the Health and Environment Departmental Chief Executives, distinguished academics and public health experts provides high-level governance oversight.

Policy work to date has mainly focused on two key focus areas: mental health benefits of contact with nature; and green infrastructure in urban settings. The work under the mental health focus area has informed a strengthened focus on nature-based health promotion as part of the consultation process on the SA Mental Health Strategic Plan, and the HPHPSA approach has been included in the SA Suicide Prevention Plan. The work being undertaken under the green infrastructure focus area is intending to influence the urban planning and design policy space to ensure that 'quality' dimensions of green public open space are incorporated into the planning system, especially as densification becomes more pronounced in Adelaide and its inner suburbs.

3. Other Government Priorities – using a mix of HiAP methods

3.1 Method/policy focus: Planning Reform (2016 – current)

Determinant/policy issue: The urban built environment

There is a long standing relationship between the Health and Planning sectors in South Australia underpinned by a mutual commitment to building healthy environments. This partnership contributed to the Department of Planning, Transport and Infrastructure (DPTI) becoming the first government agency to be recognised as a PHPA.

The Planning Reform provides a unique opportunity for health and well-being considerations to be built into the mechanisms, processes, and policies that will form the new planning system. The reform agenda is the biggest overhaul to South Australia's planning system in over 20 years and provides the foundation and triggers for delivering healthier communities given the impacts of the built environment on health and well-being.

Partner agency: Department of Planning, Transport and Infrastructure (DPTI)

Policy impact: Through the Public Health Partnership with DPTI, the Health Department is providing health and well-being advice and feedback into the development of policies that will guide the implementation of the new planning system. For example:

- State Planning Policies on healthy and liveable neighbourhoods
- The Planning and Design Code
- Planning tools for the provision of 'quality' green public open space.

In addition, a recent update of the 30-Year Plan for Greater Adelaide included a strengthened focus on healthy neighbourhoods, which resulted from the close collaboration with planning sector policy officers.

3.2 Method/policy focus: Premier's Healthy Kids Menu Initiative (2015 – current)

Determinant/policy issue: Access to healthy and nutritious food

Childhood obesity continues to be a challenge worldwide and in South Australia approximately one in four children are overweight or obese. Evidence suggests that food retailers play a key role in creating a supportive environment for individuals to make healthier food choices.

In 2015, the Premier commissioned the Healthy Kids Menu Initiative²⁶ to ensure access to healthier meal options for children when dining out, and requested the Health Department lead and facilitate the program. The initiative aims to have more Healthy Kids Menus available in food venues for purchase by families and children. Using a co-design process, the initiative has unfolded in a number of stages, following an evidence-based approach.

Partner Agencies: Cabinet Office (Department of the Premier and Cabinet), and non-government stakeholders; the hotel, restaurant, catering and club industries. A Taskforce comprising of industry representatives, parents and nutritional experts, chaired initially by the Parliamentary Secretary to the Minister for Health and then the Assistant Minister to the Premier, was established to provide oversight to the initiative.

Policy impact: The Healthy Kids Menu Taskforce provided a set of recommendations which resulted in the development of an industry code of practice, a guide for business, and the establishment of a pilot program to begin to grow demand and build a critical mass to support healthy menu options for children. The pilot phase has seen the recruitment of 20 early adopter venues, with the ultimate goal of moving to a sustainable model.

The impact of the initiative to date has been recognised through the establishment of an ongoing category and award for Healthy Kids Menus through the annual South Australian Restaurant and Catering Industry Awards for Excellence, and the Australian Hotels Association's (SA) Awards for Excellence.

Reflections on South Australia's HiAP initiative

Relationships are critical to the success of any collaboration and this is particularly true in the case of South Australia's Health in All Policies approach. The formation of trusting relationships has been an important feature and significant time has been taken to build and sustain relationships with decision-makers and policy officers across government, the non-government sector and within the health department. When required, the HiAP Unit has been able to draw upon these relationships to pursue a 'tricky' policy issue, lobby and advocate for HiAP, and to connect the HiAP team to strategic networks. It has been possible to leverage relationships and connections to ensure the approach is relevant, useful and sustained. It has been noted that, at times, the length of time taken to complete HiAP work, for example the Health Lens Analysis projects, has been an impeding factor. This highlights that the less tangible benefits of building respectful and trusting relationships takes time and is critical to the HiAP approach. While the HiAP processes undertaken can take a reasonable period of time, they provide the best opportunity to create sustainable change as it increases knowledge and strengthens capacity for change across the system. It requires partners to commit to hearing and understanding people's differing perspectives and being prepared to change viewpoints and accommodate new ideas.

The governance underpinning current Health in All Policies practice is still a relatively new concept and when HiAP first began in South Australia, Finland was the only place where the approach was being actively implemented. The Finnish model did not fit the South Australian context, which meant that the SA approach had to be innovative and 'learn by doing'. As there was no formula, framework or toolkits to guide the work, partners had to trust that the process was valuable and commit to working with ambiguity, enabling everyone to learn and develop together. As the approach has matured, SA specific frameworks, toolkits and models

have been developed. However, innovation has remained an important feature of the approach, as it adapts to new contexts and opportunities. HiAP partners (and the HiAP team itself) also need to be adaptable, comfortable with ambiguity and open to new ideas, opportunities and horizons. HiAP sets the scene for policy officers to be exposed to multiple and diverse fields of knowledge and offers a rich and exciting foundation for ongoing learning.

The importance of continuity of staff should not be underestimated in the success story of HiAP over the past decade. Within the HiAP team itself, at a management and officer level, this has been critical, but it's equally important at the senior executive levels within the Department for Health and Ageing and in other government agencies. Continuity of connection with advisors and key individuals with expertise from within and outside South Australia, including Professor Ilona Kickbusch, has allowed the HiAP work to be showcased at an international level, while also contributing to reflection and change of HiAP practice in South Australia.

Conclusion

The South Australian Health in All Policies initiative has demonstrated its value as an approach to collaborative policy development. Health in All Policies also provides a framework for meeting the needs of sectors outside of health as well as long term population health and well-being goals, reflecting one of the key underpinning philosophies of the initiative, reciprocity. Cross-sector collaboration and partnerships have been recognised as important system building strategies, and mechanisms to support and systematise these practices across state and local government will help to ensure the ongoing action on the determinants of health and improvements to the health and well-being of the South Australian population.

Finally it is useful to think of HiAP as both an art and a science. Successful implementation of the SA HiAP approach requires balancing the science and technical skills with political intuition, emotional intelligence and creative

insights. HiAP is not a linear straight-forward process; rather it adapts and strengthens, creating a web of HiAP actors across the South Australian Public Sector to improve population health and well-being.

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