



Webinar

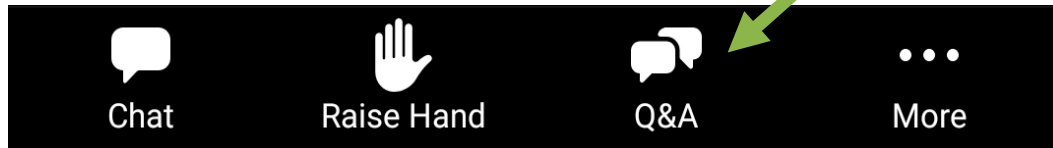
Public Health Partner Authorities: An Example of Health in All Policies Governance in Practice

September 28, 2022

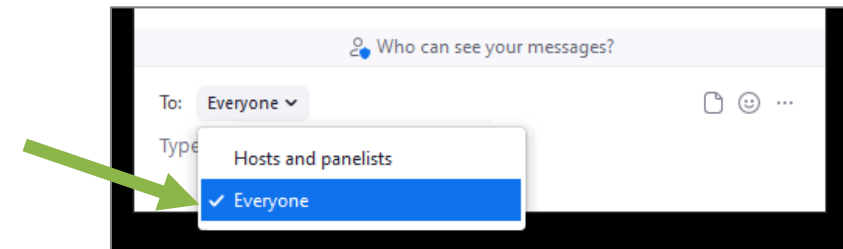
7:30 p.m. to 8:45 p.m. ACST

Technical information

- Q&A
- Questions for presenters, technical questions



- Chat
- Discussion among all participants, please select Send to: Everyone



Technical information

- Chat (exchanges with all participants)
- Q & A (questions for speakers, technical questions, vote for questions)
- The webinar will be recorded, including the chat and Q & A boxes, so please keep that in mind in any exchanges
- The recording will be available on the GNHiAP website
- The evaluation form will be sent by email

Global Network for Health in All Policies

WEBINAR

Public Health Partner Authorities: An Example of Health in All Policies Governance in Practice

Presented by

Professor Katina D'Onise

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Wellbeing SA

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'We would like to acknowledge that this land we meet on today is the traditional land of the Kaurna people, and that we respect their spiritual relationship with their country.'

We also acknowledge that the Kaurna people are the custodians of the Kaurna land, and that their cultural and heritage beliefs are still important to the living Kaurna people today.'



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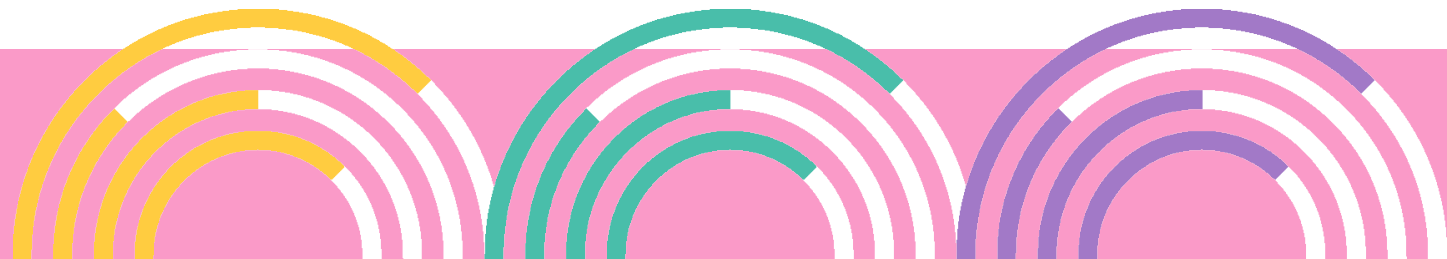
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Overview of presentation

- Rationale for partnership approaches
- History of Health in All Policies in South Australia
- The evolution of the Health in All Policies approach
- Public Health Partner Authorities (PHPAs) and HiAP
- Governance and accountability (pillar 1 of the New HiAP Model)
- Evaluation and successes.



Why we need partnerships

- Population health and wellbeing outcomes are influenced by numerous factors, most of which lie outside the control of the health sector.
- Partnerships across sectors are critical.
- Partnerships also provide opportunities to work differently.



History of Health in All Policies in South Australia

- Recommendation from Prof Ilona Kickbush in 2008 to the South Australian Government
- Early phase – proof of concept – mandate from central government
- Implementation phase – health lens analyses with a SDH focus
- **Introduction of new Public Health legislation in 2011 →**

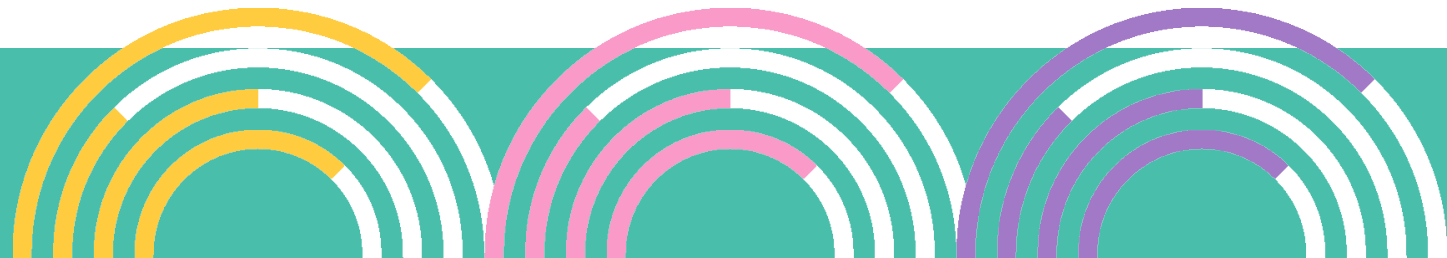


The evolution of the Health in All Policies approach

- Adaptable approach has been responsive to MOG changes, as well as shifts in policy priorities and broader political landscape.
- Introduction of PH legislation marked a significant opportunity to embed the approach.
- Conceptualisation and realisation of PHPAs →

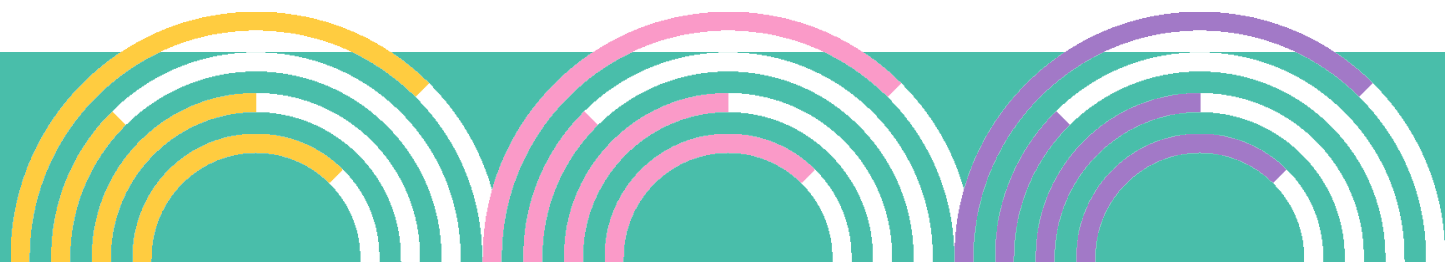


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Public Health Partner Authorities (PHPAs) and HiAP

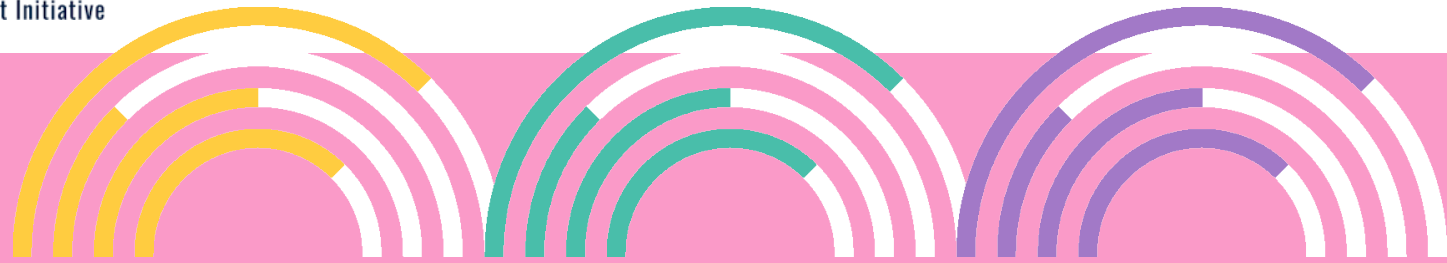
- PHPAs designated under the *Public Health Act* aim to achieve mutually beneficial outcomes and protect and promote public health.
- Draw strongly in the principles and practices of SA's HiAP approach.
- Currently over 20 formal partnerships across a range of policy areas with partners from other government agencies, the NGO sector and academic institutions (see next slide).



PUBLIC HEALTH PARTNER AUTHORITIES

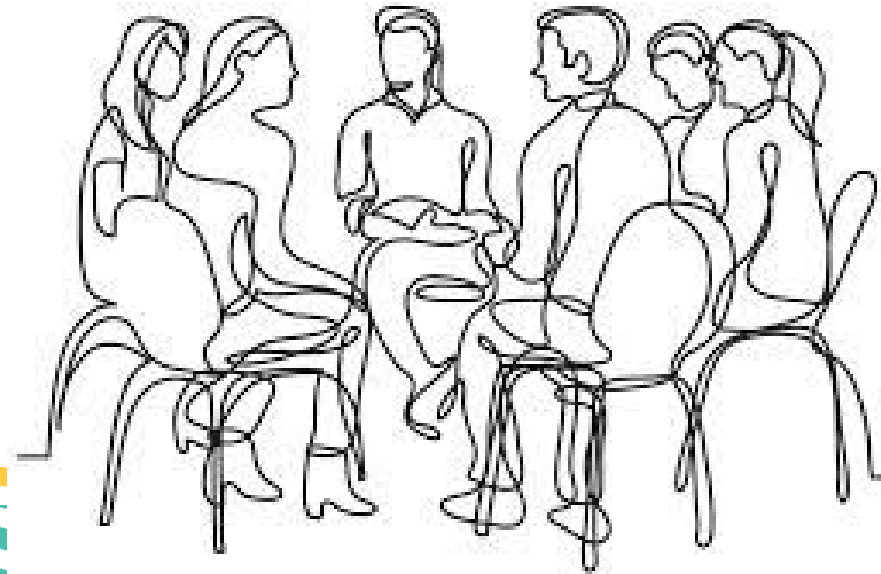


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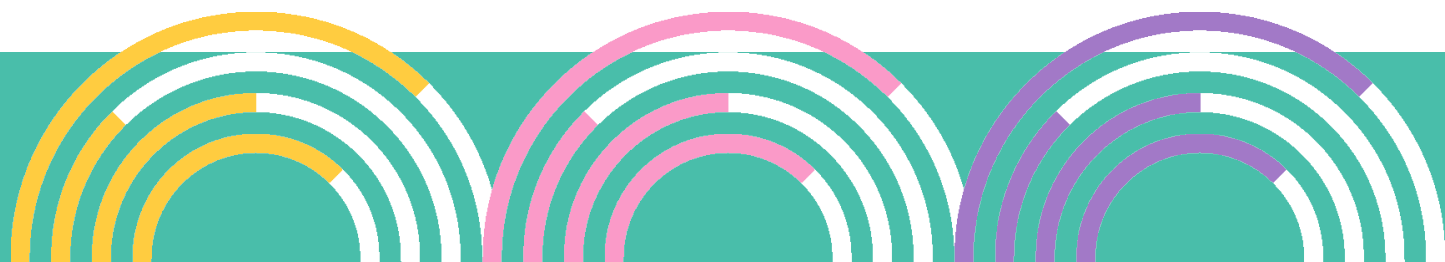
Public Health Partner Authorities (PHPAs) and HiAP

- Co-design process with a formal agreement articulating commitments to partnership
- Role of Wellbeing SA is multifaceted – not always there to lead
- High-level sign off, though not legally binding, demonstrates commitment and provides accountability.



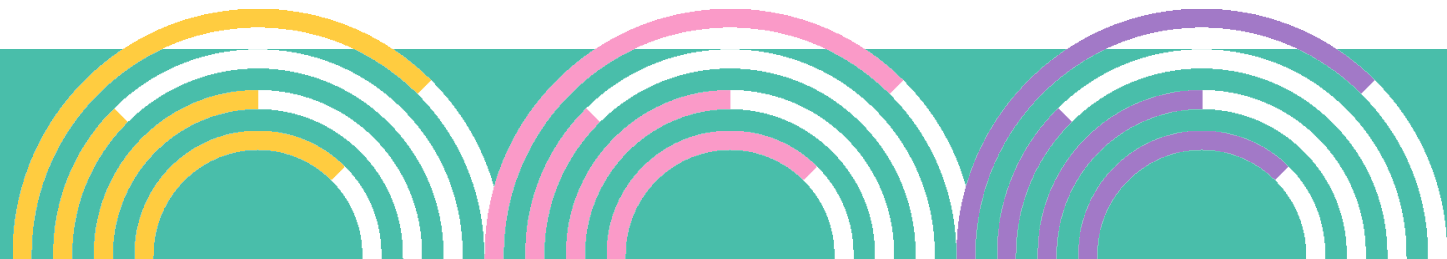
Governance and accountability (pillar 1 of the New HiAP Model)

- Governance mechanisms built into each partnership agreement
- Governance models are flexible and often utilise existing structures
- New PHPAs are designated in the South Australian Government Gazette as per the *Public Health Act*.



Evaluation and successes

- Evaluation is ongoing
- Preliminary evaluation has demonstrated value of the approach
- Individual project evaluations demonstrate tangible outcomes as a result of partnerships.
- Example – improving prison menus in collaboration with the Department for Correctional Services



Before implementation

Meals were:

- 22 of 28 (79%)
- 4 of 28 (14%)
- 2 of 28 (7%)

Menu records, March 2021

75% of prisoners were interested in having a vegetable-based meal choice

Prisoner survey, May 2021

75% of prisoners agreed that a healthy diet was important to them

Prisoner survey, 17 May 2021

63 prisoners (21%) required prison-managed diets

Meal ordering records, July 2021

Improving nutrition in South Australian prisons

Mobilong Prison Evaluation Summary

November 2021

Strategies implemented from June 2021

Documenting recipes, nutrition analysis & 'traffic light categorising' meals as:

- "Limit consumption"
- "Choose carefully"
- "Best choices"

Implementing a meal ordering system with nutrition & allergen labelling

Taste testing, education & engagement with Prisoner Consultative Committee

Introducing a second, healthy meal choice

'Greening up' non-vegetarian meals to be more nutritious

Strategic pairing of menu choices: to offer a healthy choice at each meal time & cater for most allergies between the two choices

Prisoner education about meal choices, using the meal ordering system & nutrition

Informal education for kitchen staff

Identifying & separating dietary requirements from preferences

Standard Operating Procedure (all prison sites) & Deputy Chief Executive Instruction (Mobilong Prison) to embed the healthy meal choice system & management of dietary requirements

Prisoner self-management of dietary needs:

- Assessment and Consent (waiver) Form
- Allergy management education
- Assessment of literacy and cognitive ability to make safe choices

Impact

Meals are:

- 8 of 56 (14%)
- 8 of 56 (14%)
- 40 of 56 (71%)

Menu records, November 2021

8% of prisoners ordering vegetarian meals

Meal ordering records, November 2021

Increase in prisoners reporting the menu meets their dietary requirements (26% ⇨ 43%)

Prisoner surveys, May & August 2021

Increase in prisoners' perception that meals are healthy (35% ⇨ 51%)

Prisoner surveys, May & August 2021

Increase in prisoner satisfaction with meals (25% ⇨ 39%)

Prisoner surveys, May & August 2021

93% of prisoners like having a choice of meals*

Prisoner survey, August 2021

63% of prisoners motivated by menu changes to be healthy*

Prisoner survey, August 2021

Fewer prisoners requiring prison-managed diets (63 ⇨ 34 prisoners) (21% ⇨ 12%)

Meal ordering records, November 2021

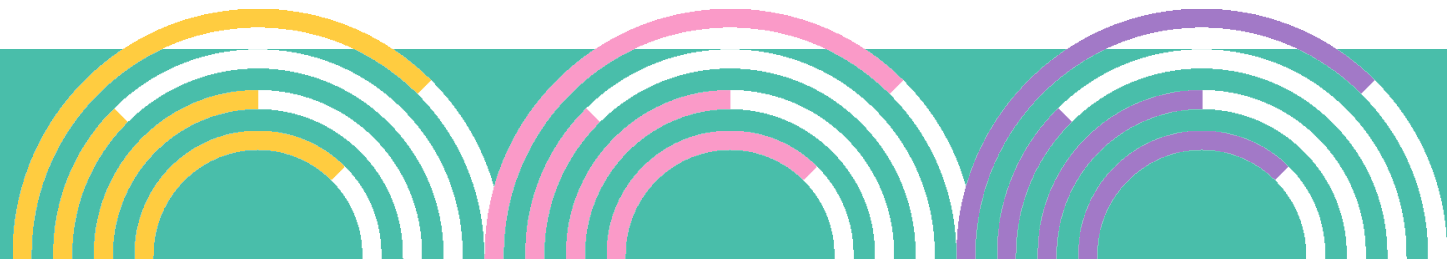
No food-related complaints received from prisoners

Prisoner Complaints & Advice Line records, November 2021

*Interpret with caution: figures based on a small sample size (n=30)

Other opportunities to link HiAP with legislation

- Other sections of the *Public Health Act*
 - Part 8 – Code of Practice – use a codesign process to develop and jointly implement
- *Emergency Management Act*
 - COVID response has demonstrated value and ability to rapidly respond utilising partnership approach – potential other opportunities within the legislation



Questions & Thank you

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Next steps

- ❑ Webinar evaluation

<https://ca1se.voxco.com/SE/100/PublicHealthPartnerAuthoritiesSA/>

- ❑ Webinar recording on the GNHiAP website

- ❑ Next webinar: Québec's approach to HiAP-November 15

- ❑ Register to the Global Network for Health in All Policies (GNHiAP) distribution list at:

<https://actionsdg.ctb.ku.edu/about-us/gnhiap-distribution-list/>.

Thank you!



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